

DATE: Saturday, June 25, 2016 (0906 hrs) to Sunday, June 26, 2016 (1600 hrs)

NOTE: The following IOA committees met on Friday, June 24, 2016 (1700-1830) prior to the start of the official Council meeting: Finance Committee, Partner Country Restructuring Committee, CSPC, and the ad hoc group regarding potential collaborations.

LOCATION: Hilton Rotterdam (Coolsingel Suite) Rotterdam, The Netherlands

Present at the Official Council Meeting:

Connie Koklanis
Ulrike Weissenböck
Daisy Godts
Carole Panton
Michèle Marsot
Dagmar Verlohr
Sara Bettega
Chikako Arai
Jan Roelof Polling
Isabel Reich-d'Almeida
Karen Tunemyr
Nicole Höckele
David Newsham
Kyle Arnoldi

IOA Representatives of Full Member Countries:

IOA Representatives of Associate Member Countries:

Asia Pacific	Zoran Pejic
Brazil	Celina Tamaki
Czech Republic	Zuzana Štěrbová
	(Designate for A. Jeřábková)
Hong Kong	Frenchy W L Chiu
South Africa	Ann Chadwick

IOA Officers:

President	Karen McMain
Secretary	Katherine J. Fray
Treasurer	Jane Tapley

Guest Observer:

Martina Kohoutová: Interpreter for the Czech Republic

Signatories of approved minutes (to be done at the 2017 IOA Council of Management meeting)



Page 2 of 19 FINAL (Pending Approval) AGENDA K. McMain 1. Quorum was established; Call to Order: 0906 hrs. 2. President's Welcome, Introductions, Meeting Regrets & Comments A. Welcome: All members of Council introduced themselves. A special welcome was given to those members who are attending their first Council meeting: 1) Chikako Arai: new representative from Japan 2) Celina Tamaki: representative from Brazil 3) Frenchy Chiu: representative from Hong Kong 4) Zuzana Štěrbová: incoming representative from the Czech Republic B. Meeting Regrets 1) India: Krishan K. Yadav 2) Israel: Ofer Ancri 3) New Zealand: Lora Parsons 4) Pakistan: Ayesha Sarfraz 5) Tunisia: Ons Lahouimel C. Comments: 1) Language: Speak clearly and slowly for the benefit of those council members whose native language is not English. 2) Thank you to JR Polling for all of his work in making the arrangements for the Council meeting in Rotterdam and his work with the Congress. A small gift was presented to JR Polling. 3. Approval of Agenda There were no additions to the Agenda. MOTION: To Approve the 2016 Agenda as written. K. Arnoldi SECONDED **D. Godts MOTION CARRIED (unanimous)** 4. Review & Approval of the 2015 Minutes of Council of Management Meeting There were no corrections to the 2015 Council of Management meeting minutes that were previously circulated to Council. K. McMain MOTION: To approve the 2015 minutes are approved as written. **SECONDED** K. Arnoldi **MOTION CARRIED (unanimous)** K. McMain 5. Action Items arising from 2015 Council of Management Meeting minutes: A summarized list of completed and ongoing items are included in the IOA Dropbox. Most items have been addressed and are included in the appropriate reports. Attention was directed to the following items: A. Dropbox (Item 5.A.1): To protect the IOA documents on Dropbox, the IOA paid to upgrade our account to limit editing capabilities. Council can view all documents but only K. McMain and K. Fray can make any changes. Council to contact K. McMain or COUNCIL K. Fray to add any documents to the IOA Dropbox folder. All documents are being archived for future reference. B. Membership (Item 5.C): Poland was approached about IOA membership. They are not ready to join the IOA at this time but we will remain in contact with them. C. Professional Role of the Orthoptist (Item 6.F): Our website needs to have an accurate description of what we do for those that want to learn more about us (especially governments and policy makers). The old document was removed as it was determined to be out-dated and inaccurate. K. McMain drafted a new document that

is a general description on the role of orthoptics based on information obtained from

