

# EXECUTIVE COMMITTEE REPORT

October 2021 Executive Committee  
Report to the Board of Directors

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## 2021 Committee Members:

Bryan Todd, Chair, RO, Elected Member  
Stephen Kinsella, Vice Chair, Public Member  
Omar Farouk, Public Member  
Neda Mohammadzadeh, RO, Elected Member  
Dorina Reiz, RO, Elected Member

Number of meetings since the May 17, 2021 Board Meeting:

- Three meetings, May 28, June 15, August 19, and September 20, 2021.

## Report:

### 1. General Business

#### *Executive Committee Self Evaluation*

The Executive Committee reviewed the results of the self-evaluation. It was determined that a comprehensive orientation session should be provided for the Executive Committee in January of each year.

### 2. 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.*

The Executive Committee approved updates to the COVID-19 Return to Practice Guidelines based on the recommendations of the Clinical Practice Committee. The changes made to the Return to Practice Guideline reflected updated provincial and/or public health guidelines with respect to cleaning and disinfecting protocols.

### 3. Finance Committee

The Executive Committee carried out the following activities in its capacity as the Finance Committee of

the College:

*2022-2023 Registration Fees – Proposed By-Law Amendment*

The Executive Committee met in June to review initial feedback received on the 2022 registration fee proposal. Based on that feedback, the committee determined to circulate a second fee proposal for stakeholder feedback. The Committee reviewed the final feedback received on both proposals at their meeting in August, and based on that feedback, made a recommendation to the board at their August 2021 meeting to adopt the second proposal which set out phased in approach to returning to full fees, with half of the fee correction applied in 2022 and the second half of the fee correction applied in 2023.

*Financial Statements and Annual Auditor Assessment*

The Committee reviewed the financial variance report to August 31, 2021. In addition, the Committee reviewed and completed the Annual Auditor Assessment Tool and will make a recommendation to the Board regarding the Appointment of the Auditor at the December meeting.

**Submitted by:**

Bryan Todd, RO, Chair, Elected Member

## CLINICAL PRACTICE COMMITTEE REPORT

October 2021 Committee Report to the Board of Directors

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### **Committee Members:**

Neda Mohammadzedah, RO, Chair, Elected Member

Samir Modhera, RO, Vice Chair, Elected Member

Dorina Reiz, RO, Elected Member

Stephen Kinsella, Public Member

Jay Bhatt, RO, Appointed Member

Dennis O'Hagan, RO, Appointed Member

Daniella Schowalter, RO, Appointed Member

Number of meetings since last report: 0

The Clinical Practice Committee has not met since its last report to the Board of Directors.

### **Report:**

#### *Refraction Standard of Practice*

The College invited stakeholders to complete a survey regarding the current Refraction Standard of Practice and, will hold focus groups this fall in an effort to obtain further insight.

The committee will review the survey results and feedback obtained from the focus groups at their next meeting.

### **Submitted by:**

Neda Mohammadzedah, RO, Chair, Elected Member

Peggy Dreyer, Manager, Professional Practice

## DISCIPLINE COMMITTEE REPORT

October 2021 Discipline Committee Report to the Board of Directors

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### Committee Members:

#### *Elected Members*

Ingrid Koenig, RO  
Neda Mohammadzadeh, RO  
Dorina Reiz, RO  
Samir Modhera, RO  
Bryan Todd, RO  
Mike Smart, Vice-Chair, RO  
Amber Fournier, RO  
Elsa Lee, RO

#### *Public Members*

Omar Farouk  
Stephen Kinsella  
Diana Bristow  
Henry Wiersema  
Peggy Judge  
Murray Angus

#### *Appointed Members*

Derick Summers, Chair, RO  
Daniela Schowalter, RO  
Kevin Cloutier, RO  
Jay Bhatt, RO  
Robert Quinn, RO  
Gord White,  
Rob Vezina, RO (until July 7)  
Margaret Osborne, RO  
Tonya Nahmabin, RO  
Behzad Safati, RO  
Dennis O'Hagan, RO

Number of meetings since May Board Meeting: 0

### Report:

On October 1, 2021 one member of the Committee will attend a basic Discipline Committee training workshop and on October 7, 2021 two members of the Committee are scheduled to attend an advanced Discipline Committee training workshop via videoconference put on by the Health Profession Regulators of Ontario (HPRO).

