



College of Occupational  
Therapists of Ontario

# NEW DIRECTIONS ANNUAL REPORT 2011

# TABLE OF CONTENTS

Our Mission, Our Vision	1
President's Message	2
Registrar's Report	4
Statutory Committees	6
Financial Summary	13
Auditor's Report	14
Summarized Statement of Financial Position	15
College Council	16
Staff and Affiliates	17

## ANNUAL GENERAL MEETING

Registrants, Stakeholders and members of the public are warmly invited to join College staff and Council members at the College's Annual General Meeting. The meeting will be held in conjunction with the regular Council meeting on October 20, 2011 at 9:00 am at the College offices.

Seating is limited, please call 1-800-890-6570 or (416)214-1177, ext. 232 to confirm your attendance.

## **OUR MISSION**

THE COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO IS THE SELF-REGULATORY BODY THAT, IN THE INTEREST OF PUBLIC PROTECTION, SUPPORTS REGISTERED OCCUPATIONAL THERAPISTS TO ENSURE THAT THEY ARE COMPETENT, ETHICAL AND ACCOUNTABLE IN ENABLING THE HEALTH OF ONTARIANS.

## **OUR VISION**

INNOVATIVE, QUALITY-DRIVEN REGULATORY LEADERSHIP.



## PRESIDENT'S MESSAGE

### NEW DIRECTIONS FOR THE COLLEGE

**With a new governance model established, Council this year focused on the development of new directions for the College.**

The College of Occupational Therapists of Ontario has worked hard over the last five years to implement the 2005 – 2010 strategic goals. The results have been impressive, not only in quality but in quantity. The steadfast focus on protecting and serving the public interest has resulted in meaningful impact and progress in many areas. Nonetheless, time has passed and the environment in which the College operates has become more complex. Accordingly, it was time to update its priorities and to establish a clear focus for the next three years.

The new Strategic Plan charts the course for the College to strengthen the value it provides to all stakeholders and the impact it will have on protecting the public interest. Clarity of focus, articulated in the plan, is the result of focused dialogue with Council members and senior staff throughout the fall of 2010 and winter of 2011. The debate and dialogue was further informed by invited input from Non-Council Committee members, all college staff, members of the Association of Canadian Occupational Therapy Regulatory Organizations University program Chairs, the professional associations, members of the Federation of Health Regulatory Colleges of Ontario and key government contacts.

Successful organizations recognize and celebrate past achievements while also striving to innovate based on a view of future strength and success. Council is proud of the College and of the many significant accomplishments that have been achieved. There is confidence that the priorities highlighted in the 2011-2014 Strategic Plan will transform the College into an even more effective regulatory body, and in so doing, better serve the public interest.

The role of the College is to regulate the practice of occupational therapy in the public interest. As one of 21 health regulatory colleges in Ontario, it operates within the legislative framework provided by the *Regulated Health Professions Act*. As such, the College develops standards for entry into the profession, regulations governing Registrants and programs to support professional practice. In addition, accountability is demonstrated to the public by investigating complaints and disciplining those found guilty of professional misconduct or incompetence. Lastly, the College implements legislation which has been passed by government which relates to the business of the College or the profession.

Accordingly, the Mission Statement has been updated to ensure that it captures the core purpose of the College, as well as continue to guide and inform decision making in the years ahead.

## OUR MISSION

The College of Occupational Therapists of Ontario is the self-regulatory body that, in the interest of public protection, supports registered occupational therapists to ensure that they are competent, ethical and accountable in enabling the health of Ontarians.

Within the context of the College's mandate, a new Vision Statement speaks to the intended impact of the initiatives undertaken. This Vision is more than a simple statement of a goal; it will inspire action, define how decisions are made, and how Registrants will be supported in their professional careers.

## OUR VISION

**Innovative, quality-driven regulatory leadership.**

Any organization's success is proportional to its ability to focus. Leadership priorities have been articulated to guide staff in achieving the College vision. Accordingly, three leadership priorities have been highlighted.

