

# BRIEFING NOTE

**TO:** Board of Directors

**FROM:** Governance Committee

**DATE:** June 2, 2025

**SUBJECT:** Quarterly Policies for Content Review

For Decision

For Information

Monitoring Report

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## Purpose:

To carry out a scheduled content review of policies 4-15, 4-16 and 4-28 for the purpose of determining whether any amendments are necessary.

## Background:

The board has implemented a schedule to regularly review the content of its governance policies to ensure that they remain relevant and continue to serve the board's needs and strategic objectives.

## For Consideration:

The following policies are scheduled for content review in Q2 of 2025:

- 1. Quality Assurance Committee Terms of Reference and Mandate Policy 4-15:** This policy is designed to outline the composition, authority, accountability, and responsibilities of the Quality Assurance Committee. **No updates are proposed to this policy at this time (see Appendix A).**
- 2. Clinical Practice Committee Terms of Reference and Mandate Policy 4-16:** This policy is designed to outline the composition, authority, accountability, and responsibilities of the Clinical Practice Committee. **No updates are proposed to this policy at this time (see Appendix B).**
- 3. Intellectual Property Policy 4-28:** This policy is designed to outline that any work or ideas created by board or committee members while working with the College belong to the College, unless a written agreement states otherwise. **No updates are proposed to this policy at this time (see Appendix C).**

## Public Interest Considerations:

The board has recognised the importance of strong governance to carry out its object of regulating the profession in the public interest and has invested significant time and resources into updating its

governance policies and processes. Reviewing the content of these policies ensure that they remain consistent and effective, and that the College is up to date with regulations, technology, and regulatory best practices.

**Diversity, Equity, and Inclusion Considerations:**

The Governance Committee did not identify any concerns from a diversity, equity and inclusion perspective.

**Risk Management Considerations:**

Regularly reviewing the content of governance policies to ensure that they remain relevant and continue to serve the board's needs and strategic objectives aligns with the [COO Strategic Plan 2023-2025](#) and helps to mitigate organisational risk.

**Recommendations/Action Required:**

The Governance Committee recommends that the board approve no changes to the **Quality Assurance Committee Terms of Reference and Mandate Policy (4-15)**, **Clinical Practice Committee Terms of Reference and Mandate Policy (4-16)** and the **Intellectual Property Policy (4-28)**.

**POLICY TYPE: GOVERNANCE PROCESS****4-15 Quality Assurance Committee Terms of Reference and Mandate Policy**

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**Committee Composition and Meetings**

1. Board shall appoint the members of the Quality Assurance Committee for the following year at the last Board meeting of the year in accordance with the by-laws. At that time, the Board shall indicate which members of the committee are to sit on the Main Panel and which members of the committee are to sit on the Accreditation Panel.
2. The Main Panel of the Quality Assurance Committee shall be composed of all persons who are appointed by the Board to the Quality Assurance Committee who are not selected to sit on the Accreditation Panel and shall include:
  - a. at least one Director who is a registrant of the College;
  - b. at least one Director appointed to the Board by the Lieutenant Governor in Council;
  - c. at least one additional registrant of the College; and
  - d. at least one additional individual who is not a registrant of the College.
3. The Accreditation Panel of the Quality Assurance Committee shall be composed of a minimum of six members and shall include:
  - a. at least one Director who is a registrant of the College;
  - b. at least three additional registrants of the College; and
  - c. at least one individual who is not a registrant of the College.
4. The chair and vice-chair of the Main Panel shall be elected from among the members of the Main Panel and the election may take place at or before the first panel meeting of the year.
5. The chair and vice-chair of the Accreditation Panel shall be elected from among the members of the Accreditation Panel and the election may take place at or before the first panel meeting of the year.
6. Panels of the Quality Assurance Committee shall meet as required.
7. Three members of a panel constitute a quorum.
8. All panels of the Quality Assurance Committee members are required to attend an annual orientation session and such other training sessions as may be deemed appropriate by the committee chair and/or the Board.

**Authority and Accountability**

9. The Quality Assurance Committee is a statutory committee of the College as set out in section

**4-14 QUALITY ASSURANCE COMMITTEE TERMS OF REFERENCE AND MANDATE POLICY**

Date Approved: May 14, 2012

Date Last Reviewed/Revised: December 5, 2022

10(1)6 of the Health Professions Procedural Code (the “Code”).

