

COLLEGE OF OPTOMETRISTS OF ONTARIO



EXCELLENCE IN OPTOMETRIC CARE

2006 Annual Report



College of Optometrists of Ontario

2007 Council Election Results



he ballots for the 2007 Council Election in District 1, the GTA District, and District 5, the Provincial District, were counted on Thursday, March 8, 2007. Following the counting of the ballots, the Registrar declared the following members elected:

Dr. Dennis Ruskin – North York

Dr. Mike Cobean – North Bay

Dr. Mark Teeple was previously declared elected by acclamation in District 4, the Western District.

Dr. Ruskin, Dr. Cobean and Dr. Teeple will serve on Council for a three-year term.



Executive Committee

The Executive Committee is a statutory committee of the College. Between Council meetings, the Executive has all the powers of Council to address matters that require immediate attention except to make, amend or revoke a regulation or by-law. Members of the Executive are elected by Council at its first meeting after the annual College elections. There are three professional members of Council and two public members of Council on the Committee. Seven meetings were held in 2006.

The Executive coordinates the initiatives and responses of College staff and committees in order to achieve the goals of the College's Strategic Plan. Achieving legislative and regulatory changes that will permit and promote excellence in optometric care is not entirely within the control of the College, however progress has been made during 2006. The Health Professions Regulatory Advisory Council (HPRAC) recommended to the Minister of Health and Long-Term Care that optometrists be authorized to prescribe drugs to treat diseases of the eye, with the notable exception of glaucoma. Further to that advice,

the Minister introduced an omnibus bill (Bill 171) into the Legislature in December of 2006 that, when enacted, will enable the College to make regulations designating drugs or classes of drugs that optometrists may use or prescribe.

Bill 171 also contains provisions that will significantly change the structure of health colleges and the manner in which they deal with members and the public. Proposals are included which will transfer the authority of the Executive Committee to deal with members to the Inquiries, Complaints and Reports Committee. Until the amendments are brought into force, the Executive Committee will continue to deal with some members under the authority of the current Regulated Health Professions Act (RHPA) and Procedural Code in the areas of maintenance of clinical standards of practice and in matters of professional misconduct.

The Executive Committee has been active in 2006 in coordinating the College's legal action against an optician who was alleged to be in contempt of a court order to cease prescribing vision correction on the basis of stand-alone refractometry

within his stores. The College was successful in obtaining a decision that highlights the importance of a complete eye examination by an optometrist or physician associated with refractive assessment and prescription. That ruling has been appealed. Council is committed to completing the legal action necessary to ensure public safety and the integrity of the RHPA.

The responsibility of overseeing the fiscal management of the College is shared between the Executive Committee and the Treasurer, Mr. Craig Bridges. The Executive, together with the Treasurer, monitors income and expenditures and develops the budget for Council consideration. In 2006, the Executive initiated the development of an Investment Policy to guide the maintenance of investment accounts. The costs for delivery of mandated programs and achievement of strategic initiatives such as the aforementioned legal action are not insignificant, however the College continued to operate within budget for 2006 and maintains adequate reserve funds. A copy of the College's audited financial statements is included with this report.



The Executive coordinates the initiatives and responses of College staff and committees in order to achieve the goals of the College's Strategic Plan.

The President and Vice-President, together with College staff, continue to represent the College at various local, national and international meetings. We participate in the Federation of Health Regulatory Colleges of Ontario, the Canadian Optometric Regulatory Authorities (CORA), and with the American-based Association of Regulatory Boards of Optometry (ARBO). We also appreciate several opportunities throughout the year to meet with members at local society and educational meetings.

Our College has a small but incredibly effective staff. On behalf of the Executive Committee, Council and all members I wish to thank them

for their work and dedication: Dr. Murray Turnour, our Registrar; Dr. Paula Garshowitz, Assistant Registrar; Ms. Valerie Browne, Director of Office and Membership Services; Ms. Monifa Miller, Coordinator of Quality Programs; Ms. Louise Kassabian, Office Coordinator; and our Receptionist/Administrative Assistants Ms. Marjorie Henderson, Ms. Suzette Stines-Walford and Ms. Diana Ferreira. Temporary assistance during 2006 was provided by Anne Bourne and Hanan Jibry.

