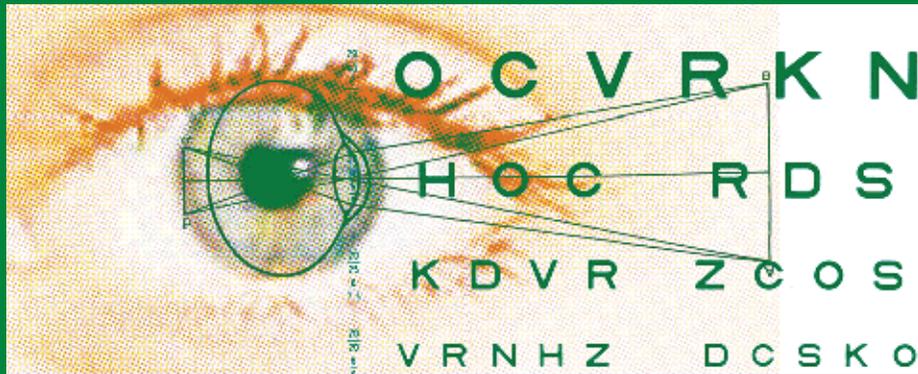


COLLEGE OF OPTOMETRISTS OF ONTARIO

2005



Annual Report

EXCELLENCE IN OPTOMETRIC CARE



College of Optometrists of Ontario 2006 Council Election Results

The ballots for the 2006 Council Election in District 5, the Provincial Electoral District, were counted on Thursday, March 9, 2006. Following the counting of the ballots, the Registrar declared the following members elected:

Dr. Richard Kniaziew — Leamington

Dr. David White — London

Dr. Kniaziew and Dr. White will serve on Council for a three-year term.

Dr. Paul Padfield was previously declared elected by acclamation in the by-election in District 2, the Northern Electoral District. Dr. Padfield will serve a two-year term.

The next meeting of Council will be held at the College office on April 5 and 6, 2006. Members and the public are welcome to attend meetings of Council.



Executive Committee

The Executive Committee is a statutory committee of the College. Between Council meetings, the Executive Committee has all the powers of Council to address matters that require immediate attention except the power to make, amend or revoke a regulation or by-law. Members of the Committee 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. Nine meetings took place in 2005.

The strategic objectives of achieving legislative and regulatory changes that promote excellence in optometric care were a high priority for the Committee in 2005. In cooperation with the Clinical Practice Committee, the Executive Committee coordinated the College's response to two referrals made by the Minister of Health and Long-Term Care to the Health Professions Regulatory Advisory Committee (HPRAC): the Optometry Project (the use of therapeutic pharmaceutical agents (TPAs) by optometrists) and the Opticianry Project (dispensing and refractometry). The College's submissions can be viewed on the College website at www.collegeoptom.on.ca. In summary, though, the College has consistently supported optometrists

being authorized to prescribe TPAs on public interest principles. The College also supports the continuation of dispensing as a controlled act, and opposes expanding the scope of practice of opticianry to include refraction.

The College has also participated in HPRAC-led discussions involving the legislative framework for health colleges in Ontario including the Patient Relations and Quality Assurance Programs, and the Complaints and Disciplines processes. The Minister has asked to receive the advice of HPRAC on all these issues in the spring of 2006.

