In Focus

January 2015

The Official Publication of the College of Optometrists of Ontario

A WORD FROM THE PRESIDENT

A new year is upon us. What better time to stop and reflect on where we have been, where we are now, and where we are headed? Everything changes and nothing stands still, Heraclitus said—and proof of this lies in the care we provide to the public of Ontario. Optometry has come a long way. It is changing as we speak. With these changes come exciting possibilities and significant responsibilities.

When I first started practising, it was a different world, both inside my office and outside its walls. Technology had yet to reach its current level of sophistication, so the range of diagnostic tools at my disposal were more limited. Science too had not progressed to its present state, and this dictated the kinds of therapies I could offer. The needs and expectations of the public were different, and required different care.

In the years that have followed, much has changed. Technology has opened doors for practitioners in the treatment of our patients. Ophthalmic diagnostic instruments are going digital. The Internet has shaken things up as well, giving the public new options for how they choose their eyewear. Electronic health records will soon allow us to integrate data with hospitals and other professions, resulting in improved, and more cost effective, assessment and treatment of our patients.

UPCOMING EVENTS

Council Meeting
January 16, 2015

Ontario Optometric Jurisprudence Exam
February 3, 2015

Council Meeting
April 8, 2015

Ontario Optometric Jurisprudence Seminar
April 24, 2015

Ontario Optometric Jurisprudence Exam
April 25, 2015

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Our responsibilities have increased. We're now able to prescribe drugs for our patients, with all the associated benefits and challenges. A bigger toolbox makes for better treatment.

There have been huge changes also in how we regulate ourselves. With the coming into force of this year's Professional Misconduct Regulation, optometrists are now able to work in association with opticians and corporations, and we have more flexibility in where we practise, how we advertise, and how we charge for our services.

Lockstep with these legal, economic, and technological shifts are some important social developments. Canadians are getting older, and with this comes an increase in age-related diseases, such as macular degeneration. There's an increasing urgency to protect an aging population from vision loss, using all the new drugs, diagnostic equipment, and nutritional strategies that are at our disposal.

Much has changed, and much has yet to change. This is just one moment in time. But as President of the College, an entity charged with protecting the public interest, I'm pleased with what I see. The College's profile and influence continue to grow. If we stay the course, if we maintain our rigorous standards of practice, if we adapt to the rapidly shifting landscape in which we find ourselves, eye-health care in Ontario will continually evolve—and the public will reap the rewards.

Dr. Dennis Ruskin, O.D.

REGISTRAR'S REPORT

TRANSPARENCY: WHY IS THE COLLEGE PROPOSING TO MAKE MORE INFORMATION AVAILABLE TO THE PUBLIC?

The story in the *Toronto Star* was compelling:

> ***"Doctors, Dentists, Pharmacists: The Mistakes You Can't Know About"***
> ***(January 11, 2013)***
>
> ***"Want to find out if your health-care provider has a caution-free record? You're out of luck. The warnings given to them are being kept secret by their regulatory colleges because they aren't required to tell you about them"***
>
> ***"Patients have no way of finding out from the colleges if their health-care providers have been cautioned"***

It was the first in a series, a *Star* investigation into the transparency policies of health colleges. The paper had questioned whether enough information about health practitioners was available, and whether the public would be better served if decisions such as cautions were disclosed.

But what is a caution and why would the public want to know about it?

A caution is a warning; it is the result of a complaint. The Inquiries Complaints and Reports Committee (ICRC), by issuing a caution, tells a member it believes something serious has occurred within the context of the complaint; but while it has insufficient evidence to make a referral to the Discipline Committee, its findings are significant enough for it to tell a member (and a complainant) that the behaviour puts the public at risk. Cautions can be in writing (the most common ones issued by this College) or face to face. In the latter case, a member will come to the College and appear before a panel, which will tell the member its concerns about the behaviour, with recommendations for preventing recurrence. Only one such "verbal caution" was issued by the ICRC in 2013. Most often, a verbal caution is coupled with remediation activities or a specified continuing education or remediation program (SCERP).