I would also like to express my sincere appreciation to my colleagues on the Executive: Mr. Henry Hodowany and Ms. Nathalie Parody, public members who

have served the Executive Committee with dedication for several years. Professional members Dr. Linda Bathe, Vice-President, and Dr. Michael Cobean continue to provide insight, balance and support to the Committee. I also thank Dr. Paul Monk who was a valuable contributor to College Council, the Executive Committee and the Clinical Practice Committee during 2005-2006. The public and the profession are indebted to these individuals for their thoughtful dedication to the mission and vision of the College.

Respectfully submitted,

Mark Teeple, 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. 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.

In 2006, the Committee held nine meetings (including three teleconferences) and considered 55 complaints (of which ten were received in 2005 but carried over to 2006). Of the 46 complaints received in 2006, one was withdrawn and ten will be carried forward for consideration in 2007. The nature of the complaints requiring disposition by the Committee are summarized in the table at top right.

Dispositions for 2006

The *Regulated Health Professions Act (1991)* limits the dispositions available to the Complaints Committee. In 2006, several complaints required multi-faceted dispositions. A summary of the dispositions is in the table to the bottom right.

Under Section 75 (c) of the Health Professions Procedural Code, the Committee has the option of requesting that the Registrar conduct

Nature of Complaints for 2006

Nature of Complaint	2005	2006
Standard of Care/Clinical Issues	11	6**
Dissatisfaction with Visual Outcomes	4	18
Communication/Behaviour	12	10
Advertising/Office Information	1	1
Sexual Abuse/Inappropriate Contact	0	0
Recommending unnecessary tests or treatments	-	6
Failure to notify patients of record relocation	-	3
Failure to transfer records upon request of patient	-	4
Mandatory reporting	-	2
Failure to communicate referral information	-	1
Conflict of Interest	1	0
Other		
<i>**Retinal detachments (2), glaucoma (2), macular degeneration (1), and cataract (1).</i>		
<i>Several cases had multiple issues that were considered.</i>		

Dispositions for 2006

Dispositions	2005	2006*
Reminders	12	8
Written Caution	6	13
Verbal Caution	1	0
Continuing Education	2	2
Refer to Quality Assurance	1	0
Undertaking	2	3
No further action taken	17	27
Referral to Discipline	0	0
Work with a coach	-	1
Literature review	-	3
<i>*Several cases required a multi-faceted decision.</i>		

an investigation. The Committee requested one such investigation in 2006.

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 will bring them to the attention of the Registrar if the Committee finds them to be of sufficient concern. There were four such areas of concern that were brought to the attention of the Registrar in 2006.

In the process of dealing with complaints over the past year, the Committee observed some trends where complaints might have been avoided:

- Ownership of patient records, particularly in the event of a practice break-up, continued to be a contentious issue. Patients have the right to access the information contained in their clinical record, including directing the information be sent to another practitioner. The Regulation allows for optometrists to charge a reasonable fee for this service. (O.Reg. 119/94, Part IV Records, 11.(2), (3). When entering any business arrangement, ownership of records should be agreed upon in the event of a practice break-up or the departure

of an optometrist from the practice. Priority should be given to the patient's welfare above the financial interests of the member.

- As the use of high technology testing has become more commonplace in optometric practice, it is more important than ever that patients understand the reasons for any recommended test and why it is applicable or even advantageous to them. Several complaints were initiated as a result of the patient feeling that the additional testing was actually a "cash-grab" for the optometrist. If the optometrist carefully explains the procedure, the clinical information that will be garnered from the test and how that test will benefit that individual, many misunderstandings can be averted.
- There have been instances when a patient lost confidence in a practitioner and sought a second opinion from another member. Complaints arose when patients had to pay for a second opinion or for another form of treatment. Usually the patient was looking for financial compensation but the College has no authority to direct financial compensation. The only recourse is for the patient to arrive at a resolution directly with the optometrist or to file a claim in Small Claims Court. Even when

told that the College cannot direct refunds, some complainants still proceeded with the complaint against the member. It is therefore prudent to proactively counsel patients to return should they experience difficulty adapting to the recommended treatment or should his/her symptoms persist or worsen. Optometric staff should be instructed to make follow up appointments easily accessible for patients.

