

## EXECUTIVE COMMITTEE REPORT Annual 2018 Report to Council

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### **2018 Committee Members:**

David Milne, Chair, Public Member  
Bryan Todd, Vice Chair, RO, Elected Member  
Peggy Dreyer, RO, Elected Member  
Trudy Mauth, Public Member  
Ingrid Koenig, RO, Elected Member

### **Number of meetings:**

The Committee had three in-person meetings and three teleconference meetings in 2018.

### **Report:**

#### *Standards of Practice Committee*

The Executive Committee proposed a Standards of Practice Ad Hoc Committee to update the Standards of Practice for Registered Opticians in Ontario and made a recommendation to the Council on the committee's composition.

#### *Finance and Administration*

At its May 14 meeting, the Committee met with the Auditor and reviewed the Reserve Funds Allocation Proposal and approved the audited financial statements for 2017.

The Committee also conducted the Registrar's review at its meeting on May 14.

The Committee considered the draft 2019 budget prior to Council consideration and approval on December 3, 2018.

#### *Bill 87, Protecting Patients Act*

The Executive Committee was also briefed regarding Bill 87 and how the changes coming into force on May 1 will affect the College and its Registrants.

### *By-law update to Reflect Changes to the RHPA*

The Committee considered changes to by-law articles 15.6, 15.7 and 15.8, which ought to be amended in light of changes made to the Regulated Health Professions Act (RHPA) in May 2018. The by-law amendments recommended by the Executive Committee were put before Council for its consideration and approval for public circulation at the December 3, 2018 Council meeting.

### *Appointed Member Policy and Appointed Member Selection*

The Executive Committee considered the current complement of appointed non-Council committee members and decided to recommend to Council that it expand the current roster of appointed members. The Committee also asked that Council approve a new special category of appointed members who sit solely on the Discipline Committee. The recommendation was approved by Council at its October 1 meeting.

In accordance with the revised appointed member selection process, the Executive Committee conducted appointed member interviews for two available appointed member positions, and two discipline-only appointed member positions. The Executive Committee's recommendations, along with the respective candidate bios, were presented to Council and approved at its meeting on December 3, 2018.

### *Quality Assurance Policy - Accreditation Policy for Continuing Education (CE) Providers*

At its July 17 meeting, the Executive Committee approved amendments to the Quality Assurance Committee's [Accreditation Policy for CE Providers Policy](#). Normally, policy amendments would be submitted to Council for consideration and approval, however, a concern was raised about the content of a specific CE course, such that the Quality Assurance Committee identified the need to amend its policy on the accreditation of CE courses immediately to ensure that all new CE accreditation requests meet the standards set out in the policy. The policy changes include guidelines on professional and anti-discriminatory expectations<sup>1</sup>, which includes CE materials and as well as the content delivered by the speaker.<sup>2</sup> Changes were also made with respect to accreditation monitoring and a formalized process for addressing serious concerns with CE providers was added to the policy.<sup>3</sup> Under sections 12(1) and 12(2) of the [Health Professions Procedural Code](#) under the RHPA, the Executive Committee has the authority, in between Council meetings, to approve policies that

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<sup>1</sup> Refer to the "Professional and Anti-Discriminatory Expectations" section of the policy (page 3).

<sup>2</sup> Refer to bullets 3) and 9) under the "Accreditation Process and Criteria" section of the policy (pages 1-2).

<sup>3</sup> Refer to the Ongoing Accreditation Monitoring section of the policy (pages 4-5)

require an immediate decision.<sup>4</sup> When the Executive Committee acts on this authority, it is required to report this information to Council.<sup>5</sup>

#### *Policy on Honoraria and Expenses for Council and Committee*

The Executive Committee considered the honoraria policy and recommended a number of changes to the existing policy. The policy was approved by Council at its October 1, 2018 meeting.

#### *By-law Article 6: Elected Council Members*

The Committee considered Council election voter eligibility under section 6.6 of the existing by-laws. The Committee resolved to recommend an amendment to this section of the by-law to improve its clarity. This recommendation was presented to Council for its consideration at its October 1, 2018 meeting.

