

# 07 ANNUAL REPORT



COLLEGE OF OPTOMETRISTS OF ONTARIO



EXCELLENCE IN OPTOMETRIC CARE

## The Executive Committee

**T**he Executive Committee is elected from and by Council at the first meeting after Council elections each spring. It is composed of three professional members and two public members. Of these Committee members, one is elected president and another vice president. The Executive Committee also acts as the Finance Committee and usually, as was the case this year, one member was appointed Treasurer. The Executive Committee is a statutory committee with its composition, duties and powers laid out by provisions in the *Regulated Health Professions Act (RHPA)* and *Procedural Code*. The Executive has the powers of Council between Council meetings to make decisions about matters that require immediate attention, with the exception of changes to regulations or bylaws. It also deals independently with members if information is brought to the attention of the Registrar that an act of professional misconduct may have taken place or that a member is unfit to practise. After an investigation, the Executive Committee may refer the member to the Discipline Committee or to the Fitness to Practise Committee.

Bill 171, the *Health Systems Improvement Act* which received Royal Assent on June 4, 2007, also amended the Optometry Act by adding the controlled act of

‘prescribing drugs as designated in the regulation’. The designating regulation was developed by the Clinical Practice Committee, passed by Council at its September meeting, and circulated to members for the required 60 days ending December 31, 2007. It is our hope that the Ministry of Health and Long-Term Care will process the required changes expeditiously and our patients will have the benefit of an expanded scope of optometric care in the near future.

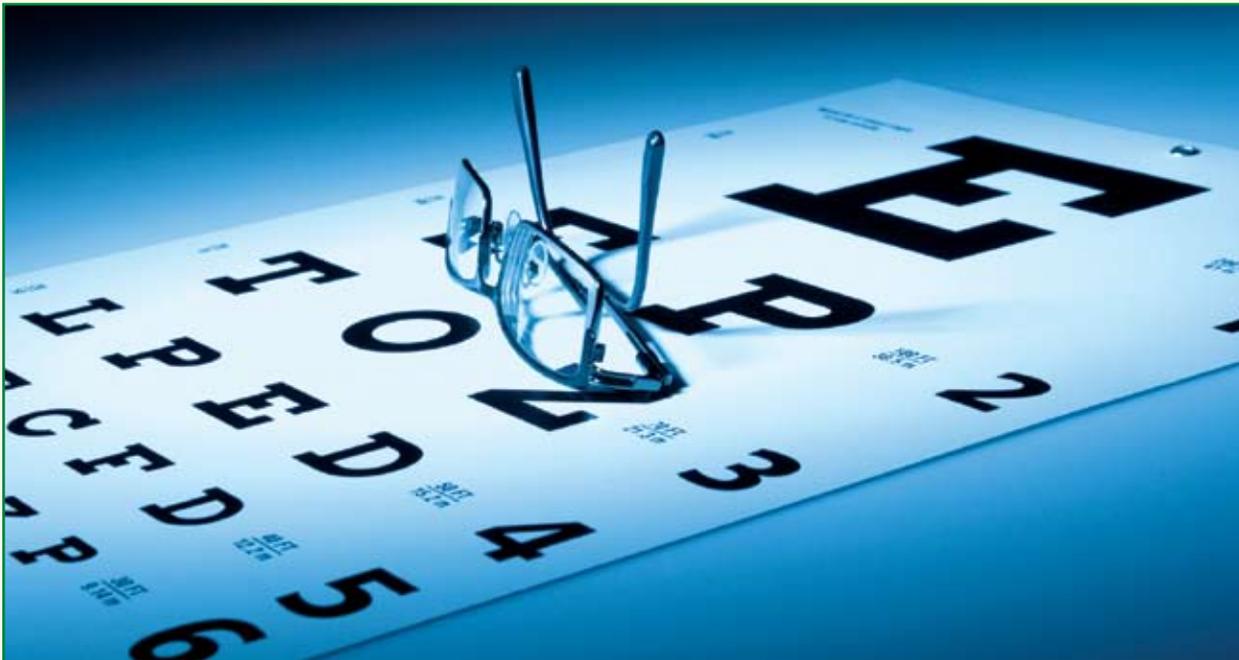
The Executive Committee continues to coordinate the College’s legal action against an optician who is alleged to continue to be in contempt of a court action to cease from prescribing for vision or eye problems and from dispensing eyewear without a prescription from an optometrist or a physician. The College was back in court in August asking for enforcement of the mandatory provisions of the court order. The judgment confirmed that the optician was still in contempt, raised the fine to \$16 million, and awarded the College costs. However, the monetary fines were stayed until the appeal of the original order is heard in early February 2008.

