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 22, 2014 at 9:00 a.m. at the College offices.

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

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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.

OUR VISION
Leaders in Innovative Quality-Driven Regulation.
PRESIDENT’S MESSAGE

This year marked several significant events for the College. First and foremost, the College is in its 20th year of regulation and has celebrated this occasion with the OTs in the province. We have much to be proud of. As I look back over the College’s 20 year lifespan, it is evident how the College has matured and grown through these years. Not only have the numbers of OTs in the province grown, but also the ability of the college to fulfill its mandate under the Regulated Health Professions Act.

This year marked the passing of our dear Colleague and Registrar, Barbara Worth. The foundations set during her tenure at the College will allow us to move forward in this changing environment. With every loss there is a pause, and an opportunity to reflect, and however painful, it presents the College with an opportunity to learn from our experiences, to continue to grow and develop to fulfill our mandate.

This year, Council embarked on a new strategic plan and I couldn’t be more pleased with its outcome. Council had an opportunity through this process to reflect on where the College has come from, where we are today, and where we would like to be in the future – 20 years of history and progress are significant. The maturity of the organization can be seen in the direction set by Council – to build on our resources and use those as effectively and efficiently as possible to support occupational therapists to provide the best services possible. Continuing to engage occupational therapists and to build our relationship as one of mutual respect is of utmost importance. I am heartened by the increasing numbers of occupational therapists who are engaging by responding to questions from the College and putting themselves forward to serve on College committees. I know from experience that this is rewarding work and you get as much as you give. We need these relationships and support to make self-regulation work.

The effective and judicious use of technology as an enabler to College functions and communications is a strategic expectation to facilitate two-way communications with occupational therapists. The College is committed to this communication and hopes to see occupational therapists understand the mandate and work of the College. The ultimate goal is for the profession to perform at its very best for the sake of our clients.

The maturity of the College is also evident in the governance model adopted over the past few years. This policy governance model has set the stage for clear delineation of Council roles and staff roles, and ensures the direction of Council is clear. In this way Council, on behalf of the public, can see to it that the College achieves what it should, while staff is responsible to realize (accomplish) the policies and the strategic plan.
I am heartened by the increasing numbers of occupational therapists who are engaging by responding to questions from the College and putting themselves forward to serve on College committees.

Council affirmed the College’s 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.

Our Vision:
Leaders in Innovative Quality-Driven Regulation.

I am excited about what the next few years can bring as we continue our growth.

I would like to thank Council for their support, and Elinor Larney, our new Registrar and the College staff for their commitment and dedication.

Jane Cox
President
REGISTRAR’S MESSAGE

This past year has been one of tremendous change for the College as an organization. In addition to the challenges that change always brings, the College also celebrated the 20 year anniversary of the profession of occupational therapy being granted self-regulation. The celebration began with an educational event with occupational therapists, and our stakeholders to mark the occasion.

Looking back upon 20 years, I can reflect upon how the College has matured as an organization. We have also grown. At the end of 1994, when OTs were first registered, we had a total of 2,641 in the province. Now in 2014, at annual renewal time, we are at 5134. In 20 years, we have almost doubled as a profession. In 1994, in the College’s infancy, I imagine that implementing the Registration Regulation for the first time would have caused some trepidation, yet excitement for the implications for a newly regulated profession. Since that first year, the College has continued to mature. We now have in place 12 different standards of practice, as well as an Essential Competencies document that includes competencies for OTs working in a non-clinical nature of practice. We have begun the process of review and revision of these standards to ensure they continue to be relevant and reflect current practice. We have revised our Code of Ethics to reflect the current values and principles of OT practice. We continue to add to the documents meant to support OT practice, now and into the future, most recently with our Guidelines for Social Media. Our Quality Assurance Program, meant to be educational in nature, can now be used with OTs with any nature of practice. This past year we implemented the program with those OTs whose practice is a mixture of client care and other responsibilities such that they are unable to fully participate in the process meant for OTs with a clinical caseload only. We have evaluated the use of the Portal for completing and storing quality assurance tools and have determined that some work needs to be done here to improve the user friendliness of this tool.