### Leadership Priorities 2011-2014

1. **Regulatory Leadership:** The College will continue to work on developing excellent programs and initiatives which will continue to result in recognition as regulatory leaders within the province and the country. Work with others will advance interprofessional collaboration to leverage and support the competence of occupational therapists.
2. **Engaging Registrants in Self-regulation:** The feedback has been clear; the College needs to better communicate to Registrants what it does, and why, particularly the work that is legislated by government. In addition, continued positive relationship building and engagement with Registrants is required.
3. **Quality Improvement and Accountability:** The College has looked at its evaluation methods which were developed with the evolution of the College. With the change in governance structure, the College's evaluation methods require updating. The College has matured, and it is time to look at developing valid, reliable evaluation methods that are consistently applied in all College programs. The College continues to be committed to strong and effective organizational and governance practices.

These leadership priorities have been translated into outcome statements to be achieved within the College governance policies.

By creating a new strategic plan, Council has focused on new directions for the organization for the next three years, while continuing to fulfill its regulatory mandates.



**Lesya Dyk**  
President



## REGISTRAR'S MESSAGE

### FULFILLING THE DIRECTIONS OF COUNCIL

This past year was significant for the College, in that it was the last year to accomplish the directives set by Council in the 2005 – 2010 Strategic Plan. An operational planning process enabled staff to link 2010/11 initiatives to the leadership priorities of that Strategic Plan.

The first priority was addressing the understanding and perception surrounding the role of the College and its relationship with stakeholders. The *Regulated Health Professions Act* (RHPA, 1991) mandates health colleges to develop a code of ethics for each profession. The College's *Code of Ethics* is a framework that describes the boundaries of acceptable professional practice. It is important to ensure that the *Code of Ethics* is current and relevant to practice. A review of the *Code of Ethics* was completed this year, which resulted in changes to the articulation of the Code. This updated *Code of Ethics: Commitment to Good Practice* is a resource for Registrants to guide their practice.

As a support to practice, the *Guide to the Apology Act* was developed by the College. The *Apology Act* (2009) was originally spearheaded by health professionals to address the uncertainty faced when making the decision on whether to apologize or not when a mistake in health care occurs. The Guide is a resource to Registrants and the public on this important legislation.

The College is an active partner in the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO). This year, federal funding was obtained to complete the study to develop a national competency-based assessment for entry-to-practice, and to harmonize registration requirements across Canada. One of the major accomplishments of ACOTRO this year was a review of the 2nd edition of the *Essential Competencies for Occupational Therapists in Canada*. This review resulted in a 3rd edition which includes the essential competencies for Registrants that work in non-clinical roles. Over the next year, the College will be revising its program tools and documents to integrate the updated Essential Competencies.

The second priority focused on strengthening and aligning the College's organizational and governance frameworks. An information technology audit was conducted and the first year of a three-year plan was implemented. This audit resulted in some technical upgrades such as increased bandwidth, and updated systems which will improve the website's interface with the College database.

Council has implemented a policy governance model which created the opportunity to review operational policies that were relevant and necessary to maintain. This review resulted in a practical manual for Council members which aligned policy guidelines with the policy governance model.

This year, two pieces of legislation that influenced the operations of the College were the *Anti-Harassment and Anti-Violence Act* (2009) for which an assessment of risk was conducted along with training of staff and Council members. In addition, policies were developed for the College to align with the standards established by the *Accessibility for Ontarians with Disabilities Act* (2005).

The third priority was to develop clear standards to guide practice, as well as to develop valid and credible evaluation methods of the College's programs and services. This year, the College completed the development of standards for student supervision and standards for the supervision of support personnel and initiated the development of standards for conflict of interest. Over the length of this strategic plan, the College has developed ten standards in total to guide practice.

With the inclusion of essential competencies for Registrants in a non-clinical role, the College developed a tool that will be available for the first time in the spring of 2012. The *Am I Practicing?* tool will lead the user through a series of questions to help them determine if they have a clinical practice, a non-clinical practice, or a mixed practice.

Phase two of a review of the scope of practice of the profession in Ontario was initiated this year. The College is pleased that the Board of the Ontario Society of Occupational Therapists agreed to partner with the College on this initiative which will further the project into 2011/12.

The Practice Development Portal was made fully functional this year, with Quality Assurance tools and educational resources being made available online. This Registrant password-protected portal will continue to be developed as a content rich resource.

