

BRIEFING NOTE

TO: Board of Directors

FROM: Parminder Kalsi, Facilitating Director

DATE: September 28, 2026

SUBJECT: Board Policy Development Policy (4-24), Monitoring Report

☐ For Decision ☐ For Information ☒ Monitoring Report

Purpose:

To review the Board Policy Development Policy (4-24) Monitoring Report.

Background:

In October 2020, the Board approved the Board Policy Development Policy (4-24). This policy outlines the College's role in developing governance policies that align with its governance role and legislative mandate. It codifies a process for developing, approving, updating and evaluating governance policies.

For Consideration:

A monitoring report on the Board Policy Development Policy is attached at **Appendix A**. A copy of the policy is attached at **Appendix B**.

Public Interest Considerations:

The Board has recognized the importance of strong governance to carry out its object of regulating the profession in the public interest and has invested significant time and resources into updating its governance policies and processes. Monitoring important policies confirms that the Board is fulfilling its duties and responsibilities and ensures that appropriate processes are in place to provide due diligence to planning and oversight over the College.

Diversity, Equity, and Inclusion Considerations:

When reviewing the report, it is incumbent on the Board to consider whether any issues or concerns have arisen from a diversity, equity or inclusion perspective.

Risk Management Considerations:

Continually monitoring important policies helps to identify, analyse, and address potential organizational risks before they negatively impact the College.

Recommendations/Action Required:

That the Board evaluate the success of implementing the Board Policy Development Policy as presented by the facilitating director's report. In doing this, the Board should consider the following questions:

1. The report identifies how the Board has interpreted each part of the policy. Does the Board agree that these interpretations are accurate?
2. Does the Board believe that any policy areas should be interpreted differently?
3. Does the Board agree with the evidence identified in the report?
4. Does the Board have any recommendations on steps that should be taken to address any concerns that have been identified?

Board Policy Development Policy 4-24					
Monitoring Report					
#	Policy Criteria	Board Interpretation of Policy Criteria	Evidence Board has met the criteria	Deficiencies and Recommendations	Conclusion: Level of Achievement 1 – Compliance Not Achieved 2 – Compliance Partially Achieved 3 – Compliance Fully Achieved
1.	The Board complies with its commitment to develop and approve new policies in the manner set out in the policy.	<i>This Board will have fulfilled this policy criteria if...</i> Every new policy created or approved this year follows our established step-by-step process, stays on track with our pre-set plan, and ensures no rules are skipped or forgotten. Any individual—including Board members, staff, and external advisors—or a committee may request a new Board policy or updates to an existing one. Every proposed policy must align with the COO's values, vision, mission, DEI goals, and strategic outcomes. If the Board delegates policy development or revision to an appropriate committee, that committee will ensure alignment with the COO's core governance principles.	A review of our official Board records spanning December 2023 through November 2025 confirms that every policy we introduced, updated, or voted on followed our standard step-by-step process. During this 2-year timeframe, all policy work was handled as routine business on our planned meeting agendas. Any feedback or policy requests received from Board members, staff, or advisors during this period were properly logged and checked against the COO's mission and DEI standards before being sent to our committees. Any legislative changes required by the Ministry of Health were complied with by COO.	None	3 – Compliance Fully Achieved
2.	The Board complies with its commitment to regularly	<i>This Board will have fulfilled this policy criteria if...</i>	A review of our official Board records from December 2023 through November 2025	None	3 – Compliance Fully Achieved

	review existing policies.	We follow our scheduled governance workplan without skipping items, ensure every active policy is evaluated at least once every four years, and guarantee that no guidelines are left outdated or overlooked.	confirms that all policies scheduled for review under the Board Policy Review Schedule were successfully brought forward by the Governance Committee and evaluated. Meeting agendas from this 2-year period verify that these reviews were handled as standard, routine items, ensuring that our policies stay active and are tracked well within the required four-year limit. There were no instances during this timeframe where a scheduled policy review was skipped, overlooked, or left outdated.		
3.	The Board complies with its commitment to track its policies.	<i>This Board will have fulfilled this policy criteria if...</i> All Board policies are formally recorded in the COO Policy Governance Manual, and if that manual is kept accurate and up to date by staff on our electronic portal, ensuring it is always available for directors and committee members to use during our meetings.	Throughout the December 2023 to November 2025 timeframe, all active Board policies were formally recorded and securely hosted within the COO Policy Governance Manual on the electronic Board portal. Staff regularly maintained and updated the portal to ensure all directors and committee members had direct access to the most current policies. These recorded policies were fully available and actively referred to for guidance during all Board and committee meetings throughout this two-year period.	None	3 – Compliance Fully Achieved
4.	The Board complies with its commitment to monitor and evaluate its policies.	<i>This Board will have fulfilled this policy criteria if...</i> We actively monitor our policies using stakeholder surveys and by reviewing formal monitoring reports from the Registrar and CEO to ensure our guidelines are	Throughout the December 2023 to November 2025 timeframe, the Board routinely checked policy performance by reviewing data collected from stakeholder surveys. We checked these survey results against our active guidelines to ensure our policies are achieving their intended outcomes.	None	3 – Compliance Fully Achieved