- Communication with patients was discussed in last year's report. Appropriate counselling is vital and a professional attitude is equally important. Many complaints arose because patients felt that the optometrist or their staff did not treat the patient with courtesy and respect.



The role of the College is to serve and protect the public, and guide and govern the optometric profession in Ontario. Ensuring that optometrists understand and appropriately apply legislative requirements and standards of practice works towards the goal of protecting the public. In this regard, the College website (www.collegeoptom.on.ca) and College staff are two excellent resources available to both members of the public and optometrists.

Appeals to HPARB

The Health Professions Appeal and Review Board (HPARB) is an independent appeal body established under the *Regulated Health Professions Act, 1991*. It reviews decisions made by the Complaints Committees of the self-regulating health professions Colleges upon the request of the complainant or the member. HPARB will review a decision if either party believes that the investigation was inadequate or the decision unreasonable. Three decisions of the Complaints Committee were appealed to HPARB during 2006. Of these, one decision is pending and the other two cases await review. In 2005, one case was appealed to HPARB, however a decision has not yet been rendered in that matter.

The Complaints Committee Continued...

Other Activities conducted by the Complaints Committee

A joint session was held with the Quality Assurance Committee in January 2006 and was facilitated by Mr. Richard Steinecke. This workshop educated both committees about the functions, powers and limitations of the Quality Assurance and Complaints Committees. Since the activities of these two groups are integral to each other, this workshop provided a wealth of information for all involved.

The Complaints Committee provided feedback to the Registrar on the Health Professions Regulatory Advisory Council's (HPRAC) legislative framework recommendations following the May 19, 2006 release of its "New Directions" document. The Committee's input, particularly as it related to the recommended changes to the complaints process, assisted the College when developing its response.

The Complaints Committee also provided input to the Clinical Practice Committee in the development of the Optometric Practice Reference (OPR).

I would like to express my appreciation for the dedicated and talented pool of members of the Complaints Committee. They spend many hours attending meetings and reviewing the details of the cases outside of meeting dates. Thank-you to Dr. Jim Wilkinson, Dr. John Bruno, Mr. Henry Hodowany and Ms. Marny Motamedi for their service to this committee and to the public of Ontario, and to Assistant Registrar, Dr. Paula Garshowitz, for her expertise as staff support.

Respectfully submitted,

Deborah Lowy, O.D.
Chair

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Chair

The Discipline Committee

The Discipline Committee is a statutory Committee that receives its authority from the Health Professions Procedural Code. The Committee is charged with the duty of adjudicating allegations of incompetence or professional misconduct made against a member.

There were no referrals to the Discipline Committee in the reporting year of 2006. The Committee did not have any meetings as there was no prospective work on the horizon and there were no outstanding issues to discuss. Members who had not received the introductory training participated in a training session offered by the Federation of Health Regulatory Colleges of Ontario.

I would like to thank Dr. Lorne Berman, Dr. Bruce Hawkins, Dr. Hans Schuster, Dr. Jim Hoover, Ms. Nathalie Pardy, Mr. Craig Bridges, Mr. Emad Hussain and Ms. Marny Motamedi for their willingness to serve on this committee.

Respectfully submitted,

Mike Cobean, O.D.
Chair

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 placed upon health professionals regarding sexual abuse of patients. 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.

