

QA REGULATION RATIONALE

Existing Regulation Section	Proposed Regulation Section	Commentary
<p>23. In this Part,</p> <p>“assessor” means an assessor appointed under section 81 of the <i>Health Professions Procedural Code</i>;</p> <p>“clinical ability” means, in relation to a member, the member’s knowledge, skills and judgment relating to practising optometry;</p> <p>“Committee” means the Quality Assurance Committee;</p> <p>“deficiencies in the member’s practice” means one or more aspects of the member’s practice that are not in accordance with the standards of practice of the profession;</p> <p>“deficient clinical ability” means, in relation to a member, a level of knowledge, skills or judgment that makes the member’s clinical performance unsatisfactory;</p> <p>“remedial program” means a specific education program that a member is required to undertake for the</p>	<p>“Committee” means the Quality Assurance Committee and includes a panel of the Committee;</p>	<p>This term has been removed because it is not used in the proposed regulation</p> <p>This amendment makes it clear that the Committee can be comprised of panels</p> <p>This term has been removed because it is not used in the proposed regulation</p> <p>This term has been removed because it is not used in the proposed regulation</p> <p>This term has been removed because it is not used in the proposed regulation</p>

<p>purpose of correcting deficient clinical ability. O. Reg. 250/99, s. 2.</p>	<p>“program” means the quality assurance program required by section 80 of the Health Professions Procedural <i>Code</i></p> <p>“stratified random sampling” means a sampling where groups of members are, (a) removed from the pool of members to be sampled, or (b) weighted to increase or decrease the likelihood of their being selected.</p>	<p>This definition is intended to remove any ambiguity about what “program” means and to avoid having to repeat the term, “quality assurance program” throughout the proposed regulation.</p> <p>This definition is intended to provide the Committee with flexibility, based on transparent and justifiable criteria, in choosing which members may be subject to a peer and practice assessment.</p>
<p>24. The objects of the quality assurance program, which is administered by the Committee, are to maintain and enhance the knowledge, skills and judgment of members so that appropriate care of high quality is provided to the public. O. Reg. 250/99, s. 2.</p>	<p>24 The objects of the program, which is administered by the Committee, are to maintain and enhance the knowledge, skills and judgment of members so that appropriate care of high quality is provided to the public. O. Reg. 250/99, s. 2.</p>	<p>Quality assurance has been removed since the proposed regulation defines “program” as the Quality Assurance program.</p>
<p>25. The quality assurance program shall include the following components:</p> <p>1. A mandatory continuing education component.</p>	<p>25 (1) The program shall include the following components:</p> <ol style="list-style-type: none"> 1. Continuing education or professional development designed to: <ol style="list-style-type: none"> (i) promote continuing competence and continuing quality improvement among the members, (ii) address changes in practice environments, 	<p>This provision is intended to reflect the wording of s. 80.1 of the <i>Code</i> which sets out the minimum requirements for quality assurance programs. It provides:</p> <p>Minimum requirements for quality assurance program</p> <p>80.1 A quality assurance program prescribed under section 80 shall include,</p> <ol style="list-style-type: none"> (a) continuing education or professional development designed to,

	<ul style="list-style-type: none"> (iii) promote inter-professional collaboration, and (iv) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council. 	<ul style="list-style-type: none"> (i) promote continuing competence and continuing quality improvement among the members, <p>Note: On a day to be named by proclamation of the Lieutenant Governor, clause (a) is amended by adding the following subclause:</p> <ul style="list-style-type: none"> (i.1) promote interprofessional collaboration, <p>See: 2009, c. 26, ss. 24 (14), 27 (2).</p> <ul style="list-style-type: none"> (ii) address changes in practice environments, and (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council; (b) self, peer and practice assessments; and (c) a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program. 2007, c. 10, Sched. M, s. 58.
2. An assessment component to appraise the practice of members.	2. Self, peer and practice assessments.	This provision clarifies that assessments can consist of both self-assessments and peer and practice assessments.
3. An evaluation component to evaluate a member's clinical ability.	3. A mechanism for the College to monitor members' participation in, and compliance with, the program.	This provision provides the College with greater flexibility in overseeing member participation in the program.

