

CLINICAL PRACTICE COMMITTEE REPORT

December 2021 Committee Report to the Board of Directors

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 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 in the coming months 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 Mohammadzadeh, RO, Chair, Elected Member

Peggy Dreyer, Manager, Professional Practice

DISCIPLINE COMMITTEE REPORT

December 2021 Discipline Committee Report to the Board of Directors

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 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).

The following matters have been referred to the Discipline Committee:

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>	TBD
<i>College of Opticians v. Sheidaei</i>	TBD

Submitted by:

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

EXECUTIVE COMMITTEE REPORT

December 2021 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
Neda Mohammadzadeh, RO, Elected Member
Dorina Reiz, RO, Elected Member

Number of meetings since the October 4, 2021, Board Meeting:

- November 22, 2021.

Report:

1. General Business

The Executive Committee discussed potential board meeting dates for 2022 and details of the hybrid meeting format for the December Board Meeting.

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 did not use these powers at the November meeting.

3. Finance Committee

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

Financial Statements and 2022 Budget

The Committee reviewed the financial variance report to October 31, 2021. In addition, the Committee reviewed 2022 Budget.

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

GOVERNANCE COMMITTEE REPORT

December 2021 Committee Report to the Board of Directors

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 September Meeting:

- November 18, 2021

Report:

Governance By-laws and Policies

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

1. Delegation to the Registrar Policy 3-03

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 December meeting to approve revisions:

1. Relationship with the Public and Beneficiaries Policy
2. Registrant Relations Policy
3. Board and Committee Principles Policy

Governance Reform

In keeping with the COO's mandate, its fiduciary duty and its 2020 Performance Measurement Framework (CPMF) Report to improve its performance as it relates to accountability and oversight of

any conflict-of-interest issues, the Committee proposed updates the fiduciary acknowledgment form and a new conflict of interest questionnaire.

The Committee will recommend at the next board meeting in December that the Board approve the proposed updates.

Submitted by:

Gord White Vice-chair, Public Appointed Member

Deidre Brooks, Manager, Patient Relations & Governance

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

December 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	20

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

Report: The Committee will meet early in 2022 to discuss the process of Oral Cautions.

Submitted by:

Omar Farouk, Chair, Public Member
Raj Bhatti, Manager, Professional Conduct

ICRC Statistical Report 2021
(Statistics accurate as of November 24, 2021)

Complaints Dispositions	# of Files
Inquiries:	
Total number of complaint inquiries received in 2021	71
Covid-19 related inquiries	12
Inquiries that became a formal complaint in 2021	7
Formal Complaints:	
Complaint files opened in 2021	18
Cases brought forward from 2020 (not including 2 from 2019)	14
Frivolous and vexatious	-
Complaints disposed of in 2021 (see the Note below):	26
No further action	11
Written advice/Recommendations	10
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	15
Complaints awaiting decisions	6

Quality Assurance Committee (QAC) and Registrar's Reports Dispositions	# of Files
Registrar's Reports:	
Registrar's Reports referred to ICRC in 2021	6
Registrar's Reports brought forward from 2020 (not including 2 from 2018, and 4 from 2019)	5
QAC Reports:	
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	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 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

Unauthorized Practice	# of Files
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

December 2021 Committee Report to the Board

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:

The Patient Relations Committee did not meet since its last report to the Board.

Submitted by:

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

QUALITY ASSURANCE COMMITTEE REPORT

December 2021 Committee Report to the Board of Directors

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: 1

- November 15

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.

The QAC reviewed the files of 6 registrants who continue to have outstanding deficiencies in their 2020 Professional Portfolio and determined to provide the registrant with a final deadline to complete the requirements. Should these requirements not be submitted by the deadline, the registrants will be required to undergo a Peer and Practice Assessment.

Peer and Practice Assessment

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 5 Peer and Practice Assessment Reports. Of the assessments:

- 3 files were closed with recommendations.
- 2 files were provided with notice of intention to order Specified Education and Remediation Programs

Peer and Practice Assessment Non-Compliance

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

QA Portal

Beginning this year, registrants are required to complete all components of their professional portfolio online through the Quality Assurance section of their Registrant Portal. As of November 23:

- 885 registrants have completed their 2021 Competency Self-Assessment
- 958 registrants have reported some or all the required non-accredited, self-directed hours
- 1425 registrants have reported some or all their accredited continuing education hours

These figures are slightly higher than the same time last year.

Accrediting Continuing Education

From September 15th through November 24th there have been 39 accreditation requests processed. Year to date there have been 128 requests. The committee is currently reviewing an additional 9 standard accreditation requests.

Type of Request	Sept 16-Nov 24	Year to Date
Standard Request	31	86
Fast Track Request	5	30
Rush Request	3	10
Re-accreditation Request	0	2

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

Timeline	Activities Accredited	Activities not Accredited
September 16-November 24	37	2
Year to Date	121	7

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.

To provide clarity and ensure consistency, the QAC approved an update to the internal policy manual which outlines how the QA committee and staff will review peer and practice assessment reports.

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

Submitted by:

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

REGISTRATION COMMITTEE REPORT

December 2021 Report to Board of Directors

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:

- October 18, 2021
- November 16, 2021

Report:

National Optical Sciences Examination: Development, Statistics, and Optical Program Standards

At its meeting on October 18, 2021, 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.

File Review

The Committee reviewed one initial reinstatement (over three years) applications, one reinstatement

(over three years) assessment result, four PLAR assessment results, two upgrading proposals, and two requests for eligibility extension to sit the NACOR examination.

Submitted by:

Derick Summers, Chair, RO

Anna Jeremian, Manager, Registration