The Executive Committee felt it was important to act when the College of Opticians of Ontario posted standards of practice for refraction on their

web site in October. A meeting with Ministry officials was quickly secured where we expressed our concern that the College of Opticians had unilaterally expanded the scope of practice of opticianry without due process. We also reminded them of HPRAC’s advice that refraction should not be separated from a full eye exam. The College will continue to be actively engaged in this important issue.

Two other important initiatives were undertaken by Council in 2007. The Search and Transition Committee was created to coordinate the hiring of a new registrar to be in place when Dr. Turnour’s contract finishes at the end of 2008. Council commissioned a ‘Glaucoma Wait Time Study’ by Dr. Barb Robinson at the University of Waterloo hoping to add substance to our belief that wait times for initial glaucoma consultations are unacceptably long in parts of Ontario.

The President, Vice President and staff represented the College at meetings of the Federation of Health Regulatory Colleges of Ontario, the Canadian Optometric Regulatory Authorities (CORA), and the American-based Association of Regulatory Boards of Optometry (ARBO), and were able to meet many members at the Road Show in nine locations across Ontario.



“The Executive has the powers of Council between Council meetings to make decisions about matters that require immediate attention, with the exception of changes to regulations or bylaws.”

All Councillors quickly realize how fortunate they are to work with our dedicated College staff. I take this opportunity to thank them for work above and beyond: Dr. Murray Turnour, Registrar; Dr. Paula Garshowitz, Assistant Registrar; Ms. Valerie Browne, Director of Office and Membership Services; Ms. Wendy Maharaj, Manager, Quality Programs; Ms. Louise Kassabian, Office Coordinator; and

our Receptionists/Administrative Assistants, Ms. Sonya Kadarally and Ms. Marjorie Henderson. Temporary assistance was provided in 2007 by Ms. Hanan Jibry and it was with regret that we accepted the resignation of Ms. Monifa Miller.

The Executive Committee of 2007 was certainly greater than the sum of its parts. Dr. Michael Cobean, Vice President, contributed his youthful

enthusiasm and perspective, Dr. Lorne Berman, his insightful analysis and our public members, Ms. Nathalie Pardy and Mr. Craig Bridges, kept us in touch with the needs and realities of the public. I sincerely thank them for their wisdom, counsel and their willingness to dedicate their time and resources to College work.

Respectfully submitted,

Linda L. Bathe, O.D.  
Chair

# The Complaints Committee

**T**he Complaints Committee is the statutory committee of the College responsible for the investigation and disposition of complaints filed with the College about the actions or conduct of an optometrist. The Committee, in compliance with the by-laws of the College, is composed of five members: three optometrists (one of whom is a member of Council), and two public members appointed to the Council by the government.

In 2007, the Committee held six meetings and three teleconferences. It considered 26 complaints of which ten were received in 2006 but carried over to 2007. Twelve will be carried forward for consideration in 2008. The nature of the complaints requiring disposition by the Committee are summarized in the table to the right.

## Nature of Allegations for 2007\*

| Nature of Allegations                               | 2006 | 2007 |
|---|------|------|
| Standard of Care/Clinical Issues                    | 6    | 8    |
| Dissatisfaction with Visual Outcomes                | 18   | 6    |
| Recommendation of unnecessary tests or treatments   | 6    | 1    |
| Communication/Behaviour                             | 10   | 11   |
| Mandatory reporting                                 | 2    | 1    |
| Charges of Excessive Fees                           | 0    | 1    |
| Dispensing Issue                                    | 0    | 1    |
| Failure to transfer records upon request of patient | 4    | 0    |
| Failure to notify patients of record relocation     | 3    | 0    |
| Failure to communicate referral information         | 1    | 0    |
| Advertising/Office Information                      | 1    | 0    |
| Conflict of Interest                                | 0    | 0    |
| Sexual Abuse/Inappropriate Contact                  | 0    | 0    |
| Other   | -    | -    |

