

08 ANNUAL REPORT



COLLEGE OF OPTOMETRISTS OF ONTARIO



EXCELLENCE IN OPTOMETRIC CARE

The Executive Committee

Anually at the first meeting following the Council elections, the new Council elects the five members of the Executive Committee. The College Bylaws require that three members of the Executive are optometrists and two are appointed to Council by the government. One member of the Executive is elected as President of the College and also serves as chair of the Executive, and another is elected as Vice-President. It is my pleasure to have been elected in April to serve as President of the College. At the outset, I'd like to thank Ms. Nathalie Parody who served as Vice-President, and Dr. David White, Dr. Dennis Ruskin and Mr. Craig Bridges who were my colleagues on Executive.

The Executive Committee is a statutory committee with its duties and powers set out in the Health Professions 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 may also deal 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 practice. After an investigation, the Executive may refer the member to the Discipline

Committee or to the Fitness to Practise Committee.

Much of the work of the Executive is coordination of the work that other Committees of the College carry out. At each meeting, the Executive receives reports on the progress of the other statutory and standing committees. The Executive also receives a report on the financial well-being of the College including income and expenditures. I'm pleased to report to the membership that because of the relatively high fixed income (bond) component in the College's investment account, the decrease in value has been considerably less than the general market. Members are invited to review the Audited Financial Statements included with the Annual Report for more detail of the College's financial position.

In 2008, the Executive spent a considerable amount of time responding to government initiatives. As members know, the *Optometry Act* was amended in 2007 giving optometrists the additional authorized act of prescribing drugs designated in the regulations. The Clinical Practice Committee developed the initial submission supporting the College's request for a Designated Drugs Regulation. Initially, the College believed that the public would be well-served if optometrists were authorized to prescribe a range of

drugs to treat eye diseases including anti-infectives, anti-inflammatories, anti-allergics and glaucoma drugs. Based on feedback received, it became obvious that if anti-glaucoma drugs remained in the regulation, there would be considerable delay in getting it brought into force. Accordingly, the decision to remove glaucoma drugs was made.

Shortly after the draft regulation and supporting documents were submitted to the Ministry, the Minister asked the Health Professions Regulatory Advisory Council (HPRAC) to provide advice on how non-physician drug prescribers should be regulated. This HPRAC review delayed the Ministry's processing of the Designated Drugs Regulation. The bright side, though, is that it gave the College and the Ontario Association of Optometrists a further opportunity to make their cases with respect to optometrists prescribing to treat glaucoma. With the cooperation of Dr. Barbara Robinson and the Survey Research Centre at the University of Waterloo, the College was able to update the decade-old wait-time study, and to obtain a report from a pharmacologist that addressed some of the concerns that had been identified by HPRAC in an earlier report. As it turns out, the College and the OAO were able to demonstrate to HPRAC that optometrists had the training and experience to safely and



“...the College and the OAO were able to demonstrate to HPRAC that optometrists had the training and experience to safely and effectively prescribe drugs to treat glaucoma.”

effectively prescribe drugs to treat glaucoma. As a result, the College will be resubmitting an amended Designated Drugs Regulation with the categories of drugs expanded to include glaucoma drugs.

The Executive Committee was also responsible for monitoring the Conflict of Interest Regulation. After consulting broadly with stakeholders, the College submitted to the Ministry an amended Conflict of Interest Regulation back in 2007. In the Summer and early Fall of 2008, we had a number of meetings with representatives of the Ministry. These meetings resulted in the identification of further amendments that the College feels would provide the public with improved protection. While it is obvious to the Executive that the College would not be able to draft a regulation that would please all of the

stakeholders, the Executive did direct another round of consultation.

In 2008, the Executive Committee also coordinated the ongoing legal action against Great Glasses and its owner, Mr. Bruce Bergez. Members will no doubt be aware that the College was successful in obtaining an injunction in 2003. Following that, we were back in Superior Court in Hamilton on a number of occasions attempting to enforce that injunction. These enforcement proceedings resulted in substantial fines being levied against Mr. Bergez. As is his right, Mr. Bergez appealed the Superior Court's decisions to the Court of Appeal of Ontario. One of those appeals was heard in February 2008 and the other in January 2009. I'm pleased to report to the membership that the Court of Appeal dismissed both of those appeals.

The highlight of 2008 was being able to travel to a number of local society meetings around the province. This past year I was able to attend meetings in my local society in Windsor as well as in Thunder Bay and Timmins. I'd like to thank Mr. Craig Bridges who graciously pinch-hit for me in Ottawa when I was unable to attend. These local meetings allow representatives from the College to make new friendships and renew old ones, while discussing local and not so local issues on a more informal basis.