#### *Ontario Opticians Association (OOA) Meeting*

At its September meeting, the Executive Committee met with the Executive team of the OOA. The Executive Committee and the OOA both shared information about its respective program and initiatives updates. Among the topics discussed were: the College's Quality Assurance program, the upcoming Council elections and the new electronic voting format, the new member portal for College registrants, and upcoming CE events. The Executive Committee and the OOA also discussed areas where the two groups could collaborate in the public interest and areas where the OOA could provide feedback to Council and Committee policies and programs.

#### *Strategic Planning Update*

The Executive Committee considered an overview of the process for the upcoming environmental scan and Council's strategic planning session.

#### **Submitted by:**

David Milne, Public Member, 2018 President

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<sup>4</sup> Section 12(1) states: "Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law."

<sup>5</sup> Section 12(2) states: "If the Executive Committee exercises a power of the Council under subsection (1), it shall report on its actions to the Council at the Council's next meeting."

## CHIEF EXAMINER

### 2018 Annual Report

The National Contact Lens and Eyeglass Examinations are a non-exemptible requirement for a certificate of registration as a Registered Optician in Ontario.

The College, in connection with the National Association of Optician Regulators (NACOR), conducts two national examination sessions in Ontario each year. All eligible examination candidates can complete the examinations anywhere in Canada.

#### Examination Dates

In 2018, the spring session of examinations was held at Georgian College May 4-6, 2018. The fall session of examinations was held at Georgian College November 2-4, 2018.

#### Examination Candidates

In 2018, 182 eyeglass and 211 contact lens candidates from Ontario wrote the National Examinations in Ontario. By comparison, in 2017, 203 eyeglass and 249 contact lens candidates from Ontario who wrote the National Examinations in Ontario.

The above numbers do not include the out-of-province candidates who wrote the examination in Ontario but sought registration in other provinces. In 2018, 8 eyeglass and 10 contact lens candidates from other provinces wrote the National Examinations in Ontario.

#### Examination Statistics

Session	Total	Ontario Candidates <sup>1</sup>	Out-of-Province Candidates <sup>2</sup>	Ontario Candidate Outcomes
Spring	Eyeglass – 55 Contact Lens – 79	Eyeglass – 53 Contact Lens – 76	Eyeglass – 2 Contact Lens – 3	EG pass rate = 87% CL pass rate = 78%
Fall	Eyeglass – 135 Contact Lens – 142	Eyeglass – 129 Contact Lens – 135	Eyeglass – 6 Contact Lens – 7	EG pass rate = 98% CL pass rate = 74%
<b>Combined Totals</b>	<b>Eyeglass – 190 Contact Lens – 221</b>	<b>Eyeglass – 182 Contact Lens – 211</b>	<b>Eyeglass – 8 Contact Lens – 10</b>	<b>EG pass rate = 95% CL pass rate = 75%</b>

<sup>1</sup>Ontario candidates are candidates who intend to seek registration in Ontario

<sup>2</sup>Out-of-province candidates are candidates who intend to seek registration in other Canadian provinces

### **2019 National Examinations**

The following dates have been selected for the 2019 examination sessions held in Ontario:

#### **May 3-5, 2019**

Location: Georgian College, Barrie

#### **November 1-3, 2019**

Location: Georgian College, Barrie

#### **Submitted by:**

Peggy Dreyer, Chief Examiner for Ontario  
Laura Briard, Manager, Professional Programs

## DISCIPLINE COMMITTEE

### 2018 ANNUAL REPORT

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#### **Discipline Committee Members**

##### **Elected Members**

Balbir Dhillon RO  
Peggy Dreyer RO  
Ingrid Koenig RO  
Neda Mohammadzadeh RO  
Dorina Reiz RO  
Bryan Todd RO  
Rob Vezina RO  
Ed Viveiros RO

##### **Public Members**

**Trudy Mauth, Chair**  
Jacalyn Cop-Rasmussen  
Omar Farouk  
David Milne  
Gord White

##### **Appointed Non-Council Members**

**Derick Summers RO VC**  
John Battaglia RO  
Daniela Celi RO  
Margaret Osborne RO  
Robert Quinn RO  
Behzad Safati RO  
Dennis Tse RO

#### **Training:**

The Chair and Vice-Chair of the Discipline Committee attended a training course on March 5, 2018. In addition, six Discipline Committee members attended a basic training workshop on March 20, 2018 and an advanced training workshop on November 2, 2018.