Under current regulations and practices, complaint outcomes such as cautions and SCERPS are not public. The RHPA requires Colleges to keep information about members confidential; the only exception is a referral to the Discipline Committee. Because of this, patients have no way to know if their health care practitioner has received a complaint. Patients such as those in the *Star* articles learned of prior problems when they lodged their own complaint and received a copy of an ICRC decision that identified a "pattern of practice"; that is, the negative outcome the patient experienced had happened to someone else previously. A caution had been issued, but was not made public.

In 2012, the College joined with five other Colleges to consider making public more information about members, and whether this would help inform patient choice of health care practitioner. The group developed eight principles to guide its discussions.

At its January meeting, Council is expected to be asked for approval to circulate, for comment, by-law amendments to make some ICRC outcomes public. It is expected that many Councils, including ours, will propose that verbal cautions and SCERPS, and possibly other ICRC outcomes, be made available on the register. Any decision by this College to do so will come with a decision-making framework that will balance fairness with transparency, following the principles approved by Council. It is important that Council hears what members have to say about these proposed changes.

This past October, the Minister of Health and Long-Term Care, the Honourable Dr. Eric Hoskins, directed registrars and presidents of all the health colleges to report to him by December 1, 2014 on measures they had taken relating to transparency of information about members and processes, and about possible future measures. The College was pleased to relate the many initiatives we'd already set in motion. To read the College's report to the Minister, click here.

Paula L. Garshowitz, O.D.

INDEPENDENT CONTRACTOR

Regulatory Standards (O. Reg. 119/94 Part II Conflict of Interest under the Optometry Act*) Interpreted*

(Effective April 15, 2014)

"Independent contractor" means a person who practises optometry under an agreement with another, but who is independent and not controlled by the other or subject to the other's right to control respecting the member's conduct in the practice of optometry.

Optometrists are limited as to the types of practice relationships into which they may enter. Where optometrists are engaged in the practice of optometry with anyone other than another optometrist or a physician (or working in other arrangements as allowed by the regulation), optometrists are required to do so as independent contractors. An independent contractor must have a written agreement that states that the optometrist:

- controls the professional services provided to a patient;
- controls who he or she may accept as a patient;
- provides every patient with a copy of his/her prescription;
- sets the fee charged or collected in respect of any professional service;
- controls the maintenance, custody, and access to optometric patient records;
- has access, along with the optometrist's staff, to the premises, books, and records at any time of day or night; and
- ensures that any advertising related to professional services provided by the optometrist is compliant with Ontario Regulation 119/94 (as amended by Ontario Regulation 24/14 made under the *Optometry Act* (the "Regulation")).

PROFESSIONAL SERVICES: It would be considered a conflict of interest for optometrists to be engaged in practice where a third party restricts their access or ability to provide professional services to their patients. For example, if optometrists cannot provide optometric services to a certain demographic of the population as a condition of the agreement with the corporation, or if optometrists are not allowed to refer patients to another practitioner for visual field testing, optical coherence tomography, or corrective surgery, where it is clinically indicated.

WHO MAY BE ACCEPTED AS PATIENTS: In some corporate settings, there is a requirement that clients be "members" in order to access the services of the corporation. Optometrists practising in such a setting should have in their agreement a statement that everyone may access their services, regardless of whether or not they are a "club member."

PROVIDE ALL PATIENTS WITH A COPY OF THEIR PRESCRIPTION: Optometrists, or their staff, must provide patients with a copy of their prescription. For example, optometrists practising as independent contractors in an optical location should provide prescriptions to patients directly, and not "hand off" prescriptions to the staff of the optical.

CHARGING FEES: The College considers that optometrists who are working with a corporation but do not have control over the setting and collecting of fees (where the fees are set by the corporation and are consistent across the corporation) are not independent contractors and would be practising in a conflict of interest. This is not to restrict optometrists from having others

collect fees on their behalf (such as shared staff), however optometrists must have control over the amount, and how and when fees are collected on their behalf.

MAINTENANCE, CUSTODY, AND ACCESS TO RECORDS: Where optometrists are practising as independent contractors with an optician/optical store, every practitioner is the health information custodian for their own patient records. In an independent contractor arrangement, the College would take the position that the optometrist, in controlling the maintenance, custody, and access to the records, would keep the records separate from the optical records. Accordingly, if optometrists leave the practice setting, they would have the right to relocate the optometric records. Optometrists would be obligated to inform patients that the records have been relocated. Arrangements where optometrists do not have unfettered access to, and control of, their patient health records would be considered a conflict of interest.