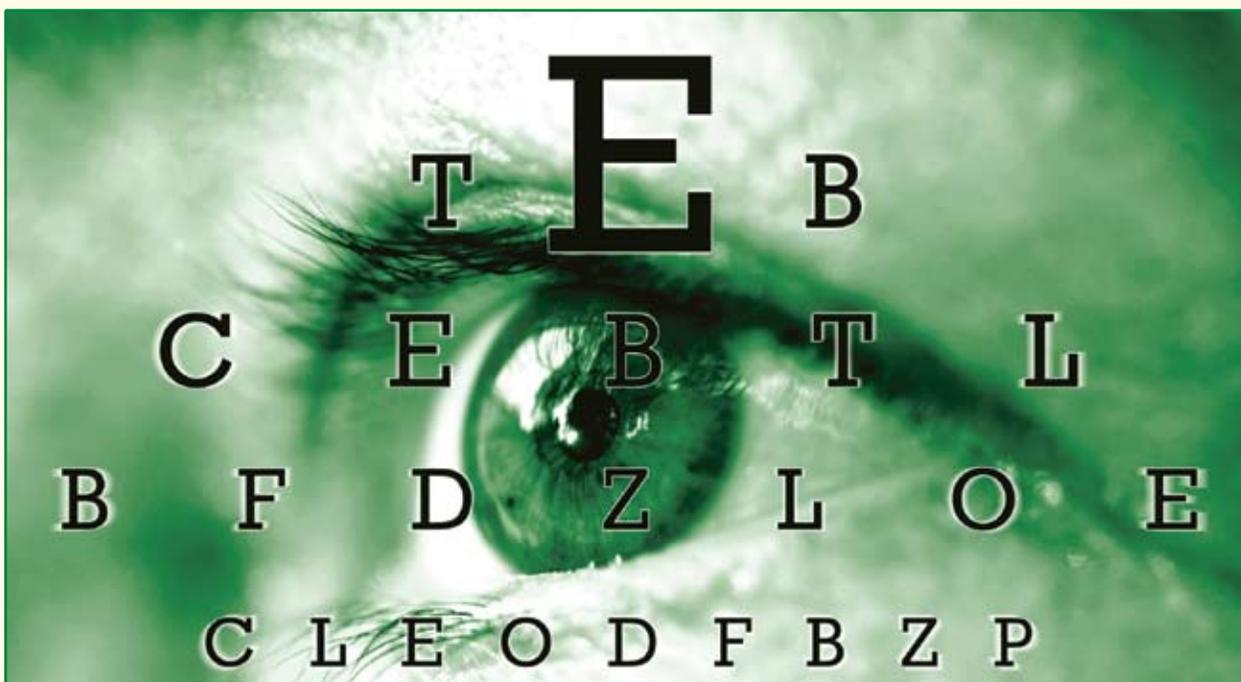
During 2006 the committee:

- successfully delivered its distance education module on professional boundaries to members;
- began development of an orientation package for Committee members that provides general information on the role and function of the College as well as specific information related directly to individual committees;
- drafted a standard Confidentiality Agreement for staff, Council, and committee members; and
- began development of a training program for committee members that will provide education and case studies regarding boundary violations and cultural sensitivity issues.

It has been my pleasure to work with all of the committee members and I would like to take this opportunity to thank them: Drs. Peter Shaw, Debby Lowy, Dave Bryer, and Josephine Pepé, and Mr. Emad Hussain. They 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. Monifa Miller and Ms. Hanan Jibry.

Respectfully submitted,

Craig Bridges,
Chair



The Quality Assurance Committee

The 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, skill and judgment of members so that appropriate care of high quality is provided to the public. The Quality Assurance Program achieves this goal through a number of components including mandatory continuing education, assessment of members' practices, evaluation of members' clinical ability, and remediation to assist members in correcting any deficiencies in their practice or clinical ability. It is important to note that although participation is sometimes stressful, the program

