



COLLEGE OF **OPTOMETRISTS** OF ONTARIO

COUNCIL MEETING

FRIDAY, SEPTEMBER 15, 2023
AT 9:00 A.M.

(PUBLIC INVITED TO ATTEND ONLINE)

HYBRID MEETING

Vision and Mission

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

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

1 - 6 / INTRODUCTION & PRESENTATIONS

1. Call to Order/Attendance
 - a. Land Acknowledgement
 - b. Public Interest Statement
2. Adopt the Agenda
 - a. Conflict of Interest Declaration
3. Business Arising
 - Presentation by Dr. Areef Nurani
4. DEI Presentation
 - Dr. Carys Massarella will present on Diversity, Equity, and Inclusion.
5. Committee Updates
6. Consent Agenda
 - PART 1 - Minutes of Prior Council Meetings
 - i. June 23, 2023
 - ii. June 28, 2023
 - iii. Motions and Actions Arising from the Minutes
 - PART 2 - Reports
 - b. Committee Reports
 - i. Executive
 - ii. Patient Relations
 - iii. Quality Assurance
 - iv. ICRC
 - v. Registration
 - vi. Discipline
 - vii. Governance/HR
 - viii. Audit/Finance/Risk

Council Agenda

Date: Friday, September 15, 2023 | 9:00 a.m. – 2:20 p.m.

Hybrid Meeting

Agenda Item	Item Lead	Time (mins)	Action Required	Page No.
1. Call to Order/Attendance b. Land Acknowledgement c. Public Interest Statement	M. Eltis	5	Decision	3
2. Adopt the Agenda a. Conflict of Interest Declaration	M. Eltis	2	Decision	3
3. Business Arising • Presentation by Dr. Areef Nurani	A. Nurani	15	Presentation	3
4. DEI Speaker – Dr. Carys Massarella	Dr. Carys Massarella	60	Presentation	3
10:25–10:40 a.m. - Morning Break		15		
5. Committee Updates	Committee Chairs	15	Presentation	3
6. Consent Agenda PART 1 - Minutes of Prior Council Meetings i. June 23, 2023 ii. June 28, 2023 iii. Motions and Actions Items Arising from the Minutes PART 2 - Reports b. Committee Reports i. Executive ii. Patient Relations iii. Quality Assurance iv. ICRC v. Registration vi. Discipline vii. Governance/HR viii. Audit/Finance/Risk	M. Eltis	15	Decision	6 6 13 18 21 22 23 25 27 29 30 32
7. Registrar's Report In Camera Session: Receiving Legal Advice	J. Jamieson	60	Presentation	34

<p>Council will go in camera under:</p> <ul style="list-style-type: none"> • Section 7(2)(b) of the <i>Health Professions Procedural Code</i>, which is Schedule 2 to the <i>Regulated Health Professions Act, 1991</i> 				
12:10 – 1:00 p.m. - Lunch		50		
8. Motions Brought Forward from Committees				
a. Quality Assurance Committee				
i. New Self-Assessment Component of the Quality Assurance (QA) Program	K. Morcos	15	Decision	35
ii. Continuing Education (CE) Policy (2024-2026)	K. Morcos	15	Decision	40
b. Audit/Finance/Risk Committee				
i. Proposed changes in Schedule of Rates as part of Finance Policy – Honoraria and Expense	N. Shah	10	Decision	47
ii. Approval of Finance Policy – Accounts Payable	N. Shah	5	Decision	49
iii. Approval of Finance Policy – General Ledger	N. Shah	5	Decision	49
iv. Approval of Finance Policy – Petty Cash	N. Shah	5	Decision	49
v. Approval of the new Investment Policy Statement	N. Shah	15	Decision	58
9. Upcoming Council Meetings	J. Jamieson	2	For Information	75
a. December 8, 2023				
10. List of Acronyms				76
11. Governance Guide: Robert's Rules				82
12. Council Feedback Survey		5	Discussion	75
13. Adjournment – approximately 2:20 p.m.	M. Eltis	2	Decision	75
Generative Discussion (optional)	M. Eltis	30	Discussion	
a. Generative Discussion Feedback Survey				

College of Optometrists of Ontario
Council Meeting
DRAFT – June 23, 2023

Attendance:

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

Dr. Richard Kniaziew
Dr. Dino Mastronardi
Dr. Kamy Morcos
Mr. Narendra Shah
Mr. Olutoye Soile
Mr. Andre Tilban-Rios
Dr. William Ulakovic
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. Bonny Wong

Guest:

Ms. Julia Martin, legal counsel

1. Call to Order/Attendance: Dr. Eltis called the meeting to order at 9:02 a.m.

Dr. Eltis read the land acknowledgement and public interest statement.

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

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

Dr. Kniaziew requested to add an in-camera item to discuss freedom of information.

Motion carried

2a. Conflict of Interest Declaration: Dr. Eltis asked Council members if anyone has a conflict of interest with any item on the day's agenda.

No conflicts of interest were declared.

3. Recognition of Bashar Kassir

Dr. Eltis thanked Mr. Kassir for his dedication to Council and acknowledged the end of his term as a Council member.

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

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

PART 1 - Minutes of Prior Council Meetings

- a. December 9, 2022 (in camera)
- b. March 31, 2023
- c. Motions and Action Items Arising from the Minutes

PART 2 - Reports

b. Committee Reports

- i. Executive
- ii. Patient Relations
- iii. Quality Assurance:
- iv. ICRC
- v. Registration
- vi. Governance/HR Committee
- vii. Audit/Finance/Risk Committee

Council discussed several items in the consent agenda, including the availability of COPE credits in the French language, exemption from the required patient hours for Quality Assurance, and asked for clarification on several points in the Registration Committee report.

Moved by Dr. Morcos and Mr. Kennedy to adopt the consent agenda.

Motion carried

6. Registrar's Report

Mr. Jamieson presented the Registrar's Report which included information on by-law changes, the lease agreement, and how the College will proceed with posting Council videos on Youtube.

Mr. Jamieson explained Council needed to move in-camera to address three items: to receive legal advice regarding the conflict of interest from the March Council meeting, Dr. Kniaziew's inquiry regarding freedom of information, and for Mr. Shah to address the Audit/Finance/Risk Committee report with respect to the College investment firm.

Moved by Dr. Kniaziew and seconded by Ms. Allen to go in camera.

Motion carried

IN CAMERA Session: Legal Advice Regarding Conflict of Interest raised at March 2023 Council Meeting

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

Council went in camera at 9:45 a.m.

Council came out of camera at 10:17 a.m.

Council adjourned for a break at 10:18 a.m.

Council resumed at 10:41 a.m.

Mr. Jamieson announced Council was out of camera, and stated that according to by-law 11.02, no motion was advanced to find that Dr. Eltis is in a conflict of interest. The second matter that was discussed in-camera was an inquiry that was made regarding a freedom of information request, and the advice legal counsel provided was that the College is not an agency that is required under the Freedom of Information and Protection of Privacy Act to respond to provide the requested information.

7. Motions Brought Forward from Committees

a) Registration

Dr. Yuen introduced Mr. Kim Allen, CEO of the Optometry Examining Board of Canada (OEBC). Mr. Allen joined the meeting via Zoom and made a presentation associated with the requested member contribution referenced in the second motion for Registration and answered questions. Mr. Allen then left the meeting.

i. The 2023 Optometry Examining Board of Canada (OEBC) written exam and OSCE as one of two standards assessment examinations set or approved by the College for registration purposes

Dr. Yuen presented the motion for the 2023 Optometry Examining Board of Canada (OEBC) written exam and OSCE.

Moved by Mr. Kennedy and seconded by Dr. Hemami to approve the 2023 Optometry Examining Board of Canada (OEBC) written exam and OSCE as one of two standards assessment examinations set or approved by the College for registration purposes.

Motion carried

ii. Providing the requested member contribution of \$30/member or \$84,120 to OEBC. Once approved, half the requested funds will be disbursed to OEBC with the remaining balance to be disbursed once the Registration Committee is satisfied with the launch of the live patient stations in the Fall 2023

Dr. Yuen presented the motion for providing the requested member contribution of \$30/member or \$84,120 to OEBC.

Moved by Dr. Kniaziew and seconded by Dr. Ulakovic to approve the provision of the requested member contribution of \$30/member or \$84, 120. Once approved, half the requested funds will be disbursed to OEBC with the remaining balance to be disbursed once the Registration Committee is satisfied with the launch of the live patient stations in the Fall 2023.

Council touched on the developing issue associated with NBEO, and it was suggested that Council hold off on making the motion at this time. Dr. Yuen requested to defer the motion until the fall when there is time to address the new information that was provided to Council.

Dr. Eltis called for a vote for all in favour of the motion to provide the requested member contribution of \$30/member or \$84, 120 to OEBC.

None in favour

All against

Motion defeated

iii. The 2023 National Board of Examiners in Optometry (NBEO) exam as an alternate standards assessment examination set or approved by the College for registration purposes.

Dr. Yuen presented the motion for the 2023 National Board of Examiners in Optometry (NBEO) exam as an alternate standards assessment examination set or approved by the College for registration purposes.

Moved by Dr. Kniaziew seconded by Dr. Grewal to approve the 2023 National Board of Examiners in Optometry (NBEO) exam as an alternate standards assessment examination set or approved by the College for registration purposes.

Motion carried

iv. To approve the 2023 Jurisprudence exam for registration purposes

Moved by Dr. Kniaziew and seconded by Ms. Allen to approve the 2023 Jurisprudence exam for registration purposes.

Motion carried.

Mr. Jamieson suggested moving to the motions further down the agenda as the meeting was ahead of schedule.

b. Governance/HR

i. To approve edits to sections 3.02, 3.04 and 3.10 of the bylaws (related to financial processes)

Moved by Dr. Grewal and seconded by Dr. Hemami to approve edits to sections 3.02, 3.04 and 3.10 of the bylaws (related to financial processes).

Motion carried

ii. To approve edits to section 7.02 of the bylaws (related to nominations in the Executive Committee)

Moved by Dr. Morcos and seconded by Dr. Hemami to approve edits to section 7.02 of the bylaws (related to nominations in the Executive Committee).

Council inquired about the details of the timeline and suggested wording in the by-laws to address what happens if there are no candidates or if one withdraws. Mr. Andrews clarified the complexities of running the elections and suggested an alternate wording of the motion that addresses those concerns.

157
 158 Dr. Christian clarified that the motion will be amended to include an exception that refers to a position
 159 vacancy occurring within the 15-day timeline.
 160
 161 Council to approve the motion as amended and discussed.
 162 **Motion carried**
 163
 164
 165 **iii. To approve edits to section 7.04 of the bylaws (related to the term limits of the President and Vice**
 166 **President)**
 167
 168 *Moved by Dr. Hemami and seconded by Dr. Yuen to **approve edits to section 7.04 of the bylaws (related***
 169 **to the term limits of the President and Vice President).**
 170
 171 Council inquired about when the amendment comes into effect and whether it is immediate, or the end
 172 of the current term. Dr. Christian clarified the amendment includes an extension of the President term
 173 only until the January Council meeting when the Executive elections occur.
 174 **Motion carried**
 175
 176 **iv. To approve edits to section 9.03 of the bylaws (related to the temporary suspension of a Council**
 177 **member)**
 178
 179 *Moved by Mr. Kennedy and seconded by Dr. Yuen to **approve edits to section 9.03 of the bylaws***
 180 **(related to the temporary suspension of a Council member)**
 181
 182 Council discussed the motion and Dr. Christian clarified that the current by-law states that the power to
 183 temporarily suspend a Council member lies with the Registrar and President. The proposed change to
 184 the by-law will give the power to the Executive Committee instead.
 185 **Motion carried**
 186
 187
 188 **v. To approve edits to sections 18.03 and 22.03 of the bylaws (related to non-payment suspensions)**
 189
 190 *Moved by Dr. Grewal and seconded by Dr. Morcos to **approve edits to section 18.03 and 22.03 of the***
 191 **bylaws (related to non-payment suspensions).**
 192 **Motion carried**
 193
 194 **c. Executive**
 195
 196 **i. Approval of the appointment of Esther Jooda to the Discipline, ICRC, and Patient Relations**
 197 **Committees**
 198
 199 Dr. Eltis presented the motion for the appointment of Esther Jooda to the Discipline, ICRC, and Patient
 200 Relations Committees.
 201
 202 *Moved by Dr Eltis and seconded by Dr. Grewal to **approve the appointment of Esther Jooda to the***
 203 **Discipline, ICRC, and Patient Relations Committees.**

204 Motion carried

205

206 Council adjourned for lunch at 11:25

207

208 Council resumed at 12:51pm

209

210 **8. Financial Matters**

211

212 **a. Presentation from the Auditors**

213

214 BDO Canada presented the audited financial statements for the financial period ending December 31,

215 2022 via Zoom.

216

217 Mr. Shah asked if it was completed remotely and suggested a hybrid approach for next year's audit.

218

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

220

221 **i. Approval of the audited financials for year-end December 31, 2022**

222

223 Mr. Shah presented the motion for approval of the audited financials for year-end December 31, 2022.

224

225 *Moved by Dr. Hemami and seconded by Ms. Allen to **approve the audited financials for year-end***

226 ***December 31, 2022.***

227 Motion carried

228

229 **ii. Approval of the reappointment of BDO Canada as financial auditors for year 2023**

230

231 Mr. Shah presented the motion for the approval of the reappointment of BDO Canada as financial

232 auditors for year 2023.