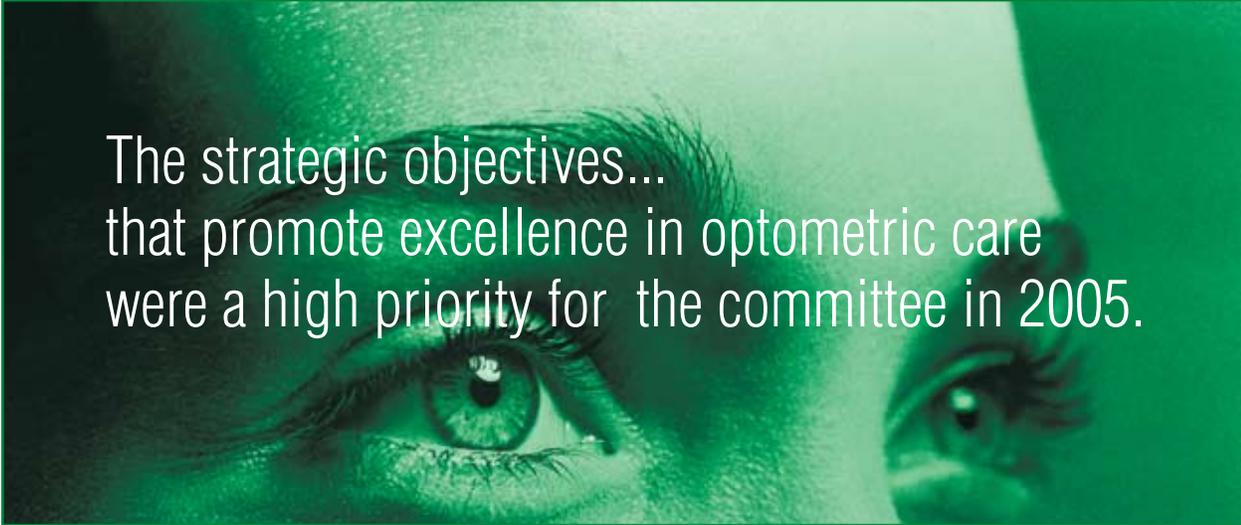
2005 also saw the College taking legal action against an optician who is alleged to be performing refractometry, and prescribing vision correction on the basis of refractometry, within his stores. Civil action is a slow and costly process, but one to which Council is committed in the interest of public protection.

Members will be aware that the College has circulated a number of regulation amendments for comment, including proposed amendments to the Conflict of Interest Regulations and related amendments to the Professional Misconduct Regulations. In addition, the Executive Committee has identified other proposed regulatory changes that will be

circulated in the coming months. Member input on these proposals is a key part of the process and affects the final recommendations that the College makes to the Ministry.

The Executive Committee continues to oversee the fiscal management of the College through proposing the annual budget, monitoring income and expenditures, and managing assets. The delivery of programs and initiatives such as the aforementioned legal action are costly, however the College continues to maintain adequate reserve funds. I am pleased to report that, once again, the College was under budget for 2005, finishing the year with a surplus. A copy of the College's audited financial statements is included with this Annual Report.





The strategic objectives...
that promote excellence in optometric care
were a high priority for the committee in 2005.

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 and Ms. Suzzette Stines-Walford. I would also like to express my sincere appreciation to my colleagues on the Committee: Dr. David White

who chaired the Committee until the completion of his term as president in April and who worked very hard to establish a cooperative and productive working relationship within the Committee and with College staff; Mr. Henry Hodowany, public member, served the Executive Committee with dedication for two years; Mr. Graham Coveny, public member, skillfully brought a public perspective to the Ethics Committee and Executive Committee until the end of his appointment to Council in September; Ms. Nathalie Pardy has been an excellent contributor

to the Executive Committee for two years; Dr. Linda Bathe, Vice-President, has diligently fulfilled the role of shepherding regulatory changes through College and Ministry processes; and Dr. Paul Monk, who brought years of clinical expertise and College service to the Committee with his election in April. The profession is 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 a statutory Committee of the College responsible for the investigation and disposition of complaints filed with the College about the conduct or actions of optometrists. The Committee is comprised of five members: three optometrists, one of whom is a member of Council, and two public members.

In 2005, the Committee held 7 meetings and 2 teleconferences. They considered a total of 32 complaints, 6 of which were received in 2004 but disposed of in 2005. Ten complaints received in 2005 were carried forward to 2006. The complaints requiring dispositions by the Committee are summarized in the table below.

