



COLLEGE OF OPTOMETRISTS OF ONTARIO

COUNCIL MEETING

FRIDAY, MARCH 31, 2023
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.

Council Agenda

Date: Friday, March 31, 2023 | 9:00 a.m. – 1:40 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	2	Decision	5
2. Adopt the Agenda a. Conflict of Interest Declaration	M. Eltis	2	Decision	5
3. Recognition of Kathy Biondi	M. Eltis	2	Presentation	5
4. DEI Presentation	L. MacDonald	60	Presentation	5
5. Committee Updates	Committee Chairs	15	Presentation	5
6. Consent Agenda PART 1 - Minutes of Prior Council Meetings i. December 9, 2022 ii. January 20, 2023 iii. March 2, 2023 iv. 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. Governance/HR Committee vii. Audit/Finance/Risk Committee	M. Eltis	15	Decision	6 11 15 17 19 21 22 24 26 66 67
10:40–10:55 a.m. - Morning Break		15		
7. Registrar's Report i. Recognition of Sten Ardal, Touchstone Institute	J. Jamieson	45	Presentation	69
8. Motions Brought Forward from Committees				

a. Executive				
i. Approval of the 2022 CPMF Report	M. Eltis	30	Decision	70
12:10 – 1:00 p.m. - Lunch		50		
9. Motions Brought Forward from Committees continued				
a. Audit/Finance/Risk				
i. The AFR committee recommends a modification to the current terms of reference for the approval of Council quarterly and annual financial statements. <i>Proposed statement: The Committee reports the quarterly financial results to Council and recommends Council approval for the annual financial statements</i>	N. Shah	10	Decision	
ii. Motion to direct staff to enter negotiations with OECTA with respect to the office lease	N. Shah	2	Decision	155
In Camera Session: Financial Matters				
Council will go in camera under:				
<ul style="list-style-type: none"> Section 7(2)(b) of the <i>Health Professions Procedural Code</i>, which is Schedule 2 to the <i>Regulated Health Professions Act, 1991</i> 	N. Shah	20	Discussion	
10. Upcoming Council Meetings	J. Jamieson	10	For Information	156
a. June 22, 2023 – Annual General Meeting (evening)				
b. June 23, 2023				
c. September 15, 2023				
d. December 8, 2023				
11. List of Acronyms				157
12. Governance Guide: Robert’s Rules				163
13. Adjournment – approximately 1:40 p.m.	M. Eltis	2	Decision	
14. Generative Discussion (optional)			Discussion	

1 - 6 / INTRODUCTION

1. Call to Order/Attendance
2. Adopt the Agenda
 - a. Conflict of Interest Declaration
3. Recognition of Kathy Biondi
4. DEI Presentation
5. Committee Updates
6. Consent Agenda
 - PART 1 - Minutes of Prior Council Meetings
 - i. December 9, 2022
 - ii. January 20, 2022
 - iii. March 2, 2023
 - iv. Motions and Actions Arising from the Minutes
 - PART 2 - Reports
 - b. Committee Reports
 - i. Executive Committee
 - ii. Patient Relations
 - iii. Quality Assurance
 - iv. ICRC
 - v. Registration
 - vi. Governance/HR Committee
 - vii. Audit/Finance/Risk Committee



**College of Optometrists of Ontario
Council Meeting
DRAFT – December 9, 2022**

Attendance:

Dr. Areef Nurani, President
Dr. William Ulakovic, Vice President
Ms. Suzanne Allen
Ms. Kathryn Biondi
Dr. Lisa Christian
Dr. Mark Eltis
Dr. Camy Grewal
Dr. Pooya Hemami
Ms. Lisa Holland

Mr. Bashar Kassir
Mr. Howard Kennedy
Dr. Richard Kniaziew
Dr. Lindy Mackey
Dr. Dino Mastronardi
Mr. Narendra Shah
Mr. Olutoye Soile
Mr. Andre Tilban-Rios
Dr. Abraham Yuen

Staff:

Mr. Joe Jamieson, Registrar & CEO
Ms. Hanan Jibry, Deputy Registrar
Mr. Chad Andrews
Mr. Edward Cho

Ms. Jaslin Facey
Ms. Debbie Lim
Ms. Adrita Shah Noor
Ms. Shelby Sargo

Guest:

Ms. Julia Martin, legal counsel

- 1 **1. Call to Order/Attendance:** Dr. Nurani called the meeting to order at 9:01 a.m.
- 2 Dr. Nurani 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. Eltis and seconded by Dr. Yuen to **adopt the agenda.***
- 7
- 8 Dr. Hemami requested to add two items to the agenda including the completeness of the public access
- 9 video recording of the September 16 Council meeting, and stakeholder relations. He noted that both
- 10 items may be required to go in-camera.
- 11
- 12 Dr. Christian requested to withdraw CPP's second motion, OPR 7.2 Patients with Glaucoma.
- 13
- 14 Dr. Nurani called for a vote to withdraw the motion. All voted in favour of additions.
- 15
- 16 Dr. Nurani called for a vote to adopt the amended agenda. All voted in favour to adopt the amended
- 17 agenda.

18 **Motion carried**

19
20 **2a. Conflict of Interest Declaration:** Dr. Nurani asked Council members if anyone has a conflict of
21 interest with any item on the day’s agenda. None were declared.

22
23 **3. Committee Updates:** The Committee Chairs presented updates on their respective committees.

24
25 **4. Consent Agenda:** A draft consent agenda was circulated prior to the meeting. The following items
26 were included in the consent agenda:

- 27
28 PART 1 - Minutes of Prior Council Meetings
29 a. September 16, 2022
30 b. Motions and Action Items Arising from the Minutes
31 PART 2 - Reports
32 b. Committee Reports
33 i. Executive Committee
34 ii. Patient Relations
35 iii. Quality Assurance:
36 A. QA Panel
37 B. CP Panel
38 iv. ICRC
39 v. Registration
40 vi. Governance/HR Committee
41 vii. Audit/Finance/Risk Committee

42
43
44 Council discussed the Council elections that occurred in the fall, as well as the Office of the Fairness
45 Commissioner’s Report.

46
47 *Moved by Dr. Kniaziew and seconded by Mr. Kennedy to adopt the consent agenda.*

48 **Motion carried**

49
50 **5. Registrar’s Report**

51
52 Mr. Jamieson presented the Registrar’s Report, which touched on regulatory modernization, staff
53 stabilization, and portfolio updates from the past year.

54
55 Council expressed concern over the decrease in the number of registrations and discussed possible
56 reasons behind the decrease.

57
58 Council adjourned for a break at 10:30 a.m.

59
60 Council resumed at 10:46 a.m.

61
62 **6. Motions Brought Forward from Committees**

63

64 **a) Clinical Practice Panel**

65

66 **ii. Proposed amendments to OPR 7.9 Patients with Learning Disability**

67

68 Dr. Christian presented the motion for the Proposed amendments to OPR 7.9 Patients with Learning
69 Disability.

70

71 *Moved by Mr. Kassir and seconded by Dr. Grewal to approve the proposed amendments to OPR 7.9*
72 *Patients with Learning Disability.*

73

Motion carried

74

75 **iii. Proposed amendments to OPR 7.10 Orthokeratology and new standard on Myopia Management**
76 **OPR 7.14**

77

78 Dr. Christian presented the motion for the Proposed amendments to OPR 7.10 Orthokeratology and new
79 standard on Myopia Management OPR 7.14.

80

81 *Moved by Dr. Eltis and seconded by Mr. Kennedy to approve Proposed amendments to OPR 7.10*
82 *Orthokeratology and new standard on Myopia Management OPR 7.14.*

83

84 Council discussed the language that the proposed amendment uses, and where the change stemmed
85 from.

86

Motion carried

87

88 **7. DEI Presentation**

89

90 Dr. Chase Everett McMurren delivered a presentation on Diversity, Equity, and Inclusion.

91

92 Council adjourned for lunch at 12:30 p.m.

93

94 Council returned from lunch at 1:31 p.m.

95

96 **8. Motions Brought Forward from Committees continued**

97

98 **a. Audit/Finance/Risk Committee**

99 **i. Revised Honoraria and Expense Policy and Claim Form**

100

101 Mr. Kennedy presented the motion for the Revised Honoraria and Expense Policy and Claim Form.

102

103 *Moved by Mr. Kennedy and seconded by Dr. Eltis to approve the Revised Honoraria and Expense Policy*
104 *and Claim Form.*

105

Motion carried

106

107 **ii. Draft budget and proposed reserve funds for the year 2023**

108

109 Mr. Kennedy presented the motion for the Draft budget and proposed reserved funds for the year 2023.

110

111 *Moved by Dr. Eltis and seconded by Dr. Grewal to **approve the Draft budget and proposed reserved***
112 ***funds for the year 2023.***

113
114 Council discussed the motion and asked several questions about the budget and the proposed reserved
115 funds.

116 **Motion carried**

117
118 **iii. Revised allocation of restricted funds**

119
120 Mr. Kennedy presented the motion for revised allocation of restricted funds.

121
122 *Moved by Dr. Kniaziew and seconded by Dr. Ulakovic to **approve the revised allocation of restricted***
123 ***funds.***

124
125 Council discussed the allocation of the restricted funds and after inquiring about several items with Ms.
126 Lim, were satisfied with the motion.

127 **Motion carried**

128
129 **9. Recognition of Dr. Lindy Mackey**

130
131 Dr. Nurani presented Dr. Mackey with a certificate of recognition to acknowledge the end of her term as
132 a Council member.

133
134 **Other Items**

135
136 Dr. Hemami requested for the meeting to go in camera.

137
138 **IN CAMERA Session: Legal Opinion**

139 In accordance with 7 (1.1) of the Health Professions Procedural Code (HPPC), Council will go in camera
140 under Section 7(2)(e) of the HPPC, which is Schedule 2 to the Regulated Health Professions Act to
141 receive a legal opinion.

142
143 *Moved by Dr. Hemami and seconded by Dr. Kniaziew to **move into camera to receive legal advice.***

144 **Motion carried**

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Council moved **out of camera at 2:59 p.m.**

Dr. Nurani stated Council had moved in-camera to receive legal advice, and they were now out of camera. Dr. Nurani discussed the upcoming Council orientation and made closing remarks.

10. Dates of Upcoming Council Meetings

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

11. List of Acronyms

12. Governance Guide: Robert’s Rules

13. Adjournment: *Moved by Dr. Kniaziew and seconded by Mr. Kennedy to adjourn the meeting at 3:05 p.m.*

Motion carried



**College of Optometrists of Ontario
Council Meeting
January 20, 2023
DRAFT**

Attendance:

Ms. Suzanne Allen
Ms. Kathryn Biondi
Dr. Lisa Christian
Dr. Mark Eltis
Dr. Camy Grewal
Mr. Pooya Hemami
Ms. Lisa Holland
Mr. Bashar Kassir
Mr. Howard Kennedy

Dr. Richard Kniaziew
Mr. Dino Mastronardi
Dr. Kamy Morcos
Dr. Areef Nurani
Mr. Narendra Shah
Mr. Toye Soile
Dr. William Ulakovic
Mr. Andre Tilban-Rios
Dr. Abraham Yuen

Guests:

Ms. Julia Martin, Legal Counsel

Staff:

Mr. Joe Jamieson, Registrar & CEO
Mr. Chad Andrews
Mr. Edward Cho
Ms. Jaslin Facey

Ms. Hanan Jibry
Ms. Debbie Lim
Ms. Shelby Sargo
Ms. Adrita Shah Noor

- 1 **1. Call to Order/Attendance:** Dr. Nurani called the meeting to order at 9:02 am.
2
3 **2. Adoption of the Agenda:** A draft agenda was circulated prior to the meeting.
4
5 **2a. Conflict of Interest Declaration:** Dr. Nurani asked Council members if anyone has a conflict of
6 interest with any items on the day's agenda.
7
8 No conflicts of interest were declared.
9
10 *Moved by Ms. Allen and seconded by Dr. Kniaziew to **adopt the agenda.***
11
12 Dr. Ulakovic requested an amendment be made to the agenda regarding an update on FORAC following
13 the elections.
14 **Motion carried**
15
16 Mr. Jamieson introduced the election and delegated the responsibility of overseeing and moderating the
17 process to Mr. Andrews.
18

19 **3. Election of the Officers for 2023 Council year**

20

21 In line with the Executive Committee terms of reference, which were shared with Council, Mr. Andrews
22 highlighted the five positions to be voted on in sequence, beginning with President and then moving to
23 Vice-President, Chair of the Governance-HR Committee, Chair of the Audit/Finance/Risk Committee, and
24 Member-at-Large. He also reminded Council that, due to the ability of members to self-nominate for
25 multiple positions, the ballot for any given position would depend on the member elected in the
26 previous position (for instance, the election result for President may have an impact on the ballot for
27 Vice-President). Mr. Andrews informed Council that according to the by-laws, there are no self-
28 nominations from the floor.

29

30 Council asked for clarification about where they could find the rule regarding self-nominations. Mr.
31 Jamieson clarified that it is found in section 7.02 of the College's by-laws.

32

33 President:

34

35 Dr. Hemami withdrew his candidacy for the President role and asked to maintain candidacy for
36 subsequent roles.

37

38 Dr. Eltis and Dr. Nurani each presented their candidacy to Council.

39

40 Mr. Andrews announced that **Dr. Eltis was elected to the position of President.**

41

42 Vice-President:

43

44 Dr. Grewal withdrew her name from the ballot for Vice-President.

45

46 Dr. Hemami and Dr. Ulakovic each presented their candidacy to Council.

47

48 Mr. Andrews announced that **Dr. Hemami was elected to the position of Vice-President.**

49

50 Chair of the Governance-HR Committee:

51

52 Dr. Christian and Dr. Grewal each presented their candidacy to Council.

53

54 Mr. Andrews announced that **Dr. Christian is elected to the position of Chair of the Governance-HR
55 Committee.**

56

57 Chair of the Audit/Finance/Risk Committee:

58

59 Mr. Andrews announced, due to the Executive Committee having reached its limit of professional
60 members, that the next two positions would be filled by public members.

61

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

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Mr. Andrews announced **Mr. Shah was elected to the position of Chair of the Audit/Risk/Finance Committee.**

Member-at-Large:

Ms. Allen and Mr. Kennedy each presented their candidacy to Council.

The voting resulted in a deadlock, which required a lot to resolve. Mr. Andrews assigned Ms. Allen and Mr. Kennedy each a number, then proceeded to draw a number from a random number generator.

Mr. Andrews announced that **Mr. Kennedy was elected to the position of Member-at-Large.**

Mr. Andrews thanked all candidates for submitting their names and participating in the election, congratulating those who were elected to positions on the Executive Committee for 2023.

Council took a break at 9:40 a.m.

4. Motions Brought Forward by Committees

a. Governance/HR

i. Appointment of the Committee Chairs and Committee Members

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

Council reconvened at 10:58 a.m.

Dr. Grewal presented a PowerPoint presentation that reflected the proposed slate of members for the College’s committees in 2023.

Council inquired about the lack of female representation on the Audit/Finance/Risk Committee. Mr. Andrews said that volunteer and council committee preferences could account for the skewed numbers. Dr. Grewal offered to add Ms. Allen to the A/F/R committee to account for female representation, and Ms. Allen agreed.

Moved by Dr. Yuen and seconded by Ms. Biondi to approve the proposed committee membership for 2023 with the proposed amendment as set out by the Governance-HR Committee.

Motion carried

Other Business

Dr. Eltis invited Dr. Ulakovic to provide the update on FORAC that he requested at the beginning of the meeting.

107
108 Council asked if they should go in-camera prior to discussing the update. Mr. Jamieson stated that going
109 in-camera requires a discussion of finances, matters of personnel and/or matters that would affect the
110 College’s reputation. Ms. Martin reminded Council that the issue arose in a public forum and therefore
111 she recommends dealing with the issue in a public forum, and that the criteria for going in camera is not
112 met.

113
114 Dr. Ulakovic provided an update on the letter from FORAC and explained that the resolution of the letter
115 depended on the election of the President. Dr. Ulakovic said he would follow up with FORAC and explain
116 that the newly elected President, Dr. Mark Eltis, will now represent Ontario at the FORAC.

117
118 **5. Upcoming Council Meetings**

119
120 Mr. Jamieson discussed several incoming changes to legislation that could affect the profession of
121 optometry, and provided updates on future Council events as shown on the agenda.

122
123 **6. Adjournment**

124
125 *Moved by Mr. Tilban-Rios and seconded by Ms. Allen to **adjourn the meeting at 11:28 a.m.***
126 **Motion carried**



**College of Optometrists of Ontario
Council Meeting
DRAFT – March 2, 2023**

Attendance:

Dr. Mark Eltis, President	Dr. Dino Mastronardi
Dr. Pooya Hemami, Vice President	Dr. Kamy Morcos
Ms. Suzanne Allen	Dr. Areef Nurani
Dr. Lisa Christian	Mr. Narendra Shah
Dr. Camy Grewal	Mr. Olutoye Soile
Ms. Lisa Holland	Mr. Andre Tilban-Rios
Mr. Bashar Kassir	Dr. William Ulakovic
Mr. Howard Kennedy	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. Shelby Sargo

Guest:

Ms. Julia Martin, legal counsel

- 1 **1. Call to Order/Attendance:** Dr. Eltis called the meeting to order at 7:02 p.m.
2 Dr. Eltis read the public interest statement.
3
4 **2. Adoption of the Agenda:** A draft agenda was circulated prior to the meeting.
5
6 *Moved by Ms. Allen and seconded by Mr. Tilban-Rios 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 evening's agenda. None were declared.
11
12 **3. Motions Brought Forward from Committees**
13
14 **a) Registration**
15
16 **i. Approval of the Emergency Class of Registration**
17

18 Dr. Yuen presented the motion for the approval of the Emergency Class of Registration proposed
19 amendments to the Registration Regulation, and then asked Ms. Martin to provide further clarification
20 on the amendments for Council.

21

22 Council had an extensive discussion on the Emergency Class of Registration.

23

24 *Moved by Mr. Tilban-Rios and seconded by Dr. Hemami to approve the Emergency Class of Registration*
25 *proposed amendments to the Registration Regulation.*

26

Motion carried

27

28 Dr. Eltis asked for a vote in favour of adding “acting” in front of “optometrist (emergency class)” in the
29 motion. Three Council members voted in favour.

30

31 Dr. Eltis asked for a vote in favour of the original proposed amendments to the Registration Regulation.
32 All voted in favor.

33

34 **4. Dates of Upcoming Council Meetings**

- 35 a. Friday, March 31, 2023
- 36 b. June 22, 2023 (evening) – Annual General Meeting
- 37 c. Friday, June 23, 2023
- 38 d. Friday, September 15, 2023
- 39 e. Friday, December 8, 2023

40

41 **5. List of Acronyms**

42

43 **6. Governance Guide: Robert’s Rules**

44

45 **7. Adjournment:** *Moved by Dr. Grewal and seconded by Dr. Kniaziew to adjourn the meeting at 8:12*
46 *p.m.*

47

Motion carried



COLLEGE OF OPTOMETRISTS OF ONTARIO

Council Meeting – December 9, 2022

COUNCIL ACTION LIST STATUS

Updated March 20, 2023

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 – December 9, 2022

MOTION LIST

Updated November 23, 2022

Date mm/dd/yr	Minute Line	Motion	Committee	Decision
12/09/22	71	Moved by Mr. Kassir and seconded by Dr. Grewal to approve the proposed amendments to OPR 7.9 Patients with Learning Disability.	CPP	Motion carried
12/09/22	81	Moved by Dr. Eltis and seconded by Mr. Kennedy to approve Proposed amendments to OPR 7.10 Orthokeratology and new standard on Myopia Management OPR 7.14.	CPP	Motion carried
12/09/22	103	Moved by Mr. Kennedy and seconded by Dr. Eltis to approve the Revised Honoraria and Expense Policy and Claim Form.	AFR	Motion carried
12/09/22	111	Moved by Dr. Eltis and seconded by Dr. Grewal to approve the Draft budget and proposed reserved funds for the year 2023.	AFR	Motion carried
12/09/22	122	Moved by Dr. Kniaziew and seconded by Dr. Ulakovic to approve the revised allocation of restricted funds.	AFR	Motion carried

Executive Committee Activity Report

Reporting date: March 31, 2023

Chair: Dr. Mark Eltis

Meetings in 2023: 1 (via teleconference)

Key Priorities

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

Discussion Items

Committee Motions for March 31, 2023 Council Meeting

The Executive Committee reviewed a draft agenda for the March 31, 2023 meeting of Council, including relevant motions.