The College continues to meet the requirements of the *Fair Access to Regulated Professions Act* (2006) through the submission of an annual report on registration processes for international graduates. In addition, this year a review of three entry-to-practice requirements were requested for submission to the Office of the Fairness Commissioner.

The 2005 – 2010 Strategic Plan set the direction upon which operational initiatives were identified and accomplished this year by the College staff. Council and College staff are energized by the new Strategic Plan that was articulated this year and look forward to the new direction it will provide for the future!



**Barbara J. Worth**  
Registrar

# STATUTORY COMMITTEES

## ACTIVITIES & STATISTICS

### REGISTRATION COMMITTEE

The Registration Committee is responsible for reviewing applications for certificates of registration referred to them if the Registrar,

- has doubts, on reasonable grounds, about whether the applicant fulfills the registration requirements;
- is of the opinion that terms, conditions, or limitations should be imposed on a certificate of registration and the applicant does not consent to the imposition; or
- proposes to deny the applicant a certificate of registration.

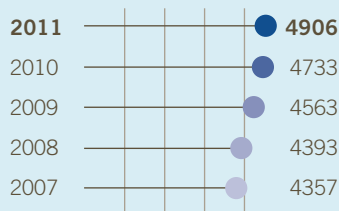
During the period June 1, 2010 to May 31, 2011, the Registration Program and Committee activities included:

1. The Registrar's referral of 24 applications to the Registration Committee for review:
  - The Committee directed the Registrar to issue a certificate of registration to 15 applicants.
  - The Committee directed the Registrar to issue a certificate of registration upon completion of additional training to two applicants.
  - The Committee directed the Registrar to issue a certificate of registration upon completion of additional training and receipt of a signed undertaking with the College for two applicants.
  - The Committee directed the Registrar to issue a certificate of registration with terms, conditions and limitations to two applicants.
  - The Committee directed the Registrar to modify the terms, conditions and limitations on one certificate of registration.
  - The Committee directed the Registrar to deny a certificate of registration to one applicant.
2. The processing of 17 applications for re-entry to the profession, where a period of volunteer supervised practice was required. Of these, six have since completed re-entry requirements successfully. Eleven applicants are still completing their period of supervised practice.
3. The submission of the first *Entry to Practice Review Report* to the Office of the Fairness Commissioner.
4. The completion of its third annual *Fair Registration Practices Report* to the Office of the Fairness Commissioner.
5. The review and revision of Registration Committee Policies.
6. The review and approval of program revisions to the Occupational Therapy Examination and Practice Preparation Project (OTepp) curriculum content.

During Annual Registration Renewal 2011, which ended June 1, 2011, 97% of Registrants completed their registration online.

# REGISTRATION COMMITTEE – STATISTICS

## Total Number of Registrants over the last 5 years



## Gender of Registrants

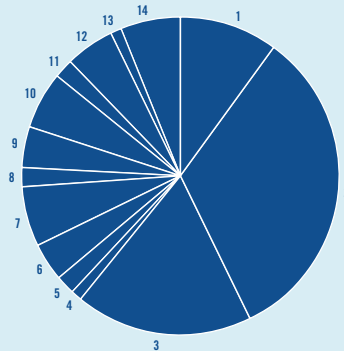
	#
<b>Total number of Registrants as at May 31, 2011</b>	<b>4906</b>
Total Female	4576
Total Male	330

## Registrants by Category

	%
Managers	4
Professional Leaders	3
Direct Service Providers	76
Educators	2
Researchers	<1
Equipment Sales	<1
Owner Operator	<1
Consultant	4
Quality Management Specialist	<1
Administrator	1
Other Positions	3
Blank Records / Not Stated / Not Employed	6

## Area of Practice

Percentage of OTs working in a Direct Service position based on primary employment:



	%
1 Mental Health and Addiction	10
2 General Service Provision	33
3 Other Areas Direct Service	18
4 Vocation Rehabilitation	1
5 Service Administration	2
6 Client Service Management	4
7 Consultation (Medical/Legal)	6
8 Post Secondary Education	2
9 Other Areas of Practice	4
10 Critical Care	6
11 Acute Care	2
12 Geriatric Care	5
13 Chronic Disease Prevention & Management	1
14 Not Stated	6

