

EXECUTIVE COMMITTEE REPORT
**2021 Annual Executive Committee Report to the Board of
Directors**

2021 Committee Members:

Bryan Todd, Chair, RO, Elected Member
Stephen Kinsella Vice-Chair, Public Member
Omar Farouk, Public Member
Ingrid Koenig, RO, Elected Member
Dorina Reiz, RO, Elected Member

Number of meetings:

In 2021, the Committee had 8 zoom meetings.

Report:

1. General Business

Executive Committee Self Evaluation

At the September meeting, The Executive Committee reviewed the results of 2020 committee self-evaluation. It was determined that a comprehensive orientation session should be provided for the Executive Committee in January of each year.

Registrar's Evaluation Process

In 2021, the Executive Committee pilot tested a new process for the Registrar's Evaluation. The Executive Subcommittee, made up of the Chair, the Vice Chair and one member at large of the Executive Committee, is responsible for carrying out the Registrar, CEO's annual performance review. The Registrar's review was conducted in accordance with Registrar, CEO Performance Evaluation Process Policy and was completed with input from all board members using a confidential survey.

Proposed Public Register By-Law Amendments Stakeholder Feedback

The Executive Committee reviewed stakeholder feedback regarding two proposed changes to the public register: 1) Information on the Public Register about Suspension and Practice Restrictions; and 2) Preferred name on the Public Register. The committee recommended at the May meeting that the Board approve the proposed by-law changes.

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.

On May 28, The Executive Committee approved updates to the COVID-19 Return to Practice Guidelines based on the recommendations of the Clinical Practice Committee. This was reported to the Board on October 4, 2021. 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

Review of Financial Statements and Financial Auditor Recommendation

At each meeting, the Executive reviewed the financial variance report. The Executive Committee also reviewed the draft audited financial statements as prepared and presented by Grewal Guyatt, Chartered Professional Accountants. Based on their review, the committee recommended that the board approve the financial variance reports and the audited financial statements.

In 2021, the Executive continued, for the second year, to use the auditor assessment tool. The tool is 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.

2022 Budget

The Committee reviewed the draft 2022 budget at the November 2021 meeting and presented it to the board for approval at the December 2021 meeting.

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.

Submitted by:

Stephen Kinsella, Chair, Public Member

DISCIPLINE COMMITTEE

2021 Annual Report

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

Committee Mandate:

The Discipline Committee holds hearings into specified allegations of professional misconduct or incompetence that are referred by the Inquiries, Complaints and Reports Committee.

Committee Highlights:

On April 9, 2021, two members of the Committee attended a basic Discipline Committee training workshop and on April 30, 2021 one member of the Committee attended an advanced Discipline Committee training workshop via videoconference put on by the Health Profession Regulators of Ontario (HPRO).

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

Hearings:

In 2021, a panel of the Discipline Committee held hearings in the following matters:

Matter	Hearing Date
<i>College of Opticians v. Sanger (Penalty Hearing)</i>	January 11, 2021
<i>College of Opticians v. Truong</i>	January 12, 2021

A copy of the following 2021 Discipline Committee decisions in which findings of professional misconduct were made, are available on the College's website:

Matter	Decision Date
<i>College of Opticians v. Tsan</i>	January 14, 2021
<i>College of Opticians v. Sanger</i>	January 26, 2021
<i>College of Opticians v. Truong</i>	April 29, 2021

The following matters were referred to the Discipline Committee in 2021:

Matter	Hearing Date
<i>College of Opticians v. Sanger</i>	TBD
<i>College of Opticians v. Heeremans</i>	TBD
<i>College of Opticians v. Bodington</i>	February 15, 2022
<i>College of Opticians v. Sheidaei</i>	TBD

Submitted by:

Derick Summers, Chair

Raj Bhatti, Manager, Professional Conduct

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Annual Report 2021

Committee and Panel Composition

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	

Committee Mandate

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, 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 take no action. The ICRC also reviews information received by the College about unregistered individuals who may be practising opticianry or referring to themselves as opticians.