Respectfully submitted,

Richard Kniaziew, O.D.
Chair

The Complaints Committee

The 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.

In 2008, the Committee held seven (7) meetings and three teleconferences and considered 38 complaints of which 12 were received in 2007 but carried over to 2008. Sixteen complaints will be carried forward for consideration in 2009.

The nature of the complaints requiring disposition by the Committee are summarized in the table to the bottom right.

In reaching a disposition in a matter, the Committee will take into consideration when a member has voluntarily agreed to participate in an educational activity as part of an undertaking and agreement with the College. The types of undertakings entered into by members in 2008 included: (i) undergoing an assessment by the Quality Assurance Committee, (ii) working with a coach; or (iii) writing a literature review.

Appeals to HPARB

The Health Professions Appeal and Review Board (HPARB) is an independent appeal body established under the *Regulated Health*

Nature of Allegations for 2008

Nature of Allegations	2007	2008 ¹
Standard of Care/Clinical Issues	8	15
Dissatisfaction with Visual Outcomes	6	9
Recommendation of unnecessary tests or treatments	1	1
Communication/Behaviour	11	18
Mandatory reporting	1	0
Billing/fees issues	1	5
Improper treatment recommendation	1	3
Failure to transfer records upon request of patient	0	0
Failure to refer	0	2
Patient solicitation	0	2
Conflict of Interest	0	1
Sexual Abuse/Inappropriate Contact	0	0
Lost records	0	1

¹Several cases had multiple issues that were considered.

Dispositions for 2008

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

Dispositions	2007 ¹	2008 ¹
Reminders	6	10
Written Caution	4	8
Verbal Caution	0	0
Continuing Education	0	2
*Voluntary Undertakings	2	4
No further action taken	12	19
Referral to Discipline	1	0
Frivolous and Vexatious	0	1

¹Several cases required a multi-faceted decision.

Professions Act, 1991. It reviews decisions made by the Complaints Committee upon the request of the complainant or the respondent optometrist. The scope of a review by HPARB is limited to a determination of the adequacy of the investigation and the reasonableness of the decision. Seven decisions of the Complaints Committee were appealed to HPARB in 2008. The Committee received two decisions from HPARB for matters that had been initiated in previous years. In one case, the Board upheld the Committee's decision and in the other, the Board returned the matter back to the Committee for further investigation.

Other Matters

Patients often, rightly or wrongly, arrive at conclusions about the adequacy of an optometric examination based on the time spent by the practitioner. In 2008, the Committee considered several complaints that dealt with the complainant's perception that the exam was rushed or brief. In these cases, the Committee depends upon the completeness of the optometric record to determine if the standard of practice has been met. Members can avoid unnecessary complaints by ensuring that their examinations and records are complete and by taking a little extra time to explain to patients the tests performed and the reasons for them.

The Committee had the opportunity to review more electronic clinical records during 2008. Although legibility concerns associated with paper records are eliminated using electronic records, some new challenges have become apparent. Members are advised to pay particular attention to the use of default entries available with some electronic records programs. In several records that the Committee reviewed, a default entry indicating a “normal” or “negative” finding was inserted, only to be contradicted by “custom” entries elsewhere in the record. Members are expected to maintain records that are complete and accurate, whether paper or electronic. Poor record keeping habits are apparent in either format.

Electronic records provide an opportunity for duplication and backup that are impossible with paper records. However, there is also the risk of data failure and loss. Members are advised to have robust backup systems in place and to regularly verify the effectiveness of those systems. In addition, systems must be in place to ensure the security of the confidential information that is contained within the records. Members can find more information on privacy matters on the website of the Information Privacy Commissioner at www.ipc.on.ca.

The availability of newer diagnostic tools, such as digital photography, Optomap® imaging and OCT to name a few, enable optometrists to provide better care to their patients. Explaining the reasons for recommending such procedures and the associated costs are essential aspects of obtaining informed consent. The Complaints Committee dealt with several complaints surrounding the “extra” cost for hi-tech procedures. Members are reminded that patients have a right to be informed of the reasons for, and costs of, all recommended services before they are performed.