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E. F.	the websites of our member countries. This document was included with the President's report but will be recirculated to Council. Council to review this document to ensure that it doesn't restrict the practice of an orthoptist, offer feedback for improvement and give approval by the end of summer. A. Chadwick was approved to use this working document for the appeal that South Africa is making this year to the health professions council. The final document will be posted on the IOA website. Individual orthoptist or ophthalmologist membership (Item 11.A.2) : A poster was created promoting individual membership and will be on display during the Congress. Banner on website for advertising (Item 12.A.2) : In appreciation for several generous donations to the IOA this past year, the IOA provided complimentary advertisement for Mr. Otto of Trusetal in the website banner. Having advertisements in the website banner is a source of potential revenue in the future. Education & Research Program (Item 18.F): C. Koklanis to defer discussion until her report. IPOSC Vision Screening Committee (Item 21. B. 1-2): Helen Davis (UK) agreed to represent orthoptists on this committee.	COUNCIL
	Officer's Reports	
6.	President's Report (as circulated with the following highlights):	K. McMain
_	<u>Nigeria:</u> Working with the Nigerian pediatric ophthalmology association to develop orthoptics in Nigeria. Due to safety issues for our volunteers in Nigeria, we opted to secure the funding to send an orthoptist candidate for training at the Aravind Eye Hospital in Madurai, India. IOA volunteers are supporting the training.	K. McMain
7.	Secretary's Report (as circulated with the following highlights):	K. Fray
А. В.	 requests for information. Please respect your fellow Council members by adhering to all deadlines which assures effective administration. 1) K. Fray to send Outlook reminders in addition to email reminders. <u>Membership Lists</u>: Membership lists are different from the User Lists. User Lists contain the members of your national association with email addresses. User Lists are sent to D. Verlohr to grant website access to your members. Membership lists are sent to K. Fray. Member numbers from this list are used for generating annual dues invoices. 	Council K. Fray Council
	 If you include honorary, life and student members, your national association will be paying IOA dues for them. To allow for easier transfer of information to the master membership list, please send lists using an Excel format (similar to the IOA website's User List). Deadline for sending in 2017 Membership lists is August 31, 2017. 	Council
C.	 be paying IOA dues for them. 2) To allow for easier transfer of information to the master membership list, please send lists using an Excel format (similar to the IOA website's User List). 3) Deadline for sending in 2017 Membership lists is August 31, 2017. Handbook Updates (see addendum to Secretary Report): 	Council
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8.	Treasurer's Report (as circulated with the	following highlights):	J. Tapley	
Α.	General Comments:				
	1) All countries paid subscriptions on time.				
	2) The bank closed our account in error. WI	hen asked to reopen th	ne account, they		
	were unable to do so without full identific		-		
	we are securing the requested documenta		-		
	difficult accessing the account, we have no		-		
	that it was their error and have provided u	-			
	3) Overall, we are in a stable financial positio		•		
	the past couple of years. A high proportio				
	meeting. We should look for ways to redu				
	4) In an effort to reduce expenses, the finan				
в.	or not we need to do a full audit each year				
Б.	Balance sheet for the financial year 2015-2016 that in their opinion the Financial Statements g				
	company's affairs at April 5th 2016 and of its				
	resources, including its income and expendi	-			
	Financial Statements have been properly pre-	· · ·			
	Kingdom Generally Accepted Accounting P				
	accordance with the requirements of the Com				
	and Financial Statements is available for insp	•			
	representatives by email. I should be pleased t	· · · · · · · · · · · · · · · · · · ·			
	For the year ending:	April 5th 2016	April 6 th 2015		
		f	£		
	Income Resources	_	_		
	Other trading activities	14918	14807		
	Investments	2527	2694		
	Charitable activities	2049	-		
	Total income	<u>19494</u>	<u>17501</u>		
	Expenditure				
	Raising funds	419	199		
	Charitable activities	15332	14616		
	Total expenditure	<u>15751</u>	<u>14815</u>		
	Net income before other gains & losses	3743	2686		
	Losses on investment assets	(4774)	(275)		
	Net movement in funds	(1031)	2411		
	Reconciliation of funds				
	Total funds at 6 th April 2015	182087	179676		
	Total funds at 5 th April 2016	<u>181056</u>	<u>182087</u>		
	MOTION: To accept the accounts for 2015-2016.				
	SECONDED				
		MOTION CARRI	ED (unanimous)		
	MOTION: To approve the appointm				
		Ci	rouch Chapman.	K. Arnoldi	
				JR Polling	
		MOTION CARRI	ED (unanimous)		

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Operations Management Program		
9.	Governance of IOA	K. McMain, J. Tapley & D. Verlohr
А.	 The IOA is a charitable company governed by the United Kingdom (UK) Companies Act, the UK Charity Commission regulations and by our Articles of Association. We have the following legally binding obligations: 1) Submit audited accounts and annual return to the company's registration office. 2) Maintain a register of our members and directors. 3) Hold an Annual General Meeting (AGM) and disburse information to the membership. 4) Notify the company's office of any special resolutions, changes to the Articles of Association, changes in the registered office, changes in the directors or changes in the auditor. 5) Report any potential risks and the steps that we are taking to mitigate these risks. 6) Have regular meetings and take minutes. The IOA is incorporated as a charitable company limited by guarantee for the benefit of the orthoptic profession. We are registered with the UK Charities Commission. 	
6	 The IOA can enter into contracts; we can sue or be sued if a contract is breached. <u>Limited by guarantee</u>: Under UK law, should the IOA be sued, we would only be limited to an amount that equals one (1) British pound (£) per member. The company (i.e., the IOA) is responsible for any liabilities, not the trustees. We have tax exempt status. <u>Trustees</u>: The Charities Commission and the UK Companies Act list the officers and 	
	 each <i>full</i> member country representative of the IOA Council of Management as a trustee. Trustees 1) Must know their duties and responsibilities. 2) Bear the legal responsibilities to make decisions and direct company affairs. 3) Ensure that the company is solvent, well-run and the company delivers the charitable outcomes for which it was established. 4) Must be eligible to serve or will be disqualified. 	
D.	 To safeguard our company, the IOA is required to supply information pertaining to each trustee (e.g., conflict of interest, offenses, lawsuits, fraud, and bankruptcy). K. McMain and Operations Management will do the following: 1) Develop a sheet to be completed and signed by each trustee attesting to being in good standing on all accounts. 2) Create a document stipulating the role of the IOA representative that can be used by each national association. It is the duty of the national association to ensure 	K. McMain & OM
	 that their representative is in good standing. K. McMain to send this document to each association. 3) Propose handbook changes that clarifies the role of the trustee. 4) New council members will receive information pertaining to their role as a trustee with the Orientation Guide. 	K. McMain K. McMain & K. Fray
10	. Treasurer Duties: Trustee	J. Tapley
Α.	Discussion on this was not needed (implied in previous section).	
11	. 2016 COC [Congress Organizing Committee] (as circulated with the following highlights):	J.R. Polling



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	 Loss of revenue (inappropriate investments, loss of membership, etc.) Theft Damage to our reputation Accessibility of IOA accounts and programs Need for data back-ups 	
Α.	ntegral to effective governance is the need for the IOA to identify and manage the isks that could prevent it from carrying out its strategies and achieving its aims. Examples of risks the IOA could face: 1) Potential Congress failure leading to bankruptcy	
12.	Aitigating IOA Risk	K. McMain
C. D.		K. McMain
	 Congress will still be a very good meeting. Summary of events: In 2015, we learned that Congrex Holland became CimGlobal, managed by Prasant Saha from India. During the abstract submission process in late 2015, the company who provided our online abstract submission support left us when CimGlobal didn't pay them. This is why we extended the submission deadline to December 6th. February 6, 2016 we learned that the foundation responsible for our escrow account (also chaired by P. Saha) had declared bankruptcy on February 4, 2016. Due to the bankruptcy our account was frozen. We took immediate action to remove the registration link from this account so no more funds would be deposited into the account. We began to function as our own PCO until we could find a new one. 	