2021 Committee Highlights

On February 1, 2021, the committee had a general orientation and training session, which included presentations from Amy Stein (General Counsel), and Rebecca Durcan from Steinecke Maciura LeBlanc. In addition, the committee directed that all oral cautions continue to be delivered virtually until the end of the year due to the COVID-19 pandemic. The committee committed to revisiting the issue in early 2022.

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.

Committee Work

Matters opened in 2021	
Complaints	21

Reports	12
Quality Assurance Committee Referrals	6
Total	39
Matters disposed of in 2021	
Complaints	26
Registrar Reports	4
Quality Assurance Committee Referrals	0
Total	36

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

2021 ICRC Dispositions (note that matters may have more than 1 disposition)	Complaints	Reports	QAC
Closed with no further action	11	1	
Oral Caution	2	1	
Specified Continuing Education or Remediation Program	2	1	
Advice	10		
Complaint withdrawn by the Registrar			
Referred to Discipline	2	2	
Other (Undertaking)	1		

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 2021, the College received information concerning 3 different optical stores. The College is currently finalizing various compliance packages and cease and desist letters, which will be sent to each applicable individual and/or store.

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 2021, reviews were requested of two ICRC decisions, which are both ongoing. In addition, one matter from 2020 is ongoing and has been carried forward.

Submitted by:

Amber Fournier, Chair, Public Member

Raj Bhatti, Manager, Professional Conduct

CLINICAL PRACTICE COMMITTEE

2021 Annual Report to Council

Committee Members:

Neda Mohammadzadeh, 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:

In 2021, the committee met twice by zoom.

Report:***Orientation***

Members of the committee were provided with an overview of their roles and responsibilities.

Return to Practice Guidelines

The committee reviewed and approved updates to the return to practice guidelines which reflected updated provincial and/or public health guidelines with respect to cleaning and disinfecting protocols.

The committee recommended that the Executive Committee approve these updates under *section 12 of the Health Professions Procedural Code*.

Refraction Standard of Practice

The committee was provided with an overview on the history of issues relating to the practice of refraction by opticians in Ontario, and about current considerations relating to refraction and the standards of practice.

The College invited stakeholders to complete a survey regarding the current Refraction Standard of Practice. The committee will be reviewing the survey results in the coming year to determine what, if any, amendments to the Refraction Standard should be submitted to the Board for consideration.

Submitted by:

Neda Mohammadzadeh, RO, 2021 Chair, Elected Member
Peggy Dreyer, RO, Manager, Professional Practice & Quality Assurance

QUALITY ASSURANCE COMMITTEE

2021 Annual Report

Committee Members:

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

Number of meetings:

In 2021, the Quality Assurance (QA) Committee held 9 meetings and 1 panel meeting for the purpose of reviewing deferral requests.

Orientation and Training

Members of the Quality Assurance Committee (QAC) were provided with orientation and training at their first meeting. In addition, members were provided with training on accrediting continuing education activities.

2021 Competency Review and Evaluation Process

Multi-Source Feedback Process

The QAC determined to suspend the MSF process until 2022 due to the uncertainty as to what the practice environment may look like for the remainder of the pandemic and the considerable cost to the program whether completed in full or postponed while in process.

The College can fulfill their legislative requirements with the mechanisms in place.

Professional Portfolio

In February 2021, 702 registrants received notice that they had been randomly selected to participate in the 2020 Competency Review and Evaluation (CRE) process.

- Stream One – 625 registrants were required to submit their 2019 Professional Portfolio to the College

- 77 registrants who were selected to participate in the 2020 CRE process were re-selected to participate in Stream One in 2021 due to a deferral from the 2020 CRE process or a deficiency in their 2019 Professional Portfolio.

Of the 702 registrants that were randomly selected, 35 registrants were subsequently notified that they were not required to submit their 2020 Professional Portfolio to the College as they had not renewed their registration with the College. These registrants were advised that should they renew their registration; they will be required to submit their 2020 Professional Portfolio at that time.

An additional 14 registrants were removed from the random selection as they did not meet the criteria of the random selection.

The results of the 2021 CRE process are attached as Appendix A.

Deferrals

A deferral is a delay in engaging in the CRE process and as such, those registrants will automatically be re-selected to participate in the 2022 CRE process.

