

EXECUTIVE COMMITTEE REPORT

October 2022 Executive Committee
Report to the Board of Directors

2022 Committee Members:

Stephen Kinsella, Chair, Public Member
Neda Mohammadzadeh, RO, Vice-Chair, Elected Member
Kevin Cloutier, RO, Elected Member
Peggy Judge, Public Member
Derick Summers, RO, Elected Member

Number of meetings since the May Board Meeting:

- June 10, 2022
- September 19, 2022

Report:

1. 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 exercised its authority under section 12 of the Code to approved updates to the COVID-19 Practice Guidelines.

2. Finance Committee

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

Appointed Member Requirements

The Executive Committee reviewed the college's requirements for additional appointed members to ensure that the 2023 committees are sufficiently resourced.

Financial Statements and Annual Auditor Assessment

The Executive received a detailed review of the financial variance report to August 31, 2022, and completed the Auditor Assessment for 2022.

Submitted by:

Stephen Kinsella, Chair, Public Member

CLINICAL PRACTICE COMMITTEE REPORT

October 2022 Committee Report to the Board of Directors

Committee Members:

Dorina Reiz, RO, Chair, Elected Member
Dennis O'Hagan, RO, Vice-Chair, Appointed Member
Paul Wilk, Public Member
Elliot Borins, Appointed Member
Daniella Schowalter, RO, Appointed Member

Number of meetings:

The Committee has not met this quarter.

Report:

The Committee will be reviewing Standard 8: Refraction at their next meeting.

Submitted by:

Dorina Reiz, RO, Chair, Elected Member
Peggy Dreyer, Manager, Professional Practice and Quality Assurance

QUALITY ASSURANCE COMMITTEE REPORT

October 2022 Committee Report to the Board of Directors

Committee Members:

Tanya Nahmabin, RO, Appointed Member, Chair
Dennis O'Hagan, RO, Appointed Member, Vice-Chair
Mike Smart, RO, Elected Member
Derick Summers, RO, Elected Member
Stephen Kinsella, Public Member
Henry Wiersema, Public Member
David Milne, Appointed Member
Panos Petrides, Appointed Member
Tapiwa Musewe, RO, Appointed Member
Robert Quinn, RO, Appointed Member

Number of meetings since May meeting: 3

- June 16, 2022
- July 22, 2022 (Panel B)
- August 2, 2022 (Panel A)

Report:

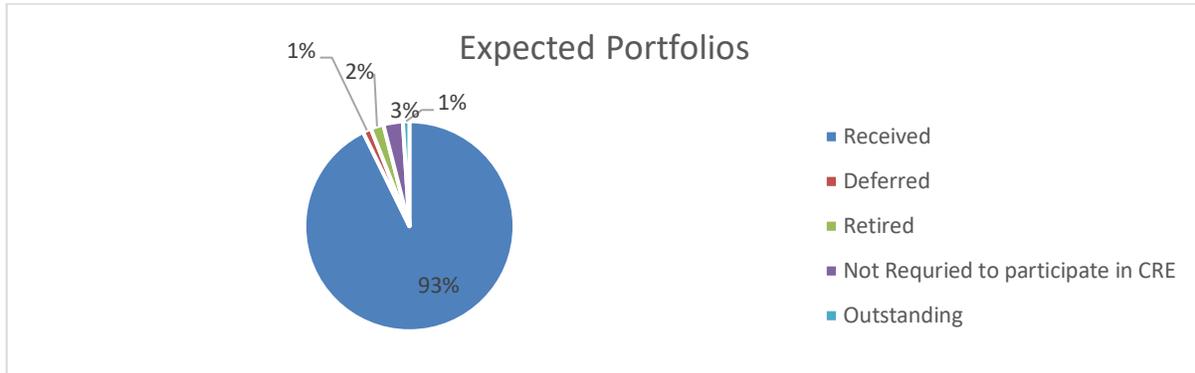
Competency Review and Evaluation (CRE) Process

The CRE process is a mechanism for the Quality Assurance (QA) Committee to monitor registrant participation in the QA program. Annually, 20% of registrants are randomly selected to participate in Step One (review of the previous years' professional portfolio) of the CRE process.

