

**THE DISCIPLINE COMMITTEE OF THE COLLEGE
OF OPTOMETRISTS OF ONTARIO**

Panel: Ms. Ellen Pekilis, Chair
Mr. Bashar Kassir
Dr. Kamy Morcos
Dr. Dino Mastronardi
Dr. Christopher Nicol

B E T W E E N:

The College of Optometrists of Ontario)	Ms. Julia Martin
)	Counsel for the College
)	of Optometrists of Ontario
)	
- and -)	
)	
Dr. Ampreet Singh)	Ms. Amrita Mann
)	Counsel for Dr. Ampreet Singh
)	
)	
)	Ms. Julie Maciura
)	Independent Legal Counsel
)	
)	Heard on February 6, 2019

DECISION AND REASONS

This matter came before a Panel of the Discipline Committee of the College of Optometrists of Ontario (the “College”) on February 6, 2019, at 65 St. Clair Ave E, Suite 900, Toronto, Ontario.

The purpose of the hearing was to consider allegations of professional misconduct referred by the Inquiries, Complaints and Reports Committee against Dr. Ampreet Singh (the “Member”).

The five members of the Discipline Panel referred to above were in attendance, as well as Dr. Ampreet Singh and his counsel, Ms. Amrita Mann; Ms. Julia Martin, counsel for the College, accompanied by Dr. Paula Garshowitz, Registrar; and Ms. Julie Maciura, independent legal counsel to the Discipline Panel.

The hearing was called to order at 9:50 a.m. The Chair introduced the Panel and the other people present in the room.

ALLEGATIONS

College counsel took the Panel through the Notice of Hearing, which was filed as Exhibit 1, and also advised the Panel that the College was seeking, with the consent of Dr. Singh, to withdraw certain of the particulars from the Notice of Hearing. After hearing from the parties, the Panel consented to the withdrawal of certain allegations; the particulars that were withdrawn are shown below as being struck through, and any consequential amendments made are shown underlined.

The Notice of Hearing made the following allegations against Dr. Singh:

1. You have committed an act or acts of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* (the “Code”) being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991 C.18, and defined in the following paragraphs:
 - a. paragraph 1.12 of Ontario Regulation 119/94 in that you failed, without reasonable cause, to provide 9 patients who needed a prescription for vision correction with a written, signed and dated prescription for subnormal vision devices, contact lenses or eye glasses after you had assessed their eyes;
 - b. paragraph 1.14 of Ontario Regulation 119/94 in that you have failed to maintain the standards of practice of the profession in respect of the oculo-visual assessments you conducted on 28 patients and for failing to provide at least 10 patients with your contact information; and
 - c. paragraph 1.24 in that you failed to make and maintain records in accordance with Part IV of Ontario Regulation 119/94

Particulars of the allegations are set out at Appendix “A” to the Notice of Hearing.

The particulars of the allegations in Appendix “A” are as follows:

1. Dr. Singh is an optometrist who has practised in Ontario since in or about July 14, 2014.
2. In or about October and November 2016, Dr. Singh attended at the University of Ottawa, in Ottawa and the Miramichi Lodge Nursing Home in Pembroke, to conduct eye clinics for the students and residents respectively.

Failure to release prescriptions

3. Dr. Singh conducted examinations of the patients listed at Appendix “B” to the Notice of Hearing at the University of Ottawa.

4. Dr. Singh determined that each of the patients listed at Appendix “B” required prescription eyewear.
5. Notwithstanding the foregoing, Dr. Singh failed to provide a prescription for eyeglasses to the patients listed at Appendix “B”.

