COLLEGE OF **OPTOMETRISTS** OF ONTARIO

COUNCIL MEETING

FRIDAY, SEPTEMBER 16, 2022
AT 9:00 A.M.

(PUBLIC INVITED TO ATTEND)

HYBRID MEETING

Council Agenda

Date: Friday, September 16, 2022 | 9 a.m. – 12:00 p.m.
Hybrid Meeting

Agenda Item	Item Lead	Time (mins)	Action Required	Page No.
1. Call to Order/Attendance b. Land Acknowledgement c. Public Interest Statement	A. Nurani	2	Decision	5
2. Adopt the Agenda a. Conflict of Interest Declaration	A. Nurani	2	Decision	5
3. Research Steering Group Update	W. Ulakovic	15	Presentation	5
4. Committee Updates	Committee Chairs	15	Presentation	5

5. Consent Agenda
  PART 1 - Minutes of Prior Council Meetings
    i. June 24, 2022
    ii. Motions and Actions Items Arising from the Minutes
  PART 2 - Reports
  b. Committee Reports
    i. Executive
    ii. Patient Relations
    iii. Quality Assurance:
      a) QA Panel
      b) CP Panel
    iv. ICRC
    v. Registration
    vi. Fitness to Practise
    vii. Governance/HR Committee
    viii. Audit/Finance/Risk Committee
	A. Nurani	15	Decision	5
				
				6
				11
				
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6. Registrar's Report
    i. Strategic Plan: Implementation Plan
    ii. Annual Report 2021
	J. Jamieson	45	Presentation	29
				30
				56

10:35–10:50 a.m. - Morning Break		15		

COLLEGE OF
OPTOMETRISTS
OF ONTARIO

Vision and Mission

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

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

the optometrists.

1 - 5 / INTRODUCTION

1. Call to Order/Attendance

2. Adopt the Agenda
    a. Conflict of Interest Declaration

3. Research Steering Group Update

4. Committee Updates

5. Consent Agenda
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     vi. Fitness to Practise
     vii. Governance/HR Committee
     viii. Audit/Finance/Risk Committee

COLLEGE OF
OPTOMETRISTS
OF ONTARIO

College of Optometrists of Ontario
Council Meeting
DRAFT – June 24, 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

Guests:

Dr. Nafeesa Jalal, N. Jalal Global Consulting
Mr. Marcus Sconci, BDO Canada
Mr. Michael Upenieks, BDO Canada

1   **1. Call to Order/Attendance:** Dr. Nurani called the meeting to order at 11:02 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   It was noted there will be an additional motion from the Quality Assurance Sub-Committee.
7
8   *Moved by Dr. Kniaziew and seconded by Dr. Eltis to **adopt the agenda.***
9   **Motion carried**
10
11 **2a. Conflict of Interest Declaration:** Dr. Nurani asked Council members if anyone has a conflict of
12 interest with any item on the day's agenda. None were declared.
13
14 **3. Diversity, Equity and Inclusion Training:** Dr. Nafeesa Jalal presented the DEI training.
15

1

16 **4. Committee Updates:** The Committee Chairs presented updates on their respective Committees.

17

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

20

21   PART 1 - Minutes of Prior Council Meetings
22   a.   December 10, 2021
23   b.   March 23, 2022
24   c.   Motions and Actions Items Arising from the Minutes
25   PART 2 - Reports
26   b.   Committee Reports
27   i.   Executive Committee
28   ii.   Patient Relations
29   iii.   Quality Assurance:
30   A.   QA Panel
31   B.   CP Panel
32   iv.   ICRC
33   v.   Registration
34   vi.   Discipline
35   vii.   Governance/HR Committee
36   viii.   Audit/Finance/Risk Committee

37

38 *Moved by Dr. Eltis and seconded by Dr. Grewal* **to adopt the consent agenda.**
39   **Motion carried**

40

41 Dr. Kniaziew pulled out the Registration report and raised concerns about a lack of accommodations for
42 the national exam. He also questioned whether applicant answers are compared to the cohort or to a
43 minimum standard. Dr. Ulakovic replied that the standards for entry to practice are set at a minimum
44 standard and all applicants are required to adhere to that standard. Dr. Nurani said the Registration
45 Committee will take it back to their committee meetings. Dr. Mastronardi reminded Council that the
46 original need for the limit on taking the exam was that some candidates were attempting the exam
47 numerous times.

48

49 Dr. Hemami pulled out the Audit/Finance/Risk Committee report and discussed the revenue line in
50 comparison to the expenditure line. Dr. Hemami pointed out that the expenditure line seems to be
51 quarterized, which results in a dissimilar expenditure-revenue ratio, and asked why the revenue is
52 higher than the expenditures. Mr. Kennedy, the chair of the committee, stated that revenue comes in at
53 an annual period. Ms. Lim, the staff committee manager, stated that they changed the representation of
54 the income for this year to the total revenue of the different fees rather than splitting the revenue over
55 twelve months, resulting in a front-loaded revenue number in the report.

56

57 Dr. Hemami also asked if the year-end expenses will be close to the budgeted amount, regarding the
58 stakeholder engagement line, and if the frontloading of the amount is because of the higher expenses in
59 the first quarter. Ms. Lim responded by saying the majority of membership fees, which are included in
60 stakeholder engagement, are processed on June 1.

61

62 **6. Registrar's Report**

63
64   Mr. Jamieson presented the Registrar's report.
65
66   Ms. Jibry provided an update on Registration and the Diversity, Equity and Inclusion Working Group.
67
68   Mr. Kassir commented on the Strategic Plan by stating he would prefer the presence of a public member
69   alongside the professionals when working on the strategy. Mr. Kassir asked how long the Registration
70   Committee spends on the Registration process. Ms. Jibry stated that staff handle the majority of the
71   registration process, unless there is a change in process or referral from the Registrar at which point the
72   Registration Committee is consulted.
73
74   **8. Motions Brought Forward from Committees continued**
75
76   **d) Clinical Practice Panel Committee**
77   **i. Update to OPR section 4.7 Infection Control in the Optometric Office**
78
79   Dr. Christian presented the motion to update the OPR section 4.7 regarding Infection Control in the
80   Optometric Office.
81
82   *Moved by Mr. Tilban-Rios and seconded by Mr. Kassir **to approve the update to OPR section 4.7***
83   ***Infection Control in the Optometric Office.***
84   **Motion carried**
85
86   **c) Executive Committee**
87   **ii. Appointment of Lisa Holland to the Gov-HR, QA, and FTP**
88
89   Dr. Nurani presented the motion to appoint Lisa Holland to the Gov-HR, QA, and FTP Committees.
90
91   *Moved by Dr. Eltis and seconded by Mr. Kennedy **to approve the appointment of Lisa Holland to the***
92   ***Gov-HR, QA, and FTP Committees.***
93
94   **Motion carried**
95
96   **b) Registration Committee**
97   **i. 2022 Optometry Examining Board of Canada Written Exam and OSCE**
98
99   Dr. Ulakovic presented the motion to establish 2022 Optometry Examining Board of Canada Written
100   Exam and OSCE as one of two standard assessment examinations for registration purposes.
101
102   *Moved by Dr. Eltis and seconded by Mr. Kennedy to **approve the 2022 Optometry Examining Board of***
103   ***Canada Written Exam and OSCE**.*
104   **Motion carried**
105
106   **ii. 2022 National Board of Examiners in Optometry Exam**
107
108   Dr. Ulakovic presented the motion to approve the 2022 National Board of Examiners in Optometry Exam

3

109   as a standard examination assessment for registration purposes.
110
111   *Moved by Dr. Kniaziew and seconded by Mr. Tilban-Rios **to approve the 2022 National Board of***
112   ***Examiners in Optometry Exam.***
113   **Motion carried**
114
115   **iii. 2022 Jurisprudence Exam**
116
117   Dr. Ulakovic presented the motion to approve the 2022 Jurisprudence Exam for registration purposes.
118
119   *Moved by Dr. Yuen and seconded by Ms. Biondi **to approve the 2022 Jurisprudence Exam.***
120   **Motion carried**
121
122   Council adjourned for lunch at 12:00 p.m.
123
124   Council resumed at 1:00 p.m.
125
126   **7. Financial Matters**
127   Mr. Sconci and Mr. Upenieks from the audit firm BDO Canada presented the draft audited financial
128   statements for 2021.
129
130   Council asked about a missing number from the cash flow statements and the auditors clarified there
131   was an update between the version in the Briefing Book and the version the auditors were presenting.
132
133   Council also asked about the decrease in the deferred revenue which is linked to membership. Mr.
134   Upenieks responded by saying the number could be affected by other streams. Ms. Lim added that the
135   deferred revenue is lower in 2021 because of the discount on membership fees for 2022.
136
137   Council also inquired about the increase in year over year for the Quality Assurance Committee. Ms. Lim
138   responded by saying the numbers are reflective of the SRA and increased activity due to COVID-19.
139
140   **8. Motions Brought Forward from Committees continued**
141
142   **a) Audit/Finance/Risk**
143   **i. Audited financials for year-end December 31, 2021**
144
145   Mr. Kennedy presented the motion to approve the draft audited financial statements for year-end
146   December 31, 2021.
147
148   *Moved by Mr. Tilban-Rios and seconded by Dr. Kniaziew **to approve the audited financials for year-end***
149   ***December 31, 2021.***
150   **Motion carried**
151
152   **ii. Approval of the reappointment of BDO Canada as financial auditors for year 2022**

4

153
154 Mr. Kennedy presented the motion to reappoint BDO Canada as the financial auditors for the fiscal year
155 2022.
156
157 *Moved by Dr. Yuen and seconded by Dr. Grewal **to approve the reappointment of BDO Canada as***
158 ***financial auditors for the fiscal year 2022.***
159   **Motion carried**
160
161 **iii. Finance Policy – Reserve Funds**
162
163 Mr. Kennedy presented the motion to approve the Finance Policy for Reserve Funds.
164
165 *Moved by Dr. Eltis and seconded by Ms. Allen to approve **the Finance Policy for Reserve Funds**.*
166   **Motion carried**
167
168 **c) Executive Committee**
169 **i. College Strategic Plan**
170
171 Dr. Nurani presented the motion to approve the College Strategic Plan.
172
173 Mr. Kassir noted he would not support the Strategic Plan as he has issues with the vision and mission
174 statements, as well as the approach to the reforms coming from government. Mr. Kassir noted he would
175 have preferred to have the opportunity to discuss the plan with fellow Council members rather than
176 over e-mail.
177
178 *Moved by Mr. Tilban-Rios and seconded by Dr. Kniaziew to approve the **College Strategic Plan.***
179   **1 against**
180   **(1 public member)**
181   **Motion carried**
182
183 **9. Dates of Upcoming Council Meetings**
184
185 Dr. Nurani discussed the next Council meetings.
186
187 **10. List of Acronyms**
188
189 **11. Adjournment:** *Moved by Dr. Eltis and seconded by Mr. Kennedy **to adjourn the meeting at 1:42 p.m**.*
190   **Motion carried**

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COLLEGE OF OPTOMETRISTS OF ONTARIO

Council Meeting – June 24, 2022

COUNCIL ACTION LIST STATUS
Updated August 13, 2022

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

MOTION LIST
Updated August 19, 2022

Date mm/dd/yr	Minute Line	Motion	Committee	Decision
06/24/22	82	Moved by Mr. Tilban-Rios and seconded by Mr. Kassir **to approve the update to OPR section 4.7 Infection Control in the Optometric Office.**	CPP	Motion carried
06/24/22	91	Moved by Dr. Eltis and seconded by Mr. Kennedy **to approve the appointment of Lisa Holland to the Gov-HR, QA, and FTP Committees.**	Executive	Motion carried
06/24/22	102	Moved by Dr. Eltis and seconded by Mr. Kennedy to **approve the 2022 Optometry Examining board of Canada Written Exam and OSCE**.	Registration	Motion carried
06/24/22	111	Moved by Dr. Kniaziew and seconded by Mr. Tilban-Rios **to approve the 2022 National Board of Examiners in Optometry Exam**.	Registration	Motion carried
06/24/22	119	Moved by Dr. Yuen and seconded by Ms. Biondi **to approve the 2022 Jurisprudence Exam.**	Registration	Motion carried
06/24/22	148	Moved by Mr. Tilban-Rios and seconded by Dr. Kniaziew **to approve the audited financials for year-end December 31, 2021.**	A/F/R	Motion carried
06/24/22	157	Moved by Dr. Yuen and seconded by Dr. Grewal **to approve the reappointment of BDO Canada as financial auditors for the fiscal year 2022.**	A/F/R	Motion carried
06/24/22	165	Moved by Dr. Eltis and seconded by Ms. Allen to approve **the Finance Policy for Reserve Funds**.	A/F/R	Motion carried
06/24/22	178	Moved by Mr. Tilban-Rios and seconded by Dr. Kniaziew to approve the **College Strategic Plan.**	Executive	Motion carried

Executive Committee Activity Report

Reporting date: September 16, 2022

Chair: Dr. Areef Nurani

Meetings since late update:

- August 26, 2022

Key Priorities

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

Discussion Items

Review of the Council Agenda for September 16, 2022

The Executive Committee reviewed the draft agenda for Council's meeting on September 16, including the motions from various committees.

The group also reviewed the strategic and implementation plan that will be presented to Council for approval, as well as the innovative work that is being advanced by a DEI working group at the staff level.

Research Steering Group

The Executive Committee reviewed recent work completed by the Research Steering Group, the most relevant being the call for research proposals that is now live on the College's website. The call is for research in the area of health profession regulation, with a maximum award of $40,000 a year for three years. The deadline for submissions is November 4, 2022.

C. Andrews described the framework that has been developed to support the assessment of research, including guidelines for panels as they conduct fair, transparent, and ethical peer-reviews.

Bill 106

J. Jamieson explained that all college Registrars have received a request to meet regarding Bill 106, which outlines English and French language requirements, emergency classes, and other issues. It is possible that the broader subject of modernization will be discussed during this meeting as well.

1

COLLEGE OF OPTOMETRISTS OF ONTARIO

Patient Relations Committee Activity Report

Reporting date: September 16, 2022

Chair: Suzanne Allen

Meetings in 2022: 3 (Zoom) | most recent on August 12, 2022

Tasks Completed Since Last Council Meeting:

- The Committee reviewed the status of the Program of Funding for Therapy and Counselling, including how much funding has been accessed by each patient.
- The Committee reviewed a near-final version of an e-learning module focused on complex patient issues and how to manage them. The group offered feedback that will be incorporated into the finished version.

Key Priorities

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

Discussion Items

Program of Funding for Therapy and Counselling

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

Training on Sexual Abuse and Victim Support

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

E-Learning Module

C. Andrews delivered a presentation on the e-learning module, which is now in its alpha state. The Committee went through each section of the module, testing its various elements, and introduced edits where appropriate.

The module is now being finalized by the vendor and will be finished this fall. Staff will work to determine the best time for the module to go live for optometrists, where it will be available for use as "other" CE.

Attachments: N/A

COLLEGE OF
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Quality Assurance Panel Activity Report

Reporting Date: September 16, 2022

Chair: Dr. Mark Eltis

Meetings in 2022: 5 thus far (via teleconference)

Tasks Completed Since Last Council Meeting:

- Evaluated possible Practice Evaluation options and decided on a process for future evaluations of members' clinical ability under the Quality Assurance (QA) Program.
- Reviewed and approved the assessment protocol for part of the new Practice Assessment component currently in development.
- Provided decisions on the majority of practice assessment reports from previous years.

Key Priorities

The QA Panel has continued to focus on providing decisions on practice assessments from previous years. As a result of this effort, the practice assessment backlog has been eliminated. At subsequent meetings in 2022, the QA Panel will review and provide decisions on remaining outstanding random assessments (those selected in 2022).

The QA Panel has also been working throughout 2022 to establish a new Practice Evaluation process for the College. After exploring multiple options, the QA Panel has now landed on a solution.

The QA Program revision also continues to be a priority and will be through to 2024 when the new Self-assessment component and revised Practice Assessment are to be implemented.

Information Items

Practice Assessment Stats

	Since Last Council Meeting	Throughout 2022
SRA Reports Reviewed	47	195
CRA Reports Reviewed	11	26
Members Referred for Remediation	7	13

2022 Random Practice Assessment Process

All members randomly selected in 2022 to undergo a practice assessment, apart from those granted an extension, have now submitted their files for assessment and their assessments have been completed. The short record assessment (SRA) reports for these members will be reviewed by the QA Panel at their next meeting.

Discussion Items

Practice Evaluation

After considering information from multiple institutions, the QA Panel has now decided on a new Practice Evaluation process which is before council for approval.

Practice Assessment Redevelopment Project

Work on both the QA Program Revision Projects has continued since the last council meeting. For decision, the QA Panel reviewed the practice assessment vendor's draft chart review protocol that will be used as part of the new multi-level practice assessment component. The QA Panel approved the draft protocol which will then move on to the feasibility study stage once the other levels of the new practice assessment have also been established.

Decision Items

The Panel has put forth a motion for Council's approval regarding a new Practice Evaluation process. Specifically, to approve the College's use of the IGOEE OSCE, OEBC OSCE, and NBEO Part III CSE (or any future practical exam that replaces the CSE) for the purpose of evaluating a member's clinical ability under the QA Program.

Clinical Practice Panel Activity Report

Reporting date: September 16, 2022

Chair: Dr. Lisa Christian

Meetings in 2022: 3 (via teleconference)

Tasks Completed Since Last Council Meeting:

- Conducted review and discussions on OPR Standards in need of review in 2022, namely, OPR sections 7.2, 7.1, 7.9 and 7.10.
- Updated OPR sections 4.2, 4.5, 4.8 and 6.8 to reflect intra-professional care and emergency care in Optometry
- Discussed amendment to the professional standard under OPR 6.1 Anterior Segment to have sclera be assessed only when indicated

Key Priorities

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

Discussion Items

OPR Review

At the first meeting of the year, the professional members of the Clinical Practice Panel, in teams, were assigned key standards for review for 2022, including the role of OCT in glaucoma and AMD (OPR 7.2, 7.1), patients with learning disabilities (OPR 7.9), Orthokeratology (OPR 7.10) and the addition of a new standard on myopia management. The drafts are in their final stages and will be presented during the December council meeting.

Intra-professional and Emergency care

The Executive Committee has asked the Clinical Practice Panel to review the OPR to address transfer of care in emergency examinations and intra-professional care. The Panel made amendments to 4.2, 4.5 and 4.8 to reflect the roles and responsibilities of primary/referring optometrist and the optometrist who accepts the requisition. To ensure consistency with referrals for imaging and visual fields; the Panel also reviewed OPR 6.8 Visual Fields Assessment. Final revisions to OPR 6.2 Posterior Segment Evaluation are pending further review.

Proposed Amendment to OPR 6.1 Anterior Segment Examination

The QA Panel had noticed that QA Assessors often mark omissions for question on the SRA and CRA regarding "Were the tissues of the anterior segment examined," if the optometrist had not made a recording for the sclera specifically. The Panel notes that rarely is this structure specifically assessed and recorded in asymptomatic patients. Therefore, the Clinical Practice Panel amended OPR 6.1 to group conjunctiva / sclera together; thereby preventing a member from having an erroneous omission for not recording scleral findings.

Decision Items

- Motion to update OPR 4.2, 4.5, 4.8 and 6.8.
- Motion to update OPR 6.1

Inquiries, Complaints and Reports Committee (ICRC) Activity Report

Reporting date: August 31, 2022

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

Information Items

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

Pursuant to *Ontario Regulation 73/20 – Limitation Periods*, the timelines in proceedings in Ontario were suspended for 6 months in 2020 (between March 2020 until September 2020). This temporary suspension of timeliness, as well as adjustments to the investigation process due to the pandemic, caused delays and affected timelines in the processing and disposition of cases, particularly for those complaints initiated in 2020 and in early 2021. The Committee has been holding frequent case review meetings to ensure the efficient processing of complaints and reports.

Since the Committee last reported to Council, Dr. Kniaziew's panel met on June 29, 2022 and August 24, 2022, and Dr. Mastronardi's panel met on July 19, 2022. A panel meeting has also been scheduled for September 26, 2022.

Discussion Items

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

Decision Items

The ICRC has put forth a motion for Council to approve a policy on Reporting Information to Relevant System Partners. Please refer to the briefing note associated with this motion which is addressed under a separate agenda item.

Cases Processed Since Last Reporting (June 1, 2022 to August 31, 2022)

- Complaints newly filed: 16
- Cases reviewed by the panels: 30
- Complaint Cases to Alternative Dispute Resolution (ADR):1
- Complaint Cases Resolved via ADR: 2 (one complaint was referred to ADR during the previous reporting period)
- Cases carried over: 4

Decision Breakdown	Total
Decisions Issued	**5**
Case Type	
• Complaints	4
• Registrar's Report	0
• Incapacity Inquiry	1
Dispositions (for cases above)	
• No action/No further action (NFA)	4
• Advice/Recommendation	0
• Remedial agreement	0
• Specified Continuing Education or Remediation Program (SCERP)	0
• Oral caution	0
• Signed undertaking	1
• Referral of specified allegations to the Discipline Committee	0
Nature of Allegations (for dispositions above, no action/NFA excluded)**	
• Care (quality, failure to diagnose or refer, unsafe care)	0
• Unprofessional behaviour	0
• Optometrist may be incapacitated	1
• Improper communication	0
• Related to eyeglasses or contact lens prescriptions	0
• Related to COVID-19 infection, prevention, and control protocols	0
• Sexual abuse of a patient	0
Timeline for Resolution (for cases above)	
• <120 Days	0
• 121-150 Days	0
• 151-180 Days	0
• 180+ Days	5

** Certain matters may contain more than one allegation.

HPARB Appeals

- New appeals: 1
- Outstanding appeals to be heard: 2
- Appeals heard and awaiting decisions: 0
- ICRC Decision Returned: 1
- ICRC Decision Upheld: 1

Registration Committee Activity Report

Reporting date: September 16, 2022

Chair: Dr. William Ulakovic

Tasks Completed Since Last Council Meeting:

- Discussed the May 2022 Internationally Graduated Optometrist Evaluating Examination (IGOEE) candidate results with Touchstone Institute.
- Discussed the Spring 2022 Optometry Examining Board of Canada (OEBC) exam administration with OEBC.
- Discussed the registration process during COVID-19 and proposed changes to the return to practice process which is contained within the College's Non-Practising Status Policy.