The Committee also considered some complaints relating to eligibility for OHIP insured services for patients with certain medical or ocular conditions. The Committee acknowledges that the *OHIP Schedule of Benefits* is ambiguous and that members are required to make a judgment on eligibility in “grey area” cases, with many of these conditions. Members should review the *OHIP Schedule of Benefits* and when uncertain, should seek clarification from OHIP and the Ontario Association of Optometrists. Members should then endeavour to consistently interpret the OHIP schedule, recording the reasons for their decision to permit or disallow OHIP eligibility.

appreciation to the dedicated members of the Committee: Dr. Josephine Pepe, Dr. Harvey Mayers, Mr. Emad Hussein and Ms. Irene Moore. Thanks also to Dr. Paula Garshowitz who provides excellent support to the Committee and presents a competent, fair and understanding face for the College to the public and our members throughout the complaints process.

Respectfully submitted,

Mark Teeple, O.D.,
Chair

Technology is a two-edged sword.

I would like to extend my

The Ethics Committee

The Ethics Committee deals with issues that revolve around the ethics of the practice of optometry. The Committee also serves as a resource to other College committees or individual members on issues of an ethical nature.

The Conflict of Interest regulation, which was the main focus of the Committee for the past few years, is still under review by the Ministry of Health and Long-Term Care.

Most sections of the *Health System Improvements Act* will be in effect on June 4, 2009. Included in the numerous amendments to the *Regulated Health Professions Act* were changes to the College's Register. Additional information about optometrists will be included in the Register that members of the public will be able to access. The Committee added more information fields to those stipulated by the HSIA. Information was added that is considered to be

vital or pertinent for a member of the public to choose his/her optometrist. Based on the nature of the information identified by the College, it was determined that the College bylaws dealing with the Register needed to be amended. Accordingly, a draft revised College bylaw associated with the Register was circulated to members in January 2009.

Among the issues discussed by the Committee was the definition of a prescription which was subsequently submitted to the Clinical Practice Committee for inclusion in the Optometric Practice Reference (OPR). The main issue was to ensure that a prescription includes the numerical information necessary in order for the patient to be provided with the specific ophthalmic appliance. A prescription is not intended to be a direction for a refraction to be performed.

Another issue discussed by the Committee was the acceptance by optometrists of patients who are

recipients of income support under the Ontario Disability Support Program (ODSP). The Complaints Committee asked for direction in advising members on the ethical way to care for patients who are covered by ODSP. The Ethics Committee will be writing an article for the Bulletin on this issue in the near future.

I would like to thank the Committee for volunteering their time and providing insight into many of the issues our profession faces. The members include Dr. Aggie Franzmann, Dr. Tim Wilbee, Dr. Paul Chris, Dr. Karin Simon, Mr. Ira Teich and Dr. Chris Nicol who participated as an Ontario Association of Optometrist observer. I especially want to thank Ms. Hanan Jibry, our staff resource for the Ethics committee for her dedicated work for the College of Optometrists of Ontario.

Respectfully submitted,

Dr. Deborah Lowy, O.D.
Chair

“Included in the numerous amendments to the *Regulated Health Professions Act* were changes to the College's Register.”



The Patient Relations Committee

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

In 2008, pursuant to HPRAC's report to the Minister regarding regulatory colleges' Patient Relations Programs, the PRC is updating many of the program components and working on new initiatives:

- Finalizing the Confidentiality Agreement for Council and Committee members
- Re-structuring and enhancing the College website
- Updating the College's brochure about the Complaints process
- Developing a Boundary Violations DVD for the general membership
- Developing a Partnership in Eye Care document which

outlines patient expectations and responsibilities

- Creating a Cultural Diversity/ Competency segment for the website with a view to developing it into a CE course consisting of the following components:
 - a) Language and culture
 - b) Impact of culture on healthcare delivery
 - c) Tips for improving the doctor/ patient relationship
 - d) Providing eye health information for patients in various languages which would be available for download from the College website

I would like to thank all the members who served on the committee in 2008: Drs. Angela Yoon, Hans Schuster, Catherine Chiarelli and Patricia Rose as well as Ms. Irene Moore and Ms. Marny Motamedi, who is no longer with the College, brought exceptional knowledge, 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. Wendy Maharaj, Manager, Quality Programs.

Respectfully submitted,

Craig Bridges,
Chair





Members are reminded that not only is legible record keeping a standard of practice, a legible and complete record will often protect a member in the case of a complaint to the College or in the event of civil litigation.

The Committee would like to congratulate all of the participants in the assessment process as well as thank them for all of their valuable feedback. The assessment tools are constantly being reviewed for both relevance and objectivity. With the recent updates to the Optometric Practice Reference, the Committee will continue to ensure that the record assessment tools accurately measure a member's ability to meet the standards of practice.

