



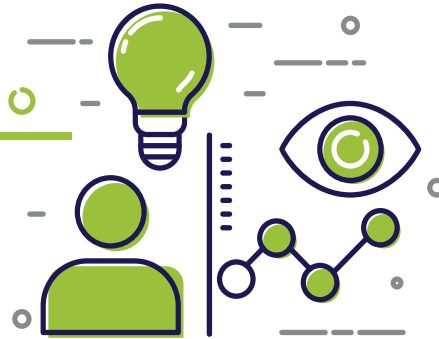
College of  
**Opticians**  
of Ontario

# 2020

## ANNUAL REPORT

## OUR VISION

We ensure the highest standard of vision care for all Ontarians.



## OUR MISSION

We protect the public by regulating Ontario opticians to ensure they maintain a high standard of practice and professionalism.





## OUR VALUES

Creating a safe culture and relationships built on trust.

### **TRANSPARENCY**

Access to information that is not confidential.

### **ACCOUNTABILITY**

Accepting responsibility for decisions and actions.

### **INTEGRITY**

Acting with conscience, putting aside self-interests and making clear decisions that are aligned with our mandate.

### **EQUITY**

Promoting equitable access and opportunity in all decisions, free of bias and discrimination, in all policies and services.

### **RESPECT**

Demonstrating thought and compassion in all interactions with patients, registrants, colleagues and stakeholders.

### **DIVERSITY**

Celebrating the diversity of ideas and people.

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ABOUT THE COLLEGE

The College of Opticians of Ontario (COO) regulates the profession of Opticianry in Ontario. The COO is dedicated to supporting Opticians in their delivery of high quality, safe and ethical care to the public of Ontario. One of the ways the COO ensures high standards of care is by establishing standards and guidelines for opticians. It monitors and maintains Standards of Practice through peer assessment and remediation, investigates complaints against opticians on behalf of the public, and disciplines opticians who may have committed an act of professional misconduct or maybe incompetent.

ABOUT OPTICIANS

Scope of Practice

The Opticianry Act,1991 is a distinct statute that deals specifically with issues pertaining to the regulation of Opticians. The practice of opticianry is the provision, fitting and adjustment of subnormal vision devices, contact lenses or eyeglasses. Registrants are not permitted to dispense subnormal vision devices, contact lenses or eye glasses except upon the prescription of an Optometrist or a Physician.

PROFESSIONAL MEMBERSHIP

Total Registration

In 2020, the College issued 114 Certificates of Registration.



Total registration by source of diploma

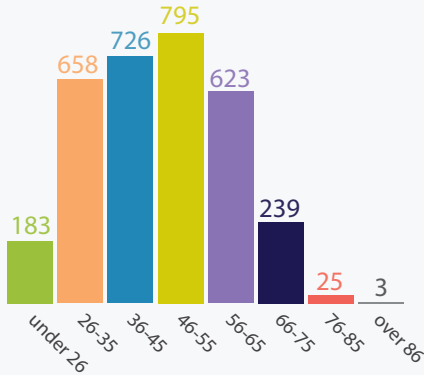
- 95// Ontario
- 16// Canada - other Provinces
- 3// International

The majority of applications received were from graduates of accredited Ontario colleges.

REGISTRANTS



REGISTRANTS AGE



# COLLEGE OF OPTICIANS OF ONTARIO BOARD MEMBERS 2020



**Bryan Todd**  
Chair, RO,  
Elected Member



**Murray Angus**  
Public Member  
*as of August 20, 2020*



**Diana Bristow**  
*Public Member*



**Jacalyn Cop-Rasmussen**  
*Public Member  
until October 31, 2020*



**Omar Farouk**  
*Public Member*



**Amber Fournier**  
RO  
*Elected Member*



**Peggy Judge**  
*Public Member  
as of July 27, 2020*



**Stephen Kinsella**  
*Public Member*



**Ingrid Koenig**  
RO  
*Elected Member*



**Samir Modhera**  
RO  
*Elected Member*



**Neda Mohammadzadeh**  
RO  
*Elected Member*



**Dorina Reiz**  
RO  
*Elected Member*



**Mike Smart**  
RO  
*Elected Member*



**Ed Viveiros**  
RO  
*Elected Member*



**Henry Wiersema**  
*as of June 25, 2020*



**Jack Zwicker**  
*Public Member until  
September 12, 2020*

## ADMINISTRATION

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**Fazal Khan**

*RO, Registrar, CEO*

**Melanie Woodbeck**

*Deputy Registrar*

## APPOINTED MEMBERS

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**Kevin Cloutier**

*RO*



**Tonya Nahambin**

*RO*



**Dennis O'Hagan**

*RO*



**Margaret Osborne**

*RO*



**Behzad Safati**

*RO*



**Daniela Schowalter**

*RO*



**Derick Summers**

*RO*





Scan or click QR  
code to view  
Bryan Todd's  
message ▼



## BOARD OF DIRECTORS OF THE COLLEGE OF OPTICIANS OF ONTARIO 2020

### *Chair's Message*

*2020 was an unprecedented year that presented many challenges for registrants. The Board of Directors and College staff worked to support Ontario Opticians during the pandemic. In spite of quickly pivoting to a work from home environment and online Board meetings, the College of Opticians of Ontario continued to pursue the 2020 strategic goals and meet targets set out in our strategic plan, as well as continuing on our journey of governance transformation and Board development.*

Actions taken by the College to support and accommodate registrants during the pandemic included the development of a Directory of Essential and Urgent Care Providers which allowed members of the public to search for opticians who were offering emergency care. In addition, Emergency Practice Guidelines were developed to assist opticians offering emergency care during the pandemic.

Return to Practice Guidelines were developed by the Clinical Practice Committee and a webinar was held for opticians returning to work to share information on how to protect themselves and their patients.

Due to the impact that the COVID-19 pandemic has had on opticians, fees for 2021 were reduced by \$250 to assist opticians registering for the coming year without placing an undue burden on Registered Opticians or by extension, their patients.



Changes to the QA program, including suspension of the Multi-Source Feedback program and an extension of the CRE submissions to May, which were put in place early in 2020. Peer and Practice Assessments were suspended until further notice.

Frequent, timely updates were sent to registrants by email and a dedicated COVID-19 information page was added to the COO website. Regular updates to the COVID-19 page and social media platforms were used to keep registrants informed.

In January of 2020, the Board of Directors started on a journey of Diversity Equity and Inclusion training which included four half-day training sessions and resulted in the development of Diversity, Equity, and Inclusion strategic goals that will accompany the College's existing strategic priorities for 2020 – 2022. In developing the plan, the Board, staff and registrants were surveyed, and valuable feedback was gained which will be used to shape the strategic goals in the coming year. It is anticipated that the plan will be ratified by the Board in 2021.

Throughout 2020, the Governance Committee continued to work on the Board's governance to develop its governance culture through a series of online training sessions.

I would like to thank our registrants for continually demonstrating professionalism despite the unprecedented times we have all gone through.

Lastly, I would like to take this opportunity to say thank you to the past and present members of the Board and especially the Registrar and staff of the College/ Board of Opticians of Ontario. This will be my last year as the elected member representing Northern Ontario as my term expires this year. It indeed has been an honour and a privilege to serve as President/Chair and to be a part of this fantastic body since 1994.

Again, many thanks to all.

Bryan Todd  
*RO, President*



# DIVERSITY, EQUITY AND INCLUSION PLAN

The College recognizes that systemic racism, bias, and discrimination exist in Ontario, including within the healthcare system. As a result, many individuals are denied the respect and dignity that all persons deserve, regardless of their race, gender, sexual identity, ability, and/or any other protected characteristic.

2020 was a year of reflection and learning as COO Board and staff members participated in extensive training on diversity, equity and inclusion throughout the year. This training culminated in a decision to update the organization's core values to incorporate statements supporting cultural safety, trust, equity, diversity and respect. These values are meant to reflect how the College functions both as an organization and as a regulator.

As an organization, the College has explored ways to encourage diversity and remove barriers to participation. Updates were made, for example, to the process for screening committee members in order to ensure that it accounted for, and valued, differing experiences and perspectives.

As a regulator, the College has committed to examining its processes and policies to make sure that an equitable lens is applied. As of 2020, briefing notes relating to policy decisions now include a section on the diversity, equity and inclusion considerations at play, in order to ensure that these factors are always given adequate attention. The College is developing materials and resources for registrants that will help support them in their practice and build their knowledge in order to deliver opticianry care in a way that demonstrates respect, cultural competence, and empathy.

This work will continue into 2021 and beyond, as the College takes the next steps to formalize its diversity, equity and inclusion goals within its existing strategic plan, and continues to collaborate with system partners to build a more equitable organization and healthcare system.