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	1)	Governance Risks: e.g. lack of direction or forward planning; trustee body lacks	
	-,	skills or is dominated by one or two people; conflicts of interest; inappropriate	
		legal structure.	
	21	<u>Operational Risks</u> : e.g. service quality; doubts over security of assets, computer	
	2)	security.	
	3)	<u>Financial Risks</u> : e.g. adequacy of reserves; inadequate insurance cover; fraud;	
	5)	inadequate investment policies.	
	4)	External Risks: e.g. reputation; government policy; economic conditions.	
		<u>Compliance Risks</u> : e.g. poor understanding of relevant laws and regulations.	
	-	Black Swan Events: e.g. terrorism; disease; ash clouds.	
c.	-	ngs that we should address now:	
с.		Develop a regular exchange of information between the officers with access to	
	1)	critical information in the event that something happens to one of us. This also	
		applies to our website.	
	2)		
	•	Knowing our Congress costs.	
	-	Ensuring that we are achieving the objectives of our organization.	
П		posed Actions:	
υ.		Develop policies that will help to protect us from theft.	
		Separate the Congress from the Association.	
	2)	a. Set up the Congress as a limited, for-profit company with shareholders. The	
		IOA would loan that company money.	
		b. If the Congress goes bust, the IOA would not go bust with it.	
		c. The IOA would lose control if it is set up this way. The possibility exists that	
		this company could separate itself from the IOA.	
		d. If the Congress makes a profit, they could gift the profit back to us for projects.	
		e. A for-profit company can be taxed. There is more paperwork to do it this way.	
		f. K. McMain to write up a list of pros and cons for separating the Congress from	K. McMain
		the IOA and circulate to Council.	
	3)	Consider limiting the size of the Congress and/or exercise cost containment by	
	51	offering a different type of Congress. Venue and catering are the variable costs.	
		a. Bring in vendors and have everyone pay for their own food (e.g., similar to	
		WSPOS meetings).	
		b. Find ways to decrease registration costs to be competitive with other	
		meetings. This may help to increase attendance.	
		c. Joint meetings with another strabismus organization (e.g., ISA).	
		1. We must make sure that we don't lose our identity.	
		2. Some orthoptists want their own meeting so we can still have a strong	
		identity as orthoptists. Outside of local orthoptic meetings, the Congress	
		is the only real orthoptic meeting that is available.	
	4)	Form a committee to look at our strategy for the administration of the Congress.	
		This would not affect strategies that are already in place for Liverpool.	
		a. Look closely at the contract that is signed with the PCO.	
		b. Utilize items from past Congresses instead of starting over from scratch every	
		four years (e.g., letters for moderators, script for submitting, presentations,	
		etc.).	
		c. Have an experienced member on the Congress Organizing Committee.	
		d. K. McMain to appoint a committee for this task.	K. McMain
	5)	Increase Congress Security by:	
		a. Maintaining control of IOA Congress website.	
		b. Instigate a policy where all Congress invoices go directly to the COC.	
		c. Co-sign all Congress checks with the PCO.	

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		d. Consider insurance for the Congress to cover costs in the event that something	
		goes wrong. The IOA doesn't have enough money to do so.	
		e. Control Congress registration dollars (i.e., registration dollars go into Congress	
		account and not the escrow account assessable to the PCO).	
		f. Minimize the amount of money in the escrow account.	
	6)	Increase data security by maintaining regular back-up of data (this is applicable for	
		the IOA and Congress)	
	7)	Consider new ways for Council to meet to reduce the cost of administration.	
		Currently, almost 45% of our income is spent on Council meetings.	
		a. Lower cost venues (e.g., hold Council meetings at a hospital instead of at the	
		hotel where we are staying).	
		b. Look at the convenience of the venue.	
		c. Develop guidelines for selecting a venue rather than stating what amount of	
		money can be spent. Always consider the least expensive alternative.	
		d. Conference calls.	
	8)	Appoint a Risk Committee to review:	
	-	a. IOA risk management	
		b. Effectiveness of risk management activities	
		c. Key risks	
		d. Responses to address the risks	
		e. K. McMain and D. Verlohr (Operations Management Program Coordinator) to	K. McMain
		set up committee to look at mitigating risks. This committee needs to look at	& D. Verlohr
		risk on a regular basis. Results of analysis should be included in the annual	
		auditors report.	
13	20	16 CSPC [Congress Scientific Program Committee]	K. Arnoldi
13.		circulated with the following highlights):	
_	-		
А.		e CSPC had challenges due to the situation with the PCO. K. Arnoldi thanked the	
		C fan thain halm in naaaring tha Cananaan nua sugar	
		C for their help in rescuing the Congress program.	
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et. al. D. Godts