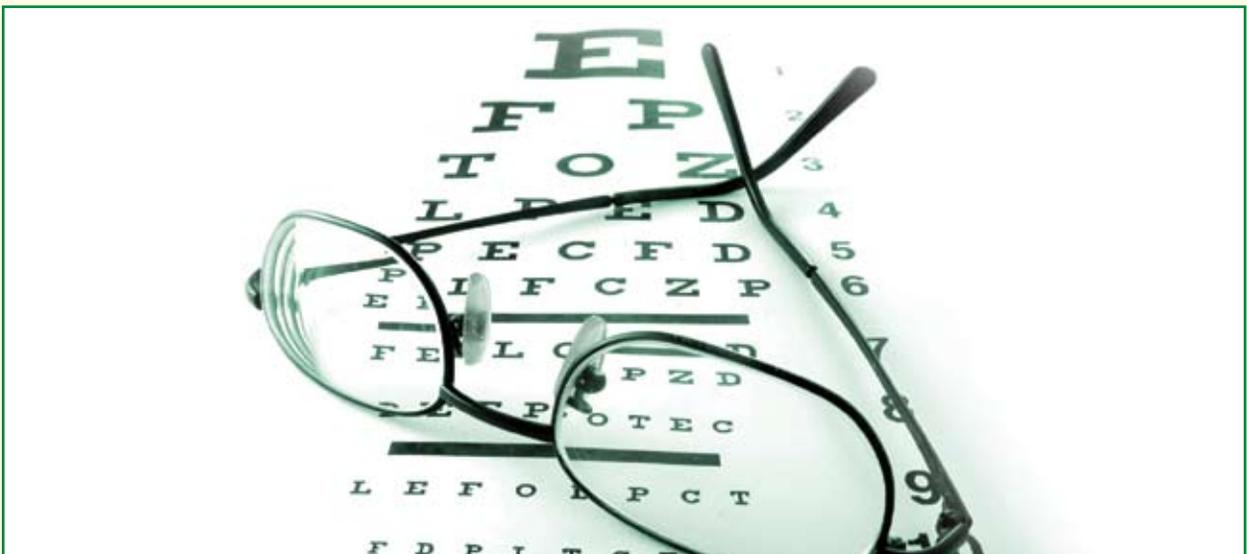
\* Several cases had multiple issues that were considered.

## Dispositions for 2007

The *Regulated Health Professions Act (1991)* limits the dispositions available to the Complaints Committee.

| Dispositions                  | 2006 <sup>1</sup> | 2007 <sup>1</sup> |
|-------------------------------|-------------------|-------------------|
| Reminders                     | 8                 | 6                 |
| Written Caution               | 13                | 4                 |
| Verbal Caution                | 0                 | 0                 |
| Continuing Education          | 2                 | 0                 |
| Referral to Quality Assurance | 0                 | 0                 |
| Undertakings                  | 3                 | 2                 |
| No further action taken       | 27                | 12                |
| Referral to Discipline        | 0                 | 1                 |
| Work with a coach             | 1                 | 1 <sup>2</sup>    |
| Literature review             | 3                 | 1 <sup>2</sup>    |

<sup>1</sup>Several cases required a multi-faceted decision.  
<sup>2</sup>The members voluntarily agreed to participate in these activities as part of an undertaking and agreement with the College.





During the investigation of a complaint, other matters may come to light that are not directly related to the complaint. The Committee cannot deal with these issues as part of the original complaint, but can bring them to the attention of the Registrar if the Committee finds them to be of sufficient concern. The Committee brought three such areas of concern to the attention of the Registrar in 2007.

### Appeals to HPARB

The Health Professions Appeal and Review Board (HPARB) is an independent appeals body established under the *Regulated Health Professions Act, 1991*. It reviews decisions made by the Complaints Committees of self-regulating health professions colleges upon the request of either the complainant or the respondent member. HPARB will review a decision if either party believes that the investigation was inadequate or the decision unreasonable.