Of the 682 portfolios expected:

- 9 registrants were granted a deferral
- 12 registrants have retired
- 21 registrants were not required to participate
- 10 portfolios remain outstanding

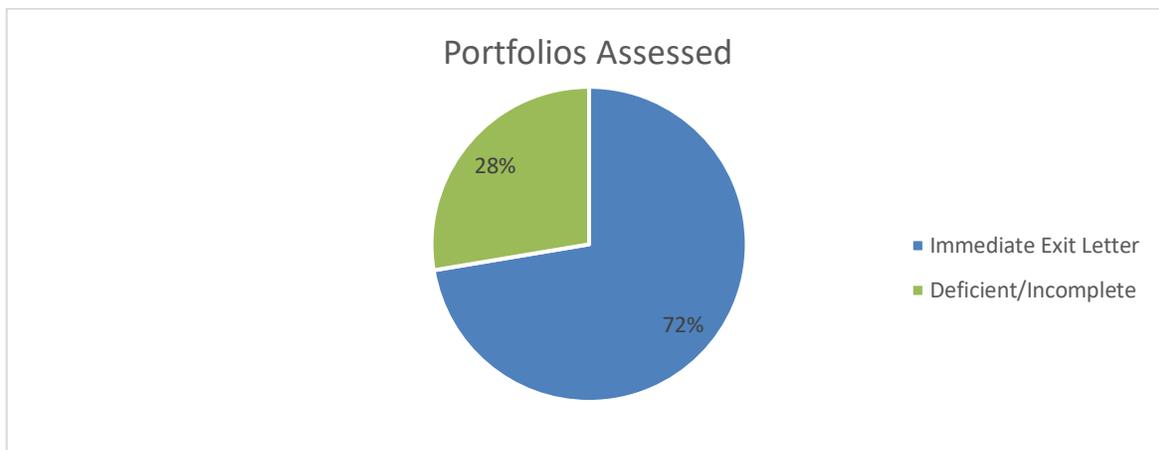
Staff completed portfolio reviews by the end of May and, the QA Committee reviewed all deficient portfolios by August 2.



2022 CRE Results

To date, 630 portfolios have been reviewed:

- 456 registrants received immediate exit letters
- 174 registrants had form problems and/or incomplete portfolios



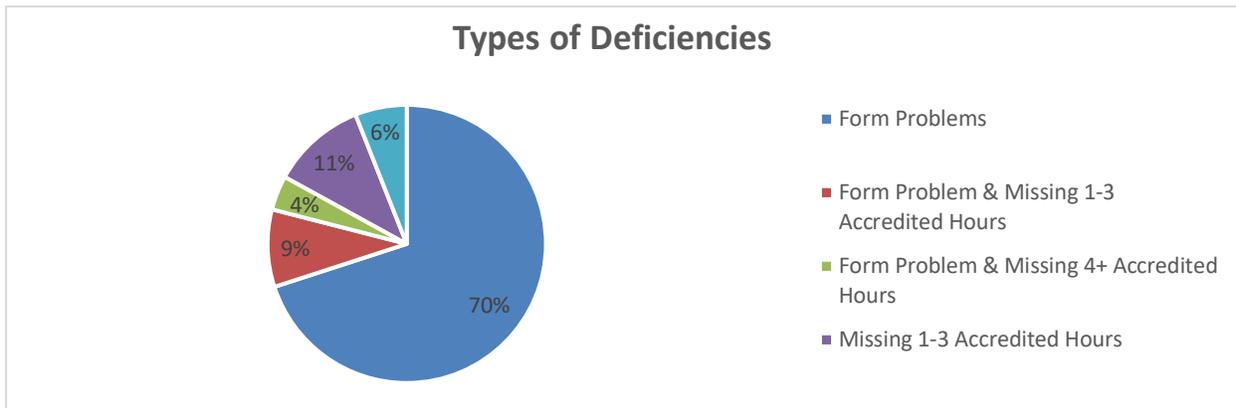
A portfolio is considered to have a form problem if:

- Jurisprudence has not been completed
- Non-Accredited, self-directed hours are incomplete
- Completion certificates for accredited CE hours have not been uploaded or are incorrect

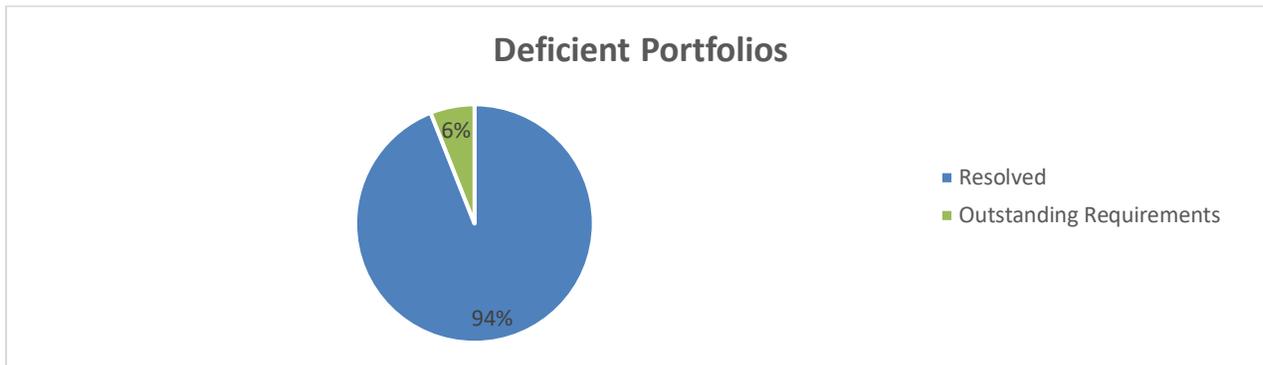
A portfolio is considered deficient if the required number of accredited CE hours has not been completed.

Review of Deficient and/or Incomplete Portfolios

- 121 registrants had form problems
- 16 registrants had form problems *and* were missing 1-3 accredited Continuing Education (CE) hours
- 19 registrants were missing 1-3 accredited CE hours
- 7 registrants had form problems *and* were missing 4+ accredited CE hours
- 11 registrants were missing 4 or more accredited CE hour



As of September 15, 2022, of the 174 deficient portfolios, 164 registrants have resolved their outstanding requirements and received exit letters.



Deficient Fees

When a registrant's Professional Portfolio is deficient in accredited hours completed in the correct year, they are charged a deficiency fee of \$100.00 (+HST).

There were 51 portfolios that were deficient in accredited hours, to date:

- 42 registrants have been charged the deficiency fee
- 7 registrants had the fee waived after the QAC reviewed their file
- 2 registrants will be charged the fee once they have completed their requirements

CRE Non-Compliance

Registrants who failed to submit a portfolio or who submitted a deficient portfolio were contacted and provided with the opportunity to remedy the deficiencies. Since June the QA Committee has reviewed 39 deficient and/or incomplete portfolios. To date, 12 registrants continue to have outstanding requirements.

As of September 15, 2022:

- 1 registrant sent a registered letter has successfully completed the CRE process
- 2 registrants sent a registered letter continue to have deficiencies to correct
- 6 registrants sent a registered letter have been referred for a Peer and Practice Assessment and will be required to participate in the 2023 CRE process
- 2 registrants sent a registered letter have been referred to the Inquiries, Complaints, and Reports Committee (ICRC)
- 3 registrants sent a registered letter have retired
- 1 registrant sent a registered letter is not required to participate
- 1 registrant sent a registered letter has since been deferred from the process

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, PPA's have been conducted remotely. Registrants are required to complete a Documentation Exercise and a Reflective Practice Infection Control Worksheet prior to the assessment.

