

EXECUTIVE COMMITTEE REPORT

June 2026 Executive Committee
Report to the Board of Directors

2026 Committee Members:

Kevin Cloutier, RO, Vice-Chair, Elected Member
Derick Summers, RO, Chair, Elected Member
Stephen Kinsella, Chair, Public Member
Omar Farouk, Public Member
Paul Imola, RO, Elected Member

Number of meetings since the March Board Meeting:

- One on May 19, 2026

Report:

1. General Business

Review of the Executive Committee Evaluations

The Committee reviewed and discussed the Executive Committee self-evaluation for 2025. No action plan items were identified for 2026.

Virtual vs In person meetings

The Executive Committee discussed the number of virtual and in-person meetings. The committee will make a recommendation following the June Board meeting.

2. Exercise of Board Powers in Between Meetings

Under section 12 of the Health Professions Procedural Code, the Executive Committee has all of the powers of the Board for any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend, or revoke a regulation or by-law. Where the Executive Committee exercises this power, it must report on its actions to the Board at its next meeting.

The Executive Committee has not exercised its powers to act as the Board since the last meeting.

3. Finance Committee

Financial Statements

The Executive reviewed the financial variance reports to March 31, 2026.

2025 Audited Financial Statements and Audit Report Findings

The Auditors, S. Dhanotta and M. Vaz presented the results of the 2025 Audit, including draft financial statements and an Audit Findings Report with the committee. The draft financial statements and audit report will be presented for approval at the Board meeting on June 1.

Annual Auditor Assessment

The Executive Committee reviewed the process for the annual auditor assessment. Once the Board approves the audit report, the committee will conduct its annual review of the audit process and assess the auditor's performance. The assessment will help inform the committee's recommendations to the Board regarding the appointment of an auditor for the next fiscal year.

Finance Automation Projects

The Committee received an update on three financial automation projects undertaken by the accounting department. The projects are aimed at streamlining financial processes to improve efficiency and accuracy.

Request from ICRC

The Executive Committee approved a request from the Inquires, Complaints, and Reports Committee to proceed with seeking an injunction in an unauthorized practice matter.

Submitted by:

Kevin Cloutier, RO, Chair, Elected Member

GOVERNANCE COMMITTEE REPORT

June 2026 Committee Report to the Board of Directors

Committee Members:

Carlo Sicoli, Board (Public) Member, Chair
Lindsay Beriault (RO), Professional Appointee, Vice-Chair
Elyse Jackson, Community Appointee
Carlos Pacheco, (RO), Board (Professional) Member
Panos Petrides, Community Appointee

Number of Meetings since March 2026:

- May 14, 2026

Report:

Governance Committee Self-Evaluation Results 2025

The committee reviewed and discussed the results of the Governance Committee effectiveness self-evaluations for 2025. The committee did not identify any action plan items for 2026 from the results.

Governance By-laws and Policies

The committee reviewed the following policies as per the Policy Review Schedule set out in the Governance Manual:

1. Financial Planning and Budgeting Policy 2-02
2. Board-Staff Relationship Policy 3-04
3. Role of Committee Chairperson Policy 4-05

Updates will be proposed to these policies at the upcoming Board meeting.

2026 Board Action Plan

The committee reviewed a draft of the Board's 2026 Action Plan. The 2026 Action Plan will be presented for approval at the upcoming Board meeting.

Submitted by:

Carlo Sicoli, Board (Public) Member, Chair
Sarah Scott, Director, Policy and Governance

CLINICAL PRACTICE COMMITTEE REPORT

June 2026 Committee Report to the Board of Directors

Committee Members:

Stephanie Kelly, RO, Chair, Professional Appointee
Parneet Dhillon, RO, Vice-Chair, Professional Appointee
Robert Quinn, RO, Professional Appointee
Johanna Whalen, RO, Professional Appointee
Elliot Borins, Community Appointee

Number of meetings since the March Board Meeting: 0

Report:

The Committee has not met since the last Board of Directors meeting.

The Committee will be reviewing the following policies at their next meeting:

- Joint Record Keeping
- Patient Access to Personal Health Information

Submitted by:

Stephanie Kelly, RO, Chair, Professional Appointee
Peggy Dreyer, Director, Professional Practice and Quality Assurance

DISCIPLINE COMMITTEE REPORT

June 2026 Discipline Committee Report to the Board of Directors

2026 Discipline Committee Members:

Committee Members:

Elected Members

Kevin Cloutier, RO
Derick Summers, RO
Paul Imola, RO
Carlos Pacheco, RO
Parminder Kalsi, RO
John Battaglia, RO
Johanna Whalen, RO

Public Members

Omar Farouk
Stephen Kinsella
Alicia Munian
Carlo Sicoli
Mark Priddle
Greg Chitilian

Appointed Members

Stephanie Kelly, Chair, RO
Jay Bhatt, RO
Robert Quinn, RO
Parneet Dhillon, RO
Elisabeth Roche, RO
Lindsay Beriault, RO
Melissa Campbell, RO
Maximilian Savorini, RO
Audric Beauschene, RO
Patricia Raymond, RO
Elliot Borins, Non-RO
Panos Petrides, Non-RO
Patrick Mott, Non-RO
David Milne, Vice Chair, Non-RO
Elyse Jackson, Non-RO
Rebecca Forte, Non-RO

Number of meetings since last Board Meeting: n/a

Report:

The Discipline Committee had two members complete the Health Profession Regulators of Ontario (HRPO) Discipline Orientation Workshop's basic session in May 2026. Two members will also attend the advanced training session in June 2026. The Committee anticipates sending an additional three members to complete the Discipline Orientation Workshop in Fall 2026.