Six decisions of the Complaints Committee were appealed to HPARB

in 2007. The Committee received two decisions from HPARB for matters that had been initiated in previous years. In one case, the Board concluded that the Committee's investigation was inadequate, and the Board upheld the Committee's decision in the other.

### Other Matters

In previous annual reports, the importance of communication was discussed. Through empathetic communication by optometrists with their patients, most complaints reaching the Committee could have been avoided. Members of the College are held to a high standard with regard to their relationships with patients and have an obligation to act in a courteous manner. Many members had the opportunity to hear Dr. Lionel LaRoche speak on cultural differences following the College Annual Meeting in 2006. Optometrists must recognize the need to be sensitive to patients from different cultural backgrounds. In addition, people from the same culture may have individual personality traits that should also be recognized.

Variations in tone, body language and eye contact, send different messages to the patient and could easily be misinterpreted. Optometrists are expected to provide a safe environment in which patients can have their concerns addressed.

This year, several patients lodged complaints because they were not counselled in private. Optometrists have obligations under the *Personal Health Information Protection Act, 2004* (PHIPA) to respect the privacy of their patients. Members are reminded to be cognisant of other people in the public areas of the office, such as the waiting room or dispensary, where confidential information may be overheard.

I would like to express my appreciation to the dedicated and talented people serving on the Complaints Committee. They spend many hours attending meetings and reviewing case details outside meetings. Thank you to Dr. Mark Teeple, Dr. Josephine Pepe, Mr. Henry Hodowany, and Mr. Francis Christopher, for their service to both this committee and the public of Ontario. I would particularly like to thank Assistant Registrar, Dr. Paula Garshowitz, for her expertise as staff support.

Respectfully submitted,

Deborah Lowy, O.D.  
Chair

## The Ethics Committee

**T**he terms of reference of the Ethics Committee include reviewing issues of an ethical nature that occur in the practice of optometry. The Committee also serves as a resource to other College committees or individual members seeking advice on ethical issues. In the past few years, the Ethics Committee has spent the majority of its efforts on changes to the Conflict of Interest and related Professional Misconduct Regulations. After full circulation to the members of the College and stakeholders, these proposed regulations were submitted to the Ministry of Health and Long-Term Care in April 2007. The College is now waiting for the Ministry review process to be completed.

Also this year, the Committee completed the development of the guidelines that will accompany these new regulations. The Committee

understands that with any new regulation, it is helpful to add clarity and guidance to allow members to make appropriate changes to their current office procedures. The Committee hopes these efforts will allow for a greater understanding of the new regulations. It is also the Committee's expectation that even with its best efforts in developing guidelines, there will be questions about the implementation of the new regulations. The Committee will work to help make the transition as smooth as possible by acting as a resource to members in future years.

Other work undertaken by the Ethics Committee this year included:

- Informing members of the role of Health Canada as it relates to product recall. Members were reminded that products that are monitored for public safety are

regulated by Health Canada. It is the responsibility of optometrists to be knowledgeable about recall procedures and to act in a responsible and ethical manner.

- Developing a guideline for the Advertising Regulations contained in the proposed Professional Misconduct Regulation.

I would like to express my appreciation to the Committee's enthusiastic, dedicated and thoughtful members: Mr. Craig Bridges, Dr. Kan Chhatwal, Dr. Aggie Franzmann, Dr. Tim Wilbee, Dr. Harvey Mayers and Dr. Chris Nicol who participated as an OAO observer. I would also like to thank Ms. Valerie Browne who provided staff support to the Committee.

Respectfully submitted,

Lorne Berman, O.D.  
Chair

"...the Ethics Committee has spent the majority of its efforts on changes to the Conflict of Interest and related Professional Misconduct Regulations."



## The Patient Relations Committee

**T**he Patient Relations Committee (PRC) administers the Patient Relations Program, which promotes awareness among members and the public of the zero tolerance expectations regarding the sexual abuse of patients. In addition, the Committee oversees communications of the College to members and the public, administers the Patient

- College web site Revisions - PRC provided input regarding updating of the College's web site, and staff has been soliciting quotes and proposals from various web design companies.
- Confidentiality Agreement - PRC continued its work on the development of a confidentiality agreement for College staff, Council, and committee members.