233

234 *Moved by Dr. Grewal and seconded by Dr. Ulakovic to **approve the reappointment of BDO Canada as***

235 ***financial auditors for year 2023.***

236 Motion carried

237

238 **iii. Approval of College investment firm**

239

240 Mr. Shah presented the motion for the approval of RBC Dominion Securities as the College investment

241 firm.

242

243 *Moved by Dr. Morcos and seconded by Dr. Grewal to **approve RBC Dominion Securities as the College***

244 ***investment firm.***

245

246 Council inquired about the status of the new contract, and Mr. Shah said it is open-ended.

247 Motion carried

248

249 **10. Dates of Upcoming Council Meetings**

250 **a. Wednesday, June 28, 2023**

251 b. Friday, September 15, 2023

252 c. Friday, December 8, 2023

253

254 **11. List of Acronyms**

255

256 **12. Governance Guide: Robert's Rules**

257

258 **13. Council Feedback Survey**

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260 **14. Adjournment:** *Moved by Dr. Kniaziew and seconded by Dr. Grewal to adjourn the meeting at 1:04*
261 *p.m.*

262

Motion carried

College of Optometrists of Ontario
Special Council Meeting
DRAFT – June 28, 2023

Attendance:

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

Dr. Dino Mastronardi
Dr. Olutoye Soile
Mr. Narendra Shah
Mr. Andre Tilban-Rios
Dr. William Ulakovic
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. Bonny Wong

Guests:

Ms. Julia Martin, legal counsel
Dr. Areef Nurani

Regrets

Dr. Lisa Christian
Ms. Esther Jooda
Dr. Kamy Morcos

1 **1. Call to Order/Attendance:** Dr. Eltis called the meeting to order at 9:01 a.m.

2 Dr. Eltis read the land acknowledgement and public interest statement.

3
4 **2a. Conflict of Interest Declaration:** Dr. Eltis asked Council members if anyone has a conflict of interest
5 with any item on the day's agenda.

6
7 Dr. Eltis declared his conflict of interest and transferred the role of Chair to Dr. Hemami.

8
9 A member of Council raised a point of order and stated they believed Dr. Hemami to be in a conflict of
10 interest in chairing the meeting.

11
12 *Moved by Dr. Kniaziew and seconded by Dr. Dino Mastronardi to declare Dr. Hemami in conflict of*
13 *interest as the Chair of the meeting.*

Council agreed to suspend the discussion of the motion until Council moved in camera.

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

*Moved by Mr. Tilban-Rios and seconded by Mr. Soile to **adopt the agenda.***

Motion carried

Dr. Hemami asked if there were any additional conflicts of interest to declare.

A member of Council asked if the complainant in this situation will be voting. Mr. Jamieson stated that neither the respondent nor the complainant will be voting.

Another member of Council had a point of order and asked if by-law 9.03 was followed regarding the matter at hand, and questioned why mediation was not offered to the Council member who was the subject of the letters that were provided.

Ms. Martin clarified that the by-laws do not require the Executive Committee to state its concerns, but requires the Committee to provide notice in writing of the concerns. Ms. Martin stated the Executive Committee met the requirements of the by-law by providing notice through the three letters.

Ms. Martin further clarified that mediation was not an option as the complaints were made by external bodies, and that the complainant is bringing forward the letters but is not complaining themselves.

Mr. Jamieson clarified his previous comment about voting and explained that a complainant and respondent cannot vote when deciding if the respondent is in a conflict of interest. Mr. Jamieson stated that Dr. Eltis has not made the concern himself but is delivering the concern and is therefore not currently in a conflict of interest.

*Moved by Dr. Yuen and seconded by Ms. Allen to **go in camera.***

Motion carried

IN CAMERA Session: Legal Matters

In accordance with Section 7(2)(e) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, to discuss legal matters.

Council moved **in camera at 9:20 a.m.**

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Council moved **out of camera at 9:56 a.m.**

Mr. Jamieson stated that while in camera, Council appointed him as Chair of the meeting.

Dr. Nurani joined the general session.

A member of Council requested another discussion of the potential conflicts of interest regarding the President and Vice President.

Council discussed the member’s concerns and Mr. Jamieson stated the concerns regarding conflict of interest will be addressed in camera where the voting will occur. A member of Council requested the voting to happen out of camera and requested the removal of Dr. Eltis and Dr. Hemami.

Mr. Jamieson requested legal advice. Ms. Martin requested to go in camera to provide legal advice.

Moved by Mr. Tilban-Rios and Mr. Kennedy to move in camera.

Motion carried

Council moved **in camera at 10:01 a.m.**

Council moved **out of camera at 10:49 a.m.**

109 Mr. Jamieson announced Council was out of camera and stated that while in camera, Council had
 110 motions with respect to a conflict of interest regarding Dr. Eltis and Dr. Hemami. Through special
 111 resolution a vote occurred, and Council did not find either of them to be in a conflict of interest.
 112
 113 Dr. Nurani presented his defense and addressed the three letters.
 114
 115 Dr. Hemami presented the statement of facts.
 116
 117 Council discussed the statement of facts.
 118
 119 *Moved by Dr. Kniaziew and seconded by Dr. Mastronardi to dismiss the allegations.*
 120
 121 A Council member requested to have the deliberation of the motion in camera.
 122
 123 *Moved by Dr. Hemami and seconded by Mr. Soile to move in camera.*
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 125 7 voted in favour
 126 **Motion carried**
 127 **Council moved in camera at 11:18 a.m.**
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 147 **Council moved out of camera at 1:01 p.m.**
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 149 Mr. Jamieson stated Council was now out of camera and reported out that two motions had been
 150 passed by Council through special resolution. Those two motions were 1) a finding of fact that there are
 151 areas of concerns about the behaviour and communication of subject matter, Dr. Nurani. The second
 152 motion that was passed is Dr. Nurani will remain suspended until he completes a remedial course on
 153 communication and appropriate conduct that is approved by the Executive Committee; and Dr. Nurani
 154 will present on key learnings of this course to Council; and, should these issues of communication and
 155 conduct continue, the member will be subject to disqualification.

156

157 **Adjournment:** *Moved by Mr. Kennedy and seconded by Dr. Hemami to adjourn the meeting at 1:02 p.m.*

158 **Motion carried**



COLLEGE OF OPTOMETRISTS OF ONTARIO

Council Meeting – March 31, 2023

COUNCIL ACTION LIST STATUS

Updated September 5, 2023

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

Council Meeting – March 31, 2023

MOTION LIST

Updated September 5, 2023

Date mm/dd/yr	Minute Line	Motion	Committee	Decision
06/23/23	93	Moved by Mr. Kennedy and seconded by Dr. Hemami to approve the 2023 Optometry Examining Board of Canada (OEBC) written exam and OSCE as one of two standards assessment examinations set or approved by the College for registration purposes.	Registration	Motion carried
06/23/23	114	Dr. Eltis called for a vote for all in favour of the motion to provide the requested member contribution of \$30/member or \$84,120 to OEBC.	Registration	Motion defeated
06/23/23	127	Moved by Dr. Kniaziew seconded by Dr. Grewal to approve the 2023 National Board of Examiners in Optometry (NBEO) exam as an alternate standards assessment examination set or approved by the College for registration purposes.	Registration	Motion carried
06/23/23	134	Moved by Dr. Kniaziew and seconded by Ms. Allen to approve the 2023 Jurisprudence exam for registration purposes.	Registration	Motion carried
06/23/23	145	Moved by Dr. Grewal and seconded by Dr. Hemami to approve edits to sections 3.02, 3.04 and 3.10 of the bylaws (related to financial processes).	Governance/HR	Motion carried
06/23/23	151	Moved by Dr. Morcos and seconded by Dr. Hemami to approve edits to section 7.02 of the bylaws (related to nominations in the Executive Committee).	Governance/HR	Motion carried
06/23/23	168	Moved by Dr. Hemami and seconded by Dr. Yuen to approve edits to section 7.04 of the bylaws (related to the term limits of the President and Vice President).	Governance/HR	Motion carried
06/23/23	179	Moved by Mr. Kennedy and seconded by Dr. Yuen to approve edits to section 9.03 of the bylaws (related to the temporary suspension of a Council member).	Governance/HR	Motion carried
06/23/23	190	Moved by Dr. Grewal and seconded by Dr. Morcos to approve edits to section 18.03 and 22.03 of the bylaws (related to non-payment suspensions).	Governance/HR	Motion carried

06/23/23	202	Moved by Dr Eltis and seconded by Dr. Grewal to approve the appointment of Esther Jooda to the Discipline, ICRC, and Patient Relations Committees.	Executive	Motion carried
06/23/23	225	Moved by Dr. Hemami and seconded by Ms. Allen to approve the audited financials for year-end December 31, 2022.	Audit/Finance/Risk	Motion carried
06/23/23	234	Moved by Dr. Grewal and seconded by Dr. Ulakovic to approve the reappointment of BDO Canada as financial auditors for year 2023.	Audit/Finance/Risk	Motion carried
06/23/23	243	Moved by Dr. Morcos and seconded by Dr. Grewal to approve RBC Dominion Securities as the College investment firm.	Audit/Finance/Risk	Motion carried
06/28/23	149	Mr. Jamieson stated two motions were passed by Council through special resolution while in camera. The first motion was a finding of fact that there are areas of concerns about the behaviour and communication of subject matter, Dr. Nurani. The second motion that was passed is Dr. Nurani will remain suspended until he completes a remedial course on communication and appropriate conduct that is approved by the Executive Committee; and Dr. Nurani will present on key learnings of this course to Council; and, should these issues of communication and conduct continue, the member will be subject to disqualification.	Executive	Motion carried

Executive Committee Activity Report

Reporting date: September 15, 2023

Chair: Dr. Mark Eltis

Meetings in 2023: 5 over Zoom (3 regular, 2 special) | most recent on August 23, 2023

Key Priorities

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

Discussion Items

Committee Motions for September 15, 2023 Council Meeting

The Executive Committee reviewed a draft agenda and motions for the September 15, 2023 meeting of Council.

Research Steering Group

C. Andrews provided an update on the College's Research Grant Program. The Research Steering Group released a call for proposals focused on the regulation of optometry and access to eye care. The call is narrower than last year's, so it is possible that fewer applications will be received. The deadline for submissions was August 31.

Liability Insurance

The group discussed concerns over libelous or defamatory comments and their potential to lead to legal action. J. Jamieson provided an overview of the current insurance plan, emphasizing that acts or omissions by Members that lead to libel render the coverage null and void. The requirement is that members be "acting in good faith."

Oversight of the College's Investment Firm

N. Shah let the group know that the College's investment plan has been finalized by AFR. It will go before Council for approval on September 15.

Scope of Practice

J. Jamieson overviewed current work taking place to present an optometry scope of practice expansion to the Ministry of Health in Ontario. COO is working with CAO and the University of Waterloo on this, each in its appropriate swim lane. The Ministry has assigned a policy advisor to help with the process.

Patient Relations Committee Activity Report

Reporting date: September 15, 2023

Chair: Suzanne Allen

Meetings in 2023: 2 (Zoom) | most recent on August 2, 2023

Tasks Completed Since Last Council Meeting:

- Committee Orientation

Key Priorities

The Patient Relations Committee manages the Program of Funding for Therapy and Counselling, which currently supports three patients.

Information Items

The Patient Relations Committee met virtually on August 2 for an overview of the committee, an update on the sexual abuse therapy fund, and an update on the Focus Groups.

Discussion Items

Program of Funding for Therapy and Counselling

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

Focus Group Update

In 2023 the College is carrying out Focus Groups to engage with members of the public, as well as registrants with the College. Since our last Council meeting, the College successfully carried out Focus Groups in Sudbury and Toronto. The conversations were insightful and engaging, and staff look forward to compiling the data at the end of the Focus Groups and using the information to help guide decision making and communications strategies.

Committee Orientation

The Patient Relations Committee met on August 2 where they received an overview of the committee's mandate, as well as updates on College projects that relate to the committee.

Attachments

N/A

Quality Assurance Committee Activity Report

Reporting date: September 15, 2023

Chair: Dr. Kamy Morcos

Meetings in 2023: 9 (via teleconference)

Tasks Completed Since Last Council Meeting:

- Reviewed and approved practice assessments and remedial programs.
- Conducted two QA assessor training sessions.
- Revised the new practice assessment tools.
- Completed the self-assessment development project.
- Finalized the CE Policy for the next cycle (2024-2026).

Key Priorities

- Finalizing the QA program revision projects remains a top priority for the committee. The committee finalized the self-assessment module and learning plan for Council approval. The practice assessment component is on track for Council approval by year-end.
- Clearing the backlog of assessments and remedial programs from previous years also remained a priority.
- The committee has finalized the 2024-2026 CE Policy for Council approval.
- Lastly, the committee has started work on the OPR modernization project.

Information Items

Practice Assessment Stats

	Since Last Council Meeting	Throughout 2023
SRA Reports Reviewed	5	5
CRA Reports Reviewed	9	43
Ongoing Remediation Cases Reviewed	9	25
New Referrals for Remediation	3	10

Discussion Items

Practice Assessment Redevelopment Project

- Two QA assessor training sessions were held on July 10, 2023: one for Chart Review Protocol (CRP) training and one for the Chart-Stimulated Recall (CSR) training. The training sessions received positive feedback and suggestions for improvements.
- The QAC reviewed the training feedback and made further revisions to the assessment tools and processes.