The following matters have been referred to the Discipline Committee:

<b>Matter</b>	<b>Hearing Date</b>
<i>College of Opticians v. Sanger</i>	TBD
<i>College of Opticians v. Heeremans</i>	TBD
<i>College of Opticians v. Bodington</i>	TBD
<i>College of Opticians v. Sheidaei</i>	TBD

### Submitted by:

Derick Summers, Chair, RO  
Daniël Jansen, Manager, Professional Conduct

## GOVERNANCE COMMITTEE REPORT

October 2021 Committee Report to the Board of Directors

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### **Committee Members:**

Diana Bristow, Chair, Public Member  
Gord White, Vice-chair, Appointed Public Member  
Kevin Cloutier, RO, Appointed Member  
Amber Fournier RO, Elected Member  
Ingrid Koenig RO, Elected Member  
Robert Quinn RO, Appointed Member  
Murray Angus, Public Member

Number of Meetings since February Meeting:

- September 17, 2021

### **Report:**

#### *The 2021 Board and Committee Self-Evaluations*

The Committee received notice from the Ontario Hospital Association (OHA) that it will be pausing the offering of its Board Self-Assessment Tool for Not-For-Profit Organizations in 2021 in order to work on improvements and enhancements. The Board was encouraged to continue to self-evaluate and was granted permission by the OHA to use the 2020 tool to administer its own self-evaluation for the 2021 year. This information will be presented to the Board at their next meeting in October.

#### *Governance By-laws and Policies*

The Committee will be recommending the following new monitoring template to the Board at its October meeting.

1. Governance Approach Policy 4-01

This template was created for the Board to monitor its own policies under Section 8b of the Board Policy Development Policy 4-24.

The Committee carried out a content review of the following policies in accordance with the Board's policy review schedule, and recommended that the following policies go before the Board at the October meeting to approve revisions:

1. Asset Protection Policy 2-04
2. Investment Policy 2-06
3. Delegation to the Registrar Policy 3-03
4. Registrar, CEO Job Products Policy 3-05
5. Registrar, CEO Position Description Policy 3-0

### *Governance Reform*

In keeping with the COO's 2020-2022 strategic plan and its 2020 Performance Measurement Framework (CPMF) Report to improve its performance as it relates to undertaking a third-party assessment of its effectiveness at a minimum of three years, the Committee invited a governance expert to present to the Committee a proposal for Provision of Consulting Services related to conducting an external third-party assessment of the Board's effectiveness.

The Committee will recommend at the next Board meeting in October that the Board implement a process for third party evaluations to begin in 2022 and every three years following, with a consultant to be retained by the College administration.

### **Submitted by:**

Gord White Vice-chair, Public Appointed Member  
Deidre Brooks, Manager, Patient Relations & Governance

## INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

October 2021 Committee Report to the Board of Directors

### Committee Members:

When reviewing cases, the ICRC sits as two independent panels. When necessary, the Chair of the ICRC strikes additional special panels for the purpose of reviewing appropriate cases.

Panel 1	Panel 2
Omar Farouk, Chair, Public Member	Kevin Cloutier, Vice Chair, RO, Appointed Member
Elsa Lee, RO, Elected Member	Ingrid Koenig, RO, Elected Member
Amber Fournier, RO, Elected Member	Margaret Osborne, RO, Appointed Member
Samir Modhera, RO, Elected Member	Peggy Judge, Public Member
Behzad Safati, RO, Appointed Member	Stephen Kinsella, Public Member
Gord White, Appointed Member	

### Number of meetings since the May Board Meeting:

The ICRC holds full committee meetings for the purpose of orientation and training, as well as to discuss committee policies and other issues of common concern. The balance of ICRC meetings are held as panel meetings for the purpose of reviewing and disposing of cases.

