



College of Occupational
Therapists of Ontario

annual
report



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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 26, 2006 at 9:00 am at the College office.

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 a self-governing body that protects the public interest and improves their health and well-being by registering, regulating, and supporting the ongoing competency of Occupational Therapists.

our vision

By 2010, COTO is recognized and respected for its strong collaborative relationships that influence Ontario's health-care system while supporting the needs of the public through the OT profession.

moving toward
the vision





Joint message from the President and Registrar

In 2005, the Council set a new vision and strategic plan to guide the College for the next 5 years. Several milestones have been accomplished in 2005/2006, the first year of the strategic plan.

Raising Awareness

One of the key priorities of the Strategic Plan is to address the understanding and perception surrounding the role of the College. A public communications plan was developed, which included a public service announcement for magazines and newspapers, a pre-written magazine article and a video which was provided to news editors at TV stations. The written material was used by several magazines and newspapers for distribution across Ontario.

The College also contributed funding to a joint project of the Federation of Health Regulatory Colleges of Ontario to raise public awareness of regulated health professions, through radio stations in 5 regions in Ontario.

The College will build on these strategies in the future to ensure that its mandate and the perception of its role is well understood by the public.

Leveraging Technology

Another priority is to ensure that the College is best positioned to achieve its core business and strategic plan. The College identified a need to improve its infrastructure to capitalize on the use of technology.

This year, phase 1 of a new integrated database system was implemented to support the core programs of quality practice, conduct and registration. This system will improve consistency in the data collected and the statistics available for reporting. Once implemented, the second phase of this system, along with the revamping of our website, will permit registrants to have timely and secure online access to the system for updating mandatory information and for convenient access to College resources.

Online registration renewal was offered for the first time to all registrants in the 2005 registration cycle. Approximately 34% of registrants utilized this method. Positive feedback was received on the convenience and ease of completion of this option for registration. In the future, it is anticipated this will become the method of choice for registrants.

(cont'd on page 6)

...the college will build on these strategies in the future...

quality practice

public awareness



strength

consistency

understanding

communication

Joint message from
the President and Registrar
(cont'd from page 4)

Setting Standards

The final priority is to develop clear standards that registrants can easily apply to everyday practice. This year, the College initiated the development of standards in the areas of assessment, infection control and sexual abuse prevention.

It is important to remember that the College sets standards for minimum practice expectations (in contrast to best practice). Standards must be developed with input from registrants to ensure that they are reflective of current practice. The College actively has sought information on these topics from registrants using newsletter inserts, direct email requests and direct mail. This feedback process enable timely responses and effectively focuses Council and staff energies on the most critical factors to consider. The College invites registrants to continue to contribute feedback as the College moves forward with the development of this important initiative.

These milestones, have not only been a catalyst to the successful achievement of The College vision, but have reaffirmed the direction of the College; a direction built on relevant stakeholder input, Increased utilization of technology, and enhanced public awareness.



Marie Eason Klatt
President



Barb Worth
Registrar



... reaffirming
the direction



Statutory Committee Activities & Statistics

Patient Relations Committee

The Patient Relations Committee is mandated with 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 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 committee in this year include:

- Revision of the College Introduction brochure;
- Development of the Draft Prevention of Sexual Abuse Standards;
- Distribution of the Draft Prevention of Sexual Abuse Standards for feedback from members.

Other topics of discussion for this committee have been related to development of standards related to professional boundaries, conflict of interest, and advertising.

Registration Committee

The Registration Committee is responsible for reviewing applications for registration sent to Committee if the Registrar:

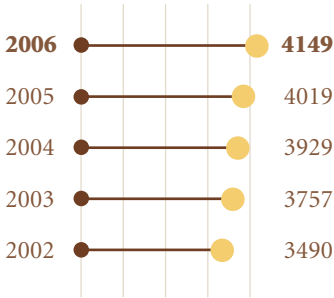
- has doubts, on reasonable grounds, about whether the applicant fulfills the registration requirements;
- is of the opinion that terms, conditions, or limitations should be imposed on a certificate of registration and the applicant does not consent to the imposition; or
- proposes to refuse the application.