The College Council has been supportive of the use of technology and to that end we have tried to maximize our efficiencies with new policies and tools. This year, we launched our online application process for all new applicants to the College. This means that even when applying for registration from outside of Ontario, applications can be processed efficiently. The College has phased out other paper processes in favour of electronic processes. All mandatory information to the College can now be accessed directly by OTs online for changes. This includes changes in workplaces and addresses of OTs. In addition, the old tax receipts and wallet cards, mailed out each year to OTs who renew their registration are now available online to each OT, whenever they need them.
We have focused this year on understanding the needs of OTs from a communications perspective. We started with a survey in March 2013 and have been planning and implementing new communications tools based on the feedback we received through the survey. There is much work still to be done. The direction has been set through the new strategic plan for 2014-2017. The focus of this new plan is to improve the relationship we have with OTs to one of mutual respect; promote proactive and innovative leadership that supports understanding of the role and mandate of the College, influence regulatory policy and support OT practice, and ensure accountability through sustaining strong governance and effective organizational practices. Utilizing technology throughout College processes will be supported as a tool to maximize efficiencies, and promote appropriate innovation.

The College has completed the last cycle of the strategic plan, which focused on supporting OTs with up-to-date and relevant resources, engaging OTs in the work of the College and proactive and innovative leadership. Looking back, a lot has been achieved. Looking forward, there is still much work to be done. As your new Registrar, I look forward to working with Council, staff and the occupational therapists in the province to ensure that our profession continues to be credible, competent and committed to providing safe and ethical services to our clients.

Elinor Larney
Registrar
STATUTORY COMMITTEES

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, 2013 to May 31, 2014 the Registration Program and Committee activities included:

1. The Registrar’s referral of 17 applications to the Registration Committee for review:
   - The Committee directed the Registrar to issue a Certificate of Registration upon completion of additional training to 9 applicants.
   - The Committee directed the Registrar to issue a Certificate of Registration upon receipt of a signed undertaking with the College to 1 applicant.
   - The Committee directed the Registrar to issue a Certificate of Registration upon successful completion of National Occupational Therapy Certification Examination to 1 applicant.
   - The Committee directed the Registrar to issue a Certificate of Registration to 4 applicants.
   - The Committee directed the Registrar to impose terms, conditions and limitations to the Certificates of Registration of 2 applicants.

2. The processing of 33 applications for re-entry to the profession where a refresher program was required. Of these, 12 have since completed their refresher program requirements successfully, and 21 applicants are still completing their refresher program requirements.

3. The completion of the College’s sixth annual Fair Registration Practices Report to the Office of the Fairness Commissioner (OFC).

4. The successful completion of the OFC’s Cycle 2 Assessment of the College’s registration practices.

5. The review and revision of Registration Committee policies.

6. The development, approval and launch of a Non-clinical Re-entry Program for applicants who do not meet the currency requirement and who will be practising in a non-clinical role.

7. The development and launch of an online application tool for applicants.
REGISTRATION COMMITTEE – STATISTICS

Total Number of Registrants over the last 5 years

<table>
<thead>
<tr>
<th>Year</th>
<th>Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>5185</td>
</tr>
<tr>
<td>2013</td>
<td>5058</td>
</tr>
<tr>
<td>2012</td>
<td>4993</td>
</tr>
<tr>
<td>2011</td>
<td>4906</td>
</tr>
<tr>
<td>2010</td>
<td>4733</td>
</tr>
</tbody>
</table>

Area of Practice by %

<table>
<thead>
<tr>
<th>Area of Practice</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>11%</td>
</tr>
<tr>
<td>Administration</td>
<td>7%</td>
</tr>
<tr>
<td>Physical Health</td>
<td>51%</td>
</tr>
<tr>
<td>Other</td>
<td>31%</td>
</tr>
</tbody>
</table>