The QAC granted 11 deferrals from the CRE process.

CRE Non-Compliance

Registrants who failed to submit a portfolio or who submitted a deficient professional portfolio were contacted and provided with opportunities to remedy the deficiencies. 12 registrants were sent registered letters due to continued non-compliance.

Current status:

- 6 registrants have Peer and Practice Assessments in progress
- 6 registrants have since successfully completed the CRE process
- 2 registrants continue to have deficiencies to address

Quality Assurance Program Fees

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

Fee	Registrants Charged
Deficient	31
Late	1
Deficient & Late	10

Peer and Practice Assessments

Peer and Practice Assessments (PPA) are an in-depth practice assessment that consist of a behaviour-based interview, a chart review and premise inspection. Due to the COVID-19 pandemic, PPAs have been conducted remotely and in a modified format. Registrants must complete a documentation exercise and reflective practice infection control worksheet prior to the assessment.

Remote PPA Tools

The committee reviewed the effectiveness of the remote peer and practice assessment tools used by the College. Overall, the Behaviour Based Interview and the Infection Control Exercise were found to be reliable and effective at assessing practice performance. On review, however, the Documentation Exercise did not appear to provide a reliable indicator of practice performance. As a result, the instructions for completing the exercise were modified, and the QAC determined not to place any weight on the scores from this exercise.

Assessments

The College's Peer Assessors completed a total of 20 peer and practice assessments remotely in 2021. The QAC reviewed 18 of the assessments and took the following actions:

Results	MSF Below Threshold	Ordered by QAC
No Risk - No Concerns Identified – File Closed	3	7
Low Risk – Concerns unlikely to have a direct impact on patient care, safety, or the public interest – File Closed with Advice or Recommendations	0	3
Moderate Risk – Concerns may have direct impact on patient care, safety, or the public interest if not addressed – Specified Continuing Education or Remediation Ordered	2	3
High Risk – Serious concerns that are likely to have a direct impact on patient care, safety or the public interest – Direct the Registrar to impose Terms, Conditions or Limitations	0	0

The QA Committee:

- Ordered 3 PPAs due to non-compliance with the Competency Review and Evaluation process
- Referred allegations of professional misconduct with respect to 5 registrants to the Inquiries, Complaints and Reports Committee. These allegations relate to non-compliance with the QA Program, specifically not responding to or participating in the Peer and Practice Assessment

- 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
- Deferred 3 PPAs to 2022

In addition, registered letters were sent to 5 registrants who failed to complete the pre-assessment materials for their Peer and Practice Assessment.

QA Internal Policy Manual

The QA Committee's policy manual is an internal document comprised of various policies that set out the details and parameters of the College's QA program and, how it will be administered by the QA committee and staff.

The QAC approved updates to the manual which removed the requirement for opticians to declare they are compliant with their continuing education requirements on the annual renewal form. Recent technological enhancements allow the College to monitor registrant's participation in the QA Program with greater ease.

The policy was also updated to reflect changes in the professional portfolio materials including the completion of all components online through the Registrant Portal.

In addition, to provide clarity, and ensure consistency, updates that outline how the QA Committee and staff review Peer and Practice Assessment reports were approved.

Accreditation Policy

Guidelines were developed with respect to Criteria 7 of the Accreditation Policy to provide additional information about how this criterion will be interpreted with respect to the use of logos and brand names in continuing education presentation material being "generic in nature" and to sources' sponsorship. In addition, the accreditation checklist was streamlined for clarity by removing reference to the material being "generic in nature" and to sources' sponsorship.

Accreditation Requests

In 2021 the professional members of the Committee reviewed 142 accreditation requests. Of the requests, total of 131 new continuing education activities were accredited and 3 activities were re-accredited. It was determined that 8 activities did not meet the criteria of the Accreditation Policy and were therefore not accredited.