Key Priorities

Office of the Fairness Commissioner

- In a letter dated August 12, 2022, the Office of the Fairness Commissioner (OFC) introduced a draft updated guide for health regulatory colleges and requested feedback by September 2, 2022.
- The OFC has also advised the College that the new 2021 Fair Registration Practices Report template is expected to be sent to regulators in the latter half of September 2022 with a due date of December 14, 2022. The new template will reflect the transition to the new risk-informed compliance framework and the implementation of the new legislative changes to the *Fair Access to Registered Professions and Compulsory Trades Act.*

Touchstone Institute

- There were 25 candidates for the 2022 IGOEE that was administered in May 2022.
- IGOEE results were made available to the College and other FORAC members on July 8, 2022.
- A total of three candidates who had previously challenged the IGOEE in 2021, performed well enough to challenge the entry-to-practice exam directly.
- There have been four successful FORAC credential assessment recommendations received since the last Council meeting in March 2022.
- Touchstone Institute consulted with the College, OEBC, the University of Waterloo School of Optometry and Vision Science, and the Federation of Optometric Regulatory Authorities of Canada (FORAC) to discuss IGOEE dates for 2023. The next administration of the IGOEE is scheduled to take place according to the following schedule:
  - ➢ March 14 – TPAO (virtually proctored)
  - ➢ March 15 – MCQ (virtually proctored)
  - ➢ March 23 – Open House/Equipment Viewing
  - ➢ March 25 – Short Cases OSCE
  - ➢ March 26 – Long Cases OSCE

> ➢ March 27 – Long Cases OSCE
> ➢ March 28 – Long Cases OSCE (if needed)
- Registration for the 2023 IGOEE opens on September 26, 2022 and closes on January 20, 2023.

Optometry Examining Board of Canada

- The Committee discussed with OEBC the importance of assessing the four critical technical skills of tonometry, gonioscopy, slit lamp fundus bio microscopy, and Binocular Indirect Ophthalmoscopy (BIO) using standardized patients at every OSCE instead of the current approach of assessing three of the four skills.
- OEBC had a scheduled workshop on August 12-14 to adapt the four skill stations of the OEBC exam to incorporate hands-on procedures.
- OEBC informed the Committee that it is aiming to have the updated stations operational for the Spring 2023 OEBC exam administration and was planning to gain the buy-in of OEBC members for the above changes.
- The Federation of Optometric Regulatory Authorities of Canada (FORAC) has recommended a levy of $30/registered member in each province for 2023-2026, along with reducing the OEBC exam fee from $5,100 to $4,000.

Registration Process during COVID-19

- College staff continue to accept applications for registration electronically and validating documents with applicants.
- There were four candidates registered for the August 2022 online Jurisprudence exam and nine candidates for the September 2022 online Jurisprudence exam.
- The New Registrant Guide was launched on June 29 in conjunction with a YouTube video. The Guide acts as a welcome package to new members.
- The online registration application is in the pilot phase with the application launch scheduled for September 12.
- The Committee received a memorandum from the Quality Assurance Panel to consider allowing equivalent practice hours in the USA for non-practising members wishing to return to practise in Ontario. This request was initiated in part by the absence of the practice evaluation process, along with recognizing the equivalent entry-to-practice standards exam (NBEO exam), and additional continuing education requirements in the USA.

    The Committee decided to allow non-practising members, who have provided at least 750 hours of direct optometric care to patients in the USA, to undergo a practice assessment at their cost within the first six months after returning to practise in Ontario. This change in policy would remain in place even after a practice evaluation process is secured.

Further Amendments to the Registration Regulation draft amendments

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

Fitness to Practise Committee Activity Report

Reporting date: August 31, 2022

Chair: Mr. Narendra Shah

Information Items

The Fitness to Practise Committee is an adjudicative body that holds hearings to determine whether an optometrist is suffering from a mental or physical condition/disorder that may interfere with their ability to practise optometry, and the Fitness to Practise Committee decides what action is necessary to protect the public.

The Inquiries, Complaints and Reports Committee (ICRC) may refer allegations of incapacity to the Fitness to Practise Committee. No referrals from the ICRC have been received thus far this year.

The Fitness to Practise Committee held an orientation meeting on August 25, 2022. This included a comprehensive training session provided by Ms. Julie Maciura, Independent Legal Counsel to the Fitness to Practise Committee. This meeting was attended by all four members of the Committee (Mr. Narendra Shah, Dr. Abraham Yuen, Dr. Jay Mithani, and Ms. Lisa Holland).

Discussion Items

The Fitness to Practise Committee has no additional updates for Council at this time.

Decision Items

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

COLLEGE OF
OPTOMETRISTS
OF ONTARIO

Governance/HR Committee Activity Report

Reporting date: September 16, 2022

Chair: Dr. Camy Grewal

Meetings in 2022: 3 (Zoom) | most recent on August 12, 2022

Tasks Completed Since Last Council Meeting:

- A governance document designed to provide guidance on effective chairing and Robert's Rules has been shared with Council and committee members.
- The framework for committee appointments was reviewed and is being improved for 2022.

Key Priorities

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

Discussion Items

Council Meeting Feedback

The Committee reviewed survey feedback from Council on the effectiveness of the last Council session. 17 out of 18 members provided feedback, which is a significant improvement over previous surveys.

The group also discussed comments within survey feedback that suggested more discussion around the strategic plan would have been helpful. J. Jamieson laid out the process that was undertaken to collect feedback and build consensus, including a two-day session for Council and opportunities to provide comments and edits over email.

Chairing Cheat Sheet

The Committee discussed a chairing cheat sheet that was provided by staff. The group had previously agreed that a sheet of this kind could be helpful in the absence of a parliamentarian, which the group decided was not necessary at this point.

It was agreed that the sheet will be shared with all Council members.

Overview of Committee Appointment Process

1

The group reviewed the previous framework that was used by the Governance-HR Committee to appoint members and volunteers to various committees.

Several improvements are planned, including emphasizing the number of consecutive years a member or volunteer has been on a committee. This will help avoid stagnation on committees.

Registrar Evaluation

The annual process to evaluate the Registrar is now underway and is being led by A. Nurani and C. Grewal. This is in line with consensus from the Governance-HR Committee last year, who agreed that the process should be led by the President of Council and the Chair of the Governance-HR Committee.

The results of the evaluation will be shared with the Committee once the review has been completed.

Decision Items

N/A

COLLEGE OF OPTOMETRISTS OF ONTARIO

Audit/Finance/Risk Committee Activity Report

Reporting date: September 16, 2022

Chair: Mr. Howard Kennedy

Meetings in 2022: 4 (teleconference)

Tasks Completed Since Last Council Meeting:

- The Committee reviewed the financial reports for the second quarter ending June 2022. Year-end projections remain the same at a budget deficit of $784K which includes strategic initiatives of $915K within the College's restricted funds.
- The investment report as of May 31, 2022 was also discussed. Portfolio values show a net loss of $241K which lowers the year-end forecast to a total deficit of $1.025M.
- Reviewed the status of the College's tax returns which is in compliance with the government reporting requirements.
- Reviewed the draft Finance policies on (i) Budgeting and (ii) Procurement of Goods and Services to ensure sound operating practices.
- Mileage reimbursement rate was adjusted from $0.485/km to $0.61/km following the Canada Revenue Agency (CRA) rate which the College will follow in the future.

Key Priorities
- Monitoring the financial operations against 2022 budget
- Monitoring the performance of investments and compliance with the Investment Policy
- Ongoing review /awareness of risks – IT, operational, organizational, financial, and strategic

Information Items
- Management reports to June 2022 - Statement of Revenue & Expenses and Statement of Financial Position are included in this report as information for Council

Discussion Items
- The recommendation of the Committee to approve and implement the draft Finance Policies on (i) Budgeting and (ii) Procurement of Goods and Services

Decision Items
1. Approval of the draft Finance Policy – Budgeting
2. Approval of the draft Finance Policy – Procurement of Goods and Services

Attachments
- Statement of Revenue and Expenses for the second quarter 2022
- Statement of Financial Position for the second quarter 2022

College of Optometrists of Ontario

Statement of Revenue and Expenditures (Actual vs Budget)

Q2 - For the quarter ending 30 June 2022

FY 2021		Particulars	YTD ACTUAL	FY 2022 BUDGET	Over (Under) Budget	% of Budget
		Revenue				
$ 2,606,734.99	92%	Annual registration fees	$ 2,065,453.01	$ 2,164,225.00	$ (98,771.99)	95.4%
$ 308,475.47	7%	Professional corporation fees	$ 159,881.05	$ 283,580.00	$ (123,698.95)	56.4%
$ 56,428.57	1%	Services and other fees and recoverables	$ 16,070.88	$ 12,500.00	$ 3,570.88	128.6%
$ 2,971,639.03	**Total Revenue**		**$ 2,241,404.94**	**$ 2,460,305.00**	**$ (218,900.06)**	**91.1%**
		Expenditures				
$ 55,629.97	3%	Council meeting and training expense	$ 43,207.65	$ 66,800.00	$ (23,592.35)	64.7%
$ 29,925.00	1%	Inquiries, Complaints, and Reports Committee	$ 15,337.50	$ 80,900.00	$ (65,562.50)	19.0%
$ 137,715.65	6%	Quality Assurance Committee	$ 84,915.00	$ 173,050.00	$ (88,135.00)	49.1%
$ 25,184.96	1%	Executive Committee	$ 13,350.00	$ 33,300.00	$ (19,950.00)	40.1%
$ -	5%	Strategic planning	$ 81,426.42	$ -	$ 81,426.42	
$ 58,528.39	4%	Stakeholder engagement	$ 58,820.63	$ 78,130.00	$ (19,309.37)	75.3%
$ 11,841.26	2%	Discipline Committee	$ 32,039.90	$ 35,250.00	$ (3,210.10)	90.9%
$ 18,412.50	1%	Registration Committee	$ 11,184.26	$ 29,800.00	$ (18,615.74)	37.5%
$ 18,037.50	0%	Governance Committee	$ 4,050.00	$ 18,500.00	$ (14,450.00)	21.9%
$ 15,450.00	0%	Clinical Practice Committee	$ 7,200.00	$ 17,500.00	$ (10,300.00)	41.1%
$ 13,987.50	0%	Audit, Finance, Risk Committee	$ 3,375.00	$ 15,800.00	$ (12,425.00)	21.4%
$ 7,650.00	0%	Patient Relations Committee	$ 2,250.00	$ 21,750.00	$ (19,500.00)	10.3%
$ 392,362.73	24%		**$ 357,156.36**	**$ 570,780.00**	**$ (213,623.64)**	**62.6%**
		College administration activities				
$ 1,526,328.23	48%	Salaries and benefits	$ 723,189.11	$ 1,515,477.44	$ (792,288.33)	47.7%
$ 108,394.82	5%	Legal fees	$ 75,534.96	$ 184,000.00	$ (108,465.04)	41.1%
$ 205,364.11	6%	Administration and services	$ 85,042.21	$ 232,331.90	$ (147,289.69)	36.6%
$ 153,945.61	5%	Occupancy costs	$ 79,944.42	$ 156,840.00	$ (76,895.58)	51.0%
$ 91,057.25	3%	IT services and maintenance	$ 52,751.90	$ 80,561.73	$ (27,809.83)	65.5%
$ 120,071.45	2%	IT projects	$ 30,897.50	$ 56,727.50	$ (25,830.00)	54.5%
$ 98,726.86	0%	Professional fees - consulting	$ 4,500.00	$ 54,000.00	$ (49,500.00)	8.3%
$ 52,897.00	0%	Amortization of capital assets	$ -	$ 52,500.00	$ (52,500.00)	0.0%
$ 50,866.84	3%	OE tracker expense	$ 52,293.36	$ 56,315.25	$ (4,021.89)	92.9%
$ 12,950.99	3%	Education and program delivery	$ 42,339.97	$ 135,511.00	$ (93,171.03)	31.2%
$ 67,385.00	0%	Accounting and audit fees	$ 6,000.00	$ 20,400.00	$ (14,400.00)	29.4%
$ -	0%	Research	$ 3,050.00	$ 129,000.00	$ (125,950.00)	2.4%
$ 2,487,988.16	76%		**$ 1,155,543.43**	**$ 2,673,664.82**	**$ (1,518,121.39)**	**43.2%**
$ 2,880,350.89	**Total Expenditures**		**$ 1,512,699.79**	**$ 3,244,444.82**	**$ (1,731,745.03)**	**46.6%**
$ 91,288.14	**Excess/(Deficiency) of revenue over expenses for the year before other income**		$ 728,705.15	$ (784,139.82)	$ 1,512,844.97	-92.9%
		Other income				
$ 361,612.91	-50%	Investment Income	$ 120,458.92	$ -	$ 120,458.92	
$ 114,048.46	150%	Unrealized gain/(loss) on investments	$ (361,352.68)	$ -	$ (361,352.68)	
$ -	0%	TWS subsidy	$ -	$ -	$ -	
$ 475,661.37	**Total Other Income**		**$ (240,893.76)**	**$ -**	**$ (240,893.76)**	
$ 566,949.51	**Net excess/(deficit) of revenue over expenditures**		**$ 487,811.39**	**$ (784,139.82)**	**$ 1,271,951.21**	**-62.2%**

College of Optometrists of Ontario
Statement of Financial Position (Year on Year comparison)
Q2 - For the quarter ending 30 June 2022

FY 2021	Particulars	YTD Jun 2022	YTD Jun 2021
	Assets		
	Current		
$ 1,294,154.66	Cash	$ 248,514.82	$ 1,234,634.28
$ 4,268,459.10	Short-term investments	$ 3,381,011.04	$ 1,460,150.44
$ 33,083.57	Accounts receivable	$ 11,230.62	$ 13,748.25
$ 49,213.18	Prepaid expenses	$ 34,944.11	$ 12,581.50
$ 5,644,910.51		$ 3,675,700.59	$ 2,721,114.47
$ 2,846,111.39	Long-term investments	$ 2,972,820.23	$ 4,460,502.66
$ 82,988.75	Capital assets	$ 99,613.75	$ 134,255.75
$ 8,574,010.65		$ 6,748,134.57	$ 7,315,872.88
	Liabilities and Members' Equity		
	Current liabilities		
$ 168,985.27	Accounts payable and accrued liabilities	$ 27,544.86	$ 74,126.47
$ 237,315.31	Government remittances payable	$ (11,991.75)	$ (20,195.00)
$ 1,920,820.00	Deferred revenue	$ -	$ 1,152,106.63
$ 2,327,120.58		$ 15,553.11	$ 1,206,038.10
$ 24,288.60	Funds in trust	$ 22,168.60	$ 25,823.60
$ 2,351,409.18		$ 37,721.71	$ 1,231,861.70
$ 6,222,601.47	Total Equity	$ 6,710,412.86	$ 6,084,011.18
$ 8,574,010.65		$ 6,748,134.57	$ 7,315,872.88

6 / PRESENTATIONS

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

COLLEGE OF
OPTOMETRISTS
OF ONTARIO

STRATEGIC PLAN & IMPLEMENTATION PLAN 2022-2025

APPROVED BY COLLEGE COUNCIL JUNE 24, 2022

PRESENTED TO COUNCIL SEPTEMBER 16, 2022

2022—

—2025

OUR MISSION ———

TO REGULATE ONTARIO'S
DOCTORS OF OPTOMETRY IN
THE PUBLIC INTEREST

OUR VISION ———

TO ENSURE THAT THE PUBLIC
UNDERSTANDS, TRUSTS AND HAS
CONFIDENCE IN OPTOMETRISTS.[1]

APPROVED BY COLLEGE COUNCIL JUNE 24, 2022

[1]"Doctors of Optometry" is placed in the Mission on the basis that the public (in the Vision) is more likely to use the term "optometrists"

OUR VALUES ———

APPROACHABILITY

We create and nurture a welcoming and respectful environment and a safe space for people to be themselves and say what is on their minds without fear.

INTEGRITY

We make decisions that affect others as though the roles were reversed. We keep our word.

TRANSPARENCY

We say what we mean. We mean what we say. We harbour no ulterior motives or hidden agendas.

ACCOUNTABILITY

We work diligently to achieve stated objectives. We take ownership of the quality of our work and of our discussions. We follow through on the commitments we make within a reasonable time.

COLLABORATION

We work together to create Synergy where the results of our combined efforts exceed the sum of our individual contributions.

DIVERSITY, EQUITY AND INCLUSION

We endeavour to prevent and correct unconscious bias, overt discrimination and obstacles to equitable participation and influence. We ask, "In everything we do, does everyone feel welcome, appreciated, safe, heard and fairly treated?" …

- in regulation – in the design of rules and in the resolution of complaints
- within the College – Council and staff, and
- in Optometry practices.

OUR AREAS FOR STRATEGIC FOCUS

WHERE DO WE PAY ATTENTION TO FULFILL
OUR MISSION AND REALIZE VISION

SAFE PROFESSIONAL EYE CARE

RISK-BASED PROPORTIONAL REGULATION

ORGANIZATIONAL EXCELLENCE

ENGAGEMENT & PARTNERSHIPS

APPROVED BY COLLEGE COUNCIL JUNE 24, 2022

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STRATEGIC PLAN IMPLEMENTATION PLAN 2022-2025

FULFILLING OUR MANDATE

The College has the legislated duty to fulfill its mandate in the public interest in areas of certification, ongoing education, providing a mechanism to receive, investigate and resolve complaints and aspiring members to high, ethical standards of practice.

The Strategic Plan supports the fulfilment of the mandate of the College and provides further strategies to promote good governance, risk mitigation, communication with the public and registrants and operational excellence.

The implementation of the strategic priorities is an ongoing exercise of collaboration between College Council, committees, staff, and stakeholders.

MEASUREMENT

The Ministry of Health (MOH) requires all health Colleges to report on the achievement of regulatory goals on a cyclical basis through an in-depth reporting tool called the College Performance Measurement Framework (CPMF). This tool rates the various functions and responsibilities of the College as achieved, partially achieved, or not achieved.

The College will use the CPMF as an indicator of progress and achievement of the Strategic Plan in each CPMF cycle.

OUR STRATEGIES 2022-2025

1

STRATEGIC PRIORITY 1

1. BROADEN STAKEHOLDER ENGAGEMENT

Why? The College's environmental scanning reveals opportunities to improve stakeholder engagement.

For example:

• many members of **the public** seem to be confused or ill-informed about optometry, including what to expect of a visit to the clinic (standards) and why, when and how to submit their concerns or complaints to the College

• the term "College" may lead many members of **the public** to think that we are an education institution

• **The public** should be aware of and provide feedback on the services that the College provides that include connecting patients to optometrists, the therapy fund through the Patient Relations Committee and, of course, addressing complaints against optometrists

• many **optometrists** seem to interact with the College with a sense of apprehension; there appear to be opportunities for many registrants to develop a more positive view of the value of regulation as relevant, and indeed beneficial, to them and to their practices.

What? The College will enhance:

• **the public's** understanding of the role and value of optometrists, and

• **optometrists'** recognition of the relevance and value of the regulation of their profession.

How? College staff are in the process of improving and enhancing communications and stakeholder engagement to these ends.

OUR IMPLEMENTATION PLAN FOR THIS STRATEGIC PRIORITY

The College will implement a workplan to:

Provide registrants and applicants with an ongoing series of professional practice advisories on non-clinical topics that affect practice. Advisories from time to time may be released in collaboration with other stakeholders. Topics may include:

• Compassion fatigue and mental wellness

• DEI progressive clinics

• Use of social media and communication

Provide the public with a twice yearly abridged and modified version of In Focus.

Provide mechanisms to encourage undergraduate / senior secondary students to consider optometry as their chosen profession and provide pathway advice to achieve this goal. Strategies may include:

• Visual and media products containing professional testimonials of current optometrists

• "Become a Doctor" campaign

• Presence at University career fairs

Provide opportunities to interact with registrants regarding professional practice, inspiring public confidence in optometry, the role of the College and services to members. Potential strategy is to collaborate with stakeholder regional meetings.

Nurture public trust and confidence through direct engagement including:

• Public and profession focus groups

• Capitalizing on social media opportunities

• After gathering focus group data, procure a right sized public communication plan including traditional media

Provide College presentations to students at the School(s) of Optometry to increase professional awareness, knowledge of jurisprudence, establish a relationship with the College and heighten awareness of the privilege of professionalism. Target presentations in years 1 and final.

Provide graduating students with *Welcome to the Profession* resources outlining services available to registrants and relevant College information.

To leverage technology to promote operational excellence:

- Automate certificate of authorization applications and renewals, and professional corporation fees with online payment capacity

- Enhance jurisprudence examination to provide save features and generate regular reports on candidate performance in different areas

- Leverage topical call and email data to create a red flag alert system to identify emerging issues and risks proactively

- Survey new registrants six months following registration to assess usefulness and ease of process and monitor their tendency to volunteer with the College in the future

- Enhance and continue hosting townhall meetings with candidates for registration

Create an ongoing survey to provide participants in the complaints process (both the optometrist under investigation and the complainant) the opportunity to provide feedback after the complaint matter has concluded. Completion of the survey will be optional and will be available in web format and hard copy.

2

STRATEGIC PRIORITY 2

2. DEVELOP AND CARRY OUT A RESEARCH AGENDA

Why? Data-based policy-making and decision-making, which are fed by research, serves the public interest by enabling better targeting of efforts to improve patient outcomes and the regulation of the profession.

What? The College will advance and fund research that is relevant to the regulatory world and to the profession that it governs.

How? The College is developing a research initiative suitable for a medium-sized regulator. It is advancing its own internal research projects and has established a Research Steering Group that is creating metrics and a process to receive, assess, approve and provide research grants in the public interest with an emphasis on relevant subjects that are unlikely to already have a source of funding. The Steering Group will consider potential research topics that arose during the strategic planning process.

APPROVED BY COLLEGE COUNCIL JUNE 24, 2022

OUR IMPLEMENTATION PLAN FOR THIS STRATEGIC PRIORITY

The College will implement a workplan to:

Utilizing the newly formed *Research Steering Group*, the College will develop a call for proposals specifically focused on projects that explore access to optometric care.

Conceptualize an internal project focused on DEI in relation to the broader health regulatory landscape.

Examine registration, quality assurance and discipline procedures for integration of "right touch regulation" and risk-based regulation and course correct any shortcomings.

Collaborate with key stakeholders on a think tank to generate research and data that examines and provides recommendations to further patient access to eye / vision care in Ontario.

Provide a jurisdictional survey to identify effective practices in investigating complaints throughout Canada and globally. This will involve interviewing investigations departments within optometry regulators in Canadian provinces and abroad.

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Provide research that examines the effectiveness of outcomes in the investigation and discipline areas. This research would involve analyzing past cases of the ICRC and Discipline (specifically from 2010 to 2021) in which a remedial or educational outcome was issued (such as remedial agreement, SCERP, Undertaking with educational components, or TCLs with coaching sessions and/or courses), and examining how many, if at all, of those members go on to have another complaint or concern submitted to the College about their practice (either while they are completing their remedial activities or after).