Nature of Complaint	2004	2005
Standard of Care/Clinical Issues	17	11*
Dissatisfaction with Visual Outcomes	6	4
Communication/Behaviour	5	12
Advertising/Office Information	3	1
Sexual Abuse/Inappropriate Contact	2	0
Billing Dispute	1	0
Practising Outside the Scope of Practice	1	0
Conflict of Interest	0	1
Other	0	3

*This category comprises: 2 cases of retinal detachment, 5 glaucoma cases, 2 macular degeneration cases and 2 cases of cataract.

Dispositions for 2005

The Regulated Health Professions Act (1991) limits the dispositions available to the Complaints Committee. In 2005, several complaints required multi-faceted dispositions.

Dispositions	2004	2005
Reminders	16	12
Written Caution	5	6
Verbal Caution	2	1
Continuing Education	2	2
Refer to Quality Assurance	1	1
Undertaking	0	2
No further action taken	14	17
Referral to Discipline	0	0

There were no referrals to Discipline by the Complaints Committee in 2005.

Seven members were invited to attend interviews to provide the Committee with a better understanding of the thought processes that directed the member's care of the patient and to assist the Committee in the interpretation of the clinical record. The Committee has found the information obtained during these interviews to be very helpful in arriving at a fair and appropriate decision.

Under Section 75 (c) of the Health Professions Procedural code, the Committee has the option of requesting the Registrar conduct an investigation if necessary to

fully investigate a complaint. The Committee requested one such investigation in 2005.

During an investigation of a complaint, other matters may come to light that are outside the four walls of 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. There were two such areas of concern that were brought to the attention of the Registrar in 2005.

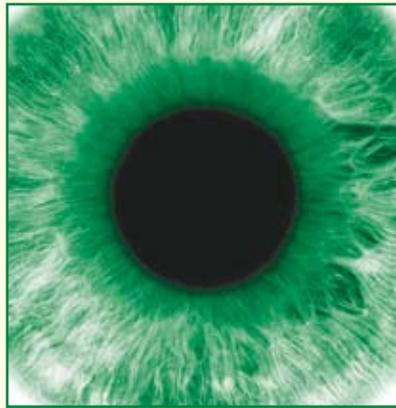
Appeals to HPARB

The Health Professions Appeal and Review Board (HPARB) is an independent appeal body, established under the *Regulated Health Professions Act, 1991* that 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. One decision of the Complaints Committee was appealed to HPARB during 2005 and the hearing date has yet to be set in that case. The Board upheld the Committee's decision in the one case that was pending from 2004.

Other Matters Considered by the Complaints Committee

The Complaints Committee is also in the position of being able to assist members by advising them through our Bulletin articles. The Committee identifies patterns of difficulties that our members may encounter in practice and through communication we are able to pass this information on as an educational tool.

This year there was an exceptionally high volume of complaints regarding missed glaucoma or the delay in referrals for glaucoma. Although the reasons for the complaints are varied, in a few cases the optometrist did not refer in a timely manner due to the difficulty encountered in obtaining a timely referral. Some members are finding that their own criteria for referral may be influenced by the acceptance criteria set by the medical practitioner to whom they are referring the patient. Members are reminded that Paragraph 13, under Professional Misconduct (O.Reg. 859/93 1.(1) 13.) states that it is an act of professional misconduct to fail to “refer a patient to a regulated health professional when the member recognizes or should recognize, a condition of the eye or vision system that appears to require such referral and examination.” Optometrists are expected to meet the standard of care for the profession of optometry and not a standard directed by



another health care professional. There may be circumstances where an optometrist might be required to advocate for their patient above and beyond the usual processes in arranging a referral when required.

Communication with the patient remains an area of concern. A breakdown in communication between the member and the patient is often where the basis of the complaint originates. Fees must be adequately explained to the patient particularly for supplementary testing that is not covered under OHIP (or is in addition to the quoted fee for the examination). This could be for contact lens diagnostic or treatment services, retinal photography, pachymetry, reassessment following the original oculo-visual assessment or visual fields. Optometrists must ensure that they obtain the patient’s informed consent prior to initiating these additional services.