10. The Quality Assurance Committee is accountable to the Board for:

- a. Acting in accordance with the Regulated Health Professions Act, 1991 (the “RHPA”), including the Code, the Opticianry Act, 1991, the regulations under those acts, the by-laws and any other laws that apply to its processes and decision making.
- b. Fulfilling any other duties and responsibilities assigned to it by the Board.

### **Responsibilities of the Quality Assurance Committee**

The Main Panel of the Quality Assurance Committee shall:

11. Perform such functions as are assigned to under the Health Professions Procedural Code, Regulations, by-laws, and policies of the College including developing and administering a quality assurance program that assures the quality of the practice of the profession and promotes continuing evaluation, competence and improvement among registrants in accordance with applicable legislation, established rules and procedures.
12. Consider and make recommendations to the Board for changes to applicable legislation, regulations, and by-laws, as well as programs that fall within its mandate and/or support the quality assurance program.
13. Ensure that high quality continuing education activities are available to facilitate registrant engagement with the quality assurance program.
14. Submit an annual report to the Board. The report will include information on the number of registrants who participated in the quality assurance program, and related initiatives that support the quality assurance program.

The Accreditation Panel of the Quality Assurance Committee shall:

15. Review and make decisions on applications for accreditation of continuing education activities in accordance with Accreditation Policy.
16. Perform such other functions as may be assigned by the Board.

The Quality Assurance Committee may:

14. Submit a report to the Board in between annual reports.

**POLICY TYPE: GOVERNANCE PROCESS**

4-16 Clinical Practice Committee Terms of Reference and Mandate Policy

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**Committee Composition and Meetings**

1. Board shall appoint the members of the Clinical Practice Committee for the following year at the last Board meeting of the year in accordance with the by-laws.
2. The Clinical Practice Committee shall be composed of:
  - a. at least one Director who is a registrant of the College; and
  - b. at least one individual who is not a registrant of the College.
3. The chair and vice-chair of the Clinical Practice Committee shall be elected from among the members of the Clinical Practice Committee and the election may take place at or before the first committee meeting of the year.
4. The Clinical Practice Committee shall meet as required.
5. All Clinical Practice Committee members are required to attend such other training sessions as may be deemed appropriate by the committee chair and/or the Board.

**Authority and Accountability**

6. The Clinical Practice Committee is a non-statutory committee of the Board of the College, and it is established as a standing committee pursuant to the by-laws.
7. The Clinical Practice Committee is accountable to the Board for fulfilling any duties and responsibilities authorized by the by-laws, by these Terms of Reference, and as otherwise assigned to it by the Board.

**Responsibilities of the Clinical Practice Committee**

The Clinical Practice Committee shall:

8. Perform such functions as are assigned to under these Terms of Reference, the by-laws and policies of the College, and as otherwise directed by the Board.
9. Ensure high quality standards of practice and practice guidelines that support and further the College's mandate of regulating the practice of opticianry in the public interest.
10. Consider and make recommendations to the Board proposals for changes to the legislation, including regulations to applicable statutes, and by-laws, as well as programs to support the development, dissemination and uptake of practice standards and guidelines.
11. Submit an annual report to the Board. The report will include information on the

Committee's activities for the year. The Clinical Practice Committee may also submit a report to the Board in between annual reports.

**POLICY TYPE: GOVERNANCE PROCESS**

4-28 Intellectual Property Policy

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The College, its Board and Committees rely heavily on the efforts of its Directors and Appointed Committee Members in order to undertake the tasks assigned to the College. These individuals will create work products and innovations by their involvement in the College.

Accordingly, all members of the Board and Committees,

1. Acknowledge that all work, discoveries, improvements and inventions conceived of or made by any members of the Board or Committees in connection with the work, products, equipment or other activities of the College during the member's involvement belongs to the College, unless a written agreement between the member and the College signed in advance provides otherwise.
2. Assign and release all interest in any such work, discoveries, improvements or inventions to the College.
3. Shall review and sign the "Acknowledgment and Undertaking regarding Fiduciary Duties" prior to assuming their responsibilities and duties on behalf of the College.