Failure to maintain standards of practice

i. Ocular-visual assessments

6. Dr. Singh conducted oculo-visual assessments of the patients listed at Appendix “C” to the Notice of Hearing.
7. It is alleged that Dr. Singh’s assessments of these patients failed to maintain the standards of practice of the profession and did not meet the following requirements established in sections 4.1, 6.1 and 6.2 of the Optometric Practice Reference as follows:
 - a. For all the patients at Appendix “C” he recorded “no concern” for “the chief concern” on their patient record;
 - b. He failed to provide any details of “a review of ocular or visual symptoms or experiences” on the patient records for patients ~~2, 3 and 11~~;
 - c. For “a general health history, with emphasis on eyes and vision, including medications used and applicable family history” on the patient record he did not include any information on the patient record for patients ~~1-7~~ 1, 3-7 ~~9-15~~, 9, 10, 12-15, 17-23, 25, 27, 28. And for patients 8, 16 and 24 he did not indicate whether the patients were taking medication or had a family history;
 - d. For “the occupational and avocational visual environment and demands” Dr. Singh recorded patients ~~1-25~~ 1, 3-10, and 12-25 as being in grade 1. For patients 26-28 there was no recorded information;
 - e. For “the measurement and description of their ophthalmic appliances including purpose and effectiveness” although Dr. Singh noted that patients 13, 15, 16, 18, 21, and 27, had prescription eyewear, he failed to indicate what the purpose was. And, for patient 28 he indicated that he had no current (or presenting) prescription eyewear, yet he recorded aided acuities for the patient;
 - f. For “apparent and relevant physical, emotional and mental status” Dr. Singh failed to record anything for the patients ~~1-27~~ 1, 3-10 and 12-27;
 - g. For assessment of “the external eye and adnexa”, Dr. Singh failed to record anything on all the patients’ records;
 - h. For assessment of “pupillary function” patients 26 and 28 had “no APD” (afferent pupillary defect) but no other pupillary findings;
 - i. For assessment of “the anterior segment (OPR 6.1) and, when indicated, corneal thickness” there were no concerns listed for any of the patients;
 - j. For assessment of “ocular media” there were no concerns recorded for any of the patients;
 - k. For “the posterior segment (OPR 6.2)” including pharmacologic dilation as indicated, Dr. Singh failed to perform a dilated fundus examination of any patient;

- l. Dr. Singh failed to perform a dilated fundus examination of patients 8 and 16 despite reduced vision and a diagnosis of amblyopia;
- m. Despite a chief complaint of headaches, Dr. Singh failed to perform a dilated fundus examination or perform a cycloplegic evaluation of patient 24;
- ~~n. Patient 26 had reduced vision and glaucoma, yet Dr. Singh failed to perform a dilated fundus examination for the patient;~~
- o. For assessment of “intraocular pressure in adults and, when indicated, in children”, only 16 of the patients ~~1-25-1, 3-10 and 12-25~~, had intraocular pressure recorded. And, for patient 26 Dr. Singh failed to record the time the test was conducted;
- p. For assessment of “presenting monocular visual acuities at distance and near” patients 20, 26-28 had only distance visual acuities recorded;
- q. For assessment of “refractive status and best-corrected monocular visual acuities” Dr. Singh did not record any subjective refractive findings but determined a final prescription for vision correction without recording acuities for patients 2, 3, ~~4~~, 13 (OS only), 19, 20 and 23. And the final prescription for vision correction for patients 5, 10, 14, 22 and 26-28 contains prescription for presbyopia (reading addition) but no visual acuities recorded at near;
- r. For assessment of “accommodative function”, accommodative function was not measured or recorded with acuities and amplitude for any of the patients;
- s. For assessment of “oculomotor status and, when indicated, fusional reserves” patients ~~1-25-1, 3-10 and 12-25~~ had no measurement of binocular function performed or recorded. Patients 25-28 were only administered a cover test which was recorded as ortho (or zero);
- ~~t. For assessment of “other sensory functions, when indicated, such as visual fields, colour vision, stereoacuity, sensory fusion and contrast sensitivity” Dr. Singh conducted Confrontation Fields on 5 patients, Confrontation Fields and Colour Vision were recorded on 20 patients. 3 patients had no other sensory functions measured or recorded. Recording was via a single checkbox “FFC OD + OS” and “Colour vision (-) normal” No other options were available; and~~
- u. For “in situations where it is not possible to obtain specific required information, justification must be documented” there were no concerns listed.

ii. No contact information

- 8. Dr. Singh did not provide the patients listed at Appendix “D” with his contact information so that they could contact him in the event that they had problems with their vision or eye glasses.
- 9. It is alleged that the conduct in paragraph 8 constitutes a failure to maintain the standards of practice of the profession.