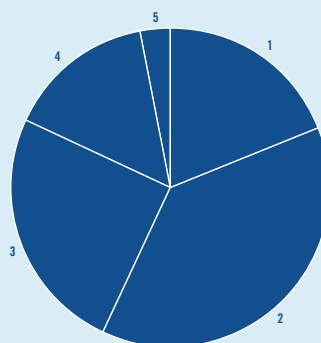
## New Registrants Place of Education

New Registrants during year 2010/2011	482
	%
Educated in Ontario	79
Educated outside of Ontario within Canada	11
Educated outside of Canada	10

## New Registrants that Graduated in fiscal year 2010/2011: 230

	%
Graduated in Ontario	88
Graduated outside of Ontario within Canada	7
Graduated outside of Canada	5

## Age Range of OTs



	%
1 Under 30	19
2 31-40	38
3 41-50	25
4 51-60	15
5 over 60	3

## Nature of Practice

	#
Clinical	3,416
Mixed	444
Non-Clinical	546
Not Stated	500

## PATIENT RELATIONS COMMITTEE

The Patient Relations Committee is mandated by the RHPA to develop and implement the Patient Relations Program. This includes administering the College's fund for therapy and counseling for persons where a member has been found to be at fault of sexual abuse of a client under the regulations.

To date, there have not been any findings of fault related to sexual abuse of a client by an occupational therapist in Ontario.

Accomplishments of the Patient Relations Committee in this year include:

- Reviewed and revised the College's Code of Ethics;
- Developed draft Standards for Conflict of Interest;
- Monitored the progress of the Advertising Regulation, submitted to the Ministry of Health and Long-Term Care.

## QUALITY ASSURANCE COMMITTEE

The College's Quality Assurance Program is committed to promoting reflective practice and providing tools and resources for OTs to continue to enhance their knowledge and skills. The program is intended to be educational and is designed to ensure that Registrants can demonstrate their continued competence.

The *Regulated Health Professions Act* (RHPA, 1991) prescribes the activities that must be included in a Quality Assurance program. The College's QA Program meets all the requirements of the RHPA.

Accomplishments of the QA Committee and Quality Program in 2010/2011 fiscal year included:

- Developed and distributed the PREP Module: *Record Keeping*;
- Developed and launched the Practice Development Portal;
- Randomly selected 650 OTs to participate in the Competency Review and Evaluation process;
- Generated and distributed the Competency and Review and Evaluation: Step 1 results to 582 Registrants; and
- Engaged 48 Registrants in Competency Review and Evaluation: Step 2 (peer assessment)

## COMPETENCY REVIEW AND EVALUATION: STEP 1

### Portfolio Review and Multi-Source Feedback

Participants (from June 1/10 – May 31/11)	#
Total number of Registrants engaged in Step 1	711
Random Selection	650
Previous deferral	61
Deferral granted	98
Exempted (criteria not met)	31

Participant Outcome	#
Total number of Registrants who participated in Step 1	582
Total number of Registrants who successfully completed Step 1	472
Total number of Registrants whose portfolio material were incomplete	79*
Total number of Registrants whose multi-source feedback results fall below the survey threshold	58*

*\*Note: Some Registrants who fell below the threshold may also be included in the incomplete portfolio category*

## COMPETENCY REVIEW AND EVALUATION: STEP 2

### Peer Assessments

Participants (from June 1/10 – May 31/11)	#
Registrants entering process	*58
Deferrals granted	4
1 <sup>st</sup> Peer assessments conducted	**48

*\* The number is based on the total number of Registrants required to participate in Step 2 during the 2010/11 fiscal year. This includes Registrants who were previously granted a deferral and were now required to participate.*

*\*\*The remaining 10 assessments will be completed in the 2011/12 fiscal year.*

Participants (from June 1/10 – May 31/11)	%
General Hospital	20
Rehabilitation	18
Mental Health	22
Community	10
Insurance/Self-employed	14
Paediatrics	8
Other	8

Participant Outcome	#
Case decisions Issued by QA Committee following Step 2	54
Directed remediation	6
Recommendations and directed remediation	10
Recommendations only	11
Take no action	27

## INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

### COMPLAINTS

For the 2010/2011 fiscal year the College received 16 complaints, less than the 21 complaints received in 2009/2010. An additional 11 complaint matters were carried over from previous years.