ACCESS TO PREMISES: Optometrists must be able to provide care to patients in extraordinary circumstances (e.g., in an emergency) should it be necessary. Accordingly, optometrists working as independent contractors with a corporation (e.g., a large retail entity) must have a system to access their office at all hours.

ADVERTISING: Optometrists are no longer prohibited from advertising with non-members, therefore optometrists practising as independent contractors may advertise with non-optometrists. Advertising must be in accordance with the advertising regulations and guidelines and must not, for example, contain testimonials, superlatives, or comparatives. Any advertising of the optometrist's practice, whether or not the optometrist directly placed the ad, is the responsibility of the optometrist and must comply with the advertising regulation. For example, if an optical advertised "TZVEC Optical has the best glasses in town," and also included a reference to an independent contractor—"Eye examinations provided by Dr. X on site"—the College considers that Dr. X would be in violation of the advertising regulation, knowingly permitting the publication of an advertisement that includes a superlative.

Additional Considerations

ASSOCIATE OPTOMETRISTS: Where multiple optometrists practice at the same optical/corporation, each optometrist must have a separate independent contractor agreement with the optical/corporation. An exception to this would be if one or more of the optometrists who are acting as independent contractors, and who have agreements with the optical/corporation, employ associate optometrists. In that case, the optometrists who enter into the agreement as independent contractors will be responsible for ensuring that the associates are not controlled by the optical/corporation and that the provisions of the agreement are respected. In the event of a breach of the independent contractor requirements resulting from the optical/corporation controlling the associate, it is the independent contractor who will be held responsible.

To employ associate optometrists, independent contractors in the above scenario must also practise optometry at the optical/corporation location in order to meet the definition of "independent contractor." Optometrists cannot be merely an administrator, a figurehead, or in practice full time at a different location(s), because they would not be practising optometry at the location in question.

RENTAL ARRANGEMENTS: It is appropriate for written agreements between independent contractors and optical/corporations to include reasonable terms regarding facility and equipment costs and shared staff. Independent contractors who receive free rent, equipment use, or shared staffing would be considered in a conflict of interest. This is because such arrangements are likely to influence the optometrist's professional expertise or judgment or, if there is any connection between the "free" rent, equipment, or services and the referral of patients by the member to the optical/corporation, it would constitute a benefit for the referral of patients, which is contrary to the Regulation.

The College may require evidence of the independence of members and proof that appropriate payments of rent, equipment, and/or services are being made. This may include the independent contractor agreements, cancelled rent cheques, financial statements, or other documents. It is also considered a conflict of interest for optometrists to enter into arrangements where the rent is based on the amount of fees charged or the volume of business.

FEE SHARING: Optometrists are prohibited from sharing fees with anyone except other optometrists or physicians. An offer of free eye exams by optometrists might involve fee sharing with the optical/corporation and would constitute a conflict of interest as members may only share fees with other members and physicians.

In addition, advertising free eye exams is false or deceptive and is contrary to the advertising provisions in the Regulation. It might also constitute criminal fraud if OHIP is billed for the examination.

COLLEGE MAY REQUEST EVIDENCE OF COMPLIANCE: The College may request that members practising in an optical/corporation setting produce their written agreements to the College for the purpose of verifying their status as independent contractors. It is not sufficient that independent contractors have an agreement in place; they must actually work in accordance with its terms. The College may require verification that this is happening.

ANTI-SPAM LEGISLATION

Overview

Canada's new anti-spam legislation ("CASL") came into force on Canada Day, 2014. It imposes restrictions and requirements on how individuals such as optometrists and organizations such as optometry practices send commercial electronic messages. This is a message (such as email or text) where at least part of the purpose is to encourage others to participate in a commercial activity, such as attending your practice for an eye exam. If you do so, generally you will first need to obtain their consent.