Type of Request	Activities Reviewed	Activities Accredited	Activities not Accredited
Standard Request	97	91	6
Fast Track Request	32	31	1
Rush Request	10	9	1
Re-accreditation Request	3	3	0

Jurisprudence

Chapter 5 of the College's Jurisprudence Module (Diversity, Equity, and Inclusion) was reviewed and approved as an accredited professional growth activity. Registrants will be able to complete this module once every 3 years. Upon successful completion, registrants will receive a certificate which they can add to their accredited professional growth requirements the year in which they completed it.

The chart below shows the number of registrants who successfully completed each jurisprudence module in 2021.

Module	Completed
Chapter 1: Professional Boundaries & Sexual Abuse Prevention	862 – English 14 -French
Chapter 2: Record Keeping, Confidentiality & Privacy	357
Chapter 3: Communications	344
Chapter 4: Introduction to the RHPA	228
Chapter 5: Diversity, Equity & Inclusion	195

Quality Assurance Portal

Beginning in 2021, registrants were required to complete all components of their professional portfolio through the Quality Assurance section of their Registrant Portal.

Further development to the Quality Assurance section of the Registrant Portal was completed at the end of 2021 to streamline the layout.

Quality Assurance Outreach

College staff attended sessions with students at all 3 Colleges where the Quality Assurance Program was reviewed.

Submitted by:

Tonya Nahmabin, RO, Chair

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

Appendix A

2021 Competency Review and Evaluation

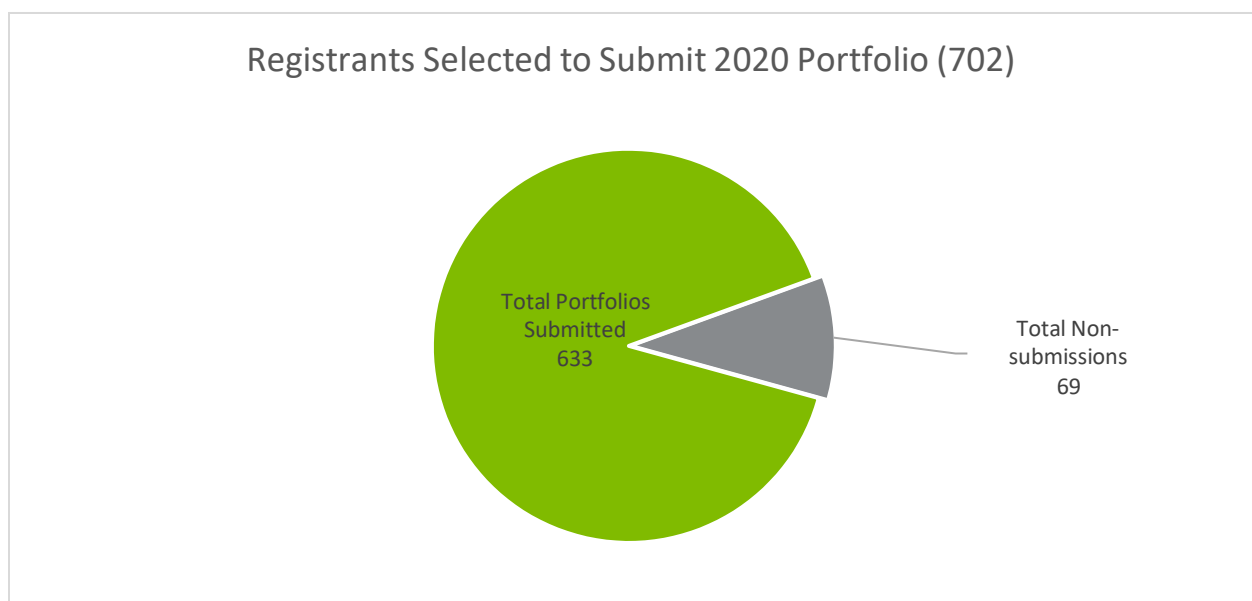
In February 2021, 625 registrants were advised they were randomly selected to participate in the 2021 Competency Review and Evaluation (CRE) process and were required to submit their 2020 Professional Portfolio to the College. An additional 77 registrants were advised that they were required to submit their 2020 Professional Portfolio to the College due to a deferral or deficiency in the 2020 CRE process.