- Two additional QA assessor training sessions have been scheduled for the Fall.
- The project will then move into the pre-testing phase where 25-30 randomly selected participants will undergo a practice assessment using the new tools. Inter-rater reliability will be analyzed to determine if further assessor training is needed. Pre-testing feedback will also be reviewed to determine if changes/improvements need to be made to the assessment tools and/or processes.

Modernization of the OPR

- A request for proposals (RFP) was developed and posted on the College website and social media platforms, Federation of Health Regulatory Colleges of Ontario (HPRO) working groups, as well as several RFP databases.
- The next step is to develop score sheets to evaluate the proposals and shortlist up to 3 candidates. The candidates will be invited for a presentation at the next QA Special Projects Panel meeting in the Fall.

Practice Assessment and Remedial Programs Backlog

- The Panel has made significant progress in clearing the backlog of assessments and remedial programs. All remaining CRAs, Case Manager Reports, remedial programs (i.e., coaching and self-directed learning/specified CE), and re-assessments from previous years will be brought back on track within regulatory timeframes by year-end.

Decision Items

- Council to approve:
 1. The implementation of the self-assessment module and learning plan for the next three-year cycle (2024-2026); and
 2. The 2024-2026 CE Policy.

Attachments

N/A

Inquiries, Complaints and Reports Committee (ICRC) Activity Report

Reporting date: September 15, 2023

Committee Chair: Dr. Dino Mastronardi

Meetings in 2023: 9 (via videoconference)

Information Items

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

Since the Committee last reported to Council, a meeting was held on June 12, 2023, with members of Dr. Mastronardi's panel. Dr. Jenna Astorino's panel held a case review meeting on July 28, 2023, and Dr. Mastronardi's panel additionally met on August 30, 2023.

Discussion Items

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

Decision Items

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

Cases Processed Since Last Reporting (June 10, 2023 – September 11, 2023)

- Complaints newly filed: 4
- Cases reviewed by the panels: 27
- Complaint Cases to Alternative Dispute Resolution (ADR): 1
- Cases carried over: 1

Decision Breakdown	Total
Decisions Issued	10
Case Type	
• Complaints	9
• Registrar's Investigations	1
• Incapacity Inquiry	0
Dispositions (for cases above)	
• No action/No further action (NFA)	8
• Advice/Recommendation	0
• Remedial agreement	1

<ul style="list-style-type: none"> Specified Continuing Education or Remediation Program (SCERP) Oral caution Acknowledgement and Undertaking Referral of specified allegations to the Discipline Committee 	0 0 0 1
Nature of Allegations (for dispositions above, no action/NFA excluded)** <ul style="list-style-type: none"> Failure to diagnose/misdiagnose Failure refer to an ophthalmologist Improper eye examination and/or treatment Unprofessional behaviour & communication Related to eyeglasses or contact lens prescriptions Fraud and misleading billing Ungovernability (lack of respect for College processes, failure to cooperate with investigation etc.) 	0 0 0 0 0 1 1
Timeline for Resolution (for cases above) <ul style="list-style-type: none"> <120 Days 121-150 Days 151-180 Days 180+ Days 	0 0 0 10

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

HPARB Appeals

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

Registration Committee Activity Report

Reporting date: September 15, 2023

Chair: Dr. Abraham Yuen

Meetings in 2023: 3 (via videoconference)

Tasks Completed Since Last Council Meeting:

- Prioritized the proposed amendments to the Registration Regulation associated with the Emergency Class.
- Discussed the Federation of Optometric Regulatory Authorities of Canada (FORAC), the Office of the Fairness Commissioner (OFC), Touchstone Institute and the Internationally Graduated Optometrist Evaluating Examination (IGOEE), the Optometry Examining Board of Canada (OEBC) and the National Board of Examiners in Optometry (NBEO) examinations, and the registration process.

Key Priorities

Emergency Class of Registration

- In a June 1, 2023, memo, the Ministry of Health notified health regulatory colleges that to meet the August 31, 2023, deadline for the Emergency Class regulations, the Ministry will only be proceeding with the Emergency Class regulations at this time and that the remaining proposals will be brought forward beginning this fall.
- As requested by the Ministry of Health, an updated red-line version of the proposed regulation that included only the proposed Emergency Class amendments was provided to the Ministry on June 14, 2023.
- The sealed and signed copy of the proposed Emergency Class regulation was submitted to the Ministry on July 31, 2023, with no changes to the version approved at the March 2, 2023, Special Council meeting.

Federation of Optometric Regulatory Authorities of Canada

- The updated Copyright Licence and Services Agreement was signed by FORAC and is effective on September 9, 2023. FORAC did not make any edits to the final version of the Agreement before signing it.

Office of the Fairness Commissioner

- The College submitted the 2022 Fair Registration Practices report to the OFC on July 24, 2023. The OFC shared a copy of the report to post on August 31, 2023, once the review of the College's submission was completed. The College posted the reviewed report on the College website on September 1, 2023.

Touchstone Institute

- The Committee met Ms. Nicole Beben, Touchstone Institute's new CEO, on August 10, 2023, and provided her with a copy of Copyright Licence and Services Agreement signed with FORAC.
- The Committee discussed monitoring IGOEE registrations with Touchstone Institute staff.

Optometry Examining Board of Canada

- The Committee discussed the OEBC contribution motion on June 23, and the June 26, 2023, OEBC Board Meeting.
- The Committee members discussed postponing observation of the OEBC OSCE exam to the spring 2024 upon learning that the BIO station will be moving from a standardized patient to a live patient in the spring.

National Board of Examiners in Optometry

- The Committee met with Dr. Jill Bryant, Executive Director, NBEO, on August 10, 2023, and discussed changes to the NBEO Part III exam as well as the expected timeline for the launch of the PEPS exam.

Registration Process

- College staff continue to accept applications for registration electronically and validate documents with applicants.
- There was a maximum of 30 candidates registered for the July 2023 online Jurisprudence exam and 11 candidates registered for August 2023 online Jurisprudence exam.
- Since the online application portal was launched on September 21, 2022, there have been a total of 142 online registration applications received by August 30 with 111 online applications received in 2023.

Discussion Item

- The Committee discussed funding for the OEBC exam and whether other regulatory colleges fund their professions' entry-to-practice exams.

Discipline Committee Activity Report

Reporting date: September 15, 2023

Committee Chair: Dr. William Ulakovic

Meetings in 2023: 0

Information Items

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

Since the Discipline Committee last reported to Council, 1 referral was received from the ICRC. The Discipline Committee has not held any hearings since its last report, and no reinstatement applications are currently pending.

Discussion Items

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

Decision Items

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

Governance-HR Committee Activity Report

Reporting date: September 15, 2023

Chair: Dr. Lisa Christian

Meetings in 2023: 3 (Zoom) | most recent on August 16, 2023

Tasks Completed Since Last Council Meeting:

- The group reviewed a series of committee appointment principles and agreed on a general framework for this year's process.

Key Priorities

The mandate of the Governance-HR Committee is to facilitate Council's ability to fulfill its functional and ethical responsibilities. Working within that mandate, a key focus for the committee in 2023 is to review the College's governance policies and processes, and to make changes and additions where appropriate to enhance the College's governance portfolio.

Discussion Items

Feedback on Council Meeting (June 23, 2023)

The group agreed that it will be more helpful to have Council fill out the survey in the gap between the end of the Council meeting and the beginning of the generative discussion. They also agreed that a separate (but straightforward) survey for the generative discussion should be made available.

Committee Appointment Process

Looking ahead to the committee appointments later this year, the group reviewed a series of committee appointment principles and agreed on a general framework for this year's process, which will begin at the next Governance-HR Committee meeting. The group also decided that when Council members are asked for their committee preferences (likely in late October or early November), they will also be asked if they are interested in any chair roles. This will facilitate effective and appropriate decisions vis-à-vis the chair position on each committee.

Modernization Update

J. Jamieson provided an update on the current state of modernization reform in Ontario and Canada. The Committee discussed various aspects of the potential reforms and considered ways to position the College appropriately.

General Election Update

C. Andrews provided an update on the general Council election, which will elect two members in the provincial district for a 2024 start. Operationally, the process is underway and will be finalized by the end of October.

Audit/Finance/Risk Committee Activity Report

Reporting date: September 15, 2023

Chair: Mr. Narendra Shah

Meetings in 2023: 3 (AFR Committee) + 4 (AFR Working Group) – all via teleconference.

Tasks Completed Since Last Council Meeting:

- The Committee reviewed the financial accounts for the first half of 2023, and the initial year-end projections, which are within target.
- Reviewed the status of the College's tax returns and compliance with other government reporting requirements.
- Planned the next course of action with RBC Dominion Securities as the College's new investment management firm, focusing on the development of the new Investment Policy Statement.
- Considered the new description of per diem categories in the Schedule of Rates. Details are in a separate briefing note for Council discussion and approval at its September 15, 2023 meeting.
- Reviewed the draft finance policies on (i) Accounts Payable, (ii) General Ledger, and (iii) Petty Cash, to ensure adequate procedures are in place for the College's financial activities.
- Discussed the renewal options for the College's office lease with the Ontario English Catholic Teacher's Association (OECTA). Staff to finalize the negotiations before end of August 2023.

Key Priorities

- The Committee aims to develop the new Investment Policy Statement, in collaboration with RBC Dominion Securities, before the Council meeting on September 15, 2023.
- Conclude the negotiations with OECTA and sign the new lease agreement.
- The Committee will focus on the College's financial plan for 2024 at its next meeting.
- Continuous monitoring of financial operations versus budget.
- Ongoing review of potential risks in IT, operational, organizational, financial, and strategic.

Information Items

The highlights of the financial results for the second quarter ending June 30, 2023 include:

- **\$2.8M Revenue**
Revenue to date accounts for 93% of the budget, and about 98% is forecasted by year-end.
- **\$1.5M Expenses**
Actual expenses are 44% of the budget, and it is expected to come close to total expenditure planned for the year.
- **(\$404K) Overall year-end forecast**
The overall net financial results are expected to be slightly better than the approved budget of (\$463) for 2023.
- **\$2.2M Restricted Funds**
More than \$200K has been disbursed to date on planned strategic activities. Current estimate would bring the balance of restricted funds to \$1.8M by the end of the year.

Discussion Items

- The proposed change in the Schedule of Rates related to the description of per diem.
- The new finance policies and procedures on (i) Accounts Payable, (ii) General Ledger, and (iii) Petty Cash.
- The new Investment Policy Statement that provides guidelines for the management of the College's surplus funds, including those reserved for strategic initiatives.

Decision Items

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

1. The changes in description of per diem categories in the Schedule of Rates, as part of the Finance – Honoraria and Expense policy.
2. The finance policies on:
 - (i) Accounts Payable
 - (ii) General Ledger
 - (iii) Petty Cash
3. The new College's Investment Policy Statement

Attachments

N/A

7-8 / PRESENTATIONS & MOTIONS

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

- In-camera session: Receiving Legal Advice
Council will go in camera under: Section 7(2)(b) of the *Health Professions Procedural Code*, which is Schedule 2 to the *Regulated Health Professions Act, 1991*

8. Motions Brought Forward from Committees

a. Quality Assurance Committee

- i. New Self-Assessment Component of the Quality Assurance (QA) Program
- ii. Continuing Education (CE) Policy (2024-2026)

b. Audit/Finance/Risk Committee

- i. Proposed changes in Schedule of Rates as part of Finance Policy – Honoraria and Expense
- ii. Approval of Finance Policy – Accounts Payable
- iii. Approval of Finance Policy – General Ledger
- iv. Approval of Finance Policy – Petty Cash
- v. Approval of the new Investment Policy Statement

BRIEFING NOTE

Council Meeting – September 2023

Subject

New Self-Assessment Component of the Quality Assurance (QA) Program

Background

In 2017, the QA Committee (QAC) embarked on a number of initiatives aimed at enhancing the College's QA Program, including an independent evaluation of the current QA program.

In 2018, Council struck a QA subcommittee to conduct an independent review of the College's QA program to determine whether it is in line with the mandate, goals and objectives of the College and to assist the College in the development of new tools/update existing tools to align with best practices.

In 2019, Research & Evaluation Consulting (RaECon) was hired to conduct an independent review, best practices research, and recommendations for improvements. One of the findings was that the current QA program lacked a self-assessment process. As set out in the Regulated Health Professions Act (RHPA), 1991, Section 80.1, the QA Program for all colleges must include self-assessments. Based on the findings of the review and best practices, the consultant recommended that the College consider developing a reflective self-assessment that could be linked to the CE component of the QA program.

In 2020, the QA subcommittee collected and analyzed risk data from College sources (e.g., Discipline Committee, ICRC, QAC, and the Patient Relations Committee) and conducted an extensive environmental scan of self-assessments used by other regulated health regulators in Ontario. The subcommittee decided to pursue an objective feedback-style tool versus a questionnaire-style tool. Questionnaire-type of assessments are not the most effective as it is difficult for people to identify gaps in their knowledge. In other words, you do not know what you do not know. Objective feedback on the understanding of and response to common scenarios that are derived from actual risks that the profession encounters is the best approach to assist optometrists in identifying their learning needs. The objective feedback tool would involve reviewing case studies and answering questions regarding optometric competencies (e.g., clinical expertise, communication, collaboration, patient-centered care, professionalism, and scholarship).