Failure to maintain records

- ~~10. Dr. Singh failed to record the information required by subsection 10(2) of Ontario Regulation 119/94 as set out in paragraph 7, above.~~

11. In addition, Dr. Singh's patient records for patients ~~1-25~~ 1, 3-10 and 12-25 at Appendix "C" failed to comply with subsection 10(2) of Ontario Regulation 119/94 as follows:
 - a. they contained no patient addresses; and
 - b. all the dates of birth were listed as "01/01/2001" which would have meant they were all 15 years of age at the time of the examination; and
 - c. many of the boxes on the patient record were left blank relating to the chief complaint, family history, presenting prescription, NPC, colour vision, dilation, diagnosis, ocular health, BV/OH, pupils, eye health, follow-up and recall.
12. Dr. Singh did not have any financial records for each of the patients listed at Appendix "C" as required by section 9 of Ontario Regulation 119/94.
13. Dr. Singh did not have an appointment book as required by section 8 of Ontario Regulation 119/94.

AGREED STATEMENT OF FACTS

College counsel advised the Panel that the parties had reached agreement on the facts and counsel filed an Agreed Statement of Facts that was signed by Dr. Singh and the Registrar of the College. It was marked as Exhibit 2.

Certain further particulars in the Agreed Statement of Facts were also withdrawn on consent after discussion by the parties. The final version of the Agreed Statement of Facts is as follows:

1. Dr. Ampreet Singh hereby pleads guilty to the allegations contained in the Notice of Hearing dated June 25, 2018, as amended on February 6, 2019, which is attached as Schedule 1 to the Agreed Statement of Facts, that he committed acts of professional misconduct as provided by subsection 51(1) (c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991 C.18, and defined in paragraphs 12, 14 and 24 of subsection 1(1) of Ontario Regulation 119/94, as amended, made under the *Optometry Act, 1991*. S.O. 1991, c. 35.
2. Dr. Singh is an optometrist who has practised in Ontario since in or about July 14, 2014.
3. In or about October, 2016, Dr. Singh attended at the University of Ottawa, in Ottawa and in or about July, 2016, he attended at the Miramichi Lodge Nursing Home in Pembroke, to conduct eye clinics for the students and residents respectively.

Failure to release prescriptions

4. Dr. Singh conducted examinations of the patients listed at Appendix “B” to at the University of Ottawa.
5. Dr. Singh determined that each of the patients listed at Appendix “B” required prescription eyewear.
6. Notwithstanding the foregoing, Dr. Singh failed to provide a prescription for eyeglasses to the patients listed at Appendix “B”.

Failure to maintain standards of practice

i. Ocular-visual assessments

7. Dr. Singh conducted oculo-visual assessments of the patients listed at Appendix “C” to the Notice of Hearing.
8. Dr. Singh’s assessments of these patients failed to maintain the standards of practice of the profession and did not meet the following requirements established in sections 4.1, 6.1 and 6.2 of the Optometric Practice Reference as follows:
 - a. He failed to provide any details of “a review of ocular or visual symptoms or experiences” on the patient record for patient 3;
 - b. For “a general health history, with emphasis on eyes and vision, including medications used and applicable family history” on the patient record he did not include any information on the patient record for patients 1, 3-7, 9, 10, 12-15, 17-23, 25, 27, 28. And for patients 8, 16 and 24 he did not indicate whether the patients were taking medication or had a family history;
 - c. For “the occupational and avocational visual environment and demands” Dr. Singh recorded patients 1, 3-10, and 12-25 as being in grade 1. For patients 26-28 there was no recorded information;
 - d. For “the measurement and description of their ophthalmic appliances including purpose and effectiveness” although Dr. Singh noted that patients 13, 15, 16, 18, 21, and 27, had prescription eyewear, he failed to indicate what the purpose was. And, for patient 28 he indicated that he had no current (or presenting) prescription eyewear, yet he recorded aided acuities for the patient;
 - e. For “apparent and relevant physical, emotional and mental status” Dr. Singh failed to record anything for the patients 1, 3-10, and 12-27;
 - f. For assessment of “the external eye and adnexa”, Dr. Singh failed to record anything on all the patients’ records;
 - g. For assessment of “pupillary function” patients 26 and 28 had “no APD” (afferent pupillary defect) but no other pupillary findings;
 - h. Dr. Singh failed to perform a dilated fundus examination of patients 8 and 16 despite reduced vision and a diagnosis of amblyopia;
 - i. Despite a chief complaint of headaches, Dr. Singh failed to perform a dilated