Age of Registrants

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 30 and Under</td>
<td>952</td>
</tr>
<tr>
<td>2 31 - 40</td>
<td>1772</td>
</tr>
<tr>
<td>3 41 - 50</td>
<td>1444</td>
</tr>
<tr>
<td>4 51 - 60</td>
<td>828</td>
</tr>
<tr>
<td>5 Over 60</td>
<td>189</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5185</strong></td>
</tr>
</tbody>
</table>

Registants by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers</td>
<td>203</td>
</tr>
<tr>
<td>Professional Leaders</td>
<td>136</td>
</tr>
<tr>
<td>Direct Service Provider</td>
<td>3961</td>
</tr>
<tr>
<td>Educators</td>
<td>114</td>
</tr>
<tr>
<td>Research</td>
<td>54</td>
</tr>
<tr>
<td>Salesperson (Equipment)</td>
<td>3</td>
</tr>
<tr>
<td>Owner/Operator</td>
<td>54</td>
</tr>
<tr>
<td>Consultant</td>
<td>167</td>
</tr>
<tr>
<td>Quality Management Specialist</td>
<td>14</td>
</tr>
<tr>
<td>Administrator</td>
<td>82</td>
</tr>
<tr>
<td>Other Positions (not labeled)</td>
<td>210</td>
</tr>
<tr>
<td>Not Stated</td>
<td>187</td>
</tr>
</tbody>
</table>

New Registrants Place of Education

New Registrants during year 2013/2014: 468

<table>
<thead>
<tr>
<th>Place of Education</th>
<th>Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educated in Ontario</td>
<td>82</td>
</tr>
<tr>
<td>Outside of Ontario in Canada</td>
<td>9</td>
</tr>
<tr>
<td>Outside of Canada</td>
<td>9</td>
</tr>
</tbody>
</table>

New Registrants that graduated during 2013/2014: 236

<table>
<thead>
<tr>
<th>Place of Education</th>
<th>Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educated in Ontario</td>
<td>91</td>
</tr>
<tr>
<td>Outside of Ontario in Canada</td>
<td>6</td>
</tr>
<tr>
<td>Outside of Canada</td>
<td>3</td>
</tr>
</tbody>
</table>

New Registrants that graduated during 2013/2014: 236

<table>
<thead>
<tr>
<th>Place of Education</th>
<th>Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educated in Ontario</td>
<td>91</td>
</tr>
<tr>
<td>Outside of Ontario in Canada</td>
<td>6</td>
</tr>
<tr>
<td>Outside of Canada</td>
<td>3</td>
</tr>
</tbody>
</table>

Location of Education of Registrants

<table>
<thead>
<tr>
<th>Location</th>
<th>Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>4201</td>
</tr>
<tr>
<td>Outside of Ontario within Canada</td>
<td>477</td>
</tr>
<tr>
<td>United States</td>
<td>165</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>92</td>
</tr>
<tr>
<td>India</td>
<td>79</td>
</tr>
<tr>
<td>Philippines</td>
<td>39</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>27</td>
</tr>
<tr>
<td>South Africa</td>
<td>16</td>
</tr>
<tr>
<td>Ireland</td>
<td>8</td>
</tr>
<tr>
<td>Israel</td>
<td>10</td>
</tr>
<tr>
<td>International Other</td>
<td>71</td>
</tr>
</tbody>
</table>
PATIENT RELATIONS COMMITTEE

The Patient Relations Committee is mandated by the *Regulated Health Professions Act* (RHPA), to develop and implement the Patient Relations Program. This includes administering the College’s fund for therapy and counselling 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 Patient Relations Committee in this year include:

- Completion of the content of a remediation/education program for ethics;
- Reviewing and monitoring the discussion about treatment of spouses and the legal requirement to consider this sexual abuse under the RHPA.

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 in nature and is designed to ensure that Registrants can demonstrate their continued competence.