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D. Godts &

D. Verlohr

C. The CSPC is developing a document for hosting a meeting that will include guidelines, specific instructions and templates for letters. **14. Education Forum** Nothing new to report as no changes were made since last report. 15. 2020 COC [Congress Organizing Committee]: (report as circulated with the following highlights) A. The COC for the Liverpool Congress was set up in November 2015. 1) Discussed possible roles for each member. Toured the venue. 3) Identified a potential PCO. Need to negotiate some things before contracts can be signed. 4) Drafted a couple of budgets and projected costs. The break-even rate will be at 600 delegates on that budget. B. K. McMain, D. Newsham, J. Tapley, and J.R. Polling to review Congress budget items this weekend. 16. Membership Committee (report as circulated with the following highlights) **A.** Individual Members (n=3): 1) Sarah Iqbai from Pakistan: Sarah can no longer be an individual member since she is from Pakistan and Pakistan is a member country of the IOA. D. Godts to have Sarah contact A. Sarfraz to become a member of Pakistan's national association. Sweet Wei and Renuka Sundram from Malaysia: These individuals graduated from the new training program in Kuala Lumpur set up by the IOA. They were offered a free year of membership after graduating. 3) Other people inquired about individual membership but they were from IOA member counties. D. Godts referred them back to the appropriate national association. B. Associate Member (ophthalmologist): We have associate member ophthalmologists in the IOA because this is dictated in our Articles of Association. This year, we had two new ophthalmologist members (one from Israel and one from France). C. <u>New Member Countries</u>: We are excited to have two countries meet qualifications for IOA membership. 1) Israel is an associate member. 2) Tunisia is a full member. D. The Polish Orthoptic Association was contacted to become a member. Ewa Witowska (chair of the association) said that they are not yet ready, but maybe in a couple of years. E. Witowska will attend the Leaders Forum at the Congress. E. An optometrist from Ghana wanted to be an IOA member and became very angry that he was denied membership. Our Articles of Association only allows for our relationship with ophthalmologists and not for optometrists. We have to abide by the Articles. 17. Membership of India A. In 2015, Council voted to terminate India as a full member as they were unable to meet the requirement of membership. They were offered the opportunity to apply for associate membership. This decision was appealed by Mr. Krishan K. Yadav (President of the Indian Council of Orthoptics [ICO]). The decision was made to review their membership status in Rotterdam.



K. McMain

D. Godts

D. Verlohr

COUNCIL

D. Godts

C. Koklanis

K. McMain

C. Koklanis

J.R. Polling

K. McMain

and Q&S

Page 10 of 19 FINAL (Pending Approval) B. The following evidence was presented by the IOA President, Secretary and Program Coordinator of Operations Management: 1) There continues to be a lack of response to IOA requests for information and compliance with IOA requests remains an issue. 2) The accuracy of the ICO membership list for the ICO remains questionable. Additionally, the ICO seems unresponsive to new membership enquiries. 3) The IOA has not been supplied with an ICO user's list. ICO members are subsequently unable to access the members section of the IOA website. 4) The ICO Chair has posted factually incorrect information on his LinkedIn page that directly relates to members of Council. More recently, he has removed information pertaining to the ICO from his page and is no longer listing himself as an orthoptist. MOTION: To remove India as an associate member. SECONDED DISCUSSION: In light of this information, Council was very uncomfortable with India's continued membership with the IOA. There are serious questions as to the existence of this association. **MOTION CARRIED (unanimous)** 18. Website (report as circulated with the following highlights) A. D. Verlohr reminded Council that she does not have access to anyone's password. Passwords are automatically generated. B. When user lists are sent to D. Verlohr, they are uploaded within the next week. She sends a confirmation to the representative when the upload is complete. Council was reminded to do the following: 1) Send user lists by the deadline of November 30th each year. 2) Send user lists in the correct format. If the correct format is not used, it will be returned to you for re-formatting. This is your country's responsibility to edit the list. D. Verlohr is only responsible for uploading the information. C. The user list for individual members should be updated more frequently. D. Godts to send quarterly updates to D. Verlohr. **Education & Research Program** (no report received) 19. C. Koklanis reports that she has been unable to do much work with the Education & Research Program. A. Guidelines for Congresses and IOA Symposia: has worked on this with the CSPC. The CSPC is working on templates to use in future congresses. **B.** Accreditation: has worked on the competencies document with Quality & Standards. Once the competencies document is complete, work can begin on this project. C. C. Koklanis is stepping down from Council. K. McMain to initiate the process for selecting the new program coordinator. C. Koklanis will pass all of her program documents to the new coordinator. **Quality & Standards Program 20.** International Competency Document: Work continues on this document. We hope to have a finalized document before our next Council meeting. K. McMain said that this is an important document for the IOA to be able to give to countries who are trying to

get regulated (e.g., in the Middle East). K. McMain will help work on this document. **21.** Low Vision: Has not been active. C. Arai is involved in low vision and will join this ad hoc committee.

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	 <u>Vision Screening</u>: I. Reich-d'Almeida reported that this committee has not been active. She needs new members and help working on this committee as many past members are no longer working. a. This is now an ad hoc committee that will be called upon when needed. For example, if the IOA is asked to do a symposium at a meeting on vision screening, then this committee would be activated to help organize it. b. The role of the IOA is to develop a policy statement on the orthoptist's role with being involved in vision screening and not to dictate how a vision screening program is set up. Education & Research was tasked to develop policy statements. Hopefully, a policy statement on vision screening will be worked on when we have a new program coordinator. c. Vision screening is a part of the competency document. J.R. Polling to contact I. Reich-d'Almeida regarding competencies. d. D. Newsham is on the IPOSC Vision Screening Committee. There should be communication with him given his role on this IPOSC committee. D. Newsham will be added to the list of members for our vision screening committee. 	E&R Program J.R. Polling K. Fray K. McMain
25.	TOA Code of Ethics (document as circulated)	
	 Orthoptic Code of Ethics: Standards of Professional Behaviour: In the past, the IOA voted to adopt the code of ethics document from the Orthoptistes de la Communauté Européenne (OCE). Unfortunately, our current document is dated. <u>Discussion:</u> K. McMain and the Ethics Committee worked with the OCE to revise this document. The final version can be found in the IOA Dropbox. The OCE board has approved this document. The IOA needs to approve this document so it can appear on both of our websites. MOTION: To approve the document "Orthoptic Code of Ethics: Standards of Professional Behaviour". SECONDED MOTION CARRIED (unanimous) 	D. Verlohr J.R. Polling
	Promotions & Development Program	C. Panton
	(reports as circulated with the following highlights)	
25.	<u>World Orthoptic Day</u> : The photo contest, selfie contest and thunderclap were all successful. Created an informational poster to attract people from non-IOA countries to become an individual member of the IOA. This will be on display at the Congress. IOA Recognition Program	K. McMain
Α.	s committee has completed its task and is now disbanded. <u>Stephenson Honorary Fellow Award</u> : We received many quality applications for this inaugural award. The winner will be announced at a special presentation on the last day of the Congress. <u>Early Clinical Scientist Award</u> : A call for this IOA recognition will be made for the 2020 Liverpool Congress.	
27.	Resource Guide for Establishing New National Associations	K. McMain
K. I nat	McMain finished drafting this document which outlines how to properly establish a cional orthoptic association. K. McMain will circulate it to Council after committee edits complete.	K. McMain