Due to the ongoing COVID-19 pandemic, the QA Committee determined that the 2021 Multi-Source Feedback (MSF) process would be suspended. Registrants were advised that they were not required to participate at that time but, would be required to participate when the QA Committee determined the MSF process would be re-instated.

Notable Comparisons to 2020 Competency Review and Evaluation Process

- Increased compliance (90% in 2021 versus 82% in 2020)
- Fewer non-responsive registrants (1% in 2021 versus 3.5% in 2020)
- Increase in deficient portfolio submissions (35% in 2021 versus 25% in 2020)
- Decrease in accredited hour deficiencies (19% in 2021 versus 37% in 2022)
- Reduction in deferrals (11 deferrals in 2021 versus 28 in 2020)

2021 Competency Review and Evaluation Results

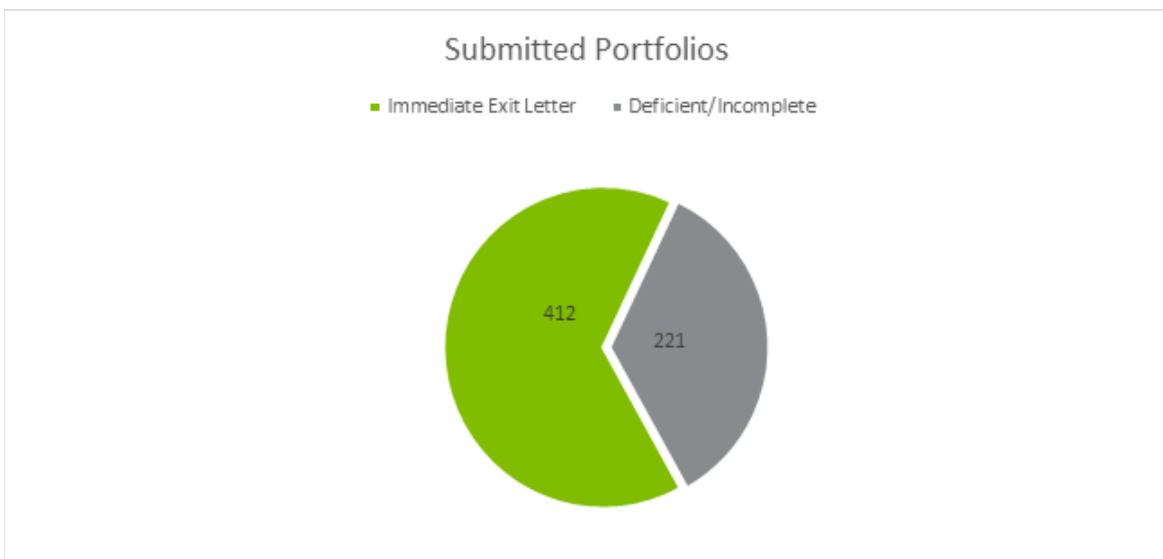


Of the 69 portfolios not submitted, only 12 were identified as being due to the registrant failing to meet the submission deadline. The balance were identified as not being required to submit their portfolio for the following reasons:

- 11 registrants were deferred from the process
- 25 registrants did not renew their registration
- 11 registrants have retired
- 14 registrants did not meet the selection criteria

Submitted Portfolios

Of the 633 portfolios submitted, 412 registrants received immediate exit letter.



Incomplete and Deficient Portfolios

A portfolio is considered incomplete (form problem) when it is missing:

- the competency self-assessment (or it is incomplete)
- non-accredited, self-directed hours
- Jurisprudence Chapter 1: Professional Boundaries and Sexual Abuse Prevention (where required)

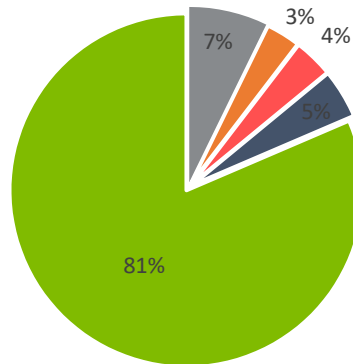
A portfolio is considered deficient when it is missing accredited continuing education hours. Registrants who submit a professional portfolio deficient in accredited hours are charged a deficiency fee of \$100.00 (+HST), 41 registrants were charged this fee.