During the period June 1, 2005 to May 31, 2006, Registration department and Committee activities included:

1. Review of ten applications for registration. One application was denied, three applications were granted with conditions and six were granted registration status.
2. Review of eight applications for re-entry into the profession. Of these, three completed re-entry requirements successfully, and two of these three now hold a general practice certificate.
3. Other Activities included approval of a new language proficiency requirement for the Internet-based Test of English as a Foreign Language (TOEFL).

In the 2005 registration process, 34% of applicants took advantage of the Colleges new online renewal process.

Total Number of Registrants over the last 5 years



Registrants by Category

PARTICIPANT	#
Total Number of Registrants as at May 31, 2006	4149
Total Number with a General Certificate	4104
Total Number with a Provisional Certificate	44
Total Number with a Temporary Certificate	1

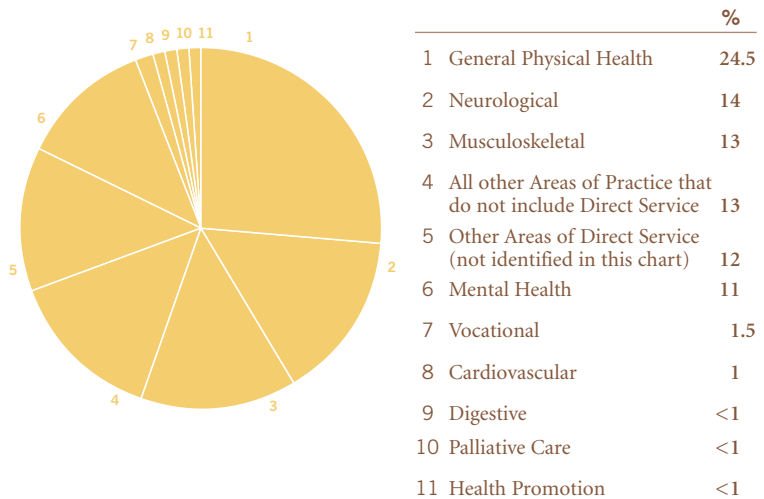
Registrants by Category

Percentage of OTs in each position of practice:

	%
Managers	5.1
Professional Leaders	4
Direct Service Providers	76
Educators	2.2
Researchers	<1
Equipment Sales	<1
Other (Positions not labeled)	3.3
Not specified (blank record)	8.3

Area of Practice

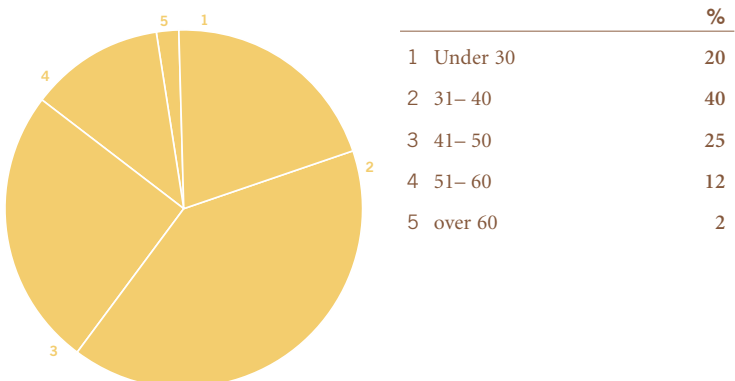
Percentage of OTs working in a Direct Service position based on primary employment:



New Graduates

Total Number of Registrants that graduated during 2005/2006:	188
	%
in Ontario	91
Outside of Ontario within Canada	6
Outside of Canada	3

Age Range of OTs



Quality Assurance Committee

The College's Quality Program is aimed at promoting reflective practice and providing tools and resources for therapists to continue to enhance their knowledge and skills. It is designed to ensure that registrants can demonstrate their continued competence.

The Quality Assurance Committee is constituted under the RHPA to:

- develop, implement and monitor a quality assurance program for members of the College;
- set regulations and policies related to QA programs as required;
- develop guidelines for practice as necessary;
- review referrals related to sexual abuse as defined by clause 1(3)(c) from the Executive Committee, Complaints Committee or Council and take action consistent with section 95(2.1) of Schedule 2; and
- To refer concerns of misconduct, negligence or incapacity to the Executive Committee as necessary.