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28	Video for IOA Website/Photo booth for IOA Congress	K. McMain
А. В.	<u>Video for IOA website</u> : In light of the IOA's current financial issues, this project was put on hold. Instead, we will have a video booth at the Congress for delegates to talk about the profession. The videos will be edited and compiled into an advertisement for the IOA website. Congress delegates will have the opportunity to collect buttons for participating in Congress activities. Delegates who collect all of the buttons can enter a drawing to get their registration paid for the Liverpool Congress.	
29	IOA 50 th Anniversary	K. McMain
	2017, the IOA turns 50 years old! We need to celebrate it and use it to promote the offession. Council to send ideas for promotion to K. McMain.	Council
	International Cooperation Program (reports as circulated with the following highlights)	K. Arnoldi
30	Volunteer Program	K. Arnoldi
sta wo vol Ari	e had an individual IOA member apply to be an IOA volunteer. This is a member in good nding. Currently, there is no policy for individual members to become volunteers. We puld like to change the application to allow <u>any</u> IOA member to become an IOA unteer. Council agreed that individual members are eligible to be volunteers. K. holdi to inform Cindy Pritchard (Director of the IOA Volunteer Program) that the polication can be changed to reflect this.	K. Arnoldi & C. Pritchard
31	Exchange Program	K. Fray
B. C.	 Host sites: We need more hosts sites in our bank to offer visitors. 1) We receive several requests to visit the Netherlands. J.R. Polling to forward this request to the Dutch association. 2) Some visitors will request a visit for several months. It is up to the host site to determine the length of stay allowed. Currently, most sites allow 1-4 weeks. 3) Visitors are there to observe in clinic, can attend grand rounds or any other suitable academic offering in the department. 4) The IOA has a document to give to the employer with the expectations of hosting a visitor with the Exchange Program. D. Godts is a host orthoptist who brought up the following concerns: 1) Is it possible to have a contract between the IOA and the host site? No since each individual employer or hospital has different requirements for visitors. 2) Language is an issue. Even though you can communicate in more than one language, the exams are done in one language. It would take too long to translate everything that is being said for the visitor. 3) Lodging is an issue. Some applicants want free lodging. K. Fray to inform all applicants about the issues related to language and expenses (meals, lodging and transportation) at each host site to ensure that a visitor's expectations are not unrealistic. K. Fray to incorporate this into the visitor application. K. Fray to redesign the host site application and have current sites reapply with the new application. 	JR Polling K. Fray K. Fray
32.	Partner Country Program Restructuring	K. Tunemyr
Α.	The new Partner Country Program will serve as an administrator and mentor for countries, providing guidance and linking resources for those who would benefit, but is not a provider of programs. They are looking to target one or two countries where	& K. Arnoldi

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		e orthoptic profession exists and help assist them through the process of becoming	
	an	IOA member.	
	1)	<u>Poland:</u> Their national association is very new and not ready to join the IOA. Ewa Witowska is the president and is a former individual member of the IOA. K.	K. Tunemyr
		Tunemyr will contact E. Witowska about renewing her individual membership with the IOA and encourage other Polish orthoptists to join as an individual member.	
	2)	<u>Malaysia:</u> Currently, there are only four orthoptists in the country. It was	
	,	suggested that these members join the Asia Pacific Orthoptic Association (APOA).	
		Before this happens, the APOA needs to look at building their association before	
		asking others to join. They need to be able to offer a list of member benefits (e.g.,	
		newsletters, access to a website, meetings, etc.). Z. Pejic to bring this issue to the	Z. Pejic
	21	APOA.	
	3)	<u>Morocco</u> : Currently not interested in membership. J.R. Polling, M. Marsot, D. Godts and K. Arnoldi all said that they have had communications with orthoptists	
		from Morocco.	
	4)	Mongolia: Looking to see if there are any contacts here.	
	5)	Israel: Became an associate member country this year! We can serve as a liaison	
		with them if they are interested in developing a training program and pursuing full	
	6)	membership. Suggestions from Council:	
	0)	a. <u>South America</u> : D. Godts said that Argentina is trying to develop a training	
		program. Chile has a training program but they are not interested in the IOA	
		as they are associated with the South American alliance. Maybe C. Tamaki can	
		help with communications in South America.	
		b. <u>Middle East:</u> K. McMain has been in contact with Qatar and the United Arab Emirates and helping them to get regulated. They have formed an association	
		but it is in its infancy. This is why we formalized the process for allowing a	
		consortium of countries to form an association, similar to Scandinavia.	
в.		entor Program: Council thought it was necessary to develop a mentor program to	
		p orient new member countries to the IOA. This helps to welcome them and gives	
		em a specific contact when they have questions. The mentor should know the guage, but the IOA President should be available for guidance and be cc'd on all	
		nmunications. K. Arnoldi and K. Tunemyr to develop the mentor program. First we	K. Arnoldi &
		ist focus on our newest members:	K. Tunemyr
	1)	Tunisia: is French and Arabic speaking.	
_	-	Israel: J.R. Polling and D. Godts have had good communications with Israel.	
С.		rtner Country Program to develop a packet of information to provide countries with	K. Tunemyr
		ormation on how the IOA can help them. This packet will include a list of benefits becoming an IOA member.	& PCP
D.		uncil discussed the fact that many of us have international connections. We need	
	to	make sure that others on council are aware of these connections. We are working	
	-	ether and don't want a particular contact to stay with just one person or one	
		nmittee. Council to remember to keep the lines of communication open between	COUNCIL
	eat 1)	ch other when making contact with orthoptists from other countries. The International Cooperation Program asks to be cc'd on emails if you have	
	-1	regular contact with someone in another country that is interested in better	
		contact with the IOA, becoming a member or developing a program.	
	2)	If you have contact with an orthoptist from a country that is partnered with one	
		of our member countries, be sure to cc the representative from that member	
	3)	country. Social Media: J.R. Polling reports that there are many international orthoptists	
	-1	from non-IOA countries on social media. These orthoptists can serve as a catalyst	
		· · · · · ·	