3

STRATEGIC PRIORITY 3

3. ENSURE THE PUBLIC'S ACCESS TO CARE

Why? There are factors that affect the public's access to care such as economic and demographic considerations and how and where optometric services are provided. Good care not only provides the patient with better quality of life. There is evidence that it also enables the person to be a healthier and more productive contributor to society.

What? Support efforts to provide the public with greater access to optometric services.

How? Facilitate and share research to better understand factors that impair access to care. Establish a multidisciplinary, multistakeholder think tank to explore solutions. Provide other forms of cooperation with system partners and with the government of Ontario to improve access to care in the public interest.

APPROVED BY COLLEGE COUNCIL JUNE 24, 2022

OUR IMPLEMENTATION PLAN FOR THIS STRATEGIC PRIORITY

The College will implement a workplan to:

Collaborate with key stakeholders on a think tank to generate research and data that examines and provides recommendations to further patient access to eye / vision care in Ontario. This can address/provide:

• An environmental scan of optometric scope of practice globally and how it connects to better patient outcomes and access to care

• Connect College's data with Ontario's publicly available data (e.g., sociodemographic data, vision health outcomes) to understand and analyze the current state of access to vision care and identify gap areas in the province

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• Explore areas of "bottlenecks" in vision care regarding wait times and referral ease

Provide the public and profession with up-to-date information regarding government and not for profit funding for eyecare in addition to mechanisms such as OHIP or ODSP.

STRATEGIC PRIORITY 4

4. ENHANCE DIVERSITY, EQUITY AND INCLUSION (DEI)

Why? Equitable organizations are especially effective by respecting the unique needs, perspectives and potential of their team members and members of the public. Diverse and inclusive workplaces earn deeper trust and greater commitment.

In the case of **the College**, DEI contributes to the commitment and collaboration among Council members and staff members, between Council and staff and with the general public. It also deepens the public's and optometrists' confidence in regulation.

DEI makes the **practice of optometry** more successful as it taps into a broader market for high quality employees, deepens employee loyalty and contributes to the public's confidence in the optometrists' services.

DEI serves the **public interest** because it:

• improves patient care

• makes regulation and Optometry representative of Ontario's population

• enhances the public's confidence and feeling of inclusion in the College and optometrists

• enhances the public's confidence in regulation

DEI is an objective that the College has reported in its CPMF as being incomplete.

What? Examples of DEI risks to eradicate in the contexts of regulation and professional practice include unconscious bias, overt discrimination and obstacles to equitable participation and influence. A key question to ask is, *"In everything we do, does everyone feel welcome, safe, heard and fairly treated?"*

The College will add Diversity, Equity and Inclusion to its list of stated Values and promote adherence at Council, in the College's operations and in optometrists' professional practices.

How? In 2022, the College will apply Appreciative Inquiry to creatively design and build ways to pragmatically promote and reflect the principles of diversity, equity and inclusion. The College is considering an independent DEI audit to objectively identify necessary and/or possible ways to improve. The CPMF asks that colleges assess their structures and practices form a DEI perspective, and these measures will be designed to do just that.

The College will consider input from the Strategic Planning process of examples of what DEI looks like in College and Optometry settings.

To achieve DEI, the College will consider:

- polices to support DEI to formalize and achieve DEI

- adequate resourcing

- adoption of clear, inclusive language in all that it does

- encouraging broad representation among those who seek election to Council

- expanding the College's multi-lingual capacity amid its staff

- continual formative/preventative education opportunities to Council, staff and optometrists.

OUR IMPLEMENTATION PLAN FOR THIS STRATEGIC PRIORITY

The College will implement a workplan to:

During the development of the Strategic Plan 2022-2025, Council expressed a commitment to having an in-depth and sustainable plan with the aspiration of true systemic change in the College culture and operations.

An extensive DEI plan has been appended to this document outlining these strategies.

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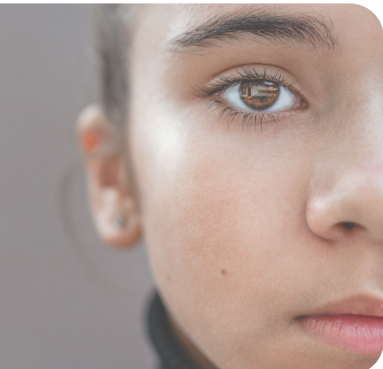
STRATEGIC PRIORITY 5

5. CONSTRUCTIVELY IMPLEMENT GOVERNANCE REFORM

Why? The government of Ontario is considering significant governance reform for health sector regulators. It is important to implement reforms in a way that enhances protection of the public interest and the public's confidence in regulation and in the regulated professions. The College is uniquely positioned to contribute to this success.

What? The College will respond and contribute to the successful implementation of governance reforms readily, willingly, constructively and with agility and resilience.

How? The College will proactively collaborate with the government and with other health sector regulators on implementation including in public communication and in the application of research and other information to properly inform the implementation process. The College is also in the process of advancing its own research project that assesses the structures and practices of Ontario's 26 health regulatory colleges. Data from this project will be used to orient future governance reforms in an evidence-based manner.

OUR IMPLEMENTATION PLAN FOR THIS STRATEGIC PRIORITY

The College will implement a workplan to:

Be an active and proactive participant in shaping regulatory reform proactively through College participation and representation on MOH and HPRO boards, workgroups, advisory teams.

Utilize the HR/Governance Committee as the lead committee regarding the implementation of legislated reforms.

Preemptively begin a process of anticipated renewal drafting of bylaws that are anticipated to be affected by governance reform.

Provide resource readiness contingencies to address the associated resource needs and costs that may be required to fulfil modernization requirements.

COLLEGE OF OPTOMETRISTS OF ONTARIO

65 St. Clair Ave E, Suite 900
Toronto, Ontario M4T 2Y3

T 416.479.9295
TF 1.833.402.4819
F 647.577.4271

65 St. Clair Avenue East
Suite 900
Toronto, ON M4T 2Y3
T: 416.479.9295
TF: 1.833.402.4819
F: 647. 577. 4271
collegeoptom.on.ca

COLLEGE OF
OPTOMETRISTS
OF ONTARIO

College's Diversity, Equity & Inclusion (DEI) Plan

Overall DEI Objectives: To be used to steer the College's DEI initiatives and act as a benchmarking tool when assessing DEI performance year-over-year.

To develop this Plan, the College's DEI Working Group studied the *Global Diversity, Equity & Inclusion Benchmarks: Standards for Organizations Around the World* (GDEIB). With permission we selected the 45 benchmarks that applied most to the College from the GDEIB. Go to the GDEIB publisher's website: www.centreforglobalinclusion.org to learn more about the full list of DEI Benchmarks developed by the 3 coauthors and 112 Expert Panellists (EPs) from around the world. The first edition of this work was created in 2006. It has been updated about every 5 years, with the most recent edition being the 2021 GDEIB. The research is managed by the coauthors using a consensus model that engages all 112 EPs.

One of the College's strategic priorities for the next three years is to enhance DEI. 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 members, and the public. The projects and initiatives developed, once implemented, will also assist the College in meeting the selected benchmarks. The projects/initiatives proposed below in green have not yet been implemented.

1) VISION AND STRATEGY

Objective/Benchmark	College Project or Initiative	Current Status	Overlap with another strategy
a. The College's DEI vision and goals to embed equity, prevent harassment, and reduce or eliminate discrimination and oppression are part of the organizational strategy. DEI is also defined broadly to include visible, non-visible, inherent, and acquired dimensions. (Corresponding Global DEI Benchmark 1.7 and 1.14) b. The majority of stakeholders acknowledge that DEI is important to the success of the organization. (Corresponding Global DEI Benchmark 1.8)	Incorporated into 2022-25 Strategic Plan Added "visible, non-visible..." components to the definition of "diversity" under DEI in this Plan Incorporate or note DEI considerations in briefing materials/briefing notes and reports when applicable	Met and ongoing	

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Objective/Benchmark	College Project or Initiative	Current Status	Overlap with another strategy
c. The College's DEI goals are developed with input from a variety of internal and external stakeholders. (Corresponding Global DEI Benchmark 1.15)	Creation of DEI working group. Staff are internal stakeholders, and their input was used to develop the College's DEI plan. Other health regulatory colleges (external stakeholders) or their resources were consulted in developing DEI initiatives (such as CASLPO, College of Opticians) Feedback and input from *all* staff will continue to be solicited and opportunities for collaboration with other colleges will be sought	Met and ongoing	Broaden stakeholder engagement
d. Compliance with legislation that protects human rights and ensures safe and accessible workplaces is included in the DEI Plan. (Corresponding Global DEI Benchmark 1.16)	All projects developed under the DEI Plan will keep this in mind and those initiatives may include legal review as a step prior to implementation.	Ongoing	
e. The College is proactive and responsive to DEI challenges that are faced by society, specific to healthcare and/or vision care. (Corresponding Global DEI Benchmark 1.4)	Researching what challenges are faced in the vision field by those in traditionally equity seeking groups (e.g., patients on ODSP and/or Ontario Works, indigenous patients)	Not met	Develop and carry out a research agenda Ensure the public's access to care

2) LEADERSHIP AND ACCOUNTABILITY

Objective/Benchmark	College Project or Initiative	Current Status	Overlap with another strategy
a. To increase their knowledge and competence, council and management participate in education and training related to DEI. (Corresponding Global DEI Benchmark 2.12)	Management & Council received training from Dr. Jalal at its June 2022 council session. A DEI related educational session will be part of *at least* 2 out of 4 council meetings each calendar year. This can include experiential training where Council members participate in hypothetical scenarios, listening to speakers, or receiving education from experts and specialists in the field. Requirement for each member of the Senior Management Team (SMT) to participate in a *minimum* of 1 external workshop/ webinar/course on DEI each calendar year to ensure ongoing	Partially Met	Broaden stakeholder engagement

	competence. Completion will be confirmed during annual performance appraisal.		
b. Management engages in DEI issues important to staff, the members the College regulates, and the public at large. Management and council members publicly support DEI-related initiatives. (Corresponding Global DEI Benchmark 2.11 and 2.3)	Land acknowledgement statement developed and communicated during Council meetings. Land acknowledgement statement to be part of the agenda for all Committee meetings of the College and to be recited by the Committee/Panel chair. To understand which issues are pertinent, the following will be undertaken: • Investigations Department to collect and record data on the # and types of inquiries, complaints, and registrar's investigations each year where concerns about discrimination, prejudice, or barriers to care due to protected grounds under the *Human Rights Code* are raised. This will be reported to SMT at the end of each calendar year. o Practice Advisors to also collect and report data as per above. • Poll or Survey to members to determine DEI related issues important to them or for which they would like more College guidance. • SMT to monitor current events and news	Not met	Broaden stakeholder engagement (applies to the initiative related to the polling of members)
c. The management team and council are diverse, engaged in DEI issues, and accountable for achieving the DEI strategy. (Corresponding Global DEI Benchmark 2.7)	To ensure and encourage diversity among council members, elections will be promoted widely with common myths dispersed (i.e., there *is* reimbursement, a newly registered member *can* run). A live webinar with the Registrar can be held *before* self-nomination where there is an opportunity for direct Q&A.	Partially Met	Constructively implement governance reform

3) STRUCTURE AND IMPLEMENTATION

Objective/Benchmark	College Project or Initiative	Current Status	Overlap with another strategy
a. Members of the DEI working group are responsible for the DEI strategy and utilize their knowledge and the expertise of external resources to provide advice when called upon. (Corresponding Global DEI Benchmark 3.17)	Regular meetings of the DEI working group are held, with frequent review of the DEI Plan and reporting to SMT.	Met and ongoing	
b. The College provides resources, staffing, and support to steer and implement its DEI plan. (Corresponding Global DEI Benchmark 3.8)	Allocation within annual budget for DEI related activities	Partially met	

4) ASSESSMENT, MEASUREMENT, AND RESEARCH

Objective/Benchmark	College Project or Initiative	Current Status	Overlap with another strategy
a. Staff, council, and the member base are supportive of the College's DEI measurements and participate in assessment, measurement, and research. (Corresponding Global DEI Benchmark 8.13) b. Assessments and surveys take into account issues such as language, education levels, and accessibility. (Corresponding Global DEI Benchmark 8.14)	Confidential survey will be created for staff to provide their feedback and opinion on the DEI related areas they feel (as an employer) the College is exceling in and any areas for improvement. Poll/survey will be developed for members --- *see initiative listed under item 2(b)* All surveys/polls developed will undergo a plain language review and will be available in various formats (e.g., in paper format, online link etc.)	Not met	

c. The College regularly conducts a census of member demographics and monitors representation among optometrists in Ontario. Data are sorted by self-identified characteristics and diversity dimensions to increase the College's learnings about member groups and to shape future DEI initiatives. The principles of self-identification for use in collection of member information are clear and applied ethically. (Corresponding Global DEI Benchmark 8.16 and 8.17)	As of the November 2023 annual renewal, members will be asked demographic and other DEI related questions when renewing their registration. It will be a section in the annual renewal form, where the purpose of the collection of this data will be explained and it will be clarified that members' self-identification information will be used for statistical purposes only and will be confidential. This exercise will be optional and not mandatory. An external vendor may be partnered with for assistance in devising or reviewing the questions asked.	Not met	Broaden stakeholder engagement
d. DEI assessments are conducted every three years on the College overall, and the results are incorporated into strategy and implementation. (Corresponding Global DEI Benchmark 8.1)	The objectives of this DEI plan also act as benchmarks. While the College's progress on these benchmarks and objectives will be monitored regularly, in three years a thorough assessment will be undertaken, with the identification of additional projects and initiatives.	Not met	
e. The College engages and consults with the public and incorporates their feedback into the DEI plan and other College policies.	A feedback box will be created and made available on the College's DEI webpage that will allow visitors to input their thoughts.	Not met	Broaden stakeholder engagement

5) COMMUNICATIONS

Objective/Benchmark	College Project or Initiative	Current Status	Overlap with another strategy
a. The College integrates DEI into its communications wherever possible (Corresponding Global DEI Benchmark 9.11) b. The College encourages staff to discuss DEI and provide input on the College's DEI initiatives. (Corresponding Global DEI Benchmark 9.12)	During a staff meeting every quarter (i.e., every 3 months), having a speaker present (such as from a traditionally equity seeking group or a specialist in the DEI field) or have a learning session dedicated to DEI (this can include scenarios, case studies and discussions etc.) Survey will additionally be developed for staff --- *see initiative listed under item 4(a)*	Not met	

c. The College enables staff to indicate gender pronouns, if desired, on email signatures and other written communication. (Corresponding Global DEI Benchmark 9.13)	Staff have the option to note gender pronouns if they wish.	Met	
d. Translations and other accessible formats are provided when needed. (Corresponding Global DEI Benchmark 9.14)	French translation of webpages frequently accessed by the public completed in August 2022.

For parties to a complaint and/or witnesses in a Registrar's Investigation, translation services are provided on a case-by-case basis, as needed. Paper copies of complaint form can also be provided.

Translate the pages in the College's website that are primarily for the public into the 5 most spoken non-official languages of Ontario. | Partially met | |
e. DEI content is easily and quickly located on the College's website. Information is thorough, regularly updated, and fully accessible. (Corresponding Global DEI Benchmark 9.2)	Creation of a DEI Resource webpage, which will contain resources for optometrists/public, including any recorded webinars or videos, and links to relevant external literature.	Not met	
f. The College uses brave and transparent communication in naming and dealing with challenging issues such as racism, sexism, homophobia, privilege, toxic masculinity, and white supremacy. (Corresponding Global DEI Benchmark 9.4)	The College will release statements (i.e., condemning, acknowledge, raising awareness etc.) via its website, social media channels and eblasts depending on situations it comes across or which arises in the world.	Not met	
g. Updates and information on DEI are sent regularly and systematically through a variety of channels to staff and other stakeholders. (Corresponding Global DEI Benchmark 9.7)	Via the newsletter, updates will be sent to members summarizing any training or educational sessions undertaken by the Council. The June 2022 newsletter contained such an update.	Partially met and ongoing	
h. All staff are able to incorporate DEI sensitive language and plain language principles into their correspondence and communications. (Corresponding Global DEI Benchmark 14.6)	Relational or accessible, plain writing workshop will be scheduled and provided to all staff in 2023.	Not met	
i. The Optometric Practice Reference (OPR) communicates to	Subject to CPP and Council approval, a DEI specific Standard or an addition to OPR 2.4	Not met	

| members the College's DEI expectations with regard to their interactions with patients. | (which speaks to acting in the patient's best interests) may be developed.

Conduct a review and make any necessary updates to the College's Anti-Discrimination Policy guideline for members (which was effective as of January 2013). Subject to CPP and Council approval, this policy may be updated by taking inspiration from CPSO's policy on accepting new patients (https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Accepting-New-Patients) | | |

6) LEARNING AND DEVELOPMENT

Objective/Benchmark	College Project or Initiative	Current Status	Overlap with another strategy
a. Learning and education on DEI addresses racism, anti-racism, sexism, white supremacy, privilege, internalized oppression, classism/casteism, homophobia, transphobia, religious bias, disabilities, mental health awareness, and other issues. (Corresponding Global DEI Benchmark 10.3) b. Experiential learning and speakers with diverse voices help staff and council understand different identities and learn how to best respond to DEI situations. (Corresponding Global DEI Benchmark 10.12)	*These topics will be addressed when undertaking the initiatives listed under items 5 (b) and 2(a)*	Not met	
c. Public and optometrist members who serve on council and committees receive the necessary resources and training to embed DEI in the work they do. (Corresponding Global DEI Benchmark 10.1)	Unconscious bias training and DEI education will be provided to Committees during their orientation at the start of each calendar year. Members who assess and/or coach other members as part of the Quality Assurance Program or as part of compliance monitoring for resolved cases in the Investigations department will receive unconscious bias training.	Not Met	

d. The College ensures that all relevant stakeholders are able to fully participate in virtual meetings, innovative learning methods, and the use of technology. (Corresponding Global DEI Benchmark 10.13)	The College provides clear instructions and offers assistance using virtual platforms for staff, Council, Committee members, and participants in an electronic Discipline hearing. Recordings of trainings are also provided to those Council or Committee members who are unable to attend the session.	Met and ongoing	
e. The College encourages cultural celebrations and organization-wide activities that combine social interaction with DEI learning. (Corresponding Global DEI Benchmark 10.15)	A DEI calendar of events will be developed that denotes the dates of cultural and religious occasions and holidays. This will be updated each year and made accessible to staff. Staff will be encouraged to share and showcase their different cultural celebrations and/or practices during staff meetings. Cuisines from different parts of the world may be tried as part of team building activities.	Not met	
f. The College's members are educated on the importance of equity and ways to mitigate and remove discrimination and bias in their interactions with patients, their staff, and partners in the healthcare field. (Corresponding Global DEI Benchmark 10.8)	For the next three-year continuing education (CE) cycle (beginning in January 2024), the Quality Assurance Panel will consider adding a DEI course requirement (e.g., members must complete 1 credit hour related to DEI). • College may develop a one-hour e-module on advancing DEI in the optometry profession by August 2023. The College can host learning sessions that are streamed onto YouTube live (as well as recorded) for members and the public to recognize Black History Month, International Women's Day, Pride Month, Asian Heritage Month etc. This may involve optometrists from these groups speaking about their experiences in the profession and providing advice for students and new members hoping to enter the profession. Development of DEI related case studies for the Q&A portion of the monthly newsletters to members. This can include complex clinical scenarios such as dealing with a patient with a disability or mental illness; and what the optometrist is to do if	Not met	Broaden stakeholder engagement

Objective/Benchmark	College Project or Initiative	Current Status	Overlap with another strategy
	they are the subject of discrimination from their patient.		

7) EXTERNAL EFFORTS

Objective/Benchmark	College Project or Initiative	Current Status	Overlap with another strategy
a. The College uses the services of organizations/vendors that align with our DEI values. (Corresponding Global DEI Benchmark 15.4 and 15.7)	Development of a written policy to record acceptable/ unacceptable criteria and/or considerations when hiring external vendors. This may be incorporated into the College's Procurement Policy of Goods and Services or incorporated into Requests for Proposals.	Not met	
b. The College partners with other organizations (e.g., other health regulators) that work to advance the rights of underrepresented groups in the community. (Corresponding Global DEI Benchmark 12.12)	A staff member will represent the College on HPRO's Anti-BIPOC racism working group and any similar groups offered via CNAR/CLEAR.	Not met	Broaden stakeholder engagement
c. The public understands that the College is available to receive feedback and complaints related to any discriminatory interactions they experience.	In the complaints and DEI pages on the College's website, it will be noted that the College/ICRC has jurisdiction and authority to investigate complaints of such nature. Advertisement campaign about the College and its purpose and how to contact the College (advertised in long-term care homes, retirement centres, community centres, new immigrant centres).	Not met	Broaden stakeholder engagement
d. The College attracts a diverse range of applicants who wish to enter the profession and partners with post-secondary institutions to increase diversity among optometric students.	College will target secondary school students in low income neighborhoods around Ontario and schools with a large attendance of youth from an Indigenous background to increase awareness of the profession and increase understanding of the regulation of optometrists (opportunity to partner with University of Waterloo and/or the	Not met	Broaden stakeholder engagement

	OAO). Presentations will be given to students in grade 10/11. The College may have a booth in widely attended career fairs and/or at the Ontario Universities' Fair (OUF). College to offer a needs-based monetary scholarship for a first year and a final year optometry student that intends to practise in Ontario. A marketing campaign on the optometry profession will be created (taking inspiration from CPA Ontario).		