In 2021, a request for proposals (RFP) was developed and circulated to invite organizations and/or individual professionals to submit proposals for the development of an online self-assessment component for the QA program. Independent Learning Systems (ILS) was hired to assist with the development.

In 2022, the content of the self-assessment was developed and finalized. Subject matter experts, consisting of professional members of the QAC, were engaged in the content development. The

scenarios are relevant, real-life situations in eyecare. They were drawn from key risks identified by College data.

In 2023, the vendor built out the self-assessment in the College's existing Learning Management System where registrants currently access e-modules. Following extensive testing of the functionality of the assessment, a pilot was conducted over the summer. Twenty (20) randomly selected registrants participated in the pilot with positive feedback. Specifically, participants found the:

- difficulty level to be adequate with a good variety of scenarios;
- interface to be user-friendly; and
- feedback and resources to be useful.

In August 2023, the QAC reviewed the pilot feedback and finalized the self-assessment for Council approval.

Decision(s) for Council

To approve the implementation of the self-assessment component of the QA program beginning in 2024.

Considerations

- The self-assessment component would fulfill the requirements of the College's QA program as set out in the RHPA.

Public Interest Mandate

- Self-assessment is an intentional process of developing concrete and structured goals, participate in meaningful CE activities, and self-reflect on impact/effect of the activities on optometrists' practice. These are powerful skills that help optometrists grow and engage in lifelong learning that is critical to providing quality care to patients in Ontario.

Diversity, Equity and Inclusion Considerations

The self-assessment includes review of DEI principles, including:

- Providing inclusive, respectful, and equitable eyecare
- Providing information in a manner that is considerate of language and cultural needs
- Collaboration with healthcare and other professionals in the community to provide patient-centered care.

Supporting Materials

- Frequent Asked Questions (FAQs)

Next Steps

- Following Council approval, the self-assessment will be implemented in 2024.

Contact

- Bonny Wong, Manager, Quality Programs

SELF-ASSESSMENT - FREQUENTLY ASKED QUESTIONS (FAQs)

What is self-assessment?

There are generally two types of self-assessment:

1. **Questionnaires:** registrants are asked to self-reflect/rate their own individual practice against competencies and/or standards of practice (e.g., consistently perform, room for improvement, not applicable). Registrants then self-identify areas for improvement and develop learning plan/goals; and
2. **Objective Feedback Tool (OFT):** registrants take a quiz/test where the questions have a correct response identified. The quiz/test results help registrants identify areas for improvement, and registrants can then use the identified areas to develop learning plan/goals.

Questionnaire-type of assessments are not the most effective as it is difficult for people to identify gaps in their knowledge. In other words, you don't know what you don't know. Objective feedback on the understanding of and response to common scenarios that are derived from actual risks that the profession encounters is the best approach to assist registrants in identifying their learning needs.

Why do I have to do self-assessments?

As set out in the Regulated Health Professions Act (RHPA), 1991, Section 80.1, the Quality Assurance (QA) Program for all colleges must include self-assessments.

What is the College's new self-assessment?

The self-assessment is a two-part online exercise:

1. Part One – Registrants will review seven scenarios and answer related multiple-choice questions. There are five questions per scenario. The scenarios are relevant, real-life situations in eyecare. They are drawn from key risks identified by College data from sources such as the Discipline Committee, Inquiries, Complaints and Reports Committee (ICRC), Quality Assurance Committee (QAC), and the Patient Relations Committee.
2. Part Two – Registrants will receive feedback based on the results from Part One, which may include review of relevant Optometric Practice Reference (OPR) sections, competencies for optometry, pursue specific COPE CE categories, and other learning resources. Registrants will use this feedback to create a Learning Plan. The Learning Plan encourages registrants to set specific goals, select appropriate CE activities, and reflect on the impact of their learning. These are powerful skills that help registrants grow and engage in lifelong learning that is critical to providing quality care to patients.

Is self-assessment mandatory? If yes, how often do I have to complete the self-assessment?

The self-assessment is mandatory and completed once per 3-year CE cycle, starting with the next CE cycle (2024-2026).

Do I need to study for the self-assessment?

No, you do not need to study for it. Of course, you may use any resources available to you to complete the self-assessment (e.g., OPR and Competencies for Optometry).

What happens if I fail?

The self-assessment is not scored (i.e., there is **no pass or fail).** The exercise is truly a self-assessment designed to assist registrants in identifying learning opportunities and needs, and to provide resources to find information. This means you cannot pass or fail the self-assessment.

Will the results be confidential?

Yes, all self-assessment results are confidential. The College would not have access to individual scores or Learning Plan content. The College would only have completion information (i.e., who and when the self-assessment was completed).

The feedback from Part One of the self-assessment recommends specific continuing education (CE) activities (e.g., specific categories of COPE CE). Would these be mandatory in the three-year CE cycle?

No. Recommended CE activities from Part One are **not** mandatory.

Can I use the CE activities towards meeting requirements of the CE policy?

Yes. CE activities that you complete as part of the self-assessment and learning plan could be used to meet CE requirements as long as those activities meet the requirements of the CE Policy.

BRIEFING NOTE

Council Meeting – September 2023

Subject

Continuing Education (CE) Policy (2024-2026)

Background

Continuing Education (CE) is a key component of the College's Quality Assurance (QA) Program that helps ensure registrants maintain their skills, adapt to changes in practice, and remain current with developments in technology, scope, and standards of practice.

In 2020, the QA Committee (QAC) conducted extensive research, review, and analysis to develop the 2021-2023 CE Policy, including:

- The Council on Optometric Practitioner Education (COPE) is a recognized accreditation program for optometric CE courses. The QAC conducted a thorough review of COPE accreditation criteria, qualification and submission process, and standards for commercial support. The QAC was confident that COPE accredited CE would ensure registrants are participating in high-quality and meaningful CE.
- Environmental scan of CE requirements of other regulated health colleges in Ontario and other Canadian optometric regulators.
- Review of the 2018-2020 CE cycle data. The 2018-2020 CE cycle did not require a minimum number of COPE accredited CE hours. Nonetheless, data indicated that approximately 72% of registrants' CE hours were COPE accredited; so, the proposed changes to the policy were simply reflecting the reality of registrants with a simpler, clearer, and more streamlined process.
- 60-day consultation to hear from the public, registrants, CE providers, and other stakeholders about the proposed changes. The QAC made revisions based on the consultation and Council feedback.

In December 2020, Council approved the CE policy, which included key changes such as eliminating the A and B CE categories, requiring a minimum number of COPE accredited CE hours, and the inclusion of Other Learning opportunities.

In 2023, the QAC considered the following:

- The Federation of Optometric Regulatory Authorities of Canada (FORAC) shared a jurisdictional scan on the mandatory CE requirements of each provincial regulatory authority. The QAC found that the College of Optometrists of Ontario's CE hours requirements are comparable to other regulators.
- CE data indicated that as of August 18, 2023, the majority (88%) of registrants have already met or have completed at least half of their COPE CE hours requirement. Based on experience from previous cycles, it is likely that a number of registrants have completed their required hours but

have not yet uploaded them to OE TRACKER. As such, the actual number of COPE hours completed is likely to be higher than currently reported. This data suggested that there are no major concerns or challenges to meeting the minimum COPE hours requirement as set out in the current CE Policy (2021-2023).

- The current CE cycle (2021-2023) is the first cycle to require completion of a minimum number of COPE CE hours and to include a new category of “Other Learning Opportunities.” At the conclusion of the current cycle, the QAC agreed to collect and conduct a comprehensive review of relevant data, including:
 - Conduct an audit of the 2021-2023 CE data to identify the number of registrants deficient in CE hours, and the number and types of CE hours they are deficient;
 - Review the types and number of hours of Other Learning Opportunities taken by registrants;
 - Review the types and number of hours of COPE categories taken by registrants; and
 - Survey registrants for feedback.

The collected data will allow the QAC to have informed discussions and make evidence-based decisions to improve future CE policies. The QAC also plans to research the educational needs and practice gaps of Ontario optometrists to better inform the market of the need for courses in specific topics.

Considering the above, the QAC decided to maintain the CE Policy as-is for the next cycle (2024-2026).

Decision(s) for Council

To approve the 2024-2026 CE Policy.

Considerations

- The new self-assessment component of the QA program will align with the 2024-2026 CE cycle. Self-assessment feedback includes recommendations to pursue specific COPE CE categories. Registrants may choose to complete these specific COPE accredited courses and use them to meet their CE requirements for the next cycle.

Public Interest Mandate

- The self-assessment and CE Policy would ensure Ontario optometrists are participating in high-quality and meaningful CE activities that address their learning needs and are critical to providing quality care to patients.

Diversity, Equity and Inclusion Considerations

- Registrants may choose from a variety of learning formats that fit their learning needs (e.g., in-person, webinar, video, online reading, lecture-based, print, etc.).
- Other learning opportunities give registrants a wide range of options to select from that suit their learning needs and practice.

- In addition to clinical topics, registrants may participate in non-clinical topics, such as ethics, DEI, communications, professionalism, that are relevant to the practice of optometry.

Supporting Materials

- Draft CE Policy (2024-2026)

Next Steps

- Following Council approval, the CE Policy will be implemented in 2024.

Contact

- Bonny Wong, Manager, Quality Programs

Policy

Type:	Quality Assurance Program		
Name:	Continuing Education: January 1, 2024 – December 31, 2026		
Status:	Draft	Version:	1
Date Approved:		Date Revised:	

Purpose

The purpose of this policy is to outline the requirements of continuing education that must be met by optometrists in the three-year continuing education cycle: January 1, 2024 to December 31, 2026.

Participation in Continuing Education

As per the [Optometry Act, 1991. O. Reg. 119/94](#), a key component of the College's Quality Assurance Program is mandatory Continuing Education (CE). Optometrists are required to participate in the CE component to ensure their continuing competence and quality improvement, to address changes in practice environments, and to ensure they remain current with changes in technology, scope and standards of practice.

Current Cycle

The current cycle runs from January 1, 2024 to December 31, 2026.

Optometrists must complete a minimum of **seventy (70)** credit hours of continuing education related to the maintenance of their standards of practice or continuing competence by the end of the three-year cycle.

Breakdown

Of those 70 hours, an optometrist must complete:

- **a minimum of 50 (fifty)** hours of Council on Optometric Practitioner Education (COPE) accredited CE;
 - **20 (twenty)** of those COPE accredited hours must be in topics reasonably related to ocular disease and management or related systemic disease;
 - an optometrist may claim **30 COPE-equivalent hours** during the cycle a Fellowship or Diplomate in the American Academy of Optometry (FAAO) or Fellowship in the College of Optometrists in Vision Development (FCOVD) is awarded; and
- **the remaining 20 (twenty)** hours may be obtained by completing COPE accredited CE or other learning opportunities, which give optometrists a wider range of options and the opportunity to make flexible selections that suit their learning needs and practice.

Accepted learning opportunities for the remaining 20 hours include:

Learning Opportunities	Calculation of CE Credit Hours
Organized events: conferences, education, events, and lectures that are not COPE-accredited	Hour-for-hour
Professional journals: reading of articles in refereed optometric, ophthalmologic, or medical journal	Hour-for-hour
Distance learning activities: print, internet, video that are not COPE accredited	Hour-for-hour
Graduate studies in optometry or a related health discipline preapproved by the Quality Assurance Panel	Full-time studies (5 days/week): 20 hours per year Part-time studies (less than 5 days/week): 10 hours per year
Residency at an ACOE-accredited school	20 hours per cycle
Faculty/staff optometrist appointment at an ACOE-accredited school	Full-time (5 days/week): 20 hours per year Part-time (less than 5 days/week): 10 hours per year
Publication of an article in a refereed optometric, ophthalmologic, or medical journal	10 hours
Publication of a case report in a refereed journal	2 hours
Lectures prepared and given to regulated health professionals for their primary continuing education or regulated health professionals in training education at a Canadian or American accredited school. If a faculty member prepares and gives lectures to regulated health professionals as part of their appointment, they may claim CE credit hours either for their faculty appointment or lectures prepared and given to regulated health professionals, but not both.	3 credit hours/hour of lecture—each lecture may be counted one time only
Supervising optometrist for students from ACOE-accredited schools (including external clerkship) or the IOBP	Full-time (5 days/week): 1 hour per week Part-time (less than 5 days/week): 0.5 hour per week

Participation in an organization approved to administer an entry-to-practice examination or an evaluating examination for foreign-trained practitioners.	Clinical Assessor: 1 credit hour per two hours spent assessing or training to assess candidates Question Author: 1 credit hour per question accepted to the database Question Item Selector: 1 credit hour per two hours spent selecting questions for the examinations
Certification in a Cardiopulmonary Resuscitation (CPR) Heart Saver AED (C) or CPR HCP (Health Care Provider) level with AED	5 hours per cycle

New Registrants

Optometrists may only claim CE credit hours that have been completed following their initial registration with the College. Newly registered optometrists during the current cycle will be required to complete a prorated number of hours based on their registration year as follows:

Year of Registration	Total Hours	COPE Accredited Hours (*)	Other Learning Opportunities Hours
2024	47	34 (14)	13
2025	24	17 (7)	7
2026	No requirement	No requirement	No requirement

*Number of COPE accredited hours that must be in topics reasonably related to ocular disease and management or related systemic disease

Participation Verification Certificate

A participation verification certificate must be issued for COPE accredited CE activities.

