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BOARD OF DIRECTORS

Dr. Justin Asgarpour, Chair

Dr. Pardeep Dhillon

Dr. Sally Donaldson

Mr. Joseph Finamore

Dr. Joan Hansen

Ms. Joyce Kenoras

Dr. Dale Dergousoff

Mr. Gurminder Parihar

Dr. David Schwirtz

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Ms. Stanka Jovićević
CAO/ASSISTANT TO THE REGISTRAR

Tatjana Anicic

ADMINISTRATIVE ASSISTANT

Daniel Komarnicky

ADMINISTRATIVE ASSISTANT

Jela Vuksan

ADMINISTRATIVE ASSISTANT

The College of Optometrists of BC acknowledges that their workplace is on the traditional, ancestral and unceded territory of the Coast Salish peoples – Skwxwú7mesh (Squamish), Stó:Iō and Səlílwəta?/ Selilwitulh (Tsleil-Waututh) and xwmə0kwəyom (Musqueam) Nations.



As profession informed regulators of health professions, health regulatory colleges share four core functions:

- Establishing and maintaining education standards, entry to practice standards, and standards of practice across the career span;
- Registering applicants who meet these standards;
- Responding to complaints from patients, the public, and other health care providers and taking action if a health professional's practice is incompetent, unsafe, or unethical; and
- Providing support and guidance to optometrists regarding practice standards – enabling and ensuring continuing competence across the career span.

Standards of Practice are foundational to each of these core functions. In December 2017, the new Standards of Practice were approved and published. This year, the College focused on the development of assessment tools based on the Standards which would ensure continuing competency across the career span of an optometrist in support of our commitment to ensure that the public receives current, high

quality optometric services that are safe, effective, and ethical. This project is ongoing. A communications and consultation plan to support this project is in development.

Our appreciation goes to public Board members appointed by the Ministry of Health and public representatives appointed by the Board for contributing the public perspective. Thank you also to members of the profession elected to the Board by registrants and appointed to committees by the Board. Your dedication, as Board and committee members, to the responsibilities inherent with the privilege of profession informed regulation ensures that the College continues to effectively regulate optometry in the public interest.

Dr. Justin Asgarpour Chair

Edoin Simpen

Dr. Robin Simpson Registrar

REPORT OF THE CHAIR AND REGISTRAR



2018 Accomplishments



Strategic Plan 2018 - 2020

The College reviewed previous strategic plan with a revised direction identifying key goals and objectives responding to the regulatory challenges ahead.



Standards of Practice & Guidance Statements

The College began developing practitioner assessment tools to facilitate implementation of the newly developed Standards of Practice to support the registrant in delivering current, high quality optometric services focused on patient-centered care.



San'yas Indigenous Cultural Safety Health Program

The Board approved accreditation of the program for eight hours of public health (ocular health) continuing education credit. This supports the *Declaration of Commitment to Cultural Safety and Humility*, endorsed by First Nations Health Authority and the Ministry of Health which was signed in 2017 and promotes the outcome of all people feeling safe when receiving optometric services.



BC Health Regulators (BCHR) Collaboration

The Registrar participated in regular meetings of the regulatory network including Joint College Standards for Sale of Prescription Drugs working group.



Optometric Collaboration

The Registrar continued stakeholder engagement with national and international optometric regulators and examiners.



Registrant Name Change Policies

The Board adopted and directed publication of policy to assist registrants to appropriately address issues related to change of name.



CE Accreditation Policy and Publication of Provider Manual

The College revised process and policy for the approval of continuing education activities and published a manual to assist providers seeking College accreditation of CE activities.



CHAIR:

Dr. Sally Donaldson

COMMITTEE MEMBERS:

Mr. Gurminder Parihar PUBLIC MEMBER

Mr. Thomas Beasley PUBLIC REPRESENTATIVE

Dr. Tanya Flood

Dr. Andrew Asgarpour

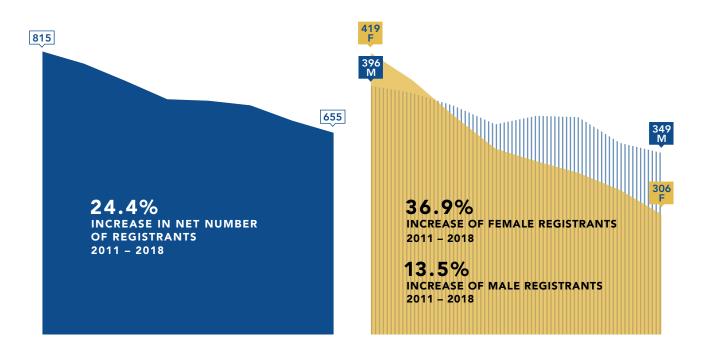
Dr. Priya Vohora

The Registration Committee has a duty under section 20 of the *Health Professions Act* to administer the registration and reinstatement process in accordance with the College Bylaws. An applicant who is denied registration or granted registration on terms and conditions has the right to seek a review of that decision by the Health Professions Review Board (HPRB).