No new matters were referred to the Discipline Committee.

A decision was issued in the following matter and is available on the College's website:

College of Opticians v. Gopal Puri

The Discipline Committee withdrew allegations in the following matter, and the decision is available on the College's website:

College of Opticians v. David Gallo

Submitted by:

Stephanie Kelly, RO, Chair

Tertia van Jaarsveld, Senior Coordinator, Professional Conduct

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

June 2026 Committee Report to the Board of Directors

Committee Members:

When reviewing cases, the ICRC sits as two independent panels. When necessary, the Chair of the ICRC strikes additional special panels to review appropriate cases.

Panel 1	Panel 2
Rebecca Forte, Chair, Appointed Member	Elizabeth Roche, RO, Vice-Chair
Alicia Munian, Public Member	Stephen Kinsella, Public Member
Jay Bhatt, RO, Appointed Member	Mark Priddle, Public Member
Audric Beauchesne, RO, Appointed Member	Melissa Campbell, RO, Appointed Member
John Battaglia, RO, Elected Member	Kevin Cloutier, RO, Elected Member

Number of meetings since December 2025 Board Meeting:

The ICRC holds full committee meetings for the purpose of orientation and training, as well as to discuss committee policies and other issues of common concern. The balance of ICRC meetings are held as panel meetings to review and dispose of cases.

Number of Meetings in 2026	
Full Committee Meeting	1
Panel Meetings	0

Number of Meetings Since Last Board Meeting in December 2025	
Full Committee Meeting	1
Panel Meetings	4

Report: The Committee, in their respective panels, reviewed and disposed of 17 completed cases. 6 decisions have been provided to the parties; while the remaining 11 are being finalized.

On May 19, 2026, the Finance Committee approved injunction proceedings in a matter concerning unauthorized practice, following a recommendation from a panel of the ICRC. The College now has three unauthorized practice matters that in which injunctions are being sought.

Submitted by:

Rebecca Forte, Chair, Appointed Member
Raj Bhatti, Director, Professional Conduct

INQUIRES, COMPLAINTS & REPORTS COMMITTEE

Q2 Report

Complaints

of Complaints Received (2026 YTD): **8**
of Complaints Open (TOTAL): **33**
of Complaints Closed (2026 YTD): **6**
of Complaints Awaiting Decisions*: **11**