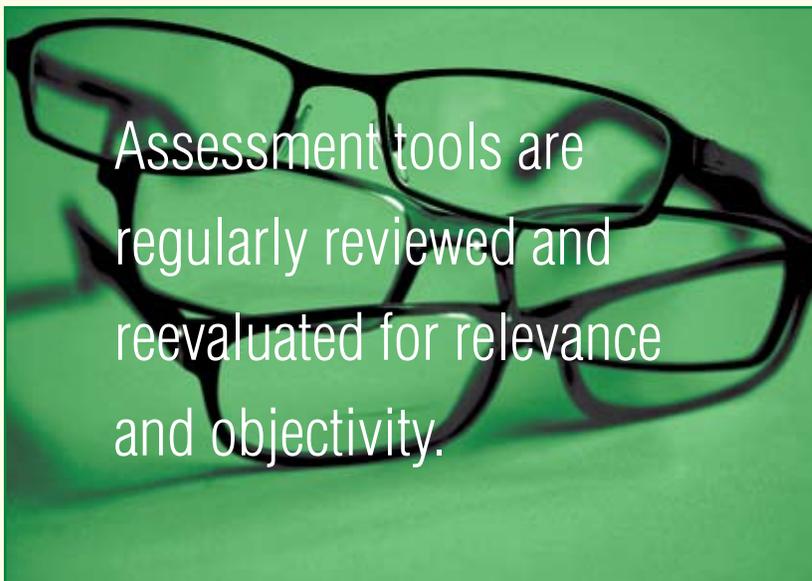
is designed to assist members and not to be punitive in nature.

The assessment component of the Quality Assurance Program is directly familiar to a great number of members as 2006 saw the sixth year of our current program of record review. Assessment involves reviewing the records of members who have been selected on a random basis or by referral from the Registrar or another committee of the College. Records are assessed by trained volunteers using record assessment tools that are regularly reviewed and reevaluated for relevance and objectivity. Both the Short and Complete Record Assessment tools are available to members and the public on the College website at www.collegeoptom.on.ca.

In 2006, 65 members were randomly selected to undergo

a practice assessment. Based on historical experience and statistical analysis, the selection process has been weighted slightly to favour the selection of members with a greater number of years in practice. The Committee also received two referrals of members for practice assessment from other committees. I am pleased to report that the Committee has again found that the majority of members assessed are meeting the standards of practice of the profession, and many are far exceeding those standards. However, some recurring deficiencies have been observed. Inadequate ocular health assessment, specifically fundus observation through a dilated pupil when indicated and lack of notation of near acuities, are frequently noted. Legibility of records also continues to be a problem and a number of records submitted by members for assessment had to be returned for clarification or complete transcription. Members are reminded that illegible and incomplete records not only have an impact on patient care but could also be grounds for allegations of professional misconduct when viewed by the Complaints or Executive Committee.

In an attempt to assist members, the Quality Assurance Committee has received approval from Council to develop a continuing education



program to address record keeping. Despite the noted deficiencies, the Committee would like to congratulate all of the participants in the assessment process and thank those who have provided valuable feedback from their experiences. It is through this feedback that the Program can continue to grow and become even more effective.

The Committee continues to use a coaching program when members require assistance in upgrading their abilities. In October 2006, the College held a training session for our team of coaches. This session provided us with an opportunity to bring new coaches on board and enhance the skill level of our current coaches. We also hosted participants from other provinces who are in the process of adding coaching to their regulatory programs. The coaching program has been well received by participating members and it has proven to be valuable and effective.

In addition to the assessment and coaching noted above, the Committee directed one member to undergo an evaluation of their clinical ability. This more intensive process has proven to be extremely valuable in identifying areas of weakness that need to be addressed in order for members to maintain the standards of practice that the College and the public expect.

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. These experiences can take a variety of forms from attending traditional lecture style courses to completing accredited electronic courses to the publication of articles and case reports in scientific journals.

In reviewing member participation in continuing education, some concerns became evident. Our current Continuing Education Policy states that continuing education is credited from an 'organized program of learning'. It has come to the attention of the Committee that some providers of education are providing credit for inappropriate activities like attendance at trade shows. Additionally, it has been noted that some providers of Category A activities are providing credit for education that may contain undeclared or inappropriate conflicts of interest. The Committee will be addressing these concerns by providing members and providers of continuing education with a clarification of 'organized program of learning' as well as guidelines for Category A activities. Members are reminded that it is ultimately their responsibility to ensure that claimed activities are appropriate.

Additionally, in the current CE cycle, members may reduce their continuing education requirement by 10 hours by participating in the Indicator of Current Learning in Optometry (ICLO) examination provided by the Canadian Examiners in Optometry (CEO). The ICLO was developed by CEO to evaluate members' areas of strength and weakness to enable them to better focus their educational initiatives.