Of note, Dr. Michael Cobean resigned from his position as Chair of the PRC in December 2007. Dr. Cobean's contributions to the PRC during his time served are greatly appreciated. As well, a special thanks to all the members who served on the Committee in 2007: Drs. Peter Shaw, Patricia Rose, Dave Bryer, Debby Lowy, Josephine Pepe, Mr. Emad Hussain, and Ms. Marny Motamedi, brought exceptional knowledge,



Relations Fund for Therapy and Counselling for victims of sexual abuse, and functions as the privacy committee of the College for purposes related to the collection, retention and destruction of personal and health information.

During 2007, several of the Committee's initiatives were continued including:

- Boundary Violations and issues of Cultural Sensitivity - The Committee directed College staff to proceed with filming an interactive DVD on Boundary Violations.
- HPRAC Review of Patient Relations Programs - Dr. Turnour, Dr. Cobean and Mr. Hussain attended a workshop with the members and staff of the Health Professions Regulatory Advisory Council (HPRAC) on April 25, 2007 regarding the Patient Relations Program. Dr. Turnour was invited to present a description of aspects of this College's Patient Relations Program. HPRAC is expecting to release another report concerning all colleges' patient relations programs in late spring 2008.

insight, and care to every issue presented to them. The functioning of the Committee would not be possible without the invaluable support of College staff: Ms. Hanan Jibry, who provided temporary assistance in 2007, Ms. Monifa Miller, who regrettably resigned, and Ms. Wendy Maharaj, the newest member of College staff who joins us as Manager, Quality Programs.

Respectfully submitted,

Craig Bridges,  
Chair

## The Quality Assurance Committee

**T**he Quality Assurance Committee is a statutory committee of the College that receives its mandate from the *Regulated Health Professions Act* and regulations under the *Optometry Act*. The Committee is responsible for administering the Quality Assurance Program to maintain and enhance the knowledge, skills and judgment of members so that appropriate care of high quality is provided to the public. The regulations specify seven components of the Quality Assurance Program. These components include mandatory continuing education, assessment of members' practices; evaluation of members' clinical ability; and remediation to assist members in correcting any deficiencies in practice or clinical ability. The Quality Assurance Committee sees its work as an opportunity to assist members in helping improve the quality of care

they provide. Although participation in the QA Program is mandatory and can be a source of stress to members, the Committee and staff strive to make the experience a positive one.

In 2007, the Quality Assurance Committee partnered with the Clinical Practice Committee to provide an educational opportunity to members in the form of Roadshow 2007. The College is in a unique position to provide education to members to assist them in applying regulatory and professional standards to their daily practice. *Optometric Record Keeping: A lesson in defensive driving* was developed to encourage and help members in making clear, cogent and legible clinical records. The program received a great deal of positive feedback and we would like to thank all those who participated. It is incredibly rewarding for College volunteers to be able to meet with

and present useful information to members all across Ontario that will directly affect the care they provide.

The Assessment component of the Quality Assurance Program is used to determine if members are generally meeting the standards of practice in their care of patients. The College employs an infrastructure of assessors and assessment tools in this process. Typically, 25 records of the care of patients are reviewed using either the Short or Complete Record Assessment tools. Copies of these tools are sent to members before records are collected and are available to both members and the public on the College web site at [www.collegeoptom.on.ca](http://www.collegeoptom.on.ca).

In 2007, 5% of eligible members were randomly selected to undergo a practice assessment. For the past several years, the selection process has been weighted slightly to favour the selection of members with a greater number of years in practice. Twenty-four members were selected who had been in practice from 3-14 years, 16 from 15-25 years, and 25 greater than 25 years. The Committee also received several referrals of members or applicants for practice assessment from other committees. We are pleased to report that the vast majority of members assessed are meeting the standards of practice of the profession and





the Committee notes that many are far exceeding those standards.

The Committee continues to note recurring areas where deficiencies have been observed. The legibility of records continues to be of primary concern. Where records are found to be illegible, they are often returned to the member for interpretation, greatly delaying the assessment process. Members are reminded that legible record keeping is a standard of practice and, when reviewed, illegible records can result in an unsuccessful assessment. In this case, the member may be required to undergo remediation and reassessment at his or her expense. In addition to concerns about legibility, inadequate ocular health assessment, specifically, fundus observation through a dilated

pupil when indicated, continues to be a recurring theme in assessed records, as well as lack of proper notation of visual acuities.