Accomplishments of the QA Committee and Quality Program in the 2005/2006 Fiscal year included:

1. Development of a Program Logic Model for the program;
2. Development and distribution of PREP Module 8:
Confidentiality and Privacy: What Occupational Therapists in Ontario Need to Know;
3. Significant revision of the processes and tools for Competency Review 2005;
4. Introduction of a Consent Checklist, now available to all Registrants;
5. Completion of Competency Review 2005 for 196 Registrants;
6. Completion of ten on-site Competency Evaluations;
7. Initiation of a Program Evaluation Plan evolving from the Logic Model;
8. Implementation of a new database system to enable generation of outcome based reports.

Competency Review

PARTICIPANT	#
Registrants entering process:	242
Random selections:	226
Postponements included from previous years:	14
Referrals:	2
Current Postponements/Resignations/Exclusions	45
Total participants in process:	197

PARTICIPANT OUTCOMES	%
All Requirements Complete. ¹	56
Requirements Incomplete. No Follow-up Required. ²	35
Requirements Incomplete. Follow-up Required. ³	7
Competency Evaluation Required. ⁴	2

¹ All required portfolio materials requested were submitted and all practice feedback survey scores from Registrant report were at or above threshold.

² These included cases of either missing portfolio materials and/or any survey scores below threshold which staff or QA Committee determined did not warrant follow-up.

³ These included cases where follow-up of current portfolio materials were required in order to complete the Competency Review 2005 process.

⁴ These registrants were brought before QA Committee where the outcome was referral to Competency Evaluation as a result of insufficient portfolio materials and/or survey scores below threshold.

Competency Evaluation

PARTICIPANTS	#
Registrants entering process:	21
Random selections:	7
Referrals:	14
Postponements continuing from previous years:	2
Current Postponements/Resignations/Exclusions:	3
Peer Assessments Conducted:	10
Decisions Issued by QA Committee:	9

PARTICIPANT OUTCOMES (DECISIONS)	%
No Recommendations or Requirements:	22
Recommendations only:	56
Recommendations and one or more Requirements:	11
Requirements only (Competency Improvement):	11
Referral to Executive Committee:	0

Competency Evaluation (cont'd)

DECISION OUTCOMES	%
Recommendations:	56
No Action:	22
Recommendations and Requirements:	11
Competency Improvement:	11

AREAS OF CONCERN IDENTIFIED IN RECOMMENDATION (TOP6)*

	%
Controlled Acts	24
Consent	20
Record Keeping	20
Critical Thinking	12
Professional Development	12
Practice Environment	12

* Please note, that more than one area of concern may be identified in a recommendation.

Competency Improvement

PARTICIPANTS	#
Total Cases entering process:	4
Cases continuing from previous years:	3
New cases:	1
Cases resigned:	1
Cases on hold:	1
Cases concluded:	1
Cases in process:	1

Executive Committee

The College's Executive Committee has the role of:

- managing administrative matters which require attention between Council meetings, with the exceptions of bylaws and regulations;
- considering information brought to the College's attention where the Registrar determines that an investigation is required;
- receiving referrals from the Quality Assurance Committee.

The following are some of the accomplishments of the Executive committee in the last fiscal year.

1. Recommended that Council approve the 2005/2006 Budget;
2. Considered information brought to the College's attention where the Registrar determines that an investigation is required;
3. Reviewed information from the Quality Assurance Committee;
4. Recommended that Council approve a new draft standard on Infection Control which was recommended by the Practice Issues sub-Committee for distribution to registrants for feedback;
5. Recommended that Council approve changes to the General Regulation Part 1V on notice of meetings and hearing for distribution to registrants for feedback;
6. Hosted an educational event on Governance and provided leadership to implement the resultant action plan;
7. Approved the Letter of Understanding with CIHI — this covers the sharing of COTO data with CIHI for Health Human Resource Planning purposes;
8. Approved College submissions to Health Professions Regulatory Advisory Council;
9. Approved the College participating as a pilot site for an Ontario Health Professional Database;
10. Recommended that Council approve a change in Bylaws to create a Hearings Pool;
11. Recommended that Council approve changes to Bylaws to define the number of terms for Academic Members of Council and to change Selection and Disqualification Criteria for Elected and Academic Members of Council and non-Council Committee Members;
12. Recommended that Council approve changes to the Mutual Recognition Agreement.