<p>4. A remedial component to assist a member in correcting any deficiencies in the member’s practice or clinical ability.</p>		<p>This provision has been removed because, in 2007, s. 80.2 was added to the <i>Code</i>. It sets out the Quality Assurance Committee’s powers to address shortcomings in a member’s knowledge, skills or judgment.</p>
<p>5. A component to assist in appraising the practice or evaluating the clinical ability of an applicant for registration when referred by the Registration Committee or the Registrar.</p>		<p>This provision has been removed. It is no longer permitted under the <i>Code</i>. The Registration Committee can only refer a member (not an applicant) to the Quality Committee for the reasons set out in 7(3) of the Registration Regulation (Ont. Reg 837/93). It provides:</p> <p style="padding-left: 40px;">(3) The Registrar shall refer a member to the Quality Assurance Committee for a practice assessment under the College’s quality assurance program,</p> <p style="padding-left: 80px;">(a) if a member has failed to meet any of the conditions of a certificate of registration set out in subsection (1) or to meet the published minimum requirements of the mandatory continuing education program of the quality assurance program; or</p> <p style="padding-left: 80px;">(b) if the member was granted an exemption under subsection (2) for the three-year period immediately preceding the member’s ceasing to hold the appointment mentioned in subsection (2), unless the member can establish to the satisfaction of the Registrar that he or she did provide at least 750 hours of direct optometric care to patients in Canada during that period. O. Reg. 224/03, s. 4.</p>

<p>6. A component to provide for assessment and rehabilitation of a member who has allegedly exhibited inappropriate behaviour or made inappropriate remarks of a sexual nature towards a patient.</p>		<p>This provision has been removed because it is no longer permitted under the <i>Code</i>.</p>
<p>7. A component to obtain information from members to assist the Committee in carrying out the program's objects. O. Reg. 250/99, s. 2.</p>		<p>This provision has been removed because it is already addressed by s. 82(1) of the <i>Code</i> ("Co-operation with Committee and Assessors) and section 29 of the proposed regulation.</p>
<p>26. (1) Every member shall participate in a mandatory continuing education program established and administered by the Committee. O. Reg. 250/99, s. 2.</p>	<p>(2) The Committee shall administer the program.</p>	<p>This provision was changed because the College's quality assurance program is broader than continuing education. It also includes professional development and self, peer and practice assessments.</p> <p>Section 27 of the proposed regulation requires members to participate in the program; and section 28 provides that members must do so annually.</p>
<p>(2) The requirements of the program and any changes to them shall be approved by the Council, published by the College and distributed to the members. O. Reg. 250/99, s. 2.</p>		<p>This provision has been removed because changes to the College's quality assurance program is an administrative process that should not be set out in a regulation.</p>
	<p>26 (1) A panel of the Committee shall be composed of at least three persons, at least one of whom shall be a member of the Council that was appointed to the Council by the Lieutenant Governor in Council and at</p>	<p>This addition clarifies that Committees often consist of panels, and sets out the minimum composition requirements for them.</p>

	<p>least one of whom shall be a member of the College.</p> <p>(2) Two members of a panel of the Committee constitute a quorum, as long as at least one of the members is a member of the Council who was appointed by the Lieutenant Governor in Council and one of the members is a member of the College.</p>	
	<p>27 Every member shall participate in the program.</p>	<p>This provision replaces the portion of section 26(1) in the current regulation that makes it mandatory for members to participate in a mandatory continuing education program. It provides:</p> <p>26. (1) Every member shall participate in a mandatory continuing education program established and administered by the Committee. O. Reg. 250/99, s. 2.</p>
	<p>28 Every member shall participate in self-assessment, continuing education and professional development activities annually in order to maintain the knowledge, skill and judgment required to practise the profession in accordance with the standards of practice and ethics set by the College.</p>	<p>This section replaces section 26(1) in the existing regulation.</p>
	<p>29 (1) Every member shall keep records of his or her participation in self-assessment, continuing education and professional development activities, in the form and manner approved by the Committee and for the period of time specified by the Committee.</p>	<p>This section replaces section 34 in the existing regulation. It provides:</p> <p>34. (1) At the Committee's request, the Registrar shall forward to the members a request for information from members in order to assist the Committee in carrying out the objects of the quality assurance program. O. Reg. 250/99, s. 2.</p>