The *Regulated Health Professions Act (RHPA)* 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 Programs in 2013/2014 fiscal year included:

- Developed and distributed the PREP Module: Privacy and Confidentiality;
- Administered the Competency Review and Evaluation to over 680 Registrants;
- Engaged 79 Registrants in Competency Review and Evaluation: Step 2 (peer and practice assessment);
- Established tools for Competency Review and Evaluation for occupational therapists in a mixed nature of practice.

**Competency Review and Evaluation: Step 1**

**Portfolio Review and Multi-Source Feedback**

<table>
<thead>
<tr>
<th>Participants (from June 1/13 – May 31/14)</th>
<th># of Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random selected</td>
<td>652</td>
</tr>
<tr>
<td>Previous deferred</td>
<td>57</td>
</tr>
<tr>
<td>New Deferral granted</td>
<td>130</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant Outcome (from June 1/13 – May 31/14)</th>
<th># of Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number participating in Step 1</td>
<td>*687</td>
</tr>
<tr>
<td>Total number successfully completed Step 1</td>
<td>547</td>
</tr>
<tr>
<td>Total number of incomplete portfolio</td>
<td>140</td>
</tr>
<tr>
<td>Total number whose Multi-Source Feedback results fell below the threshold</td>
<td><strong>66</strong></td>
</tr>
</tbody>
</table>

*Note: Some results were sent to Registrants who participated in 2012-2013 in the following fiscal year.

**Some Registrants who fell below the threshold will also be included in the incomplete portfolio category**
Competency Review and Evaluation: Step 2 Peer Assessments

Participants [from June 1/13 – May 31/14]  # of Registrants

<table>
<thead>
<tr>
<th>Entering Step 2 process</th>
<th>*69</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferrals granted</td>
<td>1</td>
</tr>
<tr>
<td>Peer Assessments conducted</td>
<td>**78</td>
</tr>
</tbody>
</table>

*The number is based on the total number of Registrants required to participate in Step 2 during the 2013/14 fiscal year. This includes Registrants who were previously granted a deferral and were now required to participate.

**This number includes Registrants who were required to participate from the previous fiscal year.

Competency Review and Evaluation: Step 2 Participants by practice area

Participants [from June 1/13 – May 31/14]

<table>
<thead>
<tr>
<th># of Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Hospital</td>
</tr>
<tr>
<td>Rehabilitation</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Community</td>
</tr>
<tr>
<td>Insurance/Self-employed</td>
</tr>
<tr>
<td>Paediatrics</td>
</tr>
<tr>
<td>Non-clinical</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Participant Outcomes  #

| Case decisions Issued by QA Committee following Step 2 | 78 |
| Request for Deferral                                   | 7  |
| Directed remediation                                   | 12 |
| Take no action                                         | *66 |

*32 of these had voluntary recommendations as part of the Take no Action decision.
INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

COMPLAINTS

In 2013/2014 fiscal year, the College received 26 new complaints (three less than the 29 complaints received in the previous fiscal year). The ICRC considered 16 complaints that were carried over from previous years. Of the 26 new complaints, two intakes were not completed.

The ICRC’s practices are governed by the Regulated Health Professions Act (RHPA, 1991). The RHPA requires that the College dispose of a matter within 150 days. In the 2013/2014 fiscal year, this time line was often extended due to the increasing number of complex cases which led to lengthier investigations. The RHPA specifies the steps the College must take whenever a matter extends past the 150 day timeframe.

The Committee reviewed and made their decisions on all cases decided in 2013/2014 within an average of 205 days. Seventy percent of cases reviewed and for which a decision was made exceeded the 150 day time frame.

Consistent with previous years, most complaints received by the College were initiated by recipients of occupational therapy services or their representatives.

Complaints received by the College are related to a variety of practice areas. The most frequent complaints arose about occupational therapists working in the auto insurance sector and those working in the community. The most common concerns made by complainants related to whether the occupational therapists:

- Demonstrated a systematic client-centered approach,
- Demonstrated a commitment to their clients and the public,
- Demonstrated professional integrity,
- Adhered to the Code of Ethics,
- Communicated effectively with the client and other stakeholders using a client-centered approach, and
- Assessed occupational performance and enablement needs of client.