The Executive committee also has the responsibility of reviewing cases which are brought to its attention by the Registrar or by the Quality Assurance Committee. There are many reasons why the Executive Committee may be asked to review a matter. For the fiscal year of 2005/2006, the Committee reviewed nine cases, received from the following sources:

Mandatory Reports	3
Referral from Quality Assurance	1
Registrar's Inquiries including Referrals from Complaints Committee	5

At the conclusion of the deliberations, the Committee may:

- Refer the matter to the Discipline Committee for a hearing related to allegations of professional misconduct or incompetence;
- Refer the matter to the Fitness to Practise Committee for a hearing related to incapacity; or
- Take any other action(s) that may be considered appropriate in keeping with the spirit of the *Regulated Health Professions Act* (RHPA).

The Committee resolved 9 matters during the 2005/2006 fiscal year. They were resolved in the following manner:

Written advice	6
Referrals to Discipline	2
Process is stayed	1

Complaints Committee

The Complaints Committee reviews complaints received by the College from members of the public. The committee obtains relevant information, the committee may resolve the concern by:

- requiring the member to appear before the (Complaints) panel to be cautioned;
- referring the matter to the Executive Committee for incapacity proceedings;
- referring the matter to the Discipline Committee for a hearing related to professional misconduct or incompetence;
- taking any other action, deemed necessary and not inconsistent with the spirit of the *Regulated Health Professions Act* (RHPA).

The Committee makes every effort to resolve matters within 120 days and all decisions of the Committee can be appealed to the Health Professions Appeal and Review Board (HPARB)

For the fiscal year of 2005/2006 the College received 20 formal complaints. This number is similar to the number of complaints received in previous years: 29 in 2004/2005, and 23 in 2003/2004.

While it remains true that most complaints are filed by clients, there has been an increase in the number of complaints being filed by other members of the public.

Client	9
Client Representative	5
Employer	5
Occupational Therapist	1

The top four most commonly cited concerns regarding a member's practice are: assessment process — data gathering, assessment opinion, intervention process and timely and effective communication. This has remained consistent over time.

The Complaints Committee disposed of 22 cases in the 2005/2006 fiscal year and they were resolved as follows:

Closed Pending Re-registration	2
Dismissed	15
Referred to Executive and to Discipline	2
Withdrawn	2
Written Caution	1

Of the cases disposed of in the 2005/2006 fiscal year, 11 cases or 55% of cases were resolved within the 120 day timeline and 4 were appealed to the Health Professions Appeal and Review Board. Of the cases reviewed by the Health Professions Appeal and Review Board during this period, all decisions of the Complaints Committee were upheld.

Other Activities of the Complaints Committee, completed during the fiscal year include:

1. Reviewing and evaluating feedback received from surveying complainants and registrants who participated in the complaints process;
2. Approving the adoption of the Essential Competencies language for the purpose of preparing and analyzing trends;
3. Revising all fact sheets related to the complaints process for registrants and members of the public;
4. Approving the creation of an online complaints filing process.

Discipline Committee

The Discipline Committee receives referrals from both the College's Complaints and Executive Committees. The Committee is responsible for hearing allegations of professional misconduct and/or incompetence as they pertain to an Occupational Therapist's practice. For the 2005/2006 fiscal year, the College held Discipline hearings for the following:

Ronak Kotecha
Melanie Holowach
Melissa Coiffe
Lise Thibert

In all cases, the members were found to have committed acts of professional misconduct. A summary of the allegations that were heard by the Committee during the four hearings are listed as follows:

- Failing to complete documentation and/or maintaining records in a timely manner;
- Making late entries and failing to date the entries in the acceptable format;
- Failing to communicate with colleagues and/or funding agencies and/or clients and/or ADP in a timely manner;
- Backdating submissions to the College;
- Re-writing notes after a complaint was submitted to the College of Occupational Therapists of Ontario;
- Making false statements to the College during an investigation;
- Making false statements to the employer and/or concealing actions from the employer;
- Fraudulently inserting the initials of a support staff person on documents to be filed;
- Participating in a system where the vendor directly or indirectly paid for the assessment costs;
- Accepting payment from a client who received a cheque from a vendor to cover the cost of the assessment;
- Failing to submit an ADP application for funding to ADP;
- Failing to release documents to a client after the request for documents has been made;
- Failing to contact the College after communication attempts were initiated by phone and/or mail;
- Failing to notify clients or make appropriate arrangements concerning clients when closing their private practice;
- Failing to incorporate advice received from the Complaints Committee during a verbal caution in order to prevent similar complaints from arising;