The *Regulated Health Professions Act* (1991) indicates that the ICRC shall dispose of a matter within 150 days of the complaint being filed. However, it is often necessary to extend this time line due to the complexity of investigations or other issues that are beyond the College's control; the Act specifies additional procedural steps where it is not possible to dispose of the matter within the 150 day time frame.

For all decisions made in the 2010/2011 fiscal year, the Committee was able to review a case and make their decision on average within 184 days.

The majority of complaints received by the College are received from recipients of occupational therapy services or their representatives.

The College receives complaints which highlight various concerns regarding the practice of members of the profession. Following the trend established over the previous three years, for 2010/2011, the majority of complaints received by the College related to assessments completed by occupational therapists working in the auto insurance sector. The most common concerns expressed by complainants are: Acts with Professional Integrity, Adherence to the Code of Ethics, Client-Centred Approach in the Delivery of Occupational Therapy Services, Informed Consent and Record Keeping.

The ICRC disposed of 15 complaints cases during the 2010/2011 fiscal year. The following diagram highlights the outcome of these matters.

#### Complaints Reports

Resolved cases	15
Undertaking and Verbal Caution	1
Undertaking	4
Written Caution	2
No further action	7
Verbal Caution	1

### APPEALS TO THE HEALTH PROFESSIONS APPEAL AND REVIEW BOARD (HPARB)

Of the cases disposed of in 2010/2011, one was appealed to the Board (the appeal was filed after the conclusion of the fiscal year). The review has not yet been conducted. In 2010/2011, HPARB returned four matters to the College for further consideration.

## MANDATORY REPORTS/REGISTRAR'S INQUIRIES

During the 2010/2011 fiscal year, the College received 11 mandatory report/Registrar's Inquiry matters to be considered by the ICRC. An additional 13 matters were carried over from previous years.

Of the mandatory reports received by the College, the ICRC considered a variety of concerns regarding the practice of occupational therapists which ultimately led to their termination/resignation. The reports were filed pursuant to the reporting obligations mandated by the *Regulated Health Professions Act* (1991) and which warranted that a report be filed with the College. The most common areas of concern which resulted in mandatory reports were: Professional Integrity, Record Keeping, Code of Ethics and Timely and Effective Communication.

The ICRC disposed of 10 mandatory report/Registrar's Inquiry matters in 2010/2011. The diagram below indicates how these matters were disposed of:

<b>Mandatory Reports</b>	
<b>Resolved cases</b>	<b>10</b>
Undertaking	1
Written Caution	3
SCERP	3
SCERP & Verbal Caution	1
Undertaking & Verbal Caution	1
Referral to Discipline	1

## OTHER ICRC WORK

In addition to case reviews, the Committee:

- Participated in an education session regarding amendments to the *Auto Insurance Act* (1990).
- Provided feedback on the College's policy regarding the *Eligibility Criteria for the Selection of Agents of the College*.
- Discussed the procedure and appropriate criteria to consider when ordering a *Specified Continuing Education and Remediation Program* (SCERP).

## DISCIPLINE COMMITTEE

During the 2010/2011 fiscal year, one matter was referred to the Discipline Committee. The matter was resolved by way of undertaking, and no hearing was required. On May 31, 2011, the undertaking signed by Mr. Jodi Craig to resign his membership in the College and never again practice occupational therapy in Ontario took effect. The matter was adjourned indefinitely to be returned if Mr. Craig ever breaches the undertaking and reapplies for membership to the College.

## EXECUTIVE COMMITTEE

The College's Executive Committee has the role of:

Managing administrative matters with the powers of the Council which require attention between Council meetings, other than the power to make, amend or revoke bylaws and regulations.