- fundus examination or perform a cycloplegic evaluation of patient 24;
- j. For assessment of “intraocular pressure in adults and, when indicated, in children”, only 16 of the patients 1, 3-10, and 12-25, had intraocular pressure recorded. And, for patient 26 Dr. Singh failed to record the time the test was conducted;
 - k. For assessment of “presenting monocular visual acuities at distance and near” patients 20, 26-28 had only distance visual acuities recorded;
 - l. For assessment of “refractive status and best-corrected monocular visual acuities” Dr. Singh did not record any subjective refractive findings but determined a final prescription for vision correction without recording acuities for patients 3, 13 (OS only), 19, 20 and 23. And the final prescription for vision correction for patients 5, 10, 14, 22 and 26-28 contains prescription for presbyopia (reading addition) but no visual acuities recorded at near;
 - m. For assessment of “accommodative function”, accommodative function was not measured or recorded with acuities and amplitude for any of the patients;
 - n. For assessment of “oculomotor status and, when indicated, fusional reserves” patients 1, 3-10, and 12-25 had no measurement of binocular function performed or recorded. Patients 25-28 were only administered a cover test which was recorded as ortho (or zero); and
 - o. For “in situations where it is not possible to obtain specific required information, justification must be documented” there were no concerns listed.

ii. No contact information

9. Dr. Singh did not provide the patients listed at Appendix “D” with his contact information so that they could contact him in the event that they had problems with their vision or eye glasses. Dr. Singh did provide a change of location notification to his patients on February 7, 2018.
10. The conduct in paragraph 9 constitutes a failure to maintain the standards of practice of the profession.

Failure to maintain proper records

11. Dr. Singh’s patient records for patients 1, 3-10, and 12-25 at Appendix “C” failed to comply with subsection 10(2) of Ontario Regulation 119/94 as follows:
 - a. they contained no patient addresses; and
 - b. all the dates of birth were listed as “01/01/2001” which would have meant they were all 15 years of age at the time of the examination; and
 - c. many of the boxes on the patient record were left blank relating to the chief complaint, family history, presenting prescription, NPC, colour vision, dilation, diagnosis, ocular health, BV/OH, pupils, eye health, follow-up and recall.
12. Dr. Singh did not have any financial records for each of the patients listed at Appendix “C” as required by section 9 of Ontario Regulation 119/94.

13. Dr. Singh did not have an appointment book as required by section 8 of Ontario Regulation 119/94.

Appendices B, C and D to the Notice of Hearing and Agreed Statement of Facts are not included herein as those appendices would simply list patients by number and do not add to the reasoning in this decision. Dr. Singh had full disclosure of the names of the affected patients during the proceedings.

PLEA

Dr. Singh pleaded guilty and accepted the facts and allegations included in the Agreed Statement of Facts.

SUBMISSIONS OF THE PARTIES ON FINDING

College counsel submitted that the College has the onus of proving the allegations and that the standard of proof upon which it must prove those allegations is on a balance of probabilities. In her submission, the College has met its burden through the Agreed Statement of Facts and attachments to it. The evidence in the Agreed Statement of Facts establishes that it is more likely than not that Dr. Singh engaged in the conduct attributed to him.

Counsel for the member agreed with the submissions of College counsel.

Independent legal counsel gave advice to the Panel advising them that in addition to finding that Dr. Singh engaged in the conduct at issue, it was also their role to determine whether the conduct included in the Agreed Statement of Facts constitutes professional misconduct.

FINDING ON MISCONDUCT

After considering the Agreed Statement of Facts and the submissions of College counsel and counsel for Dr. Singh, as well as the admissions of Dr. Singh, the Panel found that the facts are sufficient for the College to discharge its onus and prove the allegations of professional misconduct as set out in the Agreed Statement of Facts and specifically, the Panel finds that Dr. Singh engaged in professional misconduct as provided by subsection 51(1) (c) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991 C.18, and defined in paragraphs 12, 14 and 24 of subsection 1(1) of Ontario Regulation 119/94, as amended, made under the *Optometry Act, 1991*, S.O. 1991, c. 35.