	<p>(2) At the request of the Committee, an assessor or an employee of the College, a member shall provide to the Committee,</p> <ul style="list-style-type: none"> (a) accurate information about his or her self-assessment, continuing education or professional development activities; and (b) his or her records described in subsection (1). 	<p>(2) Members shall provide the Registrar with accurate information in response to the request within 30 days of receiving it. O. Reg. 250/99, s. 2.</p>
	<p>30 (1) Each year, the Committee shall select members to undergo peer and practice assessments in order to assess the members' knowledge, skill and judgment</p>	<p>This provision clarifies the Committee's obligation to select members annually to undergo peer and practice assessments.</p>
<p>27. (1) A member is required to undergo a practice assessment if,</p> <p>(a) the member's name is selected at random in accordance with the random sampling process approved by the Council, published by the College and distributed to the members;</p>	<p>(2) A member shall undergo a peer and practice assessment if,</p> <ul style="list-style-type: none"> (a) the member's name is selected at random, including stratified random sampling; (b) a request is made under subsection 29 (2) and, either, <ul style="list-style-type: none"> (i) insufficient information is provided by the member; or (ii) (the member's records do not demonstrate that the member has engaged in adequate self-assessment, continuing education or 	<p>This provision sets out new, expanded criteria for requiring members to undergo a peer and practice assessment</p>

	<p>professional development activities;</p> <p>(c) the member is selected on the basis of other criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of those criteria; or</p>	
<p>(b) the member is referred to the Committee by the Registrar pursuant to subsection 8 (2) of Ontario Regulation 837/93; or</p>	<p>(d) the member is referred for a peer and practice assessment under subsection 7(3) of Ontario Regulation 837/93 (Registration) made under the Act.</p>	<p>The section reference has been changed to reflect the renumbering of sections in the College's Registration Regulation (Ont. Reg. 837/93).</p>
<p>(c) the member is referred to the Committee by the Complaints Committee, Discipline Committee or Executive Committee. O. Reg. 250/99, s. 2.</p>		<p>This provision has been removed because it is no longer permitted under the Code.</p>
	<p>(3) The Committee shall appoint an assessor to carry out the peer and practice assessment.</p>	<p>This provision tracks the language of s. 81 of the Code. It provides:</p> <p>Assessors</p> <p>81. The Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program. 1991, c. 18, Sched. 2, s. 81.</p>

<p>27 (2) An assessment shall include the inspection and assessment of the member’s records of the care of patients and other records required to be maintained under the regulations under the Act, and may include, but is not limited to, an inspection of the member’s office or offices and requiring the member to respond to a practice questionnaire. O. Reg. 250/99, s. 2.</p>	<p>(4) A peer and practice assessment may include but is not limited to the following:</p> <ol style="list-style-type: none"> 1. Reviewing the member’s records required by subsection 29 (1). 2. Inspecting the premises where the member practises. 3. Inspecting the member’s records of the care of patients. 4. Requiring the member to provide information in respect of the care of patients or in respect of the records of the care of patients. 5. Conferring with the member about the member’s practice. 6. Using an evaluation tool designed to help assess the member’s knowledge, skills and judgment, if requested by the Committee. 	<p>This revision provides more clarity on what may be included in a peer and practice assessment.</p>
<p>27(3) A written report shall be prepared in relation to the assessment of a member’s practice. O. Reg. 250/99, s. 2.</p>	<p>(5) The assessor shall prepare a written report on the member’s peer and practice assessment and shall provide it to the Committee.</p>	<p>This provision was changed to clarify that the assessor must provide the Committee with his or her written report.</p>
<p>27 (4) The Committee shall provide a copy of the report to the member and notify the member in writing of the right to make written</p>	<p>(6) The Committee shall provide a copy of the results of the assessment to the member.</p>	<p>A member’s right to make submissions related to the assessment report is now addressed in s 30(7)(b) of the proposed regulation, and only where “the Committee is of the opinion that the member’s knowledge, skill or judgment is not satisfactory...”</p>