- Failing to conduct accurate and complete assessments;
- Failing to require clients to trial an assistive device prior to recommendation;
- Making recommendations for clients related to assistive devices that were inappropriate;
- Failing to conduct follow up visits after the assistive device was delivered;
- Failing to allow the client a choice of vendor;
- Failing to follow up with ADP regarding outstanding applications;
- Providing misleading information to clients and ADP about the eligibility of clients to assistive devices;
- Failing to participate in a chart audit with the employer;
- Breaching confidentiality by failing to maintain clinical and research information by removing and failing to return the information to the employer;
- Failing to fulfill verbal agreements with a representative of the College.

A summary of all of the discipline hearings for 2005/2006 and previous years can be found on the College's website at www.coto.org. In addition, copies of the decision issued by the panel can be obtained by contacting the College's Manager, Investigations & Resolutions by regular mail, phone, fax or email.

Another Committee activity during the previous fiscal year included:

1. Initiated a By-law amendment which would allow all members of Council, with the exception of those who are members of the Executive Committee, to be eligible to become a panel member of a hearings committee.

Fitness to Practise Committee

The Fitness to Practise Committee receives referrals from the Executive Committee related to allegations concerning an occupational therapists capacity to practice the profession.

There were no Fitness to Practise hearings held in 2005/2006.

Auditors' Report



The accompanying summarized statements of financial position and operations are derived from the complete financial statements of the College of Occupational Therapists of Ontario as at May 31, 2006 and for the year then ended on which we expressed an opinion without reservation in our report dated June 21, 2006. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying summarized financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

The summarized financial statements do not contain all disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may be not appropriate for their purposes. For more information on the College's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

Toronto, Ontario
June 21, 2006

Clarke Henning LLP
President

Summarized Statement of Financial Position

AS AT MAY 31, 2006

	2006	2005
ASSETS		
Current assets		
Cash and marketable securities	\$ 1,884,293	\$ 1,800,049
Accounts receivable and prepaid expenses	24,789	16,033
	1,909,082	1,816,082
Property and equipment	166,043	193,590
	\$ 2,075,125	\$ 2,009,672
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	\$ 110,747	\$ 106,923
Deferred revenue	1,366,061	1,105,365
	1,476,808	1,212,288
Deferred lease inducement	86,873	98,720
	1,563,681	1,311,008
NET ASSETS		
Designated funds	330,534	434,436
Invested in capital assets	79,170	94,870
Operating – unrestricted	101,740	169,358
	511,444	698,664
	\$ 2,075,125	\$ 2,009,672

Summarized Statement of Operations

YEAR ENDED MAY 31, 2006

Revenues		
Registration and application fees	\$ 1,939,115	\$ 1,715,820
Interest and other income	76,036	75,987
	2,015,151	1,791,807
Expenses		
Salaries, benefits and professional development	836,757	773,045
Council	153,205	187,400
Occupancy costs	228,977	227,241
Designated funds		
– Investigations and resolutions	133,731	62,711
– Quality assurance	18,201	–
– Special projects	169,534	83,138
Communications	151,344	147,711
Quality assurance	122,825	116,154
Registration	59,174	31,923
Depreciation	66,709	55,194
All other operating expenses	261,914	212,548
	2,202,371	1,897,065
Excess (deficiency) of revenues over expenses for the year	\$ (187,220)	\$ (105,258)

The comparative figures for the 2005 year are reclassified to conform to the presentation adopted for the current year.