Research Steering Group

C. Andrews provided an update on the College's Regulatory Research Grant, which was recently awarded to three research teams.

Update on FORAC, OLF and OEBC Meetings

P. Hemami provided an overview of relevant items from the recent FORAC, OLF, and OEBC meetings.

The group also discussed emerging trends in teleoptometry, which was a topic at OLF, as well as how the College's mandate areas intersect with elements of remote care.

The concept of specialization was discussed as well, and the group made it clear that specialization has nothing to do with an expanding scope of practice. If some form of specialization is implemented within Ontario, it will only involve allowing optometrists to communicate their expertise in a more specific manner to the public, such as designations and credentials. The College is currently monitoring discussions across the province regarding specialization of this kind.

To explore this topic and better understand the College's role in emerging trends, the Executive Committee is recommending that the Quality Assurance Committee review the current optometric specialization landscape in Ontario, particularly the role of the Canadian College of Specializations in Optometry.

Governance and Decision-Making at the College

N. Shah led a discussion focused on subjects related to his experience at the College over the last several years. Key items included the effective use of Council member expertise, the role and limitations of the Executive Committee, stakeholder communications, and more.

The group engaged in a productive, generative discussion related to these points.

Decision Items

College Performance Measurement Framework

The Group reviewed a draft of the College's CPMF report for 2022 (see "motions" below).

Motions

The Executive Committee recommends to Council the approval of the CPMF report for 2022.

Attachments

N/A

Patient Relations Committee Activity Report

Reporting date: March 31, 2023

Chair: Suzanne Allen

Meetings in 2023: 1 (via teleconference)

Tasks Completed Since Last Council Meeting:

- The Committee approved a new applicant for the Program of Funding for Therapy and Counselling.

Key Priorities

The Patient Relations Committee manages the Program of Funding for Therapy and Counselling, which now supports five patients. The Committee is also working to develop a new training session on sexual abuse and victim support that will be offered to staff.

Information Items

PRC will only meet when a new application for the Patient Therapy Fund is received. This new structure brings us into closer alignment with patient relations committees at other Colleges and will help keep the Committee's focus on its main task, which is managing the Patient Therapy Fund.

Discussion Items

Program of Funding for Therapy and Counselling

The patient therapy program continues to provide support to five patients. The Patient Relations Committee approved the fifth patient earlier this year and will meet any time a new application is received.

Focus Group Update

In 2023 the College is carrying out Focus Groups to engage with members of the public, as well as registrants with the College. The College successfully carried out their first two Focus Groups in Kingston and St. Catharine's at the beginning of March. Optometrists shared their perspectives on various aspects of regulation, while members of the public were eager to share their thoughts the profession of optometry. The next Focus Groups will be April in Ottawa and Windsor.

Attachments

N/A

Quality Assurance Committee Activity Report

Reporting date: March 31, 2023

Chair: Dr. Kamy Morcos

Meetings in 2023: 5 (via teleconference)

Tasks Completed Since Last Council Meeting:

- Decided upon the committee’s composition of panels for 2023.
- Reviewed and approved ongoing remedial programs.
- Discussed the role of retinal imaging in the management of AMD and glaucoma (OPR 7.1 & 7.2).
- Discussed phrasing around signatures on prescriptions for drugs (OPR 5.2).
- Discussed assessor recruitment for the new practice assessment.
- Reviewed beta version of the self-assessment module.

Key Priorities

Finalizing the QA Program Revision Projects will be a top priority for the committee throughout 2023 to ensure both are ready for council review/approval by year-end and subsequent implementation with members in 2024.

There are also an increased number of remedial programs ongoing in 2023 following an increased number of practice assessments having been reviewed by last year’s QA Panel. Ensuring these are on track and are resolved will be a priority for the year.

Information Items

Practice Assessment Stats

	Since Last Council Meeting
SRA Reports Reviewed	4
CRA Reports Reviewed	18*
Members Referred for Remediation	TBD

*To be reviewed March 24, 2023.

Discussion Items

Panel Composition

In early February, the full committee met to discuss and determine the composition of its panels for the year. After reviewing its anticipated workload for 2023, the committee decided to divide into 3 panels to manage its various responsibilities: 1) a QA Panel to administer and monitor the current QA Program, 2) a QA Special Projects Panel to oversee the QA Program Revision Projects, and 3) a Clinical Practice Panel to articulate and clarify new and existing standards in the OPR.

Regarding composition, the committee decided to have its QA Panel be larger than the other panels due to its greater workload. The committee also decided some overlap of members between the panels would be beneficial to ensure consistent knowledge of what the other panels are working on. Lastly, the committee approved additional chairs for the QA Special Projects Panel and Clinical Practice Panel to assist with meeting facilitation (Dr. Leah Markin and Dr. Mohamed Moussa, respectively).

Review of Standards of Practice

The Clinical Practice Panel further discussed amendments to OPR 7.1 Patients with AMD and 7.2 Patients with Glaucoma, as worked on by last year's panel. Proposed amendments to both standards as well as OPR 6.2 Posterior Segment Evaluation will come to the June council meeting.

The panel also discussed the wording around signatures in OPR 5.2 The Prescription and proposed amendments that will align the wording with that of the College of Physicians and Surgeons of Ontario (CPSO) which will come before council at its next meeting.

OPR Document Review

The Clinical Practice Panel discussed the current state of the OPR and agreed a full review of the document was needed to ensure its cohesiveness and clarity. A consultant with a medico-legal and writing background will be procured to assist with this effort.

Decision Items

N/A

Attachments

N/A

Inquiries, Complaints and Reports Committee (ICRC) Activity Report

Reporting date: March 17, 2023

Committee Chair: Dr. Dino Mastronardi

Meetings in 2023: 3 (via teleconference)

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 panel meeting was held on November 28, 2022 with members of the previously constituted ICRC (Dr. Mastronardi’s panel). The 2023 ICRC met as a group on February 27, 2023 for the Committee’s orientation. A separate introductory training session took place on February 16, 2023, and was tailored for the three new members of the ICRC this year. The educational session on February 16th focused on the foundational ICRC concepts (such as the complaints process and the jurisdiction of the ICRC) and was optional for returning members, while the meeting on February 27th contained an educational component that focused on advanced ICRC topics (such as sexual abuse allegations).

An ad-hoc panel additionally met on February 27, 2023 to deliberate on two previously reviewed matters. At the time of drafting this report, Dr. Mastronardi’s panel is also scheduled to meet on March 29, 2023.

Discussion Items

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

Decision Items

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

Cases Processed Since Last Reporting (November 25, 2022 – March 17, 2023)

- Complaints newly filed: 20
- Cases reviewed by the panels: 7
- Complaint Cases to Alternative Dispute Resolution (ADR):1
- Cases carried over: 1

Decision Breakdown	Total
Decisions Issued	11
Case Type	

<ul style="list-style-type: none"> • Complaints • Registrar's Investigations • Incapacity Inquiry 	10 1 0
Dispositions (for cases above) <ul style="list-style-type: none"> • No action/No further action (NFA) • Advice/Recommendation • Remedial agreement • Specified Continuing Education or Remediation Program (SCERP) • Oral caution • Acknowledgement and Undertaking • Referral of specified allegations to the Discipline Committee 	8 0 0 1 0 2 0
Nature of Allegations (for dispositions above, no action/NFA excluded)** <ul style="list-style-type: none"> • Failure to diagnose/misdiagnose • Failure refer to an ophthalmologist • Improper eye examination and/or treatment • Unprofessional behaviour & communication • Related to eyeglasses or contact lens prescriptions • Exceeding the scope of practice of the profession • Sexual abuse of a patient 	1 1 1 0 0 1 0
Timeline for Resolution (for cases above) <ul style="list-style-type: none"> • <120 Days • 121-150 Days • 151-180 Days • 180+ Days 	0 0 0 11

** Certain matters may contain more than one allegation.

HPARB Appeals

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

Registration Committee Activity Report

Reporting date: March 31, 2023

Chair: Dr. Abraham Yuen

Meetings in 2023: 1 (via teleconference)

Tasks Completed Since Last Council Meeting:

- Prioritized the proposed amendments to the Registration Regulation associated with the Emergency Class.
- Discussed the Office of the Fairness Commissioner (OFC), the Internationally Graduated Optometrist Evaluating Examination (IGOEE), the Optometry Examining Board of Canada (OEBC) and the National Board of Examiners in Optometry (NBEO) examinations, and the registration process during COVID-19.
- Discussed requests for Life Membership with the College.

Key Priorities

Emergency Class of Registration

- The Committee discussed and recommended the proposed amendments to the Registration Regulation associated with the Emergency Class of Registration, for approval by the College Council and their circulation to registrants and stakeholders.
- The proposed amendments were approved by Council at a Special Council meeting on March 2 and circulated to registrants and stakeholders for feedback. Feedback is requested no later than 8:30 a.m. on Monday, May 1, 2023,

Office of the Fairness Commissioner

- In the November 28, 2022, OFC Newsletter, the OFC requested that health regulatory colleges circulate the *Legislated Obligations and Fair Registration Best Practices Guide for Health Regulatory Colleges* to Council members, the College's leadership team, and staff as appropriate (please refer to Attachment 1).
- Following the submission of the completed 2021 Fair Registration Practice (FRP) Report to the OFC by the December 14, 2022, deadline, the OFC provided the reviewed and validated FRP Report to the College on February 1, 2023, for posting on the College website.

Touchstone Institute

- The number of examinees for the 2023 IGOEE administration in March was 16 which fell below Touchstone Institute's minimum requirement for sustainable exam administration.

- In an effort to help sustain the IGOEE, the College approved establishing an IGOEE fund at the December 2020 Council meeting if candidate registrations fell below the required break-even number subject to a legal agreement between the College and Touchstone Institute to administer the fund.
- Following from the above and the receipt of the February 27, 2023, request for exam subsidy from Touchstone Institute (please refer to Attachment 2), the Committee approved providing Touchstone Institute with the requested funding.
- Mr. Sten Ardal, CEO, announced his retirement from Touchstone Institute at the end of March and the appointment of Ms. Andrea Strachan as interim CEO while the board continues its CEO recruitment efforts.

Optometry Examining Board of Canada

- The College President, Committee Chair, Dr. Ulakovic, Mr. Kennedy and the Committee support staff, attended the OEBC meeting of the members in Ottawa on January 28, 2023. Following the meeting, they attended the OSCE pilot stations with Dr. Quaid and provided feedback about the pilot stations.
- Dr. Quaid is on the OEBC Board and his appointment was approved by the OEBC Board for another three-year term.
- The date for the \$30/optometrist/optometrist member contribution was set as April 1, 2023, by OEBC.
- OEBC is looking to implement some of the changes piloted in January at the Spring 2023 administration and expects all the changes to be operational for the Fall 2023 administration.

National Board of Examiners in Optometry

- NBEO announced that the new Part III PEPS (Patient Encounters and Performance Skills) examination is undergoing design and pilot testing and that a launch date would be announced later in 2023. Part III PEPS will replace the current Part III CSE (Clinical Skills Examination) once live.
- NBEO also announced that its examination fees must increase for all NBEO examinations to compensate for, for example, Part III PEPS examination scenarios and software development, ongoing infrastructure needs, and inflationary increases.

Registration Process during COVID-19

- College staff continue to accept applications for registration electronically and validating documents with applicants.
- There was a maximum of 30 candidates registered for the February 2023 online Jurisprudence exam and a maximum of 30 candidates registered for the April 2023 online Jurisprudence exam.
- Since the online application portal was launched in September 2022, there have been a total of 135 online registration applications received to date and 64 online applications received in 2023.
- Five (5) requests for Life Membership were received and approved by the Committee.

Discussion Items

- The Committee discussed the proposed amendments to the current Registration Regulation under the *Optometry Act, 1991*. The proposed amendments:

- ✓ Require an applicant for the emergency class to be a candidate in their final year of an accredited optometry degree program or to be graduates of a non-accredited institution who has successfully passed the Internationally Graduated Optometrist Evaluating Examination or its equivalent;
 - ✓ Require an applicant for the emergency class to be of good character which was added in the 2018 proposed amendments to the Regulation;
 - ✓ Require that a registrant practising under the emergency class, to only be permitted to practise under the supervision of a registrant of the College holding a general certificate of registration who is in good standing with the College;
 - ✓ Require registrants practising under the emergency class, to self-identify to the public as an emergency class registrant and only use the title of optometrist (emergency class);
 - ✓ Set out the conditions under which the emergency certificate of registration is automatically revoked;
 - ✓ Provide a means for emergency class registrants to apply for general or academic certificates of registration with at least some requirements exempted, in keeping with guidance from the Ministry of Health. The exempted requirements would involve not requiring the emergency class registrants to complete the jurisprudence exam or pay the application fee associated with the two classes of registration. Through their minimum of one year of supervised practice and completion of the jurisprudence seminar, emergency class registrants will have gained a significant understanding of topics covered on the jurisprudence exam; and
 - ✓ Provide the Registrar the discretion to refer registrants other than emergency class registrants, for a practice assessment under the College's quality assurance program. The need for this change became apparent during the pandemic when registrants were unable to meet the minimum practice hour requirement.
- The Committee reviewed and discussed the IGOEE and exam subsidy request by Touchstone Institute, *OFC's Legislated Obligations and Fair Registration Best Practices Guide for Health Regulatory Colleges*, and the OEBC OSCE pilot session and OEBC request for funding.

Attachments

- Attachment 1 - *Legislated Obligations and Fair Registration Best Practices Guide for Health Regulatory Colleges*
- Attachment 2 – Touchstone Institute – Request for Exam Subsidy letter

Legislated Obligations and Fair Registration Best Practices Guide for Health Regulatory Colleges



FAIRNESS COMMISSIONER

COMMISSAIRE À L'ÉQUITÉ

**OFFICE OF THE FAIRNESS COMMISSIONER
BUREAU DU COMMISSAIRE À L'ÉQUITÉ**

An agency of the Government of Ontario
Un organisme du gouvernement de l'Ontario

Legislated Obligations and Fair Registration Best Practices Guide for Health Regulatory Colleges

Effective Date: November 3, 2022

Version Number: Version 1.0

Replaces: Registration Practices Assessment Guide: For Regulated Professions and Health Regulatory Colleges (2016) and Registration Practices Indicators and Sources: A Companion to the OFC's Registration Practices Assessment Guide (2016)

Responsible Area: Policy and Program Unit, Office of the Fairness Commissioner

Any questions about this policy or requests for alternate formats can be sent to the Office of the Fairness Commissioner by email at ofc@ontario.ca.

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I. Introduction

In this document, the Office of the Fairness Commissioner (OFC) is offering information and advice to health regulatory colleges (or health colleges) to assist them to:

- understand how the OFC will evaluate their compliance with the legal obligations contained in sections 22.1 to 22.11 in the Health Professions Procedural Code under Schedule 2 of *Regulated Health Professions Act, 1991* (RHPA or Code); and
- adopt associated best practices in their organizations.

In the event of any conflict between this resource document and any legislation, the provisions of the legislation prevail.

Ontario's fair access legislative framework is embodied in two provincial statutes. These are the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006*

(FARPACTA) which governs 16 non-health regulated professions and Skilled Trades Ontario and the RHPA, which applies to the 26 self-governing health regulatory colleges. When FARPACTA came into effect in 2006, it also amended the RHPA by incorporating similar, though not identical, provisions into the Health Professions Procedural Code (Schedule 2).

The two legislative schemes are quite similar in nature. For example, both statutes impose a duty on regulators to provide registration practices that are transparent, objective, impartial and fair (section 6 in FARPACTA and section 22.2 in Schedule 2 of the RHPA) and provide the Fairness Commissioner with certain prescribed functions (section 13(3) in FARPACTA and section 22.5(1) in the RHPA). Other provisions are similar in nature but do not contain identical language. In still other cases, there are substantive differences in wording and one statute may contain obligations not found in the other.

What follows are some substantive differences relating to the Fairness Commissioner's order-writing authority, the treatment of appeals, timeliness requirements for registration decisions and the duty of the regulator to register an adequate number of trained professionals.

- Under sections 26 of FARPACTA, the Fairness Commissioner has the authority to issue compliance orders to a professional regulator. The commissioner does not exercise a similar mandate under the RHPA.
- However, under section 22.5(1)(h) of Schedule 2, the commissioner may provide advice and recommendations to the Minister of Health, including that a college do or refrain from doing any action respecting a contravention by a college if the commissioner determines that the college has failed to comply with any requirements under sections 22.2 to 22.11 of the RHPA.
- With respect to appeals, under section 21 of Schedule 2 of the RHPA, applicants who dispute an order of a health college's registration committee have the right to file an appeal with the independent Health Practices Appeal and Review Board (HPARB). By

contrast, FARPACTA does not provide for an appeal right to an arms-length tribunal. Rather, under section 9(1) of FARPACTA, a regulated profession is only required to provide an internal review or appeal within a reasonable time.

- Regarding timely decisions, under section 5(4) of Regulation 261/22 made under FARPACTA, which will come into effect on July 1, 2023, a regulated profession must provide internationally trained individuals with written communication of a registration decision, along with written reasons, within six months of the receipt of the application, along with any documentation that the regulator requires to make this decision. The regulator must meet this standard in 90% of all cases.
- Section 43(1) (h.0.1) of the RHPA, on the other hand, confers the authority on the Ministry of Health to require that the registrar and registration committee make registration decisions within a reasonable time. A regulation like the one made under FARPACTA, has not been enacted for the health regulatory colleges.
- Finally, section 2.1 of schedule 2 of the RHPA stipulates that “It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals”. There is no analogous provision in FARPACTA.

Owing to the differences in the content of the two statutes, the OFC has determined that it would be more straightforward for readers if the OFC disseminated two separate *Legislated Obligations and Fair Registration Best Practices Guides*. This version focuses on the obligations of the health regulatory colleges as outlined by the relevant provisions of the RHPA. A separate document for the non-health regulated professions and compulsory trades may be found by clicking [Legislated Obligations and Best Practices Guide-Regulated Professions and Compulsory Trades](#).

The purpose of this guide is two-fold. It is designed to provide:

- health colleges with information and advice to more fully understand how to comply with their legal obligations under sections 22.2 through 22.11 of the Code; and
- OFC staff with a tool to help them assess the degree to which a health college is complying with these obligations.

In addition, the guide makes reference to the provisions of the Code (sections 2.1, 15, 16, 18, 20 and 86) that relate to the registration of applicants. While the authority for overseeing those provisions rests with the Ministry of Health, not the OFC, this content is included for the sake of completeness and because these requirements are interconnected with the fair access obligations laid out in sections 22.1 -22.11 of the Code. These materials are intended to provide a fair access lens through which health colleges can self-assess how well they are meeting these related obligations.

This guide replaces and supersedes several earlier OFC documents issued in 2016.¹ It should be read in conjunction with the OFC's modern regulator principles that were issued in April 2021, along with the companion risk-informed compliance framework. These documents, which can be found by clicking [OFC Compliance Resources](#), form the basis upon which the OFC will work with health regulatory colleges to improve registration outcomes for *all* applicants, including internationally trained individuals.

The OFC believes that these outcomes will be enhanced where health colleges implement modern and efficient processes, issue high quality, consistent and fair registration decisions, and commit to adopting best practices. The OFC believes that there are several key objectives that will define a health college's success in relation to creating a fair registration process. These include the average and maximum time required to issue registration decisions, and the percentage of internationally trained applicants who are successfully registered. These metrics are particularly important given the shortages of health care professionals in several key sectors of the province.

As indicated previously, the legal obligations that regulators must meet with respect to their registration processes are set out in Schedule 2 of the RHPA. The OFC shares responsibility for oversight, compliance, and enforcement of the obligations in sections 22.2 to 22.11 of the Schedule with the Ministry of Health.

In broad terms, the legal obligations, for which the OFC has such compliance oversight, can be thematically divided as follows:

1. The general duty of the health college to provide registration practices that are transparent, objective, impartial and fair.
2. Four specific duties that health colleges are required to fulfill that involve:
 - Providing information to applicants.
 - Specifying the documentation that applicants must provide to the health college to assess their qualifications and what alternatives may be acceptable.
 - Ensuring that assessment decisions made by the health college, or a third-party service provider, are transparent, objective, impartial and fair.
 - Providing training for individuals who make assessment and registration decisions.
3. Four review and reporting requirements that the Fairness Commissioner may require that a health college undertake that relate to:
 - Ensuring that its registration practices are transparent, objective, impartial and fair, to include the relevance and necessity of its registration requirements, the timeliness

¹ *Registration Practices Assessment Guide: For Regulated Professions and Health Regulatory Colleges* (March 2016) and *Registration Practices: Indicators and Sources: A Companion to the OFC's Registration Practices Assessment Guide* (March 2016).

of its registration decisions, and the reasonableness of fees that are charged to applicants.