#### **Hearings:**

The Discipline Committee has held five discipline hearings in 2018. One matter was contested and held over the course of four days. Four matters proceeded on an uncontested basis.

Copies of the Committee's 2018 decisions in which findings of professional misconduct were made are available on the College's website:

*College of Opticians v. Tecle*  
*College of Opticians v. Atyeo*

*College of Opticians v. Garnhum*  
*College of Opticians v. Wallner*

The following matters were referred to discipline in 2018 and are currently awaiting hearing dates:

*College of Opticians v. Chow*

*College of Opticians v. Mohammed*

#### **Submitted by:**

Trudy Mauth, Chair  
Amy Stein, Manager, Professional Conduct

## GOVERNANCE COMMITTEE REPORT

### 2018 ANNUAL REPORT

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#### **Committee Members**

Gordon White, Chair, Public Member  
Ingrid Koenig, Vice-Chair, Elected Member  
Neda Mohammadzedah, Elected Member  
Omar Farouk, Public Member  
Margaret Osborne, Appointed Member  
Peggy Dryer, Elected Member

#### **Number of Meetings:**

In 2018, the Governance Committee held four in-person meetings and one teleconference call.

#### **Report:**

In 2018, the Committee put forward proposed amendments to the College By-laws to Council for review. The Committee addressed sections of the By-laws that required revision. Some of the by-law changes put forward by the Governance Committee were:

- Proposed Amendments to Committee Terms
- By-law Article 10 – Statutory Committee Composition (Electoral District 6)
- By-law Article 9.1 – Election of Executive Committee

#### **Governance Committee Working Session**

The Committee continues to work with Ms. Karen Fryday-Field of Meridian Edge Consulting and has made significant progress in the overhaul of the governance manual. The Committee considered the following policy additions to the manual which are listed below and were approved by Council in 2018.

1. Asset Protection Policy (2-07)
2. Vendor Relations policy (2-08)
3. Investment Policy (2-09)
4. Registrar, CEO Job Products Policy (3-05)
5. Registrar, CEO Position Description Policy (3-06)
6. Intellectual Property Policy (2-70)
7. Council and Committee Principles Governance Process Policy (GP4-25)
8. Council Annual Strategic Agenda (GP4-40)
9. Relationship with the Public and COO Beneficiaries Policy (OB2-35)
10. Member Relations Policy (OB2-40)
11. Emergency Registrar, CEO Succession Policy (OB2-80)

The Committee has also reviewed the self-evaluation surveys and they will be submitted to Council for discussion. The Committee will continue to address amendments to the By-laws and any other governance related matters in the upcoming year.

**Submitted by:**

Gord White, Chair, Council, Public Member  
Deidre Brooks, Manager, Patient Relations and Governance



## INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

### 2018 Annual Report

#### Committee and Panel Composition

Panel 1	Panel 2
<b>Omar Farouk (Chair)</b>	<b>Bryan Todd (Vice Chair)</b>
Ingrid Koenig	John Battaglia
Ed Viveiros	Neda Mohammadzadeh
Gord White	Robert Quinn
Margaret Osborne	Jacalyn Cop-Rasmussen
Daniela Celi	

#### Number of Meetings

In 2018, the ICRC held a total of 3 in-person group meetings.

Both Panel 1 and Panel 2 held in-person meetings in conjunction with the group meetings. Panels held one additional in-person meeting and 11 meetings via webinar or teleconference.

As of December 31, 2018 there were 13 open complaints and 8 open registrar's reports including eight quality assurance files that require further investigation. In addition, the College is continuing to monitor 5 outstanding oral cautions and 5 outstanding specified continuing education and remediation programs (SCERPs).

#### Nature of Formal Complaints Filed/Investigated in 2018:

- Unsatisfactory eyeglasses and/or contact lenses dispensed
- Unprofessional behavior/conduct
- Insurance fraud
- Holding out as an optometrist/performing eye examinations & dispensing on that prescription
- Sexual Abuse
- Breaching the Refraction Standard of Practice
- Improper record keeping contrary to the College's Standards of Practice and PHIPA
- Professional boundaries

**Nature of Registrar's Reports Initiated/Investigated in 2018:**

- Failing to satisfactorily complete the College's quality assurance requirements
- Practising while under suspension
- Privacy/maintaining confidentiality of patient health records
- Dispensing without supervision while holding a student intern license

A full statistical report is attached.