For other learning opportunities, optometrists must complete the 'Continuing Education: Other Learning Opportunities' form, which requires the following information:

- **Activity:** select one of the accepted learning opportunities;
- **Instructor:** name of the instructor of the CE activity or "Self" if there is no instructor;
- **Provider/resource used:** name of the provider of the CE activity or the resource material used;
- **Format:** select one of the activity formats. There are two options for online formats:
 - **Online – Interactive:** webinar, video conference, teleconference, or other format that allows for immediate interaction and feedback between the audience and the instructor. Once the event has taken place, optometrists may no longer participate in that activity; and
 - **Online – Enduring:** webcast, podcast, video, journal, website, written or other format that provides one-way content to the audience without immediate interaction with the

instructor. There is not just one time on one day to participate in the activity, rather, the optometrists determine when they participate;

- **Presentation (if applicable):** select one of the activity presentations or leave blank if not applicable;
- **Category:** select one of the activity categories. See “COPE Categories” for description of each category;
- **Date:** date of completion of the activity;
- **City, Province/State, Country:** location of the activity; and
- **Number of credit hours claimed:** number of credit hours claimed for the activity.

CE Exclusions

Although the College recognizes the value in trade show participation, this activity does not qualify for CE.

Reporting of Hours

Optometrists must **self-declare completion** of CE requirements on their **Annual Report** at the end of the three-year cycle (2026).

Optometrists must **also submit all CE credit hours to OE TRACKER**. It is the responsibility of the optometrist to claim only credit hours that is relevant to their maintenance of practice and/or continuing competence. Some CE providers send COPE accredited attendance information directly to OE TRACKER. Otherwise, the optometrist must submit their own certificates for COPE accredited CE activities. For other learning opportunities, optometrists must submit completed [‘Continuing Education: Other Learning Opportunities’ forms](#) to OE TRACKER. The College will verify optometrists’ reporting hours through individual OE TRACKER profiles. It is incumbent upon optometrists to ensure that their OE TRACKER profiles are up to date, particularly toward the end of the CE cycle.

Deficiency Audit

The College will perform a deficiency audit at the conclusion of this three-year reporting cycle. The deficiency audit identifies those who fail to meet the CE hour requirement.

As per the *Optometry Act*, the Registrar is required to refer optometrists who fail to acquire the required number of CE credit hours to the Quality Assurance Committee for a practice assessment. As such, optometrists found to be deficient in CE hours based on the breakdown above will be required to participate in a practice assessment at their own cost according to the College’s Schedule of Fees and Penalties.

BRIEFING NOTE

Council Meeting – September 2023

Subject

Proposed change in the Schedule of Rates related to per diem description.

Background

As per the Honoraria and Expense policy, per diems are paid for the scheduled time of meetings.

Currently, there are three per diem categories:

- Less than one hour
- One to three hours (half day)
- Greater than three hours (full day)

When a meeting that was booked for an hour lasted under 60 minutes, the applicable per diem is half day rate, which is based on the scheduled time of the meeting (one hour).

Sometimes, this causes confusion for the elected Council and Committee members participating in the College activities.

Decision(s) for Council

To approve the amendments to the description of per diem for less than one hour and half day meetings, with rates unchanged. (See enclosed Schedule of Rates with proposed changes)

Considerations

- To avoid future misinterpretation of per diem applicable for meetings under one hour
- All per diem rates for the Chair and members of the Council and Committees remain the same.

Public Interest Mandate

- N/A

Diversity, Equity, and Inclusion Considerations

- N/A

Supporting Materials

- Schedule of Rates with proposed changes

Next Step

- Staff to circulate the new Schedule of Rates to Council and Committee members.

Contact

- Deborrah Anne Lim, Manager – Finance and Office Administration

APPENDIX 1 - SCHEDULE OF RATES

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

HONORARIA – PROPOSED CHANGES		
PER DIEM		
Scheduled meeting	Member	Chair
Up to one (1) hour	187.50	262.50
Greater than one (1) hour up to three (3) hours - half day rate	375.00	525.00
Greater than three (3) hours - full day rate	750.00	1,050.00

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

EXPENSES	
TYPE OF EXPENSE	DESCRIPTION
TRAVEL	
Travel by air / train	Economy (under 3 hours)
	Premium economy (over 3 hours)
	Flexible flight options (when practical)
Travel by car	Mileage at \$0.68/km
	Parking expenses (actual fee)
ACCOMMODATION	
Lodging	\$275/night (excluding HST)
* Exceptions may be allowed on unexpected circumstances	
MEALS	
Breakfast	\$30/meal (excluding HST)
Lunch	\$30/meal (excluding HST)
Dinner	\$60/meal (excluding HST)
Gratuities	Maximum 18% of total allowable amount
ACTIVITY CANCELLATION POLICY	
5 days before	50% refund
3 days before	100% refund

BRIEFING NOTE

Council Meeting – September 2023

Subject

Draft Finance Policies

- (i) Accounts Payable
- (ii) General Ledger
- (iii) Petty Cash

Background

Financial policy development is essential in ensuring that there are adequate procedures supporting the College's financial activities.

The three (3) new policies are additions to the existing five financial guidelines that reflect sound internal controls and operational systems. The new policies pertain to payment processes, maintenance of the general ledger necessary for producing accurate financial reports, and the administration of petty cash.

Decision(s) for Council

- To approve the finance policies for (i) Accounts Payable, (ii) General Ledger, and (iii) Petty Cash.

Considerations

- The policy documents provide greater transparency and accountability for the planning and reporting of financial resources.
- The policy documents serve as a reference for communicating financial procedures to existing and future staff, and other stakeholders.

Public Interest Mandate

The policy documents reflect the College's values and culture of maintaining accurate, transparent, and accountable financial operations.

Diversity, Equity, and Inclusion Considerations

Supporting Materials

- Draft Finance policy – Accounts Payable
- Draft Finance policy – General Ledger
- Draft Finance policy – Petty Cash

Contact

- Deborrah Anne Lim, Manager – Finance and Office Administration

A. PURPOSE

The purpose of this policy is to establish the entire process of completing a purchase from procurement to receiving goods and/or services, and disbursing funds, excluding payroll.

B. POLICY STATEMENT

The Accounts Payable policy is to ensure that payment for all goods and services are conducted in a transparent, ethical, and professional manner, following the standards set out in Procurement and Bank Resolution documents.

C. PROCESS

1. All payment requests/invoices/expense reimbursement forms must be sent to the Finance Department by email using expenses@collegeoptom.on.ca.
2. All payments must be supported by the original supplier's invoice and/or approved expense reimbursement request forms.
3. The Senior Management Team members must ensure that payment requests are within their approved portfolio budget.
4. Any unbudgeted purchase or request for additional allocation, must follow the guidelines set out in the Budgeting and Procurement of Goods and Services policies.
5. Any authorized officer cannot approve payment to themselves. Requests must be approved by another authorized officer, in accordance with the Bank Resolution.
6. Each new payee must be set up as a supplier in the College's accounting system¹. To facilitate this, a completed Electronic Fund Transfer (EFT) form must be forwarded to the Finance Department by email using expenses@collegeoptom.on.ca
7. Invoices and reimbursement forms are reviewed for accuracy and completeness, coded with relevant general ledger accounts, before posting in the accounting system. The Finance

¹ The College's current accounting system is QuickBooks online (QBO).

Manager verifies the invoice details against supplier's contracts or from the Senior Management Team member as applicable.

8. Invoices and reimbursement forms are processed each week via the online payment platform². Payment information and documentation uploaded to the accounting system, are synced with the payment platform. Data can be viewed by authorized payment approvers.
9. The payment term on supplier's invoice is followed, otherwise the default payment period of 0 day applies.
10. Payments are predominantly processed by bank transfer, directly to the payee's account. Electronic fund transfers are arranged for Friday if payments are approved by 3:00 p.m. on Tuesday in the same week.
11. Advance, urgent, and cheque payments can be arranged when required, following the usual payment procedures.
12. When expenses are processed in the online payment platform, an email notification is sent to relevant approvers.
13. The Finance Manager also sends an email to approvers, providing cash flow information.
14. Approvers must log in to the online payment platform. On the dashboard, the approver will see a section titled 'Payment awaiting my approval'. Approvers review the payments then select "approve" to proceed.
15. Once the required approvals are completed, the payments will begin processing.
16. Remittance notifications are automatically generated and issued to payees.
17. The General Ledger is updated after confirmation of successful payment has been received from the bank.

D. REVIEW OF POLICY

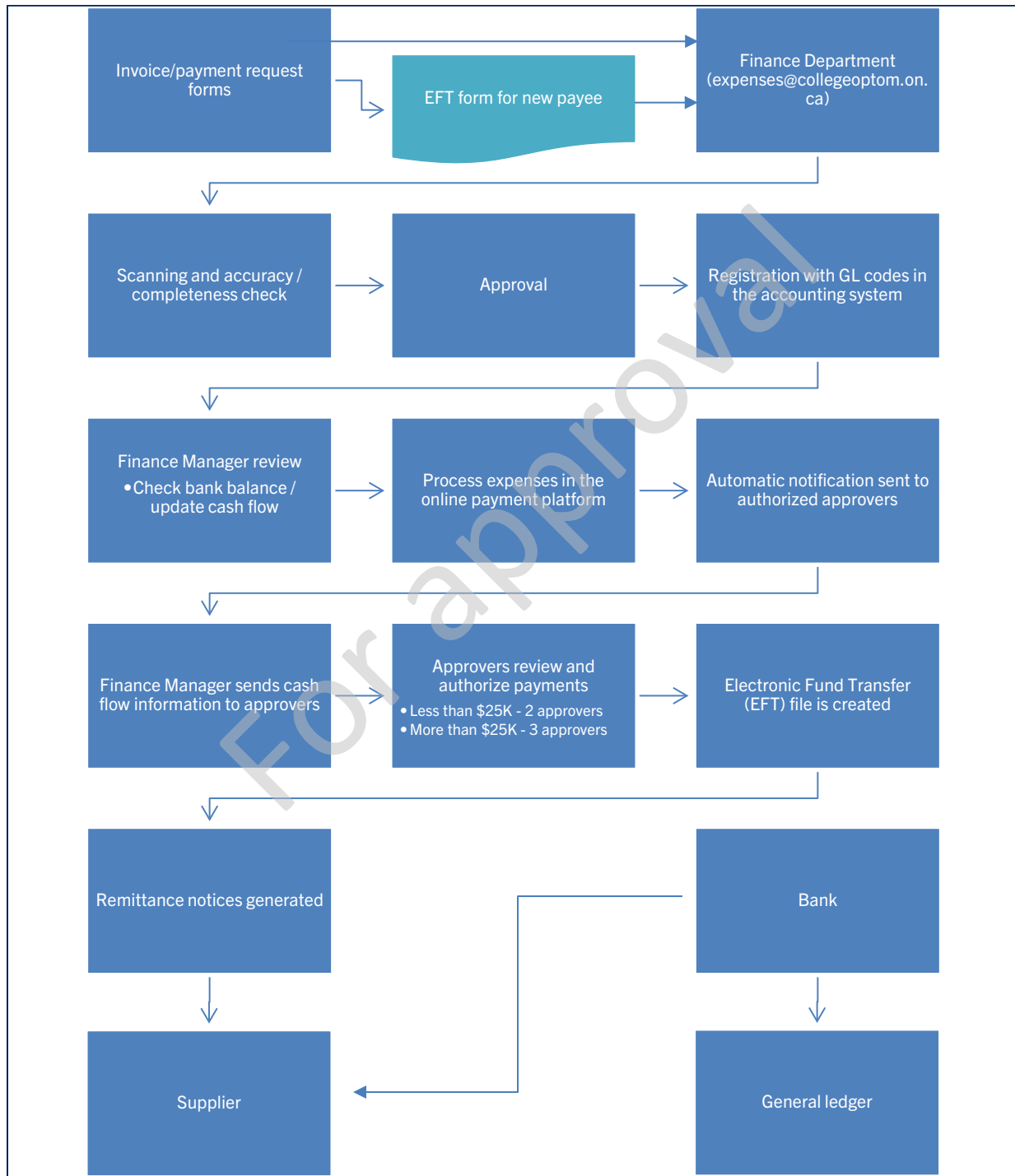
Changes to this policy are subject to the direction of Council upon review and recommendation of the Audit/Finance/Risk Committee.

E. RELATED DOCUMENTS

Finance Policy – Budgeting
Finance Policy – Procurement of Goods and Services
Expense reimbursement form
EFT form for vendors

² The College is currently using Plotoo application as its online payment platform.

Accounts Payable process flowchart



A. PURPOSE

The purpose of this policy is to establish the process for maintaining the General Ledger and associated practices and procedures.

B. POLICY STATEMENT

This is to ensure that all financial transactions are appropriately captured, documented, and reported on a timely basis while safeguarding the integrity of the transactions.

This policy applies to all staff involved with the financial capture, record-keeping, authorization, processing, and reporting of general ledger and associated accounting transactions.