The following are some of the accomplishments of the Executive Committee in the last fiscal year:

1. Appointed Chairs of the Statutory Committees;
2. Approved Statutory Committee composition;
3. Recommended that Council approve the 2010/2011 Budget;
4. Recommended to Council to approve the Audit of the Financial Statements;
5. Approved monthly financial reports and balance sheets between Council meetings;
6. Recommended to Council to approve the 2011-2014 Strategic Framework;
7. Recommended to Council to approve amendments to the established reserve funds to create a New Premises fund and adjust the minimum levels of allocated reserve funds;
8. Recommended to Council to approve amendments to Registrar Limitations Policy – Financial Condition and Activities, to provide guidance on the allocated reserve funds;
9. Recommended that Council approve the *Standards for Student Supervision*;
10. Recommended that Council approve the *Standards for Support Personnel*;
11. Recommended that Council approve the *Guide to the Apology Act*;
12. Recommended that Council approve amendments to the Nominations Committee to be consistent with the governance policies;
13. Amended the Council Meeting Evaluation, Annual Council Evaluation forms and created a new Self-Evaluation for Council members to be consistent with the governance policies.
14. Created an orientation video on the governance model.

## FITNESS TO PRACTISE COMMITTEE

There were no Fitness to Practise hearings held at the College during the 2010/2011 fiscal year.



**FINANCIAL STATEMENTS**  
ANNUAL REPORT 2011

## FINANCIAL SUMMARY 2010/11

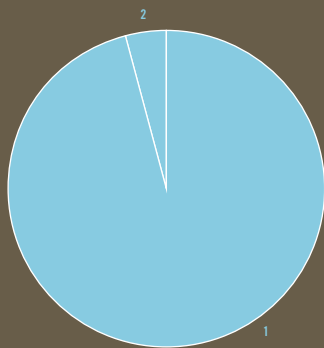
The College's primary responsibility is to meet the regulatory mandate as set by the government. Many of the programs and services that the College provides are required by legislation. These include assessing and registering applicants, maintaining a register that is available to the public, establishing professional practice standards and guidelines, investigating concerns about occupational therapy practice and providing a quality assurance program.

The College's revenue comes almost solely from registration fees. The costs of programs and services such as Quality Programs, includes only the direct costs incurred by the College. The salaries, benefits and professional development costs for the Quality Programs Manager and the Associate are not included in the program costs; these are included in salaries and benefits. Similarly the costs of the meetings are included in the Council expense line.

A surplus has been realized this year; it will be used to build the reserves funds that have been identified in policy including the Fee Stabilization reserve fund.

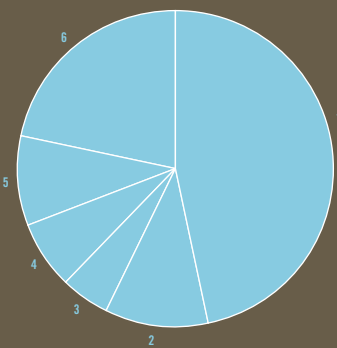
The following information is provided to add clarity to the Summarized Statement of Operations.

### COLLEGE REVENUE



	%
1 Registration & app. fees	96
2 Interest and other income	4
<b>Total Operating Revenue</b>	<b>100</b>

### COLLEGE EXPENSES



	%
1 Salaries, benefits & professional development	46.7
2 Programs (QA, I&R, Registration, Practice)	10.7
3 Communication	5.0
4 Council	6.9
5 Occupancy costs	9.1
6 Operations (depreciation & other operations)	21.6
<b>TOTAL</b>	<b>100</b>

## INDEPENDENT AUDITOR'S REPORT

### TO THE MEMBERS OF THE COUNCIL OF THE COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO.

The accompanying summary financial statements of College of Occupational Therapists of Ontario ("College"), which comprise the summary balance sheet as at May 31, 2011, and the summary statements of the College for the year ended May 31, 2011. We expressed an unmodified audit opinion of those financial statements in our report dated August 11, 2011.

The summary financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Reading the summary financial statements therefore, is not a substitute for reading the audited financial statements of the College.

#### Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian generally accepted accounting principles.

#### Auditor's Responsibility

Our responsibility is to express an opinion on the summary of the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

#### Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the College for the year ended May 31, 2011 are a fair summary of those financial statements, in accordance with Canadian generally accepted accounting principles.