The implementation 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 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 Knaiziew, Kamy Morcos, Patrick Quaid, Karin Schellenberg, Vince Timpano and Ms. Elizabeth Rosenberg. A special thank you is due to both Mrs. Monifa Miller and Ms. Hanan Jibry, our staff support and backbone of the Quality Assurance Program.

Respectfully submitted,

David J. White, O.D.
Chair

The Ethics Committee

The Ethics Committee ended the year as it began: working on a new regulatory scheme around Conflict of Interest (COI) and related Professional Misconduct Regulations. In addition to developing proposed regulations for consideration by Council, the Committee has been writing the guidelines that will act as a reference for optometrists, College committees and members of the public in the interpretation and application of these new regulations once they come into force.

Proposed Conflict of Interest and Professional Misconduct Regulations

In the fall of 2005, Council directed circulation of a new COI Regulation and amendments to the related Professional Misconduct Regulations. In response to member and stakeholder feedback, the Ethics Committee recommended a number of changes for Council's consideration at their January 2006 meeting along with proposed changes to the Advertising and Practice Name Regulation. Council approved the changes which were circulated in the spring.

Responses from members and stakeholders were considered by the Ethics Committee. As a result, Council was asked in September to support an unchanged COI regulation and consider changes to the related

Professional Misconduct Regulations and to the Advertising and Practice Name Regulation. Again, responses were considered and a final proposal was brought to the January 2007 Council meeting where the complete package was accepted. Staff was directed to send the proposed regulation changes to the Ministry of Health and Long-Term Care.

The College must continue to enforce the current regulations pending government approval and enactment of the new regulations.

A summary of the significant proposed changes follows:

- Opening up association between optometrists and opticians, corporations and other persons along with the requirement for the optometrist to work as an 'independent contractor' in these circumstances. Specific criteria are listed in the regulation which must be considered in determining whether or not an optometrist is an 'independent contractor'. Optometrists will be allowed to employ opticians and there will no longer be any restrictions in respect of the physical layout or location of an optometric practice.
- Allowing members or their family members to have a financial interest in a related business as long as there is appropriate disclosure.
- Changing prescription release upon request to mandatory release unless there is reasonable cause not to.
- Changing mandatory breakdown of professional fees and cost of materials to providing that breakdown only upon request.
- Redefining the cost of materials to recognize that costs include more than the disbursement to the supplier.

- Revoking the regulation that restricts members to three practice locations.
- Revoking the regulation that prohibits the display of ophthalmic appliances that maybe seen from the exterior of the optometrist's practice.
- Revoking the Block Fee Regulation.
- Ensuring that the member is clearly identified as an optometrist in any media related to their practice, including advertisements.
- Broadening the designations and descriptors members can use in their practice name.
- Allowing solo practitioners to use a practice name.
- Requiring Council approval before members may use educational designations other than earned university degrees in relation to their practice.

The proposed changes represent a significant change in regulatory controls of inherent and external conflicts of interest in the practice of optometry. Council has endorsed the Committee's belief that the proposed regulations comply with Ministry Guidelines, ensure public protection, increase access to optometrists as primary eye care providers in all environments, and help to level the

playing field between optometrists and retail dispensaries. The Committee and staff are pleased to have the first phase behind us and are ready to prepare the submission to the Ministry. Remember, the College must continue to enforce the current regulations pending government approval and enactment of the new regulations.

Job Action Policy

The terms of reference of the Ethics Committee include reviewing issues of an ethical nature that occur in the practice of optometry. Early in the year, in response to the OAO suggestion of a possible job action, the Ethics Committee was asked to develop a 'Policy on Optometrist Withdrawal of Services during Job Actions' which was adopted by Council at the April meeting. The public is best served and it is fair to members if they know the College's expectations in advance of deciding whether to participate in any job action. The following is a summary of that policy:

'Optometrists who choose to be involved in a withdrawal of optometric services must be available to assess and treat patients or establish adequate contingency plans for patient care where the absence of such care may result in serious harm to the patient.'