Use this QR code to see the COO's statement regarding Diversity, Equity, and Inclusion.

# EXECUTIVE COMMITTEE

## 2020 COMMITTEE MEMBERS

### **Bryan Todd**

Chair, RO, Elected Member

### **Stephen Kinsella**

Vice-Chair, Public Member

### **Jacalyn Cop-Rasmussen**

Public Member (until October 31)

### **Ingrid Koenig**

RO, Elected Member

### **Dorina Reiz**

RO, Elected Member

The Executive Committee meets between Board meetings to discuss any urgent matters that arise. The Executive also functions as the Finance Committee and is responsible for reviewing and approving all financial matters, such as quarterly financial reports, the financial audit and the annual budget. The Executive is also responsible for determining the Board's agenda and conducting an annual performance review of the Registrar.

### ***Recommendations for 2020 Appointed Members***

The Executive Committee is responsible for interviewing candidates for positions as appointed committee members and making appointment recommendations to the board. In 2020, the Committee conducted 8 interviews for the appointed member role for a two-year term commencing January 1, 2021. The Committee modified the interview process from previous years to reflect the board's commitment to diversity, equity and inclusion. Based on the Committee's recommendations, the board appointed 6 individuals as appointed committee members at the December meeting.

### ***By-Law Amendments***

In November, the Executive Committee considered amendments to the following by-law provisions and made recommendations to the board:

- Article 6.3: Eligibility for board election.
- Article 15.6: The public register
- Schedule A: Fees for Services

On review, and where applicable following circulation for stakeholder feedback, the board approved the amendment as recommended by the Executive Committee.

### ***Recommendations on Committee Composition***

The Executive Committee made recommendations to the Board regarding the 2021 Committee slates, which were approved by the Board in December 2020.

### ***Virtual October Board Meeting***

The Executive Committee considered, and recommended to the board that, in light of the continued risks posed by the COVID-19 pandemic, that board meetings continue to be held virtually until at least the end of 2020.



### ***College Pandemic Communications and Action Plan***

The Executive Committee received updates about the College's pandemic plan, including the move to a remote office and regular communications updates to registrants regarding the COVID-19 pandemic.

### ***COVID-19 Accommodation: Registration Fee Adjustment***

The Executive Committee made a recommendation to the board regarding a by-law amendment to reduce registration fees for registered opticians by \$250 for the 2021 calendar year. The recommendation was approved by the board at its July meeting.

### ***Proposed By-Law: QA requirements for Elected and Appointed Members***

The Executive Committee proposed amendments to the College's by-laws which would make board and committee members subject to disqualification for failing to comply with the College's Quality Assurance Program. The Executive Committee's recommendation was approved by the board at its February 26 meeting.

### ***Executive Elections Process***

The Executive Committee considered the executive elections process and whether the process should be amended to include a mandatory submission of an expression of interest and experiential

eligibility requirements to run for a position on the Executive Committee as an officer, vice-chair or chair. The board was asked to further consider whether to proceed with amendments to the Executive Elections at the February 26 meeting. The board assigned the matter to the Governance Committee for further investigation. By-law amendments were approved by the board at its October meeting following recommendations by the Governance Committee.





## **EXERCISE OF BOARD POWERS IN BETWEEN MEETINGS**

Under section 12 of the Health Professions Procedural Code, the Executive Committee has all of the powers of the Board 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. Where the Executive Committee exercises this power, it must report on its actions to the Board at its next meeting.

In 2020, the Executive Committee exercised this power in the following instances:

### ***Appointment of the NEC Representative***

The Executive Committee appointed Dorina Reiz to the position of National Examinations Committee

### ***Temporary amendments to the Quality Assurance Program***

Due to the COVID-19 pandemic, the Executive Committee met on March 20, 2020 to approve the following recommendations made by the Quality Assurance Committee:

1. To extend the deadline for CRE portfolio submissions to May 4, 2020.
2. To suspend the Multi-Source Feedback process until 2021. Anyone who already completed the process would still receive their results. Anyone who has not started or only partially completed the MSF process, will have the option of applying the surveys that have already been completed to next year and completing the additional requirements at that time or starting fresh.
3. To suspend all Peer and Practice Assessments until further notice.

### ***COVID-19 Practice Guidelines***

The Executive Committee reviewed, and approved guidelines developed by the Clinical Practice Committee to address practice considerations during COVID-19, specifically around dispensing ophthalmic devices as well as disinfection protocols. In light of the urgent nature of the guidelines, the Committee determined that they required immediate attention. Emergency Guidelines were approved by the Committee on April 24, 2020, and Return to Work Guidelines were approved on May 13, 2020.

### ***Amendments to Honoraria Policy and the CERB***

The Committee approved an update to the Honoraria Policy on an urgent basis to ensure that the policy was consistent with the requirements set out in the Canada Emergency Response Benefit (CERB).

### **FINANCE COMMITTEE**

In 2020, the Executive Committee carried out the following activities in its capacity as the Finance Committee of the College:

### ***Review of Financial Statements and Financial Auditor Recommendation***

The Committee reviewed financial variance reports at each meeting and considered the draft audited financial statements as prepared and presented by Grewal Guyatt, Chartered Professional Accountants.

The Committee also pilot tested a new auditor assessment tool, which will be used annually as a means of assessing: the auditor's independence, objectivity and professional skepticism; the quality

of the engagement team; and the quality of the communications and interactions with the external auditor.

### ***Honoraria Policy***

At the February board meeting, the Committee recommended an update to the Board's Honoraria Policy regarding appointed member eligibility for reimbursement of preparation time for board meetings. The recommendation was approved.

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*Submitted by:*  
 Bryan Todd  
 RO, Chair, Elected Member



# PATIENT RELATIONS COMMITTEE

## 2020 COMMITTEE MEMBERS

**Behzad Safati**  
RO, Chair, Appointed Member

**Stephen Kinsella**  
Vice-chair, Public Member

**Amber Fournier**  
RO, Elected Member

**Samir Modhera**  
RO, Elected Member

**Neda Mohammadzadeh**  
RO, Elected Member

**Murray Angus**  
Public Member  
(As of August 20, 2020)

**Jack Zwicker**  
Public Member  
(Until September 12, 2020)

**Henry Wiersema**  
Public Member  
(As of June 25, 2020)

The Patient Relations Committee enhances and promotes the relationship between opticians and patients by providing resources, advice, training and support to prevent and deal with sexual abuse of patients. The Committee works to encourage positive communications between opticians and patients, with a view to continually improving the quality of opticianry care. The Committee also administers the program to provide funding for therapy or counselling for patients who have alleged that they were sexually abused by a registrant of the College.

## REPORT

### ***Jurisprudence Handbook Updates***

The Committee reviewed and finalized two new chapters of the jurisprudence handbook:

- The Regulated Health Professions Act (RHPA) chapter
- The Jurisprudence Diversity, Equity and Inclusion chapter

The Committee is anticipating adding new chapters to the jurisprudence tool in 2021.

### ***Sexual harassment of Non-Patients/ Employees***

The Committee reviewed and discussed a new guideline for the prevention of sexual harassment of non- patients. The proposed guideline addresses opticians' professional responsibility to prevent and address all forms of sexual harassment, including with respect to colleagues, employees, students, interns, and any other member of the public. The Board approved the guidelines at its October meeting.

### ***Land Acknowledgment Agreements***

The Patient Relations Committee discussed whether the College's board meetings should be opened with a traditional land acknowledgment that the proceedings are taking place on lands held by Canada's Indigenous people. To appreciate the meaning of the acknowledgment, the Committee also considered board directors and appointed members participating in cultural safety and humility training. The Committee also agreed that a Cultural Awareness Module could be created for registrants as a CE self-directed course.

The land acknowledgment was presented to the Board February 2021.

### ***College Organizational Values***

The Patient Relations Committee proposed a draft of the updated values to the Board. The Committee recommended three additional DEI values; diversity, equity and respect and the Board approved the new values at the December meeting.

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#### *Submitted by:*

Behzad Safati, Chair, Appointed Member  
Deidre Brooks, Manager, Patient  
Relations and Governance



# GOVERNANCE COMMITTEE

## 2020 COMMITTEE MEMBERS

**Margaret Osborne**  
Appointed Member  
Chair (until March)

**Stephen Kinsella**  
Public Member; Vice-chair (until March), Chair (from March)

**Diana Bristow**  
Vice-chair, Public Member (from March)

**Kevin Cloutier**  
RO, Appointed Member

**Ingrid Koenig**  
RO, Elected Member

**Mike Smart**  
RO, Elected Member

The Governance Committee ensures that the Board fulfills its legal, ethical and functional responsibilities through adequate policy development, Board development strategies, training programs, the monitoring of Board activities and evaluation of the Board and Committee performance.