Members are encouraged to contact the College with their questions regarding the delisting of

optometric services under OHIP for patients between the ages of 20-64. The Committee and the College have received many inquiries concerning coverage for patients with diabetes. Patients with diabetes are covered under OHIP and may be asked to provide proof of the medications they are taking, *or* a laboratory report confirming their condition *or* a note from their physician. A patient may also present a request from their physician or nurse practitioner for a Major Eye Examination (MEE), but this is not required since diabetes is one of the eight conditions covered by OHIP. Optometrists are encouraged to develop an office policy with respect to new patients presenting with diabetes and to apply the policy consistently.

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. Linda Chan, Dr. Jim Wilkinson, Mr. Henry Hodowany and Ms. Mary Jane Lenihan 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

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, skills 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 the Program is designed to assist members and not to be punitive in nature.

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 or publishing articles and case reports in scientific journals. 2005 was the last year in the current three-year cycle of reporting of Continuing Education activities. The Committee will look back on this cycle by randomly selecting members to submit verification of their reported participation. The Committee will be introducing recognition of different educational experiences for the next three-year cycle including participation in study groups.

The Practice Assessment component of the Quality Assurance Program involves a review of patient records for members selected on a random basis, by referral from the Registrar, or from another committee of the College. Records are assessed by trained volunteers using record assessment tools developed and refined by the Committee over the past few years. These tools are being continuously reviewed and reevaluated for both relevance and objectivity. They are available on the College website and members are encouraged to conduct a self-assessment.

In 2005, 67 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 selecting members with a greater number of years in practice. The Committee also received three referrals of members for practice assessment. I am pleased to report that the majority of members assessed are meeting the standards of practice of the profession and, based on comments from our assessors, many are far exceeding those standards.



However, the Committee continues to observe a lack of notation of near acuities and poor legibility in records. Historically, one of the recurring observations of the Committee was inadequate ocular health assessment, specifically, fundus observation through a dilated pupil when indicated. Although this situation appears to have improved, members are encouraged to review the College material published regarding dilated pupil fundus examination and practise accordingly. 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 utilize a coaching program in some cases when members require assistance in upgrading their abilities. The coaching program has been well received by participating members and it has proven to be valuable and effective. Additionally, the Committee has directed a number of members to undergo an evaluation of their clinical ability, often followed by a program of remediation. This more intensive process has also proven to be extremely valuable in identifying areas of weakness and honing members' abilities to allow them to maintain standards of practice that the College and the public expects.

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 that 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. Linda Bathe, Kamy Morcos, Patrick Quaid, Richard Samuelli, Karin Schellenberg and Mr. James Lexovsky. A special thank you is due to Ms. Monifa Miller, our staff support and backbone of the Quality Assurance Program.

Respectfully submitted,

David J. White, O.D.
Chair

The Patient Relations Committee

The Patient Relations Committee (PRC) administers the Patient Relations Program that promotes awareness among members and the public of the College's position that any form of abuse of a patient, whether sexual or otherwise, is viewed as professional misconduct that will not be tolerated. The Patient Relations Program includes:

- educational requirements for members;
- guidelines for conduct of members with their patients; and
- training for the College's staff and the provision of information to the public.

In addition to duties related to the Patient Relations Program, the Committee is involved with assessing and maintaining optimal communications within the College and with other outside organizations. The PRC also functions as the privacy committee of the College for purposes related to the collection, retention and destruction of personal and health information.



- During 2005 the committee has:
- directed a communication audit to help the Committee develop a report with recommendations to Council for improved communications. The preliminary results from this survey indicate that members are pleased with the type and content of College communications.
 - developed changes to the Professional Misconduct Regulation pertaining to Advertising and Practice Names and submitted these changes to the Ethics Committee for final review.
 - initiated development of a distance education module on professional boundaries to be available to members in 2006.