Of the 221 deficient/incomplete portfolios:

- 16 were deficient 4-8 accredited hours
- 7 were deficient 1-3 accredited hours
- 8 were deficient 4-8 accredited hours and had form problems
- 10 were deficient 1-3 accredited hours and had form problems
- 180 contained form problems

Incomplete/Deficient Portfolios

■ Deficient 4-8 ■ Deficient 1-3 ■ Deficient 4-8 + Form Problem ■ Deficient 1-3 + Form Problem ■ Form Problem Only



GOVERNANCE COMMITTEE REPORT

2021 Annual Report to The Board of Directors

Committee Members:

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

Number of Meetings:

In 2021, the Governance Committee held four virtual meetings via Zoom.

Training

All members of the Governance Committee underwent orientation and training at the first meeting of the year.

Report:

2020 Board Self-Assessment Evaluation Results

The Committee reviewed the results of the 2020 Board Self-Assessment Evaluations at the beginning of the year and formulated an action plan for the Board's consideration.

2020 Committee Self-Assessment Evaluation Results

The Committee reviewed the results of the 2020 Committee Self-Assessment Evaluations at the beginning of the year and formulated an action plan for committees to act upon. They also provided the report the Board for information purposes.

Board Policy Review Schedule (Appendix 2)

The Committee reviewed the following policies in accordance with the schedule set out in Appendix 2 to the Policy Governance Manual, and recommended amendments to the Board where appropriate:

- | | |
|---|--|
| 1. Registration Terms of Reference Policy | 2. Fitness to Practice Terms of Reference Policy |
|---|--|

- | | |
|--|---|
| 3. Quality Assurance Terms of Reference Policy | 10. Registrar, CEO Job Products Policy |
| 4. Clinical Practice Terms of Reference Policy | 11. Registrar, CEO Position Description Policy |
| 5. Human Resources and Relations Policy | 12. Relationship with the Public and Beneficiaries Policy |
| 6. Board Terms of Reference Policy | 13. Registrant Relations Policy |
| 7. Asset Protection Policy | 14. Board and Committee Principles Policy |
| 8. Investment Policy | |
| 9. Delegation to the Registrar Policy | |

Competency Framework for Elected, Appointed and Public Appointed Members

The Committee recommended and the Board approved a new competency framework for elected members and committee members for the purpose of assessing their eligibility for election and committee appointments. Potential candidates had to demonstrate five behavioural competencies. These competencies aimed at ensuring that the best possible slate of registrants complemented the Board and COO's committees and enabled them to function optimally as a whole.

Third Party Assessment of the Board's Effectiveness every Three Years

The Committee recommended and the Board approved implementing a process for regular third-party assessments of the Board's effectiveness. This evaluation will yield meaningful and reliable feedback on the Board's performance from an objective third party, over and above what can be gleaned from a self-evaluation process. It will also demonstrate accountability and a desire for continuous improvement as well as allow for alignment with expectations set by the Ministry.

Board and Committee Self-Evaluations process run in-house

The Committee announced that the Ontario Hospital Association will be pausing the offering of its tool for 2021. The College's administrative team ran the self-evaluation process in-house in 2021 and the Governance Committee will revisit the administration of the tool in 2022.

Updates to the Fiduciary Acknowledgment and a new Conflict of Interest Questionnaire

The Committee recommended and the Board approved updating the fiduciary acknowledgment and the creation of a new conflict of interest questionnaire to be filled out prior to every board meeting. These enhancements ensure that the College is meeting best practices with respect to the avoidance of conflicts of interest and other fiduciary obligations.

The Governance Committee will continue to make recommendations to the Board based on provincial and national trends and best practices with respect to governance in professional regulation and the changing needs of the public and what it expects of its regulator.

Submitted by:

Diana Bristow, Public Member, Chair
Deidre Brooks, Manager, Patient Relations and Governance

PATIENT RELATIONS COMMITTEE

2021 Annual Report to the Board of Directors

Committee Members:

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

Number of Meetings:

In 2021, the Patient Relations Committee had two video conference meetings.