Sometimes You Do Not Need to Obtain Consent

There are a few situations where an optometrist does not need to obtain consent before sending a commercial electronic message. This may the case if, for example, the message:

- completes or confirms a commercial transaction (e.g., the sale of contact lenses)
- provides product safety information about those contact lenses (e.g., recall notices), or
- was initiated because of a third party's referral (e.g., an existing patient suggesting you email her friend who needs an eye exam) and, in your email, you disclose how you got the friend's contact information and why you are writing to them

Sometimes You Can Imply Consent

Occasionally, optometrists can assume that they already have a patient's implied consent to send these kinds of messages. That may be the case if, for example:

- as part of your practice, you communicated with the patient within the last two years, or
- if the patient communicated with you about optometric services within the last six months

This means that optometrists should keep accurate records tracking these communications. However, optometrists only have until Canada Day 2017 to convert any implied consents (based on business relationships in existence as of Canada Day 2014) into express consents.

You Should Generally Obtain Express Consent

More often, optometrists should seek express consent before sending a commercial electronic message. When you seek a patient's consent, you must provide him or her with enough information to ensure that the person understands who is requesting consent and why, and how he or she can withdraw consent (such as an Unsubscribe option). This includes:

- clearly explaining why you are asking for consent
- identifying who you are and the business name of your practice
- providing a mailing address as well as either a telephone number, email address, or web address, and
- including a statement that the patient can withdraw their consent

You cannot bundle your request for consent with other requests. For example, you cannot say to patients that you will only perform an eye exam if they consent to receiving emails from you. Further, you cannot assume patients have consented to receive commercial electronic messages from you simply because you performed an eye exam on them.

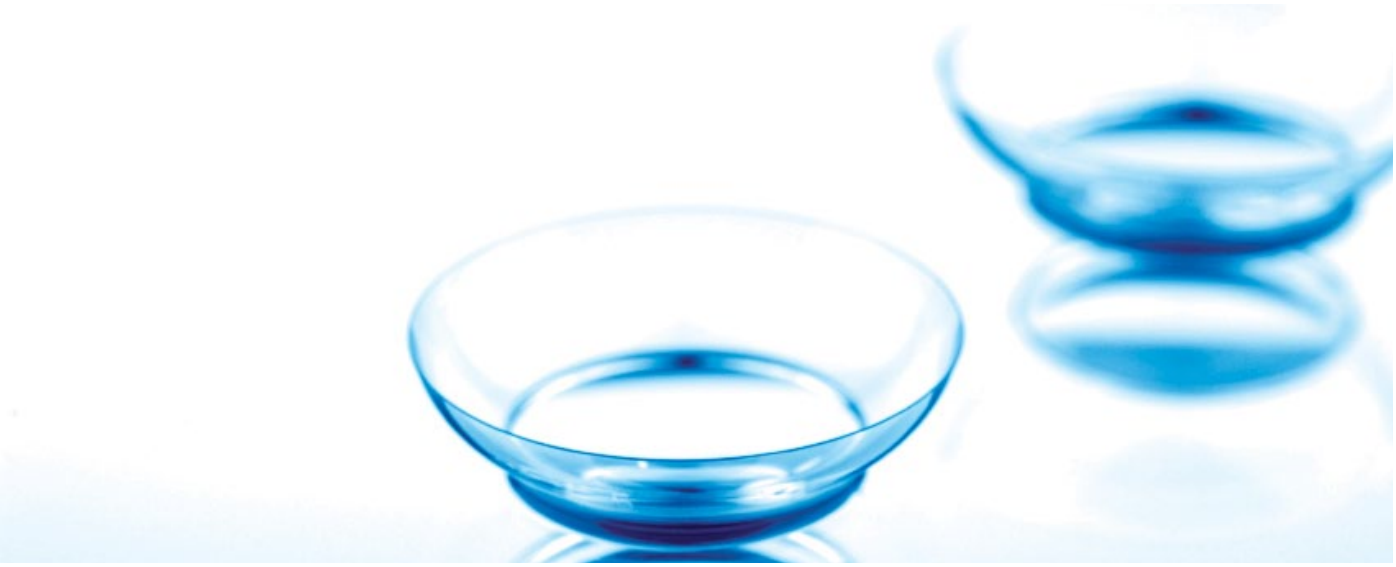
Potential Consequences for Failing to Comply With CASL

Practitioners found guilty of violating CASL could receive a fine of up to $1 million and, in the case of professional corporations, up to $10 million. While the College is not responsible for enforcing CASL, violating it could also constitute professional misconduct under the *Optometry Act, 1991* and the *Regulated Health Professions Act, 1991*.