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E.	for spreading the word in their country. He reports that the IOA has a total of about 1700 Facebook members; 1200 LinkedIn members; and 600-700 on Twitter. C. Panton to direct the Social Media reporters with specific posts of small content (no more than 3 lines) to reach out to these non-IOA orthoptists via social media. This may entice them to become individual members of the IOA. The Partner Country Program has been tasked with a lot of work. K. Arnoldi and K. Tunemyr will develop long and short term goals to help prioritize these tasks.	C. Panton K. Arnoldi & K. Tunemyr
	Special Reports	
33.	Country Reports (reports as circulated with the following highlights)	COUNCIL
Α.	South Africa: As mentioned in the President's report, we are in the process of presenting letters of support to re-open the registry for orthoptists. Currently, only existing orthoptists can register. Over the past few years, there have been many applicants who wanted to work in South Africa. They were told that they could only work as ophthalmic assistants since the registry for orthoptists was closed. We are feeling more optimistic about the future of orthoptics in South Africa since the head of the registry changed from an optometrist to an ophthalmologist in February. Please encourage your national associations and ophthalmologists send letters of support.	A. Chadwick
В.	Australia: We just completed a scope of practice document. There are issues in Melbourne with the lack of support for staff. The numbers of orthoptic staff are dwindling (from 7 several years ago down to 2) because the university is unable to sustain them. If this trend continues, the Melbourne program may need to move.	C. Koklanis
C.	United Kingdom and Ireland: Since April, orthoptists have been allowed to prescribe, sell and supply medications from an exemption list (mydriatics, anesthetics, antibacterials and antivirals). This has helped with the autonomy of orthoptists. Now we are facing issues from the government with a change in the funding of students. Universities will have to pay the government for each student; a cost that will be passed on to the orthoptist/student. It is important to the university that we recruit more students. If we can't recruit more students, the university could shut down the program. We need to promote the profession so we increase the number of applicants. The good news is that we will be able to take students from overseas.	D. Newsham
D.	Portugal: Last year, a training program started in Porto and it is attracting a large number of students. About 40 students are starting this year. In addition, Capo Verde has a program in conjunction with Lisbon that is working well. Some of their lectures are via Skype but teachers go there for the practical. Finally, association numbers have gone up. In Portugal, you have to be registered with the association to be able to prescribe.	l. Reich- d'Almeida
E.	Asia Pacific: Orthoptists are regulated by the Council of Optometry. However, optometrists are not permitted to do binocular vision. There are still issues with optometry.	Z. Pejic
F.	Belgium: Orthoptic education will restart in September 2017 in the French part of Belgium. Language continues to be an issue since there is no orthoptic training in the Flemish part of the country. Flemish students who want to study orthoptics can study in Utrecht, The Netherlands. Currently, there are not enough orthoptists to fill the positions available so optometrists have been filling the positions. However, the trend is for ophthalmologists to want an ophthalmic assistant instead of an orthoptist or optometrist. Belgium may consider moving towards a relationship with optometry (similar to how it is done in the Netherlands). Of note, orthoptics is classified as a paramedical profession, optometry is not (but they want this).	D. Godts
G.	France: This year, we obtained a decree of competence for orthoptists. Ophthalmologists support us to do refractions; discussions with the Ministry of Health	M. Marsot

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H.	are progressing. Finally, we believe that student membership is important in our association. For this we have: delegated a member of our Board that deals with students; recruited a responsible student in each of our 15 schools to forward information to the other students; set up a Facebook page for students; and promoted the benefits of student membership (reduced fee, free newspaper and free registration to our two annual conferences). Every year each school selects a student to compete in a "best memory" contest. We award the winner €1500 to complete his training. Germany: Trying to get the profession to the university level but we are not succeeding. The university is impressed with the profession but is concerned about the costs and that they would not have sufficient numbers of orthoptic students for a university course. The university says that professional laws need to be changed if they want to incorporate at the university level. However, professional law said that they need to be at the university level before the law can be changed. Another	D. Verlohr
	obstacle is that universities see orthoptists as only working under the supervision of an ophthalmologist and not with a neurologist, etc. The professional law says that orthoptists work with a doctor (not necessarily an eye doctor). It will be a tough job meeting in the middle.	
١.	Italy: AlOrAO has a new website and a new logo. They are waiting for news from the health profession registry by the end of the year because they do not have a	S. Bettega
J.	professional record yet; probably it will include rehabilitation professions together. The Netherlands: Dutch orthoptists now have a registry with the national health registry. This gives orthoptists a code where they are able to claim money from the insurance company and work independently from the ophthalmologist. They are in a better position to negotiate with the hospital and with health insurance companies. Because of this, it is easier to work in a hospital since the hospital negotiates with all of the insurance companies and the orthoptist just negotiates with the hospital. One potential threat for orthoptists is that the university is struggling with their finances. Currently, orthoptists work closely with optometrists but there are more optometrists than orthoptists. The universities see the small number of orthoptists and would rather not deal with such a small number. The university wants to create a new profession and have orthoptists in Japan. We are having difficulty with quality	J.R. Polling
	control of orthoptists. Currently, JACO has over 6000 members but there are over 10,000 licensed orthoptists in the country. JACO is looking at developing a continuous education program for after graduation that includes subspecialty areas. They hope that this may help to increase JACO membership. In addition, they are visiting each of the 29 orthoptic schools, making a video to help attract the students to become members and have looked at giving the students free membership. The problem is that the younger orthoptists don't want to pay an association fee once they graduate.	
L.	Canada: Our major concern is that the Canadian Medical Association will no longer accredit the teaching programs as of 2018. They say that it is not in their mandate to be involved with accreditation. This decision affects all allied health. The TCOS is now looking for someone to accredit their three orthoptic programs since university requirement dictates that all university programs are accredited. Also, students must come from an accredited program in order to sit for the qualifying exams. Hopefully, they will have the appropriate accreditation in place by next year. TCOS is having difficulty with membership (currently at the 50% level) and with finding enthusiastic younger members to step up and become involved in the association. It is hard to know who will take over for the next generation. TCOS is creating a new video that talks about the advantage of membership and they have a successful Facebook page. TCOS is celebrating their 50 th anniversary in June 2017 in Montreal.	C. Panton