*Committee has reviewed and decided on files

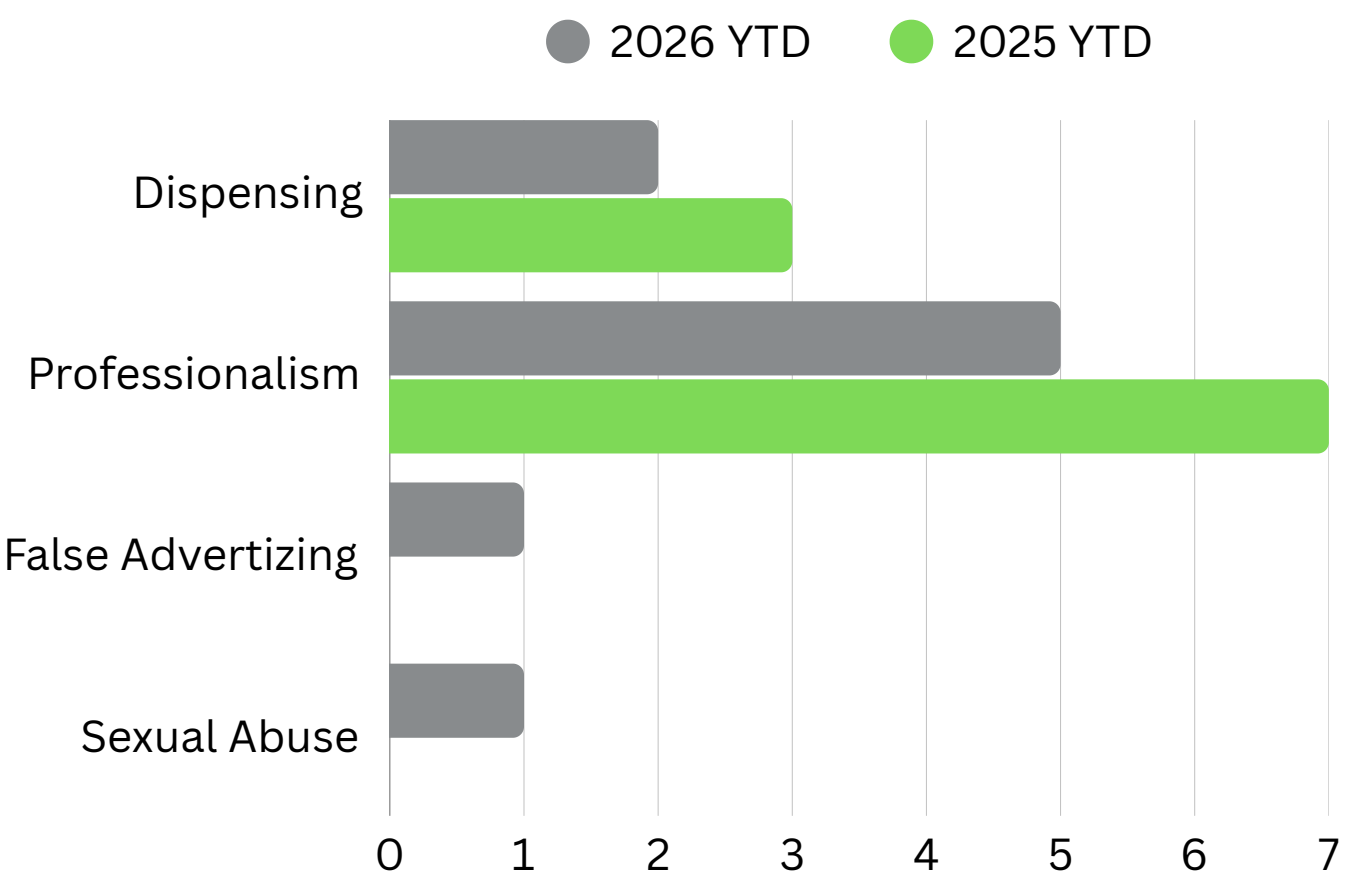
Processing Times

Avg. Days 2023: **368**
Avg. Days 2024: **270**
Avg. Days 2025: **265**

Complaint Themes

The themes in Q2 2026 YTD are generally consistent with the themes observed in Q2 2025. Professionalism continue to be the area of most concern.

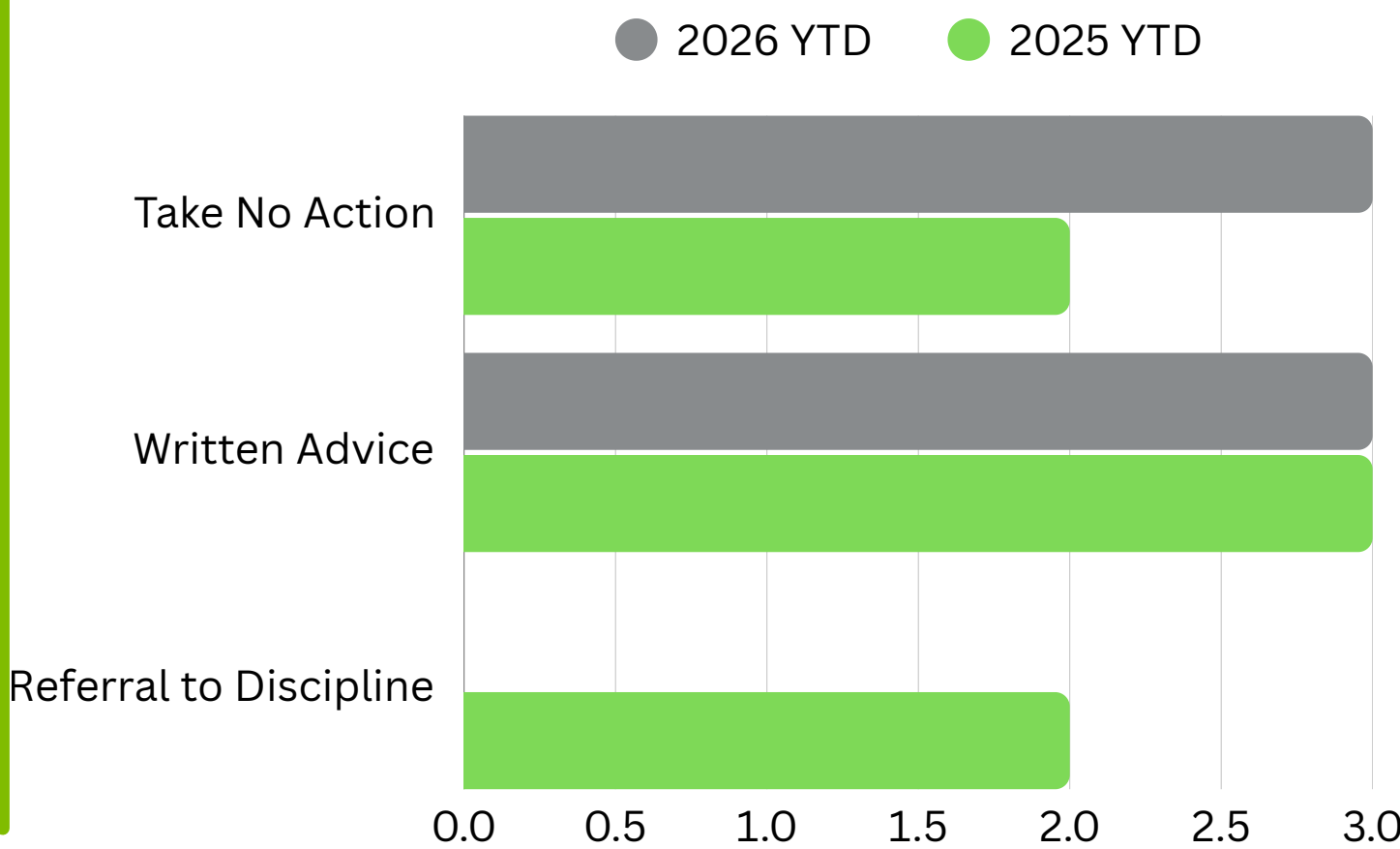
*More than one area of concern may be identified within a complaint.