The Committee ordered 6 registrants to undergo a PPA as a result of their failure to participate in the CRE process.

There are currently 2 assessments in the process of being scheduled.

	Number of Assessment Reports Reviewed	Assessments Closed with No Concerns Identified	Assessments Closed with Recommendations	Specified Continuing Education or Remediation (SCERP) Ordered
Jan - May	3	2	1	0
May- Sept 15	4	1	3	0
Year to Date	7	3	4	0

Accreditation Requests

From May 1 through September 15, 2022, professional members of the Quality Assurance Committee have reviewed 40 accreditation requests, of these 3 requests reviewed were as additional content was added to previously accredited activities

Type of Request	Requests Received	Requests Accredited	Requests Not Accredited
Standard	31	31	0
Fast Track	4	4	0
Rush	0	0	0
Re-Accreditation	5	5	0

There are 6 accreditation requests pending review.

Year to date, professional members of the Quality Assurance Committee have reviewed 78 accreditation requests.

Type of Request	Requests Received	Requests Accredited	Requests Not Accredited
Standard	49	48	0
Fast Track	14	13	1
Rush	4	4	0
Re-Accreditation	11	11	0

Right Touch Regulation

Natasha Danson of Steinecke Maciura LeBlanc provided the Committee with an overview of the principles of Right-Touch Regulation. It was explained to the Committee that outcomes and/or decisions should be determined by the level of risk and may vary by file/case.

The Future of the Competency Review and Evaluation Process

At their meeting in June, the QA Committee engaged in a fulsome discussion regarding the Competency Review and Evaluation process and asked staff to research the following:

- how other health regulatory bodies administer and monitor their QA program
- the effectiveness of the Multi-Source Feedback process
- whether anything could be completed more efficiently in the QA portal

The committee will review the information gathered through research and stakeholder feedback at their next meeting.

Submitted by:

Tonya Nahmabin, RO, Chair, Appointed Member

Peggy Dreyer, RO, Manager, Professional Practice & Quality Assurance

CLINICAL PRACTICE COMMITTEE REPORT

October 2022 Committee Report to the Board of Directors

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Number of meetings:

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Report:

The Committee will be reviewing Standard 8: Refraction at their next meeting.

Submitted by:

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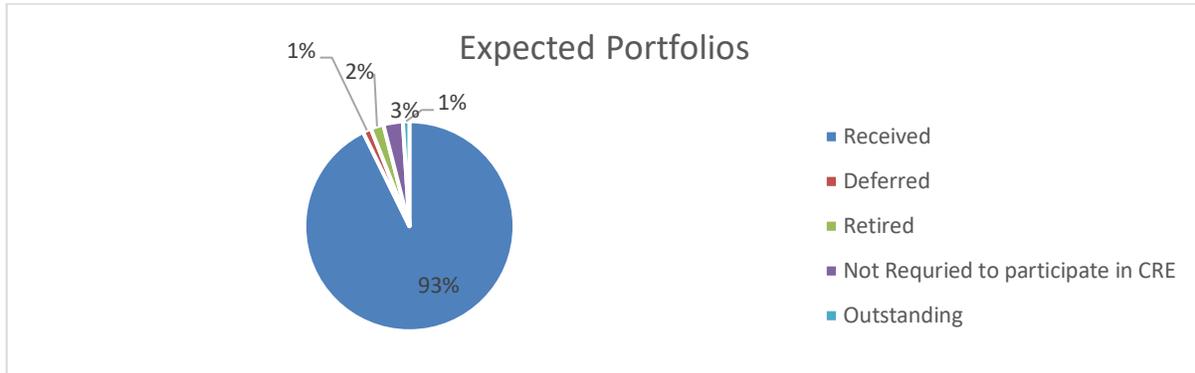
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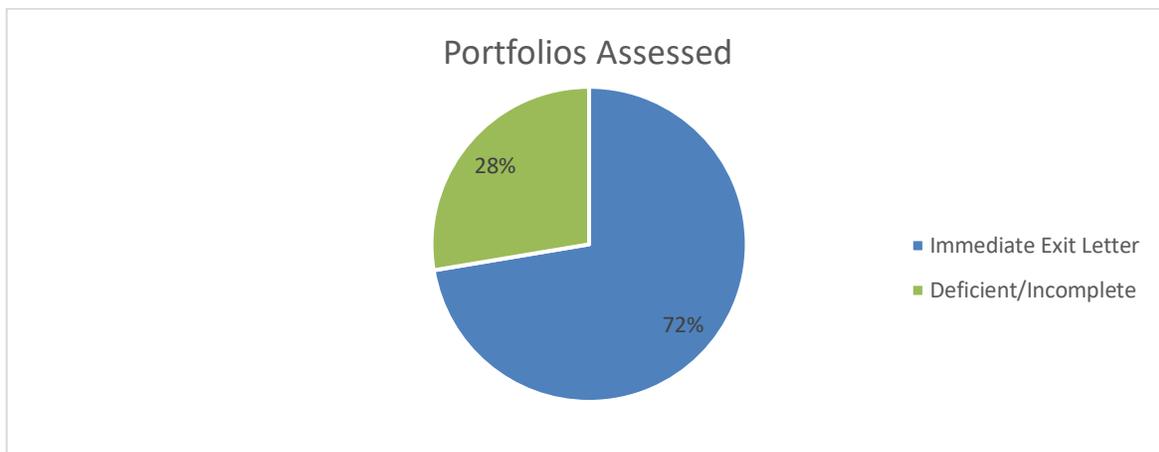
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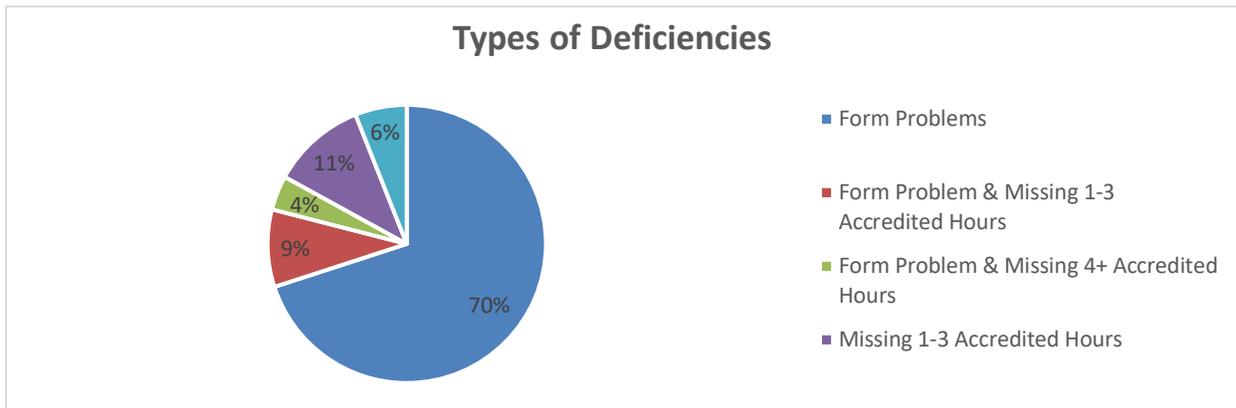
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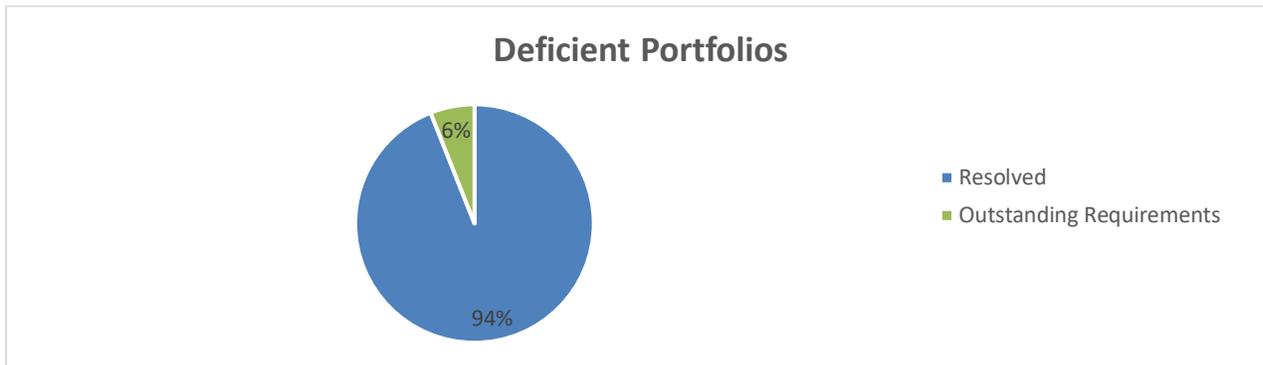
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Submitted by:

Tonya Nahmabin, RO, Chair, Appointed Member

Peggy Dreyer, RO, Manager, Professional Practice & Quality Assurance

REGISTRATION COMMITTEE REPORT
October 2022 Report to Board of Directors

Committee Members:

Dorina Reiz, Chair, RO, Elected Member
John Battaglia, Vice-Chair, RO, Appointed Member
Kevin Cloutier, RO, Elected Member
Jay Bhatt, RO, Appointed Member
Samir Modhera, RO, Elected Member
Desiree Petralito, RO, Appointed Member
Panos Petrides, Public Member
Omar Farouk, Public Member
Peggy Judge, Public Member

Number of meetings since March Board Meeting:

- September 12, 2022

Report:

Update on Bill 106

The Committee was provided with an update on Bill 106, with an overview of the addition of new requirements to the *Health Professions Procedural Code* and related regulation-making powers.

The amendments to the *Health Professions Procedural Code* require regulatory colleges to comply with the regulations respecting language proficiency requirements, prohibit requiring Canadian experience as a qualification for registration, and require that regulators establish an emergency class of registration.

Additional regulation-making power has been added to the *Regulated Health Professions Act, 1991* that would allow to establish time limits in which regulatory colleges must make certain registration-related decisions.

The amendments were presented to the Committee in the context of the potential implications these new requirements may have on the College's registration practices.

Life Member Policy

The Committee reviewed a draft Life Member Policy that sets out additional criteria for life membership in addition to the core requirements set out in the by-laws.

The Committee further reviewed the stakeholder survey results from 2017 and the results of the recent environmental scan of life membership policies at other Ontario regulatory bodies. The Committee discussed how information from or about life membership applicants should be assessed where there is evidence that the applicant has acted in a manner that is inconsistent with an ongoing association with

the College. The Committee pointed out that life members should continue to uphold themselves in a manner consistent with the College's standards and noted that the proposed policy allows exercising discretion in decision-making. The Committee, therefore, recommended that the Board approve the proposed Life Member policy.

Right Touch Regulation

Natasha Danson of Steinecke Maciura LeBlanc presented to the Committee on Right-Touch Regulation, providing an overview of the principles and elements, and examples of Right-Touch Regulation in practice. Natasha pointed out to the Committee that decisions should be informed by the level of risk and may vary depending on each case. She further noted that decisions may move incrementally in a new direction and not remain consistent with past decisions.

Contact Lens Mentor Policy.

The Committee discussed whether three years of registration as an optician are required to qualify as a contact lens mentor. To inform the decision-making process, the Committee reviewed the results of the environmental scan of practices of other Ontario health regulators as well as empirical evidence gathered by the College staff. The Committee noted that opticians are in a unique position as they work with medical devices, which allows quantifying their competence by the number of fits performed on a patient rather than a time frame. At the same time, the Committee acknowledged the importance of confidence in delivering the services and interacting with patients closely which comes with experience. In their deliberative process, the Committee took a balanced approach and proposed a minimum of one year of registration as a registered optician combined with fits as criteria to qualify as a contact lens mentor.