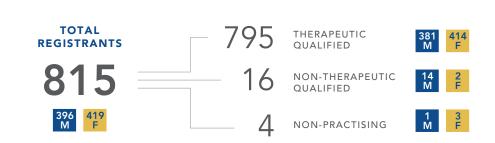
To date, no applications for review of Registration Committee decisions have been filed with the HPRB.

The Registration Committee, like all other committees of the College, must act in the public interest in a manner that is transparent, objective, unbiased, and fair.

As of December 31, 2018, there were 811 practising and four non-practising registrants.



FOCUS ON REGISTRANTS



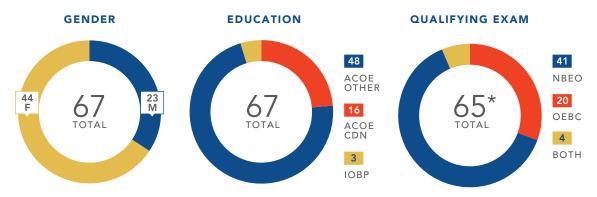
PRACTISING REGISTRANTS BY EDUCATION (811 TOTAL)



PRACTISING REGISTRANTS BY QUALIFYING EXAM (811 TOTAL)



New Registrants



OEBC: Optometry Examining Board of Canada (referred to in the Bylaws as the national qualifying exam)

NBEO: National Board of Examiners in Optometry (USA, referred to in the Bylaws as the national qualifying exam equivalent)

^{*} Two registrants transferred to BC from other jurisdictions without either exam, under Canada Free Trade Act rules.



The Quality Assurance (QA) Committee is responsible for two core functions of the College, specified in Section 16(2) of the Health Professions Act:

CHAIR:

Dr. Tanya Flood

COMMITTEE MEMBERS:
Dr. Dale Dergousoff

Dr. Pardeep Dhillon

Dr. Joan Hansen

Ms. Leza Muir

PUBLIC REPRESENTATIVE

Mr. Gurminder Parihar

- To establish, monitor, and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired, or unethical practice amongst registrants.
- To establish and maintain a continuing competency program to promote high practice standards amongst registrants.

In 2018, the QA Committee continued two key initiatives started in 2016: the Standards of Practice were revised to provide an optimum framework for the College's core regulatory functions, and continuing education policies were updated and amended to support the College's goals.

In 2018, the QA Committee, using the Standards of Practice as a foundation and framework, began development of registrant peer assessment and self-assessment tools to enhance registrant competency.

QUALITY ASSURANCE

To meet the College's goals, the QA Committee directs the maintenance of a quality assurance programs, which currently include the following components:

Continuing Education

The objective of the continuing education program is to ensure that each registrant regularly engages in high quality continuing professional development that is free of commercial interest and positively influences outcomes for their patients. As a condition of annual registration renewal, all registrants are required to participate in approved continuing education programs.

Practitioner Assessment and Peer-Based Support Programs

The objective of the practitioner assessment program is to identify and assist registrants who may not be meeting the standards of practice and professional competence. Practitioner assessments began in 2005 as a pilot project, and were formally instituted in 2008. Since 2010, assessments have included a place of practice assessment and a clinical record assessment. To further improve the cost-effectiveness of this program, in 2015 we began conducting assessments remotely (online). The assessments evaluate compliance and the Remote Practice Assessments have proven to be very efficient in helping identify registrants who would benefit from peer based support programs. Registrant peers, who are trained in assessment methodologies, assess a sample of registrants and their practices for compliance with the Bylaws and

policies of the College, concerning standards of practice and professional competence. The QA Committee and the College have concentrated their efforts in providing support through a collegial and helpful methodology. Registrants are invited to request support from the College at any time.

Peer Circles

The objective of the peer circle program is to promote improvement in clinical competence. The Peer Circle program was developed in 2006 to address quality assurance issues relevant to clinical practice, within a small-group, interactive learning environment. This program provides registrants with an opportunity to enhance best practices by analyzing, identifying, and resolving problems related to clinical care, through safe discussions and dialogue with colleagues.