Complaint Outcomes

The disposition themes in Q2 are consistent with the themes observed in Q2 2025.

*A complaint may have more than one disposiiton/outcome



Reports

of Reports Received (2026 YTD): **6**
of Reports Open (TOTAL): **21**

Unauthorized Practice (UAP)

of UAP Reports Opened (2026 YTD): **15**
of UAP Reports Closed (2026 YTD): **9**

2 reports are in the court injunction phase
1 report was recently approved to proceed to legal process

Total Open Matters

Number of Open Complaints & Reports

2026 YTD	2025 YTD
54	48

PATIENT RELATIONS COMMITTEE REPORT

June 2026 Committee Report to the Board of Directors

Committee Members:

David Milne, Community Appointee, Chair
Paul Imola (RO), Board (Professional) Member, Vice-Chair
Patrick Mott, Community Appointee
Golta Mohammadi (RO), Board (Professional) Member
Patricia Raymond (RO), Professional Appointee
Maximilian Savorani (RO), Professional Appointee

Number of Meetings since March 2026:

- May 12, 2026

Report:

Orientation

As it was the committee's first meeting of the year, members participated in an orientation session. The session included an overview of the committee's mandate, the Patient Relations Program, the Sexual Abuse Prevention Guidelines, and the funding for therapy and counselling.

Committee Self-Evaluation Results 2025

The committee reviewed and discussed the results of the 2025 Patient Relations Committee self-evaluations. No action items were identified for inclusion in the 2026 work plan.

Demographic Data Collection Project

The committee reviewed the proposed survey questions for the demographic data collection project. The questions were based on those used by the Ontario College of Social Workers and Social Service Workers (OCSWSSW) as part of its Equity and Inclusion Data Initiative and adapted from established sources, including the Canadian Census and the Anti-Racism Data Standards under the Anti-Racism Act.

The committee noted that the survey could be integrated into the annual registration renewal process, with implementation targeted for the 2027 renewal cycle. Participation would be voluntary, and responses would be securely stored and reported only in aggregate form to protect confidentiality.

The committee noted that the project would establish baseline demographic information about COO registrants to help identify gaps and disparities and inform efforts to address systematic barriers and develop-equity focused initiatives to better serve the public.

The committee approved proceeding with stakeholder consultation and engagement with key communities and organizations, including the College's registrant base. Feedback will be reviewed by the COO team and used to inform revisions, with the final survey questions to return to the committee for review on July 28, 2026.

Submitted by:

David Milne, Community Appointee, Chair
Sarah Scott, Director, Policy and Governance

QUALITY ASSURANCE COMMITTEE REPORT

June 2026 Committee Report to the Board of Directors

Committee Members:

Stephanie Kelly, RO, Professional Appointee, Chair
Parminder Kalsi, RO, Board Professional Member, Vice-Chair
Golta Mohammadi, RO, Board Professional Member (as of February 17, 2026)
Greg Chitlian, Board Public Member
Omar Farouk, Board Public Member
Patricia Raymond, RO, Professional Appointee

Accreditation Panel Members

John Battaglia, RO, Board Professional Member
Audric Beauchesne, RO, Professional Appointee
Lindsay Beriault, RO, Professional Appointee
Melissa Campbell, RO, Professional Appointee
Elisabeth Roche, RO, Professional Appointee
Derick Summers, RO, Board Professional Member
David Milne, Community Appointee

Number of meetings since March 2026: 3

- March 19
- April 16
- May 11

Report:

2025 Committee Self-Evaluation

The Committee reviewed the results of the 2025 QA Committee Self-Evaluation survey and did not identify any concerns or action items for 2026. All members indicated they are satisfied with the current processes related to orientation and training and feel the expectations are clearly outlined.

QA Portal

Ahead of the 2026 Competency Review and Evaluation (CRE) process, registrants identified as not completing some or all their 2025 Professional Portfolio through their Registrant portal were notified that they may have some deficiencies that required their attention.

Staff were able to identify registrants in the following categories:

- Completed their requirements in their registrant portal but did not upload certificates of completion for their accredited hours (411 registrants)
- Some or all components of their professional portfolio were not uploaded (577 registrants)

Policy Manual

As part of their structured policy and guideline review schedule, the Committee reviewed and updated the following policies:

Policy	Amendments
Professional Portfolio Non-Compliance Policy	<ul style="list-style-type: none"> • a minor update to reflect the change in the Professional Portfolio due date and to include all components, not only accredited hours • updated to reflect Competency Review and Evaluation selection criteria related to seemingly incomplete portfolios
Continuing Education (CE) Hours Guideline	<ul style="list-style-type: none"> • a minor amendment to reflect the removal of caps related to activities and that dispensing hours cannot be claimed toward non-accredited, self-directed hour requirements

Professional Portfolio Policy

The Committee reviewed and approved a registrant facing Professional Portfolio Policy. The intent of the policy is to ensure registrants are aware of their annual requirements and the process for applying for an extension or exemption.