The ICRC issued decisions in 25 cases in 2013/2014, four more decisions than in the previous fiscal year. For sixty percent of those decisions, the ICRC took no further action. The outcomes of these decisions are detailed in the table below:

<table>
<thead>
<tr>
<th>COMPLAINTS REPORTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolved Cases</td>
<td>25</td>
</tr>
<tr>
<td>No Further Action</td>
<td>15</td>
</tr>
<tr>
<td>Specified Continuing Education and Remediation Program (SCERP)</td>
<td>5</td>
</tr>
<tr>
<td>Written Caution</td>
<td>2</td>
</tr>
<tr>
<td>Verbal Caution and SCERP</td>
<td>1</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>1</td>
</tr>
<tr>
<td>Frivolous &amp; Vexatious</td>
<td>1</td>
</tr>
<tr>
<td>Referred to Discipline</td>
<td>0</td>
</tr>
</tbody>
</table>
APPEALS TO THE HEALTH PROFESSIONS APPEAL AND REVIEW BOARD (HPARB)
The Health Professions Appeal and Review Board (HPARB), an independent adjudicative agency, reviews the decisions made by the Inquiries, Complaints and Reports Committee. For complaints made in 2011/2012 and 2012/2013, 9 persons who made complaints and 2 Registrants sought reviews of the decisions of the ICRC. HPARB issued decisions for four cases in 2013/2014 and in each case upheld the decision of the ICRC. In one other case, HPARB determined that the person seeking the review was out of time to request the review. In another case, the person who sought the review before the Board subsequently withdrew the request for review.

In 2 additional cases decided by the ICRC in 2012/2013 which were appealed to HPARB in 2013/2014, the reviews have not yet been conducted. Lastly, in 2 other reviews held by HPARB in 2013/2014, the decision is pending.

MANDATORY REPORTS / REGISTRAR’S INQUIRIES
The College received 15 new Mandatory Reports and 2 new Registrar’s Inquiry matters in the 2013/2014 fiscal year for consideration by the ICRC. 7 mandatory reports and 6 Registrar’s Inquiry cases were carried over from the prior fiscal years.

Mandatory reports were filed with the College in compliance with the reporting obligations specified in the RHPA. These reports cited a variety of concerns related to the practice of occupational therapists that typically resulted in suspension, termination or resignation. The most frequent areas of concern raised in the mandatory reports related to whether the occupational therapists:

• Communicated using a timely and effective approach (mostly as it relates to record keeping);
• Communicated effectively with client and other stakeholders using a client-centred approach;
• Demonstrated a commitment to their clients and the public;
• Practised within the scope of their professional and personal limitations;
• Demonstrated a systematic client-centered approach;
• Demonstrated professional integrity; and
• Demonstrated professional judgment and clinical reasoning in decision making.

The ICRC made 8 decisions for mandatory reports and 5 decisions for Registrar’s Inquiry matters in 2013/2014. The majority of the ICRC’s decisions were to take no further action or to issue a Specified Continuing Education and Remediation Program (SCERP). Decisions related to mandatory reports and Registrar’s Inquiries in the 2013/2014 fiscal year are detailed in the table below:

<table>
<thead>
<tr>
<th>Resolved Cases</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Further Action</td>
<td>5</td>
</tr>
<tr>
<td>Specified Continuing Education and Remediation Program (SCERP)</td>
<td>4</td>
</tr>
<tr>
<td>SCERP and Verbal Caution</td>
<td>2</td>
</tr>
<tr>
<td>Verbal Caution</td>
<td>1</td>
</tr>
<tr>
<td>SCERP and Written Caution</td>
<td>1</td>
</tr>
</tbody>
</table>
OTHER ICRC WORK
In 2013/2014, other than case reviews, the members of the ICRC also:

- Reviewed and finalized materials on Specified Continuing Education and Remediation Programs as well as behaviour-based interviews;
- Attended a training seminar on the Assistive Devices Program;
- Participated in verbal cautions training;
- Received additional training about discipline proceedings;
- Considered how to review a Registrant’s prior history;
- Assessed the ICRC review process and timeliness of investigations and decisions; and
- Reviewed feedback from Registrants about ICRC processes.