In 2018, the QA Committee held three successful Peer Circles. Each of these were accompanied by a useful question and answer session with the Registrar.

The Committee acknowledges and appreciates the dedication and commitment of our volunteers and staff, who contribute many hours to the quality assurance programs, ensuring that the public can trust the profession of optometry to provide safe, effective, and ethical services in BC.



The Health Professions Act (HPA) requires that the College establish and employ inquiry procedures that are transparent, objective, impartial, and fair.

CHAIR:

Dr. Joan Hansen

COMMITTEE MEMBERS:
Dr. Dale Dergousoff
Mr. Gurminder Parihar
PUBLIC MEMBER

Dr. Eva Kalicinsky
Dr. Dorlee Kneifel
PUBLIC REPRESENTATIVE

Dr. Kelsey Snow

The Inquiry Committee investigates complaints from the public about the conduct or competence of registrants. The Committee may also initiate investigations of registrants. After completing investigations, the Inquiry Committee must make a disposition decision, which is provided to the complainant and the registrant in accordance with section 33 of the HPA.

When the Inquiry Committee determines that there is evidence to support allegations of misconduct, it may seek a consent order with the registrant to address the misconduct or direct the Registrar to issue a citation for a discipline hearing. A consent order is an agreement between a registrant and the College in which a registrant admits to certain conduct, agrees not to repeat the conduct, and undertakes to carry out certain remedial or other action. Complainants may apply to the Health Professions Review Board for an independent review of decisions.

Issues of competence or conduct commonly investigated by the Inquiry Committee include the following:

Communication competency, which refers to the ability of registrants to provide others with information in a way that can be clearly understood, adapting their language and communication approach as appropriate; communicate with

empathy, listening carefully to what others have to say; be alert to non-verbal signals that suggest unspoken concerns, and address these; and identify and take action to resolve conflicts.

Clinical competency, which means that registrants practice within areas of personal knowledge and skills; maintain accurate, comprehensive records; remain current with developments in optometry; and practice in a self-reflective manner to deliver current, safe, and effective services.

Legal conduct, which means that registrants must comply with laws, rules, regulations, and other requirements established by those with authority to govern the practice of the profession and the professional workplace. This includes federal, provincial/territorial, municipal, and local governments, regulatory bodies, and professional authorities.

Professional conduct, which means that registrants must act with professional integrity; be honest and trustworthy in all professional dealings; respond to situations thoughtfully and in accordance with ethical principles; maintain appropriate professional boundaries with patients; manage conflicts of interest; and accept accountability for their actions.

INQUIRY COMMITTEE

In January 2018, nine cases from the previous year were still under investigation. Over the course of the year, 28 new investigations were initiated – 25 of which related to complaints from the public. In 2018, 23 cases were resolved.

Two complaints were substantiated and were resolved by seeking consent orders, under section 33(6)(c) of the HPA. Of these two substantiated matters, one related to clinical competency and one related to professional conduct. There were no serious matters relating to professional conduct.

In 21 cases, the Inquiry Committee concluded that the complaint was unsubstantiated and no further action was taken under section 33(6) (a) of the HPA because the conduct or competence of the registrant was satisfactory.

In 2018, four complainants applied to the Health Professions Review Board for an independent review of Inquiry Committee decisions. One case was dismissed and three cases were in process as of December 31, 2018.

Public members and representatives, who keep us in touch with the public perspective and our mandate to protect the public, have our respect and gratitude. Thank you also to our registrant members, whose commitment to our mandate is acknowledged and whose subject matter expertise is invaluable.