Number of Meetings in 2021	
Full Committee Meetings	2
Panel Meetings	18

Number of Meetings Since Last Board Meeting	
Full Committee Meetings	1
Panel Meetings	9

### Report:

On August 26, 2021, the ICRC attended a two-hour training session with Dean Benard, President of Benard + Associates. Dean's session included training on the investigations process, decision making, as well as an overview of the format and layout of investigation reports.

### Submitted by:

Omar Farouk, Chair, Public Member  
Daniël Jansen, Manager, Professional Conduct

**ICRC Statistical Report 2021**  
(Statistics accurate as of September 17, 2021)

<b>Complaints Dispositions</b>	<b># of Files</b>
<b>Inquiries:</b>	
Total number of complaint inquiries received in 2021	67
Covid-19 related inquiries	11
Inquiries that became a formal complaint in 2021	6
<b>Formal Complaints:</b>	
Complaint files opened in 2021	14
Cases brought forward from 2020 (not including 2 from 2019)	14
Frivolous and vexatious	-
Complaints disposed of in 2021 (see the Note below):	19
No further action	8
Written advice/Recommendations	6
Oral caution	2
Specified Continuing Education or Remediation Program (SCERP)	2
Undertaking	1
Referral to Discipline Committee	2
Withdrawn by Registrar	-
Open complaints pending further investigation	11
Complaints awaiting decisions	9

<b>Quality Assurance Committee (QAC) and Registrar's Reports Dispositions</b>	<b># of Files</b>
<b>Registrar's Reports:</b>	
Registrar's Reports referred to ICRC in 2021	3
Registrar's Reports brought forward from 2020 (not including 2 from 2018, and 4 from 2019)	5
<b>QAC Reports:</b>	
QAC Reports referred to ICRC in 2021	6
QAC Reports brought forward from 2020 (not including 1 from 2018, 3 from 2019)	5
Reports disposed of in 2021 (see the Note below):	4
No further action	1
Written advice	-
Oral caution	1
Specified Continuing Education and Remediation Program (SCERP)	1
Undertaking	-
Referral to Discipline Committee	2
Open Registrar's Reports pending further consideration	11
Registrar's Reports awaiting decisions	2

**Note:** matters may have more than one outcome. For example, an oral caution and a SCERP.

<b>HPARB Reviews</b>	<b># of Files</b>
HPARB reviews requested in 2021	1
HPARB matters carried over from 2020 (not including 1 from 2019)	2
HPARB reviews pending	2
HPARB matters disposed of in 2021	2
Committee decisions confirmed	2
Committee decisions returned for further investigation and reconsideration	0

<b>Unauthorized Practice</b>	<b># of Files</b>
Total number of UPC inquiries in 2021	2
UPC files carried over from 2020 (not including 10 from 2019)	11
Inquiry abandoned – not enough information / outside jurisdiction / not unauthorized practice	-
Inquiry pending – further information needed	-
Inquiry – formal file	-
Open files pending further investigation	23

## PATIENT RELATIONS COMMITTEE REPORT

October 2021 Committee Report to the Board

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### Committee Members:

Jay Bhatt RO, Chair, Appointed Member  
Neda Mohammadzadeh RO, Vice-chair, Elected Member  
Murray Angus, Public Member  
Elsa Lee RO, Appointed Member  
Tonya Nahmabin RO, Elected Member  
Daniela Schowalter RO, Elected Member  
Henry Wiersema, Public Member

### Number of Meetings:

- August 24, 2021

### Report:

#### *Code of Ethics*

The Committee reviewed and discussed the stakeholder feedback on the proposed new Code of Ethics. The proposed updates seek to:

- Make the document clearer and more relational
- Reflect changes to the profession since the Code was last reviewed in 2004, including updates to the Standards of Practice and the introduction of the Patient Bill of Rights
- Incorporate the Board's refreshed Core Values, in particular with respect to diversity, equity and inclusion

The Committee recommended that the proposed updates go to the Board for their consideration at their next meeting in October.