DISCIPLINE COMMITTEE,
During the 2013/2014 fiscal year, one Discipline Hearing was held at the College.

DISCIPLINE SUMMARY: HINA ARORA
In March 2013, Ms. Hina Arora was referred to the Discipline Committee for allegations related to a third party occupational therapy assessment (the “Assessment”) and report completed by Ms. Arora in January 2011. Ms. Arora had failed to obtain adequate evidence of information to support her conclusions, had failed to administer and score a test accurately, and failed to link the results of the test to the complainant’s subjective complaints.

In addition, Ms. Arora’s report:
- failed to identify a list of functional complaints noted by the complainant;
- failed to adequately reference documentation from the complainant’s treating professionals;
- failed to address discrepancies in her objective findings compared with those reported by the client;
- failed to address the reported fluctuations in function due to pain;
- failed to document her rationale for her opinions and recommendations; and
- contained inconsistencies, inaccuracies and deficiencies that could have affected the reasonableness of her conclusions.

Lastly, Ms. Arora had failed to maintain professional boundaries with the complainant and made unprofessional and disparaging remarks during the assessment.

Ms. Arora agreed to the facts of the case. At the conclusion of the hearing on May 20, 2014, a panel of the discipline Committee ordered a penalty which included the following: a reprimand, a two month suspension which would be shortened by one month if Ms. Arora successfully completed the other terms of the Order, namely:

- The successful completion of the ProBE (Professional/Problem-based Ethics) course, within twelve (12) months of the date of the Panel’s order;
- If Ms. Arora returns to occupational therapy practice, then for the first three months of practice she must practise only with the assistance of a practice monitor;
• Ms. Arora must complete a Behavior Based Interview (BBI) and chart review by a College peer assessor within three months of the practice monitoring; and
• Ms. Arora may not supervise occupational therapy students, provisional practising certificate holders or temporary certificate holders for two years.

In addition, Ms. Arora was ordered to pay the College costs in the amount of $1,500.00.

FITNESS TO PRACTISE COMMITTEE
There were no Fitness to Practise hearings held at the College during the 2013/2014 fiscal year.

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 the accomplishments of the Executive Committee in the last fiscal year:
• Appointed Chairs of the Statutory Committees;
• Approved Statutory Committee composition;
• Recommended that Council approve the 2013/2014 Budget;
• Recommended to Council to approve the Audit of the Financial Statements;
• Approved monthly financial reports and balance sheets between Council meetings;
• Recommended that Practice Issues Subcommittee develop a Guideline for Discontinuation of Services, and recommended to Council to approve this new Guideline;
• Recommended that Council approve the Guidelines for Using Social Media;
• Provided oversight to the development of the Strategic Plan for 2014 – 2017;
• Approved the minor revisions to the Standards for Assessment;
• Recommended to Council, the approval of the revised Guide to Independent Practice;
• Approved the amendments to the Practice Issues Subcommittee Terms of Reference;
• Appointed a Registrar.
FINANCIAL SUMMARY 2013/14

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 include only the direct costs incurred by the College. The salaries, benefits and professional development costs are not included in the program costs; these are included in salaries and benefits. Similarly the costs of the meetings related to program functioning 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.

INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF THE COUNCIL OF THE COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

The accompanying summary financial statements of the College of Occupational Therapists of Ontario (the “College”), which comprise the summary statement of financial position as at May 31, 2014, and the summary statement of operations for the year then ended, are derived from the audited financial statements of the College for the year ended May 31, 2014. We expressed an unmodified audit opinion on those financial statements in our report dated August 8, 2014.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. 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 accounting standards for not-for-profit organizations.