**Submitted by:**

Omar Farouk Public Member, Committee Chair  
Amy Stein, Manager, Professional Conduct

**ICRC Statistical Report 2018**  
(Statistics accurate as of December 31, 2018<sup>1</sup>)

Complaints Disposition	# of Files
<b>Inquiries:</b>	
Total number of complaint inquiries received in 2018	50
Inquiries that became a formal complaint	4
General Inquiries	11
<b>Formal Complaints:</b>	
Complaint files opened in 2018	19
Cases brought forward from 2017	23
Frivolous and vexatious	-
Closed with no further action	13
Closed with oral caution	4
Closed with SCERP	1
Closed with an oral caution & SCERP	5
Closed with a referral to discipline	2
Closed with written advice	2
Withdrawn by Registrar	1
Complaints disposed of in 2018	28
Open complaints pending further investigation	13
Open complaints awaiting decisions	1

Registrar's Reports Disposition	# of Files
<b>Inquiries:</b>	
Total number of registrar's report inquiries received in 2018	4
Inquiries that became a registrar's report	2
<b>Registrar's Reports:</b>	
Registrar's Reports referred to ICRC in 2018	8
Cases brought forward from 2017 (8 new QAC files in November)	18
Closed with a referral to discipline	2
Closed with no further action	3
Closed with written advice	1
Closed with oral caution issued	-
Closed with oral caution issued and a specified continuing education and remediation program	11
Closed with an undertaking	-
Reports disposed of in 2018	17

<sup>1</sup> Due to staffing changes, please note that the statistics in this report were compiled by the current Manager of Professional Conduct and are to the best of her knowledge.

Open Registrar's Reports pending further investigation	8
Open Registrar's Reports awaiting decisions	0

HPARB Reviews	# of Files
HPARB reviews requested in 2018	5
HPARB matters carried over from 2017	4
HPARB review pending (files opened in 2017)	0
HPARB review pending (files opened in 2018)	5
HPARB matters disposed of in 2018	4
Committee decisions confirmed	4
Committee decisions returned for further investigation and reconsideration	-

Unauthorized Practice	# of Files
Total number of UPC inquiries in 2018	9
Inquiry abandoned – not enough information / outside jurisdiction / not unauthorized practice	4
Inquiry pending – further information needed	5
Inquiry – formal file	-
Open files pending further investigation	5

## PATIENT RELATIONS COMMITTEE

### 2018 ANNUAL REPORT

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#### Committee Members:

David Milne, Chair, Public Member  
Dennis Tse, Vice-Chair, Appointed Member  
Dorina Reiz, Elected Member  
Daniela Celi, Appointed Member  
Joseph Richards, Public Member  
Behzad Safati, Appointed Member

#### Number of Meetings:

In 2018, the Patient Relations Committee had two in-person meetings and two conference calls.

#### Report:

##### *Jurisprudence Handbook Updates:*

The Patient Relations Committee addressed changes to be made to the Jurisprudence Handbook to reflect Bill 87. This included a review of the communication and sexual abuse prevention sections. The Committee also directed that video content be supplemented to help educate opticians in a more interactive way.

##### *Funding for Therapy and Counselling Program:*

The Committee reviewed and approved patient applications for therapy and counselling and other forms for use by patients who have made complaints alleging sexual abuse by a member. These forms were submitted to Council and approved.

##### *Advertising Guidelines:*

The Committee began developing draft advertising guidelines which would clarify the College's advertising regulations.

*Patient Bill of Rights:*

The Committee reviewed a draft Patient Bill of Rights intended to educate patients as to what they can expect from opticians when receiving service. It was determined that it go before the next Citizen's Advisory Group meeting for discussion and feedback before the committee revisited the document.

*Access to Patient Health Information:*

The Committee has recommended that the content of the "Access to Patient Health Information" document be reviewed concurrently with the review of the Standards of Practice.