The Committee recommended that the Board approve the proposed amendments to the Contact Lens Policy.

File Review

The Committee reviewed one initial reinstatement (over three years) application, one initial PLAR application, and four PLAR assessment results.

Submitted by:

Dorina Reiz, Chair, RO
Anna Jeremian, Manager, Registration

GOVERNANCE COMMITTEE REPORT

May 2022 Committee Report to the Board of Directors

Committee Members:

Gord White, Public Appointed Member, Chair
Jamuna Balaram, Public Appointed Member, Vice-Chair
Elliot Borins, Public Appointed Member
Diana Bristow, Public Member
Elsa Lee, Elected Member
Tapiwa Musewe, Public Appointed Member
Robert Quinn, RO, Appointed Member
Derick Summers, Elected Member
Paul Wilk, Public Member

Number of Meetings:

- September 15, 2022

Report:

Governance By-laws and Policies

The Committee will be recommending a new policy, the Technology and Cyber Security Policy 2-13, to the Board at its October meeting. This policy will lay out the risk boundaries for the Registrar, CEO with respect to ensuring, reviewing and safeguarding the College's data and technology.

The Committee will be recommending the final monitoring template in the series, the Board Code of Conduct template to the Board at its October meeting. 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 its meeting in October for approval:

1. The Global Board-Registrar CEO Relationship Policy 3-01
2. The Board Meeting Process Policy 4-22
3. The Board Monitoring System Policy 4-25

Governance Modernization

The Committee reviewed committee composition requirements to potentially reduce overlap between the board and committees. This was one of the Board's action plan items arising out of its 2021 self-evaluation. The committee provided feedback to staff on the criteria that should go into a new model for committee composition. This proposal will be brought back to the committee at its next meeting in November.

Submitted by:

Gord White, Chair, Public Appointed Member
Deidre Brooks, Manager, Patient Relations & Governance

SCREENING COMMITTEE REPORT

October Report to the Board

Committee Members:

David Milne, Public Appointed Member, Chair
Elliot Borins, Public Appointed Member Vice-chair
Gord White
Panos Petrides
Jamuna Balaram

Number of Meetings since May 2022:

- August 3, 2022
- September 14, 2022.

Report:

Orientation and Training

The Screening Committee was provided with orientation and training at their first meeting. The Committee received training on the role of the Screening Committee and on behavioural interviewing.

Election Candidate Interviews

In September, the a panel was struck to interview candidates that wished to put their name forward for election to the Board of Directors for 2023.

Submitted by:

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

PATIENT RELATIONS COMMITTEE REPORT

October Report to the Board

Committee Members:

David Milne, Public Appointed Member, Chair

Jay Bhatt, Appointed Member, Vice-Chair

Neda Mohammadzadeh, RO, Elected Member

Henry Wiersema, Public Member

Diana Bristow, Public Member

Tonya Nahmabin, Appointed Member

Number of Meetings:

- The Patient Relations Committee has not met this quarter.

Report:

The following topic will be reviewed by the Committee in the future:

- Updating chapter 2 of the jurisprudence module.

Submitted by:

David Milne, Chair, Public Appointed Member

Deidre Brooks, Manager, Patient Relations & Governance

DISCIPLINE COMMITTEE REPORT

October 2022 Discipline Committee Report to the Board of Directors

Committee Members:

Elected Members

Derick Summers, **Chair**, RO
Neda Mohammadzadeh, RO
Dorina Reiz, RO
Kevin Cloutier, RO
Mike Smart, **Vice-Chair**, RO
Amber Fournier, RO
Elsa Lee, RO
Samir Modhera, RO

Public Members

Omar Farouk
Stephen Kinsella
Diana Bristow
Henry Wiersema
Peggy Judge
Paul-Josef Wilik