Projects for the upcoming year will include developing recommendations based on completion of the communication audit, and establishing an orientation package for Committee members.

It is my pleasure to thank the insightful and professional contributions of members of the Committee: Drs. Ken Robertson, Peter Shaw, and Josephine Pepé and, of course, our public members: Ms. Mary Jane Lenihan and Mr. Craig Bridges. The functioning of the Committee would not be possible without the invaluable support of College staff: Ms. Monifa Miller and Ms. Valerie Browne.

Respectfully submitted,

J.M. Wilkinson,
B.Sc., 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 is incapacitated. Incapacity refers to a mental or physical condition that makes it desirable in the public interest that a member no longer

be permitted to practice, or that their practice should be restricted. The Executive Committee will only make such referrals after receiving a report from a Board of Inquiry.

When the Fitness to Practice 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 Dr. Karin Simon for being willing to serve the public in this way.

Respectfully submitted,

Mr. James Lexovsky
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 members of the Committee are appointed by the Minister of Health and Long-Term Care through an Order-in-Council. The Committee is administered by the College, however it operates at arm's length from both the College and the Ministry.

The main responsibility of the Committee is to determine whether OHIP accounts should be paid, reduced or refused for those members referred to it by the General Manager of OHIP. 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.

In 2005, the Committee finalized its recommendation in six previously referred cases. No new referrals were received in 2005.

I would like to express my gratitude to Drs. Gregory Simpson and Dagmar Lutzi, Mr. Wayne Senis and Mr. G. Bill Atkinson. The ORC demanded a significant amount of time for both fair review of hundreds of charts and for the many meetings held.

Respectfully submitted,

Josée M.C. Martineau, O.D.
Chair

The Ethics Committee

The terms of reference of the Ethics Committee include considering issues of an ethical nature in the practice of optometry that are brought to our attention by other College committees or individual members. Most of the Committee's work in 2005 was devoted to developing and circulating revised Conflict of Interest (COI) Regulations and related Professional Misconduct Regulations.

At its meeting in January, Council approved a proposed Conflict of Interest Regulation for circulation to members and stakeholders. Although the proposed COI Regulation appears quite different from our current regulation, the following are the significant changes:

- i) Optometrists and/or their family members would be able to have a financial interest in a business related to the provision of eye and vision care and recommend the services or products supplied by that business to their patient as long as they disclose their interest to the patient.
- ii) Optometrists would be permitted to hire opticians.
- iii) Optometrists could work with an optician, corporation or other person providing clinical services as an 'independent contractor' as long as the conditions detailed in the Regulation were met.

The Committee also considered the Professional Misconduct Regulation intending to do a general review. However, the Ministry of Health and Long-Term Care (MOHLTC) informed the College that they would not entertain a full overhaul of the Professional Misconduct Regulation at the same time as the Conflict of Interest Regulations but would accept changes to specific sections that related to COI.

Many professions have an inherent conflict of interest because they provide the services they recommend. Optometrists may dispense the ophthalmic appliances they prescribe. This inherent conflict of interest has traditionally been controlled through the Professional Misconduct Regulation relating to prescription release, and the disclosure of fees and cost of materials. Since the MOHLTC made it clear that any new COI regulations would be required to include mandatory prescription release, the Committee decided to include changes to the sections dealing with fees as well. The significant changes proposed to the Professional Misconduct Regulation are:

- i) Optometrists would be obligated to release a prescription to each patient unless there is 'reasonable cause' not to.
- ii) When dispensing ophthalmic appliances, it would only be necessary to break down the cost of materials and professional fees upon request by the patient or third party payer.
- iii) The definition of 'cost' has been changed to include the acquisition cost of the materials plus reasonable overhead and administration expenses associated with providing those materials.



The Committee developed and circulated revised Conflict of Interest Regulations.