The Committee would like to congratulate all of the participants in the assessment process. Part of this assessment is to invite members to suggest improvements. The Committee would like to thank members for all of their valuable feedback. The assessment tools are constantly being reviewed for both relevance and objectivity. With the publication of the Optometric Practice Reference (OPR), the Committee will continue to ensure that the record assessment tools accurately measure a member's ability to meet the standards of practice.

In the past, the Committee has identified areas where the College's Continuing Education Policy did not provide adequate guidance to members or providers with respect to the College's expectations. Participation in exercises of lifelong learning is one of the hallmarks of professionalism. Members of the College are required to involve themselves in educational experiences that are relevant to the maintenance of their standards of practice and continuing competence. It is important that the quality and objectivity of these educational experiences is maintained. The Committee published a revised

Continuing Education Policy in 2007 to further clarify both the variety of CE opportunities available and the expectations that the College has when a member participates in the CE program. At the close of the Continuing Education reporting period in 2008, there will be a random audit of members' participation in CE. Members are reminded that it is ultimately their responsibility to ensure that claimed activities are appropriate.

The structure of the Quality Assurance Program goes far beyond the members of the Committee. I would like to express my thanks to our assessors and coaches as well as to those practitioners at the University of Waterloo School of Optometry and the Vision Institute of Canada who help us in our evaluation and remediation processes. These people provide the valuable information without which the Committee could not function. I would also like to thank the dedicated members of the Committee: Drs. Richard Kniaziew, Kamy Morcos, Karin Schellenberg, Susana Sebestyen, Vince Timpano and Mr. Francis Christopher. A special thank you is due to Ms. Hanan Jibry and Ms. Wendy Maharaj, our staff support and backbone of the Quality Assurance Program.

Respectfully submitted,

David J. White, O.D.  
Chair

## The Discipline Committee

**T**he College of Optometrists of Ontario has the statutory duty of serving and protecting the public interest. As part of this duty, the Discipline Committee may hear allegations of professional misconduct against a member of the College to ensure the College's mandate is carried out in governing its members.

Optometry in Ontario has the privilege of being a self-governing profession and along with that privilege comes the responsibility of governing its members and applying the regulations. The discipline process is a significant one in the overall picture of the governance of the profession. This process helps the College preserve the public's confidence in the profession by:

- Providing direct access to the disciplinary proceedings by way of open hearings; and
- Publishing the decisions of the Discipline Committee.

The Discipline Committee will hear allegations of professional misconduct or incompetence referred to it by either the Complaints or Executive Committee. The panel hearing a case must have public representation by way of public



members of Council. All members of the panel must be completely unbiased. That is, no member of the panel may have participated in any of the investigation of the allegations/member, nor may a panel member have knowledge of the case prior to the hearing. All decisions are to be made based solely upon the evidence introduced at the hearing. Every effort is made to provide a transparent and fair process for all parties involved.

The College held a discipline hearing in the matter of Dr. Michelle Graham on May 30, 2007. The details of that proceeding have been published in the Bulletin and on the College's web site.

The Committee continued to train its members by having some participate in training sessions offered by the Federation of Health Regulatory Colleges (FHRCO). In 2007, the Committee Chair, Dr. Jim Hoover, Mr. Emad Hussain, and Mr. Francis Christopher, participated in

workshops on conducting disciplinary hearings. The College Council voted to increase the number of committee members significantly as there were times that it was difficult to select a panel due to previous involvement with the investigation of the matter or knowledge of the member.

I would like to acknowledge all the members who have offered their services to this Committee:

Dr. Linda Bathe, Dr. Lorne Berman, Mr. Craig Bridges, Mr. Francis Christopher, Dr. Mike Cobean, Mr. Henry Hodowany, Dr. Jim Hoover, Mr. Emad Hussain, Dr. Richard Kniaziew, Dr. Michèle Martin, Ms. Marny Motamedi, Dr. Paul Padfield, Ms. Nathalie Pardy, Dr. Denis Ruskin, Dr. Hans Schuster, Dr. Marlee Spafford, Dr. Mark Teeple, Mr. Ira Teich, and Dr. David White.