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м.	Brazil: Currently there are no orthoptic schools as they were converted to a technician	C. Tamaki
	program about 15 years ago. Orthoptists are threatened by optometry, occupational	
	therapists and physios who are trying to take the orthoptist's place. Patients are	
	seeing these other people who have been doing inappropriate exercises. Our	
	association is small and not very strong, but we are approaching different universities	
	to try to open an orthoptic training program. The problem for the universities is the	
	cost. More recently, orthoptists are receiving some support from ophthalmology as	
	optometry started to threaten ophthalmology. This may be due to the threat that	
	they have from optometry.	
Ν.	Switzerland: We have 2 schools: one in the German part and one in the French part	N. Höckele
	of the country. A major concern is the increasing number of optometrists in our	
	country with some ophthalmologists preferring to engage an optometrist instead of	
	an orthoptist. There are about 350 orthoptists in the country but only 220 are	
	members of our association. We need to develop a new plan of action for our	
	profession. Currently, we are working on re-designing our website.	
0.		U. Weissenböck
	The Austrian orthoptic association wants to develop more training programs because	
	there are many orthoptic vacancies. Optometry is thinking about developing a new	
	profession called the "medical optician" in an attempt to fill these vacancies. This is a	
	big threat. We are also having problems getting the young orthoptists to become	
	members of the association. For our national meeting, we offer free registration for	
	members. The registration fee happens to be the same amount as membership dues.	
	However, many orthoptists still don't become members.	
Ρ.	United States of America: We are seeing an increase in the number of people wishing	K. Arnoldi
	to take our certifying exams but having problems finding enough positions in our	
	training programs to accommodate everyone who is interested in studying for them.	
	This year we have 26 people taking our exams. The American Orthoptic Council is	
	looking into ways to obtain state licensure. If we can get this, orthoptists would be	
	better suited in the workforce because we can bring in more money. Ophthalmology	
	is starting to support orthoptists since optometry is threatening ophthalmology.	
	Finally, ISA is having a joint meeting with AAPOS in 2018 and the IOA will be there for	
	our annual council meeting. The eastern region of the AACO voted to partner with	
~	the IOA to help host a scientific meeting in conjunction with the ISA/AAPOS meeting.	K Turnerson
Q.	Scandinavia: We have about 180 members of our association with only 20 or 25	K. Tunemyr
	orthoptists who are not interested in being a member. Many of these orthoptists	
	work in the only pure eye hospital in Scandinavia. After these orthoptists retire, the	
	hope is that the replacement orthoptists will become members. In the past, there	
	were issues with opticians in Norway. Now they have invented the new title of	
	"specialist optician in orthoptics and pediatric optometry". The Norwegian association is looking into this since it can cause problems for orthoptists.	
п		Z. Štěrbová
R.	Czech Republic: There are only 85 orthoptists but about 1000 optometrists in our country. We have some big successes to report: currently we have 51 orthoptic	2. 5(2) 5004
	students with 15 graduating this month; and we defended our profession when the	
c	law changed. Thank you to the IOA for their support!	F. Chiu
S.	Hong Kong: There are 17 orthoptists in Hong Kong but only 12 are members of our	
	association. In early June, we learned that the government is looking to regulate	
	orthoptists by the end of the year. Currently, orthoptists are not regulated. To be	
	regulated costs a lot of money. Part of regulation would be for each orthoptist to be registered through the professional association. If this happens, every orthoptist	
	would have to be a member of HKOA. Within the next ten years, there will be six	
	orthoptists retiring so we need to train more orthoptists. We have talked about	
	establishing a training school with the hospital authority, but they are reluctant	
	consisting a training school with the hospital authority, but they are reluctant	