- Compliance with sections 15 through 22.11 of Schedule 2 of the RHPA.
- The health college's periodic reporting obligations to the OFC via the Fair Registration Practices Report.
- Periodic audits that the Fairness Commissioner may order the health college to complete.

As stated earlier, there are provisions relevant to the registration process that are identified outside sections 22.2 to 22.11 of Schedule 2, where oversight responsibilities fall instead to the Ministry of Health. In order to provide health colleges with a comprehensive list of their legislative obligations, the guide references sections 2.1, 15, 16, 18, 20 and 86 of Schedule 2 and offers some related commentary.

As part of this *Legislated Obligations and Fair Registration Best Practices Guide* (the guide), the OFC will identify, as appropriate, the steps that it believes health colleges should take to fulfill these legal obligations. The key objective is to provide greater clarity to health colleges on how to comply with their legislative requirements.

In tandem with these legal obligations, this document also contains a companion list of fair registration best practices. The OFC believes that these approaches can materially improve the quality, timeliness and fairness of registration decisions and generally reflect excellent client-service principles.

The distinction between legal obligations and best practices is an important one. Health colleges are required to comply with legal obligations as a matter of law. The failure to do so may attract enforcement consequences. The list of legal obligations may be thought of as the core elements of a fair registration compliance framework. Best practices, on the other hand, represent approaches that health colleges can choose to adopt to further improve their service offerings and how they interact with applicants.

In that respect, the guide is designed to motivate health colleges to continually reflect on how they can incorporate the overarching principles of transparency, objectivity, impartiality, and fairness into their day-to-day registration practices. By adopting best practices, a health college can demonstrate leadership in its field and more fully embrace modern, forward-looking and fair registration processes.

It should also be noted that the selection and implementation of best practices will sometimes differ between health colleges based on the nature of their mandates and business processes, and the character of the professions for which they are responsible.

There are several further points to be made about these fair registration practices. First, while the OFC may suggest a certain pathway to achieve a desired result, it recognizes that each health college is subject to unique circumstances and that there may be different ways to achieve a particular goal. The OFC will, therefore, apply an appropriate level of flexibility and

discretion when conducting its assessments of registration practices. As a modern regulator, the OFC will tailor its assessment activities in a proportionate manner to focus on potential risks and opportunities to improve practices.

In this guide, the OFC will refer to certain statutory provisions, or use certain terminology to characterize its advice on how a health college should approach a particular fair registration obligation or practice. When the OFC utilizes the term “shall” or “must”, this will typically be associated with a legal obligation set out in a statute. These terms are associated with mandatory legal obligations.

When the OFC employs the term “should”, this constitutes the OFC’s advice that a particular approach or activity is desirable. However, such an activity would not be mandatory. Finally, the use of terms such as “may” or “can” would signal that a health college possesses a wider scope to adopt a particular piece of information or advice.

It is the OFC’s intention to keep this list of practices evergreen. The office plans to review the contents regularly to ensure that they remain current. The OFC views this collection as a common resource and invites regulators to help to keep these ideas timely, forward-looking and relevant.

While the OFC has authored this guide for certain defined purposes, stakeholders have indicated that it could also be employed for other objectives. For example, the document could also serve as a useful tool to orient new council members on the key responsibilities outlined in the legislation. It could also be employed as a self-assessment tool.

Please note that this resource has been prepared to assist health colleges to understand their obligations under sections 22.2 through 22.11 of the Code. It is not intended to replace the wording in those sections, and reference should always be made to the official version of the legislation.

It is the responsibility of health colleges to ensure that they comply with the legislation. This resource does not constitute legal advice. The OFC will exercise its authority under the Code based on the facts that are identified. This resource does not affect the OFC’s discretion for this authority in any way.

II. Organization of this Guide

This guide is organized into three parts. Part I offers an introduction and Part II explains how health colleges can apply this document to develop measures and procedures to meet their legislated obligations. The heart of the document, however, is found in Part III, which outlines the OFC’s information and advice with respect to legal obligations that apply to health colleges.

To make it easier to follow, Part III is organized around the four categories of legal obligations set out in Schedule 2 of the RHPA:

- The general duty.
- Specific duties regarding:
 - The provision of information to applicants.
 - The documentation that applicants must provide to the health college to assess their qualifications and what alternatives may be acceptable.
 - The assessment of candidate qualifications by either health colleges or third-party service providers.
 - The provision of training for individuals who make assessment and registration decisions.
- Reporting requirements.
- Other registration-related obligations.

To provide clarity for users of this guide, the OFC has also linked each legal obligation with the corresponding provision in the legislation. The guide then refers to the OFC's information and advice for each specific legislative provision. The document also includes information on how the OFC will assess whether, and to what extent, a health college has demonstrated compliance with the particular legal obligation. In that respect, the OFC will also outline the factors that it will consider in formulating its compliance determinations.

Each legal obligation is, in turn, accompanied by one or more recommended examples of how health colleges can achieve the required outcomes. The OFC also identifies a list of best practices to help health colleges achieve the general duties of transparency, objectivity, impartiality and fairness prescribed in the legislation.

The second section of Part III identifies the reporting requirements for health colleges associated with preparing and filing their Fair Registration Practices Reports. The content of this section sets out:

- the nature of the health college's specific legal obligations, with links to the relevant sections in the RHPA; and
- commentary on how the OFC will ascertain whether the regulator has met these obligations.

The third section of Part III articulates the legal obligations that a health college must fulfill should it become subject to an audit.

Section four identifies other RHPA requirements that fall outside the fair access provisions in Schedule 2 of the Act but that a health college must nonetheless meet when performing its functions related to the registration of individuals. The authority for overseeing these provisions

rests with the Ministry of Health. By including this content in the guide, the OFC will not supersede, or interfere with, this authority. These materials are provided for the sake of completeness and because these obligations are interconnected with the fair access obligations laid out by sections 22.1 -22.11 of the Code.

III. Legal Obligations under the Regulated Health Professions Act

1. Fair Registration Practices: General Duty.

According to section 22.2 of the RHPA, each health regulatory college:

“Has a duty to provide registration practices that are transparent, objective, impartial and fair”.

The legislation refers to this obligation as the general duty. The principles of transparency, objectivity, impartiality, and fairness are inherently broad in nature. In addition, there are no definitions outlined for them in the RHPA.

While the general duty constitutes an overarching legal obligation in its own right, the four nested principles also provide a philosophical underpinning and interpretative framework for applying the more specific duties contained in the legislation.

While the courts in Ontario have not had occasion to interpret these provisions in the context of fair access legislation, the OFC has historically defined these terms in a common sense and straightforward fashion. The discussion below is designed to convey the OFC’s current working definitions of these principles. These definitions should be considered as plain language interpretative aids.

Transparency:

To be transparent means that a health college’s instructions and guidelines must be clear, accurate and straightforward. This level of clarity is necessary to enable applicants to easily follow the required steps in the registration process. Transparency also demands information that can be easily understood with clear milestones to allow applicants to monitor their progress in completing the registration process.

Objectivity:

To be objective means that a health college’s tools, assessment criteria, procedures and training processes are designed to enhance the consistency of decision-making across applicants. Such results should be achieved regardless of the individual rendering the decision, the particular context and/or whether the determination is made by the health college

or a third-party service provider. The decision-making systems should also invest in well-trained and qualified adjudicators to promote sound, valid and reliable decisions.

Impartiality:

To be impartial means that a regulator must make its decisions through a process that is free of bias that, if present, could produce subjective or tainted assessments or decisions. Sources of bias could include actual or perceived conflict of interest, preconceived notions, or a lack of cultural competency. Each health college is responsible for identifying sources of bias and for taking appropriate steps to ensure impartiality, which would normally include enhanced training and procedures to follow where an issue of bias is suspected.

Fairness:

Fairness must sit at the heart of the registration process for applicants who wish to join a health profession. Fairness comprises several dimensions. It is often contextual in nature and not always amenable to precise definition. It can also overlap with the first three principles discussed.

At its core, fairness means that a health college needs to identify the steps necessary, and the documentation required, for a candidate to complete the registration process. The assessment must be rational and above-board, and not place unnecessary and ill-conceived obstacles in the way of success. Everyone should have the same prospects irrespective of their country of training or background. The process needs to be expedient. And there must be a chance for an arms-length review if the individual disagrees with a decision. Those running the processes should embrace their responsibilities with a spirit of purpose, wisdom and empathy.

2. Fair Registration Practices: Duties Relating to the Provision of Information to Applicants including Details about the Documentation that Must Accompany an Application, the Assessment of Applicant Qualifications and Training for Assessors.

Sections 22.3 and 22.4 of Schedule 2 of the RHPA set out more specific obligations that health colleges must meet to comply with their legislative requirements.

Obligation No.1: The Regulated Health College Shall Provide Information to Applicants on its Website about its Registration Requirements.

Section 22.3 of Schedule 2 of the RHPA reads as follows:

“The College shall provide information on its website with respect to the requirements for registration, the procedures for applying for registration and the amount of time that the registration process usually takes”.

How the OFC Will Ascertain whether the Health College Has Met Obligation No.1:

This list of statutory requirements is relatively straightforward. The key issue is whether the health college is providing the prescribed type of information to applicants on its website. To make its assessment, the OFC will obtain the necessary confirmation from a review of the website, other public information sources, and discussions with the health college.

Fair Registration Best Practices Related to Obligation No.1:

What follows are examples of how health colleges can further advance the spirit and intent of this obligation to provide for a superior client experience and better outcomes for all applicants.

- The information is organized on the college's website in a way that it is easy to find, written in plain language, and is complete and accurate.
- The information is available in the French language.
- The information is presented in accessible, or multiple, formats that are easy for applicants to retrieve and follow.
- The materials include information about the percentage of candidates from different jurisdictions who have been able to successfully complete the registration process in the last five years (This information is designed to make it easier for prospective applicants to make a risk-informed assessment on whether to seek to join a health profession in Ontario)
- The information informs applicants whom they may contact if they require further guidance.

Obligation No.2: The Health College Shall Provide Information to Applicants on what Documentation of Qualifications Must Accompany an Application.

Section 22.4 (1) of Schedule 2 of the RHPA reads as follows:

“The College shall make information publicly available on what documentation of qualifications must accompany an application and what alternatives may be acceptable to the College if an applicant cannot obtain the required documentation for reasons beyond his or her control”.

How the OFC Will Ascertain whether the Health College Has Met Obligation No.2:

This is also a straightforward requirement. The OFC will seek information from the health college on how it communicates the identified information to individuals applying, or intending to apply, for membership in the health profession.

This inquiry would ordinarily include a review of the health college's website to confirm that the required information is available and easily accessible.

Fair Registration Best Practices Related to Obligation No.2:

What follows are examples of how health colleges can further advance the spirit and intent of this obligation to provide for a better experience and outcomes for all applicants:

- The information that the health college communicates to prospective applicants should identify the required:
 - *content* of the documents organized in an easy-to-follow format;
 - *format* of the documents, including the translation format, if applicable; and
 - *method* for sending the documents to the college.
- The information package should also explain how applicants can contact the college to explore other alternative documentation that may be acceptable beyond the examples that have been posted publicly. (This material would be particularly important where the applicant cannot obtain the required documentation for reasons beyond their control).
- The information should be available in the French language.
- The college should also allow the applicants to submit the documentation to it directly as opposed through intermediaries, with appropriate safeguards.

The OFC strongly encourages health colleges to take a fair and generous approach to accepting alternative documents in situations where the applicants will experience significant difficulties in obtaining these materials, and the registration of the applicants would not otherwise compromise the public interest.

Health colleges should, at all times, seek to facilitate the registration of competent applicants and not place unnecessary barriers in their paths.

Obligation No.3: The Health College Shall Assess Qualifications of Applicants in a Way that is Transparent, Objective, Impartial and Fair.

Section 22.4(2) of Schedule 2 of the RHPA reads as follows:

“If the College makes its own assessment of qualifications, it shall do so in a way that is transparent, objective, impartial and fair, and if it relies on a third party to assess qualifications, it shall take reasonable measures to ensure that the third party makes the assessment in a way that is transparent, objective, impartial and fair”.

How the OFC Will Ascertain whether the Health College has Met Obligation No.3:

The assessment of applicant qualifications can often form the most critical part of the registration process. Decisions about qualifications determine whether an individual may enter a profession, how quickly that process can occur and what additional steps, if any, the applicants must take to advance their application.

In assessing the qualification of applicants, many health colleges delegate components of this process to third-party service providers (“third parties”). Whether it is the health college or third party that conducts the assessment of qualifications, the legislation requires that the process be conducted in a transparent, objective, impartial and fair manner.

In addition, this provision requires that the health college take “reasonable measures” to ensure that the third party conducts the assessment in a way that is transparent, objective, impartial and fair. Note that the term “reasonable measures” is neither defined in the RHPA nor its regulations.

Section 22.5(1)(f) of Schedule 2 of the RHPA is also relevant to this discussion. This provision specifies that it is the function of the Fairness Commissioner to:

“monitor third parties relied upon by a College to assess the qualifications of individuals applying for registration by the College to help ensure that assessments are based on the obligations of the College under this Code and the regulations.”

While the OFC relies on this provision to obtain information from third parties and to broadly review their work, it will typically look to, and rely upon, regulators to fulfill their obligation under section 22.4(2) of Schedule 2 of the RHPA to “take reasonable measures to ensure that the third party makes the assessment in a way that is transparent, objective, impartial and fair”.

To explore whether the health college has met this obligation, the OFC will assess the regulator’s processes for the hallmarks of these attributes. The OFC will also seek information from the college about the measures it takes to hold its third-party service providers accountable for transparent, objective, impartial and fair assessments and to determine if these measures are reasonable and applied consistently.

For assessment methods undertaken by the college, itself, the OFC will review relevant information sources to verify:

- the connection or link between the assessment methods and the registration requirements or specific competencies that they are designed to measure;
- the measures that the health college takes to ensure that its assessment methods and criteria are methodically and psychometrically sound;
- how the health college ensures that only qualified assessors make the assessment decisions; and
- how the health college informs applicants about the assessment criteria, methods and results of the assessment.

Where the health college delegates any part of the assessment function to a third party, the OFC will request relevant materials that identify the measures that the health college takes to hold its third-party service providers accountable for assessments that are transparent, objective, impartial and fair, and to consider whether these measures are reasonable in the circumstances. The OFC will also solicit information on whether the health college has taken

reasonable measures to inform itself about the way that the third party undertakes its assessment processes.

While the legislation does not define what constitutes a transparent, objective, impartial or fair assessment, the OFC believes that the adoption of assessment practices listed below embody these four principles. Consequently, the OFC will consider these practices, among others, when determining compliance with this legislative obligation:

- the health college has established clear and objective criteria for making assessment and registration decisions, which are clearly documented and consistently followed;
- the health college only insists on reviewing hard to obtain documents where there is a strong, bona-fide rationale or justification to review them and where the public interest would not otherwise be compromised;
- the regulator recognizes international educational credentials unless there is evidence of *substantive differences* between those and Canadian credentials;
- the health college implements measures to help ensure that its assessments are valid, reliable and free from bias;
- the health college ensures that all individuals who assess qualifications, or make registration decisions, possess the relevant knowledge and skills, and receive adequate training; and
- the health college clearly documents its expectations to third-party service providers.

The OFC will especially wish to review documentation that links the assessment methods employed with the registration requirements or specific competencies necessary for entry-to-practice. This analysis may include a review of competency frameworks, blueprints and/or related documentation. The OFC would also consider any psychometric review that attests to the validity and reliability of the assessment method.

Similarly, the OFC will explore whether the health college has established any qualifications for its assessors and, if these exist, whether the regulator selects individuals in accordance with the skills necessary to do the required work. The OFC will also review how often and clearly the health college communicates with applicants to explain the nature of the assessment process to them.

Finally, the OFC will analyze the measures that the health college has put into place to hold third parties accountable, and whether these measures are reasonable.

The OFC recognizes that the context within which each third party provides assessment and testing services is unique. Consequently, it will take these considerations into account in determining whether the measures that the regulator has taken are reasonable in the circumstances. The OFC will consider the following factors:

- the nature of the assessment decisions made by the third party and the extent to which they influence the college's overall decision-making process;

- whether these decisions are binding on the regulator or whether the college retains the discretion to override them where considerations of fairness so dictate;
- whether the college has established service standards that stipulate the average and maximum timeframes for the provision of services by third parties to applicants and the associated reporting protocols where these standards have not been met;
- the extent to which the college exerts contractual control over material aspects of the third party's assessment methods or procedures;
- whether there is a contract in place between the health college and the third party that establishes service standards for the processing of applications and, if so, whether the agreement affords the college the necessary authority to rectify non-compliance with these standards where the circumstances so dictate;
- whether there is evidence that the third party's procedures have produced unfair or arbitrary assessments;
- whether the college has the capacity to verify how well the third party adheres to the agreed upon service standards; and
- whether the third party is subject to a recognized quality assurance framework.

Fair Registration Best Practices Related to Obligation No.3:

What follows are examples of how health college can further advance the spirit and intent of this obligation to provide for a better experience and outcomes for all applicants:

- To help applicants better understand the health college's assessment criteria, the regulator's registration materials for applicants should provide:
 - examples of scenarios and/or illustrations to explain the relevant assessment criteria and how an applicant's qualifications will be assessed against those factors;
 - information to help applicants better understand the potential outcomes of the assessment process;
 - information about the accommodation of special needs, which may include examples of situations where accommodations have been provided in the past; and
 - online self-assessment tools.
- To frame objective assessment decisions, the health college should:
 - express its assessment criteria in measurable units to minimize subjectivity in assessment decisions; and
 - establish specific scores or grading scales used in the assessment methods that measure competencies or performance.
- To speed the assessment process, the health college should encourage its third party to engage in parallel, as opposed to sequential, processing pathways (e.g., by not insisting

that all of an applicant's documentation be received before allowing the applicant to sit an examination).

- The health college should establish a process to periodically evaluate the educational programs it assesses to ensure that its criteria remain relevant and valid.
- The health college should document any potential sources of bias, and/or the circumstances that may compromise impartial assessment decisions and educate its assessors about these considerations.
- The health college should similarly ensure that the process through which an applicant can appeal the assessment of their qualifications is straightforward and that the fees do not exceed the cost of reasonable cost recovery.
- If there a potential for a delay in scheduling assessment appointments or making assessment decisions, the health college should establish procedures to inform applicants about these delays and provide estimated scheduling/decision dates.
- With respect to third-party service providers, the health college should ensure that:
 - the examination protocols employed by its third-party service providers are subject to periodic psychometric testing;
 - it considers the periodic re-tendering of third-party service assignments as a way to ensure that it is receiving the highest quality services in the most cost effective fashion;
 - it regularly reviews, and refreshes, its memoranda of understanding or agreements with its third parties to ensure that the necessary accountability provisions are in place and that the fees charged to applicants are reasonable;
 - the agreements that it enters into with third parties address such issues as the protection of personal information and appropriate cyber-security measures;
 - in conjunction with its third parties, it establishes robust protocols to communicate with applicants in situations where assessment or examination schedules are disrupted;
 - where it requires clinical examinations for registration purposes, its third party is taking reasonable steps to develop virtual, in addition to, paper-based testing options; and
 - there is a mechanism in place to resolve disputes where the contents of an agreement between a health college and a pan-Canadian assessment or testing agency may be inconsistent with the provisions of the RHPA.

Obligation No.4: The Health College Shall Ensure that Training is Provided to the Individuals Assessing Qualifications and Making Registration, or Internal Review or Appeal Decisions.

Section 22.4(3) of Schedule 2 of the RHPA reads as follows:

“The College shall ensure that individuals assessing qualifications and making registration decisions or reviewing decisions have received training that includes, where appropriate,

(a) training on how to assess such qualifications and make such decisions; and

(b) training in any special considerations that may apply in the assessment of applications and the process for applying those considerations”.

How the OFC Will Ascertain whether the Health College has Met Obligation No.4:

The individuals who make assessment, registration, or review decisions are exercising important authorities that will often have significant consequences for applicants. It is important, therefore, that they possess the skills and knowledge necessary to correctly analyse individual situations and to exercise their judgment in a fair and consistent manner.