Respectfully submitted,

Bruce Hawkins, O.D.  
Chair

# The Clinical Practice Committee

**T**he Clinical Practice Committee (CPC) is a standing committee of the College whose mandate is to assist the College in the statutory requirement of developing standards of practice for the profession of optometry in the province of Ontario. The Council and Executive Committee of the College may assign various tasks to the CPC in the area of clinical practice and standards development.

## The Optometric Practice Reference

The Optometric Practice Reference (OPR) was approved by Council in September 2006 and serves as a reference for standards of practice and guidelines for the profession in the province of Ontario. This document is intended to be evolutionary and accordingly, a number of new OPR documents were added in 2007. As well, Council directed that the OPR be reviewed on a yearly basis for currency. The hard-copy version of the OPR was sent to members in late summer, and the College web site ([www.collegeoptom.on.ca](http://www.collegeoptom.on.ca))

maintains the latest version of the document. The OPR was presented to members as part of a Roadshow in the fall of 2007. The Clinical Practice and Quality Assurance Committees participated in successful continuing education programs in a number of locations around the province. In addition to allowing structured explanation of the OPR, the CPC benefited from excellent feedback from many of the members in attendance.

## TPA regulation

As members will recall, the Health Professions Regulatory Advisory Committee (HPRAC) released recommendations to allow optometrists to prescribe therapeutic pharmaceutical agents (TPAs). The Ontario Government passed Bill 171, which expanded the scope of practice of optometry in Ontario to include the prescribing of drugs. The CPC has been working on the development of the necessary regulations and standards of practice required for this expanded scope of practice.

In September 2007, Council approved an amendment to the Prescribed Diseases Regulation, a proposed Designated Drugs Regulation, and a draft Standard of Practice for the Optometric Treatment of Glaucoma for circulation to the membership and stakeholders. The College received a large number of responses from members, as well as a significant number of stakeholders and other interested parties.

The Committee hopes to submit the proposed regulations and standard of practice to the Ministry of Health and Long-Term Care for approval in the spring of 2008.

This has been a particularly important and busy year for the CPC and the participation of the Committee members has been outstanding. I would like to thank professional members Drs. Heather Blain, Ken Hadley, Pooya Hemami, Dennis Ruskin and David White, for their excellent contributions. I would also like to acknowledge the contributions of our public member, Mr. Ira Teich. The Committee could not function without the excellent staff support provided by Dr. Paula Garshowitz, Ms. Valerie Browne, and Dr. Murray Turnour.

Respectfully submitted,

P.D. Padfield, O.D.  
Chair



## The Fitness to Practise Committee

**T**he Fitness to Practise Committee is a statutory committee that receives its authority from the *Health Professions Procedural Code*. The Committee receives referrals from the Executive Committee when there is evidence that a member may be incapacitated due to a mental or physical condition. The Executive Committee will only

make such referrals after receiving a report from a Board of Inquiry.

When the Committee receives a referral, it conducts a hearing to determine whether or not a member is incapacitated. I am pleased to advise the membership that the Committee did not receive any referrals this year, nor did it conduct any hearings.

I would like to thank the two other members of the Committee, Dr. Richard Kniaziew and Mr. Emad Hussain, for being willing to serve the public in this way.

Respectfully submitted,

Paul Monk, O.D.  
Chair

## The Optometry Review Committee

**T**he Optometry Review Committee (ORC) is a statutory Committee that receives its authority from the *Health Insurance Act*. The Committee consists of three professional members who are nominated by the College of Optometrists of Ontario, and two public members. All the members are appointed by the Minister of Health and Long-Term Care. While the Committee is appointed by the Minister and is administered by the College, it operates at arm's length from both.

The Committee's main responsibility is to review the OHIP accounts of members referred by the General Manager of OHIP. The ORC must determine whether the accounts should be paid, reduced or refused. The Committee does this by carefully reviewing a statistically significant sample of clinical records to decide if the services were (i) necessary, (ii) insured and/or (iii) whether they were provided in accordance with the accepted standards of practice.

No referrals were made to the Committee in 2007. The Committee

did not have any meetings as there was no prospective work on the horizon, and there were no outstanding issues to discuss.