Since College committees must be unbiased when dealing with issues that may arise from a job action, the following was included in the policy:

'The College expects that optometrist members of the Council (and its committees) will refrain from participating in a service withdrawal related to a job action in order to avoid a potential conflict of interest or perception of prejudice.'

I would like to thank the members of the Ethics committee, Dr. Lorne Berman, Dr. Kan Chhatwal, Dr. Aggie Franzmann, Dr. Richard Samuel, Mr. Craig Bridges (public member), Dr. Chris Nicol (OAO Observer) and staff support, Dr. Paula Garshowitz and Dr. Murray Turnour for their thoughtful and respectful contributions.

Respectfully submitted,

Linda L. Bathe, 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 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.

Optometric Practice Reference

The CPC has worked for a number of years on an update to previous guides to the clinical practice of optometry in the province. The College had previously published various documents describing clinical standards and it was recognized that a consolidation and update of many of these documents was needed. The newly revised "Optometric Practice Reference" (OPR) was approved by the Council of the College at the meeting in September 2006. This document is evolutionary and will grow over time as more

topics are added. It is also intended to be revised in an ongoing manner to allow for continuous updates in clinical and regulatory requirements. This document will be available to both practitioners and the public on the College website. As well, the College plans to present the OPR to members as part of a "Roadshow" in the fall of 2007.

HPRAC Recommendations and Bill 171

As members will know, the Health Professions Regulatory Advisory Committee (HPRAC) released recommendations to allow optometrists to prescribe therapeutic pharmaceutical agents (TPAs). The Ontario Government introduced Bill 171 in December 2006 which includes a proposal to change the *Optometry Act*, authorizing optometrists to prescribe TPAs. There is a need to develop appropriate regulations for this change and the CPC is intimately involved in this. These draft regulation proposals will initially be submitted to Council in

April 2007 before being circulated to members for comment.

Participation of thoughtful and forward thinking members of the profession is crucial to this committee. Accordingly, I would thank the professional members Drs. Heather Blain, Ken Hadley, Pooya Hemami, Harvey Mayers, Rodger Pace and David White. I would also like to acknowledge the extensive and dedicated contribution of Dr. Paul Monk who previously chaired the CPC. Although clinical issues are usually very technical in nature, the CPC has benefited from the input of our public member, Ms. Elizabeth Rosenberg. The committee could not function without the excellent staff support provided by Valerie Browne, Anne Bourne, Dr. Murray Turnour and Dr. Paula Garshowitz.

Respectfully submitted,

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

Chair

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 this year, nor did it conduct any hearings.

I would like to thank the two other members of the Committee, Dr. Lorne Berman and Mr. Francis Christopher, for being willing to serve the public in this way.

Respectfully submitted,

Paul Monk, O.D.
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 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 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.

No referrals were made to the Committee in 2006. 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

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 member of Council, and one public member.

The Committee met four times in 2006 and reviewed a number of issues related to the registration process. Much of the Committee's time was spent developing a policy

on the educational requirements for members to prescribe drugs that would ensure that when therapeutic pharmaceutical agents (TPAs) are authorized to optometry, all members who prescribe them are competent to do so. Articulating a policy that would capture all of the College's current members was a particularly challenging task. All new applicants are required to successfully complete the Canadian Standard Assessment in Optometry, including the Ocular Therapeutics component.

Other work undertaken by the Committee this year included:

- developing a policy regarding the requirements for registration and the timelines for completing them;
- developing a policy related to applicants providing proof of good standing when they come from a country where the profession is not regulated; and
- investigating the apparent inequity of the process for reinstating a member who has been suspended vs. a member who has resigned.

I would like to thank my colleagues on the Committee: Dr. Rod MacKenzie, Dr. Wendy Tam-Wai, Dr. Lisa Ng, and Mr. Francis Christopher for their dedication and initiative over the past year, and Ms. Valerie Browne for staff support.

Respectfully submitted,

Michèle Martin, O.D.
Chair





Serving the Public Interest
by Guiding the Profession

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