It is also critical that these decision-makers possess an appropriate level of cultural competency since that they will regularly deal with internationally trained applicants from a broad array of countries and with distinct educational backgrounds and work experiences.

In order to ascertain whether a health college has met this obligation, the OFC will seek information from the regulator on the training that it provides to decision makers and confirm that the required training topics required to comply with section 22.4(3) of Schedule 2 of the RHPA have been appropriately addressed.

This inquiry would ordinarily include a review of relevant documentation, including an assessment of orientation and initial training materials for new members undertaking this work and the nature of continuing professional development.

In more particular terms, the OFC will seek confirmation that the following topics have been addressed in the relevant training materials:

- how to assess qualifications, and to issue clear, concise, coherent and easy-to-understand decisions;
- the objectives of fair access legislation and the four guiding principles;
- cultural competency; and
- how to issue impartial and objective decisions in the context of assessment, registration and decision-review processes.

Fair Registration Best Practices Related to Obligation No.4:

What follows are examples of how health colleges can further advance the spirit and intent of this obligation to provide for a better experience and outcomes for all applicants:

- the college should pair experienced decision-makers with individuals who are new to the role;
- the college should provide opportunities to discuss difficult cases, while ensuring that the presiding member(s) retains authority to make the final decision;
- the college should ensure that individuals who assume this work understand their role and can exercise their functions independently and in an objective and arms-length fashion; and
- the college should retain a trusted expert, with legal and adjudication expertise, to periodically review its training materials and to provide input on how they could be improved substantively and from the perspective of procedural fairness.

The OFC will shortly begin consultations on creating an inclusion and anti-racism lens to help health colleges make culturally competent registration decision. Once this work is completed, this section will be updated.

3. Review and Reporting Requirements Involving the Provision of Reports.

Requirement No.1: The Health College Shall Undertake a Review of its Registration Practices at Such Times as the Fairness Commissioner May Specify to Ensure that they Are Transparent, Objective, Impartial and Fair.

Section 22.6 of Schedule 2 of the RHPA reads as follows:

- 1) *The College shall undertake reviews of its registration practices at such times as the Fairness Commissioner may specify to ensure that the registration practices are transparent, objective, impartial and fair.*
- 2) *The review shall include an analysis of,*
 - a. *the extent to which the requirements for registration are necessary for or relevant to the practice of the profession;*
 - b. *the efficiency and timeliness of decision-making; and*
 - c. *the reasonableness of the fees charged by the College in respect of applications.*
- 3) *The College shall file a copy of the results of the review with the Fairness Commissioner within 30 days after the completion of the review”.*

How the OFC Will Ascertain whether the Health College Has Met Reporting Requirement No.1:

As part of their duties, the Fairness Commissioner (the commissioner) may require that a regulator undertake a review of its registration practices to ensure that they are transparent, objective, impartial and fair. While the commissioner can specify the scope of this review it must, at a minimum, stipulate an analysis of (a) the extent to which the requirements for registration are necessary for, or relevant to, the practice of the profession, (b) the efficiency and timeliness of decision-making, and (c) the reasonableness of the fees charged by the regulated health profession in respect of registrations.

This provision underscores the point that regulators must adopt registration practices that are transparent, objective, impartial and fair. In general terms, the Fairness Commissioner will require that such a review be undertaken to address registration issues and/or complaints of a systemic nature or where a regulator has failed to take reasonable steps to address a material and/or longstanding registration matter.

As mentioned previously, these section 22.6 reports must address, at a minimum, three specific issues, which will now be considered individually.

(a) The Extent to Which the Requirements for Registration Are Necessary for, or Relevant to, the Practice of the Profession.

As part of the registration process, health colleges will typically identify the qualifications that applicants must possess, attributes of good character / suitability to practice, and the documentation that the applicants must provide to validate these credentials. The necessary qualifications, in turn, would most often include:

- academic credentials;
- evidence of language proficiency;
- practical (workplace) or clinical experience;
- successful completion of registration examinations;
- other forms of competency assessments; and
- criminal records checks.

Some of these requirements may be found in a profession's governing statute or regulations. In other cases, the regulator may set these out in its bylaws and/or policies.

Regulators establish those requirements to ascertain which applicants for registration are qualified to practice in the regulated health profession. To this end, it is important that the requirements are, in the words of the statute, "necessary for or relevant to the practice of the profession".

When reviewing the registration requirements for necessity and relevance, the OFC will consider the following factors:

- the rationale that the regulator has put forward to justify these requirements;

- whether the requirements are reasonable proxies for the individual's capacity or competencies to practice the profession;
- whether the requirements produce unintended or differential impacts on internationally trained applicants or other applicant groups; and
- whether there are practical alternatives to the requirements or the methods of assessment.

Fair Registration Best Practices Related to Relevancy and Necessity of the Requirements for Registration:

What follows are examples of how regulators can further advance the spirit and intent of this requirement to provide for a better experience and outcomes for all applicants.

In assessing whether its registration requirements are necessary to, and relevant for, the practice of a profession, a regulator could undertake a self-assessment of its processes by:

- matching its registration requirements to the competencies necessary to practice the profession;
- linking each current assessment method to the corresponding registration requirement or competency required for entry-to-practice;
- analyzing the results to determine whether there exist any overlaps and/or gaps; and
- assessing whether there are alternate modalities through which these competencies could be demonstrated in a way that preserves the public interest.

(b) The Efficiency and Timeliness of Decision-Making.

A critical component of a fair registration process involves the time that it takes a regulator to make its registration decisions. This feature of timeliness depends on how effectively the regulator can control the various inputs and elements of its registration process.

While a regulator can most directly control steps within its ambit (such as the efficiency of its registration committee), in other cases, third-party service providers may control inputs into the process. In these scenarios, regulators are responsible for ensuring that the third party undertakes its work in a timely fashion.

In still other cases, it is the applicants, themselves, who will be responsible for ensuring that they take timely steps to initiate, and progress through, the registration process expeditiously (e.g., by providing the necessary documentation).

The OFC recognizes that the nature of a regulator's registration process may, to some extent, be unique and, therefore, the steps and timelines required to complete the required processes may vary.

In general terms, the OFC's inquiries will focus on a determination of the reasonableness of the relevant time frames and on the discrete elements of the decision-making process.

More specifically, when reviewing the efficiency and timeliness of a regulator's decision-making process, the OFC will take into account the following considerations:

- whether the regulator has developed both average and maximum time standards to process the great majority of its caseload;
- whether the regulator applies a client-centred lens in calculating total timelines by including the time that an applicant spends in obtaining required assessment, equivalency and testing services from a third-party service provider;
- whether the regulator regularly measures its performance against these time standards and reports the results to its council and the public;
- whether the regulator periodically reviews its registration processes to identify gaps, bottlenecks and inefficiencies;
- whether the registration procedures and associated resourcing potentially favour one group of applicants over another (e.g., domestically trained versus internationally trained applicants);
- how the regulator justifies the need for the time that it requires to issue decisions and whether the explanation is reasonable;
- the extent to which unnecessary conditions or burdens may be imposed on the processing of applications from internationally trained individuals;
- documentation of any improvement in timeliness of decision-making over the last few cycles;
- comparisons to performance standards and results achieved by regulators that are similarly situated;
- broad trends in applicant complaints;
- whether staff or members involved in the registration process are properly trained and can devote the time and energy necessary to superintend this work in a professional fashion;
- whether staffing levels are appropriate to efficiently process case volumes; and
- how the regulator's performance compares with similarly situated regulators.

Fair Registration Best Practices Related to the Timeliness of Decision-Making:

What follows are examples of how regulators can further advance the spirit and intent of this requirement to provide for a better experience and outcomes for all applicants:

In assessing whether its decision-making is timely and efficient, a regulator could assess its processes in the following manner:

- identify the registration steps over which the regulator and its third-party service providers exercise control and establish time standards for each of these steps;
- ascertain the average time taken for applicants to move through each of these steps, considering both mean and median time frames and the treatment of outlier cases;
- determine how these measurements may have changed over time;
- consider whether there are any bottlenecks in the system and whether adequate resources have been allocated to discrete aspects of the registration process and the system as a whole;
- identify opportunities for streamlining registration procedures without compromising service quality (e.g., adopting parallel, as opposed to sequential, registration processes);
- inform applicants about estimated dates for providing responses, decisions and reasons when unavoidable delays have occurred;
- implement formal procedures to measure the health college's performance against its own timelines and/or service standards;
- periodically review the college's service standards and timelines to verify that they remain reasonable and to identify opportunities to enhance efficiency; and
- provide resulting recommendations to senior management and council.

(c) Reasonableness of the Fees Charged by the Health College In Respect of Registrations.

Both regulators and third-party service providers will typically charge fees for the services that form part of the registration process. The total fees that applicants will be expected to pay will depend on the number of steps required for registration and the fee schedules that service providers apply.

When assessing whether the fees that a regulator charges are reasonable, the OFC will take into account the following considerations:

- the rationale for setting the fee amounts;
- how the fees relate to the cost of providing the services;
- how the fees charged compare with those administered by regulators that are similarly situated;
- whether the regulator has explored opportunities to downwardly adjust fees and acted upon the findings of these reviews; and
- whether the quantum of fees pose a potential hardship for qualified applicants and whether the regulator has adopted a fee waiver policy to reduce or eliminate these fees in appropriate circumstances.

Fair Registration Best Practices Related to the Reasonableness of Fees:

What follows are examples of how regulators can further advance the spirit and intent of this obligation to provide for a better experience and outcomes for all applicants:

- The regulator should conduct periodic reviews of its fee schedule to help ensure that costing assumptions remain valid.
- The regulator should consult with organizations representing applicants and other stakeholders when initially setting fees and periodically adjusting them.
- The regulator could similarly apply an inclusion lens in setting fees by conducting an impact analysis that involves ascertaining the effects of fees on various applicant groups (e.g., domestic versus internationally trained applicants). If these effects are found to be substantial, the regulator could introduce different fee scales or, based on evidence of need, decide to reduce, defer or waive fees for applicants in appropriate circumstances.

Requirement No.2: The Health College Shall Provide a Report or Information at the Request of the Fairness Commissioner on its Compliance with Sections 15 to 22.11 of Schedule 2 of the RHPA.

Sections 22.7(3) and 22.7(4) of Schedule 2 of the RHPA read as follows:

(3) The Fairness Commissioner may require that the College provide the Fairness Commissioner with reports or information relating to the College's compliance with sections 15 to 22.11 and the regulations and the College shall prepare and file the reports with, or provide the information to, the Fairness Commissioner.

(4) Reports and information required under subsection (3) are in addition to the reports required under subsection (1) and section 22.8".

It is important to note that section 22.7(3) authorizes the Fairness Commissioner to require that regulators prepare reports outside the scope of the legislative provisions over which the OFC has direct oversight (i.e., sections 21.1 to 22.11). Thus, the commissioner would have the authority to solicit reports on such topics as registrar decisions (sections 15 and 16), the review of registration decisions (sections 17 and 18), the variation of a previous registration decision (section 19) and the content of notices (section 20).

How the OFC Will Ascertain whether the Health College has Met Reporting Requirement No.2:

Whereas section 22.6 of Schedule 2 of the RHPA requires that a regulator undertake a review of its registration practices to ensure that they are transparent, objective, impartial and fair, sections 22.7 (3) and (4) focus on compliance with sections 15 through 22.11.

In general terms, the OFC would rely on section 22.7(3) and (4) where it has identified issues relating to a health college's non-compliance with its legal obligations that are serious, pervasive or longstanding in nature.

Requirement No.3: The Health College Shall Prepare and File a Fair Registration Practices Report at Such Times Specified by the Fairness Commissioner.

Sections 22.7 (1) and (2) of Schedule 2 of the RHPA read as follows:

- (1) The College shall prepare a fair registration practices report annually or at such other times as the Fairness Commissioner may specify*
- (2) The College may combine its fair registration practices report with such other report of the College as the Fairness Commissioner may permit and in such case an audit shall be confined to those parts of the report that relate to registration practices.*

How the OFC Will Ascertain whether the Health College has Met its Reporting Requirement No.3:

Historically, the OFC has specified the discrete questions to be responded to in its Fair Registration Practices (FRP) Report. To ascertain whether a regulator has met this reporting requirement, the OFC will review the completed document to ensure that it has been prepared thoughtfully and responds fully to the questions that have been posed.

The questions that will form part of the FRP reports will be refreshed periodically to ensure that they remain relevant and aligned with the OFCs new risk-informed compliance framework, new legislative and regulatory amendments, and broader system-wide improvement goals.

Under section 22.9 of Schedule 2 of the RHPA:

- (1) The College shall file its fair registration practices reports with the Fairness Commissioner by the dates specified by the Fairness Commissioner.*
- (2) The College shall make reports filed under subsection (1) available to the public.*

Subsection (2) is an important transparency provision which, among other things, obliges regulators to make their FRP reports available to the public.

Section 22.10 under Schedule 2 of the RHPA imposes additional requirements on regulators when they provide reports to the OFC. This provision specifies that:

- (1) Reports and certificates required by sections 22.7 and 22.8 and under the regulations shall be in the form and contain the information specified by the Fairness Commissioner or as may be specified in the regulations*

(2) Despite subsection (1), no report prepared by the College, the Fairness Commissioner or an auditor under sections 22.6 to 22.8 shall contain personal information”.

Requirement No.4: The Process for Completing Audits.

The authority of the Fairness Commissioner to require that health colleges undergo audits is set out in section 22.8 of Schedule 2 of the RHPA and reads as follows:

- 1) *Every three years or at such other times as the Fairness Commissioner may specify, the Fairness Commissioner shall give notice to the College that an audit must be conducted in respect of its registration practices and of its compliance with this Code and the regulations.*
- 2) *The Fairness Commissioner shall give the notice required by subsection (1) at least 90 days before the audit is to begin and the notice shall state,*
 - a) *that College must choose and appoint an auditor from the roster established by the Fairness Commissioner by the date specified in the notice;*
 - b) *that if College fails to choose and appoint an auditor by the date specified in the notice that the Fairness Commissioner will choose the auditor;*
 - c) *the scope of the audit and the audit standards that will apply;*
 - d) *the date by which the audit must be completed; and*
 - e) *that the College is responsible for the payment the auditor’s fees and expenses.*
- 3) *The College shall, by the date specified in the notice, choose and appoint an auditor from the roster established by the Fairness Commissioner and notify the Fairness Commissioner of its choice.*
- 4) *If the College fails to notify the Fairness Commissioner of the name of the auditor it has chosen and appointed by the date specified in the notice, the Fairness Commissioner shall choose the auditor and notify the College of his or her choice and the auditor shall be deemed to have been appointed by the College.*
- 5) *The auditor chosen and appointed under subsection (3) or (4) shall begin the audit promptly, shall conduct it in accordance with the scope of the audit and the audit standards set out in the notice under subsection (2) and shall complete the audit by the date set out in the notice.*
- 6) *An auditor may collect personal information, directly or indirectly, only for the purpose of an audit required under this section, but an auditor shall not retain any personal information after completing the audit and shall not include any personal information in any draft report or final report submitted in accordance with this section.*
- 7) *A College shall co-operate with the auditor and shall,*
 - a) *produce such records for, and provide such other information to, the auditor regarding its registration practices and any other matters related to compliance by the College with its obligations under sections 15 to 22.11 and the regulations as are reasonably necessary for the auditor to perform his or her duties under this Code, including any*

*reports required from the College under section 22.6, 22.7 or 22.9 or the regulations;
and*

- b) provide the auditor with any assistance that is reasonably necessary, including assistance in using any data storage, processing or retrieval device or system, to produce a record in readable form.*
- 8) Despite subsection (7), a College may refuse access to a record if,
 - a) the record or any information in the record is subject to a legal privilege that restricts disclosure of the record or the information; or*
 - b) an Act of Ontario or of Canada or a court order prohibits disclosure of the record or any information in the record in the circumstances.**
- 9) The auditor shall prepare a draft report on the audit and provide a copy of it to the College, together with a notice that the College may, within 30 days, make submissions to the auditor on the draft report.*
- 10) The auditor shall consider the submissions, if any, made by the College and may make any changes the auditor considers appropriate before finalizing the report.*
- 11) The auditor shall make a final report on the audit and shall file it with the Fairness Commissioner and provide a copy to the College to which the audit relates.*
- 12) The auditor shall file a certificate with the Fairness Commissioner certifying that the auditor made the audit in accordance with this Act and the regulations and that he or she has provided a copy of the auditor's report to the College.*
- 13) An audit is complete when the auditor has provided a copy of the final report to the College to which the audit relates and has filed with the Fairness Commissioner the final report and the certificate referred to in subsection (12) and, if the College made submissions to the auditor on the draft report, a copy of the submissions made by the College.*
- 14) The Fairness Commissioner shall provide the Minister of Health and Long-Term Care with a copy of all auditors' reports within a reasonable time after receiving them.*
- 15) The College shall pay the auditor's fees and expenses.*

The OFC equates the audit function to an independent investigation undertaken by a third party whose credentials the OFC approves. The auditor will be required to produce a report with findings and recommendations. Under the legislation, the cost of the audit is borne by the health college and the final report must be filed with the OFC and the Minister of Health.

Where the OFC determines that an audit is required, it will typically have acquired a firm understanding of the situations where a health college has not achieved compliance with the legislation. On this basis, the OFC will usually employ an audit to undertake a defined and targeted review of material and persistent deficiencies identified in a regulator's registration processes.

Given the significant nature, cost and intrusiveness of the audit authority, the OFC will apply this tool following a review of all other options and only where the circumstances so warrant.

4. Other Regulated Health Professions Act Requirements Relating to Registration.

Under the RHPA's legislative scheme, the OFC oversees compliance with a number of legal obligations outlined in sections 22.2 through 22.11 of Schedule 2 of the statute. There are, however, several additional provisions contained in Schedule 2 which address the rights of applicants, and the obligations of health colleges.

While the authority for overseeing those provisions rests with the Ministry of Health, the OFC believes that they should be referenced in this document both for the sake of completeness and because they are associated with the OFC's direct compliance obligations. These materials also provide a fair access lens through which health colleges can self-assess the adequacy of their procedures arising out of sections 2.1, 15, 16, 18, 20 and 86 of Schedule 2.

In the sections that follow, and depending on the context, it could be the Ministry of Health, the college's council or senior management in the college that undertakes this review and oversight role.

RHPA Requirement No.1: The Health College's Duty to Ensure that the People of Ontario have Access to Adequate Numbers of Qualified, Skilled and Competent Regulated Health Professionals.

As part of their self-regulatory responsibilities, health colleges are required to uphold the public interest. Both regulators and the government can be said to share the public interest space.

One definition of "public interest" is "the welfare and well-being of the general public." Based on their statutory mandates, regulated health colleges have generally equated this concept with safeguarding public health and safety.

Section 2.1 of Schedule 2 of the RHPA makes it clear, however, that health colleges must also fulfill certain labour-market imperatives as part of their public-interest mandate. This provision reads as follows:

"It is the duty of the College to work in consultation with the Minister [of Health] to ensure, as a matter of public interest, that the people of Ontario have access *to adequate numbers* of qualified, skilled and competent regulated health professionals. [emphasis added]

To achieve this important objective, health colleges need to implement fair and efficient registration processes. They should focus on eliminating barriers that unnecessarily prolong assessment and registration processes and take whatever steps are necessary to move qualified applicants through the system in a prompt fashion.

In addition, health colleges should have an eye on the supply and demand characteristics of their professions and, in tandem with other stakeholders, work towards meeting labour market

targets so that Ontarians will have access to an ample supply of trained and competent health practitioners. A further discussion of the term “public interest” and the OFC’s perspective on this concept can be found in the [July 2021 Newsletter](#).

RHPA Requirement No 2: The Right of Applicants to Use the French Language in their Dealings with Health Colleges.

Section 86 of Schedule 2 of the RHPA identifies the obligations of health colleges with respect to the provision of French language services. This section read as follows:

- (1) *A person has the right to use French in all dealings with the College.*
 - (1.1) *The College shall identify and record the language preference of each College member and identify the language preference of each member of the public who has dealings with the College.*
- (2) *The Council shall take all reasonable measures and make all reasonable plans to ensure that persons may use French in all dealings with the College.*
- (3) *In this section,*

“dealings” means any service or procedure available to the public or to members and includes giving or receiving communications, information or notices, making applications, taking examinations or tests and participating in programs or in hearings or reviews.
- (4) *A person’s right under subsection (1) is subject to the limits that are reasonable in the circumstances”.*

Fair Registration Best Practices Related to This Requirement:

- Regulators should institute concrete plans to ensure that applicants have reasonable access to French language service relating to all aspects of the registration process, including:
 - providing registration information in French;
 - accepting of French-language documents without requiring English-language translations for them;
 - providing opportunities for taking examinations in French;
 - making internal reviews and/or appeals available in French.
 - providing resources and applicant supports in French

RHPA Requirement No.3: The Authority of the Registrar when Considering an Individual's Application to Join a Regulated Health Profession.