8) HUMAN RESOURCES

Objective/Benchmark	College Project or Initiative	Current Status	Overlap with another strategy
a. The College's employment advertisements reach broad pools of diverse talent. (Corresponding Global DEI Benchmark 4.11) b. Staff are hired for their competence and their ability to bring diverse perspectives to the work and not only because they are from an underrepresented identity group. (Corresponding Global DEI Benchmark 4.10)	Career opportunities at the College are advertised widely, including over the College's social media channels and on HPRO's job vacancies page. Interviews are conducted using pre-determined questions and the same questions are asked of all candidates that are interviewed.	Met and ongoing	
c. The onboarding process results in all new staff feeling valued and included. (Corresponding Global DEI Benchmark 5.6) d. Policies and practices guard against favouritism and are communicated and applied equitably across the organization in a culturally sensitive way. (Corresponding Global DEI Benchmark 7.7)	There is a social and team building activity at the staff meeting for the new staff member. There is a comprehensive human resources package that is made available to new staff, and which applies to all staff.	Met and ongoing	

e. Job requirements and descriptions are clear and staff are not evaluated against non-job-related factors, especially those based on preferences and biases. (Corresponding Global DEI Benchmark 6.8) f. The College conducts annual performance reviews and exit interviews to understand its culture of inclusion and belonging. (Corresponding Global DEI Benchmark 5.11) g. Turnover is at an acceptable rate. Adverse impact, unfairness, and discrimination are not the primary cause of turnover. (Corresponding Global DEI Benchmark 5.5)	Prior to performance appraisals, staff have access to their job descriptions and position requirements.	Met and ongoing	
h. The organizational culture equitably treats those who work flexible schedules. (Corresponding Global DEI Benchmark 7.13) i. Technology support for mobility, disabilities, mental health, and flexible work arrangements are available for staff. (Corresponding Global DEI Benchmark 7.12)	The College has a hybrid work policy and provides accommodation to staff as needed.	Met and ongoing	
j. All staff are encouraged to consider professional development opportunities within or outside their current functional, technical, or professional area. (Corresponding Global DEI Benchmark 5.8)	The College's employee professional development policy allows for staff to take a variety of professional development opportunities.	Met and ongoing	

| k. Religious practices, cultural celebrations, and holidays are accommodated, even when they are not the practices of the dominant culture. (Corresponding Global DEI Benchmark 7.14)

l. Flexibility in personal appearance and designing one's workspace are accepted if done in a non-offensive manner and under an agreed upon policy. (Corresponding Global DEI Benchmark 7.15)

m. Facilities and accommodations for meditation, religious practices, lactation, and other needs are provided. (Corresponding Global DEI Benchmark 7.11) | The availability of accommodation is communicated to staff.

A private room exists in the College's premises that can be utilized for meditation, religious practices, lactation etc. | Met and ongoing | |

DEFINITIONS OF KEY TERMS

The College adopted the meaning of "diversity," "equity," and "inclusion," as defined in the GDEIB:

Diversity *refers to the similarities and differences among people, often called diversity dimensions, including, but not limited to: gender, sex, gender identity and expression, ethnicity, race, native or indigenous identity/origin, age, generation, disability, sexual orientation, culture, religion, belief system, marital status, parental status, pregnancy, socio-economic status/caste, appearance, language and accent, mental health, education, geography, nationality, work style, work experience, job role and function, thinking style, and personality type.*

Equity *is about fairness and justice. It is about taking deliberate actions to remove systemic, group, and individual barriers and obstacles that hinder opportunities and disrupt well-being. Equity is achieved through the identification and elimination of policies, practices, attitudes, and cultural messages that create and reinforce unfair outcomes. Although both equality and equity promote fairness, equality achieves this through treating everyone the same, regardless of need and circumstances. Equity achieves this through treating people differently dependent on need, circumstance and consideration of historical and systemic inequities.*

Inclusion *is a dynamic state of feeling, belonging, and operating in which diversity is leveraged and valued to create a fair, healthy, and high-performing organization or community. An inclusive culture and environment ensure equitable access to resources and opportunities for all. It also enables individuals and groups to feel safe, respected, heard, engaged, motivated, and valued for who they are.*

Annual Report 2021

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Letter from the President

At the College of Optometrists of Ontario, 2021 was a year of game-changing transformations. Among other things—and perhaps most significantly—it saw us transition from living "under" COVID to living alongside it in what many are now considering a post-pandemic world.

The College underwent a leadership transformation at the beginning of 2021 as well with Mr. Joe Jamieson stepping into the role of Registrar. Mr. Jamieson has an extensive background in the regulatory realm that includes 20 years of experience at the Ontario College of Teachers. This experience has served him well and has allowed for a smooth and effective transition into the College. His passion for our mandate, his natural leadership skills, and his commitment to an ethical and diverse work culture, have been crucial to his success in leading the College through a demanding and complex public health crisis.

Early in his leadership, Mr. Jamieson began addressing the outlying areas of the College Performance Measurement Framework (CPMF). This framework is used to report on different performance areas within health regulatory colleges and in turn, report on the ability of the colleges to achieve their mandate. Mr. Jamieson operationalized the strategic plan and marshalled concentrated effort towards the requirements that were either "partially met" or "not met" in our 2020 CPMF report. His leadership has been invaluable in completing these remaining requirements and successfully securing Council's support in this endeavor.

The College and Council also worked together this year to assess the possibility of using a Building Acquisition Fund, which was set aside to aid in the purchase of a new office building. After much deliberation, the College and Council decided to abandon the purchase option and continue to rent the current office space. The Building Acquisition Fund has now been reallocated to various areas, including a one-time fee reduction for optometrists. The goal of this one-time fee reduction was to help alleviate some of the financial strain that stemmed from the pandemic, while continuing to support the relationship between the College and its members.

Dr. Patrick Quaid
President

Alongside the one-time fee reduction, Council also approved a motion to form an ad hoc research grant panel in 2022, whose purpose will be to review and approve grants for research related to optometry, vision care, regulation, and related areas. This is an exciting opportunity for the College to invest in innovative research and to build a strong base for future evidence-based decision-making in our mandate areas. Our internal research projects, which also spun out of the Building Acquisition Fund, will complement external investments by exploring key issues in health regulation. Again, the goal here will be to facilitate evidence-based decision making in key areas related to the College's mandate areas. These are innovative and cutting-
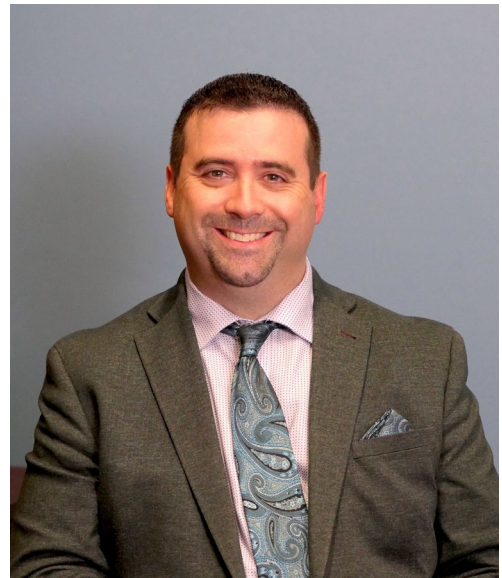
Letter from the President
continued

edge endeavors for a health regulatory college.

While our Council members adapted to the post-pandemic world, they also never wavered on their dedication to the College and its mandate. Thank you to all of our Council and committee members for the time and effort you put towards maintaining safe eye care and supporting the progression of optometry.

It was a privilege to serve as President for the College these past few years, and an honour to work alongside staff and Council as we adjusted to working during COVID-19. As my term of Presidency ends, I wish the best of luck to the College, Council and the incoming President, Dr. Areef Nurani. The College will benefit from his dedication to the profession and his passion for the College's mandate.

2021 was a year of transition, both for the College and society, as we began adjusting to the post-pandemic world. Regardless of the obstacles that may come, I am confident the College will remain dedicated to its mandate and steadfast in its desire to be a leading regulator in its field.

Letter from the Registrar

I am honored to have joined the College of Optometrists this year. While COVID-19 continued to create obstacles in 2021, it also provided the opportunity for the College to re-evaluate its practices and identify areas for improvement.

Among other things, the pandemic allowed us to change the way we work, communicate, and support one another within an evolving set of complex circumstances. Part of this involved a commitment to providing our staff with a flexible and safe work environment by creating an operational Return to Work policy and moving to a hybrid work model. This shift allowed internal operations to continue while adapting to restrictions and lockdowns that changed frequently. Council and committee meetings were also transitioned into a hybrid model and can now move between in-person and virtual meetings as needed. Throughout these changes, Council has remained committed to the College and eager to assist staff in achieving a shared mandate. The hybrid model has proven to be an effective way of continuing College operations while prioritizing health and safety for our staff and Council.

Joe Jamieson, M.Ed., OCT
Registrar & CEO

We also continued to achieve our mandate through our three core areas of work: Registration, Quality Assurance, and Investigations. It is our duty as the College to ensure applicants are qualified to join the profession, that they adhere to our professional standard throughout their career and, when necessary, address issues as they arise by investigating and providing follow-up. This year, we became focused on regulating our members through right-touch regulation: the idea of using the minimum amount of regulatory authority while achieving our mandate. This model of regulation, which is now an international paradigm, takes the risk of harm into account, as well as having a response that is proportionate to the level of risk. The College strives to address issues in regulation and address them using right-touch regulation.

The work we do could not be done without our staff, as well as our dedicated Council and committee members. Thank you for your dedication to regulating eye care in the public interest. To all optometrists, I thank you for your adaptability and for staying steadfast in your dedication to excellence in eye care and vision health.

My smooth transition into leadership at the College was largely due to the on-boarding wisdom and support from our Deputy Registrar, Hanan Jibry. Thank you for your commitment to the College.

As we move into 2022, we will continue to provide evidence as a College that is a leading regulator in the regulation community. This sometimes requires us to be bold, progressive, and forward-thinking.

COUNCIL AND COMMITTEES

2021 Council

Our Council remained committed to their work, and flexible in how they achieved that work in 2021.

2021 Council

Dr. Patrick Quaid (President)
Mr. Bashar Kassir (Vice-President)
Ms. Suzanne Allen
Ms. Kathryn Biondi
Dr. Linda Chan
Dr. Lisa Christian
Mr. Ravnit Dhaliwal
Dr. Mark Eltis
Dr. Camy Grewal

Ms. Winona Hutchinson
Mr. Howard Kennedy
Dr. Richard Kniaziew
Dr. Lindy Mackey
Dr. Annie Micucci
Dr. Areef Nurani
Mr. Narendra Shah
Dr. William Ulakovic

Committees

More than four dozen committee members support and facilitate the College's work. Our sincere thanks for the time, skill, and thoughtfulness they bring to their work on the following committees:

Executive Committee

Dr. Patrick Quaid, President
Mr. Bashar Kassir, Vice President
Ms. Kathryn Biondi

Dr. Linda Chan
Dr. Camy Grewal

The Executive Committee works with the Registrar to ensure that College resources are allocated properly, and that staff and committees are advancing College work and supporting Council priorities.

Audit/Finance/Risk

Dr. Linda Chan, Chair

Ms. Suzanne Allen

Mr. Ravnit Dhaliwal

Dr. Mark Eltis

Dr. Lindy Mackey

The Audit/Finance/Risk (AFR) Committee reviews and advises Council on the College's financial affairs, including the investment strategy, auditor review and financial planning. The Committee also oversees the College's overall risk management framework.

Governance/HR

Ms. Kathryn Biondi, Chair

Dr. Lisa Christian

Dr. Richard Kniaziew

Dr. Areef Nurani

Mr. Narendra Shah

This Governance/HR Committee is a standing committee that aids Council in achieving high standards in transparent and ethical self-governance through policy development, recruitment, training, evaluation, and succession planning.

Inquiries, Complaints, and Reports Committee

Dr. Richard Kniaziew, Co-Chair

Dr. David White, Co-Chair

Dr. Jenna Astorino

Ms. Kathryn Biondi

Mr. Ravnit Dhaliwal

Mr. Bashar Kassir

Dr. Vanesh Kathiravelu

Dr. Norris Lam

Dr. Dino Mastronardi

Dr. Annie Micucci

Mr. Narendra Shah

The Inquiries, Complaints and Reports Committee (ICRC), which sits as two independent panels, investigates and makes decisions on allegations of professional misconduct, incompetence, or incapacity brought against members of the College. These allegations proceed from formal complaints, information brought to the attention of the Registrar, mandatory reports, or referrals from the Quality Assurance Committee.

Fitness to Practise Committee

Dr. Annie Micucci, Chair

Mr. Howard Kennedy

Dr. Jay Mithani

Dr. Karin Schellenberg

The Fitness to Practise Committee receives referrals from the Inquiries, Complaints and Reports Committee and conducts a hearing when there is evidence that an optometrist might be incapacitated due to a mental or physical condition.

Discipline Committee

Dr. Dennis Ruskin, Chair	Mr. Ravnit Dhaliwal	Dr. Lindy Mackey
Ms. Suzanne Allen	Dr. Marian Elder	Dr. Donald MacQueen
Dr. Lorne Berman	Dr. Mark Eltis	Dr. Mohamed Moussa
Dr. Amit Bhatia	Dr. Camy Grewal	Dr. Areef Nurani
Ms. Kathryn Biondi	Dr. Vivian Habib	Dr. Patrick Quaid
Dr. Krista Bruni	Dr. Jameel Kanji	Dr. Karin Simon
Dr. Linda Chan	Mr. Bashar Kassir	Mr. Narendra Shah
Dr. Lisa Christian	Mr. Howard Kennedy	Dr. William Ulakovic
Dr. Michelle Cvercko	Dr. Anita Kumar	Dr. Marta Witer

The Discipline Committee hears allegations of professional misconduct and/or incompetence made against a College member. The Committee considers evidence in each case and decides whether to order a range of penalties, including reprimands, suspensions, fines or revocation of an optometrist's Certificate of Registration.

Patient Relations Committee

Ms. Suzanne Allen, Chair	Mr. Howard Kennedy
Dr. Manveen Bedi	Dr. Angela Kyveris
Dr. Mark Eltis	Dr. Olga Savitska
Mr. Bashar Kassir	Dr. Yuan (Mike) Yang

The Patient Relations Committee (PRC) oversees a program that promotes awareness of and includes measures to prevent sexual abuse of patients. The Committee also administers a fund for therapy and counselling for patients who have been sexually abused by an optometrist. The Committee reviews issues issues of an ethical nature that occur in professional practice and develops education and information program for the public and optometrists.

Registration

Dr. William Ulakovic, Chair	Dr. Naomi Kong
Ms. Suzanne Allen	Dr. Harninder Sandhu
Dr. Pooya Hemami	Dr. Abraham Yuen
Mr. Howard Kennedy	

The Registration Committee is responsible for the College's entry-to-practice process, ensuring that anyone who wishes to practise in Ontario possesses certain skills, knowledge, credentials and is of good character.

Quality Assurance Committee

The Quality Assurance Committee helps optometrists maintain and enhance their knowledge, skill, and judgment to ensure the public continues to access safe, high-quality eye care. The Committee consists of two panels, the Quality Assurance Panel (QAP) and the Clinical Practice Panel (CPP).

Quality Assurance Panel (QAP)

Dr. Linda Chan, Chair

Mr. Ravnit Dhaliwal

Dr. Nadine Furtado

Dr. Natalja Ilic

Dr. Larry Ng

Dr. Karin Schellenberg

Dr. David Traynor

The Quality Assurance Panel (QAP) works with optometrists, offering tools and feedback to continually maintain and improve their competence. The QA program includes Continuing Education (CE), practice assessment, practice evaluation, and remediation, among other components.

Clinical Practice Panel (CPP)

Dr. Camy Grewal, Chair

Dr. Bill Chisholm

Dr. Shirley Ha

Mr. Howard Kennedy

Dr. Lindy Mackey

Dr. Sarah Maciver

Dr. Leah Markin

The Clinical Practice Panel (CPP) establishes and clarifies new and existing standards of practice, regulatory requirements, and clinical practice guidelines in the Optometric Practice Reference (OPR).

Quality Assurance Subcommittee

Ms. Ellen Pekilis, Chair

Dr. Patricia Hrynchak

Dr. Areef Nurani

Dr. Olga Savitska

Mr. Narendra Shah

Mr. John Van Bastelaar

Dr. William Ulakovic

The Quality Assurance Subcommittee was struck to conduct an independent evaluation of the QA Program; develop various member resources and tools, such as a self-assessment and continuing professional development component; and increase member engagement in the program.

COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK

What is the CPMF?

The College Performance Measurement Framework (CPMF) is a reporting tool designed by the Ministry of Health in Ontario to assess health regulatory colleges on their performance and how well they are achieving their mandate. The report covers a multitude of mandate areas including governance, registration, collaboration with other stakeholders, diversity, equity and inclusion, and how well the organization is doing overall. There are 50 requirements colleges must report on, and for each requirement colleges are given a rating of 'fully met', 'partially met', or 'not met'.

The CPMF also includes statistics and data about regulated health professionals, their practice and information about the complaints a college receives: both the type of complaint and the number of complaints they receive in a year.

Each health regulatory college is asked to report on the CPMF annually. All improvements, regressions, and changes will be noted in the report, which allows for comparisons to be made year to year. The report also contains a commentary for each of the requirements, stating how the College is meeting the requirements, or what the course of action is to meet the requirements that are 'partially met' or 'not met'.

This report is available to the public on each college's website and is a way that health regulatory colleges are demonstrating their commitment to transparency, to meeting high standards, and to the protection of the public.

2021 CPMF Results

The College of Optometrists of Ontario was one of eight colleges that was recognized for having commendable practices in relation to the CPMF. We met 35 requirements, partially met 13 requirements, and did not meet two requirements. In comparison to our 2020 report, the College generally made improvements in every domain, with the most significant improvements in the governance domain.

In the 2020 report for governance, we met 10 requirements, partially met 4 requirements, and did not meet 1 requirement. In 2021 we were able to improve those requirements to 17 requirements met, two partially met, and two not met. The number of requirements that were not met increased from 1 to 2 because a new requirement was added to the Diversity, Equity and Inclusion (DEI) section. The two areas that were not met are related to DEI, which was introduced in this year's reporting tool and is one of the College's new focus areas for 2022.

2021 CPMF Responses

Not Met
2

Partially Met
13
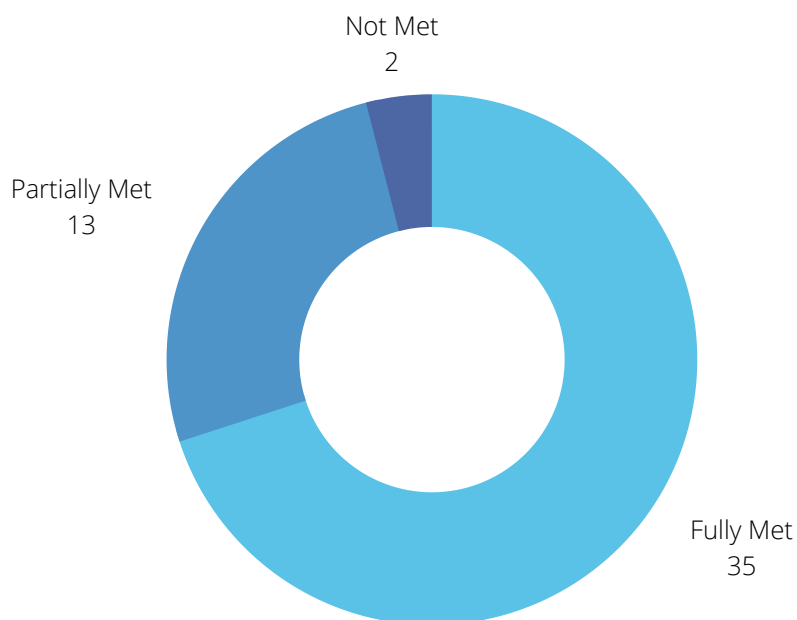
Fully Met
35

Distribution of CPMF Responses 2020 vs. 2021

2020   2021
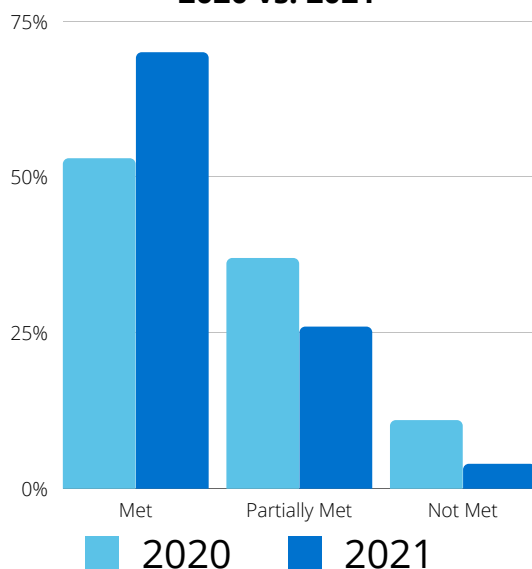
Measurement, Reporting, and Improvement is another domain in which the College substantially improved. Although it only contains four requirements, the College was not fully meeting any of the requirements in 2020, as we had two requirements that were partially met, and two requirements that were not met. In 2021, the College was able to commit to the improvement plans outlined in the previous CPMF report and improved to fully meeting two requirements and partially meeting two requirements.

We hold the CPMF in high regard and use it to help guide our decisions as we fulfill our mandate and inspire public confidence. We look forward to completing the report in years to come and continuing the trend of progress in future reporting cycles.

Registration

Registration

Registration is the first core area that allows us to achieve our mandate, and one of the first interactions future optometrists have with the College. Through administering the jurisprudence exam, as well as assessing entry-to-practice exams, the registration process ensures candidates are qualified to enter the profession.

While COVID-19 continued to cause disruptions to registration processes, we maintained our flexibility through an extension of the two-year application time limit and providing candidates their formal registration notifications electronically. Our aim has been to make the registration process as flexible as possible for candidates while simultaneously maintaining a robust testing process. We continued to offer a remotely proctored online Jurisprudence exam; it is available 24/7 over a three-day period, and candidates are welcome to write the exam at their convenience within the time frame.

Entry-to-practice exams were still being disrupted from the previous year. As a result, the 2021 OEBC/OSCE exam was re-scheduled to the spring of 2021. To accommodate this change in scheduling for new registrants, we extended the deadline for 2021 annual pro-rated membership fees until October 2021.

We also held our first virtual meeting with applicants for registration on July 2. We provided an in-depth overview of registration and answered questions applicants had about the registration process.

We continued the work for an online registration application and initiated the planning for three Youtube videos set for release in early 2022. One video will focus on how to register as an optometrist in Ontario, and the second will explain the regulatory role of the College. The third video will welcome new registrants to the optometry profession in Ontario.

2,758 Members
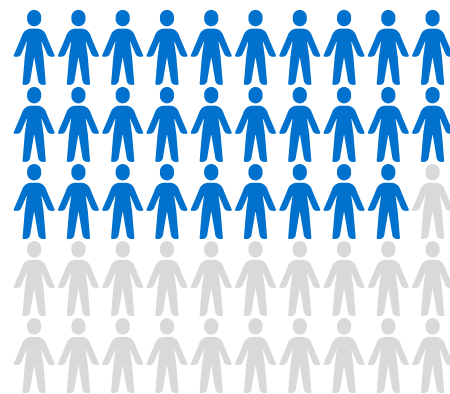
- ■ 58% Female
- ◻ 42% Male

131

Newly Registered Optometrists in 2021

Entry to Practice

Completing an entry-to-practice exam is one of the main requirements for registering with the College. The College approved both the Optometry Examining Board of Canada (OEBC) exam as well as the National Board of Examiners in Optometry (NBEO) exam as entry-to-practice exams, providing more exam choices for applicants. As demonstrated in the figure to the right, both exams are equally sought after by applicants.