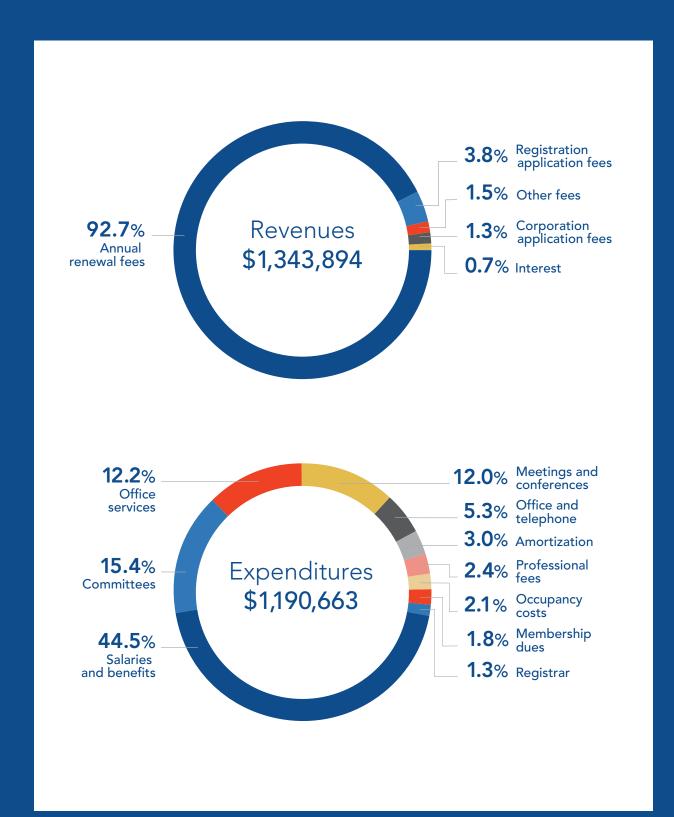
2018 Complaints







INCOME AND EXPENDITURE









Financial Statements December 31, 2018

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INDEPENDENT AUDITORS' REPORT

TO THE BOARD MEMBERS OF THE COLLEGE OF OPTOMETRISTS OF BRITISH COLUMBIA

Opinion

We have audited the accompanying financial statements of The College of Optometrists of British Columbia (the "College"), which comprise the statement of financial position as at December 31, 2018, and the statements of operations and changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2018, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent from the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

Nanaimo



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants

Vancouver, British Columbia March 18, 2019

muthe LLP

F: 604 688 4675

Langley

Statement of Financial Position

December 31

	 2018	2017
Assets		
Current		
Cash	\$ 1,811,261	\$ 1,571,815
Accounts receivable (note 5)	981	3,899
Prepaid expenses	 6,390	5,974
	1,818,632	1,581,688
Website (note 6)	22,473	37,455
Property and Equipment (notes 4 and 8)	1,042,575	1,050,822
	\$ 2,883,680	\$ 2,669,965
Liabilities		
Current		
Accounts payable and accrued liabilities	\$ 57,612	\$ 32,649
Deferred revenue	 1,130,635	1,095,114
	1,188,247	1,127,763
Net Assets		
Unrestricted	1,695,433	1,542,202
	\$ 2,883,680	\$ 2,669,965

Commitment (note 7)

College Registrar

Chair, Board of College

Statements of Operations and Changes in Net Assets Year Ended December 31

		2018		2017
Revenues				
Annual fees	\$	1,245,854	\$	1,187,983
Registration application fees	·	51,650	•	53,575
Other fees		20,328		21,217
Corporation application fees		16,741		21,396
Interest		9,321		5,235
		1,343,894		1,289,406
Expenditures				
Salaries and benefits		529,753		515,648
Committees		182,852		193,991
Office services		145,722		121,680
Meetings and conferences		141,582		104,078
Office and telephone		63,494		63,625
Professional fees		28,861		23,742
Occupancy costs		24,725		27,032
Membership dues		22,183		20,266
Grants		0		19,381
Registrar		15,865		12,373
Amortization		35,626		38,287
		1,190,663		1,140,103
Excess of Revenues over Expenditures for Year		153,231		149,303
Net Assets, Beginning of Year		1,542,202		1,392,899
Net Assets, End of Year	\$_	1,695,433	\$	1,542,202

Statement of Cash Flows Year Ended December 31

		2018	2017
Operating Activities			
Excess of revenues over expenditures	\$	153,231 \$	149.303
Item not involving cash	Ť	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Amortization		35,626	38,287
		188,857	187,590
Changes in non-cash working capital			
Accounts receivable		2,918	(1,922)
Prepaid expenses		(416)	404
Accounts payable and accrued liabilities		24,963	9,481
Deferred revenue		35,521	49,777
		62,986	57,740
Cash Provided by Operating Activities		251,843	245,330
Investing Activity			
Purchase of equipment		(12,397)	0
Financing Activity			
Repayment of long-term debt		0	(266,970)
Inflow (Outflow) of Cash		239,446	(21,640)
Cash, Beginning of Year		1,571,815	1,593,455
Cash, End of Year	\$	1,811,261 \$	1,571,815

Notes to Financial Statements Year Ended December 31, 2018

1. OPERATIONS

The College of Optometrists of British Columbia (the "College") is a not-for-profit organization with the objective to serve and protect the public in relation to the practice of optometry in British Columbia.

The College's bylaws are regulated under the *Health Professions Act* of British Columbia (the "HPA"). The College establishes qualifications of members and ensures the standards set out in the HPA regulations and bylaws are maintained by the members.