Section 15 of schedule 2 of the RHPA reads as follows:

- 1) *If a person applies to the Registrar for registration, the Registrar shall,*
 - a) *register the applicant; or*
 - b) *refer the application to the Registration Committee. 1991, c. 18, Sched. 2, s. 15 (1).*
- 2) The Registrar shall refer an application for registration to the Registration Committee if the Registrar,
 - a) *has doubts, on reasonable grounds, about whether the applicant fulfils the registration requirements;*
 - b) *is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant is an individual described in subsection 22.18 (1);*
 - c) *is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration of the applicant and the applicant does not consent to the imposition; or*
 - d) *proposes to refuse the application.*
- 3) *If the Registrar refers an application to the Registration Committee, he or she shall give the applicant notice of the statutory grounds for the referral and of the applicant's right to make written submissions under subsection 18 (1).*
- 4) *If the Registrar is of the opinion that a certificate of registration should be issued to an applicant with terms, conditions or limitations imposed and the applicant consents to the imposition, the Registrar may do so with the approval of a panel of the Registration Committee selected by the chair for the purpose.*
- 5) *Subsections 17 (2) and (3) apply with respect to the panel mentioned in subsection (4).*

Section 15 outlines the responsibilities of a health college's registrar when considering an application to join a regulated health profession. The registrar has the discretion to register the applicant or to refer the application to a panel of the health college's registration committee in certain circumstances. When the registrar chooses to make the referral, they must give the applicant notice of the statutory grounds for the referral and of the applicant's right to make written submissions under subsection 18(1) of schedule 2.

Fair Registration Best Practices Related to This Requirement:

It is important that health colleges periodically self-assess their registration practices to verify that they remain in compliance with their legal obligations. With respect to the role of the registrar, it would be useful to periodically evaluate the policies that the college has put in place to structure the registrar's application of discretion in these cases, as well as the thoroughness of the notices that the registrar provides to applicants.

There would be similar merit in reviewing the terms, conditions or limitations that the registrar typically imposes on applicants to ascertain whether they appear to be proportionate and do not serve as barriers to registration.

It would also be important to explore (a) the consistency of decisions made by the registrar across candidates who are similarly situated and (b) whether the registrar is consistently applying the advice and direction provided by the HPARB tribunal to their decisions. It should also be noted that, to an extent, registration decisions are accounted for in the Ministry of Health's College Performance Measurement Framework.

As a best practice, health colleges should also seek to achieve a decision-making mindset that is flexible and fair and that is geared towards finding pathways to registration for candidates with the potential to contribute to the profession and to the clients that they serve.

RHPA Requirement No. 4: The Right of an Applicant to Request that a Panel of the Health College's Registration Committee Conduct a Review of the Registrar's Decision and the Authority of the Panel to Direct that the Registrar Take Certain Actions.

Section 18 of Schedule 2 of the RHPA reads as follows:

- 1) *An applicant may make written submissions to the panel within thirty days after receiving notice under subsection 15 (3) or within any longer period the Registrar may specify in the notice.*
- 2) *After considering the application and the submissions, the panel may make an order doing any one or more of the following:*
 - a) *Directing the Registrar to issue a certificate of registration.*
 - b) *Directing the Registrar to issue a certificate of registration if the applicant successfully completes examinations set or approved by the panel.*
 - c) *Directing the Registrar to issue a certificate of registration if the applicant successfully completes additional training specified by the panel.*
 - d) *Directing the Registrar to impose specified terms, conditions and limitations on a certificate of registration of the applicant and specifying a limitation on the applicant's right to apply under subsection 19 (1).*
 - e) *Directing the Registrar to refuse to issue a certificate of registration.*
- 3) *A panel, in making an order under subsection (2), may direct the Registrar to issue a certificate of registration to an applicant who does not meet a registration requirement unless the requirement is prescribed as a non-exemptible requirement.*
- 4) *The panel may, with the consent of the applicant, direct the Registrar to issue a certificate of registration with the terms, conditions and limitations specified by the panel imposed.*

Section 18(1) outlines the process through which applicants may request that a panel of a health college's registration committee review a registrar's decision. It then gives the panel authority to provide certain directions to the registrar based on the submissions that the applicant provides.

Fair Registration Best Practices Related to This Requirement:

In assessing the adequacy of their section 18 procedures, health colleges should review the policies that they have put in place to structure the panel's review process along with evidence of the intelligent application of discretion in these cases. It would also be useful to review the terms, conditions, or limitations that registration committee panels typically impose on candidates to ascertain whether they appear to be proportionate and do not serve as barriers to registration.

It would also be important to explore (1) the consistency of the decisions that registration committees make across applicants who are similarly situated, (2) the number of appeals from registration committee decisions that prospective registrants take to HPARB, (3) the disposition of these appeals and (4) whether the registration committee is applying the advice and direction provided by the HPARB tribunal in its decisions.

What follows are further examples of how health colleges can advance the spirit and intent of this requirement to provide for a better experience and outcomes for all applicants:

- the health college puts formal procedures in place to measure its performance against its identified service standards and publishes the results;
- the health college provides information to applicants about how to make effective submissions and the formats in which such representations can be made (i.e., orally, in writing or by electronic means);
- the extent to which the health college safeguards impartiality of its internal review decisions by:
 - following well-documented procedures;
 - basing its decisions exclusively on relevant criteria and evidence;
 - informing decision-makers involved in internal reviews about potential sources of bias and the steps that they should take if they feel that they cannot review a case impartially; and
 - engaging legal counsel to periodically review the regulator's review and appeals processes.
- If a hearing by a registration committee panel is required, the health college provides reasonable accommodation to allow applicants to effectively participate in the process.

As a further best practice, the health college should promote a decision-making mindset that is flexible and fair, and that is geared towards finding pathways to registration for candidates with the potential to contribute to the profession and the clients that they serve.

RHPA Requirement No. 5: The Requirement that a Panel of the Registration Committee Provide Notification to an Applicant of its Order and Related Issues.

Section 20 of Schedule 2 of the RHPA reads as follows:

- 1) *A panel shall give the applicant notice of an order it makes under subsection 18 (2) or 19 (6) and written reasons for it if the order,*
 - a) *directs the Registrar to refuse to issue a certificate of registration;*
 - b) *directs the Registrar to issue a certificate of registration if the applicant successfully completes examinations or additional training;*
 - c) *directs the Registrar to impose terms, conditions and limitations on a certificate of registration of the applicant; or*
 - d) *refuses an application for an order removing or modifying any term, condition or limitation imposed on a certificate of registration.*
- 2) *A notice under subsection (1) shall inform the applicant of the order and of the provisions of section 19 and of subsections 21 (1) and (2).*

Section 20 outlines the order making authority of a panel of a registration committee. It stipulates that a panel must provide an applicant with notice of an order that it makes and, in certain defined circumstances where an order adversely affects the interests of an applicant, written reasons for the decision. The section also requires that the panel advise the applicants of their right to file appeals with the independent Health Professions Appeals and Review Board (HPARB).

Fair Registration Best Practices Related to This Requirement:

As part of this work, health colleges should seek to verify the quality and timeliness of the orders that their panels issue and whether they are written in a straightforward and easy to understand format. It is particularly important that the reasons carefully explain the basis for the panel's decision and allow the applicant to understand the case that the individual must meet should they wish to file an appeal. This information could ordinarily be gleaned through a review of a sample of orders that the panels have issued.

It would also be important for the health college to convey full and accurate information to the applicants about the nature and sequencing of the HPARB proceedings and how to prepare for a review of the documentary evidence or a hearing of the application. The goal should be assist the applicant in determining whether to launch an appeal.

It is also a best practice for health colleges to periodically engage legal counsel with expertise in adjudication matters to provide input and advice on how to craft orders that meet the above objectives.

RHPA Requirement No 6: The Requirement that the Health College Provide Applicants with Access to their Records.

Section 16 of RHPA reads as follows:

- (1) The Registrar shall give an applicant for registration, at his or her request, all the information and a copy of each document the College has that is relevant to the application.*
- (2) The Registrar may refuse to give an applicant anything that may, in the Registrar's opinion, jeopardize the safety of any person.*
- (3) The Registrar shall establish a process for the purposes of dealing with an applicant's request under subsection (1).*
- (4) The Registrar may require an applicant to pay a fee for making information and documents available to the applicant if the Registrar first gives the applicant an estimate of the fee.*
- (5) The amount of the fee shall not exceed the amount of reasonable cost recovery*
- (6) The Registrar may waive the payment of all or any part of the fee that an applicant is required to pay under subsection (4) if, in the Registrar's opinion, it is fair and equitable to do so.*

This provision is designed to provide transparency to applicants about the process that the health college has followed to review the candidate's registration application. Under this section, the registrar, upon request, is required to provide a copy to the applicant of each document in the college's possession that is relevant to the application. This obligation is subject to a public safety exemption. The provision also enables the college to charge fees for this service and to waive them in appropriate circumstances.

This provision also buttresses procedural fairness in that it allows applicants to know the case that they must meet in order to seek redress from the decision made (or one that has been delayed).

Fair Registration Best Practices Related to This Requirement:

Each health college should periodically assess its disclosure and fee charging practices to ensure that they remain compliant with the legislation.

What follows are examples of how health colleges can further advance the spirit and intent of this requirement to provide for a better experience and outcomes for all applicants:

- The college informs applicants at the beginning of the registration process of their right to access their records and the circumstances under which access to records will be provided.
- Where appropriate, the college provides context around any records that are provided to the applicant and offers the individual a contact person should they have any further questions.
- The college provides clear direction to staff that:
 - identifies the specific documents that would typically form part of an applicant's records package;
 - outlines the procedures to apply when addressing an applicant's records request;
 - includes guidelines on the situations where certain documents contained in a records package may be withheld from disclosure;
 - establishes timelines or service standards for providing such access; and
 - makes legal counsel available to staff to address any contentious issues.



FAIRNESS COMMISSIONER

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**OFFICE OF THE FAIRNESS COMMISSIONER
BUREAU DU COMMISSAIRE À L'ÉQUITÉ**

180 Dundas Street W., Suite 300, Toronto ON M7A 2S6
180, rue Dundas O., Bureau 300, Toronto (Ontario) M7A 2S6

ofc@ontario.ca
www.FairnessCommissioner.ca

Hanan Jibry
College of Optometrists of Ontario
65 St. Clair Ave. E., 9th Floor
Toronto, Ontario
M4T2Y3

February 27, 2023

Dear Hanan:

I am writing to you today to formally request access to the College of Optometrists of Ontario (COO) fund to help sustain the Internationally Graduated Optometrist Evaluating Exam for the 2023 exam administration. Based on an agreement between Touchstone Institute and College of Optometrists of Ontario, the minimum requirement for sustainable exam administration is 24 examinees. Currently, the number of examinees registered for the 2023 IGOEE is 16. We have reviewed our current costs related to this exam and have determined that we can run the exam at a paid capacity of 22. Touchstone Institute is therefore requesting that the College of Optometrists of Ontario provide subsidy for six empty examinee positions for a total of \$30,000.00.

On receipt of your acknowledgement, Touchstone Institute will send an invoice to COO for this amount. We gratefully appreciate the support of the College in maintaining this important and highly effective exam.

Sincerely,



Sten Ardal, CEO

Governance-HR Committee Activity Report

Reporting date: March 31, 2023

Chair: Dr. Lisa Christian

Meetings in 2023: 1 (via teleconference)

Tasks Completed Since Last Council Meeting:

- The group participated in an orientation session, led by Joe Jamieson, and discussed trends in governance and modernization that may affect the college.
- A preliminary review of governance processes took place, with an emphasis on the committee appointment process that Governance-HR oversees at the end of each year. The group discussed possible avenues for enhancement, including the application of a diversity lens.

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 where appropriate, to make changes and additions that enhance the College's governance portfolio.

Discussion Items

Orientation

Joe Jamieson led an orientation session focused on modernization efforts in Ontario, the newly-introduced "As of Right" legislation, new rules for an emergency class of registration, and the *Your Health Act*.

Upcoming Bylaw Changes

The group discussed several bylaw changes that are being developed, including changes to the President and Vice-President role durations, the nomination window for Executive self-nominations, the removal of section 16.02, and language re. suspensions stemming from non-payment of registration dues.

The changes will be provided to the committee for its meeting in May, and then presented for approval during the Council session in June.

DEI Implementation

The group discussed several possibilities for implementing DEI within the domain of governance, including during the committee appointment process, during the election of Council members, and in other areas.

Decision Items

N/A

Audit/Finance/Risk Committee Activity Report

Reporting date: March 31, 2023

Chair: Mr. Narendra Shah

Meetings in 2023: 1 (via teleconference)

Tasks Completed Since Last Council Meeting:

- Reviewed the Audit/Finance/Risk committee terms of reference and proposed changes to reporting the quarterly and annual financial statements for Council consideration on March 31, 2023.
- Reviewed the draft and unaudited financial operating results for 2022.
- Deliberated on the status of the College's investments with Cumberland as of December 31, 2022. It was agreed to form a working group to assess the College's investment policy and providers of investment policies for similar sized non-profit organizations.
- Examined the risk management report related to potential financial, information technology (IT), operational, regulatory, and strategic risks.
- Discussed the College's office lease with Ontario English Catholic Teacher's Association (OECTA) which is ending on February 28, 2024.
- Recommended updating the mileage reimbursement rate from \$0.61/km to \$0.68/km following the CRA guidelines.

Key Priorities

Following the first Committee meeting on February 21, 2023, a working group was formed to research investment strategies and best practices appropriate for the College's mandate as non-profit organization. The working group is to report back to the Committee on May 17, 2023.

The annual external review of the College's financial accounts ending December 31, 2022, is scheduled to begin on March 15, 2023. The auditors will be invited to present the draft financial report to the Committee on May 17, 2023, and to Council on June 23, 2023.

There is a constant monitoring of potential risks related to operations, IT, finance, and strategic.

Information Items

The unaudited financial results for the year 2022 show net expenses over revenue of \$923K.

Total expenses include \$827K of strategic activities that were part of approved 2022 budget. These initiatives, including a one-time discount on membership fees, were supported by internally restricted funds that resulted with a \$2.4M balance as of December 31, 2022.

Full Year 2022 Actual vs Full Year 2022 Budget (\$'000)			
	Full Year 2022 Actual	Full Year 2022 Budget	% of Budget
Revenue	2,458	2,460	99.9%
Expenses	3,212	3,244	99.0%
Operating surplus (shortfall)	(754)	(784)	96.2%
Other income (loss)	(169)	-	
Net surplus (shortfall)	(923)	(784)	117.7%

Discussion Items

- The formation of a working group to consider investment strategies suitable to College's needs.
- The College's decision whether or not to renew the office lease is to be communicated with OECTA by August 31, 2023.
- The amendment to the Committee's terms of reference associated with the reporting of quarterly and annual financial statements to Council.

Decision Items

The Audit/Finance/Risk committee requests Council approval:

1. To direct staff to enter negotiations with the Ontario English Catholic Teacher's Association with respect to the office lease. (Refer to Briefing Note)
2. To revise the wording of the Committee's terms of reference on reporting quarterly financial results as part of the Committee's activity report and recommends to Council the approval of the annual financial statements. (No Briefing Note provided)

Attachments

N/A

7 - 9 /PRESENTATION AND MOTIONS

7. Registrar's Report: Registrar and CEO Joe Jamieson to provide College updates via PPT presentation.
8. Motions Brought Forward from Committees
 - a. Executive
 - i. Approval of the 2022 CPMF Report
9. Motions Brought Forward from Committees continued
 - a. Audit/Finance/Risk
 - i. The AFR committee recommends a modification to the current terms of reference for the approval of Council quarterly and annual financial statements. *Proposed statement: The Committee reports the quarterly financial results to Council and recommends Council approval for the annual financial statements*
 - ii. Motion to direct staff to enter negotiations with OECTA with respect to the office lease

BRIEFING NOTE

Council Meeting – March 31, 2023

Subject

Approval of the 2022 College Performance Measurement Framework (CPMF) Report

Background

Overview

The CPMF is a standardized reporting tool that was launched by the Ministry of Health in 2020. Through the CPMF, regulatory colleges are required to measure and report on Ministry-specified standards and indicators in a standardized way. This information is not *assessed* by the Ministry but rather shared with the public to help strengthen accountability and oversight of Ontario’s health regulators. The College submitted its inaugural 2020 CPMF report in March 2021.

The 2022 CPMF reporting template (reporting period: Jan 1 – Dec 31, 2022) was refined based on feedback from colleges, the public, and experts resulting in the designation of eight measures as ‘Benchmarked Evidence’ (see Table 1). These pieces of evidence were identified as attributes of an excellent regulator that Colleges should meet or work towards meeting. If a college does not meet or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines, and any barriers to implementing that benchmark.

Analysis of Results

The College is asked to indicate whether it meets the measures listed in the CPMF, selecting either “Yes” (Met), “No”, or “Partially”. Another option is “Met in 2021, continues to meet in 2022”, which is marked as ‘Met’ for the purpose of this analysis. See Table 1 for a breakdown of the College’s responses per requirement.

In the 2022 report, the College reported meeting or partially meeting all 49 measures (this number excludes the System Partner domain). The College met all 8 measures with the ‘Benchmarked Evidence’ designation. See Figure 1 for the distribution of responses in the 2022 CPMF report and Figure 2 for a comparison of the response distributions between the 2021 report and the 2022 report.

For the 3 requirements that fall under “Partially”, the College either meets these requirements in alternative ways or is in the process of fulfilling them. In either case, the College delineates an improvement plan dedicated to fulfilling each of the 3 requirements in the report.

Figure 1. Count of 2022 CPMF Responses

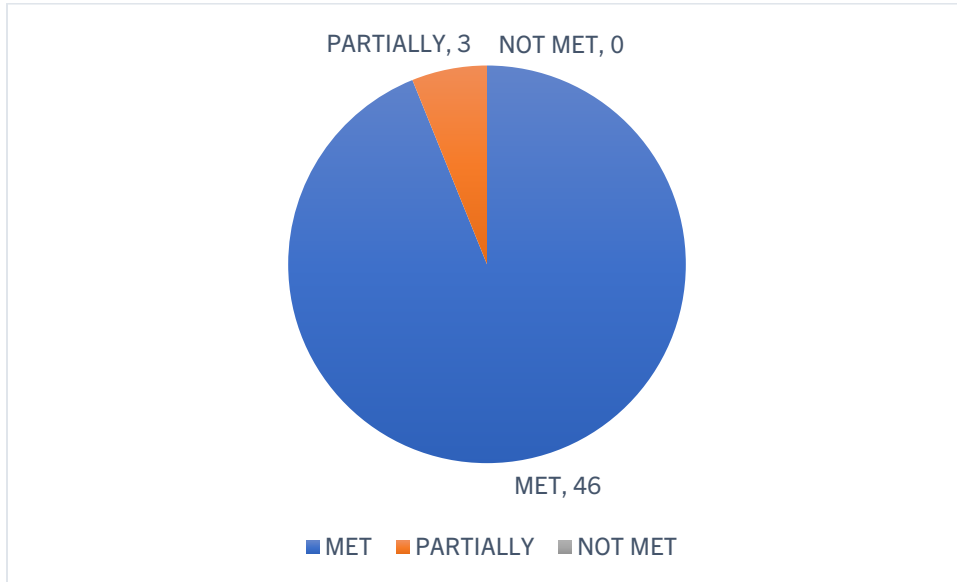


Figure 2. Comparison of CPMF Response Distributions – 2021 vs. 2022 (#, %)

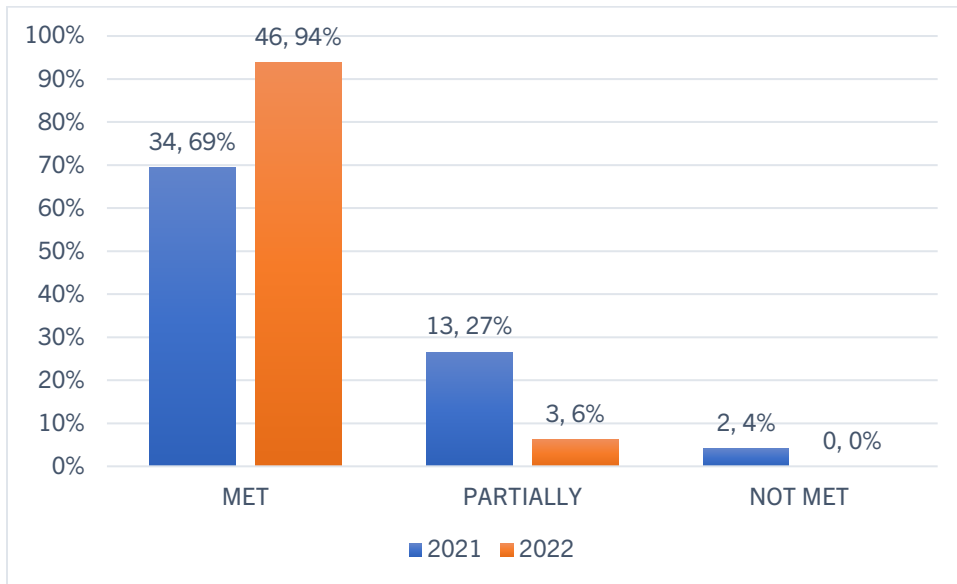


Table 1. Breakdown of 2022 CPMF Responses (= benchmarked evidence)*

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

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

[Decision\(s\) for Council](#)

[Approval by Council](#)

[Supporting Materials](#)



- 2022 CPMF Report (File Name: COO_2022-CPMF_MasterReport_FINAL.pdf)

Next Steps

- The final report needs to be submitted to the Ministry of Health and published on the College website by March 31, 2023.