Type of Exam Applicants Completed

- AIT/CACO 4.5%
- OEBC Exam 49.3%
- NEBO Exam 46.3%
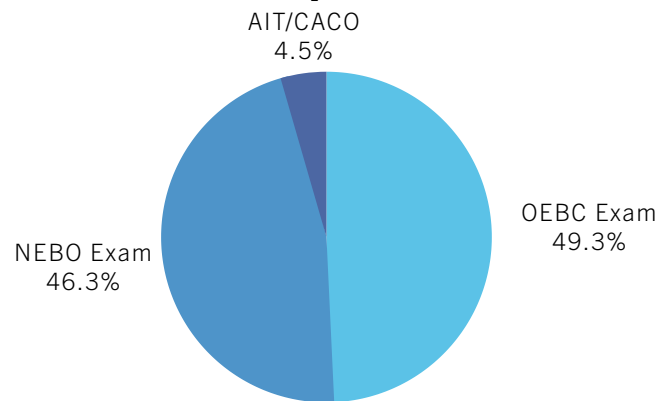
AIT/CACO: applicants using labour mobility

New Registrants - Last Five Years
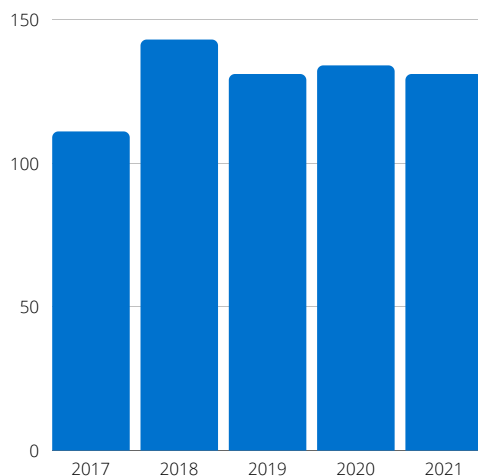
Additionally, the College also signed a licensing agreement with OEBC to oversee its use of the Optometry Competency Framework that was developed for the College by Touchstone Institute. The College engaged in discussions with OEBC about potential changes to OEBC exam and how those changes were being piloted. Such changes include how the Optometry Competency Framework would be reflected in the OEBC exam blueprint, and revisions to the new scoring system for the Objective Structured Clinical Examination (OSCE) portion.

International Candidates

A portion of our applicants are internationally educated and we strive to ensure these applicants have options when it comes to registering with the College. A fund was created in 2020 to help ensure internationally graduated optometrists can continue to have the option to write the Internationally Graduated Optometrist Evaluating Examination (IGOEE), should registration fall below the break-even number. Registrations for the IGOEE in summer 2021 were sufficient and therefore the fund approved by the College was not required.

Internationally Educated Applicants

- International 12%
- Ontario 44%
- Quebec 1%
- United States 43%
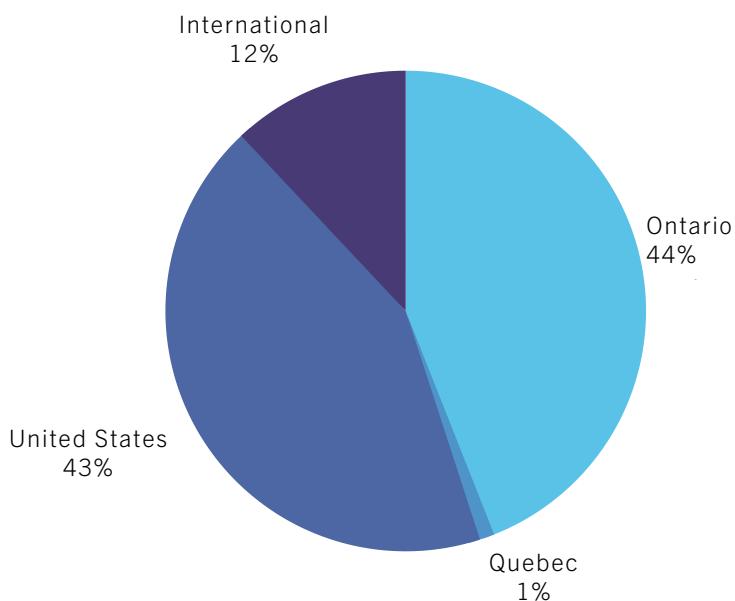
Updates to the IGOEE

The IGOEE is an important option for internationally educated optometrists and this year it underwent some changes. The written components of the IGOEE and the short OSCE were transitioned to remotely proctored administration in June 2021 to accommodate the disruptions cause by COVID-19. Additionally, IGOEE results are now taken into consideration when candidates apply to the Advanced Standing Optometry Preparatory Program administered by the University of Waterloo School of Optometry and Vision Science.

Quality Assurance

The College's Quality Assurance (QA) Program allows us to assess optometrists' competence on an ongoing basis, while also helping them seek out new learning opportunities.

Our QA Program consists of:

• A mandatory Continuing Education component and subsequent audit process.

• Peer-conducted Practice Assessments to appraise the practice of members.

• A Practice Evaluation component to evaluate members' clinical ability.

• A Remediation component to assist members in correcting deficiencies in practice or clinical ability.

Practice Assessments

Practice Assessments are a tool used to help educate and inform our members about areas they could improve in. It is intended as a supportive learning experience and is not punitive in nature. Some adjustments were made in 2020 to help accommodate the disruption of COVID-19 such as extending the deadline for submitting the practice assessments from 60 days to 90 days. These adjustments carried over into 2021 to help support our members and make the practice assessment process flexible. In 2021, we reviewed a total of 189 practice assessments.

Practice assessments are analyzed by QA Assessors, who undergo regular training to maintain consistency and accuracy across assessments. In 2021, the first virtual assessor workshop was held which included this regular training, and served as an initial training for a number of prospective assessors who were needed due to the increase in assessments. The workshop was delivered to 35 existing assessors, as well as 20 prospective assessors.

Practice Assessments 2021

- Awaiting Decision in 2022 (CRA) 4.8%
- Discharged with feedback from QA Panel 46%
- Discharged from process (i.e., standards being met) 46%
- Referred for Remediation 3.2%
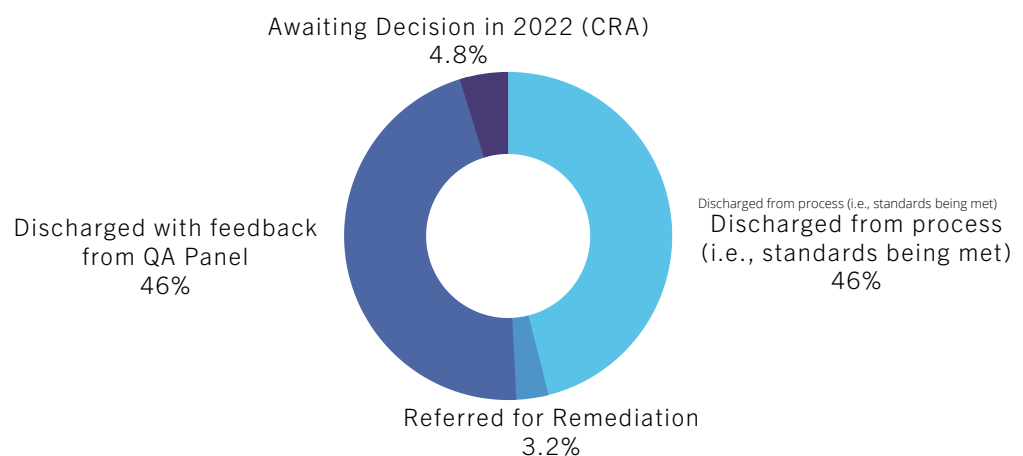
Continuing Education (CE)

2021 was the start of the new CE cycle which incorporated the modified CE policy that was approved last year. It included a shift of Category A and B lecture credits to Council on Optometric Practitioner Education (COPE)-approved credits, as well as an addition of 20 hours of flexible learning opportunities. These learning opportunities can include lectures, distance learning, or conferences, which increase the flexibility in the topics that suit the learning needs and practice of Ontario optometrists.

QA Redevelopment Project

We selected the vendors who will assist the College in the redevelopment of its QA program, specifically developing a new self-assessment component in compliance with the *Regulated Health Professions Act, 1991* (RHPA) and revising the practice assessment protocol to be more robust. This stems from Council's endorsement of several Quality Assurance Sub Committee (QASC) recommendations in 2019, including to:
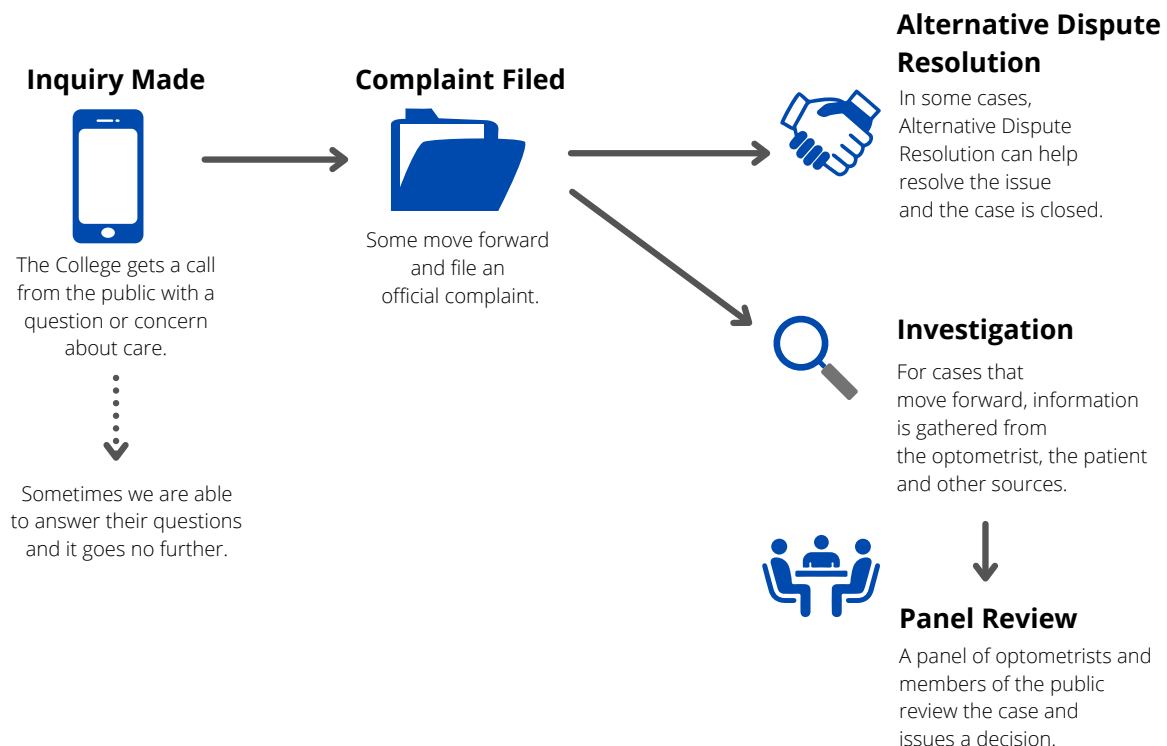
- Develop a self-assessment module;
- Revise the practice assessment protocol; and
- Hire a health education expert or audit expert to assist with the QA Program redevelopment.

Investigations and Discipline

The role of the College is to regulate the profession of optometry in the public interest. Quality Assurance helps optometrists maintain the standards that enables them to provide safe, ethical, and quality eye care. When a patient feels an optometrist has not provided adequate care, or has conducted themselves inappropriately, the patient informs the College and the Investigations department begins to investigate and respond to the issue in a timely and professional manner.

Complaints Process

Inquiry Made

The College gets a call from the public with a question or concern about care.

Sometimes we are able to answer their questions and it goes no further.

Complaint Filed

Some move forward and file an official complaint.

Alternative Dispute Resolution

In some cases, Alternative Dispute Resolution can help resolve the issue and the case is closed.

Investigation

For cases that move forward, information is gathered from the optometrist, the patient and other sources.

Panel Review

A panel of optometrists and members of the public review the case and issues a decision.

When a College receives a complaint from a member of the public, or a Registrar's Report is filed, we investigate the allegations and make decisions. The decisions can include: actions an optometrist must take to resolve the issue and improve their practice, move the case to the Discipline Committee for further investigations, or no further action is required.

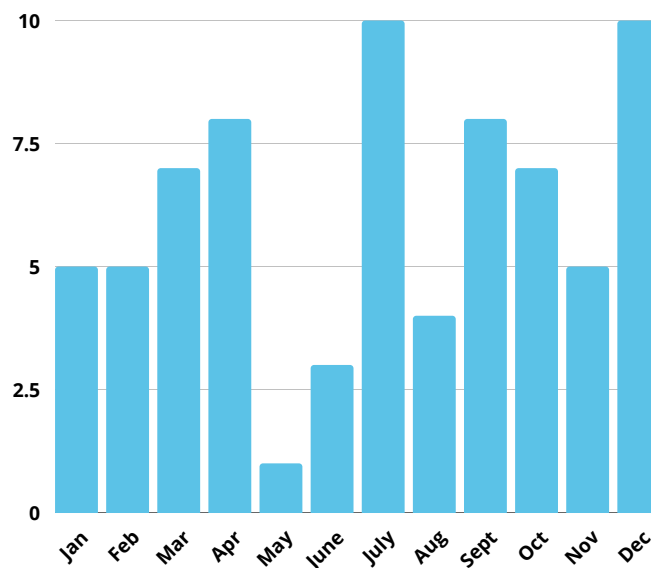# How Investigations Proceeded in 2021:

77 New Cases Filed
(73 complaints,
4 Registrar's Investigations initiated)

0 cases were resolved through Alternative Dispute Resolution

3 cases were withdrawn

56 cases were reviewed by ICRC in 2021
(includes cases filed in previous years)

46 Decisions Issued:

- No further action (22)
- Advice/Recommendation (20*)
- Remedial Agreement (3)
- Specified Continuing Education and Remedial Program (SCERP) (1)
- Referral to the Disicpline Committee (1)

*In one matter, the ICRC decided to issue Advice and Recommendation as well as offer the memeber a Remedial Agreement, which was subsequently entered into.

Remaining cases not yet reviewed carried over to 2022

Number of Complaints per Month

Top Complaints

Record Keeping
2%

Billing and Fees
13%

Other 0.9%

Intent to Mislead
including Fraud
0.9%

Professional Conduct &
Behaviour
35%

Communication
22%

Competence/Patient Care
26.1%
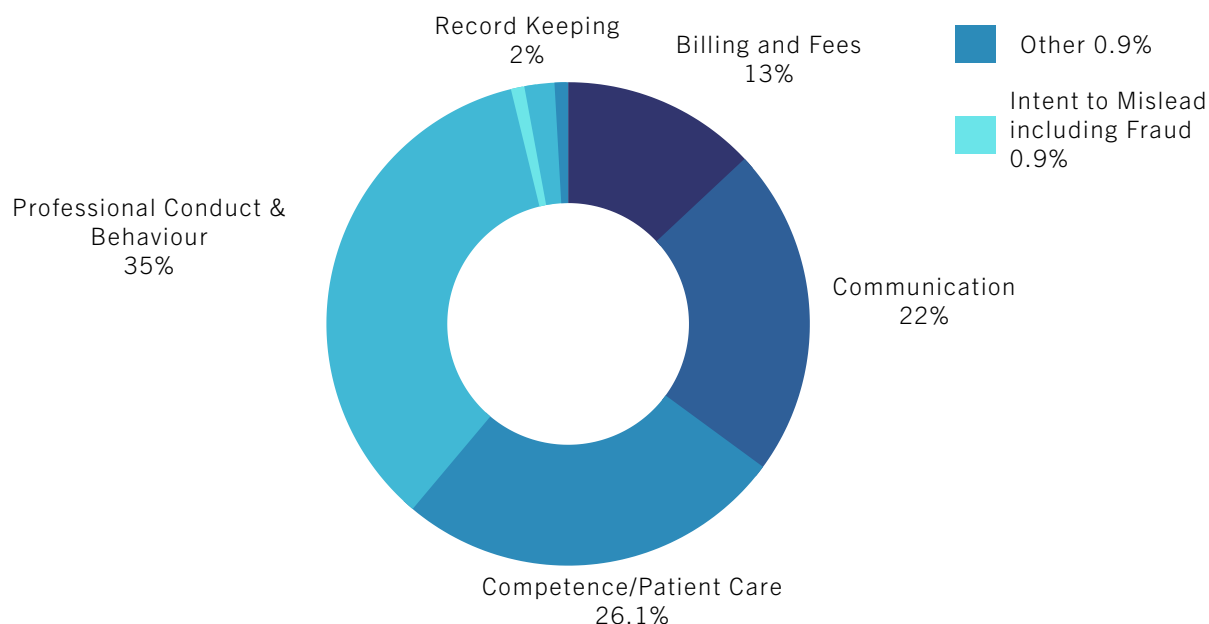
The majority of the complaints received in 2021 fell into two broad categories: Professional Conduct & Behaviour and Competence & Patient Care.

Professional Conduct & Behaviour includes allegations of unprofessionalism and unethical conduct, allegations of a failure to maintain the standards of practice of the profession, and breach of patient confidentiality.

Competence & Patient Care includes allegations of inadequate care, issues related to eyeglasses or contact lens prescriptions, failure to refer to a specialist, failure to diagnose/misdiagnose, failure to obtain informed consent, and allegations of unsafe practices."

Discipline

In 2021, the Discipline Committee held one discipline hearing into allegations of professional misconduct/incompetence.

Read the full decision on our website: Dr. Jon Barnes.

Finances

The College Council approved the audited financial statements for the fiscal year ending December 31, 2021, at the June 25, 2022, Council meeting. See the [full audited financial statements](#) on the College website.

Membership for 2021*

Retirements

Antonio Dipasquale	Reg. # 7824
George Bociurko	Reg. # 7402
Donna Bojeczko	Reg. # 8301
Albert Brisson	Reg. # 8501
John Capell	Reg. # 7403
Susan Capitelli	Reg. # 9008
Faye Crerar	Reg. # 9240
Allen Fruman	Reg. # 73010
Gina Gincauskas	Reg. # 8616
Kennth Hadley	Reg. # 7923
Timothy Hennig	Reg. # 8209
Millard Hoover	Reg. # 8210
Wayne King	Reg. # 7510
Susan Leat	Reg. # 9103
David Lennox	Reg. # 12025
Alice Lennox	Reg. # 12026
Mark Long	Reg. # 72724
George Mousa	Reg. # 8333
David Neff	Reg. # 7624
Steven Pilecki	Reg. # 8021
Ann Plotkin	Reg. # 8444
James Stoyan	Reg. # 7524
Richard Traczuk	Reg. # 7721
Nellie Van Ymeren	Reg. # 7619
Rick Wilson	Reg. # 7733

Revocations

Kyle Pae	Reg. # 9126
John Varga	Reg. # 0568

Suspensions

Corinne Bacher	Reg. # 17102
Sarah Cherian	Reg. # 20052
Bruce Dornn	Reg. # 18017
Saly Elias	Reg. # 20002
Murad Mohamed El-serafi	Reg. # 14002
Gregory Miller	Reg. # 68670
Michelle Jacqueline Nadeau	Reg. # 12037
Caroline Poirier	Reg. # 12028
Estelle Saunders	Reg. # 8653

Resignations

Zaynab Abdulhussain	Reg. # 0889
Mariam Al Kawally	Reg. # 21093
Mohammad Awad	Reg. # 20122
Cassandra Biro	Reg. # 19063
Ahlam Chaudhry	Reg. # 13001
Heather Chin	Reg. # 16076
Marianne Chow	Reg. # 7642
Nicolas Continisio	Reg. # 20072
Courtney Fan	Reg. # 18044
Christina Lee	Reg. # 7738
Adrian Mah	Reg. # 0436
Aqeela Naqvi	Reg. # 18141
Kimberly Rayner	Reg. # 0042
Simone Sitar	Reg. # 19082
Zoe Stein	Reg. # 20082
Nicole Stout	Reg. # 16037
Pavanjeet Ubhi	Reg. # 16064

Deaths

Harvey Warbucks	Reg. # 67663
Carolyn Jarrett	Reg. # 8134

Based on Registrar's Report Dec. 31, 2021

7 / MOTIONS

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

    b. Clinical Practice Panel
        i. Approve changes to OPR 6.1
        ii. Approve changes to Emergency and Intra-Professional Care (OPR 4.2, 4.5, 4.8, 6.8)

    c. Audit/Finance/Risk
        i. Approval of Finance Policy – Budgeting
        ii. Approval of Finance Policy – Procurement of Goods and Services

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

BRIEFING NOTE

Council Meeting – September 2022

Subject

New Process for Evaluating a Member's Clinical Ability under the Quality Assurance (QA) Program

Background

On January 28, 2022, the Vision Institute of Canada—the organization which previously conducted Practice Evaluations for the College—ceased operations.

Throughout 2022, the QA Panel has been discussing possible persons to appoint for the purpose of carrying out Practice Evaluations for the College, as per Section 28(1) of *O. Reg. 119/94: GENERAL* under the *Optometry Act, 1991*.

After much consideration, the QA Panel has decided that utilizing the practical portions of the already accepted entry-to-practice exams* would be an effective solution that was more standardized than the previous, more subjective evaluation. Any of the standardized exam reports would give Committees a good idea of a member's clinical ability in the key competency areas, and members would also be provided with greater choice in having 3 different exam options, and more exam dates, to pursue for this purpose.

*The Internationally Graduated Optometrist Evaluating Examination (IGOEE) Objective Structured Clinical Examination (OSCE), the Optometry Examining Board of Canada (OEBC) OSCE, and the National Board of Examiners in Optometry (NBEO) Part III Clinical Skills Examination (CSE) or any future practical exam that replaces the CSE.

Referrals for Practice Evaluations

An individual may be referred for a Practice Evaluation at the request of the QA Panel when a more in-depth review of their clinical ability is needed following a practice assessment, or in accordance with the *Registration Policy: Non-Practising Status* or *Practising Members with Insufficient Practice Hours Policy.*

Decision(s) for Council

To approve the College's use of the IGOEE OSCE, OEBC OSCE, and NBEO Part III CSE (or any future practical exam that replaces the CSE) for the purpose of evaluating a member's clinical ability under the QA Program.

Considerations

- Historically, very few members are referred for a Practice Evaluation each year (0-5). There are 2 individuals presently awaiting a Practice Evaluation in 2022.
- The College's Schedule of Fees and Penalties currently has a Quality Assurance Evaluation Fee of $3,176.00 +HST. With the proposed process, payment would change to be directly handled between the member and the exam organizations rather than via the College.