The College is exempt from income tax under the provisions of the Income Tax Act.

2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the College were prepared in accordance with Canadian accounting standards for not-for-profit organizations ("ASNPO") and include the following significant accounting policies.

(a) Revenue recognition

Annual renewal fees are recognized as revenue in the fiscal year to which they relate. Fees received in advance have been recorded as deferred revenue.

Registration fees, corporation fees, other fees and continuing education are recognized as revenue when the member is invoiced.

Interest income is recognized as it is earned.

(b) Amortization

Property and equipment are recorded at cost less accumulated amortization and amortized over its estimated useful lives using the following methods and annual rates:

Building - 4% declining-balance Furniture - 4 years straight-line Computer equipment - 3 years straight-line

(c) Website

Website is recorded at cost less accumulated amortization. The website is amortized over its estimated useful life using a five-year straight-line method. Additions during the year are amortized at one-half the annual rates.

(d) Impairment of long-lived assets

A long-lived asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value.

Notes to Financial Statements Year Ended December 31, 2018

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

(e) Financial instruments

The College initially measures its financial assets and liabilities at fair value, except for certain non-arm's length transactions. The College subsequently measures all its financial assets and financial liabilities at amortized cost, except for investments in equity instruments that are quoted in an active market, which are measured at fair value. Changes in fair value are recognized in the statement of operations and changes in net assets.

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in the statement of operations and changes in net assets. In the event a previously recognized impairment loss should be reversed, the amount of the reversal is recognized in the statement of operations and changes in net assets provided it is not greater than the original amount prior to write-down.

For any financial instrument that is measured at amortized cost, the instrument's cost is adjusted by the transaction costs that are directly attributable to their origination, issuance or assumption. These transaction costs are amortized into income on a straight-line basis over the term of the instrument. All other transaction costs are recognized in the statement of operations and changes in net assets in the period incurred.

(f) Use of estimates

The preparation of these financial statements in conformity with ASNPO requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenditures during the reporting period. Significant estimates include the estimated useful lives of property and equipment and website and accrued liabilities. While management believes these estimates are reasonable, actual results could differ from those estimates and could impact future results of operations and cash flows.

3. FINANCIAL INSTRUMENTS

(a) Liquidity risk

Liquidity risk is the risk that the College will encounter difficulty in meeting obligations associated with financial liabilities.

The College is exposed to this risk mainly in respect of its accounts payable and accrued liabilities. Cash flow from operations provides satisfactory resources to meet the College's cash requirements.

(b) Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation.

The College is exposed to credit risk with respect to its cash. The College has mitigated this risk by holding its cash with a major Canadian financial institution.

Notes to Financial Statements Year Ended December 31, 2018

3. FINANCIAL INSTRUMENTS (Continued)

(c) Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate due to changes in market interest rates.

The College is exposed to interest rate price risk on its line of credit bearing a variable interest rate, when the line of credit is used.

4. PROPERTY AND EQUIPMENT

	Accumulated				
Land		Cost	Amortization	2018	2017
	\$	769,273	\$ 0\$	769,273 \$	769,273
Building		330,556	65,519	265,037	276,080
Computer equipment		49,942	41,677	8,265	0
Furniture		43,754	43,754	0	5,469
Online computer software		86,749	86,749	0	0
Office equipment		7,495	7,495	0	0
	\$	1,287,769	\$ 245,194 \$	1,042,575 \$	1,050,822

5. ACCOUNTS RECEIVABLE

As of December 31, 2018, the College has issued invoices for penalties and restitution for hearing costs totaling \$125,186 (2017 - \$125,186), excluding interest, to be paid by a former registrant. Collection of this receivable is not assured and is therefore not recorded in the accounts receivable balance.

6. WEBSITE

	Accumulated						
		Cost	ost Amortization 2	2018	2017		
Website	\$	74,909	9 \$	52,436 \$	22,473 \$	37,455	

7. COMMITMENT

The College is committed to an equipment lease payment totaling \$35,257 over the remaining term expiring May 26, 2022.

2019	\$	10,319
2020		10,319
2021		10,319
2022		4,300
	\$	35,257

Notes to Financial Statements Year Ended December 31, 2018

8. LINE OF CREDIT

The College has available an operating line of credit to a maximum of \$200,000 (2017 - \$200,000). The line of credit is secured by the College's property. Advances under this facility bear interest at the bank prime rate plus 0.25% per annum. As of year-end, the balance of the line of credit is \$nil (2017 - \$nil).