<p>submissions provided under subsection (5). O. Reg. 250/99, s. 2.</p>		
<p>27 (5) A member who receives a report under subsection (4) may make written submissions to the Committee within 14 days after receiving the report. O. Reg. 250/99, s. 2.</p>	<p>(7) If, after considering the assessor’s report and any other information relevant to the assessment, the Committee is of the opinion that the member’s knowledge, skill or judgment is not satisfactory, the Committee shall provide notice to the member of,</p> <ul style="list-style-type: none"> (a) its opinion; (b) the member’s right to make a written submission to the Committee; (c) the date set by the Committee as the date by which any written submissions must be received by the Committee, which date shall be at least 14 days following the date on which the notice is sent; and (d) any other information relevant to the assessment relied on by the Committee. 	<p>This revision expands on the steps that the Committee must take after considering an assessor’s report.</p>
<p>27(6) The Committee may, after considering an assessment report, any other information that the Committee considers relevant to the assessment and the member’s written submissions, if any, decide,</p>	<p>(8) If, after considering any written submissions made by the member, the Committee is still of the opinion that the member’s knowledge, skills or judgment are not satisfactory, the Committee may exercise any of the powers listed in section 80.2 of the <i>Health Professions Procedural Code</i>.</p>	<p>In 2007, the Committee’s powers were added to the <i>Code</i> (s. 80.2). Therefore, it is no longer necessary to set out the Committee’s options in regulation. Section 80.2 provides:</p> <p>Powers of the Committee</p> <p>80.2 (1) The Quality Assurance Committee may do only one or more of the following:</p>

<p>(a) that no further action is required; or</p> <p>(b) that there are deficiencies in the member's practice. O. Reg. 250/99, s. 2.</p>		<ol style="list-style-type: none"> 1. Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs. 2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member, <ol style="list-style-type: none"> i. whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully. 3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory. 4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated. 2007, c. 10, Sched. M, s. 58.
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<p>(7) If the Committee determines that there are deficiencies in the member’s practice, the Committee shall,</p> <p>(a) make written recommendations to the member on ways to correct the deficiencies and give the member an opportunity to correct them;</p> <p>(b) subject to section 29, require the member to successfully complete within the time specified by the Committee continuing education activities approved by the Committee to assist in the correction of deficiencies in the member’s practice; or</p> <p>(c) subject to section 29, require the member to undergo an evaluation of the member’s clinical ability. O. Reg. 250/99, s. 2</p>		<p>This provision has been removed. In 2007, the Committee’s powers were added to the <i>Code</i> (s. 80.2). Therefore, it is no longer necessary to set out the Committee’s options in regulation.</p>
<p>(8) If the Committee acts under clause (7) (a) and the member has had an opportunity to correct the deficiencies, the Committee may require the member to undergo a reassessment of the practice, and subsections (2), (3), (4), (5), (6) and</p>		<p>This provision has been removed. In 2007, the Committee’s powers were added to the <i>Code</i> (s. 80.2). Therefore, it is no longer necessary to set out the Committee’s options in regulation</p>

<p>(7) apply to the reassessment. O. Reg. 250/99, s. 2.</p>		
<p>(9) If the Committee acts under clause (7) (b), the Committee,</p> <p>(a) may require the member to undergo a reassessment of the practice before the completion of the continuing education activities; and</p> <p>(b) shall require the member to undergo a reassessment of the practice after completion of the continuing education activities. O. Reg. 250/99, s. 2.</p> <p>(10) Subsections (2), (3), (4), (5), (6) and (7) apply to a reassessment under subsection (9). O. Reg. 250/99, s. 2.</p> <p>(11) The Committee may not require more than two reassessments under this section. O. Reg. 250/99, s. 2.</p>		<p>This provision has been removed. In 2007, the Committee's powers were added to the <i>Code</i> (s. 80.2). Therefore, it is no longer necessary to set out the Committee's options in regulation.</p>
<p>28. (1) If the Committee requires a member to undergo an evaluation of his or her clinical ability under clause 27 (7) (c), the Committee shall appoint a person or persons to carry out the evaluation. O. Reg. 250/99, s. 2.</p> <p>(2) The evaluation may include,</p>		<p>This provision has been removed. In 2007, the Committee's powers were added to the <i>Code</i> (s. 80.2). Therefore, it is no longer necessary to set out the Committee's options in regulation.</p>

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| <p>(a) requiring the member to answer, orally or in writing, questions that relate to practising optometry;</p> <p>(b) requiring the member to answer, orally or in writing, questions that arise from a review of real or simulated patient charts;</p> <p>(c) requiring the member to examine persons or clinical simulations exhibiting problems that relate to practising optometry; and</p> <p>(d) requiring the member to demonstrate the application of optometric techniques. O. Reg. 250/99, s. 2.</p> <p>(3) The person or persons shall prepare a written report and submit it to the Committee. O. Reg. 250/99, s. 2.</p> <p>(4) After receiving the report, the Committee shall provide a copy of the report to the member and notify the member in writing of the right to make written submissions provided under subsection (5). O. Reg. 250/99, s. 2.</p> <p>(5) A member who receives a report under subsection (4) may make</p> | | |
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written submissions to the Committee within 14 days after receiving the report. O. Reg. 250/99, s. 2.