I would like to express my gratitude to Drs. Gregory Simpson and Dagmar Lutzi, Mr. Macey Schwartz and Mr. G. Bill Atkinson, for their willingness to serve on this Committee.

Respectfully submitted,

Josée M.C. Martineau, O.D.  
Chair

## The Registration Committee

**T**he Registration Committee is the statutory committee responsible for the entry to practice process of the profession in Ontario. The Committee is comprised of four professional members, one of whom is a Council member, and one public member.

The Committee met five times in 2007 and reviewed a number of issues related to the registration process. Much of the Committee's time was spent putting the final touches to the policy on the educational requirements for members to prescribe drugs. This policy will ensure that when therapeutic pharmaceutical agents

(TPAs) are authorized to optometry, all members who prescribe them are competent to do so. It was a particularly challenging task to articulate a policy that captured all of the College's current members.

The Committee also worked on a number of amendments to the Registration Regulation. In close collaboration with staff and legal counsel, the Committee developed a draft Registration Regulation incorporating a number of changes that will increase the clarity of the Regulation. The draft Registration Regulation was circulated to members for comment at the end of 2007. We expect to submit a

proposed regulation to the Ministry of Health and Long-Term Care in 2008.

Other work undertaken by the Committee this year included:

1. Drafting a policy for faculty members requesting an exemption to the requirement that all members provide 750 hours of direct optometric care to patients in Canada every three years. Based on this new policy, faculty must now arrange for a letter from the Director of the School confirming the faculty member's explanation of their workload and need for an exemption from the 750-hour practice requirement.
2. The Committee considered feedback about the administration of the Ontario Optometric Jurisprudence exam. Following a review, changes were made to improve both the content and the format of the Jurisprudence seminar and exam.

I would like to thank the members of the Committee: Drs. Rod MacKenzie, Lisa Christian, Angela Yoon and public member, Mr. Henry Hodowany, for their dedication and initiative over the past year. I'd also like to thank Ms. Valerie Browne for staff support.

Respectfully submitted,

Michèle Martin, O.D.  
Chair



# Membership For The Year 2007

## Membership Resignations – 2007

1. Brassard, Anne-Marie ..... #0687
2. Chaudri, Deeba ..... #0747
3. Hardy, Mireille ..... #9583
4. Kurian, Sophy ..... #0364
5. Lai, Elizabeth L.S ..... #0319
6. Moison, Marc E ..... #0050
7. Nurani, Anisa ..... #0247
8. Raymond, Marie-Eve ..... #0602
9. Rocha, Gary J ..... #9811

## Retirements

The College wishes the following members a long and healthy retirement:

1. Winkler, Murray ..... #52592
2. Currie, Joseph R ..... #57127
3. Dukszta, Yolanda M ..... #67655
4. Hadley, John W ..... #70694
5. Wilson, Marjorie Anne ..... #8931

## Deaths

The College sadly reports the death of the following member:

- Shanfield, Henry ..... # 48478

# Registrar's Report

## Number of Members on

|                         | Dec. 31, 2007 | Dec. 31, 2006 |
|-------------------------|---------------|---------------|
| Male Resident           | 847           | 837           |
| Male Non-Resident       | 14            | 13            |
| Male Non-Practising     | 5             | 8             |
| <b>Sub-total</b>        | <b>856</b>    | <b>858</b>    |
| Female Resident         | 662           | 613           |
| Female Non-Resident     | 26            | 23            |
| Female Non-Practising   | 6             | 11            |
| <b>Sub-total</b>        | <b>694</b>    | <b>647</b>    |
| <b>Total Membership</b> | <b>1,560</b>  | <b>1,505</b>  |

|                   | Dec. 31, 2007 | Dec. 31, 2006 |
|-------------------|---------------|---------------|
| New Registrations | 83            | 75            |
| Reinstatements    | 0             | 1             |
| <b>Total</b>      | <b>83</b>     | <b>76</b>     |

|                           | Dec. 31, 2007 | Dec. 31, 2006 |
|---------------------------|---------------|---------------|
| Retirements, resignations | 14            | 15            |
| Deaths                    | 1             | 1             |
| <b>Total</b>              | <b>15</b>     | <b>16</b>     |





Serving the Public Interest  
by Guiding the Profession

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