In July 2005, the Committee was encouraged when the MOHLTC released final Guidelines for Drafting Conflict of Interest Regulations by Health Regulatory Colleges. In mid-September the College sent a comprehensive package to members and stakeholders including the new COI Regulation, related changes to the Professional Misconduct Regulation and a DVD presentation to describe the changes. The Chair and staff met with stakeholders including the Ontario Association of Optometrists, the College of Opticians and the Vision Council of Canada to discuss their reaction to the proposals. Staff and members of the Executive Committee met with members at Northern Regional

Meetings in Sudbury and Kenora to explain the proposed amendments, and the Committee met with a small but passionate group of members in early November at an information session held by the College in Markham. Responses from members and stakeholders were received by early December. The Committee met shortly afterwards to consider the responses and brought forward their recommendations to the January 2006 Council meeting.

The Committee was also asked to consider changes to the Advertising and Practice Name Regulation in relation to the other proposed regulatory changes. This review is complete and the new Advertising Regulation was

also brought to Council in January 2006 for direction to circulate.

I would like to thank the members of the Committee: Dr. Lorne Berman, Dr. Kan Chhatwal, Dr. Paul Chris, Dr. Aggie Cudowska, Mr. Graham Coveney, Mr. Craig Bridges, Dr. Christopher Nicol (OAO observer), and Dr. Paula Garshowitz and Dr. Murray Turnour who provided staff support. These individuals deserve praise for a job well done dealing with complex issues always with the focus on public protection and fairness to members.

Respectfully submitted,

Linda L. Bathe, O.D.
Chair

The Discipline Committee

The Discipline Committee of the College of Optometrists of Ontario 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 2005. The Committee did not have any meetings as there was no prospective work on the horizon and there were no outstanding issues to discuss. Two of the new members who had not received the introductory training participated in a training

session offered by the Federation of Health Regulatory Colleges of Ontario.

Respectfully submitted on behalf of the Discipline Committee.

Mike Cobean, O.D.
Chair

The Clinical Practice Committee

The Clinical Practice Committee (CPC) is a standing committee of the College formed to help document and clarify new and existing standards of practice and clinical practice guidelines. It also aids the College by working on additional assignments at the request of Council, Executive and other College committees.

In 2005, the CPC worked on the following projects:

Optometric Practice Reference (OPR)

The OPR continues its evolution and will replace *The Guide to the Practice of Optometry (2000)*. An earlier draft was circulated to members and other stakeholders and their comments were taken into consideration when the Committee drafted the current version that will go to Council for approval in early 2006. Upon approval it will be published and updated regularly, and new topics will be added as needed. The Committee wishes to thank everyone who helped in the evolution of this document.

Use of Ultrasound in Optometric Practice

An amendment to O.Reg. 107/96 under the *Regulated Health Professions Act (RHPA)* was drafted. This amendment clarifying optometrists' authority to use diagnostic ultrasound will be circulated to members and other stakeholders for feedback and is expected to be ready for submission to the Ministry of Health and Long-Term Care in early 2006. While the College has taken the position that optometrists already have the authority to use ultrasound, the proposed amendment would clear up any ambiguity in the RHPA.

Referrals to HPRAC

The CPC was involved in developing the College's response to two referrals made by the Minister of Health and Long-Term Care to the Health Professions Regulatory Advisory Committee (HPRAC), as follows:

- *Optometry Project – Prescribing Therapeutic Pharmaceutical Agents:* The College supports the proposal put forward by the Ontario Association of Optometrists to expand the scope of practice of optometrists to include the authority to prescribe TPAs from a number of categories of drugs prescribed by regulation. In addition to submitting a response, College Staff and the CPC Chair met with Courtyard Group, a consulting firm hired by HPRAC to manage the consultation process. We await with interest, along with the rest of the profession, HPRAC's recommendations to the Minister, expected in the spring of 2006, and the Minister's final decision on the matter.
- *Opticianry Project – Dispensing/ Refractometry:* CPC drafted the College's response supporting the proposition that it is in the public interest for dispensing of eyewear to remain a controlled act under the RHPA.