The policy outlines:

1. Annual professional portfolio requirements
2. Requests for extension or exemption of annual professional portfolio requirements

Included with the policy are two appendices that:

- outline the continuing education hour requirements for newly registered opticians and opticians who change their class of registration
- examples of non-accredited hours that opticians can report toward their non-accredited, self-directed hour requirements

Professional Portfolio Review

On March 16, 2026, 726 registrants were notified that their 2025 Professional Portfolio would be audited on or after April 17, 2026. Of these, 19 were determined to be exempt from participation because they did not meet the selection criteria, had resigned or were retired.

As of May 15, 2026, 534 portfolios have been audited with 322 registrants receiving immediate exit letters.

Peer Assessors

The Committee is welcoming back 4 peer assessors and welcoming 4 new peer assessors. All assessors participated in a training session held March 30, 2026. All new assessors will shadow returning assessors for at least one assessment.

Peer and Practice Assessments

As of May 15, 2026, the Committee has reviewed 11 reports from Peer and Practice Assessments completed in the last quarter of 2025; the outcomes are as follows:

- 8 were closed with recommendations
- 2 were ordered to complete Specified Continuing Education or Remediation Programs
- 1 was closed following an undertaking signed by the Registrant.

2026 Assessments

Registrants randomly selected to participate in a Peer and Practice Assessment (PPA) as part of the 2026 Competency Review and Evaluation process have submitted materials and assessments are now in progress.

Submitted by:

Stephanie Kelly, RO, Chair, Professional Appointee
Peggy Dreyer, Director, Professional Practice & Quality Assurance

QUALITY ASSURANCE COMMITTEE

Q2 Report

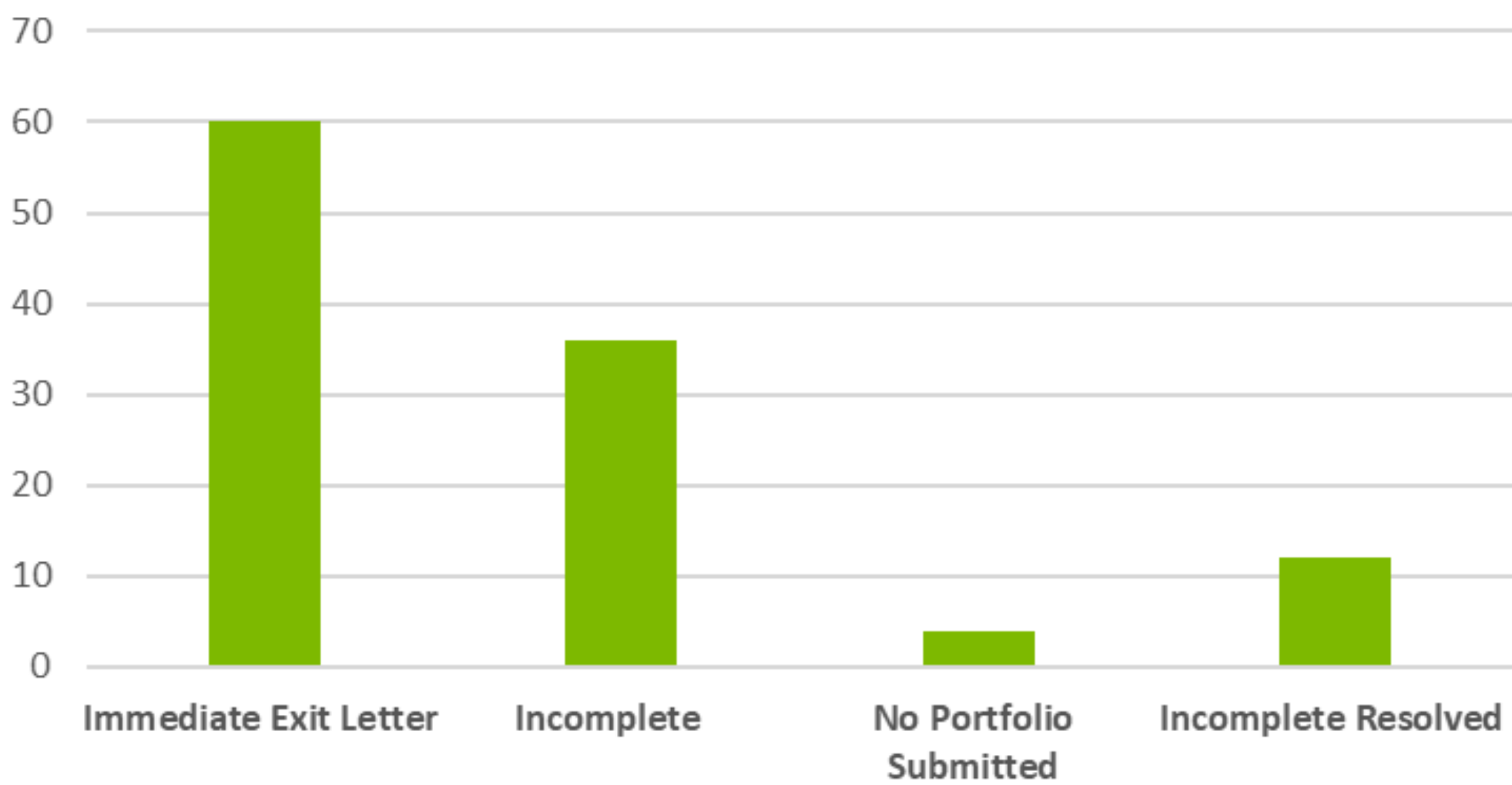
2026 Competency Review & Evaluation Process