*Sexual Abuse Advanced Training:*

The Committee reviewed and recommended to Council two speakers, a representative from the Barbra Schlifer Commemorative Clinic and Gillian Hnatiw LLB, to make presentations to the Discipline Committee with respect to advanced sexual abuse training. It was approved by Council and the training was completed in the new year.

**Submitted by:**

David Milne, Public Member, Chair  
Deidre Brooks, Manager, Patient Relations and Governance

## QUALITY ASSURANCE COMMITTEE

### 2018 Annual Report

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#### **Committee Members:**

Peggy Dreyer, Chair, RO  
Joseph Richards, Vice Chair, Public Member (until October 20, 2018)  
Dorina Reiz, RO  
David Milne, Public Member  
Derick Summers, RO  
Dennis Tse, RO

#### **Number of Meetings**

In 2018, the Quality Assurance Committee held three in-person meetings and four teleconferences.

#### **Training**

All members of the Quality Assurance Committee underwent orientation training at the first meeting of 2018. In addition, all professional members of the Quality Assurance Committee underwent accreditation training at the first meeting of 2018.

#### **2018 Competency Review and Evaluation Process**

In February 2018, 546 members received notice that they had been randomly selected to participate in this year's Competency Review and Evaluation (CRE) process. Half of these members were selected to participate in Stream One and half of these members were selected to participate in Stream Two:

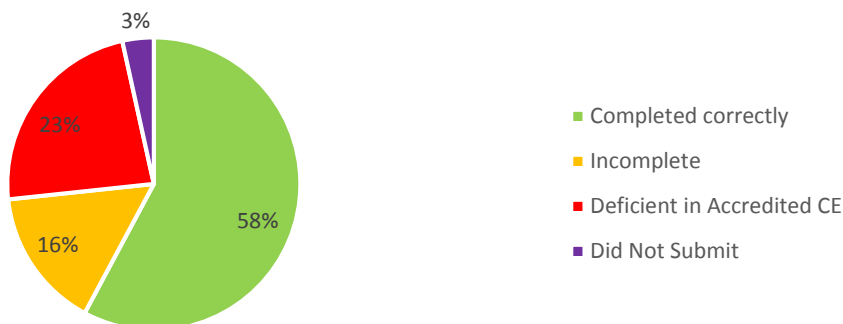
- Stream One – 273 members were required to submit their 2017 Professional Portfolio to the College by April 5, 2018.
- Stream Two – 273 members were required to submit their 2017 Professional Portfolio to the College by April 5, 2018 and participate in the Multi-Source Feedback (MSF) process by April 25, 2018.

In addition, 72 members were re-selected to participate in this year's CRE process. These members participated in last year's CRE process and were re-selected to participate in this year's CRE process due to a deficiency in their original portfolio submission.

QA department staff worked to review and assess all portfolios received by mid-July. All members who successfully completed the CRE process were notified by July 27, 2018. All members who were flagged as deficient by QA department staff were notified of their outstanding requirements by August 1, 2018. The QA Committee reviewed all 141 deficient submissions by October 30, 2018. All members who had deficient portfolios or MSF results were notified of the QA Committee's decision by November 23, 2018.

### *Professional Portfolio Assessment Results*

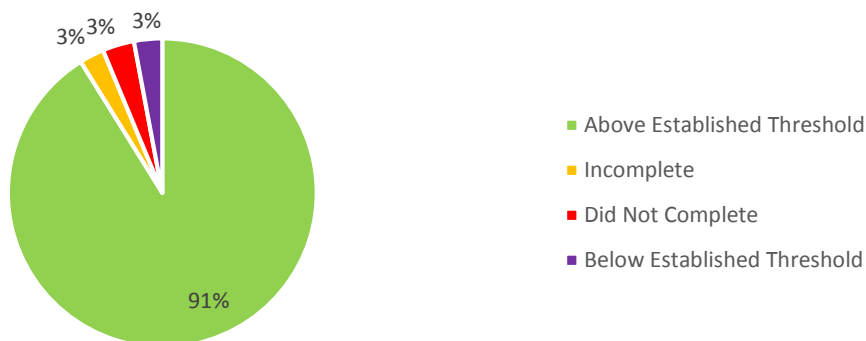
Of the 618 members who participated in the 2018 Competency Review and Evaluation process and were required to submit their 2018 Professional Portfolio to the College, 351 members successfully completed the portfolio requirements. 94 members completed the majority of their portfolio but submitted incomplete portfolio forms and required staff assistance. 141 members submitted portfolios which were deficient in accredited continuing education activities. 21 members did not submit a portfolio to the College.