With regard to refractometry, the College expressed concern about the missed pathologies that will result if prescribing eyewear is allowed to occur separate and apart from comprehensive eye health examinations. Accordingly, the College believes that the public interest is best served if refractometry is performed under the direct supervision of optometrists or physicians. In the College's view, refractometry is the same as prescribing and is not within the scope of practice of opticianry.

Advisory for Optometrists who have Contracted a Communicable Disease

The CPC developed this advisory in response to a case in which a Canadian healthcare professional contracted HIV and continued to work directly with patients without notifying any authority of their positive HIV status. Although no known transmission of the virus to a patient took place, the event identified the need for the College to advise members on how to deal with such matters.

Policy on the Use of Digital Fundus Photography

CPC developed a policy regarding the use of digital fundus photography in response to concerns that some members may be using digital imaging and fundus photography

as a replacement for examining the fundus through a dilated pupil. The College does not support this practice; there is no single technique currently available that can be used exclusively for examination of the fundus in all cases. It is incumbent upon the optometrist to determine the technique to be used based on the patient's clinical presentation.

I would like to thank the members of the CPC for their work over the past year. This Committee needs to balance the reality of current clinical practice while helping the profession move forward towards best-practice status. I'm continually amazed at the committee members' ingenuity and commitment to the task. Thank you for your work to Committee members Dr. Heather Blain, Dr. Ken Hadley, Dr. Harvey Mayers, Dr. Paul Padfield, Dr. David White, Mr. Charles Korman, Dr. Bruno Coccimiglio, Dr. Rodger Pace, Dr. Jim Wilkinson, and to Ms. Valerie Browne and Dr. Murray Turnour who provided staff support.

Respectfully submitted,

Paul Monk, 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 2005. The integration of international optometric graduates (IOGs) to the profession moved forward with the implementation of the International Optometric Bridging Program developed with the University of Waterloo School of Optometry. This program provides appropriate assessment and recognition of the skills and credentials of internationally educated optometrists and offers bridging for academic and clinical skills gaps as needed and where possible. In 2005, 21 candidates completed the initial assessment phase of the program and 14 of these candidates participated in a one-month bridging/orientation program and passed the exit exam. A one-year bridging program is also

being implemented and is expected to commence during 2006.

During the course of 2005, the Committee reviewed a number of issues related to the registration process. One of the requirements of registration as an optometrist in Ontario is that the applicant must not have been found guilty of a criminal offence in any jurisdiction. This includes, but is not limited to, an offence under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada), or the *Food and Drugs Act* (Canada). To provide evidence that an applicant has met this requirement, the Registration Committee implemented a policy effective January 1, 2006 that every applicant is required to arrange for a Canadian Police Information Centre (CPIC) Criminal Record Synopsis to be sent to the College as part of the application process. The Committee is aware that the Criminal Record Synopsis cannot guarantee the good character of the optometrist, however it will enhance the accountability of the College to the general public.

The Committee also finalized a proposed Registration Regulation amendment that clarifies how an applicant may meet the academic requirement for registration. This amendment has been approved by Council and is expected to be circulated to members and other stakeholders for comment in 2006. Other registration matters considered by the Committee include the sequence and timeframes for applicants to complete the requirements for registration, and the reinstatement process for members who resign. Discussions are ongoing, and the Committee expects to finalize recommendations in early 2006.

I would like to thank my colleagues on the Committee: Dr. Michael Cobean, Dr. Wendy Tam-Wai, Dr. Donna Williams-Lyn and Ms. Nathalie Parly for their dedication and initiative over the past year, and Ms. Valerie Browne for staff support.

Respectfully submitted,

Michele Martin, O.D.
Chair





Serving the Public Interest
by Guiding the Profession

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