### ***Policy Governance Manual***

In 2020, the Governance Committee continued working to refresh the Board's governance approach by revising the governance manual, which includes policies on all areas of the organization from Board decision making, finance and operations to human resources. In total, the Committee recommended, and the Board approved, nine new governance policies and updates to five existing policies. In addition, on the Committee's recommendation, the Board approved a process for monitoring its own policies and began the process of developing monitoring templates for that purpose.

### ***Governance Reform Initiatives:***

The Governance Committee continues to review provincial and national trends and best practices with respect to governance in professional regulation. The Committee works to further the Board's goal of transforming our governance framework while increasing efficiency and strengthening public trust in the College's processes. To

date, the Board has approved various changes to the Governance Model while staying within its legislative framework.

In keeping with the COO's 2020-2022 strategic plan, the Committee has worked to help the Board transform its governance framework while adapting to the evolving needs of how best to serve the public. To that end the Board approved the following by-law amendments as recommended by the Committee:

1. Changes to the terminology used by the College
2. Changes to eligibility requirements for Board and Committee Members that lengthen the cooling off period for individuals who held positions within a professional association
3. A new requirement for Board Members to submit their written intent to run for the Executive Committee at least 14 days prior to the election



4. Updates to the eligibility requirements for Committee Members to permit non-opticians to be appointed to committees
5. The introduction of a mandatory Pre-Election Training Module for all persons seeking election to the Board. The Module is designed to inform interested candidates about the RHPA, the COO's purpose, and to provide information necessary to carry out their fiduciary role as a director if and when they are elected.

In addition, the Committee recommended, and the Board approved, a change to the self-evaluation process. The Board has now adopted the

Ontario Health Association Board Self-Assessment Tool for Non-Profit Organizations to be used annually to evaluate the Board's work.

The Governance Committee will continue to make recommendations to the Board based on the changing needs of the public and what it expects of its regulator.

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*Submitted by:*  
Steve Kinsella, Chair, Public Member  
Deidre Brooks, Manager, Patient Relations and Governance

# DISCIPLINE COMMITTEE

The Discipline Committee holds hearings into specified allegations of professional misconduct or incompetence that are referred by the Inquiries, Complaints and Reports Committee. The committee can order a range of penalties, including fines, a reprimand, suspension or revocation of a registrant's certificate.

## ELECTED MEMBERS

**Samir Modhera, RO**

**Amber Fournier, RO**

**Neda Mohammadzadeh, RO**

**Dorina Reiz, RO**

**Bryan Todd, RO**

**Rob Vezina, RO**

**Ingrid Koenig, RO**

**Ed Viveiros, RO**

**Mike Smart, RO**

## PUBLIC MEMBERS

**Diana Bristow**

**Murray Angus**  
(effective October 5, 2020)

**Jacalyn Cop-Rasmussen**  
(until October 31, 2020)

**Stephen Kinsella**

**Omar Farouk**

**Peggy Judge**  
(effective July 27, 2020)

**Henry Wiersema**  
(effective July 27, 2020)

**Jack Zwicker**  
(until Sept 12, 2020)

## APPOINTED NON-BOARD MEMBERS

**Derick Summers, RO, Chair**

**Rob Dickinson**  
RO, Vice Chair (until April 15, 2020)

**Dennis O'Hagan, RO**

**Tonya Nahmabin, RO**

**Daniela Schowalter**  
RO, Vice Chair  
(May 11, 2020 – Oct 5, 2020)

**Kevin Cloutier, RO**

**Margaret Osborne, RO**

**Behzad Safati, RO**

## Committee Training

On June 12, 2020, five Committee members attended the Discipline Committee basic training workshop via video conference held by the Health Profession Regulators of Ontario (HPRO). On September 21, 2020, three Committee members attended the basic training workshop and on November 13, 2020, eight Committee members attended the advanced training workshop via videoconference.

## Submitted by:

Derick Summers, Chair  
Daniël Jansen, Manager -  
Professional Conduct



### ***Hearings***

In 2020, the Discipline Committee held hearings and/or issued decisions in the following matters:

- College of Opticians v. Tsan  
(November 19, 2020)

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QR code to view  
discipline files ►



- 
- College of Opticians v. Sanger  
(October 1, 2020)

Scan or click  
QR code to view  
discipline files ►



# INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

The role of the Inquiries, Complaints and Reports Committee (ICRC) is to review concerns about the conduct and actions of opticians. These concerns come to the ICRC's attention in a number of ways, including complaints from the public, reports from the Registrar, or referrals from the College's Quality Assurance Committee. The ICRC investigates all complaints, and considers all reports that are put before it, and determines whether it is appropriate to refer a matter to the Discipline Committee or Fitness to Practice Committee for a hearing, require some form of remedial or educational activity, or to take no action. The ICRC also reviews information received by the College about unregistered individuals who may be practicing opticianry or referring to themselves as opticians.

On February 4, 2020, the committee had a general orientation and training session.

In September 2020, the Committee made changes to streamline their risk assessment flowchart to further facilitate

## PANEL 1

**Omar Farouk**  
Chair, Public Member

**Neda Mohammadzadeh**  
RO, Elected Member

**Ed Viveiros**, RO

**Amber Fournier**  
RO, Elected Member

**Daniela Schowalter**  
RO, Appointed Member

**Peggy Judge**  
Public Member (effective July 9, 2020)

decision making when considering a complaint or a report. They also agreed to add the new chapter of the College's Jurisprudence Tool, "Introduction to the Regulated Health Professions Act (RHPA)" to their repertoire of specified continuing education and remediation programs. In addition, the committee directed that all oral cautions be delivered virtually until the end of the year due to the COVID-19 pandemic. The committee will revisit the issue in early 2021.

## PANEL 2

**Kevin Cloutier**  
Vice Chair, RO, Appointed Member

**Ingrid Koenig**, RO, Elected member

**Margaret Osborne**, RO, Appointed Member

**Henry Wiersema**, Public Member  
(effective June 25, 2020)

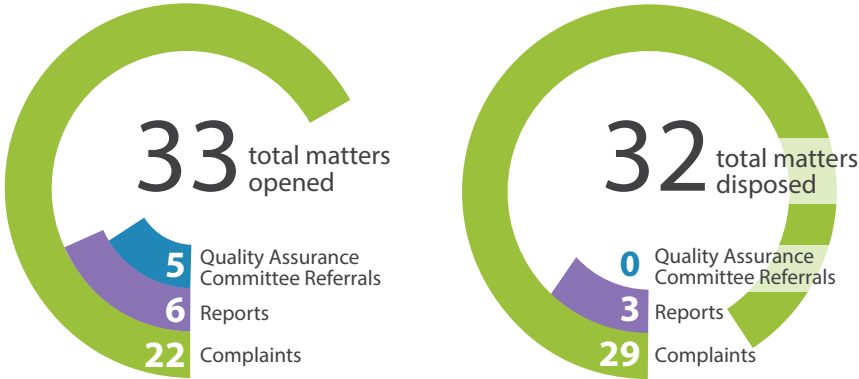
**Jack Zwicker**, Public Member  
(until September 12, 2020)

**Murray Angus**, Public Member  
(effective August 20, 2020)

**Jacalyn Cop-Rasmussen**  
Public Member (until October 31, 2020)



Committee Work



\*Note that dispositions may include one or more of the options listed below

| 2020 ICRC Dispositions                                | Complaints | Reports | QAC |
|---|------------|---------|-----|
| Closed with no further action                         | 6          | 1       | -   |
| Oral Caution  | 12         | 1       | -   |
| Specified Continuing Education or Remediation Program | 12         | 1       | -   |
| Advice  | 6          | -       | -   |
| Complaint withdrawn by the Registrar                  | 3          | -       | -   |
| Referred to Discipline                                | 1          | 1       | -   |
| Other (Member Retired)                                | -          | -       | -   |

Unauthorized Practice

On occasion, the College receives information about individuals who are not registered with the College but who refer to themselves as opticians and who behave as though they are entitled to practise as registered opticians. The College takes steps to investigate these matters, and takes appropriate action, including initiating court proceedings. In 2020, the College received information concerning 11 different optical stores.

The Health Professions Appeal and Review Board (HPARB)

The Health Professions Appeal and Review Board (HPARB) is an agency of the government, independent of the College, that is responsible for reviewing the decisions of the ICRC regarding complaints that are not referred to the Discipline Committee or the Fitness to Practice Committee. In 2020, reviews were requested of two ICRC decisions, which are both ongoing. In addition, one matter from 2019 is ongoing and has been carried forward.