### *Multi-Source Feedback Results*

Of the 271 members who participated in the 2018 Competency Review and Evaluation process and were required to complete the Multi-Source Feedback (MSF) process, 247 members successfully completed the MSF requirements and received a score "above the established threshold". 7 members failed to fully complete the MSF requirements but received a score "above the established threshold". 8 members were found to be "below the established threshold" and were required to complete a peer and practice assessment. 9 members did not complete the MSF process.





### Quality Assurance Program Fees

The new Quality Assurance Program Fees came into effect January 1, 2018, and were implemented for the first time during the 2018 Competency Review and Evaluation process.

In 2018, a total of 181 members were required to pay a Quality Assurance Program Fee, as follows:

- 15 members were required to pay the \$50 Late Professional Portfolio fee for submitting their Professional Portfolio past the due date required by the Quality Assurance Committee;
- 141 members were required to pay the \$100 Deficient Professional Portfolio fee for submitting a Professional Portfolio deficient in accredited continuing education hours;
- 12 members were required to pay the \$50 Reminder Letter fee for failing to submit their Professional Portfolio to the College; and
- 13 members were required to pay the \$850 Peer and Practice Assessment fee to undergo a peer and practice assessment for not completing their Professional Portfolio requirements or not fully engaging in the CRE process.

The majority of the 181 members paid their QA program fees on time. On October 1 and November 1, 2018, a total of 16 members were sent notice that their license would be suspended if they failed to pay their outstanding fee within 60 days. On December 18, 2018, 2 of these members had their license administratively suspended for failing to pay a fee required by the College.

### Continuing Education Accreditation Policy

After receiving information from a member of the College that inappropriate presentation material as well as alleged inappropriate presenter behavior was displayed at an event offering accredited activities, the Committee reviewed its Continuing Education Accreditation Policy ("Accreditation Policy"). At its meeting on July 10, 2018, the Committee reviewed and revised its Accreditation Policy to ensure: a) material that is unprofessional and/or discriminatory is not included in accredited activities; b) accredited activities are regularly audited to ensure that presenters are professional at all time during presentations; and c) where unprofessional and/or discriminatory content is identified, there is a clear mechanism in place to suspend accreditation until the offending content is removed. A revised Accreditation Policy was

provided to the Executive Committee on July 16, 2018 to ensure that changes to the Accreditation Policy could be communicated to all continuing education providers well in advance of the fall season of continuing education events.

### **Quality Assurance Program Review**

At its meeting on September 25, 2018, the Committee reviewed the current Quality Assurance Program. The Committee noted that the current program was developed and implemented in 2014 and that by the end of 2019, it is likely that all members will have been selected to participate in the Competency Review and Evaluation (CRE) process at least once. Over the next year, the Committee will review the Quality Assurance Program and CRE requirements in order to implement any changes beginning in January, 2020. The Committee will seek feedback from members who have completed the CRE process, explore updating the current Multi-Source Feedback tool, and explore hosting accredited continuing education hours on the newly revised Member Portal to improve overall member engagement in the program.

### **Quality Assurance Outreach**

In 2018, the QA Committee Chair along with QA department staff, attended five continuing education events to answer questions from members about the QA program.

### **Accredited Continuing Education Invigilation**

In September, 2018, the QA Committee began sending an invigilator to continuing education events to ensure presentation content was consistent with the provider's original submission and that presenters were acting in a professional manner at all times while presenting accredited activities. In total, three invigilators attended 20 accredited activities in 2018.

### **Accreditations**

In 2018, the Committee reviewed 98 accreditation requests and accredited a total of 85 new continuing education activities.

### **Peer and Practice Assessments**

In 2018, the College's Peer Assessors completed a total of 13 peer and practice assessments. The Committee reviewed a total of peer and practice assessment reports.

### **Submitted by:**

Peggy Dreyer, Chair, RO  
Laura Briard, Manager, Professional Programs