Contact

- Eddy Cho, Manager, Informatics & IT

2022 CPMF – College of Optometrists of Ontario

Reporting Year: January 2022 – December 2022

March 31, 2023

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Introduction

The College Performance Measurement Framework (CPMF)

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

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
2. Help Colleges improve their performance;

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

Table 1: CPMF Measurement Domains and Components

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

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

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

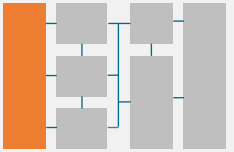
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with ‘Met in 2021 and Continues to Meet in 2022’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <p>• The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></p> <p>The competency and suitability criteria for Council and committee members can be found on the "About" page of the College's website under a heading titled "Expectations of Council and Committee Members". This is a section of the site that is viewed often; additionally, the criteria are shared with nominees running for positions on Council.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>

		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Beginning in 2021, individuals running for positions on Council are required to participate in an online orientation meeting, which covers the following over approximately 45 minutes:</p> <p><i>Governance Segment:</i></p> <ul style="list-style-type: none"> - Duties of the College: duties and responsibilities of Council; duties and responsibilities of committees; role of committee chair; role of committee member - Key Legislation: Regulated Health Professions Act; Health Professions Procedural Code; Optometry Act; Personal Health Information Act - Expectations: conflict of interest; confidentiality; compliance with mandate; cooperation; attendance <p><i>Financial Literacy Segment:</i></p> <ul style="list-style-type: none"> - Statement of financial position (balance sheet) - Statement of revenue and expenditures (income statement) <p>Using a training framework provided by Richard Steinecke, co-founder of SML-LAW, the orientation is led by the College’s Director of Research and Policy, who also facilitates a concluding Q and A period so that specific gaps in knowledge, understanding, and expectations can be addressed.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional):</i></p>				

		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>As with professional members (explained above in 1.1.a.i), the competency and suitability criteria for statutory committee members are made public on the "About" section of the College's website. The criteria apply to both Council and committee members.</p>	

		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>								
	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="776 410 2196 464">The College fulfills this requirement:</td> <td data-bbox="2196 410 2596 464" style="text-align: center;">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 464 2596 979"> <ul style="list-style-type: none"> Duration of each Statutory Committee orientation training. Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Members of each statutory committee are chosen based on their competency in the area relevant to the specific committee: for example, familiarity with the disciplinary processes of College practice would lead to someone being considered for the Disciplinary Committee. Additionally, the application form for committees asks members to list their background and experiences. This information is reviewed by the Governance/HR Committee before recommendations are made for committee appointments.</p> <p>The duration of each statutory committee training session is approximately 2 hours, and takes place either virtually or in-person. For content, this differs somewhat dramatically based on the committee; in other words, a generic approach to orientation would obscure the specific needs of the committee. The Committee Manager (the staff supporting each committee) designs the orientation based on their experience and the current needs of the group. Topics typically covered include: committee mandate, terms of reference, responsibilities, reporting process, conflict of interest, code of conduct, etc.</p> </td> </tr> <tr> <td data-bbox="776 979 2196 1032"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2196 979 2596 1032" style="text-align: center;">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="776 1032 2596 1286"> <p><i>Additional comments for clarification (optional):</i></p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> Duration of each Statutory Committee orientation training. Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Members of each statutory committee are chosen based on their competency in the area relevant to the specific committee: for example, familiarity with the disciplinary processes of College practice would lead to someone being considered for the Disciplinary Committee. Additionally, the application form for committees asks members to list their background and experiences. This information is reviewed by the Governance/HR Committee before recommendations are made for committee appointments.</p> <p>The duration of each statutory committee training session is approximately 2 hours, and takes place either virtually or in-person. For content, this differs somewhat dramatically based on the committee; in other words, a generic approach to orientation would obscure the specific needs of the committee. The Committee Manager (the staff supporting each committee) designs the orientation based on their experience and the current needs of the group. Topics typically covered include: committee mandate, terms of reference, responsibilities, reporting process, conflict of interest, code of conduct, etc.</p>		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	<p><i>Additional comments for clarification (optional):</i></p>	
The College fulfills this requirement:	Yes									
<ul style="list-style-type: none"> Duration of each Statutory Committee orientation training. Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Members of each statutory committee are chosen based on their competency in the area relevant to the specific committee: for example, familiarity with the disciplinary processes of College practice would lead to someone being considered for the Disciplinary Committee. Additionally, the application form for committees asks members to list their background and experiences. This information is reviewed by the Governance/HR Committee before recommendations are made for committee appointments.</p> <p>The duration of each statutory committee training session is approximately 2 hours, and takes place either virtually or in-person. For content, this differs somewhat dramatically based on the committee; in other words, a generic approach to orientation would obscure the specific needs of the committee. The Committee Manager (the staff supporting each committee) designs the orientation based on their experience and the current needs of the group. Topics typically covered include: committee mandate, terms of reference, responsibilities, reporting process, conflict of interest, code of conduct, etc.</p>										
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.									
<p><i>Additional comments for clarification (optional):</i></p>										

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>In addition to committee-specific training, each member of Council—both public and professional—attends an orientation course early in the year. This is a hybrid meeting that last a full day and covers the essential aspects of what it means to be a Council member (ethical conduct, transparency, confidentiality, conflict of interest, fiduciary responsibility, public interest, etc.), as well as relevant legislative and governing frameworks (such as the HPRA). Each year, additional sections are added to the meeting to address areas of crucial need or concern. For example, the orientation that took place on February 10, 2022 included a presentation on Excellence in Governance, as well as one covering some of the College's new policies that had been recently developed, including harassment, violence and conflict of interest policies. The agenda for that session can be found on the College's website here (accessible through the Council meetings page).</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence	College Response		
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement:		
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>The College includes a third-party review of Council effectiveness (both for meetings and of Council itself) as a part of its strategic planning cycle, which occurs approximately every three years. The evaluation functions as a key input and is timed to ensure maximum impact on the College’s planning and activities to inform the College’s strategic plan and its activities for the new cycle.</p> <p>This framework—which consists of a review of Council and its meetings alongside strategic planning—was put in place with the launch of the College’s most recent strategic plan, effective 2022 – 2025. The framework and associated elements were conceptualized during an in-person strategic planning session that occurred in March of 2022, with the resulting elements discussed by Council within a Registrar’s Report on June 24, 2022 (p. 2 of the minutes). The resulting strategic plan, coupled with the review process, were then discussed by Council during a Registrar’s Report that took place on September 16, 2022 (p. 30 of the briefing book).</p> <p>Between the June and September reports, extensive communication occurred over email to secure consensus and approval for the strategic plan, an associated DEI workplan, and the associated assessment framework. The College looks forward to its next cycle of review and assessment, which is currently planned to coincide with the development of its next strategic plan.</p>		Met in 2021, continues to meet in 2022
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
<i>Additional comments for clarification (optional)</i>			

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	Yes	
			<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. <p>Please see the above (1.2.a) for an overview of the third-party assessment process. A third-party has been engaged for this, with the current plan being to couple an assessment of Council effectiveness with the College’s strategic planning cycle. The cycle is currently planned to occur every three years.</p> <p>The last third-party evaluation occurred during March 2022.</p>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>		

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>New assessment frameworks were put in place for the President, Registrar, and committee chairs at the end of 2021. These frameworks provide an avenue for collegial, constructive, and anonymous feedback that will benefit the professional development of individuals in key leadership roles. This in turn benefits the overall quality of Council meetings and Council in general.</p> <p>Those assessments underwent revision in 2022, leading to more streamlined and effective input from Council members. In 2022, this largely took the form of formalized survey input from Council and committee members on the effectiveness of Council sessions, the Council Chair (President), the Registrar, and committee chairs. Feedback is collected, anonymized, and shared with the relevant parties to facilitate professional development.</p> <p>Where appropriate, feedback is also utilized by the Governance-HR and Executive committees to guide planning and quality control. For example, the Governance-HR committee reviews Council survey feedback on the effectiveness of the previous Council session at each of its meetings. The review of Council feedback on its meetings is shown, for example, in a briefing book for Council's meeting on September 16, 2022 (p. 24).</p>	<p>Yes</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional):</i></p>				

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Consideration of evolving public expectations is a factor in each training session, whether it be training for professional or public members, for Council in its entirety, or the more specific committee orientations.</p> <p>Additionally, Council is now reminded of the importance and centrality of public protection at the beginning of each of its sessions. The President takes a moment to inform members that the College exists to ensure public protection and safety within the boundaries of its legislated authority. The is called a “public interest statement” and can be shown to have taken place, for example, during Council’s meeting on September 16, 2022 (p. 1 of the minutes).</p> <p>Where appropriate and relevant, each committee briefing note also includes a section that outlines how the item relates to public interest; for example, if a new policy is being introduced, the briefing note will outline how the policy is informed by public interest, including evolving public expectations. An example of this can be found within a briefing note provided by the Clinical Practice Panel for Council’s meeting on December 9, 2022 (p. 33).</p> <p>The Audit/Finance/Risk Committee reviews and discusses evolving internal and external risks during its meetings and can bring forward any relevant issues to Council.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional):</i></p>				

Measure:			
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.			
Required Evidence	College Response		
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	The College fulfills this requirement:		
	<p>• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</p> <p>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</p> <p>As part of an annual review process, the College's Code of Conduct and Conflict of Interest policies were reviewed and revamped at the end of 2021. The Conflict of Interest policy was reformulated to better reflect the details and requirements laid out in the College's bylaws. Additionally, both the Code of Conduct and Conflict of Interest (COI) policy were combined with a new Harassment and Violence Policy, which creates a framework for managing disputes between Council members in a collegial and effective manner. All three policies (conduct, COI, and harassment) are now part of a single form that is signed by each Council member at the beginning of the year to formalize their commitment in each of these areas.</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Yes
	<p><i>Additional comments for clarification (optional)</i></p>		Choose an item.

	<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The policies were shared and discussed during a Council session that occurred on December 10, 2021. That meeting included a briefing note that framed the issues, followed by the new versions of the harassment and COI policies (beginning on p. 33).</p>	<p>Met in 2021, continues to meet in 2022</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Cooling off period is enforced through: Choose an item. Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR Where not publicly available, please briefly describe the cooling off policy. <p>The College's policy for a cooling off period was last reviewed in 2020. The period lasts for one year and applies to a) Council or committee members who want to work as an employee or contractor for the College; b) employees or contractors who want to be Council or committee members; and c) employees, contractors, appointees, directors, or officers of the Ontario Association of Optometrists or Canadian Association of Optometrists who want to be employed by the College or hold any appointment with the College.</p> <p>The cooling off period is detailed in Section 11.04 (titled "One-Year Waiting Period") of the College By-Laws, beginning on p. 35 of the online PDF.</p>	<p>Met in 2021, continues to meet in 2022</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>As described above (2.1.a.i), the College redesigned its COI policy in 2021 to be more connected to its By-laws and to work in tandem with other commitments (such as its Code of Conduct). Council members sign this policy annually along with the College's Code of Conduct and Harassment and Violence Policy.</p> <p>Additionally, at the beginning of each Council and committee meeting, members are asked to indicate whether they are in any actual or perceived conflicts with the issues at hand. If they exist, conflicts are discussed transparently and recorded in the meeting's minutes, which functions like an appendix attached to each Council or committee meeting.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>All supporting materials for Council meetings are public, and once the meeting's minutes have been finalized these are made public as well. Additionally, a "highlights" document is created that showcases the significant portions of the Council meeting, including any mandate specificity and public interest rationale. These highlights are posted on the College's website and are designed to be transparent, digestible, and squarely focused on the public interest.</p> <p>Additionally, as discussed in 1.2.c.iii, where appropriate, each committee briefing note includes a public interest rationale. These are designed to connect each of the College’s specific activities and interests to a specific area or aspect of public interest (as opposed to making broad or tokenistic commitments).</p> <p>The most recent Council meeting highlights that have been posted are for Council's meeting in December of 2022.</p>	<p>Met in 2021, continues to meet in 2022</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The College reviews and identifies risk through its Audit/Finance/Risk group, which is a standing committee. The Committee meets regularly through the year (approximately 4 times) and during each session discusses possible risks being faced by the College. The Committee then reports on these risks during Council sessions, where public, transparent, and collective decisions can then be made regarding how best to mitigate the relevant risk(s).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

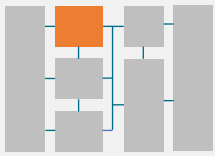
Measure:		
3.1 Council decisions are transparent.		
Required Evidence	College Response	
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>All Council minutes are made public on the College's website.</p> <p>Status updates on the implementation of Council decisions are recorded within minutes and summarized as part of the Council Meeting highlights, discussed above, which are also shared via the College's website.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Met in 2021, continues to meet in 2022</p>
	<p><i>Additional comments for clarification (optional)</i></p>	<p>Choose an item.</p>

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>Executive Committee meeting details and any decisions made on behalf of Council are shared with Council members during public meetings. All details (excluding those that relate to information that cannot be legally shared or that puts the College at risk) are incorporated into Council briefing materials and meeting minutes, including a rationale for the meeting.</p> <p>An example of an Executive Committee report can be found in the Committee's activity report for Council during its meeting on December 9, 2022 (p. 14).</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence	College Response		
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>All Council meeting materials are shared at least one week in advance and remain on the College's website for a minimum of 3 years.</p>		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (optional)</i>		
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. <p>S. 35 of O. Reg. 119/94: General under the Optometry Act, 1991, S.O. 1991, c. 35 states that Notice of Discipline Hearings must, where possible, be posted not less than 14 days before the date of the hearing on the website of the College. In 2021, the College was in compliance with this provision. Only 1 Discipline Hearing was held at the College during the reporting period, and the Notice of Hearing was posted approximately six months before the hearing date. The public register profile of the member/registrant who is the subject of the hearing is also updated to reflect both the allegations referred to the Discipline Committee by the ICRC as well as the scheduled hearing dates. Notices and the schedule for any upcoming hearings are posted on this page of the College's website.</p>		

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p>	
<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>			
<p>Required Evidence</p>	<p>College Response</p>		
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p>		Yes
	<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>The College developed a DEI Plan as part of its strategic planning.</p> <p>A discussion around DEI as part of strategic planning is found in the September 2022 Council meeting minutes (Lines 66-112).</p>		
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>		

	<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>In 2022, the College’s DEI Plan was developed. To develop this Plan, the College’s DEI Working Group studied the <i>Global Diversity, Equity & Inclusion Benchmarks: Standards for Organizations Around the World</i> (GDEIB). With permission we selected the 45 benchmarks that applied most to our College from the GDEIB.</p> <p>The DEI objectives identified in the plan are to be used to steer the College’s DEI initiatives and act as a benchmarking tool when assessing DEI performance year-over-year. The selected benchmarks are being used by the College as a guide to help devise projects and initiatives that will enhance DEI for all of the College’s stakeholders, including staff, the College’s members/registrants, and the public. The projects and initiatives developed, once implemented, will also assist the College in meeting the selected benchmarks. Within the DEI Plan, various benchmarks and projects have also been identified regarding assessment, measurement, and research.</p> <p>Our preliminary assessment is that overall, our College is at a proactive level, in terms of our ability to conduct Equity Impact Assessments. For instance, eligible professional development activities for staff already include DEI, and Council (many of whom are also decision-makers in statutory committees) participated in DEI training and educational sessions in 2022 (these sessions also included the College’s senior management). DEI related training and educational sessions to Council are planned for each of their meetings in 2023, and was delivered during their orientation in February 2023 as well.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in understanding current issues, projects, and training needs related to DEI. Staff from the College’s DEI Working Group participated in an information gathering session with HPRO in December 2022, and the College intends to continue working with and supporting HPRO in this in 2023.</p>	



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

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:
 A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

College Response

The College fulfills this requirement: Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

Discussions about activities and projects to support the strategic plan can be found in the [meeting minutes](#) of the September 2022 Council meeting (Lines 66-112). The budget for 2023 was approved at the **December 2022 Council meeting** (Lines ...).

The College maintains internally restricted funds that were established by the Council for specific operational needs and strategic activities. In 2022, several projects focused on research, e-Learning module, redesign of College’s website, development of Quality Assurance practice assessment and self-assessment tool, and application of one-time fee reduction on membership fees were accomplished and/or launched as planned. The Council approved the updated and re-categorized internally restricted funds that cover additional objectives identified in the new three-year Strategic Plan 2023-2025. As part of the approved 2023 budget, provisions for ongoing Quality Assurance projects, research, public focus groups and awareness campaign on Diversity, Equity, and Inclusion (DEI) were included.

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

Additional comments for clarification (optional)

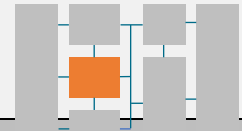
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. Minutes of the Council Meeting on June 24, 2022 (Lines 161-166) • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. <p>The new Finance Policy – Reserve Funds was created and reviewed by the Audit/Finance/Risk Committee (AFR) on May 4, 2022. Upon AFR recommendation, the Council approved the Reserve Funds policy on June 24, 2022.</p> <ul style="list-style-type: none"> • Has the financial reserve policy been validated by a financial auditor? No <p>The Audit/Finance/Risk Committee conducts cyclical review of financial policies. To complement the current Investment Policy which governs the management and investment of operating and reserve funds held by the College, the Council approved a newly created Finance Policy – Reserve Funds. The new Reserve Funds Policy describes the types of funds that support the College’s planned and unplanned needs. The new policy also identifies target annual reserve funds in line with the budgeting process. The Council approved the proposed reserve funds based on 2023 budget, following the guidelines outlined in the Reserve Funds policy.</p>	<p>Met in 2021, continues to meet in 2022</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>The annual financial audit report provides information on the College’s internally restricted funds that include contingencies. There were no concerns raised. However, to fulfill the CPMF requirement, the College will request the auditors’ review/validation of the new Finance Policy – Reserve Funds as part of 2022 audit.</p>				

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The College does not publicize written operational policies that address HR.</p> <p>As in 2021, Council and senior leadership continued to review and discuss staff development strategies and succession planning by doing the following:</p> <ul style="list-style-type: none"> - Provision of professional development opportunities to staff - Leadership development for succession planning within the organization - Attention to fair compensation packages to retain and recruit key talent <p>Staff members are required to develop templates and how-to-process documents within each department to facilitate succession planning, which are stored internally.</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		

		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College worked with several key third-party IT vendors to review and update the data and technology plan in 2022.</p> <p>The College reviewed and updated the data and technology plan with a managed IT services provider, PACE Technical, near the end of 2022. The College has been working with PACE Technical for several years, and they are well-aware of our nature of work and IT needs to support regulatory processes. For example, we planned and executed the migration of our server to the Microsoft cloud (SharePoint/OneDrive) in 2022.</p> <p>The College works closely with Visual Antidote, a consulting firm for our membership database iMIS, to plan and implement projects that improve College processes. In 2022, the College launched the online application portal which enables applicants to complete their registration process entirely online using the portal. This has greatly improved one of the key regulatory processes, which is the registration of qualified, competent applicants. The College and Visual Antidote also developed a plan to upgrade the database to the cloud version which would enable additional functionalities for staff, members, and public.</p> <p>Lastly, the College developed a data and technology plan regarding the website. The College launched its new website in April 2022 with a focus on improving accessibility, ease of navigation, and functionalities. The new website significantly improved key College processes by completely digitizing the complaint form (web-embedded), enabling online corporation renewals, and allowing online payments. The public portions of the website are available in French, which expands our scope of communication to the public of Ontario.</p> <p>The College will continue to engage closely with third-party vendors to review and update the College's data and technology plan.</p>	<p>Yes</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>				

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



Measure / Required evidence: N/A

College response

Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.

Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.

The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.

Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.

Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.

Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:

- *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).*

1. The College provided the national competency profile commissioned and paid for by the College to the Optometry Examining Board of Canada (OEBC) to update the OEBC exam blueprint. Through its Registration Committee, the College also provided input for a survey by the National Board of Examiners in Optometry (NBEO) on possible methods for delivering a portion of the new practical skills exam. The Registration Committee continued to discuss the importance of assessing critical technical skills of applicants for registration with OEBC.

The College nominated one of its Council members to join the Canadian Optometric Evaluation Committee (COEC) of the national Federation of Optometric Regulatory Authorities of Canada (FORAC) to provide input in the evaluation process of the credentials of internationally educated optometrists.

2. The College collaborated with an IT consultation firm Visual Antidote (corporate), who works also with other regulatory colleges, to develop and implement an online application portal that would allow applicants to go through their entire application process using a secure, online platform. The purpose of this is to expedite the application process by streamlining procedures and communications and make it easier for applicants and College staff. The project began early 2021 and launched in Sep 2022.

This project supports the College in more effectively and efficiently carrying out its core mandate of registering qualified candidates. This new portal has tremendously reshaped the operational elements of the registration program at the College. The College has updated its guidance and communication on the application process with plans to continue doing so.

The College has a built-in survey to hear from the applicants on their experience with the process to inform continuous improvement, which have so far yielded only positive responses.

3. Following the realization (after the last CPMF cycle) that the College is lacking a formal DEI plan, we formed a DEI working group and immediately got to work. As part of an environmental scan, in January 2022 College leadership connected with both the College of Opticians of Ontario as well as the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) to learn about their DEI initiatives and particularly, how those initiatives began. To officialize the recognition of its importance, we identified DEI as one of the five core pillars of our new 2022-2025 strategic plan that was developed and adopted this summer.

To develop the College’s DEI Plan, the College’s DEI Working Group studied and extensively consulted the *Global Diversity, Equity & Inclusion Benchmarks: Standards for Organizations Around the World (GDEIB)*. This is published by The Center for Global Inclusion and is widely adopted around the globe by institutions ranging from multinational corporations to local non-profit organizations. Prior to finalizing the College’s DEI Plan, we reached out to the authors of the GDEIB and The Centre for Global Inclusion, and with permission, we selected the 45 benchmarks that applied most to the College from the GDEIB. The selected benchmarks are being used by the College as a guide to help devise projects and initiatives that will enhance DEI for all the College’s stakeholders, including staff, the College’s registrants, and the public. The projects and initiatives developed, once implemented, will also assist the College in meeting the selected benchmarks, with the ultimate goal of serving our public mandate in a fair, equitable way. We’ve assigned DEI its own “strategic plan” where a 3-year plan is laid out with numerous initiatives in various domains of College operations. This plan was presented and approved by Council in the summer with the College’s strategic plan.

4. Research Projects
 - a. Internal
 - i. The College secured ethics approval through the University of Waterloo to undertake research on practices and perceptions within the health professional regulatory sphere in Ontario. A researcher at the University is also assisting the College’s Director of Research and Policy as a co-author on the project. The project is mixed-methods, combining a survey and qualitative interviews. Participants are senior staff and thought leaders at health regulatory colleges across Ontario. 21 out of 26 health colleges participated in the survey, and 5 interviews have been conducted.
 - b. Research Award
 - i. The College launched the inaugural year of a research program that awards funding to successful applicants. The award’s focus in 2022 is research on health profession regulation. The call for proposals was launched in August with the deadline date of November 4. The College received 7 proposals, which are under review. In our Research Steering Group, a representative from the Canadian Network of Agencies for Regulation (CNAR) has joined as a review panelist and is lending their expertise to the analysis and review of all 7 applications. CNAR is developing its own research funding program and will take learnings from the College’s fund and share experiences with their own undertaking, presenting a model of cross-institutional collaboration that will create robust and rigorous evidence to guide future practices.
 - c. Findings of both research activities will inform the College on the existing state of health profession regulation in Ontario, providing a baseline of existing practices and perceptions. Data will also be used as an evidence-base to guide policy development and best practices as the regulatory landscape continues to evolve.

	<p>5. In Summer 2022, the College hosted the second student orientation/FAQ session over Zoom. Questions about application and registration were answered. With the inception of this yearly townhall session last year, this is becoming a regular program to build and foster relationships with students and applicants and assist them in the registration process so we can ensure qualified candidates are able to register with no issues.</p>
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Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

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

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

1. The College continued to communicate with members of the public, potential applicants, and registrants beyond posting static information on its website. For example, the College collaborated with Independent Learning Systems to develop and launch a New Registrant Guide in conjunction with a YouTube video on June 29, 2022. This follows the launch of two other YouTube videos in 2021: what’s the role of the College of Optometrists of Ontario and How to Register.

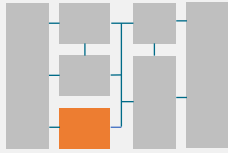
The College continued to participate in meetings of the Ontario Regulators for Access Consortium (ORAC), for example on March 2, 2022, where registration best practices are discussed, in addition to participating in the ORAC survey and mandate review in the summer 2022. ORAC members include staff participants from health and non-health colleges.

2. With the old website, the College frequently received feedback from the public that it was difficult to navigate and find information on the website, especially during COVID when all interactions were conducted in a digital space – there definitely was a heightened public demand for a better communication platform. In response to such feedback, the College worked on designing and developing a new website with a focus on accessibility, navigability, usefulness, and branding modernization.

To inform the RFP, the College conducted user testing with members of the public to pinpoint the shortcomings of our website and how the user experience was. The RFP was released in June 2021; we received 18 proposals by July 2021; and the winner was selected in August 2021. We officially began the project in September 2022. Experts in the domains of accessibility, UI/UX, and branding were consulted to ensure that our new website would meet the needs/expectations of the public when they visit our website to find information or contact the College.

Following the launch of the new website in April 2022, the College gathered feedback from visitors on their experience and received a wave of positive comments. The College also responded quickly to any suggestions for improvement. Notable added functionalities include web-embedded complaint form, fully French-translated public pages (i.e., About and Public sections), and improved accessibility.

	<p>3. Alongside two of Canada’s largest blindness-focused patient groups, the Canadian Council of the Blind and Fighting Blindness Canada, the College’s Director of Policy & Research participated in two conferences in 2022 focused on vision health and patient experiences. These were opportunities to network, learn, and communicate the role and value of COO to members of the public in Ontario.</p> <p>The College benefitted enormously from perspectives shared by members of the public who live with low vision and blindness. Our Director of Policy & Research actively participates (and will continue to do so) in such conferences/activities involving patient groups to ensure patient/public perceptions are reflected in our policies.</p> <p>4. In September, the College launched an e-learning module for optometrists titled <i>Best Practices in Optometry: A Guide to Maintaining High Standards During Complex Situations</i>.</p> <p>The module pulls from public feedback and ICR and Discipline case history over the last several years to present several anonymized scenarios that show how cultural differences, misunderstandings, and other factors can lead to complex, difficult-to-navigate situations.</p> <p>The module trains optometrists to develop “soft skills” that will help them communicate with and treat patients in a sensitive, empathic, and DEI-oriented manner, ultimately leading to better patient experiences and outcomes.</p>
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Measure:

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

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

- a. The College demonstrates how it:
 - i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

The College fulfills this requirement:

Yes

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.

Along with an internal policy, the College strictly abides by the Sections 36, 36.1, and 36.2 of the RHPA as well as other relevant provincial and federal laws when handling personal information, personal health information, and other sensitive data that it collects. The College takes all reasonable steps to protect the interest of individuals when disclosing personal information. For example, the College does not disclose personal information for purposes other than those for which it was collected although the College may disclose personal information if the person of interest has provided explicit consent to do so or the College is required/permitted by law to disclose the information.

Requests for information are handled on a case-by-case basis. The College ensures that it follows all relevant provincial and federal laws in the process.

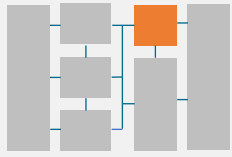
Through the College’s professional development program, Manager, Informatics & IT received certification in Certified Information Privacy Professional – Canada (CIPP-C) which demonstrates the in-house knowledge to manage disclosure and requests for information.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>Manager, Informatics & IT developed a Cyber Incident Response Plan in 2021, using existing response plans from authoritative sources as well as literature to ensure that the plan follows best practices in cyber incident management – which are broken down into the stages of Detection & Analysis, Containment, Eradication, Recovery, and Post-Incident Review. The document itself is a 20-page document with a great volume of detail into everything about cyber incident management, including the definition of a cyber incident, common vectors of cyber incidents, and details of each stage of the response process. It was presented to Council in September 2021 and received approval in the same month. To help guide staff, a flowchart of a step-by-step incident response procedure was developed and distributed to staff. It was subjected to an annual review in 2022, where a few revisions regarding contact information and additions regarding accidental or unauthorized disclosure of information were made.</p> <p>Additionally, the College abides by the RHPA and relevant provincial and federal laws as mentioned above. In order to prevent unauthorized disclosure of information, all staff and Council and committee members are required to sign a confidentiality agreement. Moreover, every information system at the College has various access levels that bound staff and members to only permitted information. Staff also receive ongoing cybersecurity training on various topics such as spearphishing, reading URLs properly, and cloud security.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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Measure:

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

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

Benchmarked Evidence

College Response

The College fulfills this requirement:

Yes

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

Principles underlying optometry standards are described under *OPR Part 1. The Fundamentals* and the evidence that contributes to standards is described in [OPR Part 2. Optometric Care](#).

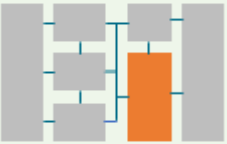
An evaluation of the standards is triggered by either a calendar-based review; a new technology or treatment; or an inquiry from the public or member of the College. The two practice advisors work 4 days a week collectively and are able to identify frequent questions on a specific topic that need to be addressed. The questions are brought to the Clinical Practice Panel and corresponding standards are reviewed by means of evidence-based literature and expert opinion. Recommendations and changes to the standards and guidelines are presented to the Council prior to approval.

In 2022, nine OPR guidelines were reviewed and approved by the Council made up of members of the profession and the general public. An At-A-Glance summary was created to help members navigate changes. Summary of the changes can be found [here](#).

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

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>Members of the Clinical Practice Panel examine the literature-based evidence and data regarding proposed amendments to Standards of Practice.</p> <p>The Clinical Practice Panel is composed of both members of the profession and the public. The panel met four times in 2022 to discuss how the proposed changes to the standards apply to the current practice environment.</p> <p>Discussions are held to ensure amendments to the standards do not pose a risk to patients or the public. In situations where practice matters overlap, for example interprofessional collaboration with other health care practitioners, alignment with other health regulatory Colleges is ensured by examining their standards of practice and guidance documents.</p> <p>Briefing notes provided to the Council outline how the proposed changes serve the public interests. The council is provided with the opportunity to seek further stakeholder feedback on proposed amendments to the standards of practice prior to voting on the motions.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>Proposed changes to Standards of Practice are examined through a Diversity, Equity, and Inclusion lens by means of incorporating DEI considerations in briefing materials/briefing notes and reports when applicable. For example, when examining the role of retinal imaging and referral in practice, considerations were made in regard to the diverse environments where optometrists practice. Those in rural communities may have limited access to secondary or tertiary eye care providers. Similarly, DEI considerations were reflected in the creation of the new standard on Myopia management; acknowledging referral to practitioners who have specialized training in myopia management may be limited in some communities. In addition, when examining Standards of Practice for patients with learning disorders, inclusive terminology was used to describe the condition rather than the potential impact of the condition.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		

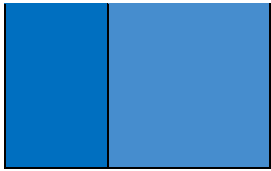
	<p>Measure: 9.1 Applicants meet all College requirements before they are able to practice.</p>	
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 6: SUITABILITY TO PRACTICE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 9</p>	<p>Required Evidence</p> <p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>

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

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>Registration staff regularly attend meetings of the Ontario Regulators for Access Consortium (ORAC) which encompass registration staff from health and non-health regulatory colleges. At the March 2, 2022, ORAC meeting, registration best practices are discussed and shared. These meetings provide the opportunity for the College to review its criteria and processes for determining whether an applicant meets its registration requirements.</p> <p>The College also continued to review its registration requirements in detail during the development process for the online registration application the first phase of which was launched on September 12, 2022.</p> <p>Using best practices, the College continues to require notarized documents such as optometry degree certificates and a valid pieces of identification, mailed to the College. Entry-to-practice exam results are provided directly to the College by the respective examining board. All applicants are required to submit an original or notarized cleared Vulnerable Sector Screening. Letters of good standing for an applicant registered in another jurisdiction, are obtained directly from the jurisdiction and checked directly against information posted about the applicant in the jurisdiction's public register. If applicants indicate that they have practised in another jurisdiction, applicants are required to obtain an original or notarized cleared Vulnerable Sector Screening from that jurisdiction. These documents are required to be no more than six months old by the time the applicants are registered with the College. In addition, a Google search is conducted for every applicant for registration to determine if, for example, they have an undisclosed registration in another jurisdiction.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
c.	A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		Yes
		<ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. <p>There are 2 cyclical requirements that registrants must fulfill to demonstrate their continuous competence:</p> <p>1. Patient Contact Hours Requirement Per the Registration Regulation, registrants must provide at least 750 hours of direct optometric care to patients in Canada in every three-year period following the year in which the member is first registered.</p> <p>Regarding monitoring: every year, following the annual renewal period which runs from November 15 ~ second week in January, reports are generated from the membership database on which registrants reported having less than 750 direct patient contact hours in the last rolling three-year period. Registrants found to be deficient in patient contact hours are required to participate in a practice assessment (at their own cost), per the Registration Regulation. The College relies on self-declaration by registrants that they completed their annual reports accurately. In the event that registrants are caught providing inaccurate information on their annual reports, they are referred to the Registrar who may then make a referral to the Inquiries, Complaints, and Reports Committee.</p> <p>2. Continuing Education (CE) The College's CE requirements are reviewed, updated, and documented in a policy every 3 years by the Quality Assurance Committee. This was last completed December 4, 2020 for the current 2021-2023 CE cycle. The process for reviewing and updating the CE requirements included 1) identifying key issues from the previous iteration of the policy, reviewing information from the Association of Regulatory Boards of Optometry, and proposing appropriate changes for council approval, 2) gathering stakeholder feedback, 3) making additional changes considering stakeholder feedback, and then 4) final council approval.</p> <p>Regarding monitoring: the College performs a CE deficiency audit following the conclusion of each three-year reporting cycle in which we review all members' participation and identify those who fail to meet the CE credit hours requirement. Registrants' CE hours are verified by an external organization that hosts our CE database tracker to ensure accuracy. The CE audit was last conducted in 2021 following the January 1, 2018 to December 31, 2020 CE cycle. Registrants found to be deficient in CE hours are required to participate in a practice assessment (at their own cost), per the Registration Regulation.</p>
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.



Additional comments for clarification (optional)

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

Measure:				
9.3 Registration practices are transparent, objective, impartial, and fair.				
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: Completed <p>On February 16, 2022, the College received a letter from the OFC reassigning the College to the full compliance category.</p>		
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (if needed)</i>		

Measure:
 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence

a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).

Further clarification:

Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.

College Response

The College fulfills this requirement:

Partially

- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:

- Name of Standard
- Duration of period that support was provided
- Activities undertaken to support registrants
- % of registrants reached/participated by each activity
- Evaluation conducted on effectiveness of support provided

In September 2022, the standard 4.8 Collaboration and Shared Care was amended to include a section on intra-professional collaboration practiced among optometrists. A summary of the changes was created in the “At-A-Glance” section. The section is an overview of the most recent changes to the OPR. Members may review the full standard in the OPR for a more comprehensive look into the changes. Members are encouraged to contact the practice advisors if they have any questions regarding the changes.

The In Focus Newsletter was emailed to all members which summarized the council meetings, changes made to the OPR as well as the location of the At-A-Glance section.

An evaluation conducted on effectiveness of support provided was not conducted.

- Does the College always provide this level of support: **Yes**
If not, please provide a brief explanation:

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Yes

Additional comments for clarification (optional)

The College plans to create an evaluation tool on the effectiveness of support provided to members when the Standards are amended by creating a feedback survey.

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. Is the process taken above for identifying priority areas codified in a policy: No <i>If yes, please insert link to the policy.</i> <p>The College's new practice assessment (currently in development for 2024) has been blueprinted against the Competencies for Optometry with assessment weightings for each competency domain intentionally chosen based on risk and/or importance to optometric practice (i.e., 30% Clinical Expertise, 20% Communication, 16% Patient Centered Care, 14% Professionalism, 10% Collaboration, 10% Scholarship).</p> <p>The new assessment process will continue to be multi-level with the first level that registrants go through serving as a screening tool and only those with deficiencies identified in level 1 proceeding to the second level. This is right touch as those demonstrating their meeting of the standards will not be required to undergo additional assessments/what may be perceived as a more onerous assessment. For registrants undergoing the second level of the assessment, the assessment will specifically target their areas of deficiency as identified in level 1, which is right touch as to not put the registrant through a more comprehensive assessment in areas they've already demonstrated to meet or excel in.</p>	Yes
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>	

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

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - Public No - Employers No - Registrants Yes - other stakeholders Yes <p>Random Selection The College's random selection criteria policy for QA practice assessments was updated in 2020 to be more risk-aligned. This was following several data analyses done by 3rd parties including one that identified trends from historical complaints data and another that engaged stakeholders to identify perceived issues with the current QA practice assessment process.</p> <p>These data analyses indicated that more complaints were received for optometrists in the early years of registration (0-5)—a group being largely omitted from the previous random selection—and that risk level increased for members with 16-20 and 26-30 years since registration, suggesting that some older practitioners struggle with practice and/or conduct issues. As such, the policy was updated to include new registrants as well select a higher percentage of members in the early and later years of their registration.</p> <p>It was also identified that many members were being reselected to participate in the practice assessment process while others had never been selected, meaning there were some registrants whose practice had never been assessed. To address this risk, the random selection criteria was updated to grant a longer period of exemption to members who had previously been successfully discharged from the process.</p> <p>Registrar's Referral The College also uses right-touch with regard to its practice assessment requirement for those who have been found deficient in a requirement of their certificate of registration (750 direct patient contact hours every 3 years and/or published CE requirements). Those who have not practised the minimum number of hours set out in the regulation are referred for a CRA rather than SRA as they require a more in-depth look at their practice since they've spent less direct time with patients.</p> <p>Those who have not met the CE requirements are also referred for a practice assessment; however, those who were short by 5 or fewer hours submit fewer patient files for review.</p>	<p>Met in 2021, continues to meet in 2022</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement: Met in 2021, continues to meet in 2022</p> <ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>There are two remediation activity options:</p> <ol style="list-style-type: none"> Specified continuing education requirements: selected when specific areas of concerns in the optometrist's practice have been identified through the practice assessment process. The concerns are of less severity and can be addressed by completing CE activities. The CE activities and the number of hours must be pre-approved by the QA Panel; and Coaching: selected when specific areas of concerns in an optometrist's practice have been identified by the QA Panel. The concerns are of higher severity and require one-on-one remediation with a College Coach, who is an optometrist trained by the College. The optometrist and their coach complete a draft remedial program plan, which is tailored to address the optometrist's deficiencies and outlines learning objectives, success indicators, expected outcomes, and timelines. The plan must be approved by the QA Panel before the optometrist and their coach can carry out the plan. <p>The QA Panel may use a Practice Evaluation to inform remediation activity. A Practice Evaluation helps determine whether deficiencies identified during the course of a practice assessment are a result of the member's lack of knowledge, skill or judgment, or from the member's lack of application of the knowledge, skill or judgment.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
		<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>The QA Panel monitors completion of remediation activities by:</p> <ol style="list-style-type: none"> 1. Specified continuing education requirements: optometrist is required to submit certificates of completion; and 2. Coaching: the Coach is required to submit an interim and a final report for Panel approval to ensure successful completion of all remediation activities. <p>Following remediation, the optometrist is given a reasonable opportunity to incorporate what she/he has learned into their practice. After that time, a practice re-assessment is conducted using the Complete Record Assessment tool.</p> <p>Upon re-assessment, the QA Panel usually finds that no further action is warranted. If, however, there are still deficiencies identified in the re-assessment, the Panel may direct the member to undergo further coaching, a Practice Evaluation and/or direct the Registrar to impose terms, conditions, or limitations on a member's certificate of registration.</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
			<p>Choose an item.</p> <p><i>Additional comments for clarification (if needed)</i></p>