Notable Points:

- As of May 15, 534 of the expected 713 portfolios have been assessed (75%)
- As of May 15, 12% of incomplete portfolio submissions have been resolved
- No deferral requests have been received

*Reported in percentage

Assessment Progress*



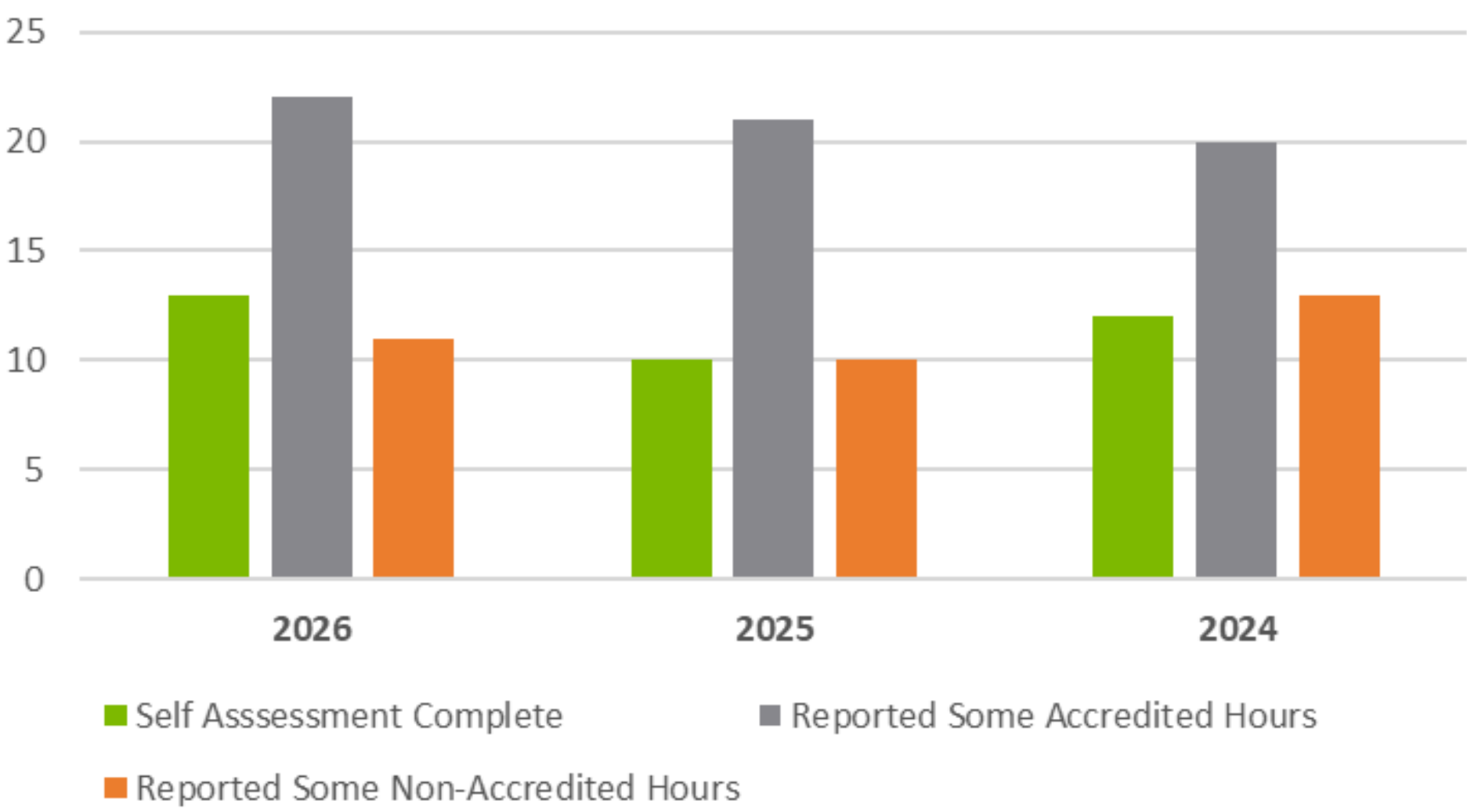
Professional Portfolio Trends

Notable Points:

- Uploads by registrants appear to be on trend with the last 2 years.

*Reported in percentage of registrants who have completed at least some of their professional portfolio requirements.