# QUALITY ASSURANCE COMMITTEE

## 2020 COMMITTEE MEMBERS

**Derick Summers**  
RO, Chair, Appointed Member

**Bryan Todd**  
RO, Vice Chair Elected Member

**Dorina Reiz**  
RO, Elected Member

**Diana Bristow**  
Public Member

**Stephen Kinsella**  
Public Member

**Tonya Nahmabin**  
RO, Appointed Member

The Quality Assurance (QA) Committee is responsible for developing and maintaining a QA program to ensure the quality of practice of the profession and to promote continuing evaluation, competence and improvement among opticians. The QA Committee has developed a program that requires opticians to engage in self-assessment and professional development each year through completion of continuing education hours.

On an annual basis, the QA Committee randomly selects a percentage of registrants to randomly participate in the Competency Review and Evaluation (CRE) process. The CRE process is a mechanism for the Committee to monitor an optician's compliance with the QA program, and provides opticians with feedback in order to encourage practice improvements. If selected to participate in the process, the optician must submit their professional portfolio to the College. In addition, some opticians are required to participate in the Multi Source Feedback (MSF) process. This process requires that an optician's patients and colleagues complete surveys about the registrant's performance. Opticians who do not meet the required MSF score are required to undergo a Peer and Practice Assessment.

Following the submission of the Professional Portfolio and/or the completion of the MSF process, the QA Committee may require an optician to complete a more in-depth Peer and Practice Assessment.

### ***2020 Competency Review and Evaluation Process***

In February, 702 opticians received notice that they had been randomly

selected to participate in this year's Competency Review and Evaluation (CRE) process. This included:

#### **» STREAM ONE**

**314 Opticians** were required to submit their 2019 Professional Portfolio

#### **» STREAM TWO**

**297 Opticians** were required to submit their 2019 Professional Portfolio to the College and participate in the Multi-Source Feedback (MSF)

**» 9 Opticians** were required to complete the Multi-Source Feedback Portion of the CRE only

#### *In addition*

- **105 Registrants** who participated in the 2019 CRE process were re-selected to participate in Stream One in 2020.
- **11 Registrants** who participated in the 2019 CRE process were re-selected to participate in Stream Two in 2020.
- **8 Registrants** who participated in the 2019 CRE process were re-selected to participate in the MSF process in 2020.

Professional Portfolio Assessment Results

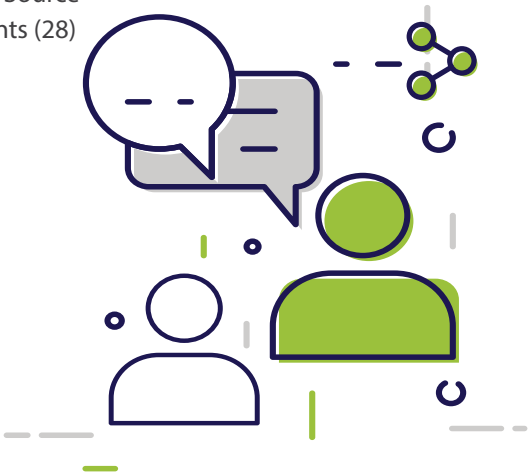


|     |  |
|-----|--|
| 437 | Completed Portfolio Requirements   |
| 64  | Deficient in accredited hours (includes those deficient in both accredited hours and with form problems) |
| 24  | Did not submit a professional portfolio  |
| 28  | Deferred from the process  |
| 81  | Form Problems only   |
| 34  | Did not renew/other  |
| 38  | Did not meet criteria (registered <12 months)  |

Multi-Source Feedback Results

On March 30, 2020, the Quality Assurance Committee suspended the Multi-Source Feedback Process until 2021 due to the COVID-19 pandemic. Those registrants (28) who completed the process prior to the suspension recieved their results.

|                                 |     |             |
|---------------------------------|-----|-------------|
| Above Established Threshold     | 26  | <div></div> |
| Below the Established Threshold | 2   | <div></div> |
| Deferred due to COVID-19        | 286 | <div></div> |



On March 20, 2020, the QAC determined to take the following steps to address the challenges that the COVID-19 pandemic had created with respect to registrants' ability to participate in the CRE process.

1. Extending the deadline for portfolio submission to May 4, 2020.
2. Suspending the MSF process until 2021.
3. Suspending all Peer and Practice Assessments until further notice.

The recommended actions were put before the Executive Committee for consideration and approval given the urgent nature of the situation.

### ***Quality Assurance Program Fees***

A total of 56 registrants were required to pay the deficient portfolio fee. The deficient portfolio fee is charged when a registrant submits a portfolio deficient in the required number of accredited continuing education hours.

### ***Peer and Practice Assessments***

College's Peer and Practice Assessors completed a total of 4 assessments in 2020 prior to the suspension of assessments. The Committee reviewed 8 peer and practice assessment reports. In addition, the QAC ordered 22 peer

and practice assessments in 2020. Due to the COVID-19 pandemic, in person Peer and Practice Assessments have been suspended until further notice.

The QAC approved remote assessment tools to replace the chart review and onsite premise inspections. Peer Assessors received additional training on conducting remote assessments and have begun to schedule and complete assessments that had been placed on hold.

To date, 2 remote assessments have been completed and 5 have been scheduled.

### ***Accreditation Policy***

The Committee reviewed and recommended updates to the Accreditation Policy that introduced a more rigorous review of course content to ensure that it was evidence based, that the creator of the material relied on objective, neutral and reliable sources, and that the primary purpose of the activity would be the advancement of professional competencies and scientific knowledge rather than being for the purpose of endorsing a specific product or brand. In addition, the Committee developed a comprehensive checklist to apply to each accreditation request that is received.



The renewal process of accredited activities was amended to remove the one-time automatic renewal of a CE activity when requested within 60 days of expiry. The CE provider must submit an accreditation request for any activity that they wish to have re-accredited and the standard accreditation fee will apply. The CE activity will be reviewed by the accreditation team to ensure it continues to meet the criteria of the policy.

**Accreditation Requests**

In 2020, the Committee reviewed 104 accreditation requests and accredited a total of 82 new continuing education activities. The committee re-accredited 12 requests, 10 requests were not accredited and recommended as self-directed.

| Time Period     | New CE Activity Requests Accredited | CE Activity Re- Accredited | CE Activities Not Accredited |
|-----------------|-------------------------------------|----------------------------|------------------------------|
| Jan 1 – Aug 30  | 58                                  | 5                          | 6                            |
| Sept 1 – Dec 31 | 24                                  | 7                          | 4                            |

**QAC Assurance Portal**

Beginning in 2020, registrants were required to report and upload completion certificates for their accredited continuing education hours. As of February 5, 2021, 2687 registrants had uploaded some or all of their accredited continuing education hours.

Further development to the portal was completed in the fall of 2020 and beginning in November 2020, registrants were able to complete all components of their professional portfolio online. Registrants will be required to complete all components of their Professional Portfolio online through their Registrant Portal beginning in 2021.

**Training**

All member of the QAC underwent orientation and accreditation training at the first meeting of the year.

**Quality Assurance Outreach**

Professional Practice Department staff attended one continuing education event as well as a student event at Seneca College to answer questions about the QA program.

In addition, Professional Practice Department staff along with the Project Manager held two information sessions for registrants. At these sessions, registrants were guided through how to report and upload continuing education hours as well as complete their self-assessment and non-accredited hours.

Both sessions were well attended, and feedback received was very positive.

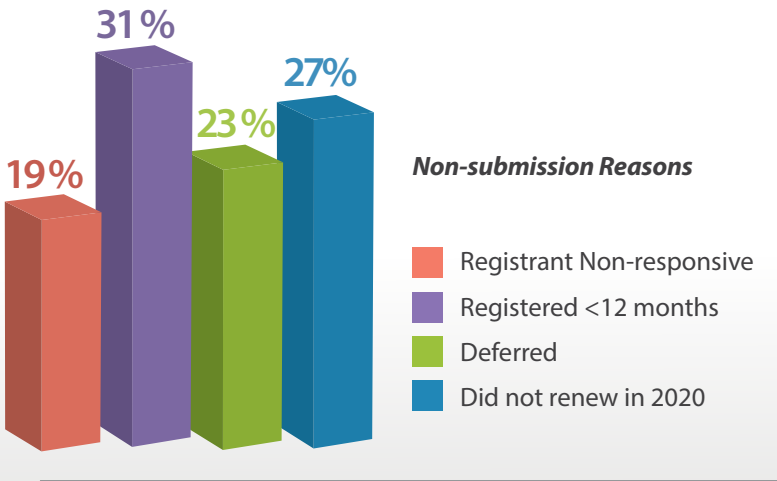
**Submitted by:**  
Derick Summers  
RO, Chair, Appointed Member  
Peggy Dreyer  
Manager, Professional Practice

# 2020 COMPETENCY REVIEW AND EVALUATION PROCESS

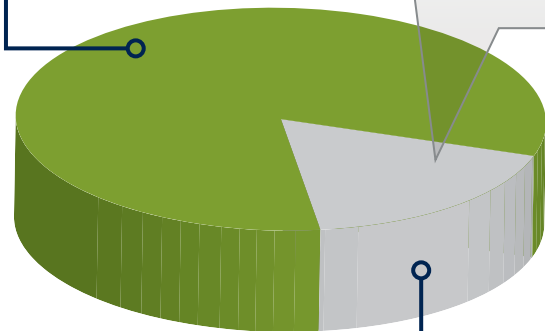
The Competency Review and Evaluation (CRE) Process is a mechanism for the Quality Assurance (QA) Committee to monitor registrant participation in the QA Program.