#### *Spousal Exemption Regulation*

The Committee reviewed and discussed the stakeholder feedback on the proposal that the Board seek a regulatory amendment that would exempt spouses from the sexual abuse provisions of the *Regulated Health Professions Act*. The Committee's recommendation will be presented to the Board at its next meeting in October.

#### *Jurisprudence*

The Committee reviewed and discussed the revised questions to Chapter 1 – Professional Boundaries and Sexual Abuse Prevention. The questions were revised based on best practices for constructing effective multiple-choice questions for quantitative assessments. The Committee approved the

revisions and requested that the updated module be submitted to the Quality Assurance Committee for administration of this project going forward.

**Submitted by:**

Jay Bhatt RO, Chair, Appointed Member  
Deidre Brooks, Manager, Patient Relations & Governance

## QUALITY ASSURANCE COMMITTEE REPORT

October 2021 Committee Report to the Board of Directors

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### **Committee Members:**

Bryan Todd, RO, Chair, Elected Member  
Diana Bristow, Vice Chair, Public Member  
Mike Smart, RO, Elected Member  
Henry Wiersema, Public Member  
Tonya Nahmabin, RO, Appointed Member  
Margaret Osborne, RO, Appointed Member  
Dennis O'Hagan, RO, Appointed Member  
Derick Summers, RO, Appointed Member

Number of meetings since last report: 5

- May 26
- June 10
- June 29 (Peer and Practice Assessment Report Review)
- July 6 (Deficient Portfolio Review)
- August 31

### **Report:**

#### *Competency Review and Evaluation (CRE) Process*

The CRE process is a mechanism for the QA Committee to monitor registrant participation in the Quality Assurance Program. Each year, 20% of registrants are randomly selected to participate in Step One of the Competency Review and Evaluation Process. All registrants randomly selected to participate in the 2021 CRE process were required to submit their 2020 professional portfolio to the College by April 5, 2021.

Staff completed portfolio assessments by the end of June and, all deficient portfolios were reviewed by the QAC by August 31.

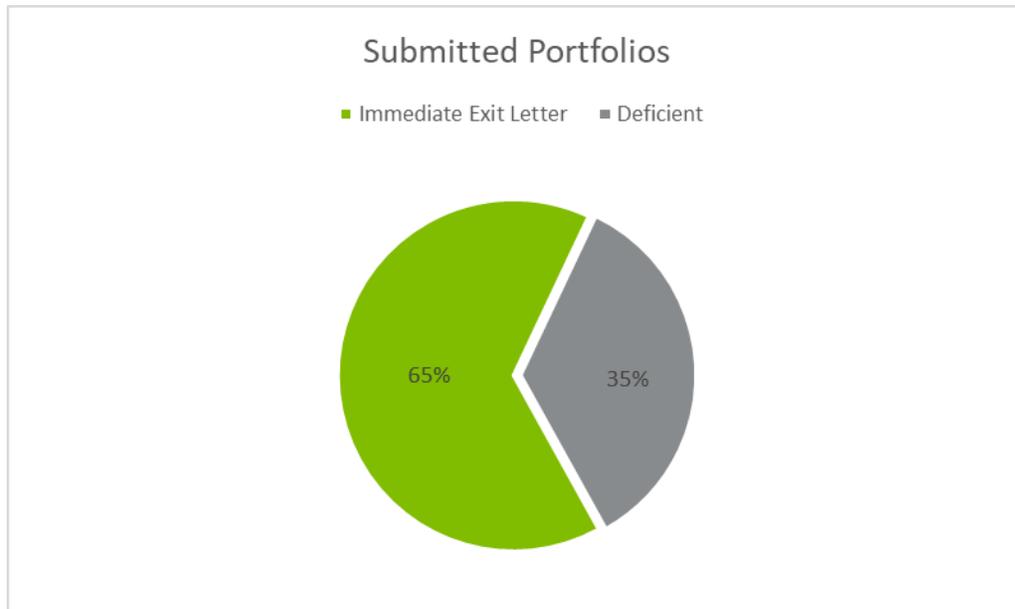
#### *CRE Results*

702 Registrants were selected to participate in the 2021 CRE process. Of this, 61 Registrants were subsequently advised that they were not required to submit their portfolio for the following reasons:

- 11 were granted deferrals
- 11 retired
- 25 did not renew their registration in 2021\*
- 14 had been selected based on incorrect criteria

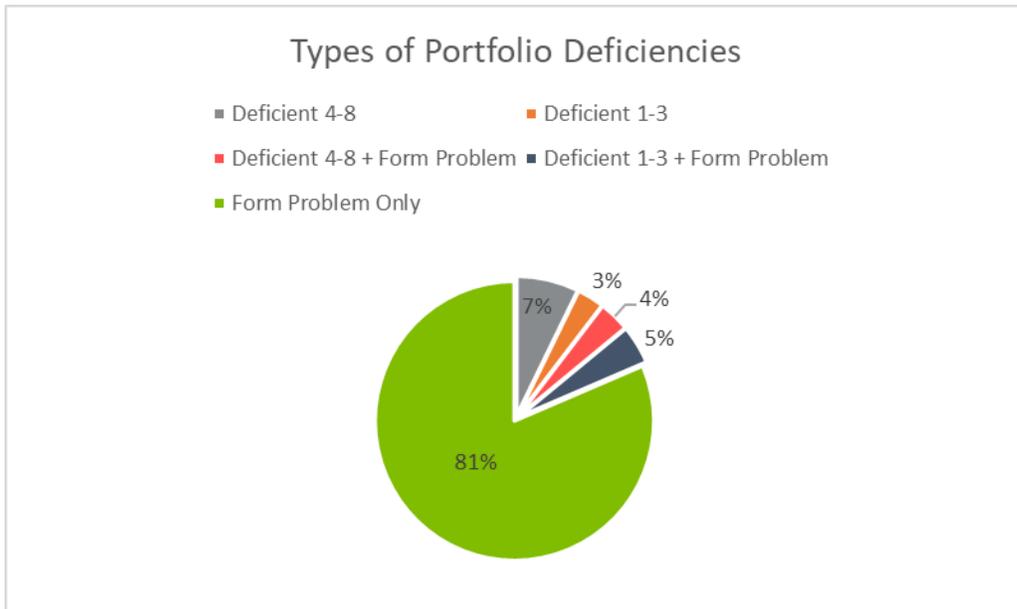
- *\*The random selection process is completed in February; registrants are not suspended for non-payment of fees until March. Registrants who did not renew their registration in 2021 will be required to submit their 2020 Professional Portfolio to the College when/if they renew their registration.*

Of the 633 submissions, 412 registrants successfully completed the CRE process and received immediate exit letters.



8 Registrants failed to submit a portfolio to the College. Of the 633 portfolios that were received, 221 were identified as deficient, as follows:

- Deficient by 4-8 accredited hours - 16
- Deficient by 1-3 accredited hours – 7
- Deficient by 4-8 accredited hours and form problem – 8
- Deficient by 1-3 Accredited hours and form problem – 10
- Form missing information or filled in incorrectly – 180



#### *CRE Non-Compliance*

Registrants who failed to submit a portfolio or who submitted a deficient portfolio were contacted and provided with opportunities to remedy the deficiencies. 12 registrants were sent a registered letter due to continued non-compliance. As of September 21, 2021:

- 4 registrants sent registered letters have since successfully completed the CRE process
- 2 registrants sent registered letters continue to have deficiencies to correct
- 4 registrants sent registered letters have been referred for a Peer and Practice Assessment
- 2 registrants sent registered letters have Peer and Practice Assessments in process
- 14 registrants who submitted a deficient professional portfolio continue to have deficiencies to correct

#### *Late and Deficient Fees*

When a registrant submits a Professional Portfolio deficient in accredited hours, they are charged a deficient fee of \$100 (+HST). When a registrant submits their professional portfolio past the due date, they are charged a late fee of \$50 (+HST).