DOMAIN	STANDARD 11	Measure 11.1	
		The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
	<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p>The pages in the College’s website that describe the College's complaints process, including all relevant information received during intake, are as follows:</p> <ul style="list-style-type: none"> • https://collegeoptom.on.ca/public/complaints-and-concerns-about-an-optometrist/ • https://collegeoptom.on.ca/public/complaints-and-concerns-about-an-optometrist/filing-a-complaint/ • https://collegeoptom.on.ca/public/complaints-and-concerns-about-an-optometrist/information-about-complaints-process/ • https://collegeoptom.on.ca/wp-content/uploads/20190221_IR_ADRPolicy.pdf 	Yes
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

		<p>complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p><i>Additional comments for clarification (optional)</i></p> <p>Brochures tailored to complainants and members/registrants have also been developed that provide an overview of the College's complaints process. These brochures are provided to complainants when their complaint is confirmed and provided to members when they receive notice that a complaint has been submitted against their practice.</p> <p>The following link to the College's website describes the College's prevention of sexual abuse program, including the availability of funding for sexual abuse therapy:</p> <ul style="list-style-type: none"> • https://collegeoptom.on.ca/public/prevention-of-sexual-abuse/ <p>The Investigations and Resolutions (I&R) staff thoroughly review all complaints submitted, and staff receive ongoing education to ensure that all relevant information is requested and obtained for the ICRC's review. I&R staff may also request patient records from other health care practitioners/facilities, with the patient's written consent, if that information is relevant to the concerns raised in the complaint.</p> <p>I&R staff additionally have telephone conversations with potential complainants and are available to answer any questions they may have about the process before they submit a complaint.</p>
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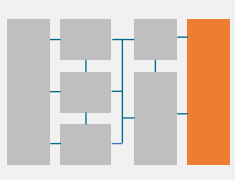
		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>I&R staff periodically update the internal templates of notice of complaint and acknowledgment letters to ensure the information noted within continue to be accurate. In April 2022, the College completed its Website Redesign Project. As part of this project, all complaints and discipline content on the College's website have been reviewed, evaluated, and updated to ensure accuracy and comprehensiveness of the information, as well as to ensure readability and clear understanding by the public. Furthermore, in 2023, the I&R department intends to create a survey that will provide participants in the complaints process (both the optometrist under investigation and the complainant) an opportunity to provide feedback on the complaints process after their complaint matter has concluded.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>I&R staff generally respond to inquiries from the public, both via email and telephone, within 5 business days.</p> <p>The department has been tracking telephone calls in 2022, and during the reporting period, staff responded to 97% of telephone inquiries related to the complaints process within 5 business days. In addition, in 2022, staff responded to 91% of email inquiries related to the complaints process within 5 business days.</p>	<p>Met in 2021, continues to meet in 2022</p>
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>Individuals may file a complaint with the College using the Complaint Form found on the College’s website. This Complaint Form is available in English and in French and includes a consent form so the College may obtain relevant personal health information during the investigation of the complaint. On the College’s website, members of the public are additionally advised that a formal complaint can also be submitted in an audio or video format. Accommodation is available for potential complainants if they require assistance in submitting a complaint in a recorded format. For instance, College staff can transcribe the concerns in writing if it is relayed in a voicemail message or described during a telephone conversation. During this reporting period, staff have also mailed complaint forms to individuals that wished to complete and submit a paper copy of their complaint. If a complaint is filed in another language or the complainant requires the assistance of a translator, the College will help in facilitating this so the complainant may participate fully in the process.</p> <p>There is a Complaints Brochure that is tailored to both complainants and members. Reasonable requests for extension of timelines are generally approved, particularly in situations where a lot of documentation is provided to a complainant for their review (such as part of a member's response) and the complainant wishes to provide additional comments. Alternative Dispute Resolution (ADR) is available for certain types of complaints, and this generally allows for the complainant and the optometrist to resolve the issue in a way that suits both parties, usually in a quicker manner. Finally, I&R staff are available and easily approachable throughout the process to answer any questions.</p> <p>In reviewing cases, the ICRC uses a Risk Assessment Framework to guide its decision-making, and a thorough description of this Framework is published on the College's website so the public may understand how the College makes decisions.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>When notice and acknowledgment letters are sent at the beginning of the process, the parties to a complaint are provided with a Complaints Brochure. This helps in ensuring a clear understanding of the various stages of the process from the start. There is frequent communication between I&R staff and the parties in the complaint process, and staff are available to answer any questions both over the telephone and by email. Contact information to reach the I&R department is listed in the right panel of the Complaints page on the College’s website. Once the complaint is confirmed, parties have access not only to the general complaints email address (which is publicly posted), but also the direct email address of the staff member that is facilitating the investigation of their matter.</p> <p>Delay letters are sent when applicable with an update on the status of the investigation. Members’ responses are provided to complainants for their review and complainants have the opportunity to submit any additional comments. Both complainants and members can submit further relevant information at any point in the investigation and prior to the matter being reviewed by the ICRC. Expert opinions, if obtained, are provided to complainants for their review and they can provide any written submissions to it if they wish. Witnesses in discipline hearings are supported (staff support them during the hearing), and for any discipline hearings occurring virtually, witnesses and members and their legal representatives, if any, have the chance to partake in Zoom training with the hearings coordinator ahead of the hearing to ensure all are comfortable with the technical elements of the platform.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional)</i>		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.			
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Yes	
			<ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>In 2022, documented guidance was developed so I&R staff may properly assess risk and prioritize investigations the moment a complaint or report is received. This risk rating may be modified throughout the investigation, as more information about the matter is obtained. This risk-based triage system allows I&R staff to triage complaints and reports at the time of receipt based on the nature of the allegations. This documented guidance helps ensure the College addresses the complaints and reports it receives in a right touch manner. This risk-based triage system/protocol was finalized at the end of 2022 and implemented in the beginning of 2023.</p> <p>The College also has a Risk Assessment Framework tool that the ICRC Panels uses in the assessment and analysis of the risk of harm the member’s conduct and/or care may pose in each case under investigation. The tool guides and assists the Panels’ decision-making when addressing complaints and registrar’s investigations. All aspects of the case are taken into account: the nature of the allegations, the member’s prior history, the member’s response, etc. While the tool itself is not available to the public, a comprehensive description of it is published on the College's website. The ICRC uses the Risk Assessment Framework tool during its decision-making. This assessment occurs towards the end of an investigation into a complaint or report, and is primarily utilized when a decision is to be made by the ICRC on the appropriate disposition.</p>		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
			<i>Additional comments for clarification (optional)</i>		

<p>Measure:</p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>			
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
	<ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>I&R staff and the ICRC developed a written policy about sharing information about members, including member specific concerns. The policy titled <i>Reporting Information to Relevant System Partners</i> was approved by the College Council on September 16, 2022 (Lines 186-193).</p> <p>In 2022, the College informed Ontario Health Insurance Plan (OHIP) when a member's license was suspended as a result of an interim order by the ICRC. During the reporting year, the College also informed a member's employers when their certificate of registration was suspended, on an interim basis, by the ICRC (no additional information was shared beyond what was posted on the member's profile on the public register). Information disclosed was in accordance with s. 36 of the <i>Regulated Health Professions Act, 1991</i>.</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
	<p><i>Additional comments for clarification (if needed)</i></p>		

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.			
		Required Evidence	College Response		
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>The College’s Strategic & Implementation Plan 2022-2025 outlines the KPIs and how they relate to the College’s achievement of its strategic objectives. A discussion of the Strategic & Implementation Plan 2022-2025 can be found in the September 2022 Council meeting minutes (Lines 66-112).</p>		Yes
			Yes		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.				

			<i>Additional comments for clarification (if needed)</i>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <p>• Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.</p> <p>At every Council meeting, the Registrar and senior staff present the Registrar's Report to Council which discusses College's progress against strategic objectives, regulatory outcomes (e.g., number of new applicants, new complaint files, practice assessment outcomes), and risks. All Council meeting materials and minutes can be found here.</p> <p>Although there are different types of risk and ways in which the College assesses and manages risk, the Audit/Finance/Risk Committee is the primary body through which the College reports on its risk review against regulatory outcomes and its risk management approach. A risk management document is prepared for and discussed at every AFR Committee meeting, and AFR Committee activities are reported to Council via briefing materials.</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>
			<p>Met in 2021, continues to meet in 2022</p> <p>Choose an item.</p>

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. <hr/> <i>Benchmarked Evidence</i> <hr/>	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>In 2022, the College used performance and risk reviewing findings to identify improvement activities in the domain of DEI. A discussion around DEI can be found in the September 2022 Council meeting minutes (Lines 66-112). The improvement activities that were approved in the same meeting can be found here.</p>	
	<i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
Measure:		
14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website. <p>You can find the College's annual reports here.</p>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (if needed)</i>		
The College publishes annual reports on the website that contain performance results related to regulatory activities such as registration and quality assurance. Although the report additionally contains performance results related to College's strategic objectives, this requirement is marked as 'partially' fulfilled because the report does not directly cite the strategic objective(s) which the performance indicators target.		

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

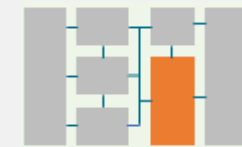
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. Engagement in CE	2809	
ii. CE Deficiency Audit	0	
iii. Peer-conducted Practice Assessment (PPA)	291	
iv. Remedial Activity - CE	NR	
v. Remedial Activity - Coaching	17	
vi. Practice Evaluation	0	
-		

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

[NR](#)

Additional comments for clarification (if needed)

- **Engagement in Continuing Education:** All members, practising and non-practising, must complete their CE requirements in every 3-year cycle. 2022 was the second year of the 2021-2023 cycle.
- **CE Deficiency Audit:** Following the completion of a CE cycle (every 3 years), the College reviews all members' participation in the previous CE cycle and identifies those who fail to meet the CE credit hours requirements. There was no CE audit in 2022.
- **Peer-conducted Practice Assessments (PPA):** Includes those who were randomly selected to participate in the process (majority) as well as referrals from the Registrar as a result of a deficiency. There was a backlog of assessments needing to be done from 2020 and 2021 which resulted in a higher than usual number of assessments being done in 2022.
- **Remedial Activity:** The QA Committee reviews all PPA reports and may require the member to undergo remediation if they are not maintaining the standards of practice. The majority of members referred for remediation in 2022 were referred for coaching (17) and 5 were referred for CE.
- **Practice Evaluation:** Includes members undergoing evaluation at the QA Committee's request during the PPA process as well as to ensure the competence of members returning to practice who have practice 0 hours in Canada in the past 3 years. No practice evaluations took place in 2022 as our previous evaluator ceased operations and a new process needed to be established.

Table 2 – Context Measures 2 and 3

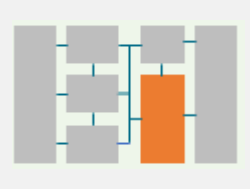
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2022	2809	100%	<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	22	0.78%	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i>
NR			
Additional comments for clarification (if needed) - All members should be completing CE on a regular basis, part of the mandatory QA Program, though the deadline to complete CE requirements is not until December 31, 2023. Twenty-two members were referred for remediation following a PPA in 2022; this is 7.6% of those who underwent a PPA during 2022 (291).			

Table 3 – Context Measure 4

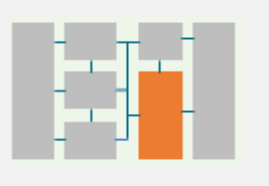
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	NR	
II. Registrants still undertaking remediation (i.e., remediation in progress)	23	100%	
<p>NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. **This measure may include any outcomes from the previous year that were carried over into CY 2022.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>Three members referred for remediation in 2021 completed their remedial programs in 2022.</p> <p>One additional member referred in 2021 has completed their remediation in early 2023 but is awaiting QA Committee review. All remedial programs referred in 2022 (22) are still ongoing as most referrals were in the second half of the year.</p>			

Table 4 – Context Measure 5

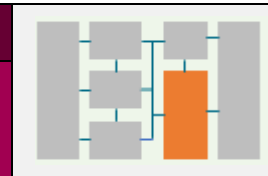
DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	0	0	0	0
II. Billing and Fees	11	22%	0	0
III. Communication	17	34%	0	0
IV. Competence / Patient Care	32	64%	NR	NR
V. Intent to Mislead including Fraud	NR	NR	0	0
VI. Professional Conduct & Behaviour	13	26%	NR	NR
VII. Record keeping	NR	NR	NR	NR
VIII. Sexual Abuse	NR	NR	0	0
IX. Harassment / Boundary Violations	NR	NR	0	0
X. Unauthorized Practice	NR	NR	0	0
XI. Other <please specify>	NR	NR	0	0
Total number of formal complaints and Registrar’s Investigations**	50	100%	2	100%

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.

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

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

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	66	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	4	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	2	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	NR	NR
II. Formal complaints that were resolved through ADR	NR	NR
III. Formal complaints that were disposed of by ICRC	0	0
IV. Formal complaints that proceeded to ICRC and are still pending	19	29%
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>		



VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>The ICRC issued written decisions for 62 matters in 2022, but these matters were received/initiated prior to the reporting year. With respect to CM 9(III) and CM 9 (IV), please note that approximately 18 of the formal complaints received in 2022 and that also proceeded to the ICRC in 2022 are anticipated to be disposed of by the ICRC within the first few months of 2023. At the time of drafting this report, the ICRC's written decision and reasons for most of these complaints are being finalized.</p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	NR	NR	0	0	0	0	0
III. Communication	13	NR	0	NR	0	0	0
IV. Competence / Patient Care	18	0	NR	NR	0	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	30	6	0	NR	0	0	0
VII. Record Keeping	NR	0	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

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

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2022.
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.

[NR](#)

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

Additional comments for clarification (if needed)

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Table 7 – Context Measure 11

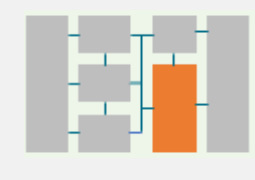
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2022	293	
II. A Registrar’s investigation in working days in CY 2022	331	
Disposal		
Additional comments for clarification (if needed) The average disposal of a formal complaint in 2022 was 247 working days. There was 1 Registrar’s investigation that was disposed of in 2022.		

Table 8 – Context Measure 12

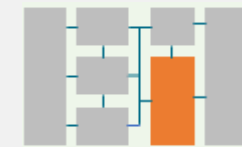
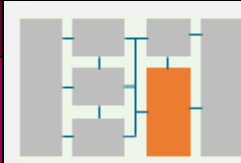
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2022	N/A	
II. A contested discipline hearing in working days in CY 2022	80	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> There were no uncontested discipline hearings at the College in 2022. -		

Table 9 – Context Measure 13

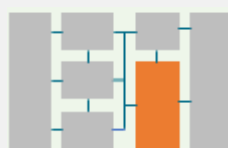
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
Type	#	
I. Sexual abuse	NR	
II. Incompetence	0	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	NR	
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	NR	
V. Undertaking	0	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>		
Additional comments for clarification (if needed)		

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

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

Return to: [Table 4](#), [Table 5](#)

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

Return to: [Table 5](#)

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

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

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

Return to: [Table 4](#), [Table 5](#)

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

Return to: [Table 10](#)

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

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

BRIEFING NOTE

Council meeting– March 31, 2023

Subject

The College's Office Lease

Background

The College entered into a lease agreement with the Ontario English Catholic Teachers Association (OECTA) for its office space in 2014. The term of the lease will expire in 2024.

Decision for Council

- To direct staff to enter into negotiations with OECTA with respect to the office lease.

Considerations

- The College has invested significant funds into renovating its office space to create a comfortable and attractive environment for its volunteers and staff.
- By having physical office space and its own boardroom for Council meetings, the College establishes itself as a credible, professional and reliable organization in addition to the College office being a source of pride for College volunteers, registrants, and staff.
- It has been suggested that in-office work can help foster a sense of community and improve an organization's culture as well as have a positive impact on staff mental health.
- There is a tight labour market in the regulatory field and competition for talented and experienced staff. College staff are currently working in a hybrid arrangement and are motivated to work for an organization supporting a work-life balance.

Public Interest Mandate

The public is better served by having a physical office space where members of the public can make an appointment and discuss their needs with College staff.

Diversity, Equity and Inclusion Considerations

The office space is fully accessible for diverse members of the public and potential staff recruits in the future.

Contact

- Hanan Jibry, Deputy Registrar

10-14 / UPCOMING MEETINGS

10. Upcoming Council Meetings
 - a. June 22, 2023 – Annual General Meeting (evening)
 - b. June 23, 2023
 - c. September 15, 2023
 - d. December 8, 2023
11. List of Acronyms
12. Governance Guide: Robert's Rules
13. Adjournment – approximately 1:40 p.m.
14. Generative Discussion (optional)

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	Comprises of the 26 health regulatory colleges in Ontario
FORAC-FAROC	Federation of Optometric Regulatory Authorities of Canada	Comprised of 10 national optometric regulators Formerly knowns as CORA
HPARB	Health Professions Appeal and Review Board	Tribunal whose main responsibility is to review decisions made by College ICRC or registration committees when an appeal is made by either the complainant or member, or applicant in the case of a registration appeal
HPPC	Health Professions Procedural Code	Schedule 2 to the <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
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
HSPTA	<i>The Health Sector Payment Transparency Act, 2017</i>	An Act that requires industry to disclose transfers of value to health care professionals

List of Acronyms Used by the College of Optometrists of Ontario

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

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
OMA	Ontario Medical Association	The association that looks after 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
SRA	Short Record Assessment	A component of the College's practice assessment process of the Quality Assurance program
SOP	Standards of Practice	Defined by the profession based on peer review, evidence, scientific knowledge, social expectations, expert opinion and court decision

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
TPA	Therapeutic 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 June 2018

ROBERTS RULES CHEAT SHEET

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

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

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

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

PROCEDURE FOR HANDLING A MAIN MOTION

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

Obtaining and assigning the floor

A member raises hand when no one else has the floor

- The chair recognizes the member by name

How the Motion is Brought Before the Assembly

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

Consideration of the Motion

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

The chair puts the motion to a vote

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

The chair announces the result of the vote.

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

WHEN DEBATING YOUR MOTIONS

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

HOW TO ACCOMPLISH WHAT YOU WANT TO DO IN MEETINGS

MAIN MOTION

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

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

AMENDING A MOTION

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

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

REFER TO A COMMITTEE

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

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

POSTPONE DEFINITELY

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

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

PREVIOUS QUESTION

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

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

LIMIT DEBATE

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

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

POSTPONE INDEFINITELY

You want to kill a motion that is being discussed.

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

POSTPONE INDEFINITELY

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

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

RECESS

You want to take a break for a while.

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

ADJOURNMENT

You want the meeting to end.

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

PERMISSION TO WITHDRAW A MOTION

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

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

CALL FOR ORDERS OF THE DAY

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

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

SUSPENDING THE RULES

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

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

POINT OF PERSONAL PRIVILEGE

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

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

COMMITTEE OF THE WHOLE

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

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

POINT OF ORDER

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

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

POINT OF INFORMATION

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

- Without recognition, "Point of information."

POINT OF PARLIAMENTARY INQUIRY

You are confused about some of the parliamentary rules.

- Without recognition, "Point of parliamentary inquiry."

APPEAL FROM THE DECISION OF THE CHAIR

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

Rule Classification and Requirements

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