C. MAINTAINING THE GENERAL LEDGER

The General Ledger is maintained by Finance Department staff to ensure accurate financial records of the College are maintained. All general ledger transactions must be entered only with the relevant supporting documentation. All transactions must be complete, accurate, timely and properly authorized to ensure the overall integrity of the general ledger information.

The general ledger can capture data for reporting in the following ways:

1. Accounts Payable

Invoices scanned by Finance Department staff are checked for accuracy and completeness before registering in the accounting system. Invoices are updated with relevant General Ledger codes.

Payments processed through the Accounts Payable function are updated on the General Ledger only after confirmation of successful payment has been received from the bank.

2. Accounts Receivable

The iMIS database is used to bill members for annual membership renewal and new application fees. For professional corporation renewal, only a courtesy email is sent when registrations are due.

Fees are accepted via cheques and online credit card payments. Regular cheque deposits and uploads of credit card transaction reports, cross-checked with the bank statement, prompt the recording of revenue and fees in the accounting system using the relevant General Ledger codes.

3. Fixed Asset

The fixed asset register is used to determine the creation, depreciation, and disposal of fixed assets. The invoice payment process is followed for new asset acquisitions, and journal entry for annual depreciation is used to update the General Ledger accordingly.

4. Journal entry

Adjustments can be made directly to the General Ledger by means of a journal entry. Relevant documentation is to be maintained by the Finance Department to support these journals.

Certain types of general journal entries should be pre-approved before uploading and posting in the accounting system.

Type of General Journal	Sign off required	Rationale
Bank / Revenue journals	No	Bank accounts are reconciled monthly, and this control is sufficient to cover any journals. Journal entries are largely fees/revenue transactions via cheque deposits and online credit card payments. The reconciliation is performed by another staff member not responsible for posting the journal entries.
Payroll journals	No	Journal entries posted in the accounting system are copied from payroll program-generated reports. The payroll process is subject to separate review and sign off by the Registrar and/or Deputy Registrar before the journal is created.
Recharge / adjustment journals	No	These journals represent recharging/adjusting costs from one account to another. Financial and account schedules are updated monthly. Review of quarterly management reports with Senior Management Team members, as well as with Audit/Finance/ Risk Committee, is another control to minimize the risk of erroneous postings.
Monthly accruals / prepayments	No	Accruals/prepayments during the year are automatically set up in the accounting system. As a result, these journals are not subject to sign off.

Year-end accruals / prepayments	Yes	Accruals/prepayments at year end are subject to review and sign-off as their impact on financial statements could be material.
Fee write-offs / invoice cancellation	Yes	The decision on fee write-offs is made by the Registrar and/or Deputy Registrar. Invoice cancellation (like for Practice Assessments, Coaching program) is upon recommendation by the relevant committee (QA, ICRC)
All other journals outside above categories	No/Yes	Journals < \$5k – Sign off is not required. Journals > \$5k – Sign off is required.

D. MONITORING AND REPORTING

Regular review of management accounts is essential. This requires complete and accurate information being maintained in the general ledger. To achieve this, an independent analysis of transaction listings is provided to the Senior Management Team members. This assists them in reviewing and tracking expenditure within their cost area. Separately, the periodical financial reports are consistent items in the agenda of Audit/Finance/Risk Committee meeting.

Finance Department staff also maintain and reconcile a master schedule of balance sheet accounts. Any discrepancies are investigated, followed up on a timely basis and corrected in the subsequent reporting period.

E. REVIEW OF POLICY

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

F. RELATED DOCUMENTS

Finance Policy – Accounts Payable

Finance Policy – Procurement of Goods and Services

A. PURPOSE

The purpose of this policy is to establish the process for the disbursement and administration of petty cash to ensure that there are adequate controls over the handling of petty cash.

B. INTRODUCTION

This is to ensure that petty cash is available for minor or emergency business expenses, which given their value, are impractical or not cost efficient to purchase through the usual purchasing methods. It is essential to ensure adequate controls are defined and maintained for the reimbursement, accounting, and safekeeping of petty cash.

C. PETTY CASH FLOAT

The College can maintain a petty cash fund up to \$1,000.00 as stipulated in Section 3.07 of the College By-Laws. Currently, the Petty Cash float is set at \$300.00 (Canadian Dollars Three Hundred).

Minimum balance is set at \$50.00 (Canadian Dollars Fifty) which when reached will require a request for top-up.

Petty Cash cannot be used for any of the following:

- Payment of salaries
- Payment exceeding \$50.00 unless approved by the Registrar and/or Deputy Registrar
- Personal expenses
- If the item or service may be acquired through the standard procurement process

A written approval from the Registrar and/or Deputy Registrar is required if receipts or supporting documents are unavailable.

D. PETTY CASH ADVANCE

When petty cash advance has been made to the College staff member, the staff member must provide the receipts/documents supporting the utilization of the cash advance to the Finance Manager and/or Deputy Registrar within 10 working days of receiving the money. However, staff are encouraged to claim their expenses as opposed to requesting an advance wherever possible.

E. ROLES and RESPONSIBILITIES

1. Requesting Staff

- Request an email approval from the Registrar and/or Deputy Registrar for petty cash reimbursement or cash advance
- Ensure that the request for petty cash (for reimbursement or cash advance) is valid and necessary for the operations of the College
- Submit the necessary receipts or supporting evidence to the Finance Manager
- If the expense exceeds the advanced amount, the requesting staff must present approval from the Registrar or Deputy Registrar for the additional amount

2. Finance Manager

- Document petty cash transactions in the register maintained in a spreadsheet (Excel file)
- Record appropriate expense account codes
- Post petty cash transactions in the accounting system
- File petty cash vouchers and supporting receipts within the Finance Department office
- Perform regular reconciliation of petty cash with the Deputy Registrar
- Arrange replenishment of petty cash fund after obtaining approval from the Registrar
- Report to the Registrar and/or Deputy Registrar any discrepancies in the petty cash account

3. Deputy Registrar

- Responsible for the safekeeping of petty cash
- Verify all requests for petty cash are valid for business reasons
- Prepare the petty cash voucher
- Disburse petty cash to requesting staff who acknowledge receipt of cash by signing the petty cash voucher
- If the expense is less than the advanced amount, the Deputy Registrar verifies the accuracy of the returned cash and amends the petty cash voucher and records, accordingly
- If the expense exceeds the advanced amount, the Deputy Registrar reviews the supporting documents ensuring approval for the additional amount is evidenced, updates the petty cash voucher and cash register for additional cash issued
- If any discrepancies are found, the receipts/supporting documents are returned to the requesting staff for correction and resubmission
- Ensure that the petty cash balance is not below the stipulated amount
- Conduct reconciliation of petty cash and supporting documents with the Finance Manager
- Perform a random check of the petty cash administration process

4. Registrar

- Approve requests for petty cash top up
- Approve reimbursements not supported by receipts, in exceptional circumstances
- Overall responsible for the proper management of petty cash in line with this policy

F. RELATED DOCUMENTS

Petty cash voucher

BRIEFING NOTE

Council Meeting – September 2023

Subject

Draft Investment Policy Statement

Background

Following the appointment of RBC Wealth Management Services – Dominion Securities (“RBCDS”) as the College’s new investment firm, the development of a new Investment Policy Statement (“IPS”) was a priority for the Audit/Finance/Risk Committee (“Committee”). The Committee agreed to use the IPS of the Toronto Foundation which investment practices are in line with the College’s mandate as a non-profit organization. The proposed draft policy has been reviewed by RBCDS.

Decision(s) for Council

To approve the College’s new Investment Policy Statement

Considerations

- The College’s fundamental investment objective is capital preservation.
- Annual review of the Investment Policy Statement is still recommended. However, significant changes specifically with respect to asset allocations will only be considered every five years, barring exceptional circumstances.
- The responsibility of monitoring the College’s investment portfolio and its compliance with the IPS falls under the AFR Committee or a sub-committee, as appointed by the Council.

Public Interest Mandate

This policy will support the College in providing conscious financial stewardship of membership fees.

Diversity, Equity, and Inclusion Considerations

- N/A

Supporting Materials

- Draft Finance policy – Investment Policy Statement

Next Step

Staff to share the approved investment policy statement with RBC Dominion Securities.

Contact

- Deborrah Anne Lim, Manager – Finance and Office Administration

For Council Reference:

Investment Management Firm (“IMF”) is RBC Dominion Securities (“RBCDS”)

Chief Investment Officer (“CIO”) on behalf of RBCDS is Mr. Jonathan Santos, Branch Director of Yorkville Branch, RBCDS

Investment Managers (“IM”) are 3rd Party Asset Managers selected by RBCDS

Investment Committee (IC) is the Audit, Finance and Risk (AFR) Committee, or a sub-committee for the purpose of providing governance oversight for the investment portfolio, the CIO and refining the Investment Policy Statement, as appropriate.

“This document is adapted from the Toronto Foundation Investment Policy Statement, June 2022.”

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1. BACKGROUND

The College of Optometrists of Ontario ("the College") is the self-regulatory authority responsible for registering and governing optometrists in Ontario. The College has the legislated duty to protect the public interest.

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

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

Values:

- i. Approachability
- ii. Integrity
- iii. Transparency
- iv. Accountability
- v. Collaboration
- vi. Diversity, Equity, and Inclusion

The College is funded mainly by the member dues.

This Investment Policy Statement governs the surplus funds, including those allocated to a reserve fund, that may be deposited in investment vehicles that do not present undue risk to the principal.

2. INVESTMENT POLICY STATEMENT

The Investment Policy Statement ("IPS") identifies the key factors bearing upon decisions for the College's investment portfolio (the "Portfolio") and provides a set of written guidelines for the management of its assets.

Given the anticipated operational stability of the College and of the longer-term nature of the College's reserves, Council strongly recommends that significant changes to the IPS and to the permitted investment product allocations or tolerance ranges ("Asset Mix") will only be considered every five years, from the approval date of this policy, barring exceptional circumstances.

This IPS supersedes any existing Investment Policy Statement and will be reviewed at least annually to ensure that it continues to reflect the College's circumstances and requirements.

3. ROLES AND RESPONSIBILITIES

3.1 Council

The Council of the College of Optometrists of Ontario ("the Council") has ultimate authority over and responsibility for the Portfolio. To assist it in the performance of its duties and to ensure that

the Portfolio meets its objectives, the Council will:

- a. appoint the Audit/Finance/Risk Committee or sub-Committee (“the Committee”);
- b. approve the terms of reference of the Committee;
- c. receive the Committee’s recommendations with respect to the Portfolio’s IPS and re-approve or amend the Statement, as appropriate, on an annual basis; and
- d. review all other reports and recommendations of the Committee with respect to the Portfolio and take appropriate action.

3.2 The Investment Committee (“the Committee”)

The Investment Committee will:

- a. maintain an understanding of legal and regulatory requirements and constraints applicable to the Portfolio and keep the Council fully apprised of these;
- b. review the broad aspects of the IPS on an annual basis, with the consideration that very substantive changes, particularly with respect to the asset mix, should only be considered every five years, barring exceptional circumstances;
- c. formulate recommendations to the Council regarding the selection, engagement, or dismissal of the Chief Investment Officer (“CIO”), professional investment CIOs, a Custodian and any other specialist or consultants they may wish to hire;
- d. formulate specialized instructions and mandates for the CIO including any restrictions on the types of assets that may be held in the Portfolio or the choice of asset mix. These instructions and mandates will derive from, reflect and be consistent with the provisions of this IPS;
- e. set parameters within which the CIO will have discretion to select, terminate, or replace Investment Managers;
- f. monitor the Portfolio’s financial risks and report any significant financial risks to the Council, including the consequences of potential significant losses of investments of any part of or the entire Portfolio;
- g. monitor the Portfolio’s performance and its compliance with the IPS and report on these matters to the Council on a quarterly basis;
- h. monitor CIO performance and compliance with the IPS as well as compliance with any specialized instructions and mandates the CIO has been given;
- i. take appropriate steps to ensure that the Portfolio is rebalanced, as necessary, per Section 9 of this IPS; and
- j. take appropriate steps to resolve conflict of interest issues as provided for in Section 12 of this IPS.

3.3 Chief Investment Officer (“CIO”)

The Chief Investment Officer will:

- a. provide the Committee with information required for the oversight of the Portfolio, advice and, as required, recommendations on:
 - i. Portfolio asset allocation;
 - ii. Investment Manager selection and structures; and

- iii. the selection, dismissal, or replacement of a Custodian;
- b. provide the Committee with draft Invest Policy Statement as necessary;
- c. on an annual basis, or as appropriate, provide the Committee with advice on the advisability of re-approving or amending the Portfolio's IPS as well as any specialized instructions;
- d. monitor and reallocate within predetermined limits the Portfolio's asset allocation among IM and/or asset classes;
- e. monitor the conditions in the overall foreign exchange market, and implement hedging when considered appropriate;
- f. manage the Portfolio's asset allocation and selection of funds in accordance with the IPS between the College and the CIO;
- g. provide administrative assistance with respect to the receipt or disbursement of monies to/from the Portfolio and act as a liaison between the Committee and the Custodian or Investment Managers in this connection;
- h. in the event a situation of non-compliance with this investment policy statement arises, to promptly report such situation to the College and to responsibly rectify it;
- i. provide information and advice with respect to developments that might affect the Investment Managers' performance, risk characteristics and service capabilities;
- j. provide information and advice with respect to developments that might affect the Investment Managers' performance, risk characteristics and service capabilities;
- k. meet with the Committee and/or Council on a regular basis, as determined by the Committee's or Council's requirements;
- l. have full discretion in day-to-day investment management of the College's Portfolio, or that portion of the Portfolio for which they have been given responsibility, subject to this IPS and any amendments thereto as well as any specialized instructions and mandates issued by the Committee;
- m. demonstrate their commitment to Environmental, Social, and Governance considerations, Socially Responsible Investment exclusions and Sustainable Development Goals' alignment in their investment strategies;
- n. have in place an appropriate policy on retention or delegation of voting rights acquired through investments and adhere thereto;
- o. ensure that all transactions are completed on a 'best execution' basis;
- p. where appropriate, exercise the care, skill and diligence that can reasonably be expected of a prudent person and adhere to the CFA Institute's Code of Ethics and Standards of Professional Conduct or the World Bank Group's Code of Ethics and Business Conduct and other appropriate industry standards of ethical and professional conduct;
- q. fulfill their fiduciary responsibilities.