YTD Portfolio Trends*



Accreditation Requests

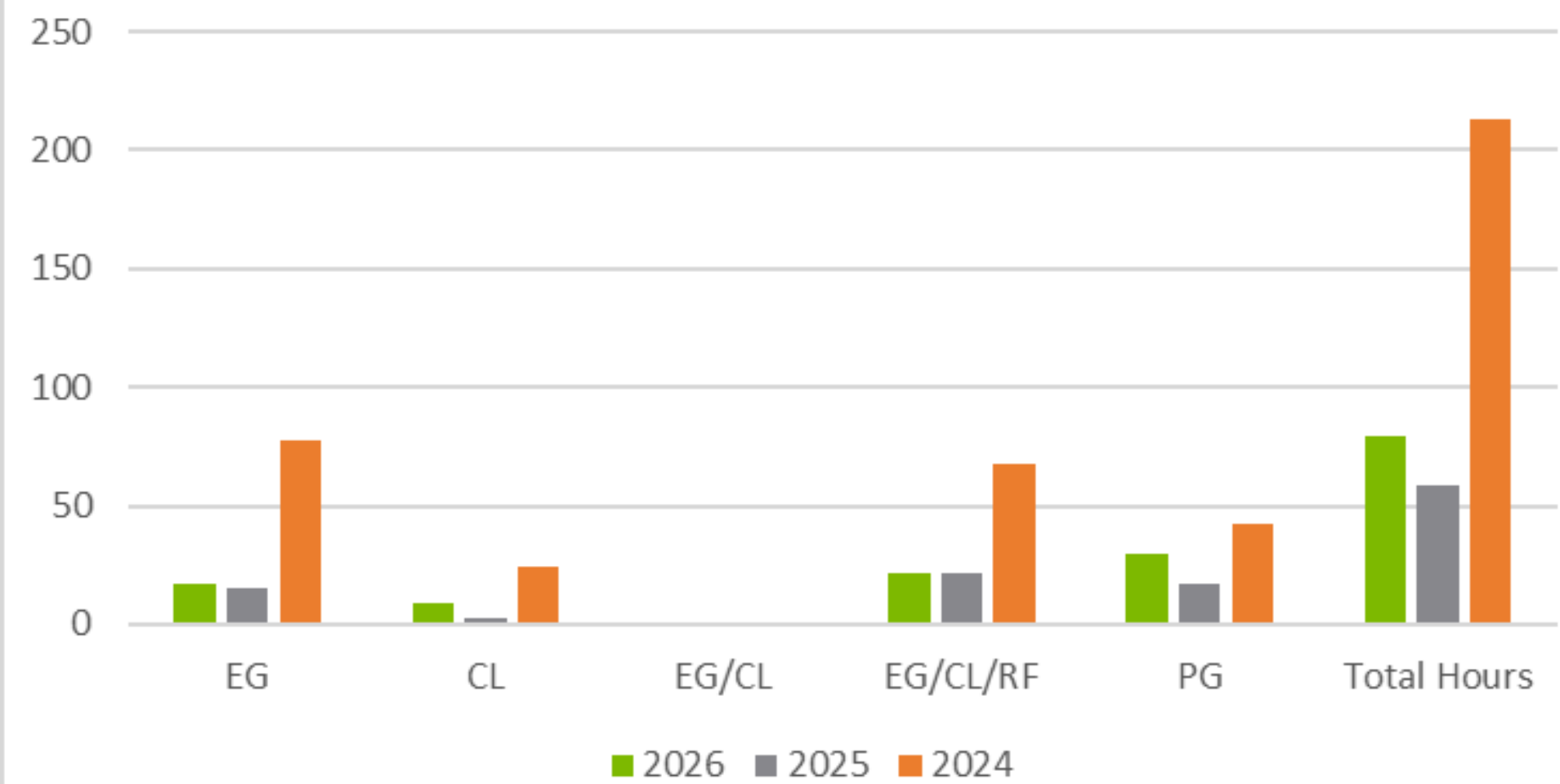
Notable Points:

- There is a 42% increase in PG hours accredited YTD versus the same period last year.
- 2024 was anamalous as a result of two new CE providers entering the market.

Legend
Eyeglass Hours - EG
Contact Lens Hours - CL
Eyeglass/Contact Lens Hours - EG/CL
Eyeglass/Contact Lens/Refracting Hours -EG/CL/RF
Professional Growth Hours - PG

*Reported in hours

YTD Hours Accredited*



REGISTRATION COMMITTEE REPORT

June 2026 Report to Board of Directors

Committee Members:

Derick Summers, RO (Chair), Board Professional Member
Parneet Dhillon, RO (Vice Chair), Professional Appointed Member
Alicia Munian, Board Public Member
Robert Quinn, RO, Professional Appointed Member
Maximilian Savorani, RO, Professional Appointed Member

Number of meetings since March Board Meeting:

- March 12, 2026
- April 16, 2026
- May 4, 2026

Report:

Scheduled Policy Reviews

The Registration Committee carries out a regular review of all public-facing policies to ensure they remain accurate, relevant, and aligned with the College's current processes. One policy was reviewed according to this schedule:

- Examination & Upgrading Policy

Scheduled Policy Review: Examination & Upgrading Policy

The Registration Committee recommended changes to this policy to streamline the process for candidates to extend their exam eligibility if they had made no previous attempts at the national examinations. The proposed changes leverage the Refresher Program approved by the Board in September 2025.

The Committee recommended that the Board approve the proposed changes at its next meeting.

Policy Review: Approved Education Programs Policy

Proposed changes to the Approved Education Programs Policy include the addition of three new opticianry programs approved by Accreditation Canada: Southern Alberta Institute of Technology, New Brunswick Community College, and Vancouver Community College.

The Committee recommended that the Board approve the proposed changes at its next meeting.