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because of the cost. Currently, an orthoptist employed in Hong Kong must be trained	d
 in the UK or in Australia. Most orthoptists are Chinese who can speak good Englis but they would like to have someone who speaks Cantonese or Mandarin. The language barrier limits their ability to recruit new orthoptists. More recently ophthalmologists have started to see the value of orthoptists now that optometry threatening ophthalmology. T. <u>Summary of common issues:</u> It is a problem that up to 50% of orthoptists in most IOA countries are not members of their national association. 	h, le y, is K. McMain
 a. We need to learn to communicate in different ways since younger people have different expectations. We need to be relevant and utilize social media more to help increase recruitment. b. Consider having a marketing analysis done for your association to see what needed to attract younger members, to identify threats from othe professions, and learn what you can do to solve these problems. c. We need to discuss what steps we need to take to make us strong associations (e.g., advertising, social media, recruitment, etc.) 2) Orthoptics & Optometry: there is a role for both professions. 	re is er er
 a. Not all countries have problems with optometry. In Holland, Pakistan ar Israel, orthoptic education is shared with optometry. b. We cannot practice the way we did twenty years ago. Orthoptic association need to be strategic, cooperate with other programs and be willing to me the population's needs. We must remember that administrators look whomever can service the population. 	ns et
Other Business	
34. The Journal Strabismus	K. McMain
A. The journal <i>Strabismus</i> will be producing our second post-Congress supplement as special edition. Having this edition helps to increase the orthoptic literature found of Medline.	
B. Taylor & Francis has replaced Informa as the publisher.	
 B. Taylor & Francis has replaced Informa as the publisher. 35. Research Newsletter 	K. McMain
B. Taylor & Francis has replaced Informa as the publisher.	K. McMain s. ch
 B. Taylor & Francis has replaced Informa as the publisher. 35. Research Newsletter K. McMain plans to produce a newsletter pertaining to research being done by orthoptist This is an opportunity to highlight your work. It will not be restricted to research presented at the Congress. It would be nice to have this newsletter produced on a regulation of the second seco	K. McMain s. ch ar
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 B. Taylor & Francis has replaced Informa as the publisher. 35. Research Newsletter K. McMain plans to produce a newsletter pertaining to research being done by orthoptist This is an opportunity to highlight your work. It will not be restricted to research presented at the Congress. It would be nice to have this newsletter produced on a regul basis (at least every other year). Information will be sent to Council by K. McMain. 36. Role of Orthoptics in Education A. We should think about widening our scope and aligning with the field of visu psychophysics. Much of what they do is not applied, but orthoptics is applied. If having a relationship we will be better able to apply what they do and deepen of understanding of orthoptics. 	K. McMain K. McMain K. McMain Z. Pejic



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Α.		
В.	 Currently, there is no uniformity in orthoptic training in Pakistan. <u>Background:</u> 1) Often national associations propose or participate in the development of that country's orthoptic education. 2) Before there was national regulation in the UK and Australia, the regulation of orthoptics was done by the professional association. K. McMain will talk with Pakistan's national association to see if there is anything that 	K. McMain
38	we can do to help. We can offer sample syllabi and competency profiles for guidance. Quality Standards, Guidelines of Practice and Behavior/ Preferred Practice Guidelines	S. Bettega
А.	 In Italy, the Ministry of Health requires all scientific societies listed in its registry to supply preferred practice guidelines and quality standards. The document that had been on file for orthoptics was retired since it was from 2004 and was considered to be no longer relevant. AIOrAO has tried producing an updated document but the Ministry would prefer to have an international document. <u>Discussion:</u> 1) There is a problem about producing prescriptive guidelines because you can open yourself to being sued if you don't follow the guidelines exactly. 2) These documents are not easy to develop and require frequent updating. 3) Many insurance companies want to see this type of document so it should be the national association to develop it. It is a huge task to develop and update such a document. 4) The OCE is not doing anything with this. 5) The IOA just got our professional role outlined and now we need to develop competencies. We are several stages away from developing practice guidelines. 6) The American Academy of Ophthalmology has developed policy statements. They don't cover everything but it is a good start. AIOrAO should consider looking at these documents. 	
39	. Leaders Forum Preparation for COM	K. McMain
de ma the	an effort to support our members who are taking on leadership challenges, the IOA veloped the Leaders Forum at the Congress. Council was introduced to #DareToGive, a arketing strategy that shows how we can benefit from each other by giving. This is the eme for our inaugural Leaders Forum with Gerrit Heijkoop as the facilitator. It should a fun and engaging session as Gerrit is very enthusiastic and very familiar with the ernational meeting industry. We have 56 individuals from 26 different countries cending. All input from participants will be collated and returned to participants.	
int att		
int att 40	Vendor Support: Many sponsors are disappointed with the lack of face-to-face time	D. Verlohr

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		a. It may be difficult to organize different sessions when you have an auditorium	
		for the meeting. Adding more rooms will increase budget expenses.	
		b. This needs to be specified early in the planning process so rooms can be	
		booked in advance and the CSPC can schedule their program. D. Newsham to	D. Newsham
		talk with the organizing committee for Liverpool to see if this is feasible.	
	3)	Consider organizing a "free" breakfast session on a specific topic (with more than	
	,	one point of view) and invite the vendors of those products to be there. The	
		vendors can pay for the speakers and registration. Vendors will be happy because	
		they have extra exposure and they are contributing to the program.	
		a. The point of view presented by an industry speaker (whether one or more)	
		needs to be clearly declared.	
		b. It needs to be declared that the room/catering is paid for by the sponsor(s).	
		c. This type of session has value for the delegates as it can teach them a new	
		skill.	
	4)	Consider doing something with the Congress apps to help the vendors with	
	•	advertising their products.	
	5)	Try to arrange the fun to begin and/or end in the exhibit area.	
	6)	Have a contest that involves visiting a certain number of vendors to obtain points	
		towards a prize.	
	7)	D. Newsham to speak with vendors in Rotterdam to see what they would like for	D. Newsham
		Liverpool.	
41	. Fu	ture COM Meeting Locations	K. McMain
Α.	20	<u>17</u> : Lisbon, Portugal, June 22-24	
		Concluding Remarks	K. McMain
Α.	K. I	McMain thanked Council for all of their work this the past year.	
В.	Tw	o members are leaving Council. A special thank you to:	
	1)	Sara Bettega (Italy)	
	2)	Connie Koklanis (Australia)	
	Bot	th Sara and Connie thanked everyone for their friendship and support during their	
	tim	ne on Council.	
С.		uncil thanked K. McMain for her hard work to keep everything running smoothly	
	des	spite the many setbacks that occurred this past year.	
		Meeting Adjournment: 1600 hrs	K. McMain

By order of the Council

Katherine J. Fray - Secretary