(6) After considering the evaluation report, the assessment report, other information the Committee considers relevant to the evaluation and the member's written submissions, if any, the Committee may decide,

(a) that the deficiencies in the member's practice were not the result of deficient clinical ability; or

(b) that the member has deficient clinical ability. O. Reg. 250/99, s. 2.

(7) If the Committee decides that the deficiencies in the member's practice are not the result of deficient clinical ability, it may,

(a) make written recommendations to the member on ways to correct the deficiencies in the member's practice and give the member an opportunity to correct them; or

(b) subject to section 29, require the member to successfully complete within the time specified by the Committee continuing education

<p>activities approved by the Committee to assist in the correction of deficiencies in the member's practice. O. Reg. 250/99, s. 2.</p> <p>(8) If the Committee decides that the member has deficient clinical ability, it may,</p> <p>(a) make written recommendations to the member on ways to correct the deficiencies and give him or her an opportunity to correct them; or</p> <p>(b) subject to section 29, require the member to complete a remedial program approved by the Committee, within the time specified by the Committee; or</p> <p>(c) subject to section 29 and subsection 30 (1), direct the Registrar to impose terms, conditions or limitations on the member's certificate of registration for a specified period not exceeding six months. O. Reg. 250/99, s. 2.</p> <p>(9) If the Committee acts under clause (7) (a) or (8) (a) and the member has had an opportunity to correct the deficiencies, the Committee may require the member to undergo a reassessment of the</p>		
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practice, and subsections 27 (2), (3), (4), (5), (6) and (7) apply to the reassessment. O. Reg. 250/99, s. 2.

(10) At such time as it determines after the member has completed the continuing education activities required under clause (7) (b) or the remedial program required under clause (8) (b), the Committee may require the member to undergo a reassessment of the practice, and subsections 27 (2), (3), (4), (5), (6) and (7) apply to the reassessment. O. Reg. 250/99, s. 2.

(11) If the Committee takes action under subsection (8) and the member has had an opportunity to correct the deficiencies, completed or had the opportunity to complete a remedial program or had terms, conditions or limitations placed on his or her certificate of registration under this section, the Committee may require the member to undergo a re-evaluation, and the provisions of this section apply with necessary modifications to such a re-evaluation. O. Reg. 250/99, s. 2.

(12) The Committee may not require more than two reassessments under each of subsections (9) and (10) and

<p>more than one re-evaluation under subsection (11). O. Reg. 250/99, s. 2.</p>		
<p>29. (1) The Committee shall not take action under clause 27 (7) (b) or (c), clause 28 (7) (b) or clause 28 (8) (b) or (c) unless it gives the member,</p> <p>(a) written notice that, in the Committee’s opinion, there are deficiencies in the member’s practice or that the member has deficient clinical ability;</p> <p>(b) a copy of all reports and other documents that the Committee considered in forming its opinion;</p> <p>(c) at least 14 days after receiving the notice to make written submissions to the Committee; and</p> <p>(d) if the member so requests in writing within 14 days after receiving the notice, an opportunity to confer with the Committee. O. Reg. 250/99, s. 2.</p> <p>(2) After considering any submissions, whether written or oral, the Committee shall decide what action to take and, if it decides to take action under the provisions referred to in subsection (1), shall forward its written decision, with</p>		<p>Because sections 27 and 29 of the existing regulation have been removed, this section has also been removed. The steps that the Committee must take if, after an assessment, it has concerns about the member’s knowledge, skills or judgment are set out in section 30(7) of the proposed regulation.</p>