Lifelong learning is a hallmark of professionalism. Members are advised to read and understand the Continuing Education (CE) Policy. The responsibility to determine if

an educational opportunity meets the criteria for inclusion in the CE Program or if an opportunity falls into Category A or B as described in the Policy is that of the member. December 31, 2008 is the end of the current cycle of continuing education. Audits of member participation in the CE Program will take place early in 2009. The CE Policy for the three-year period beginning on January 1, 2009, was published in the Fall Bulletin and can be found on the College web site. The new Policy reflects the increase in minimum mandatory credit hours, as well as additional clarification as to the distribution of those credit hours.

Under the *Health System Improvements Act, 2007*, the Health Professions Procedural Code outlines new minimum requirements for quality assurance programs. The most significant change is that the Inquiries, Complaints, and Reports Committee (ICRC), formerly the

Complaints Committee, will no longer be referring members to the QA Committee for Assessment or Evaluation. Although the College of Optometrists' Quality Assurance Program is compliant with the new provisions of the Health Professions Procedural Code under the *Health System Improvements Act*, the Committee has identified several areas where the program could be enhanced. These enhancements will be developed on an ongoing basis.

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 process. 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. Kan Chhatwal, Shawn Moore, Kamy Morcos, Karin Schellenberg, Vince Timpano and Mr. Francis Christopher. A special thank you is due to Ms. Wendy Maharaj, the Manager of Quality Programs, who forms the backbone of the Quality Assurance Program.

Respectfully submitted,

David J. White, O.D.
Chair

The Discipline Committee

The 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.

Discipline hearings are open to the public and may be reported on by the media unless there is a specific order excluding the public or prohibiting publication of the proceedings.

A robust discipline process fosters the public's confidence in the profession by:

- providing public access to the disciplinary process through the avenue of complaints;
- allowing the public access to disciplinary proceedings by way of open hearings; and
- publishing the Discipline Committee's decisions in the College's publications.

Pre- Hearing Conferences

In the past, allegations of professional misconduct proceeded directly from the referring committee (Complaints or Executive) to a hearing before a panel of the Discipline Committee. In order to make more effective use of resources, the Committee has developed Rules of Procedure. The Rules state that a pre-hearing conference is required once allegations of professional misconduct are referred to the Discipline Committee. At the conference, a number of matters are discussed, including:

- whether any or all of the issues can be settled;
- whether the issues can be simplified;
- whether there are any agreed facts; and
- the advisability of attempting other forms of resolution of the matter.

The discussions are held on a "without prejudice" basis.

The pre-hearing conference is held before a presiding officer chosen by the Chair of the Committee. The optometrist is encouraged to attend the pre-hearing conference, however his/her attendance is not mandatory. The senior defense counsel must attend. The College is represented by its lawyer and may have a

senior staff member in attendance. Experience has shown that it is in the best interest of all parties to have a frank and open discussion at the pre-hearing conference. Common ground is often found and this may result in settlement without necessitating a full hearing.

If a resolution is achieved, that resolution must be presented to a panel of the Discipline Committee and the panel must be satisfied that justice has been and is seen to be done. Often these settlements come forward with an *Agreed Statement of Facts* and a *Joint Submission on Penalty*. It would be unusual for the panel to not accept these agreements as they have come from negotiations and represent an informed decision. If a resolution is not reached at the pre-hearing conference, a discipline hearing is held.

Discipline Hearings

The Discipline Committee hears allegations of professional misconduct or incompetence referred to it by either the Complaints or Executive Committee. The full Discipline Committee does not sit for a hearing. The panel hearing a case must have public representation by way of public members of Council. A panel is chosen from the Committee by the chair to hear the allegations. The panel must be composed of three, four or five members.

At least two public members must be on each panel. Typically, panels are composed of five members.

At a hearing, the College is represented by legal counsel who serves in a role similar to a prosecutor. The member and his or her lawyer are usually also in attendance. The panel is provided with independent legal counsel who functions to provide non-partisan advice to the panel. Counsel for the College and counsel for the member have the opportunity to comment on any legal advice given by independent legal counsel prior to the panel making its decision on the advice.

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 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 member and the College have the right to appeal the decision of the discipline panel to the Divisional Court. The Health Professions Procedural Code sets out requirements related to the publication of the hearing proceedings.