College Council

Back Row, Left to Right:

CAROL MIERAS
District 4

LESYA DYK
District 2

JOY SOMMERFREUND
District 3

HAZEL BOWLES
District 2

SYLVIA BODDENER
District 1

MARIA LEE
Public Member

UPALI OBEYESEKERE
Public Member

BONNY JUNG
Academic Member

JAN MILLER POLGAR
Academic Member

Front Row, Left to Right:

MARIE EASON KLATT
District 1

SHARON KULAR
Public Member

JONATHAN CHEUNG
District 6

RUTH YOUNG
District 5

PAM GOLDSILVER
District 1

Also Absent are the following
Council members with terms
ending in Spring of 2006:

CHRIS ANDREWS
Public Member

BARBARA MILLS
District 3

HARRY MCCOSH
Public Member

ED RAYMENT
Public Member

WILLIAM YEE
Public Member

Non-Council Committee

The following individuals are currently active as non-Council members,
or completed their terms within the 2005/2006 year.

REBECCA BAUMAN
Practice Issues sub-
Committee

NANCY CLARK
Quality Assurance
sub-Committee

LINDA COTTRELL
Quality Assurance Committee

DIANE DOUGLAS
Fitness to Practice Committee

RACHEL GERVAIS
Quality Assurance
sub-Committee

HEATHER HAMILTON
Quality Assurance
sub-Committee

NIKI KIEPEK
Practice Issues
sub-Committee

MARTA KRYWONIS
Quality Assurance Committee

MARY LALONDE
Practice Issues sub-
Committee

BRENT MCDEVITT
Quality Assurance
sub-Committee

MANDANA JAM MODARAI
Practice Issues
sub-Committee

KATHLEEN MURPHY
Complaints Committee

WANDA NAYDUK
Patient Relations Committee

E. KAREN OLSZOWIEC
Practice Issues
sub-Committee

CHRISTINE RUPERT
Registration Committee

JOSÉE SEGUIN
Quality Assurance
sub-Committee

TERI LYNN SHACKLETON
Editorial Board

JENNIFER SHIN
Quality Assurance
sub-Committee

THELMA SUMSION
Continuing Education
sub-Committee

JUDY THREINEN
Discipline Committee

JOYCE TRYSSENAAR
Quality Assurance
sub-Committee

KIM WOODLAND
Non-clinical Registrants
Working Group



College Staff

Back Row, Left to Right:

PAM MARLER
Registration Coordinator

BRIGEEN TRACY
Manager, Quality Programs

ROXANNE YEUN
Executive Assistant,
External Relations

MARION RANTIN
Executive Assistant, Practice

ANITA ASHTON
Manager, Investigations
and Resolutions

LISA ANNE LABILLOIS
Operations and
Communications Associate

Front Row, Left to Right:

KATHY RAMPERSAD
Director of Operations
and Communications

BARB WORTH
Registrar

HELEN NAVARATNARAJA
Practice Associate

Absent:

KAREN ALMEIDA
Investigations and
Resolutions Associate

JEWELLE SMITH-JOHNSON
(Maternity Leave)

DEPUTY REGISTRAR
Position Vacant

HELEN ANTEBI
Practice Resource Consultant

Affiliates

MARILYN BARTLETT
Investigator

DEAN BENARD
Investigator

GILLIAN SYMONS
Photographer (clinical)

CLARKE HENNING & CO.
Auditors

AJAZ SADIQ
Accountant

CRESCENT GROUP LTD.
Graphic Design

MATRIX RESEARCH LTD.
Quality Assurance Program
Consultants

BRUCE ZINGER
Photographer (staff & council)

Legal Counsel

EDWARD R. SMITH
Practical Legal Solutions, LLP

RICHARD STEINECKE,
JULIE MACIURA
Steinecke Maciura Le Blanc

CHRISTINE TOMLINSON
Ruben Tomlinson, LLP

BRIAN GOVER
Stockwoods

ALAN BROMSTEIN
Barrister and Solicitor

Peer Assessors

MARDI BURTON

GINETTE CÔTÉ

SIOBHÁN DONAGHY

MICHAEL O'DRISCOLL

ERIKA POND-CLEMENTS

NELLY SCHUURMAN

SANDRA SAHAGIAN WHALEN

SUSAN WILKINSON

GABRIELE WRIGHT

Consultants

JOHN NICHOL
M&N Consultants

JUDITH DAVIDSON-PALMER
J. Davidson-Palmer
and Associates

HELEN FISCH
Coffey, Fisch Associates

BRENDA ROSS
Evidence Based Insights

HELEN ANTEBI



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