Supporting Materials

- Section 28 of *O. Reg. 119/94: GENERAL* under *Optometry Act, 1991*
- *Practising Members with Insufficient Practice Hours Policy*
- *Registration Policy: Non-Practising Status*
- IGOEE OSCE Information
- OEBC OSCE Information
- NBEO Part III CSE Information

Contact

- Shelby Sargo, Acting Manager, Quality Programs

EVALUATION OF MEMBER'S CLINICAL ABILITY

28. (1) If the Committee requires a member to undergo an evaluation of his or her clinical ability under clause 27 (7) (c), the Committee shall appoint a person or persons to carry out the evaluation. O. Reg. 250/99, s. 2.

(2) The evaluation may include,

(a) requiring the member to answer, orally or in writing, questions that relate to practising optometry;

(b) requiring the member to answer, orally or in writing, questions that arise from a review of real or simulated patient charts;

(c) requiring the member to examine persons or clinical simulations exhibiting problems that relate to practising optometry; and

(d) requiring the member to demonstrate the application of optometric techniques. O. Reg. 250/99, s. 2.

(3) The person or persons shall prepare a written report and submit it to the Committee. O. Reg. 250/99, s. 2.

(4) After receiving the report, the Committee shall provide a copy of the report to the member and notify the member in writing of the right to make written submissions provided under subsection (5). O. Reg. 250/99, s. 2.

(5) A member who receives a report under subsection (4) may make written submissions to the Committee within 14 days after receiving the report. O. Reg. 250/99, s. 2.

(6) After considering the evaluation report, the assessment report, other information the Committee considers relevant to the evaluation and the member's written submissions, if any, the Committee may decide,

(a) that the deficiencies in the member's practice were not the result of deficient clinical ability; or

(b) that the member has deficient clinical ability. O. Reg. 250/99, s. 2.

(7) If the Committee decides that the deficiencies in the member's practice are not the result of deficient clinical ability, it may,

(a) make written recommendations to the member on ways to correct the deficiencies in the member's practice and give the member an opportunity to correct them; or

(b) subject to section 29, require the member to successfully complete within the time specified by the Committee continuing education activities approved by the Committee to assist in the correction of deficiencies in the member's practice. O. Reg. 250/99, s. 2.

(8) If the Committee decides that the member has deficient clinical ability, it may,

(a) make written recommendations to the member on ways to correct the deficiencies and give him or her an opportunity to correct them; or

(b) subject to section 29, require the member to complete a remedial program approved by the Committee, within the time specified by the Committee; or

(c) subject to section 29 and subsection 30 (1), direct the Registrar to impose terms, conditions or limitations on the member's certificate of registration for a specified period not exceeding six months. O. Reg. 250/99, s. 2.

(9) If the Committee acts under clause (7) (a) or (8) (a) and the member has had an opportunity to correct the deficiencies, the Committee may require the member to undergo a reassessment of the practice, and subsections 27 (2), (3), (4), (5), (6) and (7) apply to the reassessment. O. Reg. 250/99, s. 2.

(10) At such time as it determines after the member has completed the continuing education activities required under clause (7) (b) or the remedial program required under clause (8) (b), the Committee may require the member to undergo a reassessment of the practice, and subsections 27 (2), (3), (4), (5), (6) and (7) apply to the reassessment. O. Reg. 250/99, s. 2.

(11) If the Committee takes action under subsection (8) and the member has had an opportunity to correct the deficiencies, completed or had the opportunity to complete a remedial program or had terms, conditions or limitations placed on his or her certificate of registration under this section, the Committee may require the member to undergo a re-evaluation, and the provisions of this section apply with necessary modifications to such a re-evaluation. O. Reg. 250/99, s. 2.

(12) The Committee may not require more than two reassessments under each of subsections (9) and (10) and more than one re-evaluation under subsection (11). O. Reg. 250/99, s. 2.

29. (1) The Committee shall not take action under clause 27 (7) (b) or (c), clause 28 (7) (b) or clause 28 (8) (b) or (c) unless it gives the member,

(a) written notice that, in the Committee's opinion, there are deficiencies in the member's practice or that the member has deficient clinical ability;

(b) a copy of all reports and other documents that the Committee considered in forming its opinion;

(c) at least 14 days after receiving the notice to make written submissions to the Committee; and

(d) if the member so requests in writing within 14 days after receiving the notice, an opportunity to confer with the Committee. O. Reg. 250/99, s. 2.

(2) After considering any submissions, whether written or oral, the Committee shall decide what action to take and, if it decides to take action under the provisions referred to in subsection (1), shall forward its written decision, with reasons, to the member. O. Reg. 250/99, s. 2.

Policy

Type:	Quality Assurance Program		
Name:	Practising Members with Insufficient Practice Hours		
Status:	Approved (Council)	Version:	1
Date Approved:	April 6, 2017	Date Revised:	

Purpose

The purpose of this policy is to establish a fair process for practising members who fail to provide at least 750 hours of direct optometric care to patients in Canada in every three-year period, while ensuring the delivery of the highest quality of eye care in the public interest.

Scope

This policy applies to all members of the College of Optometrists of Ontario (the "College").

Background

It is a condition of registration for both the general and academic classes of membership that a member 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 (Registration Regulation, s. 7). If a member holds an appointment at the University of Waterloo School of Optometry and Vision Science or other optometric educational facility in Ontario approved by the Council, the member may apply to the Registration Committee for an exemption from the practice hour requirement on the basis that the member's academic duties prevented the member from meeting the requirement.

If a member does not meet the practice hour requirement and has not been exempted from it, the Registrar must refer the member to the Quality Assurance Committee for a practice assessment (in accordance with the Registration and General Regulations). A practice assessment may include the inspection and assessment of records, an inspection of the member's office and a practice questionnaire. If the Quality Assurance Committee finds deficiencies in the member's practice, the Committee can make recommendations, require the member to complete continuing education activities or require the member to undergo a clinical evaluation. Following a clinical evaluation, the Quality Assurance Committee may require the member to complete a more comprehensive remedial program or impose terms, conditions and limitations on the member's certificate of registration (General Regulation, ss. 27-29).

The purpose of the practice hour requirement is to ensure that practising optometrists remain current and up-to-date in their ability to practice the profession safely and competently. The College recognizes

the importance to establish a process to follow when a practising member does not meet the practice hour requirement.

Policy

If a practising member fails to meet the practice hour requirement, the member will be referred to the Quality Assurance Committee for a practice assessment or practice evaluation, depending on the number of practice hours the member provided in the last three-year period.

Specifically:

1. If the member has provided less than 750 hours of direct optometric care to patients in Canada in the last three years the member will be required to successfully complete a practice assessment at their own cost.

2. If the member has not provided any hours of direct optometric care to patients in Canada in the last three years or is unable to complete a practice assessment, the member will be required to successfully complete a practice evaluation at their own cost and comply with any orders of the Quality Assurance Committee.

3. If the member has provided less than 750 hours or has not provided any hours of direct optometric care to patients in Canada in the last 3 years, the member may request to change their status to non-practising in accordance with the Non-Practising Status Policy.

The College strives to fulfill its duty to protect the public interest and to ensure consistency among all members (both practising and non-practising).

References to Relevant Legislation

Registration Regulation, O. Reg. 837/93 under the Optometry Act, 1991, S.O. 1991, c. 35: section 7
General Regulation, O. Reg. 119/94 under the Optometry Act, 1991, S.O. 1991, c. 35: sections 23-34

Policy

Type:	Registration Committee		
Name:	Non-Practising Status		
Status:	Approved (Council)	**Version:**	1
Date Approved:	January 20, 2016	**Date Revised:**	

Purpose

The purpose of this policy is to establish a fair process for members who are not practising in Ontario, but wish to maintain their registration with the College, while ensuring the delivery of the highest quality of eye care in the public interest.

Scope

This policy applies to all members of the College of Optometrists of Ontario (the "College").

Background

There are two classes of membership with the College: (1) general and (2) academic. The College does not have an inactive or non-practising class of membership.

It is a condition of registration for both the general and academic classes of membership that a member must provide at least 750 hours of direct optometric care to patients in Canada in every three-year period (Registration Regulation, s. 7). If a member holds an appointment at the School of Optometry of the University of Waterloo or other optometric educational facility in Ontario approved by the Council, the member may apply to the Registration Committee for an exemption from the practice hour requirement on the basis that the member's academic duties prevented the member from meeting the requirement. The Registration Regulation does not provide for any other exceptions to the practice hour requirement.

If a member does not meet the practice hour requirement and has not been exempted from it, the Registrar must refer the member to the Quality Assurance Committee for a practice assessment (in accordance with the Registration and General Regulations). A practice assessment may include the inspection and assessment of records, an inspection of the member's office and a practice questionnaire. If the Quality Assurance Committee finds deficiencies in the member's practice, the Committee can make recommendations, require the member to complete continuing education activities or require the member to undergo a clinical evaluation. Following a clinical evaluation, the Quality Assurance Committee may require the member to complete a more comprehensive remedial program or impose terms, conditions and limitations on the member's certificate of registration (General Regulation, ss. 27-29).

The purpose of the practice hour requirement is to ensure that practising optometrists remain current and up-to-date in their ability to practise the profession safely and competently. Nevertheless, the College recognizes that members may need or want to stop practising in Ontario for a variety of personal and professional reasons. Those members may not want to resign their membership with the College. Accordingly, the College has developed this policy to establish the process to follow when a member requests non-practising status with the College, as well as the steps that are required for a member with non-practising status to return to practise in Ontario.

Policy

What is Non-Practising Status?

As noted above, the College does not have a non-practising or inactive certificate of registration. Non-practising *status* is recognition that a person is still a member of the College but has agreed not to practise optometry in Ontario unless certain conditions are met. The member's entry on the College's public Register will state "Member Non-Practising".

Non-practising status is voluntary. However, if a member does not request non-practising status, that member will continue to be subject to all of the conditions of registration with the College, including the practice hour requirement.

Requesting Non-Practising Status

A member may change his or her status from practising to non-practising by signing and delivering an undertaking to the College in the form attached as Appendix A (updated). In order to obtain non-practising status, the member must agree to:

- not practise optometry in Ontario while the member has non-practising status;
- provide information to the College, renew his or her certificate annually and pay all fees required under the *Optometry Act*, the Regulations and the College's by-laws;
- fulfill the mandatory continuing education requirements of the Quality Assurance Program;
- have the fact of the undertaking posted on the College's public Register;
- if the member has not provided any direct optometric care to patients in Canada in the three years before the member's request to return to practise, complete a practice evaluation prior to returning to practise. The member will also have to comply with any orders of the Quality Assurance Committee arising out of the practice evaluation;
- if the member has provided some hours of direct optometric care, but less than 750, to patients in Canada in the three years before the member's request to return to practise, complete a practice assessment within six months of returning to practise.

Upon receipt of an acceptable undertaking, the College will change the member's status to non-practising, notify the member of the change in writing and update the public Register.

If a member does not sign an undertaking and does not resign, the member will remain subject to all of the conditions and obligations of membership with the College, including the practice hour requirement. In other words, if a member has not signed an undertaking and does not meet the practice hour

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requirement in a three-year period, that member will be referred to the Quality Assurance Committee for a practice assessment.

Returning to Practice Status from Non-Practising Status

A member may request to return to practising status in accordance with the terms of the undertaking he or she has provided to the College. The member must first complete a Return to Practise Form (including a declaration of hours of practice in the current year and statement of good standing), provide proof of liability insurance, and complete the Practice Location/Change of Information Form.

In accordance with the terms of the member's undertaking, the member may be required to complete a practice assessment or practice evaluation depending on the number of practice hours the member provided in the three years before his or her request to return to practise. Specifically:

- If the member has provided at least 750 hours of direct optometric care to patients in Canada in the three years before the member's request to return to practise, no further action is required.
- If the member has provided less than 750 hours of direct optometric care to patients in Canada in the three years before the member's request to return to practise, the member will be required to successfully complete a practice assessment within the first six months after returning to practise.
- If the member has not provided any hours of direct optometric care to patients in Canada in the three years before the member's request to return to practise, the member will be required to successfully complete a practice evaluation and comply with any orders of the Quality Assurance Committee prior to returning to practise.

Summary of Steps for Return to Practising Status:

Member met practice hour requirement in last 3 years	Member provided less than 750 hours of patient care in Canada in last 3 years	Member has not practised at all in Canada in last 3 years
1. Complete Return to Practise Form (including a declaration of hours of practice in the current year and statement of good standing)	1. Complete Return to Practise Form (including a declaration of hours of practice in the current year and statement of good standing)	1. Complete Return to Practise Form (including a declaration of hours of practice in the current year and statement of good standing)
2. Provide proof of liability insurance	2. Provide proof of liability insurance	2. Provide proof of liability insurance
3. Complete the Practice Location/Change of Information Form	3. Complete the Practice Location/Change of Information Form	3. Complete the Practice Location/Change of Information Form
	4. Participate in practice assessment within 6 months after returning to practise	4. Participate in practice evaluation under the Quality Assurance Committee and comply with any orders of the Quality Assurance Committee, prior to return to practise

The College strives to process Return to Practise applications in a timely manner. However, the College urges members to consult with the College prior to making any practice arrangements.

References to Relevant Legislation

Registration Regulation, O. Reg. 837/93 under the *Optometry Act, 1991*, S.O. 1991, c. 35: section 7

General Regulation, O. Reg. 119/94 under the *Optometry Act, 1991*, S.O. 1991, c. 35: sections 23-34

Performance Component - The In-Person OSCE

IGOEE examinees are being tested at the competency level of a recent Canadian optometric graduate who is ready to challenge the licensing examination.

The OSCE stations for this evaluating examination represent common workplace examples of the content areas. Examinees should manage each presenting case as they would in a real life practice setting. The exam consists of 12 standardized patient stations of either a 17 or 32 minute duration.

The OSCE assessment is divided into two parts:

1. Three 'long case' stations with standardized patients and examiner questions
2. Nine 'short case' stations with standardized patients and examiner questions

Role 1: Provide Comprehensive Eye and Vision Care —

Examinees will be assessed on their ability to meet their patients' eye and vision care needs with the objective of achieving appropriate outcomes and maintaining or improving their patients' quality of life.

Role 2: Collaborate —

Examinees will need to demonstrate their ability to work within an integrated healthcare system by collaborating with other health care professionals and service providers to facilitate the management of the overall health needs and to encourage the well-being of their patients.

The OSCE will assess the following: —

- Knowledge integration
- Clinical skills
- Behaviour
- Attitude
- Values

The OSCE stations will include content from the following areas: —

- Refractive errors and presbyopia
- Diabetes
- Binocular vision
- Retinal vascular disease
- Cataract glaucoma or glaucoma suspects
- Anterior segment disease
- Macular disease

- The blueprint for the IGOEE is consistent with the Optometry Examining Board of Canada's National Competency Profile for Entry-Level Optometry

https://touchstoneinstitute.ca/assessment/igoee/

OEBC OSCE Information

From *OEBC Candidate Instructions and Exam Guide, 2022*:

1. Overview of Exam

The exam will test candidates on the competencies in the *National Competency Profile for Entry-Level Optometry* through the OEBC Written Examination and OSCE.

The OEBC Written Examination is a one-day exam. It will use 62 cases to test candidates on the competencies in the *National Competency Profile for Entry-Level Optometry*.

The OSCE is a practical exam. OSCE stands for Objective Structured Clinical Examination. The OSCE uses 12 stations to test candidates on the competencies in the *National Competency Profile for Entry-Level Optometry*.

https://oebc.ca/wp-content/uploads/2022/07/Candidate-Guide-Exam-Admin-PoliciesProcedures-_-EN-July-2022.pdf

From *OEBC Exam Study Guide, 2022*, pages 11-12:

OSCE

Until 2017, the clinical portion of the OEBC exam, much like Part III of the NBEO exam, focused on the physical performance of the skills that comprise an eye exam. However, the exam evolves as the profession changes. For example, based on stakeholders' feedback and to remain current with contemporary optometry practice, the OSCE shifted away from motor skills to a patient-centric approach that requires you to construct the appropriate response to the scenario provided.

An OSCE is a collection of standardized practice tasks. In an OSCE, candidates move every ten minutes from station to station (2 minutes to read the case, 8 minutes to perform the assigned task), encountering a new clinical scenario in each station. There is a reminder when there are two minutes left of the station. Set a timer when you are practicing for the exam. Efficiency is in both your interest and the patient's interest.

An OSCE uses Standardized Patients (SPs) as clients. An SP is trained to consistently present signs, symptoms, and behaviours, where the candidate:
  • Obtains a patient history
  • Communicates a procedure, diagnosis and information
  • Develops and communicates a treatment and management plan

OEBC expects candidates to demonstrate their assessment, management, communication, and professionalism competencies. Therefore, stations may focus on one or more of these tasks and abilities.

The exam focuses on analyzing and synthesizing clinical data and incorporating it into patient management decisions. Three stations are integrated skill assessments. First, a candidate explains the procedure to a patient, then performs measurements on a model. Then, the examiner provides the candidate with hypothetical results, and the candidate advises the patient of the management plan. The scenarios relate to gonioscopy, tonometry, biomicroscopy, dilated biomicroscopy and binocular indirect ophthalmoscopy (BIO).

The purpose of this component of the exam is to discern if candidates are competent to enter the safe and effective, independent practice of optometry. Therefore, the exam's emphasis requires an active understanding of the material (i.e., to navigate your way to the answer).

https://oebc.ca/wp-content/uploads/2022/03/Study-Guide-2022-edit-v.2.1-ENG-FINAL-2022.pdf

From *Exam Blueprint 2022*, page 17-18:

Appendix A - Topic Matrix

In addition to selecting exam content based on the domains outlined above, a topic matrix ensures that essential topics are covered appropriately on each exam component. OSCE cases may integrate multiple topics.

Table 2 - Exam Topic Matrix Targets

Topics	Written	OSCE
1. Refractive	19%	14%
2. Accommodative	5%	7%
3. Oculomotor	12%	14%
4. Sensory Integrative	12%	7%
5. Ocular Disorders	35%	56%
6. Systemic Disorders	17%	7%
7. Other		up to 14%
Target Range	**± 3%**	**± 7%**

Notes
1. Integrated Technical Skills assessment within an OSCE station includes a patient interaction and technical measurement, e.g., tonometry, gonioscopy, retinoscopy, BIO

Sub-Topics

1. Refractive
1.0 General
1.1 Optics
  1.1.1 Dioptric Defects
1.2 Myopia
1.3 Hyperopia
1.4 Astigmatism
1.5 Surgery/Orthokeratology
1.6 Keratoconus
1.7 Low Vision

2. Accommodative
2.1 Presbyopia
2.2 Insufficiency
2.3 Infacility
2.4 Spasm

3. Oculomotor
3.1 Ocular Motility
3.2 Strabismus
  3.2.1 Esotropia
  3.2.2 Excess
3.3 Convergence
3.4 Divergence
3.5 Hyperphoria/ Alternating Vertical
3.6 Extraocular movement Palsy
  3.6.1 6th Nerve Palsy
3.7 Nystagmus
  3.7.1 Albinism

4. Sensory Integrative
4.0 General
4.1 Light Sensation
4.2 Perception
  4.2.1 Motion
  4.2.2 Form/Motion
  4.2.3 Form/Motion/Temporal
  4.2.4 Form/Motion/Aging
  4.2.5 Space/Form/Motion
4.3 Amblyopia
4.4 Adapt/ Aniseikonia
4.5 Near Vision Path/CVA/visual field
4.6 Headache
4.7 Colour Vision
4.8 Directions of Gaze: Superior/Eccentric/Fixation/Arcuate
  4.8.1 Monofixation

5. Ocular Disorders
5.1 Optic Nerve
  5.1.1 Glaucoma
  5.1.2 Optic Neuritis
  5.1.3 Papilledema
  5.1.4 Toxic Optic Neuropathy
5.2 Posterior Pole Atrophy
  5.2.1 Coats Disease
  5.2.2 Drusen
  5.2.3 Macular degeneration
  5.2.4 Albinism
  5.2.5 Retinitis Pigmentosa
  5.2.6 Retinal Pigment Epithelial Detachment
5.3 Conjunctiva
  5.3.1 Pterygium
5.4 Cornea
  5.4.1 Abrasion
  5.4.2 Keratitis
  5.4.3 Pterygium
5.5 Anterior Chamber /Angle/Intraocular Pressure
  5.5.1 Glaucoma
5.6 Lens
  5.6.1 Cataract
5.7 Pupils
5.8 Lacrimal
  5.8.1 Lacrimal Duct
5.9 Anterior Uvea
  5.9.1 Albinism
  5.9.2 Uveitis
5.10 Peripheral Vision / Full Vision
  5.10.1 Atrophy
  5.10.2 Retinitis Pigmentosa
5.11 Sclera/Episclera
5.12 Adnexa/Orbit/Extraocular Muscles

OEBC Exam Blueprint

6. Systemic Disorders
6.0 General
6.1 Circulation
  6.1.1 Hypertension
  6.1.2 Atherosclerosis
  6.1.3 Carotid Artery
  6.1.4 Central Retinal Vein Occlusion
  6.1.5 Other
6.3 Brain/Nerve
6.6 Endocrine
  6.6.1 Diabetes
  6.6.2 Metabolic S
  6.6.3 Thyroid
  6.6.4 Pituitary

6.7 Immune
  6.7.1 Lupus
  6.7.2 Temporal Artery
  6.7.3 Ankylosing spondylitis
  6.7.4 Myasthenia Gravis
  6.7.5 Multiple Sclerosis
  6.7.5 Acquired Retinoschisis
  6.7.5 Sarcoidosis
  6.7.5 Sjogren
6.8 Urinary
6.9 Respiration
6.14 Infectious
6.15 Congenital/ Hereditary
  6.15.1 Down Syndrome
6.16 Oncology

7. Other
7.1 Ethics
7.2 Contact Lens
7.3 Adaptation to glasses
7.4 Radiation
7.4 Kidney

8. Integrated Technical Skills
8.1 Tonometry
8.2 Gonioscopy
8.3 Retinoscopy
8.4 Slit Lamp Fundus Biomicroscopy
8.5 Binocular Indirect
   Ophthalmoscopy (BIO)

https://oebc.ca/wp-content/uploads/2022/04/OEBC-Exam-Blueprint-2022.pdf

https://oebc.ca/taking-the-exam/preparing-for-the-exam/

NBEO Part III CSE Information

From *Clinical Skills Examination (CSE) Candidate Guide, 2022*, pages 2-4:

The Part III - Clinical Skills Examination (CSE) is a practical exam comprised of 19 clinical skills, assessed during a 3.75-hour session involving actual patients. Described in this document are the clinical assessments that are to be performed at each of the four stations. The candidate instructions included at the end of this document will be posted in the appropriate exam rooms for review during the examination.