3.4 Custodian

Custody of the Portfolio's assets will be delegated by the CIO to a trust company or other financial institution similarly recognized as a depository for securities. The Custodian will report to the College and will:

- a. provide safekeeping for Portfolio assets;
- b. process authorized transactions as directed by the College;
- c. collect interest, dividends and the proceeds of cash equivalent and fixed income instrument maturities;
- d. inform the CIO of pending corporate actions (e.g., name changes, mergers, odd lot offerings) and process instructions related to such matters;
- e. deposit and transfer funds and payment of expenses as directed by the College;
- f. maintain a record of all transactions;
- g. provide regular reports to the College and to the Committee as provided for in Section 10 of this IPS;
- h. provide the College, the CIO, and other agents of the Committee with information required to fulfill their duties, or as directed by the Committee; and
- i. to the extent possible, provide applicable information as may be requested by the College's auditor.

4. INVESTMENT OBJECTIVES

4.1 Return on Investments

The College's objective is to generate a total net investment return (i.e., after investment management costs) that protects the long-term purchasing power of the capital component. The expected long-term return objective is 4.5% net of inflation and fees. This rate of return may not be achieved in each year; however, the Portfolio is expected to generate this minimum return on investments over rolling five-year periods. Ideally the College would like to achieve a nominal return of 7% per annum which includes inflation protection at an estimated inflation rate of 2%

For clarity, the College's investment objective is an absolute real return (i.e., after inflation) of an average of 4.5% per annum over any five-year period.

The College's portfolio will be managed with a view to receiving an absolute real return of 4.5%; the Portfolio will not be managed, and its performance will not be evaluated, by reference to any relative benchmarks based on the performance of any markets.

The success of the College's long-term investment strategy will be monitored in the context of meeting the College's investment objective as well as maintaining the Portfolio's capital.

4.2 Risk Tolerance

The Portfolio should be structured and managed to provide for the generation of its targeted rate of investment return while aiming to minimize the level of risk.

The Portfolio's exposure to risk will be measured in terms of the standard deviation of its investment returns. Additional measures of risk may be added at the discretion of the Committee.

The Portfolio should be structured and managed to generate its targeted rate of return without exceeding its maximum risk exposure.

Using the volatility of the Portfolio measured in standard deviations of return, the risk inherent in the Portfolio can also be viewed in terms of the likelihood that it will generate negative investment results. Based on historical analysis the Portfolio will be invested such that its value, on an annual basis, will have a maximum expected loss of 30% or less, 99 times out of 100. For the remaining 1% of the time the loss could be larger but cannot be quantified.

The level of risk to which the Portfolio is exposed will be controlled by diversifying the Portfolio's holdings, not only in terms of asset class, but also in terms of holdings within each asset class, geographically and by investment management style.

4.3 Socially Responsible Investing

The College believes that investments that incorporate positive environmental, social and governance considerations (ESG investments) should be included in the portfolio.

Factors related to socially responsible investing are considered and are to be considered in investment decisions, but an investment will neither be selected nor rejected solely on this basis.

Socially responsible investments should be structured for inclusion in the portfolio consistent with overall portfolio objectives, and should meet the overall investment return objectives for an acceptable level of risk.

Socially responsible investment vehicles should be identified according to the best screening practices and methods.

5 INVESTMENT CONSTRAINTS

5.1 Legal and Regulatory Status

The College is registered with the Canada Revenue Agency as a non-profit organization. Its year-end is December 31.

5.2 Taxation Status

The College is registered as a non-profit organization by the Canada Revenue Agency and as such is exempt from income tax provided it meets requirements enumerated in the Income Tax Act of Canada and associated regulations promulgated by the Canada Revenue Agency.

5.3 Investment Time Horizon

A portfolio's investment time horizon is an important factor in determining its investment strategy. The period over which a particular investment strategy can or will be maintained has a direct bearing on the likelihood that it will generate its targeted rate of return within that period and within acceptable risk parameters.

The College's portfolio includes both funds that are held for a medium to longer term. For planning and Portfolio structuring purposes, it will be assumed that the investment time horizon of the Portfolio is five to ten years.

5.4 Liquidity and Income Requirements

The College does not anticipate any large cash withdrawals over the time horizon. The College's liquidity needs are a key consideration in determining the asset allocation mix. When investing in less liquid investments, the expectation is to target a premium in higher financial returns.

5.5 Limited Partnerships

The College may invest in a limited partnership provided that the investment meets the following requirements, which are set out in section 253.1(2) the Income Tax Act (Canada) and protect the College from being deemed to carry on the business of the partnership:

- the College's liability as a member of the partnership must be limited,
- the College must deal at arm's length with each general partner of the partnership, and
- the College (together with any persons and partnerships not at arm's length with the Foundation) must not hold interests in the partnership that have a fair market value of more than 20% of the fair market value of the interests of all members in the partnership.

6 ASSET MIX

A portfolio's asset mix is the proportion within which various asset classes are represented in the portfolio. In general, the greater a portfolio's allocation to equities relative to fixed income securities, the greater its potential for capital appreciation and the higher its potential risk (as measured by the standard deviation of the portfolio's rate of return). Conversely, the greater its allocation to fixed income instruments relative to equities, the greater its potential for generating a consistent income stream and the lower its potential risk through volatility or default. Control of the Portfolio's asset mix is therefore the principal means of controlling its risk and return characteristics.

6.1 Recommended Asset Mix

Given the Portfolio's targeted return on investments, its risk tolerance, legal and taxation status, its investment time horizon, liquidity and income requirements, the following permissible asset class holding ranges have been established in Table I.

Table I: Long Term Strategic Asset Allocation

Asset Class	Permissible Range
Cash and Cash Equivalents	0.0% - 10.0%
Fixed Income Instruments	30.0% - 60.0%
Total Cash, Cash Equivalents, and Fixed Income	30.0% - 60.0%
Global Equities*	40.0% - 70.0%
Other Strategies**	0.0% - 10.0%
Total Equities & Other Strategies	40.0% - 70.0%

*Global equities may include Canadian, US, International and Emerging Markets equities. They may be diversified by size (large cap, small and mid-cap), style (value & growth) and other factors such as high dividend stocks.

**Other strategies may include private debt, private equities, and other investments, including benchmark-free and absolute return strategies.

Non-Canadian securities may be unhedged or hedged to the Canadian dollar, with the unhedged portion to be monitored and controlled by the CIO, subject to portfolio risk constraints.

It will be the responsibility of the CIO to commit, from time to time, allocations to each asset class and to individual IM, within the permissible ranges outlined above. The CIO will be required to notify the Committee (through the Chair) of any shifts in asset mix initiated by the CIO greater than 5% of the Portfolio value over any 30-day period. The CIO will also be responsible for notifying the Committee (through the Chair) of all new or terminated mandates within 30 days of such a change.

7 INVESTMENT MANAGEMENT GUIDELINES

7.1 Eligible Investments – Definitions and Constraints

The following definitions and constraints should be viewed as general guidelines. It is understood that in fulfilling a mandate, IM may deviate from the parameters below. The CIO will undertake to generally adhere to the Definitions and Constraints below.

a. Cash Equivalents

Cash equivalents will consist of instruments, issued by governments or corporations, with terms to maturity of 0 to 12 months and include fixed income instruments originally issued with a term to maturity more than 12 months.

Cash equivalents originally issued with terms to maturity of 12 months or less will have a minimum Dominion Bond Rating Service (DBRS) credit rating of R1 or an equivalent rating by another well-established rating agency at the time of purchase and thereafter.

b. Fixed Income Instruments

Investments in the following marketable fixed income instruments are permitted:

- bonds
- debentures
- notes
- coupons and residuals
- asset-backed securities, and
- preferred shares

Such instruments must be:

- issued or guaranteed by the Government of Canada or one of its agencies, or a Canadian provincial government or one of its agencies
- issued by a Canadian municipality or regional government
- issued by a Canadian corporation
- issued by a Canadian trust
- issued by a foreign government or foreign corporation
- issued by a government-related supranational organization, or
- issued by another entity that has been approved by the College's Committee

Bonds issued by a corporation shall not constitute more than 30% of the upper limit of the permissible range of the Total Fixed Income asset class and no more than 10% of that range shall be attributable to one issuer.

Preferred shares must have a minimum DBRS credit rating of PFD-3 or an equivalent rating by another well-established rating agency at the time of purchase and thereafter, if considered as part of the fixed income component of the portfolio.

All other fixed income instruments must, as a group, have a market weighted average DBRS credit rating of A, or an equivalent rating by another well-established rating agency, or better at the time of purchase thereafter. The minimum credit quality per issue shall not be rated below BBB-by Standard & Poor or Fitch Ratings, Baa3 by Moody's or BBB-by DBRS or equivalent at time of purchase. Where external credit ratings are applied, investments or counterparties shall have a credit rating from at least one of the four following rating agencies: Moody's Investors Service, Inc, Standard & Poor's Ratings Services, and Fitch Ratings Ltd and DBRS Ltd. When there are two or more ratings for an entity, the lower of the highest two ratings should be used to assess eligibility. When there is an assumption of government support in the rating, stand-alone ratings should be used where available; otherwise, the official rating should be used.

Bonds rated BBB or equivalent should not constitute more than 10% of the market value of the fixed income asset class. In the event of a 'split' rating (i.e., a situation in which credit rating agencies assign non-equivalent ratings), the lowest rating will apply.

If the CIO expects a downgrade in the credit rating of a fixed income instrument to below the minimum BBB credit rating, the CIO shall develop a strategy for disposing of the fixed income instrument in a timely, orderly, and efficient manner. If the CIO wishes to retain the investment in the portfolio, the CIO will contact the Committee within five business days to provide detailed information on the downgrade as well as the CIO's rationale for retaining the investment in the Portfolio. The Committee may require that the CIO dispose of the investment as soon as prudently possible or may authorize retention of the investment. In this instance, the CIO will provide, at a minimum, monthly updates on the investment in question, including its trading pattern and the CIO's strategy for disposing of it on a timely basis. In the event of a 'split' rating (i.e., a situation in which credit rating agencies assign non-equivalent ratings), the lowest rating will apply.

Investment in the securities of any single issuer must constitute less than 3% of the market value of the Portfolio as a whole. Fixed income instruments issued or guaranteed by the Government of Canada or one of its agencies or by a Canadian provincial government or one of its agencies or the government of the United States are exempted from this provision. Pooled funds of an investment manager are also exempted from this provision.

Foreign pay bonds that are unhedged shall not constitute more than 10% of the upper permissible range of the fixed income asset class.

c. Equities

Investments in the following equity securities are permitted:

- publicly traded common stocks;
- rights, warrants, installment receipts, convertible debentures, and other instruments convertible into publicly traded common stocks;
- equities-based exchange traded funds (ETFs);
- income trust units issued and/or registered in jurisdictions where appropriate legislation is in place to limit the liability of unitholders;
- American Depositary Receipts; and
- Global Depositary Receipts

Individual equities or equities held within equity funds must be listed on a major stock exchange.

Investment in the securities of any single issuer or two or more affiliated entities shall be limited to no more than 3% of the market value of the Portfolio as a whole.

In addition, investment in the securities of any single issuer should not constitute more than 5% of the market value of the equity asset class. Pooled funds of an IM are exempt from this prohibition.

d. Private Debt

Investments in private debt instruments may include, without limitation, loans, mortgages, bonds, debentures, notes, and other debt-like instruments, including Limited Partnership interests in debt-providing funds, as well as economic participations in those same instruments held by IM.

e. Private Equity

Investments in private equity may include, without limitation, fund investments, co-investments, and direct investments.

f. Other Investments

Other investments may include infrastructure, real estate, commodities, non-equities-based ETFs, foreign exchange, or any other investment that is not included in the asset classes described above. Absolute return strategies and benchmark-free strategies are also included in this category.

Other investments are permitted if they:

- fall within the overall Portfolio risk limits; and
- remain constrained in accordance with the recommended Asset Mix as outlined in Section 6.1 herein.

7.2 Additional Constraints, Inclusions, and Exclusions

The Portfolio as a whole, and each asset class represented in the Portfolio, must be reasonably diversified, taking into account the relative valuations of various asset classes.