Auditor’s Responsibility
Our responsibility is to express an opinion on 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, 2014 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario
August 8, 2014
Clarke Henning, LLP
CHARTERED ACCOUNTANTS
Licensed Public Accountants
### SUMMARIZED STATEMENT OF FINANCIAL POSITION

#### AS AT MAY 31, 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and marketable securities</td>
<td>$ 5,765,895</td>
<td>$ 5,407,156</td>
</tr>
<tr>
<td>Accounts receivable and prepaid expenses</td>
<td>$ 17,882</td>
<td>$ 5,492</td>
</tr>
<tr>
<td><strong>Total Current assets</strong></td>
<td>$ 5,783,777</td>
<td>$ 5,412,648</td>
</tr>
<tr>
<td><strong>Property and equipment</strong></td>
<td>$ 59,420</td>
<td>$ 58,612</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$ 5,843,197</td>
<td>$ 5,471,260</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$ 427,412</td>
<td>$ 427,103</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>$ 2,875,787</td>
<td>$ 2,888,182</td>
</tr>
<tr>
<td>Deferred lease inducement</td>
<td>$ 28,743</td>
<td>$ 3,944</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$ 3,331,942</td>
<td>$ 3,319,229</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating fund</td>
<td>$ 986,330</td>
<td>$ 718,364</td>
</tr>
<tr>
<td>Invested in property and equipment</td>
<td>$ 59,420</td>
<td>$ 54,667</td>
</tr>
<tr>
<td>Hearings reserve fund</td>
<td>$ 350,000</td>
<td>$ 350,000</td>
</tr>
<tr>
<td>Premises reserve fund</td>
<td>$ 140,000</td>
<td>$ 117,000</td>
</tr>
<tr>
<td>Sexual abuse therapy and counselling reserve fund</td>
<td>$ 15,000</td>
<td>$ 15,000</td>
</tr>
<tr>
<td>Contingency reserve fund</td>
<td>$ 800,505</td>
<td>$ 737,000</td>
</tr>
<tr>
<td>Fee stabilization reserve fund</td>
<td>$ 160,000</td>
<td>$ 160,000</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$ 2,511,255</td>
<td>$ 2,152,031</td>
</tr>
</tbody>
</table>

#### SUMMARIZED STATEMENT OF OPERATIONS

**YEAR ENDED MAY 31, 2014**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration and application fees</td>
<td>$ 3,579,275</td>
<td>$ 3,431,290</td>
</tr>
<tr>
<td>Investment and other income</td>
<td>$ 93,372</td>
<td>$ 94,749</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$ 3,672,647</td>
<td>$ 3,526,039</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries, benefits and professional development</td>
<td>$ 1,487,222</td>
<td>$ 1,554,808</td>
</tr>
<tr>
<td>Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>$ 209,470</td>
<td>$ 266,753</td>
</tr>
<tr>
<td>Investigations and Resolutions</td>
<td>$ 161,371</td>
<td>$ 177,067</td>
</tr>
<tr>
<td>Registration</td>
<td>$ 41,443</td>
<td>$ 12,525</td>
</tr>
<tr>
<td>Practice</td>
<td>$ 883</td>
<td>$ 453</td>
</tr>
<tr>
<td>Communications</td>
<td>$ 198,108</td>
<td>$ 210,349</td>
</tr>
<tr>
<td>Council</td>
<td>$ 150,544</td>
<td>$ 153,211</td>
</tr>
<tr>
<td>Occupancy costs</td>
<td>$ 266,908</td>
<td>$ 259,259</td>
</tr>
<tr>
<td>Depreciation</td>
<td>$ 40,675</td>
<td>$ 61,447</td>
</tr>
<tr>
<td>All other operating expenses</td>
<td>$ 756,799</td>
<td>$ 701,141</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$ 3,313,423</td>
<td>$ 3,397,013</td>
</tr>
<tr>
<td><strong>Excess of revenues over expenses for the year</strong></td>
<td>$ 359,224</td>
<td>$ 129,026</td>
</tr>
</tbody>
</table>
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