All four stations will be audio and video recorded for review during the scoring process by either an in-house or remote examiner. Four examiners and four SPs will contribute to each candidate's CSE score.

The evaluation forms, candidate guide, equipment list, and other helpful resources are available on our website at https://www.optometry.org/exams/part_III.

Candidates are expected to thoroughly review this manual in preparation for the Part III exam. This manual contains all relevant information a candidate needs to adequately prepare for the clinical skills exam.

Candidates should be aware that the majority of the information in this manual will not be reviewed again during the candidate orientation process.

OVERVIEW OF TERMS

- **Candidate:** An individual taking the clinical skills exam.
- **Candidate Performance:** When the candidate is actually performing the procedures/skills.
- **Evaluation Form:** The yes-no checklist an examiner uses to evaluate the candidate.
- **Examination Cycle:** Stations 1, 2, and 3 have 30-minute time allocations and Station 4 has a 15-minute time allocation.
- **Finished:** When a candidate has completed their performance and will no longer be scored on any exam items.
- **In-House Examiner (IHE):** The on-site examiner in Station 2 responsible for both scoring the candidate's performance and also for ensuring standardized patient safety.
- **Item:** A numbered procedural element within each skill.
- **NBEO:** National Board of Examiners in Optometry®
- **NCCTO®:** National Center of Clinical Testing in Optometry
- **NCCTO Staff:** The personnel responsible for executing the exam and serving as a candidate advocate and liaison to the NBEO. Referred to as "staff" throughout this guide.
- **Observation Time:** The time between cycles where candidates can familiarize themselves with the stations.
- **Procedure:** Each skill is considered one procedure except Skills 3, 4, and 16 which are segmented into multiple procedures.
- **Proctor:** The individual who will confirm views in Station 4.
- **Remote Examiner (RE):** The individual trained for scoring the candidate's performance remotely.
- **Repeat:** When a candidate wishes to repeat a skill or item.
- **Session:** A complete 4-station, 19-skills exam.
- **Skill:** 1 of the 19 tests performed in CSE.

https://www.optometry.org/exams/part_III

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- **Standardized Patient (SP):** The individual trained to serve as a patient and interact in a neutral manner with the candidate during the examination process. Referred to as "SP" throughout this guide.
- **Station:** An exam room in which required skills will be assessed during a delineated time period; CSE has four stations.
- **STOP:** When a candidate's performance is stopped for either safety purposes or because they have used all available attempts to complete a skill.

SKILLS BY STATION

The following are required skills to be completed, broken down by station.

Station 1
30-Minute Examination Time

1. Case History / Patient Communication

2. Patient Education

3. Near Cover Test & Near Point of Convergence

4. Binocular Extraocular Muscle Motility & Binocular Horizontal Saccadic Eye Movement Evaluation

5. Static Peripheral Confrontation Visual Fields

6. Pupil Testing

7. Blood Pressure Measurement

8. Ophthalmic Lens Evaluation

Station 2
30-Minute Examination Time

9. Biomicroscopy

10. Goldmann Applanation Tonometry

11. 3-Mirror Gonioscopy

12. Collagen Implant Insertion & Removal

13. Soft & GP Contact Lens Insertion, Evaluation, and Removal

Station 3
30-Minute Examination Time

14. Retinoscopy

15. Distance Subjective Refraction

16. Heterophoria and Vergence Testing at Distance

17. Accommodation Testing

Station 4
15-Minute Examination Time

18. Binocular Indirect Ophthalmoscopy

19. Dilated Biomicroscopy & Non-Contact Fundus Lens Evaluation

EXAM PREPARATION

PREPARATION

In addition to reviewing this candidate guide, the following information should be reviewed by candidates in preparing for their clinical exam:

- Evaluation Forms

    - The evaluation forms contain the items examiners use to assess candidate performance. The exam items are in the form of a yes-no checklist. Items must be completed **in their entirety** to receive credit.

- Candidate Orientation Video
- CSE Site Information & Equipment List
- Information regarding travel to Charlotte, hotels, etc.
- COVID-19 policy and procedure changes

These resources can be found at https://www.optometry.org/exams/part_III.

EQUIPMENT

- All necessary equipment used during the exam will be provided by the NCCTO.
- Candidates may **only** bring their own retinoscope to use in lieu of the one provided.

    - Only retinoscopes and extra handles are allowed in the examination room.

https://www.optometry.org/media/documents/part3/2023/CSE_Candidate_Guide_2023.pdf

https://www.optometry.org/exams/part_III

BRIEFING NOTE

Council Meeting – August 2022

Subject

Update: OPR 6.1 Anterior Segment Examination

Background

The Quality Assurance Panel has noticed that QA Assessors are often marking omissions for question 4 of the SRA, "Were the tissues of the anterior segment examined? (OPR 6.1)," and question 2.2 of the CRA, "Were the following examined when indicated by the OPR… The tissues of the anterior segment?" as a result of sclera being mandatory to assess—and therefore, document—as part of a complete anterior segment examination as per OPR 6.1. However, the Panel notes that rarely is this structure specifically assessed and recorded in asymptomatic patients.

The QA Panel proposed that the Professional Standard under OPR 6.1 Anterior Segment Examination be amended so that sclera need be assessed only when clinically indicated. This will eliminate the erroneous omissions the QA Panel is seeing among practice assessment reports and provide a more accurate picture of members' performance on the SRA and/or CRA.

The Clinical Practice Panel amended OPR 6.1 to group conjunctiva / sclera together; thereby preventing a member from having an erroneous omission for not recording scleral findings.

Decision(s) for Council

To approve the additions to OPR 6.1

Considerations

- Omissions in the SRA due to missing description of the scleral may lead to a surplus of unnecessary referrals to CRA.

Next Steps

- Update the OPR with approved amendment

Contact

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

6. General Procedures

6.1 Anterior Segment Examination

Description

The anterior segment can be considered as the front third of the eye, encompassing the structures in front of (that is, anterior to) the vitreous humour, including, the lids and lashes, conjunctiva and sclera, cornea, anterior chamber, iris, and crystalline lens. The anterior segment examination consists of a thorough assessment of these structures to facilitate the diagnosis of diseases, disorders and dysfunctions of the eye and vision system. Information obtained from an anterior segment examination is part of the *required clinical information* **(OPR 4.2)**.

Regulatory Standard

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

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

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

13. Recommending or providing unnecessary diagnostic or treatment services.

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

Professional Standard

Optometrists must be proficient in and equipped for examining the anterior segment. The equipment customarily used for the assessment is the slit-lamp biomicroscope.

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

lids and lashes / adnexa;
conjunctiva / sclera;

cornea/ tear film (and corneal thickness when indicated);
anterior chamber and angle;
iris; and
crystalline lens.

All patients will receive an anterior segment examination as a part of initial and ongoing optometric care. Emphasis is given to the evaluation of the anterior chamber angle prior to pupillary dilation and in patients with diagnosed or suspected glaucoma. The optometrist's decision regarding the frequency and extent of the examination and the specific techniques utilized will be influenced by a patient's signs, symptoms and risk factors.

An anterior segment examination is an essential component of all *contact lens assessments* **(OPR 6.5)**.

BRIEFING NOTE

Council Meeting – August 2022

Subject

OPR Updates: Emergency and Intra-Professional Care (OPR 4.2, 4.5, 4.8, 6.8)

Background

The Executive Committee has asked the Panel to review the OPR to address transfer of care in emergency examinations and intra-professional care.

In emergency situations, it may be impractical to obtain all clinical information as outlined in OPR 4.2. The OPR should address follow-up care by the optometrist by either scheduling a future appointment to obtain additional clinical information or transferring care back to the patient's primary optometrist.

In addition, the OPR should outline the roles and responsibilities of the primary or referring optometrists as well as the consulting optometrists, including but not limited to dry eye therapy, binocular vision, and myopia management during intra-professional collaborative care.

The Panel updated the following OPR sections: 4.2 Required Clinical Information, 4.5 Referrals and 4.8 Collaboration and Shared Care. To ensure consistency with referrals for imaging and visual fields; the Panel also reviewed OPR 6.8 Visual Fields Assessment. Final revisions to OPR 6.2 Posterior Segment Evaluation are pending further review.

Decision(s) for Council

To approve the additions to OPR 4.2, 4.5, 4.8, 6.8

Considerations

- Primary care optometrists may refer to other optometry offices in situations where they do not have specialized equipment or training.
- It is in the best interest of the patient to be aware of the role and responsibilities of each optometrist that provides care during shared/intra-professional care.

Supporting Materials

- Updated OPR 4.2 Required Clinical Information
- Updated OPR 4.5 Referrals
- Updated OPR 4.8 Collaboration and Shared Care
- Updated OPR 6.8 Visual Field Assessment

Next Steps

- Update the OPR with approved amendments

COLLEGE OF
OPTOMETRISTS
OF ONTARIO

Contact

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

4.2 Required Clinical Information

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

Regulatory Standard

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

2. Exceeding the scope of practice of the profession.

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

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

13. Recommending or providing unnecessary diagnostic or treatment services.

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

Professional Standard

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

- the chief concern or request(s);
- a review of ocular or visual symptoms or experiences;
- a general health history, with emphasis on eyes and vision, including medications used and applicable family history;
- the occupational and avocational visual environment and demands;
- the measurement and description of their ophthalmic appliances including purpose and effectiveness; and
- the results of the observation, examination or measurement of:

- apparent and relevant physical, emotional and mental status;
- the external eye and adnexa;
- pupillary function;
- the *anterior segment* (OPR 6.1) and, when indicated, corneal thickness;
- ocular media;
- the *posterior segment* (OPR 6.2);
- intraocular pressure in adults and, when indicated, in children;
- presenting monocular visual acuities at distance;

- presenting visual acuity at near, monocularly when clinically indicated;
- refractive status and best-corrected monocular visual acuity at distance;
- accommodative function, when clinically indicated and for school-age children;
- oculomotor status and, when indicated, fusional reserves;
- other sensory functions, when indicated, such as visual fields, colour vision, stereoacuity, sensory fusion and contrast sensitivity.

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

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

In emergency or urgent situations, it may be impractical to obtain all clinical information at the first visit. In such cases, specific assessment is appropriate. The practitioner may advise the patient to seek a full comprehensive eye exam within a reasonable time frame or send a report to their primary optometrist for continuation of care (OPR 4.6) .

The full complement of required clinical information may not be necessary when providing specific assessments or consultation services for referring optometrists, physicians or nurse practitioners. The same applies to patients who have not been directly referred but are already under the established care of another optometrist or ophthalmologist. In such cases, optometrists will determine what is clinically necessary based on the reason for presentation (OPR 4.8)

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

4. General Clinical Matters
First Published: September 2007

Revised: April 2012
April 2014
June 2014
January 2018
June 2018
April 2020
July 2022

4.5 Referrals

Description

A referral is a request for consultation and/or the provision of treatment made to another regulated health professional when a patient requires care that exceeds the optometrist's scope of practice or ability.

Regulatory Standard

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

2. Exceeding the scope of practice of the profession.

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

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

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

13. Recommending or providing unnecessary diagnostic or treatment services.

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

Professional Standard

Optometrists must be proficient in determining the necessity of appropriate referral for care. Their decisions, about the urgency and choice of consultant are influenced by the ocular and/or systemic conditions and risk factors of

patients, the community in which optometrists practise and the availability of appropriate consultation.

Once the decision has been made to make a referral, appropriate documentation in the patient's *health record* (OPR 5.1) is necessary, including:

- confirmation of when the referral was requested (e.g. fax information or written documentation of telephone conversation);
- appointment date, time, and consultant;
- confirmation with the patient of the appointment time and location; and • a copy of the pertinent clinical information forwarded to the consultant.

Timeliness of Referral

Acute conditions that pose an immediate threat to the health and/or vision of the patient require a prompt referral. Examples of these conditions include, but are not limited to:

- acute glaucoma;
- retinal detachment;
- papilledema;
- wet AMD
- central corneal ulcer;
- sudden, ~~unexplained~~ vision loss~~; or~~
- vision-threatening trauma
- acute vision or life-threatening neuro-ophthalmic disorders(for example aneurysm, stroke, giant cell arteritis)

If the patient is placed at risk because the referral appointment is not available within an appropriate amount of time, optometrists are

4

required to advocate on their patient's behalf to attempt to arrange a more timely appointment. Otherwise, optometrists may need to seek an alternative source of care such as a hospital emergency department.

4.8 Collaboration and Shared Care

Description

The term "collaboration" has arisen to describe sharing of care between professionals. Such shared care is usually complementary. It has become apparent that professionals who provide complementary health care services to patients often will find ways to work together to co-manage/share care of patients. This is often beneficial to patients as it may allow better accessibility to the health care system, lower costs to the system and patients and allow more specialized practitioners to devote more time to their area of expertise.

Optometrists collaborate with many health care professionals including other optometrists, ophthalmologists, family physicians, other medical practitioners, nurse practitioners and opticians. This document describes the characteristics and conditions of collaboration as they apply to the profession of optometry.

History

Optometrists have the regulatory obligation to refer patients to an appropriate regulated health professional (RHP) when the patient's condition and/or treatment is beyond the scope of practice of the optometrist. This has usually resulted in referral to family physicians or ophthalmologists to institute medical and/ or surgical care. Various shared care relationships have developed in this regard including *glaucoma* management **(OPR 7.2)**, *cataract* surgery **(OPR 7.3)** and *refractive surgery* **(OPR 7.8).** Although these relationships are common, formal arrangements are usually not developed.

The Health Professions Regulatory Advisory Counsel (HPRAC) made recommendations in its New Directions report (2006) that optometrists and physicians develop formal collaborative relationships with opticians regarding the latter professional group providing refractive data to assist in the development of a *prescription* **(OPR 6.3)** for vision correction. HPRAC also recommended that optometrists

and ophthalmologists develop collaborative relationships with regards to the management of *glaucoma* patients. **(OPR 7.2)**

Regulatory Standards

Controlled Acts

The *Regulated Health Professions Act* (RPHA) identifies 14 controlled acts that may only be performed by members of certain regulated health professions. Optometrists are authorized by the *Optometry Act* to perform 4 of the 14 controlled acts, as follows:

- communicating a diagnosis identifying as the cause of a person's symptoms, a disorder of refraction, a sensory or oculomotor disorder of the eye or vision system, or a prescribed disease;
- applying a prescribed form of energy;

  prescribing or dispensing, for vision or eye problems, subnormal

  vision devices, contact lenses or eye glasses; and

  - prescribing a drug designated in the regulation.

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

2. Exceeding the scope of practice of the profession.

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

7. Engaging in the practice of the profession while in a conflict of interest as described in Part II.

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

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

13. Recommending or providing unnecessary diagnostic or treatment services.

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

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

16. Performing a controlled act that the member is not authorized to perform.

17. Permitting, counselling or assisting a person who is under the supervision of a member to perform an act in contravention of the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.

18. Permitting, counselling or assisting any person who is not a member to perform a controlled act which should be performed by a member

Professional Standard

When an optometrist establishes a collaborative relationship with another RHP, that relationship must be in the best interests of the patient. A formal collaborative relationship will:

- have a verifiable agreement between collaborating professionals which outlines the various responsibilities, accountabilities and exchange of appropriate information for each person;
- ensure that patients fully understand the roles and responsibilities of the professionals involved and any associated fees;
- ensure that patients understand their options for care;
- have a mechanism for conflict resolution amongst all parties; and
- ensure the collaborating professionals adhere to any applicable standards of practice and conflict of interest regulations for each profession.

Intra-professional Collaborative Practice Among Optometrists:

An optometrist may refer to another optometrist for specific assessment and treatment, for example, dry eye therapy, binocular vision therapy, myopia management, low vision assessment, imaging, visual fields.

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

The optometrist who accepts the requisition must communicate to the patient the nature of their role, including which elements of care they are responsible for and the anticipated duration of care. The optometrist must maintain a patient health record including the requisition information and results. Any new symptoms or concerns should be referred back to the primary optometrist as they are responsible for the components of a comprehensive eye examination.

6.8 Visual Field Assessment

Description

Assessment of the field of vision is an essential part of evaluation of the oculovisual system. Assessment strategies used may be either screening or detailed (threshold) in nature, utilizing manual or computerized instruments and can assess patients' central and/or peripheral field of vision. Visual field assessment is used in the diagnosis and monitoring of conditions of the eye and vision system including, but not limited to, glaucoma, neurological and retinal disease, and to fulfil third party reporting requirements. Information obtained from visual field assessment and analysis is part of the patient health record **(OPR 5.1)** and must be retained.

Regulatory Standard

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

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

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

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

13. Recommending or providing unnecessary diagnostic or treatment services.

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

Professional Standard

The required clinical information (OPR 4.2) includes the results and analysis of visual field assessment when indicated by patient signs, symptoms or history. The nature of the signs, symptoms or history will determine the test strategy used and the frequency of re-assessment.

Indications for visual field assessment include, but are not limited to:

- assessment of visual disability
- assessment of patients' ability to operate a motor vehicle
- unexplained headaches
- unexplained photopsia or other visual disturbances
- use of medications with potential ~~neuro-ophthalmic or retinal toxicity~~ retinal or neurological toxicity
- eyelid or anterior segment anomalies that may affect the visual field

- some retinal diseases and abnormalities
- glaucoma or risk factors for glaucoma
- diseases of the optic nerve and visual pathway
- neurological disease

Visual field screening provides a rapid assessment of the sensitivity and/or extent of the visual field to determine if a more detailed evaluation of the visual field is required. Screening strategies include, but are not limited to:

- confrontation methods
- ~~msler~~ Amsler grid
- tangent screen and arc perimeter methods
- automated techniques specifically designed for screening

When a more detailed evaluation is required, it is appropriate to utilize techniques including but not limited to:

- Goldmann perimetry (kinetic and/or static)
- automated threshold perimetry

If optometrists do not have the required instrumentation, arrangements must be in place whereby the appropriate testing will be performed elsewhere in a timely fashion, for guidance see OPR 4.8 Collaboration and Shared Care

Last Reviewed: August 2022

First Published: June 2007

Revised: June 2014 January 2019 August 2022

BRIEFING NOTE
Audit/Finance/Risk Committee – September 2022

Subject

Draft Finance Policies
1. Budgeting
2. Procurement of Goods and Services

Background

The financial policies clarify the roles, authority, and responsibilities for essential financial management activities and decisions.

1. Budgeting

The operational Finance Policy - Budgeting outlines an efficient way of financial planning process which includes reviewing estimates with actual results, identifying financing requirements, coordinating future activities and setting realistic targets in line with the College's strategic priorities.

2. Procurement

The process of acquiring goods and services is identified as being fundamental to the College's efficient operations and often represents significant legal and financial commitments. As such, the draft Finance Policy for Procurement of Goods and Services was developed to provide guidelines in purchasing decision process.

Discussion and Considerations

To ensure that the financial guidelines provide a foundation for making financial decisions, reflect sound internal controls and practices, and align with the overall goals of the organization

Decision(s) for Council

To approve and adopt the finance policies for (i) Budgeting and (ii) Procurement of Goods and Services

Supporting Materials

- Draft Finance Policy – Budgeting
- Draft Finance Policy – Procurement of Goods and Services

Contact

- Deborrah Anne Lim, Manager – Finance and Office Administration

65 St. Clair Avenue East
Suite 900
Toronto, ON M4T 2Y3
T: 416.479.9295
TF: 1.833.402.4819
F: 647. 577. 4271
collegeoptom.on.ca

COLLEGE OF OPTOMETRISTS OF ONTARIO

POLICY

Type:	FINANCE		
Name:	BUDGETING		
Status:	Draft	Version:	1.0
Date Approved:		Date Revised:	

A. PURPOSE

The purpose of this policy is to establish guidelines for annual budgeting process, review, and approval.

B. POLICY STATEMENT

The policy of the College is to ensure that the budget planning and scheduling are properly coordinated with the Council, Audit/Finance/Risk Committee, and the College Senior Management Team (Staff), in line with the overall strategic objectives for the financial year.

The College's fiscal year runs from January 1 to December 31.

C. PROCESS

The development of annual budget is initially staff's responsibility, then the Audit/Finance/Risk Committee members review the proposed budget, and the Council adopts the budget at a full Council meeting. The approved budget then serves as a guide for financial activity in the months ahead.

1. **Determine timeline**
   - Set target date for Council approval (normally in December each year)
   - Set target date for Audit/Finance/Risk Committee review and recommendation to Council for approval (approximately 6 weeks before the Council meeting)
   - Staff should typically begin the budgeting process at least three months before the scheduled Council meeting in December

2. **Budget approach**
   The Finance Manager provides a spreadsheet with year-to-date financial results to assist the Senior Management Team plan within their portfolio.
   - Review current year income and expense compared to budget
   - Forecast to the end of the year and analyze variances
   - Agree on annual goals from strategic plan and set financial plans
   - Staff will determine expenses to reach strategic goals within their portfolio
   - Staff project income based on current revenue activities
   - Validate any assumption or uncertainty included on income and expense projections

65 St. Clair Avenue East
Suite 900
Toronto, ON M4T 2Y3
T: 416.479.9295
TF: 1.833.402.4819
F: 647. 577. 4271
collegeoptom.on.ca

- Capital projects will be included and approved 'in principle' in the annual budget proposal. However, before any expenditure is incurred, all capital purchase must be backed-up by valid quotations and vendor agreement signed by the Registrar.

3. Review draft budget
- Verify that the draft meets organizational goals
- Review and discuss assumptions
- Adjust based on goals and capacity to match income and expenses
- Review final draft for all strategic objectives including any changes in restricted funds

4. Approve budget
- Present the draft annual budget to Audit/Finance/Risk Committee for review and recommendation to Council
- Present the draft annual budget, and proposed amount of reserve funds to the Council for approval

5. Document budget decisions
- Create a consolidated budget file, with all assumptions
- Record the amount of reserve funds approved for the year

6. Implement budget
- Incorporate approved budget into accounting system
- Monitor and respond to changes during the year, as needed

D. REPORTING AND MONITORING
The Audit/Finance/Risk Committee will periodically review budget against actual cash flow and expenses and ensure that Council is informed of the College's financial situation.

Any substantial variations to the budget (>$25,000) must be presented to the Audit / Finance Risk Committee for consideration, and Council for approval.

E. REVIEW OF POLICY
Changes to this policy are subject to the direction of Council upon endorsement of the Audit / Finance / Risk Committee.