Activities in 2008

On January 25, 2008, a pre-hearing conference was held regarding allegations of professional misconduct against a member. During the pre-hearing conference, both parties agreed that it would be in the best interest of the public that this case not proceed if an agreement and suitable resolution could be arrived at by the two parties. An Undertaking was drafted that was suitable to both parties. During the subsequent hearing on May 8, 2008 the Discipline Committee decided to dismiss the allegations and adopt the Undertaking as a proper resolution to the matter.

On June 18, 2008 a hearing was held regarding allegations of professional misconduct against 4 members. The allegations related to practice management issues that were all alleged to be in violation of various Ontario Regulations as provided for under the *Optometry Act*, 1991. It was further explained that the allegations relate to regulations regarding practice management issues that are undergoing formal review and amendment by the College and the Ministry of Health and Long Term Care and, as such, the College decided not to proceed with the allegations. The panel concluded that the allegations should be dismissed.

On Friday August 1, 2008, a hearing was held in the matter of

Dr. Robert Archambeault and another member. The summary of that proceeding has been published on the College's website.

The Committee continued to train its members by having some participate in training sessions offered by the Federation of Health Regulatory Colleges (FHRCO). In 2008, the Committee Chair, Dr. Hans Schuster as well as Dr. Mark Teeple, Dr. Shawn Moore, Dr. Thomas Noël, Dr. Aggie Franzmann, and Dr. Marlee Spafford participated in workshops on conducting discipline hearings.

I would like to acknowledge all the members who have offered their services to this Committee: Mr. Craig Bridges, Mr. Francis Christopher, Dr. Brian Feldman, Dr. Aggie Franzmann, Dr. Jim Hoover, Mr. Emad Hussain, Dr. Richard Kniaziew, Dr. Debbie Lowy, Ms. Irene Moore, Dr. Shawn Moore, Dr. Thomas Noël, Ms. Nathalie Pardy, Dr. Dennis Ruskin, Dr. Harninder Sandhu, Dr. Susana Sebestyen, Dr. Karin Simon, Dr. Mark Teeple, Mr. Ira Teich, Dr. David White and Dr. Marlee Spafford.

I would also like to thank Dr. Murray Turnour and Ms. Wendy Maharaj for their continued support to the Committee.

Respectfully submitted,

Hans Schuster, O.D.
Chair

The Clinical Practice Committee

The Clinical Practice Committee (CPC) is a standing committee of the College whose mandate is to assist the College in the statutory requirement to develop, establish and maintain 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.

Optometric Practice Reference (OPR)

In addition to developing new documents for the OPR, the CPC conducts a yearly review of all existing documents. The Committee identifies documents that require revision due to changes in standards and/or practice patterns. The CPC was also busy in 2008 with the standards of practice related to delegation, assignment and collaborative care. As members may recall, the Health Professions Regulatory Advisory Council (HPRAC) made recommendations about collaboration between optometrists and other healthcare professionals in the management of patients with glaucoma, and refracting by opticians. Several of the new OPR documents describe the College position in this regard. A newly revised document on writing prescriptions, both optical and medical, has also been developed.

Interprofessional Collaboration

Collaboration between health professionals has been highlighted by HPRAC as important for the enhancement of health care. The College believes that collaborative care can exist on different levels, depending on the clinical circumstances and the professions providing the care. In all cases, members should understand that collaboration should only be utilized for the enhancement of timely, efficient and cost-effective patient care. Through dialogue with our physician and optician colleagues, we hope to expand our understanding of the appropriate roles for each profession when collaborative care is provided.

TPA regulation

In 2007, the Ontario Government passed the *Health System Improvements Act*, with the additional authorized act for optometry in Ontario of "prescribing drugs designated in the regulations". The CPC developed a draft Designated Drugs Regulation that was circulated to members and stakeholders in late 2007. The Council of the College approved the draft regulation and a draft standard of practice for prescribing drugs. These documents were submitted to the Ministry of Health and Long-Term Care in the spring of 2008. However, the

Minister has asked HPRAC to review the authority given to a number of non-physician professions, including optometry, regarding the prescribing and/or use of drugs in their practice and other related issues. Therefore, the regulation approval process has been delayed. In the process of this latest HPRAC review, CPC provided input to the Executive Committee and recommended that the College seek approval to include agents for the treatment of glaucoma. CPC was pleased to learn recently that HPRAC has recommended immediate approval of the Designated Drugs Regulation, including drugs for the treatment of glaucoma. CPC will now concentrate on developing standards and guidelines to accompany these recommendations.