		working well in the real world, achieving our goals, and staying within operational boundaries.	During this two-year reporting period, the Board received and evaluated regular monitoring reports from the Registrar and CEO regarding their interpretation and achievement of our strategic outcomes policies. This was done in accordance with the Registrar, CEO Monitoring Schedule. We also reviewed the Registrar and CEO's reports regarding their compliance with our operational boundaries policies to confirm the College is running safely and on track.		
5.	The Board complies with its commitment to monitor Governance Process and Board-Staff Relationship policies, as set out in the policy and Appendix A to the policy.	<i>This Board will have fulfilled this policy criteria if...</i> We systematically evaluate our own meeting habits and our working relationship with the staff, using the timeline set out in our Board Self-Monitoring Schedule to keep ourselves accountable.	Throughout the December 2023 to November 2025 timeframe, the Board followed the tracking schedule outlined in our Board Self-Monitoring Schedule to complete all required self-checks. We used these scheduled evaluations during our meetings to look at our own governance habits and ensure we maintained a clear, supportive relationship with the office team. Meeting minutes from this two-year period confirm that our governance and Board-staff reviews were successfully completed exactly when they were scheduled to be.	None	3 – Compliance Fully Achieved

Respectfully submitted,

Parminster Kalsi

September 2, 2026

Name

Date

POLICY TYPE: GOVERNANCE PROCESS

4-24 Board Policy Development Policy

BACKGROUND

The College of Opticians of Ontario (COO) recognizes that one of its primary functions is to develop governance policies in accordance with its governance role and its mandate under provincial legislation.

POLICY

1. General Principles

- a. It is the responsibility of the Board to develop, approve, update and evaluate implementation of its governance policies.
- b. The set of policies contained in the Policy Governance Manual (the “Board Policies”) shall be kept current at all times such that the policies accurately reflect current Board policy thinking and direction and so the policies remain relevant and useful.
- c. This policy applies to Board Policies only. The Board recognizes that the Registrar, CEO is delegated the responsibility of developing administrative policies and procedures to interpret and implement Strategic Outcomes and Operational Boundaries Policies. The Registrar, CEO may develop, amend, update and approve all administrative policies without Board review or approval.

2. Policy Categories

- a. Board Policies are grouped into four categories.
 - i. Strategic Outcomes Policies: These policies provide direction to the COO’s strategic vision, mission, impact and results.
 - ii. Operational Boundaries Policies: These policies set out the Board’s risk boundaries for COO operations.
 - iii. Governance Process Policies: These policies define the governance approach and processes the Board will use.
 - iv. Board-Staff Relationship Policies: These policies clarify the Board’s relationship with the Registrar, CEO and COO staff.

3. Policy Development

- a. Any individual (including a Director, committee member, Registrar, CEO, staff or external advisor), the Board as a whole, or a committee may request a new Board Policy or modifications to an existing Board Policy.
- b. In evaluating the request, the Board will consider the following:

- i. The need for the Board to provide governance direction through a Board Policy Statement.
 - ii. Whether the policy aligns with COO values, vision, mission and Strategic Outcomes Policies.
 - iii. Strategic implications and risk.
 - iv. Impact to the public interest, registrants, staff and other stakeholders.
 - v. Feasibility of implementing the request.
- c. The Board may assign the task of developing or modifying a policy to an appropriate committee.
- d. The Registrar, CEO and/or committee may engage in initial stakeholder consultation before presenting a proposed policy to a committee or to the Board (see Board Decision-Making Policy, 4-20).

4. Policy Approval

- a. Policies will be approved in accordance with the Board Decision-Making Policy, 4-20.

5. Policy Implementation

- a. Strategic Outcomes and Operational Boundaries Policies will be interpreted and implemented by the Registrar, CEO.
- b. Governance Process and Board-Staff Relationship Policies will be interpreted and implemented by the Board.

6. Regular Policy Review

- a. The Board recognizes that Board Policies need to be reviewed and updated/refreshed regularly to ensure they remain relevant and current.
- b. Each Board Policy, once approved, will include a frequency for review, which will not exceed at least once every 4 years.
- c. The process for reviewing Board Policies will be facilitated and supported by the Governance Committee with input from other committees as needed.
- d. The policy review schedule will be considered when the Board establishes its Annual Workplan.
- e. In addition, the Board may review any of its policies at any time if it believes a review to be necessary.

7. Policy Tracking and the Policy Governance Manual

- a. All Board Policies will be recorded in the COO Policy Governance Manual (the “Manual”).
- b. The Manual will be kept on the COO electronic portal where it will be available to all Directors and Committee Members.
- c. The Manual will be kept up to date by COO staff.
- d. Directors and Committee Members are encouraged to refer to the Manual for use at Board and Committee meetings.

8. Policy Monitoring and Achievement Evaluation

- a. The Board will receive scheduled monitoring reports from the Registrar, CEO on their interpretation and achievement of Strategic Outcomes Policies, and their interpretation and compliance with Operational Boundaries Policies.
- b. The Board will evaluate, based on a schedule set out in Appendix A, the Board Workplan, its achievement of the Governance Process and Board-Staff Relationship Policies.