Training:

All members of the Patient Relations Committee underwent orientation and training at the first Patient Relations Meeting of 2021.

Report:

Jurisprudence Handbook Updates

The Committee reviewed and updated the questions following best practices relating to the Professional Boundaries and Sexual Abuse Prevention chapter of the Jurisprudence Handbook. The chapter and revised test questions were uploaded to the online jurisprudence tool.

The Committee is anticipating adding new chapters to the jurisprudence tool in 2022.

Code of Ethics Updates

The Committee reviewed and discussed proposed updates to Code of Ethics in an effort to make the document clearer and more relational. The new updates also incorporated the Board's refreshed core values, in particular with respect to diversity, equity and inclusion. After inviting registrants and other stakeholders for feedback, the Committee recommended the updates to the Board and it was approved at their October meeting.

Regulatory Amendment for Treating Spouses Exemption

The Patient Relations Committee brought a draft regulatory amendment to the board with a recommendation to approve the proposal for stakeholder feedback. This regulation would exempt spouses from the definition of “patient” for the purposes of the sexual abuse provisions of the *Regulated Health Professions Act (RHPA)*. The Committee reviewed the feedback made recommendations to the Board and the regulatory amendment was sent to the Ministry of Health for review and consideration.

Submitted by:

Jay Bhatt, Chair, Appointed Member

Deidre Brooks, Manager, Patient Relations and Governance

REGISTRATION COMMITTEE

2021 ANNUAL REPORT

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

Registration Appeal Panel

Henry Wiersema, Public Member
Mike Smart, RO
Kevin Cloutier, RO

Number of Meetings

In 2021, the Registration Committee held five virtual meetings via Zoom. The Registration Appeal Panel (RAP) did not meet in 2021.

2021 Statistical Report

A statistical report of the number of applications received and reviewed by the Registration Committee in 2021 is attached.

Training

All members of the Registration Committee underwent orientation training at the first Registration Committee meeting of 2021. Additionally, the Committee members were encouraged to independently complete Fair Access Law learning modules available on the Ontario Fairness Commissioner (OFC) website.

Report.*National Optical Sciences Examination: Development, Statistics, and Optical Program Standards*

The Registration Committee participated in a joint presentation delivered by Dr. John Wickett of Wickett Measurement Systems and Jodi Dodds of NACOR. The Committee was presented with information on exam standard setting and licensing examinations in Ontario and Canada, statistical information on licensing examination pass rates at a provincial and national levels, the history of national examinations, optical program accreditation and the recent adoption of the fourth edition of national competencies for Canadian opticians.

COVID-19 Policy Addenda

In light of continuing challenges posed by the COVID-19 pandemic and concerns regarding student fittings identified by the educational institutions, at its meeting on October 18, 2021, the Registration Committee considered an extension of the addendum to the Contact Lens Fittings policy to expand the peer-to-peer policy to eyeglass fittings as well as the addendum to the Contact Lens Mentor policy to grant temporary contact lens mentor status to faculty that are teaching contact lens courses in an academic setting. The Committee recommended that both temporary addenda be extended until December 31, 2022.

2021 Registration Renewal Statistics

As of January 4, 2022, 2,933 registrants renewed their registration in the College. Subsequently, 120 registrants notified the College that they were not planning to renew their registration in 2021. Reasons for not renewing included retirement, medical leave, parental leave, change of profession and leaving the province or country.

One hundred and fourteen registrants received a late fee for not renewing their registration prior to December 31 deadline. These registrants were provided until March 10, 2021, to complete the renewal form and pay the fees.

Remote Interviews

In 2021, 12 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.