<p>reasons, to the member. O. Reg. 250/99, s. 2</p>		
<p>30. (1) Subject to subsection (4), the Committee may direct the Registrar to impose terms, conditions or limitations on the member's certificate of registration for a specified period not exceeding six months if,</p> <p>(a) the Committee decides that the member has deficient clinical ability; or</p> <p>(b) the member has failed to successfully complete a remedial program within the period of time specified by the Committee. O. Reg. 250/99, s. 2.</p> <p>(2) If the Committee has given a direction under subsection (1), it may give another direction for a second specified period not exceeding six months but it may not give a third direction for a further period of time. O. Reg. 250/99, s. 2.</p> <p>(3) The Committee may direct the Registrar to remove any of the terms, conditions or limitations that have been imposed before the end of the period if it is satisfied that the member's knowledge, skills and</p>		<p>This provision has been removed. In 2007, the Committee's powers were added to the <i>Code</i> (s. 80.2). Therefore, it is no longer necessary to set out the Committee's options in regulation.</p>

<p>judgment are satisfactory. O. Reg. 250/99, s. 2.</p> <p>(4) The Committee shall not direct the Registrar under subsection (1) unless the member has been given,</p> <p>(a) notice of the Committee’s intention to direct the Registrar and of the reasons it believes the direction should be given;</p> <p>(b) a copy of all reports and other documents that have been considered by the Committee in connection with the matter;</p> <p>(c) at least 30 days after receiving the notice under clause (a) to make written submissions to the Committee; and</p> <p>(d) if the member makes such a request in writing within 30 days after receiving the notice, an opportunity to confer with the Committee. O. Reg. 250/99, s. 2.</p>		
<p>31. (1) If a person is applying for registration, the Committee shall, on the request of the Registration Committee or the Registrar, review the applicant’s patient records and any other records the Committee considers appropriate in order to</p>		<p>This provision has been removed. It is no longer permitted under the <i>Code</i>. The Registration Committee can only refer a member (not an applicant) to the Quality Committee for the reasons set out in 7(3) of the Registration Regulation (Ont. Reg 837/93). It provides:</p>

<p>assess the applicant’s ability to practise in accordance with the standards of practice in Ontario. O. Reg. 250/99, s. 2.</p> <p>(2) An assessor appointed by the Committee may assist it with the review. O. Reg. 250/99, s. 2.</p> <p>(3) The Committee shall provide a written report of the results of its review to the Registrar, or to the Registration Committee if the latter requested the review. O. Reg. 250/99, s. 2.</p> <p>(4) The Registrar shall provide a copy of the report to the applicant. O. Reg. 250/99, s. 2.</p>		<p>(3) The Registrar shall refer a member to the Quality Assurance Committee for a practice assessment under the College’s quality assurance program,</p> <p>(a) if a member has failed to meet any of the conditions of a certificate of registration set out in subsection (1) or to meet the published minimum requirements of the mandatory continuing education program of the quality assurance program; or</p> <p>(b) if the member was granted an exemption under subsection (2) for the three-year period immediately preceding the member’s ceasing to hold the appointment mentioned in subsection (2), unless the member can establish to the satisfaction of the Registrar that he or she did provide at least 750 hours of direct optometric care to patients in Canada during that period. O. Reg. 224/03, s. 4.</p>
<p>32. (1) If a person is applying for registration to practise, the Committee shall, on the request of the Registration Committee or the Registrar, ensure that an evaluation of the applicant’s clinical ability is carried out. O. Reg. 250/99, s. 2.</p> <p>(2) The Committee shall appoint a person or persons to carry out the evaluation. O. Reg. 250/99, s. 2.</p>		<p>This provision has been removed. It is no longer permitted under the <i>Code</i>. The Registration Committee can only refer a member (not an applicant) to the Quality Committee for the reasons set out in 7(3) of the Registration Regulation (Ont. Reg 837/93).</p>

(3) The evaluation may include,

(a) requiring the applicant to answer, orally or in writing, questions that relate to practising optometry;

(b) requiring the applicant to answer, orally or in writing, questions that arise from the review of real or simulated patient charts;

(c) requiring the applicant to examine persons or clinical simulations exhibiting problems that relate to practising optometry; and

(d) requiring the applicant to demonstrate the application of optometric techniques. O. Reg. 250/99, s. 2.

(4) The person or persons shall prepare a written report and submit it to the Committee. O. Reg. 250/99, s. 2.

(5) The Committee shall provide a written evaluation of the results of its review to the Registrar, or to the Registration Committee if the latter requested the review. O. Reg. 250/99, s. 2.