## SUMMARIZED STATEMENT OF FINANCIAL POSITION

AS AT MAY 31, 2011

	2011	2010
<b>ASSETS</b>		
Current assets		
Cash and marketable securities	\$ 4,722,784	\$ 4,428,903
Accounts receivable and prepaid expenses	3,212	3,114
	<b>4,725,996</b>	<b>4,432,017</b>
Property and equipment	103,280	127,475
	<b>\$ 4,829,276</b>	<b>\$ 4,559,492</b>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	\$ 388,639	\$ 279,209
Deferred revenue	2,628,490	2,789,552
	<b>3,017,129</b>	<b>3,068,761</b>
Deferred lease inducement	27,638	39,485
	<b>3,044,767</b>	<b>3,108,246</b>
<b>NET ASSETS</b>		
Operating fund	665,869	520,256
Invested in property and equipment	75,640	87,990
Hearings reserve fund	200,000	200,000
Premises reserve fund	43,000	-
Sexual abuse therapy fund and counselling reserve fund	15,000	10,000
Contingency reserve fund	625,000	500,000
Fee stabilization reserve fund	160,000	133,000
	<b>1,784,509</b>	<b>1,451,246</b>
	<b>\$ 4,829,276</b>	<b>\$ 4,559,492</b>

## SUMMARIZED STATEMENT OF OPERATIONS

YEAR ENDED MAY 31, 2011

Revenues		
Registration and application fees	\$ 3,240,981	\$ 3,141,952
Interest and other income	133,489	90,533
	<b>3,374,470</b>	<b>3,232,485</b>
Expenses		
Salaries, benefits and professional development	1,420,977	1,316,192
Programs		
Quality Assurance	205,252	214,738
Investigations and Resolutions	73,435	85,871
Registration	36,617	28,887
Practice	10,150	4,574
Communications	152,695	163,932
Council	209,115	177,878
Occupancy costs	274,934	267,990
Depreciation	58,685	77,020
All other operating expenses	599,347	695,114
	<b>3,041,207</b>	<b>3,032,196</b>
Excess of revenues over expenses for the year	<b>\$ 333,263</b>	<b>\$ 200,289</b>



The College depends on dozens of volunteers every year to achieve its mission and reach its goals. Whether you pilot-tested a PREP Module, lent your expertise as a non-Council member, or committed your time and talents as a member of Council, the College extends its sincerest gratitude to you.

## COLLEGE COUNCIL

*Front row, left to right:*

KATHY KASTNER  
Public Member

NICOLE THOMSON  
District 1

LESYA DYK  
District 2

JANE COX  
District 3

SHARON KULAR  
Public Member

*Back Row, Left to Right:*

MARY EGAN  
Academic Member

SHANNON GOUCHIE  
District 5

UPALI OBEYESEKERE  
Public Member

RACHELLE GERVAIS  
District 4

CHRISTY MCKENZIE  
District 6

JACKLYN PEARCE  
District 1

KAREN TAIPALE  
District 1

MARIA LEE  
Public Member

ANNE VANDERWEIL  
District 2

LILA CYR  
Public Member

FRANK CARDILE  
Public Member

ANGELA MAUDICH  
Academic Member

*Term Ending March 2011:*

HAZEL BOWLES  
District 2

BONNY JUNG  
Academic Member

CAROL MIERAS  
District 4

HELEN POLATAJKO  
Academic Member

## NON-COUNCIL COMMITTEE MEMBERS

KELLY LOWTHER ABRAHAM  
Quality Assurance  
Subcommittee

JOANNE ANDREWS  
Practice Issues  
Subcommittee

ALLISON BONHAM  
Practice Issues  
Subcommittee

JENNIFER BROOKFIELD  
(on leave Sept 2010)  
Practice Issues  
Subcommittee

MICHAEL CHAN  
Quality Assurance  
Subcommittee

KELLY CHARLEBOIS  
Practice Issues  
Subcommittee

LORETTA CHIN  
Complaints/ICRC

SUSAN DOMANSKI  
Practice Issues  
Subcommittee

RACHEL GERVAIS (Chair)  
Quality Assurance  
Subcommittee

BIRAJ KHOSLA  
Patient Relations

NIKI KIEPEK  
Quality Assurance  
Subcommittee

WARREN KIRLEY  
Quality Assurance  
Subcommittee

SONYA KOCHANSKI  
Fitness to Practise

JAMES MACDONALD  
Quality Assurance  
Subcommittee

LAURIE MACDONALD  
Quality Assurance

CHRISTY MACKENZIE  
Patient Relations

KRISTINE MARTTILA  
Quality Assurance  
Subcommittee

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