Appointed Members

Daniela Schowalter, RO
Dennis O'Hagan, RO
Desiree Petralito, RO
Jay Bhatt, RO
John Battaglia, RO
Robert Quinn, RO
Tapiwa Musewe, RO
Tonya Nahmabin, RO
David Milne, Non-RO
Elliot Borins, Non-RO
Gord White, Non-RO
Jamuna Balaram, Non-RO
Panos Petrides, Non-RO

Number of meetings since last Board Meeting: n/a

Report:

No new matters were referred to the Discipline Committee or were heard by the Discipline Committee since the previous Board meeting. Presently, there are no outstanding matters to be brought before the Discipline Committee.

The Committee will be sending members to attend an advanced Discipline Committee training workshop via videoconference put on by the Health Profession Regulators of Ontario (HPRO) on November 4, 2022.

Decisions were issued in the following matters and are available on the College's website:

College of Opticians v. Heeremans
College of Opticians v. Sheidaei

Submitted by:

Derick Summers, Chair, RO
Raj Bhatti, Manager, Professional Conduct

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

October 2022 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
Amber Fournier, Chair, RO, Elected Member	Kevin Cloutier, Vice Chair, RO, Elected Member
Elsa Lee, RO, Elected Member	Daniela Schowalter, RO, Appointed Member
Samir Modhera, RO, Elected Member	Peggy Judge, Public Member
John Battaglia, RO, Appointed Member	Stephen Kinsella, Public Member
Desiree Petralito, RO, Appointed Member	Jamuna Balaram, Appointed Member
Omar Farouk, 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 2022	
Full Committee Meetings	1
Panel Meetings	2

Number of Meetings Since Last Board Meeting	
Full Committee Meetings	0
Panel Meetings	2

Submitted by:

Amber Fournier, Chair, RO, Elected Member
Raj Bhatti, Manager, Professional Conduct

ICRC Statistical Report 2022
(Statistics accurate as of September 20, 2022)

Complaints Dispositions	# of Files
Inquiries:	
Total number of complaint inquiries received in 2022	55
Covid-19 related inquiries	8
Inquiries that became a formal complaint in 2022	5
Formal Complaints:	
Complaint files opened in 2022	19
Cases brought forward from 2021	18
Frivolous and vexatious	-
Complaints disposed of in 2022 (see the Note below):	6
No further action	6
Written advice/Recommendations	-
Oral caution	-
Specified Continuing Education or Remediation Program (SCERP)	-
Undertaking	-
Referral to Discipline Committee	-
Withdrawn by Registrar	-
Open complaints pending further investigation	32
Complaints awaiting decisions	1

Quality Assurance Committee (QAC) and Registrar's Reports Dispositions	# of Files
Registrar's Reports:	
Registrar's Reports referred to ICRC in 2022	0
Registrar's Reports brought forward from 2021	17
QAC Reports:	
QAC Reports referred to ICRC in 2022	2
QAC Reports brought forward from 2021	15
Reports disposed of in 2022 (see the Note below):	1
No further action	1
Written advice	-
Oral caution	-
Specified Continuing Education and Remediation Program (SCERP)	-
Undertaking	-
Referral to Discipline Committee	-
Open Registrar's Reports pending further consideration	8
Registrar's Reports awaiting decisions	2

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

HPARB Reviews	# of Files
HPARB reviews requested in 2022	0
HPARB matters carried over from 2021 (not including 1 from 2020)	2
HPARB reviews pending	3
HPARB matters disposed of in 2022	0
Committee decisions confirmed	0
Committee decisions returned for further investigation and reconsideration	0

Unauthorized Practice	# of Files
Total number of UPC inquiries in 2022	0
UPC files carried over from 2021 (not including 10 from 2019, 11 from 2020)	3
Inquiry abandoned – not enough information / outside jurisdiction / not unauthorized practice	-
Inquiry pending – further information needed	-
Inquiry – formal file	-
Open files pending further investigation	24