Each year 20% of registrants are randomly selected to participate in Step One of the CRE process. Those selected to participate are notified in February of each year.

706  
Registrants Selected to  
Submit 2019 Portfolio



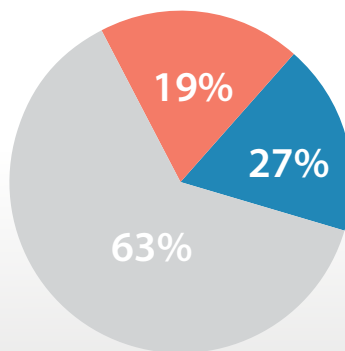
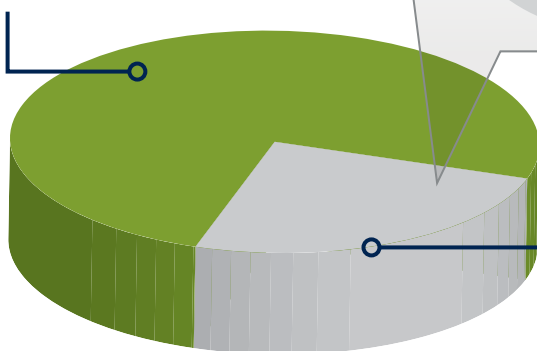
582  
Total Submitted



124  
Total Non  
Submissions

**582**  
Submitted Portfolios

**437**  
Immediate Exit  
Letter



*Types of Portfolio Deficiencies*

- Deficient 4-8
- Deficient 1-3
- Form Problem

**145**  
Deficient



# REGISTRATION COMMITTEE

## COMMITTEE MEMBERS

*Derick Summers*, Chair, RO

*Jacalyn Cop-Rasmussen*, Vice-Chair,  
Public Member (until October 31,  
2020)

*Dorina Reiz*, RO, Elected Member

*Tonya Nahmabin*, RO, Elected Member

*Samir Modhera*, RO, Elected Member

*Mike Smart*, RO, Elected Member

*Omar Farouk*, Public Member

*Peggy Judge*, Public Member  
(As of July 9, 2020)

*Murray Angus*, Public Member  
(As of August 20, 2020)

## REGISTRATION APPEAL PANEL

*Henry Wiersema*, Public Member

*Jack Zwicker*, Public Member  
(until September 12, 2020)

*Ed Viveiros*, RO, Elected Member

*Dennis O'Hagan*, RO, Appointed  
Member

The Registration Committee is responsible for reviewing and assessing all applications that do not meet the requirements for registration or that are referred to it by the Registrar. The Committee may require that applicants undergo additional education, assessment or examination requirements, or it may impose terms, conditions and limitations on a Certificate of Registration. The Committee also recommends proposals to Board for changes to registration-related regulations, by-laws, policies and the programs that support the registration processes.

### **Training**

All members of the Registration Committee underwent orientation training as well as training on avoiding bias and conflict of interest at the first Registration Committee meeting of 2020.

### **By-Law Amendment: Removing Gender from the Public Register - Stakeholder Consultation Results**

At its meeting on February 26, 2020, on the Committee's recommendation, the Board approved the draft by-law amendment to remove gender information from the public register

for stakeholder feedback. Based on the stakeholder feedback and the recommendation of the Registration Committee, the Board approved the by-law amendment at its October 5, 2020 meeting.

### **Amendments to Student/Intern Supervision Policy and Contact Lens Mentor Policy**

At the Committee meetings on March 23, 2020 and July 20, 2020, the Registration Committee approved an amendment to the current Contact Lens Mentor policy and the Student/Intern Supervision policy respectively, to include a provision for those individuals who were registered as an optician in another Canadian jurisdiction, where opticianry is a regulated profession for a minimum of three years, or hold a combination of registration with COO and an equivalent College regulating opticianry in another Canadian jurisdiction for a minimum of three years.

To keep the Student/Intern Supervision Policy and the Contact Lens Mentor Policy in alignment, the Committee further recommended a change to criterion two of the Contact Lens Mentor Policy to allow individuals who acquired the

necessary knowledge, skill, and judgment in a period less than three years to be eligible for supervision of the contact lens fittings of student and intern opticians. The proposed policy change was approved by the Board at its July 27, 2020 meeting.

### ***Contact Lens Mentor Eligibility Criteria for Academics***

The Committee approved a recommendation to grant temporary Contact Lens Mentor status to faculty that are teaching Contact Lens courses in an academic setting. The proposed policy change was approved by the Board at its July 27, 2020 meeting. The temporary status will remain in force until December 31, 2021.

### ***Expanding Peer-to-Peer Policy to Eyeglass Fittings***

The Committee recommended that the Board approve a temporary provision to expand the peer-to-peer policy to eyeglass fittings. The proposed policy change was approved by the Board at its October 5, 2020 meeting. The provision will remain in force until December 31, 2021.

### ***Implementation of Vulnerable Sector Checks for New Applicants***

At the March 23, 2020 meeting, the Registration Committee reviewed an environmental scan of other regulatory Colleges in the province, types of Criminal Record Checks available and the logistics involved in the process of obtaining a Criminal Record Check from registrants.

Upon review of the above-noted information, the Committee motioned to recommend the adoption of a Vulnerable Sector Check requirement for new applicants at the time of initial application. Mandatory reporting requirements, including annual professional conduct questions during the renewal process would capture subsequent years and current registrants.

At the Committee meeting on May 4, 2020, the Registration Committee reviewed the draft Vulnerable Sector Check Policy and determined that a Vulnerable Sector Check is to be implemented for applicants for a certificate of registration as a Registered Optician, effective January 1, 2021. With regard to students and interns, the College will continue with its current

self-reporting practice.

The Committee further determined that applicants are to submit a Vulnerable Sector Check for Ontario only and set out options for applicants who are unable to obtain a check. The Committee determined to combine the existing Policy Dealing with Convictions, Findings and Ongoing Proceedings with the new Vulnerable Sector Check Policy.

### ***Timeframe for Transition Between Certificates of Registration***

The Committee discussed a timeframe for registered Intern Opticians to transition to full licensure. Repercussions of time lapse during the period of transition were further discussed. The Committee was provided with an environmental scan of practices of other regulators concerning transition timeframes between different classes of registration.

The Committee identified three years as the timeframe to apply for registration as an Optician from the date the results of successful completion of NACOR examinations were released.

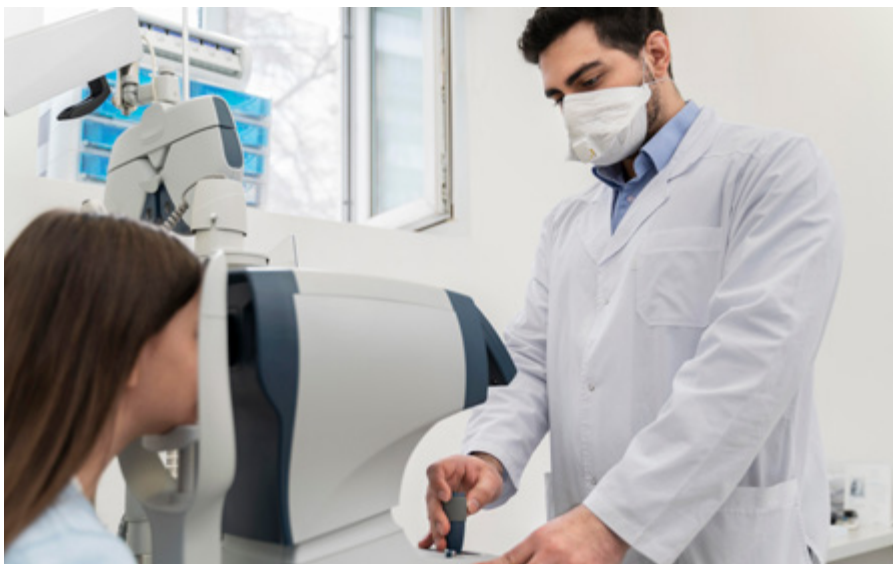
### ***NACOR Exam Postponement***

The Registration Committee received an update on postponement of the spring NACOR examination session due to the COVID-19 pandemic. It was further noted that students were losing practicum opportunities as a result of dispensary restrictions. The economic repercussions of the pandemic are yet to be seen as many businesses may not contemplate hiring students after reopening, thus posing a challenge for the 2020 cohort.