This has been a busy year for the CPC and we have had the advantage of excellent research and discussion due to the varied expertise within the committee. I would like to thank the professional members Drs. Linda Bathe, Catherine Chiarelli, Ken Hadley, Dennis Ruskin and Victor Spear, and our public member, Mr. Emad Hussein, for their excellent contributions. We rely on staff support and this has been provided in an outstanding manner by Dr. Paula Garshowitz.

Respectfully submitted,

P.D. Padfield, O.D., F.A.O.
Chair

The Registration Committee

The 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.

This past year, the Committee worked on the refinement of the Therapeutic Pharmaceutical Agents (TPA) Policy for members. Due to variations in member education, experiences, and practical backgrounds, the process of determining exactly where some members 'fit' in the Policy has proved to be rather challenging.

The College and the Registration Committee recognize the value that international optometric graduates bring to Ontario's society. We have been working with the University of Waterloo School of Optometry and the administrator of the International Optometric Bridging Program (IOBP) to identify areas where improvements can be made to the IOBP. In the meantime, the College and its Registration Committee continue to support the IOBP program.

In 2008, the Canadian Government came forward with details about what to expect with respect to increased labour mobility between Canadian jurisdictions. While all the

details of how this is going to be implemented are still unclear, what we are certain of is that governments across Canada are determined to break down barriers to mobility. A draft Registration Regulation was circulated to members for comment at the end of 2007, however the submission of the draft regulation to the Ministry of Health and Long-Term Care was delayed as a result of the signing of the Agreement on Internal Trade (AIT) in December 2008.

The Committee is preparing for the review of fair registration practices by Ontario's Office of the Fairness Commissioner in March 2009. The Office is also scheduled to conduct an audit of the College's registration practices in the fall of 2009. These initiatives are designed to identify areas for improvement in the College's registration practices.

Finally, I would like to thank the members of the Committee: Drs. Lisa Christian, Pooya Hemami and Thomas Noël, and public member, Mr. Craig Bridges, for their dedication and initiative over the past year. I would also like to thank Ms. Hanan Jibry for staff support.

Respectfully submitted,

Michèle Martin, O.D.
Chair



The Fitness to Practise Committee

The 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 during 2008, nor did it conduct any hearings.

I would like to thank the two other members of the Committee, Drs. Aggie Franzmann and

Thomas Noël, for being willing to serve the public in this way.

Respectfully submitted,

Emad Hussain
Chair

The Optometry Review Committee

The 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 Committee members are appointed by the Minister of Health and Long-Term Care. While the Committee is appointed by the Minister and receives administrative staff that is supported by the College, it operates at arm's length from both.

The main responsibility of the Committee is to determine whether OHIP 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.

The General Manager of OHIP made no referrals to the Committee in 2008. 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

Membership For 2008

Registrar's Report

Membership Resignations

1. Joe, B. Susan #8012
2. McLeod, Erin M. #0661
3. Nisenboim, Samuel #56386
4. Rioux, Jean Paul #0560
5. Tam, Carol F-C #0153
6. Ting, Leslie Ann #0567
7. Whitty, Marie-Claude #0456
8. Wilcox, David L. #7528

Suspensions

1. Coomb, William D. #50120
2. Durigon, Giuliano #73032
3. File, Harold D.E. #67658
4. Gupta, Alina K. #0538
5. Hansford, Ronald R. #65634
6. Husain, Atiya #0738
7. Khalfan, Shelina N. #9426
8. McCulloch, Daphne L..... #8848
9. Merali, Murtaza #0510
10. Mulherin, Bronwyn M. #0441
11. Singh, Navindra #0012

Retirements

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

1. Bearance, William #65628
2. Garnett, Brian #70692
3. Nash, Marvin #64622

Deaths

The College sadly reports the death of the following members:

- Tompa, Karen # 0155
 Block, Jonathan A. # 8845

Number of Members on

Dec. 31, 2008 Dec. 31, 2007

Male Resident	866	847
Male Non-Resident	15	14
Male Non-Practising	5	5

Sub-total 886 866

Female Resident.....	712	662
Female Non-Resident.....	22	26
Female Non-Practising.....	11	6

Sub-total 745 694

Total Membership 1,631 1,560

Dec. 31, 2008 Dec. 31, 2007

New Registrations	90	83
Reinstatements	0	0

Total 90 83

Dec. 31, 2008 Dec. 31, 2007

Retirements, Resignations ..	11	14
Deaths	2	1

Total 13 15



Serving the Public Interest
by Guiding the Profession

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