You Should Consult With a Lawyer

This summary highlights only some of CASL's requirements. For more information, optometrists should consult with a lawyer and the Government of Canada's website: www.fightspam.gc.ca.

Marc H. Spector *is the College's general counsel and is certified by The Law Society of Upper Canada as a Specialist in Health Law*



SPECTACLE THERAPY USING THE INTERNET

At its June 2014 meeting, Council approved new guidelines for using the Internet to prescribe and dispense eyewear. These guidelines outline how optometrists who use the Internet for this purpose should apply the standards for spectacle therapy set out in Section 6.4 of the Optometric Practice Reference (OPR). The issues it considers include:

- reviewing factors affecting spectacle wear
- reviewing the details of the prescription
- advising the patient regarding appropriate ophthalmic materials
- taking appropriate measurements
- arranging for the fabrication of the spectacles
- verifying the accuracy of the completed spectacles
- fitting or adjusting the spectacles to the patient
- counselling the patient regarding spectacle wear

To read the full guidelines, please visit the College website.

CONTINUING EDUCATION POLICY

January 1, 2015–December 31, 2017
Approved by Council, December 22, 2014

PARTICIPATION IN CONTINUING EDUCATION

One component of the Quality Assurance Program is mandatory Continuing Education (CE) (O. Reg. 119/94).

CURRENT CYCLE

The current cycle runs from January 1, 2015 to December 31, 2017.

The current CE Policy stipulates that each member is required to participate in a minimum of **seventy (70)** credit hours of continuing education related to the maintenance of his/her standards of practice or continuing competence from **an organized program of learning** during every three-year cycle.

The College considers an organized program of learning to be:

- a structured learning experience that is presented as a group lecture, a group or individual workshop, or as a text or an electronically provided course

The CE policy recognizes two categories of continuing education—categories A and B—the criteria of which are outlined below.

Members are required to participate in CE activities that would amount to **a minimum of 50 Category A credit hours*** while credit for **the remaining 20 credit hours may be obtained by participating in either Category A or B** Continuing Education activities. (*One credit hour is equal to 50 minutes with each course being a minimum of one credit hour and additionally in half-hour increments.)

Of the 50 Category A hours required, a minimum of 20 hours must be lecture-based in topics reasonably related to ocular disease and management or related systemic disease. COPE-approved online lectures would qualify as long as they include an examination component.

NEW REGISTRANTS

New members will be required to complete a pro-rated number of hours based on the number of complete years remaining in the reporting cycle following the year they register. For instance, members registered in the first year of the three-year cycle, i.e. 2015, must obtain 47 credit hours and members registered in the second year, i.e. 2016, of the three-year cycle must obtain 24 credit hours. Members registered in the third year, i.e. 2017, of the three-year cycle have no requirements to obtain credit hours for the remainder of the cycle. The number of credit hours that must be obtained from Category A and B providers, respectively, is in the same ratio as specified in the policy for 70 credit hours.

CATEGORY A PROVIDERS

In order for a CE provider to be considered for inclusion in Category A, the provider must be:

- a Canadian or American national, provincial, or state optometric association or regulator; or
- a Canadian or American school or college of optometry, or an accredited university in another health discipline; or
- a not-for-profit optometric organization where the primary goal of the organization is to provide or promote optometric educational opportunities or provide clinical care; or
- any other provider in the provision of COPE-approved continuing education activities.

CATEGORY A CONTINUING EDUCATION

The College recognizes that a Category A provider can provide either Category A or Category B CE. A Category A educational opportunity must meet the following criteria:

- Must be directly provided by a Category A provider.
- Must not be entirely sponsored by a commercial entity unless it is COPE-approved. Commercial entities can provide sponsorship money to an event held by a Category A provider but not to directly pay for a speaker, the venue, etc. Evidence of sponsorship (i.e., advertising) can be present on a trade show floor or outside a lecture hall but not within the lecture/workshop itself.
- Qualifications of presenter(s) must be disclosed.
- Presenters must disclose any potential conflicts of interest.
- Material presented must have scientific and educational integrity.
- Must have an outline, which demonstrates consistency with the course description and reflects the course content.
- a course handout listing the course outline and objectives must be provided to all participants either electronically or through hard copies.
- Providers control access to the lecture/workshop to ensure that attendees are present for the entire program with reasonable exceptions.
- Groups that have restricted memberships must allow non-members the opportunity to also participate in courses offered. How appropriate fees are applied and what are considered appropriate fees for non-members will be determined by Category A providers.
- A participation verification certificate must be issued and must indicate:
  - » the name and address of the participant
  - » certificate of registration number
  - » location and date of the course
  - » course title
  - » name of the instructor
  - » name of the provider
  - » number of CE hours awarded (note: one credit hour is equal to 50 minutes with each course being a minimum of one credit hour and additionally in half-hour increments)
  - » authorized signature or symbol of verification

CONTINUING EDUCATION EQUIVALENCIES

The College recognizes the following as Category A credit hours. Of the 70 credit hours required (including both Category A and B), no more than 35 hours per CE cycle may be obtained through the following Category A equivalencies:

- Graduate studies in optometry or a related health discipline – one full year of full-time graduate studies is equivalent to the 35 hours of the cycle requirements; one year of part-time studies is equivalent to 24 hours of the cycle requirements.
- Residency at an ACOE-accredited school – one full year of residency training is equivalent to 35 hours of the cycle requirements.
- Faculty appointment at an ACOE-accredited school – an appointment as a full-time faculty member is equivalent to 24 credit hours per year. An appointment as a part-time faculty member is equivalent to a pro-rated 24 credit hours per year.
- Fellowship or diplomate in the American Academy of Optometry – is equivalent to 30 hours during the cycle the fellowship or diplomate is awarded.
- Fellowship in the College of Optometrists in Vision Development – is equivalent to 30 hours during the cycle the fellowship is awarded.
- Publication of an article in a refereed optometric, ophthalmologic, or medical journal is equivalent to 10 hours.
- Publication of a case report in a refereed journal is equivalent to two hours.
- Lectures given to regulated health professionals for their primary continuing education or regulated health professionals in training education are equivalent to three credit hours/hr – each lecture may be counted one time only per CE cycle.
- Appointment as a clinical supervisor at an ACOE-accredited school is equivalent to seven hours of continuing education credit per academic year.
- Supervising optometrist in an extern rotation for students from ACOE-accredited schools or the IOBP – one rotation (of minimum seven weeks) in an academic term is equivalent to seven (7) hours to a maximum of 21 hours (pro-rated) in a CE cycle. Prorating, supervising optometrist in a short (i.e., four week) extern rotation is equivalent to three (3) hours in a CE cycle.
- Participation in the Indicator of Current Learning in Optometry (ICLO) is equivalent to a reduction of 10 hours in a CE cycle.
- Participation in the Canadian Assessment of Competency in Optometry (CACO) or evaluating exam (through CEHPEA/ Touchstone):
  - » Clinical Assessor: one credit hour per two hours spent assessing or training to assess candidates for the Canadian Assessment of Competency in Optometry (CACO) or evaluating exam (through CEHPEA/ Touchstone) to a maximum of 24 hours per three-year period.
  - » Question Author: one credit hour per question accepted to the database to a maximum of 24 hours per three-year period.
  - » Question Item Selector: one credit hour per two spent selecting questions for the examinations to a maximum of 24 hours per three-year period.
- Certification in a Cardiopulmonary Resuscitation (CPR) Heart Saver AED (C) and CPR HCP (Health Care Provider) level with AED—five hours per three-year period.

CATEGORY B CONTINUING EDUCATION

The remaining 20 credit hours may be obtained from ANY provider. Category B credit hours represent participation in an organized program of learning that is relevant to a member's maintenance of his/her standards of practice and/or continuing competence.