In 2021, the following fees were charged to registrants as a result of deficient and/or late portfolios. This was the first year that registrants were required to upload accredited CE activities via the Registrant Portal, and a significant reduction in the number of late and deficient fees was observed, as compared to the 2020 CRE. .

Fee	Charged
Deficient	31
Late	1
Deficient and Late	10

### *Peer and Practice Assessments*

Peer and Practice Assessments (PPA) are an in-depth practice assessment comprised of a behaviour-based interview, a chart review and premise inspection. Due to the COVID-19 pandemic, PPAs have been conducted remotely. Registrants must complete a Documentation Exercise and Reflective Practice Infection Control Worksheet prior to the assessment.

The committee reviewed 8 Peer and Practice Assessment reports. Of the assessments:

- 2 files were closed with recommendations.
- 3 files were ordered to complete Specified Education and Remediation Program
- 3 files closed with no concerns identified

### *Peer and Practice Assessment Non-Compliance*

The QAC referred allegations of Professional Misconduct with respect to 1 registrant to the Inquiries, Complaints and Reports Committee. The allegations relate to non-compliance with the QA program, specifically, not responding to/completing a specified continuing education and remediation program ordered as a result of the Peer and Practice Assessment process.

### *Accrediting Continuing Education*

The committee reviewed and updated their process for reviewing Continuing Education activities in an effort to ensure that any concerns with activities are addressed prior to determining whether an activity would be accredited.

### *Accreditation Requests*

From May 1 through September 15<sup>th</sup>, there have been 39 accreditation requests processed. Year to date there have been 89 requests.

Type of Request	May 1-Sept 15	Year to Date
Standard Request	21	55
Fast Track Request	14	25
Rush Request	3	7
Re-accreditation Request	1	2

A panel of the QAC reviewed these requests and, the results were as follows:

Timeline	Activities Accredited	Activities not Accredited
January 1-April 30	47	3
May 1 – September 15	37	2
Year to Date	84	5

### *QA Internal Policy Manual*

The QAC approved an update to the internal policy manual which removes the requirement for opticians to declare they are compliant with their continuing education requirements on the renewal form. With recent technological enhancements, the College is now able to monitor registrants' participation in QA enhancement activities with greater ease and, the requirement of having registrants declare their participation in QA Competency Enhancement on the College's annual renewal form is no longer necessary. This will make the renewal process easier for opticians and reduce the volume of calls and emails to the College regarding this during the renewal period.

#### **Submitted by:**

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

## REGISTRATION COMMITTEE REPORT

October 2021 Report to Board of Directors

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### **Committee Members:**

Derick Summers, Chair, RO, Appointed Member  
Tonya Nahmabin, Vice-Chair, RO, Appointed Member  
Bryan Todd, RO, Elected Member  
Dorina Reiz, RO, Elected Member  
Robert Quinn, RO, Appointed Member  
Behzad Safati, RO, Appointed Member  
Omar Farouk, Public Member  
Peggy Judge, Public Member

### **Number of meetings since December Board Meeting:**

- July 19, 2021

### **Report:**

#### *National Optical Sciences Examination Statistics*

The Committee reviewed quantitative information on candidate performance on the National Optical Sciences Examinations both provincially and nationally. The Committee expressed an interest in learning more about the standard setting process the National Alliance of Canadian Optician Regulators uses for the national examinations and the accreditation process of the optical programs.

#### *File Review*

The Committee reviewed three initial reinstatement (over three years) applications, one reinstatement (over three years) assessment result, and two PLAR assessment results.

### **Submitted by:**

Derick Summers, Chair, RO  
Anna Jeremian, Manager, Registration