At the Committee meeting on May 4, 2020, the Registration Committee was informed that the graduating cohort of Collège La Cité opticianry program would not be eligible to sit the examinations in September due to postponement of co-op placements. The French exam scheduled to take place in Ottawa was subsequently cancelled until further notice.

### ***Accreditation Canada as the Accrediting Agency for NACOR***

Jodi Dodds, Executive Director, NACOR, presented on transferring the responsibility of program accreditation to Accreditation Canada. The Committee approved Accreditation Canada as the accrediting agency for NACOR.



### ***Remote Administration of CGA***

At the Committee meeting on May 4, 2020, the Registration Committee was informed that NACOR, in collaboration with College of Opticians of British Columbia (COBC), began working on developing a process for remote administration of the Competency Gap Analysis (CGA). At its meeting on July 20, 2020, the Registration Committee reviewed the materials developed by NACOR and COBC and subsequently approved the remote administration of CGA as a comparable alternative.

### ***PLAR Blueprinting 2020***

At the Committee meeting on July 20, 2020, Jodi Dodds of NACOR presented the process of development of new assessment/testing blueprints for the

registration tools following the release of the National Competencies for Canadian Opticians (4th edition). The registration tools considered included the National Examinations, the Competency Gap Analysis (CGA) and Case Based Interview (CBI) used for PLAR and the Continuing Competency Assessment (CCA).

The Registration Committee discussed the analysis conducted by a psychometric company, Wickett Measurement Systems, recommendations stemming from this analysis, as well as the technical report prepared by Wickett Measurement Systems.

### ***Conducting PLAR Interviews in French***

At the meeting on March 23, 2020, the Registration Committee discussed options to establish a process for conducting PLAR interviews for applicants requesting service exclusively in French. The Committee adopted a model comparable to an English-speaking panel, consisting of two French speaking registered opticians, a public member, and a staff member.

At the meeting on September 14, 2020, the Registration Committee was advised of challenges the College staff encountered to secure an exclusively French-speaking panel. The Committee considered alternative comparable options, including use of a French interpreter for the entire interview process. It was determined that the services of francophone opticians are to be utilized for the interview; additionally, a francophone content expert is to be present at the interview to provide clarifications as deemed necessary.

### ***PLAR Eligibility for Canadian Applicants***

The Registration Committee explored whether the PLAR process can be made available to candidates who did not graduate from an opticianry program but have Canadian practice

experience in the field of opticianry.

The Committee noted that other Canadian opticianry regulators permit “experience only” Canadian applicants to access the PLAR process.

On review, the Registration Committee concluded that it would be contrary to the Registration Regulation to grant a certificate of registration to a candidate on the basis of Canadian practice experience alone, even where that candidate successfully completed the PLAR.

### **IN-PERSON INTERVIEWS**

In 2020, one in-person interview was conducted for PLAR applicants. One public member of the Registration Committee attended each of these interview days to ensure the interview was neutral and objective.

### **REMOTE INTERVIEWS**

In 2020, four remote interviews were conducted for PLAR applicants. One public member of the Registration Committee attended each of these interview days to ensure the interview was neutral and objective.

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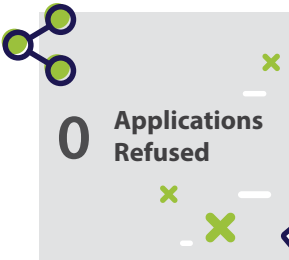
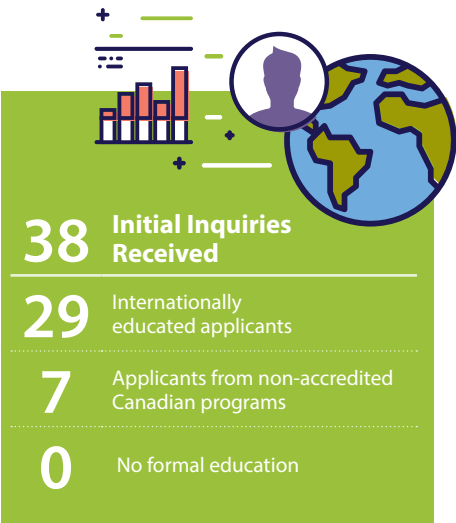
Submitted by:

Derick Summers, Chair, RO

Anna Jeremian, Manager, Registration

# 2020 STATISTICAL REPORT

## PLAR APPLICANTS



OTHER APPLICATIONS FOR REGISTRATION



# CLINICAL PRACTICE COMMITTEE

The clinical practice committee ensure high quality standards of practice and practice guidelines that support and further the College’s mandate of regulating the practice of opticianry in the public interest. The committee considers and makes recommendations to the Board regarding changes to legislation including regulations, applicable statues and by-laws, as well as programs to support the development of the standards of practice and guidelines.

## COMMITTEE MEMBERS

**Bryan Todd**  
RO, Chair, Appointed Member

**Daniela Schowalter**  
RO, Vice- Chair, Appointed Member

**Behzad Safati**  
RO, Appointed Member

**Dennis O’Hagan**  
RO, Appointed Member

**Omar Farouk**  
Public Member

**Peggy Judge**  
Public Member (as of July 9, 2020)

## ***COVID-19 Emergency Practice Guidelines***

In April 2020, the Committee developed temporary guidelines to provide guidance to opticians delivering essential care in accordance with Directive #2 issued by the Chief Medical Officer, which required regulated health professional to limit services to essential care. These guidelines addressed practice considerations specifically around dispensing of ophthalmic appliances and disinfection protocols.

As there was a sense of urgency to have these guidelines published, the Committee requested that the Executive Committee exercise their authority to act between Board meetings to review and approve the temporary guidelines.

## ***Return to Practice Guidelines***

In May 2020, the committee develop guidelines to provide guidance to opticians returning to practice once

the province lifted the directive that restricted health professionals to essential care. The purpose of these guidelines was to provide additional information on how opticians should interpret the Standards of Practice, and in particular Standard 4 which pertains to safety and infection control, in the context of the continued risks posed by the COVID-19 pandemic.

These guidelines were presented to various industry stakeholders. Participants who remained open for essential services shared their experiences and practices in implementing physical distancing and other protective measures in their respective workplaces.

The committee requested that the Executive Committee exercise their authority to act between Board meetings in order to review and approve the guidelines in order to ensure they were in place by the time the Province lifted restrictions on non-essential care.

## ***Delegation Standard of Practice and Practice Guidelines***

This standard was developed together with accompanying practice guidelines



to address both the giving and receiving of delegation by an optician, and establish the parameters under which delegation must occur, including accountabilities, record keeping requirements and ensuring a patient's informed consent. Previously, delegation by opticians to non-opticians was only addressed via policy. The draft standard and guidelines were circulated for feedback from registrants and other stakeholders. The Committee considered the feedback and proposed revisions to the sections pertaining to refraction in order to provide greater clarity and guidance to opticians.

The Delegation Standard of Practice and Practice Guideline was approved by the Board of Directors December 7, 2020.

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*Submitted by:*

Bryan Todd, RO, Chair, Elected Member  
Peggy Dreyer, RO, Manager,  
Professional Practice





# INDEPENDENT AUDITOR'S REPORT

## THE COUNCIL OF COLLEGE OF OPTICIANS OF ONTARIO

### *Opinion*

We have audited the accompanying financial statements of College of Opticians of Ontario which comprise the statement of financial position as at December 31, 2020 and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of College of Opticians of Ontario as at December 31, 2020, and the statements of operations, changes in net assets and cash flows for the year ended December 31, 2020 in accordance with Canadian accounting standards for not-for-profit organizations.

### *Basis for opinion*

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

basis for our opinion.

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

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

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

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

### *Auditor's responsibilities for the Audit of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not

a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

We also:

- » Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- » Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- » Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

» Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.

» Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

*Grewal Goyath LLP*

Chartered Professional Accountants,  
Licensed Public Accountants

Richmond Hill, ON  
May 17, 2021

## STATEMENT OF FINANCIAL POSITION

As at December 31, 2020

| ASSETS                                   | 2020 IN \$              | 2019 IN \$              |
|--|-------------------------|-------------------------|
| <b>CURRENT</b>                           |                         |                         |
| Cash                                     | 2,046,440               | 3,314,442               |
| Short-term investments (Note 4)          | 4,437,690               | 3,364,020               |
| Interest receivable                      | 6,862                   | 22,686                  |
| Prepaid expenses                         | 26,181                  | 25,584                  |
|  | <u>6,517,173</u>        | <u>6,726,732</u>        |
| <b>CAPITAL ASSETS (NOTE 5)</b>           | 338,077                 | 401,246                 |
|  | <b><u>6,855,250</u></b> | <b><u>7,127,978</u></b> |
| <b>LIABILITIES</b>                       |                         |                         |
| <b>CURRENT</b>                           |                         |                         |
| Accounts payable and accrued liabilities | 77,206                  | 111,221                 |
| Harmonized sales tax payable             | 229,447                 | 288,131                 |
| Deferred registration fees               | 2,097,562               | 2,673,568               |
|  | <b><u>2,404,215</u></b> | <b><u>3,072,920</u></b> |
| <b>NET ASSETS (Note 3)</b>               |                         |                         |
| <b><i>Restricted</i></b>                 | 96,360                  | 96,360                  |
| <b><i>Unrestricted</i></b>               | 4,354,675               | 3,958,698               |
|  | <b><u>6,855,250</u></b> | <b><u>7,127,978</u></b> |

Commitment and Contingencies (Notes 8 and 9)



## STATEMENT OF OPERATIONS

For the Year Ended December 31, 2020

| REVENUE                              | 2020 IN \$       | 2019 IN \$       |
|--------------------------------------|------------------|------------------|
| Opticians registration fees          | 3,036,782        | 2,914,059        |
| Examination fees                     | 63,496           | 136,185          |
| Interest income                      | 58,942           | 81,847           |
| Intern and student registration fees | 35,748           | 47,034           |
| Miscellaneous income                 | 15,447           | 75,936           |
|                                      | <u>3,210,415</u> | <u>3,255,061</u> |

| EXPENDITURES                                       |           |           |
|--|-----------|-----------|
| Amortization of capital assets                     | 85,298    | 98,017    |
| Audit  | 14,250    | 13,875    |
| Committee expenses                                 | 1,401     | 3,223     |
| Communications                                     | 33,148    | 18,460    |
| Computer maintenance, website and database hosting | 84,698    | 64,750    |
| Consulting   | 41,634    | 36,589    |
| Council and committee - See accompanying schedule  | 130,484   | 229,698   |
| Database development                               | 185,203   | 145,463   |
| Education and development                          | 52,281    | 40,891    |
| Equipment rental and maintenance                   | 14,953    | 11,116    |
| External personnel                                 | 42,316    | 73,954    |
| External relations                                 | 31,420    | 51,067    |
| Extraneous discipline expenditures                 | 1,070     | 3,970     |
| General office                                     | 279,021   | 258,249   |
| Insurance  | 12,557    | 4,822     |
| Investigator                                       | 77,214    | 63,104    |
| Legal  | 107,775   | 275,077   |
| Premises rent                                      | 228,038   | 224,597   |
| Printing and postage                               | 21,530    | 28,848    |
| Quality assurance portfolio                        | 32,371    | 61,416    |
| Salaries and benefits                              | 1,314,924 | 1,260,396 |



|  |                       |                       |
|--|-----------------------|-----------------------|
| Seat fees and advertising                  | 14,173                | 16,609                |
| Telecommunications                         | 8,679                 | 10,525                |
|  | <u>2,814,438</u>      | <u>2,994,716</u>      |
| <b>EXCESS OF REVENUE OVER EXPENDITURES</b> | <b><u>395,977</u></b> | <b><u>260,345</u></b> |

## STATEMENT OF CHANGES IN NET ASSETS

For the Year Ended December 31, 2020

|                                     | <b>INTERNALLY<br/>RESTRICTED<br/>FUNDS (\$)</b> | <b>INVESTED IN<br/>CAPITAL<br/>ASSETS (\$)</b> | <b>UNRESTRICTED<br/>FUNDS (\$)</b> | <b>2020<br/>TOTAL (\$)</b> | <b>2019<br/>TOTAL (\$)</b> |
|-------------------------------------|---|--|------------------------------------|----------------------------|----------------------------|
| Net Assets, beginning of year       | 96,360  | 401,246  | 3,557,452                          | 4,055,058                  | 3,794,713                  |
| Excess of revenue over expenditures | -   | (85,298)                                       | 481,275                            | 395,977                    | 260,345                    |
| Investments in capital assets       | -   | 22,129   | (22,129)                           | -                          | -                          |
| Net Assets, end of year             | 96,360  | 338,077  | 4,016,598                          | 4,451,035                  | 4,055,058                  |

## STATEMENT OF CASH FLOWS

For the Year Ended December 31, 2020

|   | 2020 IN \$              | 2019 IN \$              |
|---|-------------------------|-------------------------|
| <b>OPERATING ACTIVITIES</b>   |                         |                         |
| Excess of revenue over expenditures   | 395,977                 | 260,345                 |
| <b>ITEM NOT AFFECTING CASH</b>  |                         |                         |
| Amortization of capital assets  | 85,298                  | 98,017                  |
|   | <u>481,275</u>          | <u>358,362</u>          |
| <b>CHANGES IN NON-CASH WORKING CAPITAL COMPONENTS RELATED TO OPERATIONS</b> |                         |                         |
| Interest receivable   | 15,824                  | (13,352)                |
| Prepaid expenses  | (597)                   | (302)                   |
| Accounts payable and accrued liabilities                                    | (34,015)                | (216,038)               |
| Harmonized sales tax payable  | (58,684)                | 8,444                   |
| Deferred registration fees  | (576,006)               | 184,544                 |
| <i>Net cash used in operating activities</i>                                | (653,478)               | (36,704)                |
| <b>INVESTING ACTIVITIES</b>   |                         |                         |
| Acquisition of capital assets   | (22,129)                | (144,548)               |
| (Purchase) redemption of short-term investments                             | (1,073,670)             | 197,827                 |
| <i>Net cash provided by (used in) investing activities</i>                  | (1,095,799)             | 53,279                  |
| <b>NET INCREASE (DECREASE) IN CASH</b>                                      | <b>(1,268,002)</b>      | <b>374,937</b>          |
| <b>CASH, BEGINNING OF YEAR</b>  | <b>3,314,442</b>        | <b>2,939,505</b>        |
| <b>CASH, END OF YEAR</b>  | <b><u>2,046,440</u></b> | <b><u>3,314,442</u></b> |

# NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2020

## 1. ORGANIZATION AND NATURE OF BUSINESS

The College of Opticians of Ontario (the “College”) was incorporated without share capital as a not-for-profit organization under the laws of Ontario for the purpose of assuring public protection in the practice of opticianry and is responsible for administering and enforcing the Regulated Health Professions Act and the Opticianry Act. Accordingly, it is exempt from income taxes.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

### *Basis of accounting*

These financial statements are prepared using an accrual basis of accounting which recognizes the effect of transactions and events in the period in which the transactions and events occur, regardless of whether there has been a receipt or payment of cash or its equivalent. Accrual accounting recognizes a liability until the obligation(s) or condition(s) underlying the liability is partly or wholly satisfied. Accrual accounting recognizes an asset until the future economic benefit underlying the asset is partly or wholly used or lost.

### *Revenue recognition*

The College follows the deferral method of accounting for registration fees. The College primarily receives revenue from annual registration fees from its members and is recognized as revenue in the calendar year.

Deferred registration fees are represented by amounts

received before year end for licensing in the next year. In addition revenue from examination fees are recognized in the year they are earned. Interest income is recorded on an accrual basis as earned.

### *Financial Instruments*

Financial instruments are recorded at fair value on initial recognition. All financial instruments are subsequently measured at amortized cost on a straight-line basis, unless management has elected to carry the instruments at fair value. The College has not designated any financial asset or financial liability to be measured at fair value.

Financial assets measured at amortized cost include cash, short-term investments and interest receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities, harmonized sales tax payable.

Transaction costs incurred on the acquisition of financial instruments are expensed as incurred.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the College determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized

from selling the financial asset or the amount the College expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

### ***Capital Assets***

The costs of capital assets are capitalized upon meeting criteria as a long term asset for recognition as a capital asset, otherwise costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use. Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives at the following rates:

Computer equipment 30% declining balance  
Furniture and fixtures 20% declining balance  
Leasehold improvements 5 years straight line

### ***Impairment of long lived assets***

Capital assets and other assets subject to amortization are reviewed for impairment whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. Impairment is assessed by comparing the carrying amount of an asset to be held and used with the total of the undiscounted cash flows expected from its use and disposition. If the asset is impaired, the impairment loss to be recognized is measured by the amount by which the carrying amount of the asset exceeds its fair value, generally determined on a discounted cash flow basis. Any impairment results in a writedown of the asset and

a charge to income during the year. An impairment loss is not reversed if the fair value of the related long-lived asset subsequently increases.