REASONS FOR FINDING ON MISCONDUCT

Dr. Singh agreed that the conduct set out in the Agreed Statement of Facts, which was amended on consent during the hearing, to which he admitted engaging, constitutes professional misconduct. After considering the Agreed Statement of Facts and the submissions of counsel, the Panel found that the facts supported the following findings of professional misconduct against Dr. Singh on a balance of probabilities:

1. Dr. Singh had committed an act or acts of professional misconduct as provided by subsection 51(1)c) of the *Health Professions Procedural Code* being Schedule 2 to the *Regulated Health Professions Act*, S.O. 1991 C.18 as defined in the following paragraphs:

a. paragraph 1.12 of Ontario Regulation 119/94 in that he failed, without reasonable cause, to provide patients who needed a prescription for vision correction with a written, signed and dated prescription for subnormal vision devices, contact lenses or eye glasses after he had assessed their eyes;

b. paragraph 1.14 of Ontario Regulation 119/94 in that he had failed to maintain the standards of practice of the profession in respect of the oculo-visual assessments he had conducted on the patients as further detailed in the Agreed Statement of Facts (as amended) and for failing to provide some of those patients with his contact information; and

c. paragraph 1.24 in that he had failed to make and maintain records in accordance with Part IV of Ontario Regulation 119/94.

The Panel carefully reviewed the list of allegations to determine if the facts as described constitute professional misconduct. The Panel questioned some of the allegations in the original Statement of Facts, which resulted in the Parties agreeing to the amended Statement of Facts that is referred to in this decision. The Panel agreed that the conduct as described in the amended Agreed Statement of Facts did constitute professional misconduct.

In making this decision, the Panel took into account the fact that Dr. Singh was present at the hearing, was represented by counsel and had pled guilty to the Agreed Statement of Facts (as amended) regarding the allegations.

The Panel indicated that it was prepared to proceed to the sanction phase of the hearing.

JOINT SUBMISSION ON PENALTY AND COSTS

College counsel advised the Panel that the parties had reached agreement as to an appropriate Order in this matter. She provided to the Panel a Joint Submission on Penalty (and costs) that was signed by Dr. Singh and a College representative and was filed as Exhibit 3.

The Joint Submission proposed the following Order:

The Parties submit that the following is an appropriate penalty:

1. That Dr. Singh be reprimanded;
2. That Dr. Singh pay the College's costs in the amount of \$7,500 payable to the College of Optometrists of Ontario within six months of the date of the Order of the Discipline Committee;
3. That Dr. Singh's certificate of registration shall be suspended for a period of two weeks commencing February 25, 2019;
4. That a condition be imposed on Dr. Singh's certificate of registration that he submit a written essay, which is in his own words, to the Registrar of at least 1,000 words as follows:
 - a. The essay shall reflect:
 - (i) The appropriate documenting and maintaining of patient records with an emphasis on documenting patients' health and oculo-visual history;
 - (ii) The required steps involved in completing an appropriate oculo-visual assessment;
 - (iii) The circumstances in which a patient should be dilated and the manner in which that is appropriately done;
 - (iv) The purpose of the requirement for mandatory prescription release; and
 - (v) Dr. Singh's reflections on how the eye examinations provided to the patients at issue in his discipline hearing should have been handled differently.
 - b. The essay shall be completed within three (3) months of the date of the Order of the Discipline Committee.
 - c. The Registrar shall determine whether or not the essay is acceptable; if it is not, Dr. Singh will be required to correct it to the Registrar's satisfaction.
5. That a condition be imposed on Dr. Singh's certificate of registration that he shall undergo a practice inspection within twelve (12) months of the date of the Order of the Discipline Committee. The details of which are as follows:

- a. The Registrar shall assign an assessor to conduct an inspection of twenty-five (25) patient records for patients seen after the suspension has been served and the essay completed:
- b. The assessor shall review the records in the areas that are relevant to the allegations only and report the results of the inspection to the Registrar;
- c. In the event that any deficiencies are noted in the report of the inspection, the Registrar shall make a report to the Inquires, Complaints and Reports Committee;
- d. Dr. Singh shall be given five (5) business days' notice prior to the College representative attending his practice to obtain the records; and
- e. The practice inspection shall be conducted at Dr. Singh's expense, to a maximum of \$1,500.

DECISION ON PENALTY AND COSTS

After deliberating and considering the information filed and the submissions of counsel, the Panel accepted the Joint Submission on Order and Costs as proposed by the parties and made the Order therein.

REASONS FOR ORDER ON PENALTY AND COSTS

The Panel determined that the proposed Order was fair and reasonable, being neither too lenient nor too onerous in the circumstances and made the Order as jointly submitted by counsel for the parties.

In determining the appropriate Order in this particular case, the Panel reminded itself that the primary purpose of the proceedings is protection of the public. The public must have confidence in the profession's ability to regulate itself effectively and in a manner that protects the public. Additionally, the Panel also must consider the particular circumstances of Dr. Singh.