Index, mutual and pooled funds, as well as ETFs, may be held in the Portfolio with the understanding that the guidelines in the Fund's offering memorandum will supersede the aforementioned guidelines. While such funds will be managed in keeping with their own investment policies, these policies must be consistent with the spirit of this IPS. In the event that there are any substantive inconsistencies between the provisions of this IPS and the policies applicable to a fund that the CIO wishes to employ in the Portfolio, the Committee must provide written approval for investing in the fund before any such investment is made. These funds will be categorized as cash equivalents, fixed income investments equities, or other investments as appropriate given their underlying securities or the capital markets to which they are intended to provide exposure.

Derivative securities, other than those employed by other investments, may be held in the Portfolio for hedging purposes only. Derivative securities may not be used for speculative purposes or to leverage the Portfolio, unless specifically approved by the Committee as part of a larger strategy.

Overdraft positions are not to be intentionally created. Any overdraft position created inadvertently shall immediately be addressed.

Investments in the voting or equity securities of any one issuer shall be limited to less than 10% of the outstanding stock (or of any single class thereof) of the issuer. The foregoing restriction does not apply to prospectus funds, inclusive of ETFs, indexed, and mutual funds. Lending securities is not permitted unless specifically approved by the Committee.

Commitments in investments that are illiquid for a period of over 3 years shall be limited to a maximum of 5% of the portfolio at the time of commitment.

The maximum commitment to any single private debt or private equity investment shall be 2% at the time of commitment unless specifically approved by the Committee.

The College directs the CIO to monitor investment management fees for the total portfolio with a view to keeping them as low as possible and to ensure that the fees associated with any specific investment are reasonable and aligned with expected returns.

The College directs the CIO to incorporate and promote environmental, social, and governance (ESG) principles into the portfolio.

The Committee reserves the right to instruct the CIO to exclude any asset, security or category of investment and will notify the CIO in writing in the event that such restrictions are to be imposed. The Committee may place further constraints, limitations, or requirements on the Portfolio to achieve specific short-term objectives.

8 PERFORMANCE STANDARDS

8.1 Investment Returns

The Portfolio's investment performance will be measured against the real return objective of an average 4.5% per annum (i.e., after inflation). Performance measurements will be reported quarterly in accordance with the CFA Institute standards.

Portfolio volatility will be measured and reported on a quarterly basis. The report should include minimum and maximum volatility observed during the period.

8.2 Evaluation of CIO and IM

The CIO and IM will be evaluated in terms of:

- ability to achieve a 4.5% real return over a 5-year period without exceeding risk constraints;
- performance consistency relative to the Portfolio's stated strategy and long-term real return target;
- compliance with the provisions of this IPS and any amendments thereto as well as any specialized instructions and mandates issued by the Committee; and
- the provision of satisfactory reporting and client service.

Any IM that surpasses the threshold for acceptable losses will be immediately reviewed.

When investments have been included directly as an Investment Committee choice, the CIO's performance measures will be adjusted to the extent that these causes over or under performance.

8.3 Risk Exposure

The Portfolio's risk exposure, as measured by the standard deviation of its returns, will be evaluated on a quarterly basis, or more frequently as necessary. Any change of IM of major asset class changes of more than 15% should generate an immediate report on the risk impact of such change.

The risk profile of the Portfolio will be evaluated quarterly over rolling 5-year periods, with an emphasis on periods of excess exposure, relative to established maximum risk exposures. The evaluation will include discussions with the CIO and IM, as appropriate, regarding prospective risk factors.

9 REBALANCING

The CIO will be responsible for reviewing the asset mix and IM exposures on at least a quarterly basis to maintain the Portfolio within the ranges established in Section 6, unless otherwise approved by the Committee. If the Portfolio asset mix violates the above ranges, the Portfolio will be rebalanced to the upper or lower bound of the ranges for each asset class, unless otherwise approved by the Committee.

Inflows and outflows of cash will be directed by the CIO in such a way as to maximize returns while maintaining the long-term strategic asset allocation of the Portfolio.

10 REPORTING AND SERVICE

10.1 Chief Investment Officer

On a quarterly basis and within 30 days of the end of the calendar quarter, the CIO will provide the Committee with:

- a valuation of the Portfolio as at the end of the quarter, including the market value of each security or pooled fund;

- b. data and commentary on the Portfolio's investment performance relative to the mandate's stated strategy and long-term real return target, for the most recent quarter as well as for annual periods as agreed;
- c. annually or more frequently as requested, data and commentary on the Portfolio's ESG impacts, including details on measurement using established tools and standards;
- d. commentary on the CIO's forward-looking investment views and plans;
- e. reporting on the volatility of the Portfolio during the quarter, with retrospective and forward-looking commentary;
- f. commentary on the investment strategy and tactics employed over the past quarter;
- g. information pertaining to changes of investment or senior management personnel and/or ownership structure, if any;
- h. information pertaining to changes to the CIO's investment style, process, or discipline or any other philosophical, operational, or organizational matter that might reasonably be expected to have a bearing on the performance or risk profile of the assets managed by the CIO; and
- i. commentary on any IM changes since the last Committee meeting.

The CIO will be available for meetings with the Committee on a quarterly basis, or more frequently if required by the Committee, and will be available for discussion and consultation on an ad hoc basis. In addition, the CIO will be available for meetings with the Council as requested.

10.2 Investment Managers

The Investment Managers will support the CIO in fulfilling its responsibilities.

10.3 Custodian

The CIO will exercise reasonable judgement to ensure that the Custodian will generally adhere to the following as appropriate.

The Custodian will provide the College with statements monthly. These statements will include, at a minimum, a summary and a detailed listing of assets held in the Portfolio as well as a listing of transactions (including deposits, withdrawals, receipt of interest and dividends, purchases, sales, corporate actions, and fees paid) that occurred in the Portfolio during the reporting period.

The Custodian's reports will provide the book value and current market value of each asset held in the Portfolio, and categorize securities by issuer type, market sector and/or industry, as appropriate.

11 TERMINATION OF THE CHIEF INVESTMENT OFFICER OR INVESTMENT MANAGERS

The Committee will consider recommending to the Council that the CIO or IM, be terminated when one or more of the following circumstances prevail:

- a. they have deviated from its stated and agreed on strategy without a reasonable rationale and/or without discussing this change with the Committee;
- b. there has been a change in their key investment personnel;
- c. their performance has been unsatisfactory;
- d. their reporting and client service are unsatisfactory;
- e. the Committee has concerns regarding their ethics; or
- f. for any other reason the Committee deems appropriate

Where the CIO or IM is terminated, the transition will be undertaken in an orderly manner and with the objective of avoiding unnecessary costs.

12 CONFLICT OF INTEREST

No fiduciary or Committee member as well as the CIO, the Custodian, or an IM (collectively “Agents”) will knowingly permit his or her interest to conflict with his or her duties or powers relating to investment of the Portfolio’s assets or to any other matter related to the Portfolio. Any actual or perceived conflict of interest must be reported to the Committee. Such disclosure will be made when the affected individual first becomes aware of the conflict or potential conflict. The Committee will be the sole arbiter in determining whether a conflict of interest exists and, if it determines that a conflict does exist, will take all necessary and appropriate measures to remedy the situation. Every disclosure of a conflict of interest will be recorded in the minutes of the relevant Committee meeting. Substantive Conflict of Interest matters shall be reported to the Council.

The failure of a fiduciary to comply with the requirements of this Section will not in itself invalidate any decision, contract, or other matter.

13 ADOPTION OF INVESTMENT POLICY STATEMENT

The Council of the College of Optometrists of Ontario adopted this Investment Policy Statement effective [DATE] by way of resolution at its meeting on [DATE].

9-13 / UPCOMING MEETINGS

- 9. Upcoming Council Meetings
 - a. December 8, 2023
- 10. List of Acronyms
- 11. Governance Guide: Robert's Rules
- 12. Council Feedback Survey
- 13. Adjournment – approximately 2:20 p.m.

Generative Discussion (optional)

- a. Generative Discussion Feedback Survey

List of Acronyms Used by the College of Optometrists of Ontario

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

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

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

Acronym	Name	Description
HSPTA	<i>The Health Sector Payment Transparency Act, 2017</i>	An Act that requires industry to disclose transfers of value to health care professionals
ICRC	Inquiries Complaints and Reports Committee	The ICRC is the statutory committee responsible for the investigation and disposition of reports and complaints filed with the College about the conduct of an optometrist
IOBP	International Optometric Bridging Program	A program to assist international graduates in meeting the academic equivalency requirement for registration and housed at the University of Waterloo
IGOEE	Internationally Graduated Optometrist Evaluating Exam	Developed and administered by Touchstone Institute on behalf of FORAC
IOG	International Optometry Graduates	Optometry graduates who have received their education outside North America
MOHLTC (or MOH)	Ministry of Health and Long-Term Care	Responsible for administering the health care system and providing services to the Ontario public
MOU	Memorandum of Understanding	
NBAO	New Brunswick Association and College of Optometrists	New Brunswick Association and College of Optometrists
NBEO	National Board of Examiners in Optometry	Entry to practice examination for all US states Also accepted in BC and QC
NCP	National Competency Profile	Articulates the requirements established by the profession upon which the blueprint for the OEBC exam is based
NLCO	Newfoundland and Labrador College of Optometrists	Regulates optometrists in Newfoundland and Labrador
NSCO	Nova Scotia College of Optometrists	Regulates optometrists in Nova Scotia
OAo	Ontario Association of Optometrists	The association that looks after the interests of optometrists in Ontario
OCP	Ontario College of Pharmacists	Regulates pharmacists, pharmacies and pharmacy technicians in Ontario
OD	Doctor of Optometry Degree	Optometrists' professional degree in North America
ODSP	Ontario Disability Support Program	Offers financial assistance to Ontarians with disabilities who qualify
OEBC-BEOC	Optometry Examining Board of Canada	Administers the national standards assessment exam on behalf of the provincial and territorial optometric regulators

Acronym	Name	Description
OFC	Office of the Fairness Commissioner of Ontario	The OFC ensures that certain regulated professions in Ontario have registration practices that are transparent, objective, impartial and fair
OLF	Optometric Leaders' Forum	Annual meeting of CAO, provincial associations and regulators
OMA	Ontario Medical Association	The association that looks after the interests of medical practitioners
OOQ	Ordre des optométristes du Québec	Regulates optometrists in Quebec
OPR	Optometric Practice Reference	A College document provided to members and available to the public providing principles of Standards of Practice and Clinical Guidelines in two separate documents
OSCE	Objective Structured Clinical Examination	An objective clinical exam; part of the OEBC exam
PEICO	PEI College of Optometrists	The optometric regulatory college in Prince Edward Island
PHIPA	<i>Personal Health Information Protection Act</i>	Provincial act that keeps personal health information of patients private, confidential and secure by imposing rules relating to its collection, use and disclosure
PLA	Prior learning assessment	Formerly part of the IOBP to ascertain the candidate's current knowledge in optometry; replaced by IOGEE in 2015
PRC	Patient Relations Committee	Promotes awareness among members and the public of expectations placed upon optometrists regarding sexual abuse of patients; also deals with issues of a broader nature relating to members' interactions with patients
QA (QAC)	Quality Assurance Committee	A statutory committee charged with the role of proactively improving the quality of care by regulated health professionals
RCDSO	Royal College of Dental Surgeons	Regulates dentists in Ontario
RHPA	<i>Regulated Health Professions Act</i>	An act administered by the Minister of Health, ensuring that professions are regulated and coordinated in the public interest by developing and maintaining appropriate standards of practice
SAO	Saskatchewan Association of Optometrists	Also functions as the regulatory College in Saskatchewan
SCERP	Specified Continuing Educational or Remediation Program	A direction to an optometrist by the ICRC to complete remediation following a complaint or report

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

Updated May 2023

ROBERTS RULES CHEAT SHEET

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

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

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

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

PROCEDURE FOR HANDLING A MAIN MOTION

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

Obtaining and assigning the floor

A member raises hand when no one else has the floor

- The chair recognizes the member by name

How the Motion is Brought Before the Assembly

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

Consideration of the Motion

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

The chair puts the motion to a vote

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

The chair announces the result of the vote.

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

WHEN DEBATING YOUR MOTIONS

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

HOW TO ACCOMPLISH WHAT YOU WANT TO DO IN MEETINGS

MAIN MOTION

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

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

AMENDING A MOTION

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

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

REFER TO A COMMITTEE

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

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

POSTPONE DEFINITELY

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

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

PREVIOUS QUESTION

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

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

LIMIT DEBATE

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

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

POSTPONE INDEFINITELY

You want to kill a motion that is being discussed.

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

POSTPONE INDEFINITELY

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

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

RECESS

You want to take a break for a while.

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

ADJOURNMENT

You want the meeting to end.

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

PERMISSION TO WITHDRAW A MOTION

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

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

CALL FOR ORDERS OF THE DAY

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

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

SUSPENDING THE RULES

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

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

POINT OF PERSONAL PRIVILEGE

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

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

COMMITTEE OF THE WHOLE

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

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

POINT OF ORDER

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

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

POINT OF INFORMATION

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

- Without recognition, "Point of information."

POINT OF PARLIAMENTARY INQUIRY

You are confused about some of the parliamentary rules.

- Without recognition, "Point of parliamentary inquiry."

APPEAL FROM THE DECISION OF THE CHAIR

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

Rule Classification and Requirements

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