F. RELATED DOCUMENTS
Finance Policy – Reserve Funds
Finance Policy - Procurement
College's Strategic Plans

65 St. Clair Avenue East
Suite 900
Toronto, ON M4T 2Y3
T: 416.479.9295
TF: 1.833.402.4819
F: 647. 577. 4271
collegeoptom.on.ca

POLICY

Type:	FINANCE		
Name:	PROCUREMENT OF GOODS AND SERVICES		
Status:	Draft	Version:	1.0
Date Approved:		Date Revised:	

A. PURPOSE

The purpose of this policy is to establish guidelines for the procurement of goods and services that are consistent with the needs of the College.

B. POLICY STATEMENT

The procurement of goods and services is required to be conducted in an ethical, competitive, fair, and transparent manner, ensuring the College meet or exceed the required specification, quality, and availability of the goods and/or services at the time of purchase. Competitive bids will be solicited whenever possible, in line with the purchasing limits outlined in this document.

The objectives of this policy are:
- To ensure accountability for the spending of the College funds
- To apply best practice in all procurement activities
- To procure goods and services that are 'fit for purpose', represent value for money, whilst being socially responsible
- To ensure probity in the procurement process

C. PROCESS

1. Initiation of procurement
- Senior Management staff have authority to order goods and services on behalf of the College, within their budget allocations and in accordance with this policy
- The Registrar and Deputy Registrar has signing authority for general purchases of goods and/or services that are provided for in the budget and strategic plans
- Any one-time unbudgeted purchase or additional funding on strategic project require the Audit/Finance/Risk Committee consideration and Council approval, following the guidelines set out in the Budgeting and Reserve Funds policies

2. Purchasing threshold
These purchasing limits are set to assist with the implementation of the procurement policy and objectives. For goods or services of significant value, quotations should be obtained as follows:

65 St. Clair Avenue East
Suite 900
Toronto, ON M4T 2Y3
T: 416.479.9295
TF: 1.833.402.4819
F: 647. 577. 4271
collegeoptom.on.ca

| Value between CA$5,001 to CA$25,000* | 2 quotes |
| Value over CA$25,001* | Request for proposal / 3 competitive bids |

* Amount excludes HST

If the minimum number of quotations cannot be obtained for valid reasons (lack of suppliers in the market, specialized product or service, failure to respond to request for quotation, etc), justification must be provided to the Registrar and/or Deputy Registrar for approval.

3. Selection of supplier/s
- A combination of criteria including cost, quality of product/service, delivery conditions, after-sales service associated with the product or service, and historical performance of the supplier will be considered in the decision process
- Rationale will be documented and approved by the Registrar or designate
- Selection approval and purchase contract is signed off by the Registrar and/or Deputy Registrar

4. Conflict of Interest
- All staff members associated with the procurement process must identify any conflict of interest that may affect their impartiality while engaging in the procurement activities and notify the Registrar and/or Deputy Registrar of any such conflict of interest

5. Delivery of goods or services
- The requisitioner coordinates with the suppliers, arranges the delivery dates and other associated logistics. The requisitioner must also inform the office building security staff of the expected delivery
- The requisitioner is responsible for the inspection of the delivered goods

6. Processing of payments
- Invoice and/or signed delivery note is to be submitted to Accounting Clerk for scanning and registering
- The Finance Manager will process the invoice according to payment terms
- If purchases are to be made using the College credit card, a written approval from the Registrar and/or Deputy Registrar is required

7. Return of products to vendor
- The requisitioner must inform the Finance Manager of any discrepancies with the goods received to withhold payment, pending resolution

8. Records retention
- All purchase contracts and rationale documentation must be maintained on file by the Senior Management staff responsible for purchasing, a copy furnished to Finance Department and Deputy Registrar

65 St. Clair Avenue East
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Toronto, ON M4T 2Y3
T: 416.479.9295
TF: 1.833.402.4819
F: 647. 577. 4271
collegeoptom.on.ca

D. REVIEW OF POLICY

Changes to this policy are subject to the direction of Council upon endorsement of the Audit/Finance/Risk Committee.

E. RELATED DOCUMENTS

Finance Policy — Budgeting
Finance Policy — Reserve Funds

BRIEFING NOTE

Inquiries, Complaints, and Reports Committee (ICRC) – August 2022

Subject

Draft Policy - Reporting Information to Relevant System Partners

Background

The College Performance Measurement Framework (CPMF) is a reporting tool used by the Ministry of Health to report on how well regulatory colleges are meeting their public interest mandates and carrying out their legislated functions.

One ICRC related domain that the College did not fulfill in the CPMF was whether the College has a policy outlining consistent criteria for disclosure of concerns about optometrists to relevant system partners (e.g., law enforcement etc.). In practice, the College does shares concerns about a member with other relevant regulators and external system partners. For instance, when an optometrist's certificate of registration is suspended or revoked by the Discipline Committee, the Investigations and Resolutions department notifies the Ontario Health Insurance Plan (OHIP).

This category appeared in both the 2021 and 2022 iterations of the CPMF – signaling a desire from the Ministry of Health for each college to have such a written policy in place. An environmental scan of the CPMF reports from 2021 of the 25 other health profession colleges in Ontario showed that 7 colleges had some formalized guidance in place and 8 other colleges specifically indicated they intend to develop such a written policy.

As our College does not have a written policy setting out how it shares information with other regulators and stakeholders, a written policy has been developed. This formal policy outlines consistent criteria, lists the general circumstances, and details the type of information that will be disclosed, within the legal framework, between the College and other relevant system partners when there are concerns about a member.

Decision(s) for Council

Council is being asked to adopt the attached policy on Reporting Information to Relevant System Partners.

Considerations

- Under section 36 of the *Regulated Health Professions Act, 1991* (*RHPA*), the College is authorized to disclose otherwise confidential information in a number of enumerated exceptions. The College is also permitted to disclose any information that is publicly available (such as information that appears on the public register).
- This written policy reflects the College's current practice regarding the sharing of concerns and information about members with other system partners. Documenting its practice in a policy encourages consistency and is fairer for members.

- If concerns are discovered about a member that would also be relevant information for another regulator, any outside agencies or facilities, or law enforcement, the Registrar and/or Senior Management assesses whether disclosure of these concerns/information is suitable and to whom. This will comply with s.36 of the *RHPA* and is generally supported by legal advice.

- This policy does not contemplate sharing information indiscriminately; rather the information would be provided to specific system partners, and the decision to do so will not be taken lightly.

- In drafting this policy, similar policies developed by other health profession colleges in Ontario were used as reference, such as the College of Physicians and Surgeons of Ontario (CPSO).

Public Interest Mandate

Having such a policy in place enhances transparency and promotes the protection of the public. Ensuring that there is a policy which outlines circumstances when the College would inform authorities, regulators, and relevant agencies regarding serious allegations about an optometrist, which could put the public at risk, serves the interest of the public.

Supporting Materials

- Draft Policy - Reporting Information to Relevant System Partners

Contact

- Adrita Shah Noor, Senior Manager, Investigations and Resolutions

65 St. Clair Avenue East
Suite 900
Toronto, ON M4T 2Y3
T: 416.479.9295
TF: 1.833.402.4819
F: 647.577.4271
collegeoptom.on.ca

COLLEGE OF
OPTOMETRISTS
OF ONTARIO

Policy

Type:	College of Optometrists of Ontario		
Name:	Reporting Information to Relevant System Partners		
Status:	Draft	Version:	1
Date Approved:		Date Revised:	August 16, 2022

Purpose

The purpose of this policy is to outline the circumstances and process in which the College of Optometrists of Ontario ("College") will report information regarding an optometrist, in the interest of public protection, to relevant system partners and agencies. These may include, but are not limited to, law enforcement, other professional licensing/regulatory bodies, the Ontario Health Insurance Plan (OHIP), the optometrist's practise locations (i.e., clinic, optical store, hospital), and insurance companies.

Introduction

Concerns about an optometrist can come to the attention of the Inquiries, Complaints and Reports Committee (ICRC) of the College either by way of a complaint or a Registrar's Report, which may provide reasonable and probable grounds that an optometrist has committed act(s) of professional misconduct, is incompetent, or is incapacitated. Following an investigation and review by the ICRC, allegations of professional misconduct and incompetence may be referred to the Discipline Committee or in matters of possible incapacity, it may be referred to the Fitness to Practice Committee.

Concerns about an optometrist's conduct or practise may also be serious enough to warrant further action by outside agencies.

Under section 36 of the *Regulated Health Professions Act,* 1991 (*RHPA*), the College is permitted to disclose otherwise confidential information in a number of enumerated exceptions which include: to a body that governs a profession inside or outside of Ontario; when it is reasonable to believe that doing so may reduce or eliminate a risk of harm to a person or group of persons; and for the purpose of aiding the police in an investigation where charges have been laid or likely will result.

This policy will assist in guiding the process of reporting and disclosing information to the relevant agency/institution in the following situations:
- If the Registrar is of the opinion that the conduct of the optometrist may be criminal in nature or poses a risk of harm to a person(s).
- If a referral has been made to the Discipline Committee.
- If, after findings have been made, the Discipline Committee or the Fitness to Practise Committee imposes restrictions on an optometrist's registration (called Terms, Conditions or Limitations) or have suspended or revoked an optometrist's certificate of registration.

- If the ICRC has made an interim order directing the Registrar to suspend, or impose Terms, Conditions or Limitations ("TCLs") on an optometrist's certificate of registration.

NOTE: A report by the College is not required if the relevant agency/institution is already aware of the optometrist's conduct in this matter.

Reporting to Police

Upon obtaining information[1] which suggests that an optometrist may have committed or will commit a criminal act[2] (including but not limited to crimes of a sexual nature), and where person(s) may be harmed, College staff will:
   a) suggest to the complainant/reporter[3] who provided the information that they may wish to contact the police to file a report;
   b) offer to assist in the filing of such a report to the police; and
   c) advise that the College may file a report to the police.[4] This report may be made:
      - prior to the investigation commencing;
      - during the investigation;
      - after allegations are referred to the Discipline Committee; or
      - after a finding is made by the Discipline Committee.

At any time to Eliminate and Reduce Significant Risk
If the College obtains information at any time about an optometrist where there are reasonable grounds to believe that the disclosure of the information is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons then the Registrar shall disclose that information to the police, other law enforcement agency, health agency or any individual or group of persons who is at significant risk of serious bodily harm.

At any time to aid an investigation
If the Registrar believes that information the College has about an optometrist would aid a criminal or other investigation with a view to law enforcement proceedings or from which a law enforcement proceeding is the likely result, the College will initiate a report to the police and provide information upon request[5]. The ICRC may also recommend the Registrar file such a report.

After a Referral to the Discipline Committee
If not previously reported, once allegations have been referred to the Discipline Committee and the information indicates that the optometrist may have committed criminal act(s), the College will initiate a report to the police and provide information upon request.

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[1]This information may be received at the initial filing of the complaint, information that has come to the attention of the Registrar or during the course of the respective investigation.

[2]As per the *Criminal Code*.

[3]Referring to the individual or facility that brings information to the attention of the Registrar regarding an optometrist's conduct, competence, or capacity.

[4] Section 36 (1.3) of the *RHPA* prohibits the College from disclosing information concerning anyone other than the relevant health practitioner (i.e. optometrist). Therefore, the College cannot voluntarily provide the complainant/reporter's name and personal information to the police without their consent.

[5]In such cases, legal assistance may be requested.

After a Finding by the Discipline Committee
If not previously reported, once a finding has been made by the Discipline Committee that relates to an optometrist's possible criminal act(s), the College will initiate a report to the police and provide information upon request.

Reporting to other Professional Licensing/Regulatory Bodies

At any time
If the College receives information about an optometrist or any other regulated professional indicating that they may have committed an act of professional misconduct, are incompetent or incapacitated, the College may inform any other professional/regulatory body in Ontario or outside Ontario and provide information upon request.

After the imposition of Interim orders
If at any time the ICRC makes an interim order directing the Registrar to suspend an optometrist's certificate of registration or to impose interim TCLs on their certificate of registration, the College will inform other professional licensing/regulatory bodies of which the optometrist is a member or has applied to become a member and provide information upon request.

Complaints and Reports Information Posted on the Public Register
If, after an investigation, the ICRC makes a decision that includes a publishable outcome (such as a verbal caution, an Undertaking, a Specified Continuing Education Remediation Program, or referral of allegations to the Discipline Committee), which are generally issued in moderate to high risk matters where there are significant concerns about an optometrist's conduct or practice that can have a direct impact on patient care and safety, or the public interest if not addressed, the College will inform other professional licensing/regulatory bodies of which the optometrist is a member or has applied to become a member, and provide information upon request.

After a Finding by the Discipline Committee
If not previously reported, once a finding has been made by the Discipline Committee regarding a member that has committed an act of professional misconduct and/or incompetence, the College will inform any other professional licensing/regulatory bodies of which the optometrist is a member or has applied to become a member and provide information upon request.

Reporting to Ontario Health Insurance Plan (OHIP)

To aid an investigation
If the Registrar believes that information the College has about an optometrist relates to the fraudulent billing of or use of OHIP and that it would aid an investigation with a view to law enforcement proceedings or from which a law enforcement proceeding will likely result, then the College may initiate a report to OHIP and provide information upon request.

After a Referral to the Discipline Committee
If allegations have been referred to the Discipline Committee regarding a member that may have committed an act of professional misconduct relating to insured services under OHIP[6], the College may initiate a report to OHIP and provide information upon request.

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[6]O. Reg. 119/94: GENERAL under *Optometry Act, 1991,* Part 1.

After a Finding by the Discipline Committee
If not previously reported, once a finding has been made by the Discipline Committee regarding a member that has committed an act of professional misconduct relating to insured services under OHIP, the College will initiate a report to OHIP and provide information upon request.

After a Suspension or Revocation of an Optometrist's Registration
If an optometrist's certificate of registration was suspended or revoked by the Discipline Committee or the Fitness to Practise Committee or if the ICRC has made an interim order directing the Registrar to suspend an optometrist's certificate of registration, the College will initiate a report to OHIP and provide information upon request.

Reporting to other Agencies, Institutions, or Facilities

Once information is made public
Any information that has been made public by the College about an optometrist can be shared with other agencies, institutions, companies, or facilities. If the Registrar believes that interim orders, referrals of specified allegations to the Discipline Committee or findings of the Discipline Committee is relevant or useful information to those entities then the College may initiate a report and provide information upon request. For example, where the Discipline Committee has made a finding that a member committed professional misconduct relating to services provided or paid for by an insurance company.

Another example is notifying the optometrist's current practice locations if an optometrist's certificate of registration was suspended or revoked, or if TCLs were imposed on their certificate of registration (for instance, the optometrist being required to practice under supervision only) by the Discipline Committee or the Fitness to Practise Committee, or if the ICRC has made an interim order directing the Registrar to suspend or impose TCLs on an optometrist's certificate of registration.

Procedure
At the prescribed or appropriate time, the Registrar may send a report with relevant information to the applicable agency/institution.

Any report made under this section can include the following if applicable:
- the optometrist's name;
- the optometrist's current practice addresses[7];
- a summary of the relevant allegations[8];
- the notice of hearing; and
- the written decision of the Discipline Committee (subject to any publication ban).

If applicable and where possible, the College will inform the complainant/reporter that it is submitting the aforementioned report to the respective agency/institution. If consent is not provided, the report will not contain the name or personal information or any other such information relating to a person(s) other than

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[7]As provided to the College by the optometrist via the member database.

[8]Unless the complainant/reporter consents to the inclusion of their name, any documents included in the report must be redacted to not include such information, along with any other information with respect to a person(s) other than the optometrist.

the optometrist. The College will also inform the optometrist when such a report has been submitted unless the Registrar believes it may jeopardize an ongoing investigation or proceeding.

If the agency/institution or facility contacts the College for further information, the Registrar will determine any further disclosure that the College will make regarding the matter.

8-11 / UPCOMING MEETINGS

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

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

10. List of Acronyms

11. Adjournment

List of Acronyms Used by the
College of Optometrists of Ontario

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

List of Acronyms Used by the
College of Optometrists of Ontario

Acronym	Name	Description
CJO	Canadian Journal of Optometry	Journal published by CAO whose mandateis to help optometrists build and manage a successful practice
CLEAR	Council on Licensure Evaluation and Regulation	International body of regulatory boards – mainly US and Canadian members
CMPA	Canadian Medical Protective Association	Professional liability insurer for physicians
CNAR	Canadian Network of Agencies for Regulation	
CNCA	*Canada Not-for-profit Corporation Corporations Act*	
CNIB	Canadian National Institute for the Blind	A voluntary, non-profit rehabilitation agency that provides services for people who are blind, visually impaired and deaf-blind
CNO	College of Nurses of Ontario	Regulates nurses in Ontario
COBC	College of Optometrists of British Columbia	Regulates optometrists in British Columbia
COEC	Canadian Optometric Evaluation Committee	Committee of FORAC that assesses the credentials of internationally educated optometrists who wish to practice in Canada
COI	Conflict of Interest	Situation in which someone in a position of trust has competing professional and personal interests
COO	College of Opticians of Ontario	A self-governing college that registers and regulates opticians in Ontario **Note:** the College of Optometrists of Ontario does not have an acronym
COPE	Council on Optometric Practitioner Education	Accredits continuing education on behalf of optometric regulatory boards
COS	Canadian Ophthalmological Society	Society whose mission is to assure the provision of optimal eye care to Canadians
CPD	Continuing Professional Development	A quality assurance program
CPMF	College Performance Measurement Framework	The CPMF is a reporting tool developed by the Ontario Ministry of Health (the Ministry) in close collaboration with Ontario's health regulatory Colleges (Colleges), to assess how well Colleges are executing their mandate to act in the public interest.
CPP	Clinical Practice Panel	A panel of the Quality Assurance Committee that considers issues of clinical practice and updates the OPR
CPSO	College of Physicians and Surgeons of Ontario	A self-governing college as defined by the *Regulated Health Professions Act*

List of Acronyms Used by the
College of Optometrists of Ontario

Acronym	Name	Description
CRA	Complete Record Assessment	A component of the College's practice assessment process of the Quality Assurance program
DAC	Diabetes Action Canada	
DFE	Dilated Fundus Examination	Eye health exam conducted after dilating pupils with drops
DPA	Diagnostic Pharmaceutical Agents	Drugs used by optometrists in practice to evaluate systems of the eye and vision
EEOC	Evaluating Exam Oversight Committee	Committee that oversees the Internationally Graduated Optometrists Evaluating Exam (IGOEE) administered by Touchstone Institute
EHCO	Eye Health Council of Ontario	A group made up of optometrists and ophthalmologists who collaborate on issues of mutual interest
ÉOUM	École d'optométrie-Université de Montréal	School of optometry at the University of Montreal-teaches optometry in French Accredited by ACOE
EPSO	Eye Physicians and Surgeons of Ontario	OMA Section of Ophthalmology
ETP	Entry-to-Practice	Describes the level of competency necessary for registration to practise the profession
FAAO	Fellow of the American Academy of Optometry	Designation issued by AAO following evaluation against standards of professional competence
FHRCO	Federation of Health Regulatory Colleges of Ontario	Comprises of the 26 health regulatory colleges in Ontario
FORAC-FAROC	Federation of Optometric Regulatory Authorities of Canada	Comprised of 10 national optometric regulators Formerly knowns as CORA
HPARB	Health Professions Appeal and Review Board	Tribunal whose main responsibility is to review decisions made by College ICRC or registration committees when an appeal is made by either the complainant or member, or applicant in the case of a registration appeal
HPPC	Health Professions Procedural Code	Schedule 2 to the *Regulated Health Professions Act, 1991*
HPRAC	Health Professions Regulatory Advisory Council	Provides independent policy advice to the Minister of Health and Long-Term Care on matters related to the regulation of health professions in Ontario
HSARB	Health Services Appeal and Review Board	Created by the *Ministry of Health Appeal and Review Boards Act, 1998*, decisions of the ORC are heard here
HSPTA	*The Health Sector Payment Transparency Act, 2017*	An Act that requires industry to disclose transfers of value to health care professionals

List of Acronyms Used by the
College of Optometrists of Ontario

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

List of Acronyms Used by the College of Optometrists of Ontario

Acronym	Name	Description
OMA	Ontario Medical Association	The association that looks after theinterests of medical practitioners
OOQ	Ordre des optométristes du Québec	Regulates optometrists in Quebec
OPR	Optometric Practice Reference	A College document provided to members and available to the public providing principles of Standards of Practice and Clinical Guidelines in two separate documents
OSCE	Objective Structured Clinical Examination	An objective clinical exam; part of the OEBC exam
PEICO	PEI College of Optometrists	The optometric regulatory college in Prince Edward Island
PHIPA	*Personal Health Information Protection Act*	Provincial act that keeps personal health information of patients private, confidential and secure by imposing rules relating to its collection, use and disclosure
PLA	Prior learning assessment	Formerly part of the IOBP to ascertain the candidate's current knowledge in optometry; replaced by IOGEE in 2015
PRC	Patient Relations Committee	Promotes awareness among members and the public of expectations placed upon optometrists regarding sexual abuse of patients; also deals with issues of a broader nature relating to members' interactions with patients
QA (QAC)	Quality Assurance Committee	A statutory committee charged with the role of proactively improving the quality of care by regulated health professionals
RCDSO	Royal College of Dental Surgeons	Regulates dentists in Ontario
RHPA	*Regulated Health Professions Act*	An act administered by the Minister of Health, ensuring that professions are regulated and coordinated in the public interest by developing and maintaining appropriate standards of practice
SAO	Saskatchewan Association of Optometrists	Also functions as the regulatory College in Saskatchewan
SCERP	Specified Continuing Educational or Remediation Program	A direction to an optometrist by the ICRC to complete remediation following a complaint or report
SRA	Short Record Assessment	A component of the College's practice assessment process of the Quality Assurance program
SOP	Standards of Practice	Defined by the profession based on peer review, evidence, scientific knowledge, social expectations, expert opinion and court decision

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List of Acronyms Used by the
College of Optometrists of Ontario

Acronym	Name	Description
TPA	Therapeutic PharmaceuticalAgent	Drug Generally this term is used when describing drugs that may be prescribed byoptometrists for the treatment of conditionsof the eye and vision system
VIC	Vision Institute of Canada	A non-profit institute functioning as a secondary referral center for optometric services located in Toronto
VCC	Vision Council of Canada	A non-profit association representing the retail optical industry in Canada, with members operating in all Canadian provinces and US states
WCO	World Council of Optometry	International advocacy organization for world optometry – assists optometrists in becoming regulated where they are not
WOVS	University of Waterloo School of Optometry and Vision Science	The only school of optometry in Canada that provides education in English Accredited by ACOE; graduates are granted an OD degree; also has Masters and PhD programs

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ROBERTS RULES CHEAT SHEET

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

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

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

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

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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