When considering the interests of the profession the Panel recognizes that it has a duty to enforce and maintain the high standards of practice that the public expects of College members and that members expect of themselves. In each case, a Panel of the Discipline Committee must consider the extent to which a message to the profession is required to make it clear that the conduct in issue will not be tolerated.

In reaching its decision, the Panel considered the submissions of college counsel as well as Dr. Singh's counsel. The Panel also considered the case law submitted by the parties, i.e., *College of Optometrists v Eskander et al* (2016). The Panel found that the case was similar in relation to the nature of the misconduct to the case before it and demonstrated the type of order that has been

made in the past; the decision gave comfort to the Panel that this particular Joint Submission fell within a reasonable range.

In the Panel's opinion, public interest is maintained by this Order by way of the practice inspection that will ensure that the Member is conducting his practice in accordance with the Regulations and is no longer engaging in misconduct.

Specific deterrence is achieved by way of a suspension of the Member's certificate and the imposed terms, conditions and limitations once he returns to practice. These terms will serve to deter the Member from engaging in similar conduct in the future. In addition, the reprimand will provide specific deterrence by ensuring that the Member knows and understands that his conduct does not meet the expectations of his peers or the public.

General deterrence is achieved by way of the suspension and the conditions on the Member's certificate. The conditions, which will ultimately span 12 months by way of the practice inspection, will send a clear message to the membership that such behaviour will not be tolerated.

The Order also addresses remediation of the Member by way of the requirement that he prepare an essay acceptable to the Registrar. The essay will require the Member to reflect upon the nature of his conduct; why the regulatory requirements are important; and how he can handle his practice appropriately in the future. In addition, the reprimand will address the Member's rehabilitation by clarifying for him the expectations of his peers and the public around his conduct.

The remedial aspects of the Order will serve to improve the Member's decision-making in the future and ultimately improve his practice going forward.

The Panel did consider that the member has not been before a panel of the Discipline Committee before, that he cooperated with the investigation and that he pled guilty, thereby saving considerable time and expense to the College. These acts also indicate that Dr. Singh is taking responsibility for his actions. In addition, Dr. Singh had severed his ties to the two projects that had given rise to the infractions. Those are mitigating factors.

An aggravating factor was the number of patients affected by the conduct, even though it only spanned a short period of time. An additional aggravating factor is the wide range of infractions in which the Member had engaged despite having only been in practice for a short time.

After balancing all of the relevant factors in this case, the Panel felt that the proposed Order as to penalty and costs was an appropriate one in all the circumstances.

Upon reviewing the order included in the Eskander decision, the Panel concluded that the proposed Order was within the range of what had been ordered in cases dealing with similar (although not identical) conduct, taking into account both the aggravating and mitigating factors.

The Panel also felt that it was appropriate to order Dr. Singh to pay \$7,500 towards the costs of the investigation, prosecution and hearing in this matter. Without such a costs order, it would be Dr. Singh's peers who would have to fund the entire cost of the investigation and prosecution of this matter.

At the conclusion of the hearing and after confirming that Dr. Singh had waived his right to appeal the reprimand, the Chair, Ms. Pekilis, on behalf of the Panel, delivered the reprimand to Dr. Singh a copy of which is attached to this decision.

Dated this 14 day of February, 2019, at Toronto, Ontario.

(Signed)

Ms. Ellen Pekilis, Chair

TEXT OF ORAL REPRIMAND

Delivered on February 6, 2019

College of Optometrists of Ontario and Dr. Ampreet Singh

Dr. Singh, will you please rise?

Dr. Singh; this panel of the Discipline Committee of the College of Optometrists of Ontario has found you guilty of professional misconduct as indicated in the Agreed Statement of Fact.

You have disregarded regulations that have been put in place to protect the public, not only in record keeping but also in patient care. The purpose of this reprimand is to express our disappointment on behalf of the members of the College and the general public in your actions. Regulations are put in place to protect the public when receiving optometry services, and when regulations are disregarded, we fail to ensure public safety.

This panel of the Discipline Committee is hereby expressing its disappointment with your actions. We expect that you will review the regulations and expectations that this College has in place. We expect that going through this experience will encourage you to reflect upon your actions in the context of regulatory requirements and public expectations and modify your behaviour accordingly.

We trust that you will not find yourself before a panel of the Discipline Committee again. If you do, you can anticipate that the penalty you receive will be more onerous.

Thank you. You may sit down.