Submitted by:

Dorina Reiz, RO, Chair

Anna Jeremian, Manager, Registration

2021 Statistical Report

PLAR Applicants	
Initial Inquiries Received in 2021	47
<ul style="list-style-type: none"> Internationally educated applicants 	39
<ul style="list-style-type: none"> Applicants from non-accredited Canadian programs 	8
<ul style="list-style-type: none"> No formal education 	0
New Applications Received in 2021	13
<ul style="list-style-type: none"> Internationally educated applicants 	9
<ul style="list-style-type: none"> Applicants from non-accredited Canadian programs 	4
<ul style="list-style-type: none"> Applicants that completed international training & non-accredited Canadian education 	0
<ul style="list-style-type: none"> No formal education 	0
Applications Refused	0
Applications Completed in 2021 (Decision and Reasons Issued)	12
<ul style="list-style-type: none"> Applicants required to complete bridging 	9
<ul style="list-style-type: none"> Applicants permitted to write the National Examinations 	3
Active Applications in Process	5
<ul style="list-style-type: none"> Awaiting further information from applicant 	3
<ul style="list-style-type: none"> Initial Registration Committee review pending 	0
<ul style="list-style-type: none"> Applicants currently scheduled for the CGA/eligible to write CGA 	0
<ul style="list-style-type: none"> CGA completed, interview pending 	0
<ul style="list-style-type: none"> Final Registration Committee review pending 	2

Other Applications for Registration	
New Applications for Reinstatement (3+ yrs.) Received in 2021	7
Applications Completed in 2021 (Final Decision Letter Issued)	8
<ul style="list-style-type: none"> Applications approved to reinstate, with/without continuing education 	6
<ul style="list-style-type: none"> Additional information requested 	0
<ul style="list-style-type: none"> Competency assessments required, then approved to reinstate with/without continuing education 	1
Active Applications in Process	3
<ul style="list-style-type: none"> Initial Registration Committee review pending 	1
<ul style="list-style-type: none"> Applications considered by Registration Committee, competency assessment required 	2
Internal Registration Appeals	0
HPARB Appeals	0
Upgrading Programs Considered by Committee in 2021	1
Previously Approved Upgrading Programs Completed in 2021	0
Requests for Extension of Registration Committee Decision Considered in 2021	2

NATIONAL CONTACT LENS AND EYEGLOSS EXAMINATION

2021 ANNUAL REPORT

The National Contact Lens and Eyeglass Examinations are a non-exemptible requirement for a certificate of registration as a Registered Optician in Ontario. The College, in connection with the National Alliance of Canadian Optician Regulators (NACOR), typically conducts two national examination sessions in Ontario each year. All eligible examination candidates can complete the examinations anywhere in Canada.

Examination Dates

In 2021, the national contact lens and eyeglass examinations were held on following dates:

January 23-24, 2021

French Exam

Location: Collège La Cité, Ottawa

May 1-5, 2021

English Exam

Location: Seneca College Toronto

October 25-26, 2021

English Exam

Location: Seneca College, Toronto

November 20-21, 2021

French Exam

Location: Collège La Cité, Ottawa

Examination Statistics

In 2021, 170 eyeglass and 203 contact lens candidates from Ontario wrote the English national examination in Ontario. This is consistent with pre-pandemic numbers of exam candidates. In 2019, 174 eyeglass and 215 contact lens candidates from Ontario wrote the national examinations in Ontario. By comparison, only 96 eyeglass and 112 contact lens Ontario candidates wrote the national examination in 2020.

Additionally, 23 eyeglass and 27 contact lens candidates from Ontario wrote the French national examinations in Ontario. The French examinations were not offered in Ontario prior to 2021.

The above numbers do not include the out-of-province candidates who wrote the examination in Ontario but sought registration in other provinces. In 2021, eight contact lens candidates and seven eyeglass candidates from other provinces wrote the national examinations in Ontario.

The examinations were administered in accordance with the safety protocol developed jointly by the College of Opticians of Ontario, NACOR, and Seneca College. The protocol followed current health guidelines regarding group size, physical distancing, and best practices around infection control.

2022 National Examinations

The following dates have been selected for the 2022 examination sessions held in Ontario:

March 26-27, 2022
French and English Exam
Location: Collège La Cité, Ottawa

April 30-May 4, 2022
Location: Seneca College, Toronto

October 2021
Location: TBD

November 19-20, 2022
French Exam
Location: Collège La Cité, Ottawa

This examination session dates are conditional on any orders that are made by public health authorities. The College continues to monitor developments relating to the COVID-19 pandemic and related public health announcements.

Submitted by:

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