Policy Review: Inactive Class Policy

A change was proposed to the Inactive Class Policy to remove language referencing the July 1, 2025 transitional period, which is now passed.

The Committee recommended that the Board approve the proposed changes at its next meeting.

File Review

The Committee reviewed the following files:

- Upgrading proposals: 2
- Approval of Recent Practice: 2

Submitted by:

Derick Summers, Chair, RO

Stephanie Jung, Director of Registration

REGISTRATION COMMITTEE

Q2 Report

Registrant Numbers (as of May 14, 2026)

3,482 Registered Opticians

↑ 3%
From Q1

135 Intern Opticians

↑ 14%
From Q1

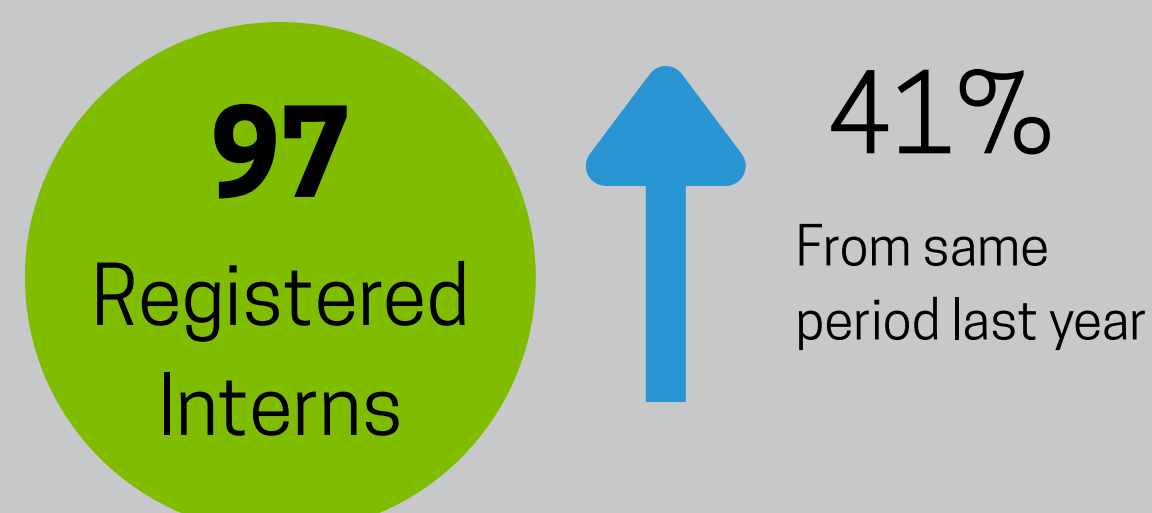
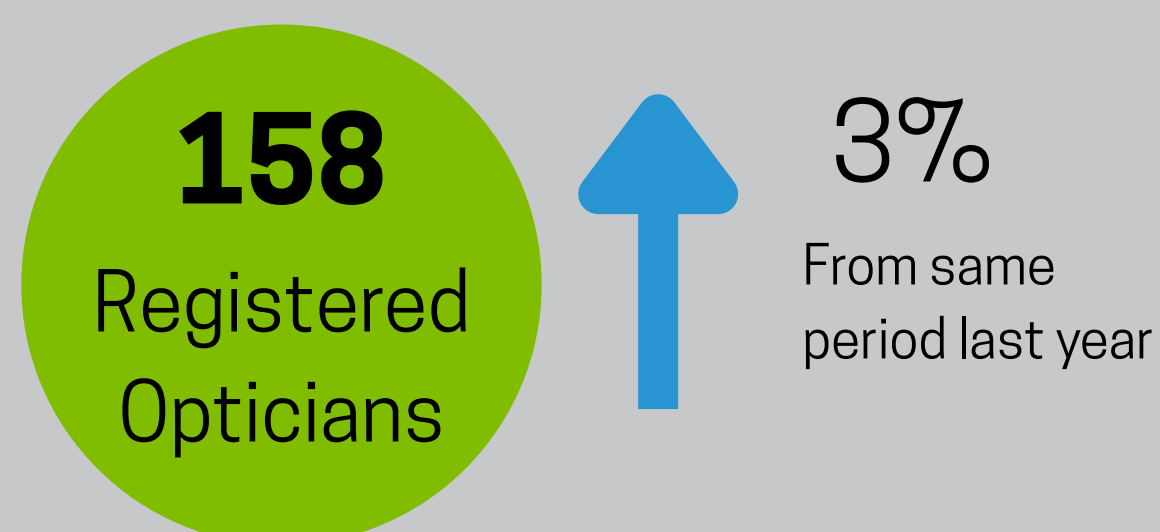
249 Inactive Opticians

↓ 19%
From Q1

- Registration numbers fluctuate throughout the year depending on factors such as the timing of National Examinations & graduation dates. The rise in the number of Registered Opticians is because of the release of the results of NACOR exams and class changes from the Inactive class. The influx of registration in the Intern class is from graduates wanting to take the May NACOR exams.

- A number of Inactive Opticians submitted class change requests to move into the Registered Optician class.

New registrations in each category (YTD)



Average application processing time*: **3 days**

*Refers to the average calendar days from completed application to registration, as reported to the Ministry of Health in its most recent report.

National Mobility (YTD)