A participation verification certificate must be issued and must indicate:

- the name and address of the participant
- certificate of registration number
- location and date of the course
- course title
- name of the instructor
- name of the provider
- number of CE hours awarded (note: one credit hour is equal to 50 minutes with each course being a minimum of one credit hour and additionally in half-hour increments)
- authorized signature or symbol of verification

CE EXCLUSIONS

Although the College recognizes the value in the following activities, they do not qualify for CE:

- trade show participation
- unstructured self-directed learning (e.g., reading of textbooks, journals)

REPORTING OF CONTINUING EDUCATION ACTIVITIES

Members are required to report their continuing education activities on the annual report. It is the responsibility of the member to claim only credit hours that represent an organized program of learning that is relevant to the member's maintenance of practice and/or continuing competence. Members will be advised of how many hours of CE they have reported on the second and third annual report to be completed in each cycle.

RANDOM CE AUDITS

The College randomly selects members at the conclusion of each three-year reporting cycle to determine the accuracy of reporting. Accordingly, all members are encouraged to retain proof of continuing education activities for at least six months after the completion of a reporting cycle. For example, for the last CE period (January 1, 2012 to December 31, 2014), members should retain certificates of validation for all CE activities until at least June 2015.

The Regulations under the *Optometry Act* require the Registrar to refer members who fail to acquire the required number of CE credit hours to the Quality Assurance Committee for a practice assessment.

YOUR 2014 EXECUTIVE COMMITTEE

Back row, left to right:

Dr. Paula Garshowitz, Registrar; Mr. Ira Teich; Mr. John Van Bastelaar; Dr. Areef Nurani; Ms. Irene Moore

Front row, left to right:

Dr. Thomas-A. Noël, Vice-President; Dr. Dennis Ruskin, President; Dr. Pooya Hemami, Treasurer

WELCOME TO OUR NEW MEMBERS

The College is pleased to welcome the following individuals who became members between February 4, 2014 and January 1, 2015:

Sameen Ahmed
Dzovag Arakelian
Amardeep Bhogal
Shannon Bligdon
Helen Brandenborg
Chelsea Bray
Jiney L. Caines
Antonio Carbonara
Marina A. Ceaus
Jason Kim Chan
Kevin Chavez
Gina Nai-Chun Chen
Ya Chen
Eric Chevalier
Somatra Chhoeng
Sandra T. Chiu
Cherry C.Y. Chong
Mindy Chow
Sarah E. Cleghorn
Victoria Coady
Michelle K. Coyne
Palak Desai
Angela Di Marco
Stephanie Doorn
Steven D'Orio
Mohammad-Sadegh Farahvash
Yunwei Feng
Janice Fung
Jenny Gagnon
Aminder Gill
Jordan M. Hall
George Hanna
Elsie K. Harris
Marion Hau
Ramandeep S. Hayer
Charlene M. Hickey
Saadiq Adeeb Hooseinny
Nana Ekow Tsem Hughes
Chelsea Hynes
Abby Jakob
Julianne J. Jantzi
Alicia Johnson
Rupinder R. Judge
Azadeh Karbasi
Denise Klaming
Malarvily Krishnamoorthy
Elaina Kuang
Celine Wei Heng Lai Tong
Sung Hee Lee
Claudia Ka-Ying Lee
Yoonji Kwon Lee
Jennifer Liao
Michael Lunardo
Sameh Mansour
Brian Matthews
Haley E. McLennan
Kimberly L. Misquitta
Fei Mo
Kristen A. Murray
Joseph Jae Uk Myung
Michael Ng
Ronald Nhan
Justice Nduka Oyemike
Jamee Patel
Khushbu Patel
Curtis F. Perry
Camilla Poot
Quang Minh Victor Quach
Praneetha Raveendranathan
Nathalie D. Renaud
Toni Rizk
Tannis A. Rode
Alexander Rodin
Mary Saad
Neda Sadighi
Natalie Saleh
Valerie Savoie
Amar Sayani
Graehem Sayer
Sabrina Sgroi
Tatevik Shaboyan
Zeal Shah
Harminder P. Singh
Ampreet Singh
Sukhwinder Singh
Jugdip Singh
Akanya Sivanandasingam
Anthony Soluri
Andre Stanberry
Teresa Stokes
Jason Stuart
Poonam Teja
Aynsley K. Tinkham
Layli Toutounchian
Tracy Vo
Wallace Wong
Monica Wryk
Jessica Chia-Kai Yang
Yunfan Zhang

COLLEGE OF Optometrists OF ONTARIO

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