### ***Use of estimates***

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditures during the year.

Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. Adjustments are reported in earnings in the period in which they become known. Significant items subject to such estimates and assumptions include useful life of capital assets and accrued liabilities. Actual results could differ from those estimates.

3. NET ASSETS

The financial statements have been prepared in a manner which segregates net assets balances and have been allocated by Executive Council as follows:

| RESTRICTED                                    | 2020 IN \$ | 2019 IN \$ |
|---|------------|------------|
| Reserve for Funding of Therapy or Counselling | 96,360     | 96,360     |
| UNRESTRICTED                                  | 2020 IN \$ | 2019 IN \$ |
| Invested in capital assets                    | 338,077    | 401,246    |
| Operating contingency                         | 1,300,000  | 1,300,000  |
| Unauthorized Practice contingency             | 500,000    | 500,000    |
| Premises contingency                          | 650,000    | 650,000    |
| Strategic initiatives contingency             | 200,000    | 200,000    |
| General reserve                               | 1,366,598  | 907,452    |
|   | 4,451,035  | 4,055,058  |

Reserve for Funding of Therapy or Counselling: As per legislative requirements, funds have been put aside for the funding of sexual abuse therapy. Council has set aside an amount equal to six (6) times the maximum amount which can be granted to a patient seeking therapy for sexual abuse.

Capital assets: Are reflected on the statement of financial position and include leaseholds, computers, furniture and fixtures that are utilized in the day-to-day operations of the College.

Operating contingency: Represents six (6) months’ projected operating expenses.

Unauthorized Practice contingency: As part of its Strategic

Plan, the College is committed to prosecuting unauthorized practice. The fund is reduced to reflect legal expenses as incurred that are specifically attributed to ongoing unauthorized practice matters.

Premises contingency: With the completion of the office move it is recommended that funds be accumulated in a premises contingency fund to address requirements at the end of the current lease ranging from a lease extension with premises refurbishment, moving to a new premise and associated leasehold improvements or the possible purchase of a premise.

Strategic initiatives contingency: Council has set aside this amount to support the College’s new Strategic Plan 2020-2022. While funds will be allocated in the budget for activities that support initiatives such as council governance reform, the contingency fund will be directed to any unforeseen directives issued by the government.

General reserve: This fund represents the general reserve and is the remainder of the surplus funds after the other restricted and unrestricted amounts are taken into consideration. These funds can be used for any unexpected or unbudgeted items including the implementation of new legislative changes.

All allocations for above specified contingencies were approved by the Executive Council.

4. SHORT-TERM INVESTMENTS

Short term investments are held in an investment account with BMO Nesbitt Burns and are comprised of nine guaranteed investment certificates (2019 - six) with maturity dates ranging

from September 1, 2021 to December 6, 2021 (2019 - August 31, 2020) and bear annual interest between 0.70% and 0.96% (2019 - between 2.11% and 2.18%), which when combined total \$3,393,638 (2019 - \$3,139,638). The remaining balance of \$1,044,052 (2019 - \$224,382) is held in a high interest savings account with interest which fluctuates with prime rate.

The financial statements include all accrued interest earned to December 31, 2020.

### 5. CAPITAL ASSETS

|                        | COST (\$)               | ACCUMULATED<br>COST<br>AMORTIZATION (\$) | NET BOOK VALUE<br>2020 IN \$ | NET BOOK VALUE<br>2019 IN \$ |
|------------------------|-------------------------|--|------------------------------|------------------------------|
| Computer equipment     | 254,792                 | 232,596                                  | 22,196                       | 26,014                       |
| Furniture and fixtures | 442,343                 | 336,419                                  | 105,924                      | 132,405                      |
| Leasehold improvements | 387,560                 | 177,603                                  | 209,957                      | 242,827                      |
|                        | <b><u>1,084,695</u></b> | <b><u>746,618</u></b>                    | <b><u>338,077</u></b>        | <b><u>401,246</u></b>        |

### 6. BANK INDEBTEDNESS

As at December 31, 2020 the College has an unused unsecured credit facility of a \$100,000 Operating Line of Credit at prime rate plus 1%. Prime rate at year-end was 3.95%.

### 7. FINANCIAL INSTRUMENTS

Risk and concentration of risks The College is exposed to various financial risks through transactions in financial instruments. The following analysis provides a measure of the College’s risk exposure at the balance sheet date.

*(a) Credit risk:*

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The College does not have significant exposure to credit risk

since all revenue is generated from members and received in advance of the fiscal year.  
There has been no change in the risk assessment from 2019.

**(b) Liquidity risk:**

Liquidity risk is the risk that the College will encounter difficulty in meeting its obligations associated with financial liabilities. The College is exposed to liquidity risk mainly in respect of its accounts payable and accrued liabilities. Cash flow from operations generates sufficient funds to fulfil the College’s accounts obligations.  
There has been no change in the risk assessment from 2019.

**(c) Market risk:**

Market risk is the risk that fair value or future cash flows of financial instruments will fluctuate as a result of market factors. Market factors include three types of risk: currency risk, interest rate risk and other price risk. The College is primarily exposed to interest rate risk.

*Interest rate risk*

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College exposed to interest rate risk on its term deposits. The College manages this risk by holding exclusively guaranteed investment certificates and staggering the terms of the investments held.

There has been no change in the risk assessment from 2019.

**8. COMMITMENTS**

The College has entered into agreements to lease its premises and office equipment. The existing premises lease commenced on July 1, 2017 for a ten year period. The annual rent of premises consists of a minimum base rent plus operating expenses, realty taxes and hydro charges for that period.

Minimum base rent payable for premises and equipment in aggregate is as follows:

|      | PREMISES IN \$        | EQUIPMENT \$         | TOTAL \$              |
|------|-----------------------|----------------------|-----------------------|
| 2021 | 105,710               | 9,920                | 115,630               |
| 2022 | 112,918               | 7,440                | 120,358               |
| 2023 | 120,125               | -                    | 120,125               |
| 2024 | 120,125               | -                    | 120,125               |
| 2025 | 120,125               | -                    | 120,125               |
| 2026 | 120,125               | -                    | 120,125               |
| 2027 | 60,062                | -                    | 60,062                |
|      | <b><u>759,190</u></b> | <b><u>17,360</u></b> | <b><u>776,550</u></b> |

**9. CONTINGENT LIABILITY**

The College is listed as a co-defendant in a Statement of Claim against it in the sum of \$1,500,000. This is being vigorously defended by the College. In the opinion of Management should there be any potential liability that might be awarded at the resolution of the claim, there is sufficient insurance coverage to satisfy the claim.

**10. COVID-19**

In March 2020, the World Health Organization declared the outbreak of novel coronavirus disease (“COVID-19”) as a pandemic and the outbreak has become increasingly widespread in Canada.



The College continues to monitor the impact of the COVID-19 (coronavirus) outbreak closely. As of the date of the audit report, management is of the opinion that the coronavirus outbreak will not have a material effect on the College's liquidity or financial position, and it will be able to realize its assets and discharge its liabilities in the ordinary course of business.

## SCHEDULE OF BOARD AND COMMITTEE EXPENDITURES

For the Year Ended December 31, 2020

|                               | HONORARIA             | EXPENSES             | 2020 TOTAL \$         | 2019 TOTAL \$         |
|-------------------------------|-----------------------|----------------------|-----------------------|-----------------------|
| STATUTORY / BY-LAW COMMITTEES |                       |                      |                       |                       |
| Council                       | 37,143                | 13,910               | 51,053                | 91,053                |
| Discipline                    | 4,100                 | (146)                | 3,954                 | 38,713                |
| Executive                     | 8,981                 | 1,500                | 10,481                | 7,023                 |
| Governance                    | 7,175                 | 699                  | 7,874                 | 9,684                 |
| ICRC / Complaints             | 16,956                | 4,127                | 21,083                | 25,187                |
| Patient Relations             | 1,225                 | -                    | 1,225                 | 4,190                 |
| Quality Assurance             | 18,283                | 2,264                | 20,547                | 27,042                |
| Registration                  | 9,388                 | 1,716                | 11,104                | 15,039                |
| AD-HOC COMMITTEES             |                       |                      |                       |                       |
| Miscellaneous Ad hoc          | 2,850                 | 313                  | 3,163                 | 11,767                |
|                               | <b><u>106,101</u></b> | <b><u>24,383</u></b> | <b><u>130,484</u></b> | <b><u>229,698</u></b> |



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