<p>(6) The Registrar shall provide a copy of the evaluation to the applicant. O. Reg. 250/99, s. 2.</p>		
<p>33. (1) The Committee may require a member to undergo a psychological assessment or other assessment specified by the Committee if a matter respecting the member is referred to the Committee,</p> <p>(a) by a panel of the Complaints Committee acting under paragraph 4 of subsection 26 (2) of the Health Professions Procedural Code with respect to clause (c) of the definition of “sexual abuse” in subsection 1 (3) of the Code; or</p> <p>(b) by the Executive Committee, the Complaints Committee or the Board under section 79.1 of the Code. O. Reg. 250/99, s. 2.</p> <p>(2) The Committee may require a member to undertake and complete within a specified time a measure specified by the Committee, such as education, therapy or counselling, if,</p> <p>(a) the Committee has received a report of an assessment of a member required by the Committee under subsection (1); and</p>		<p>This provision has been removed because it is no longer allowed under the <i>Code</i>.</p>

<p>(b) the Committee is satisfied that the member suffers from an emotional or personality condition that may adversely affect his or her professional behaviour. O. Reg. 250/99, s. 2.</p> <p>(3) The Committee shall not take action under subsection (2) unless it gives the member,</p> <p>(a) a copy of the report of the assessment;</p> <p>(b) written notice of the measure the Committee intends to require;</p> <p>(c) at least 14 days after receiving the notice to make written submissions to the Committee; and</p> <p>(d) if the member so requests in writing within 14 days after receiving the notice, an opportunity to confer with the Committee. O. Reg. 250/99, s. 2.</p> <p>(4) Subject to subsection (5), the Committee may direct the Registrar to impose terms, conditions or limitations on a member's certificate of registration for a specified period not exceeding six months if,</p>		
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<p>(a) the member refuses to undergo an assessment under subsection (1);</p> <p>(b) the member refuses to undertake or complete the measure required by the Committee or complete it within the specified time; or</p> <p>(c) the Committee has been advised that the condition is not likely to be remediable and is of the opinion that the member’s condition has exposed or is likely to expose the member’s patients to harm or injury. O. Reg. 250/99, s. 2.</p> <p>(5) No direction shall be given to the Registrar under subsection (4) unless,</p> <p>(a) the member has been given notice of the Committee’s intention to give the direction and of the reasons it believes the direction should be given;</p> <p>(b) the member has been given a copy of all reports and other documents that have been considered by the Committee in connection with the matter;</p> <p>(c) the member has been given at least 30 days after receiving the notice and documents under this</p>		
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subsection to make written submissions to the Committee; and

(d) if the member so requests in writing within 30 days after receiving the notice and documents under this subsection, the opportunity to confer with the Committee. O. Reg. 250/99, s. 2.

(6) The Committee may direct the Registrar to remove any of the terms, conditions or limitations imposed on a member's certificate of registration under this section before the end of the specified period if the Committee is satisfied that they are no longer needed. O. Reg. 250/99, s. 2.

(7) The following shall not be used as evidence that the member has committed an act of professional misconduct:

1. Any admission by the member to the Committee or to a person conducting an assessment under subsection (1) of exhibiting behaviour or making remarks of a sexual nature.

2. The results of any assessment undergone by the member under subsection (1) or measures

<p>undertaken under subsection (2). O. Reg. 250/99, s. 2.</p> <p>(8) If terms, conditions or limitations are imposed on a member's certificate of registration under this section, the Committee shall report the matter to the Executive Committee. O. Reg. 250/99, s. 2.</p>		
<p>34. (1) At the Committee's request, the Registrar shall forward to the members a request for information from members in order to assist the Committee in carrying out the objects of the quality assurance program. O. Reg. 250/99, s. 2.</p> <p>(2) Members shall provide the Registrar with accurate information in response to the request within 30 days of receiving it. O. Reg. 250/99, s. 2.</p>		<p>This provision has been removed. It has been replaced by s. 29(2) of the proposed regulation. It provides:</p> <p>29 (1) Every member shall keep records of his or her participation in self-assessment, continuing education and professional development activities, in the form and manner approved by the Committee and for the period of time specified by the Committee.</p> <p>(2) At the request of the Committee, an assessor or an employee of the College, a member shall provide to the Committee,</p> <ul style="list-style-type: none"> (a) accurate information about his or her self-assessment, continuing education or professional development activities; and (b) his or her records described in subsection (1).