Back Row, Left to Right:

- UPALI OBEYESEKERE
  - Public Member
- JEANNINE
  - GIRARD-PEARLMAN,
  - Public Member
- JULIE EN'TWISTLE
  - District 2
- JENNIFER HENDERSON
  - District 2
- SHANNON GOUCHE
  - District 5
- ERNIE LAUZON
  - Public Member

Front row, left to right

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  - Professional Member
- FRANK CARDILE
  - Public Member
- MARIE EASON KLATT
  - District 1
- CAROL MIERAS
  - District 4
- JANE COX
  - President
- SHARON KULAR
  - Public Member
- MARIA LEE
  - Public Member
- Absent:
- KATHY KASTNER
  - Public Member
- LESYA DYK
  - (term ended March 2014)
  - District 2
- JULIE COLBOURN
  - District 6
- RACHEL GERVAIS
  - (term ended March 2014)
  - District 4
- TERRY KRUPA
  - Academic Member
- ANGIE MANDICH
  - Academic Member
- NICOLE THOMSON
  - District 1
- ANNE VANDERWIEL
  - (term ended March 2014)
  - District 2

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  - (Practice Issues Subcommittee)
- KATHRYN BERARDI
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  - (Quality Assurance Subcommittee)
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  - (Quality Assurance Subcommittee - term ended February 2014)
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  - (Editorial)
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  - Quality Assurance
- VIJAY SACHDEVA
  - Quality Assurance
- GORD HIRANO
  - Patient Relations
- MATHEW ROSE
  - (Inquiries, Complaints, Reports)
- MARTHA WILKE
  - (Inquiries, Complaints, Reports)
- KATHLEEN MURPHY
  - (Discipline)
- MICHELINE STINSON
  - (Discipline - term began November 2013)
- SHELLEY WILLIAMS
  - (Discipline - term ended October 2013)
- JUN MARANAN
  - (Fitness to Practice - term began November 2013)
- NANCY MCFADYEN
  - (Fitness to Practice - term began November 2013)
- SONJA KOCHANSKI
  - (Fitness to Practice - term ended October 2013)
- KRISTINE ROTH
  - (Fitness to Practice - term ended October 2013)
- DAVID WYSOCKI
  - Registration
COLLEGE STAFF

Back Row, Left to Right:

ALISON REYNOLDS
Registrant Services
Associate

LISA-ANNE LABILLOIS
Finance & Operations
Associate

JEWELLE SMITH-JOHNSON
Director of Operations &
Communications

JENNIFER MCDONALD
Investigations &
Resolutions Associate

TIM MBUGUA
Policy Analyst

SUE PRICE
Registrant Services
Associate

JEFF PAYETTE
Communications
Coordinator

GILLIAN SLAUGHTER
Manager, Investigations
& Resolutions

ANDJELINA STANIER
Executive Assistant,
Executive Office

KAREN GIALELIS
Quality Program Associate

MARNIE LOFSKY
Senior Manager,
Practice (Interim)

SERENA SHASTRI-ESTRADA
Practice Resource Liaison

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Executive Assistant,
Deputy Registrar

LISA NG
Junior Associate,
Quality Programs

ELINOR LARNEY
Registrar

ANITA JACOBSON
Practice Resource Liaison

BRANDI PARK
Manager, Registration

AFFILIATES

AJAZ SADIQ
Accountant

BENARD + ASSOCIATES
Investigators

BRUCE ZINGER
Photographer
(staff & Council)

CAROLINE Werle
RIM Services Inc.

CIDO RESEARCH LTD.

CLARKE HENNING & CO.
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COURT REPORTERS
Toronto Court Reporter Ltd.

CRESSENT GROUP LTD.
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DEBORAH HANNAH
TSL Solutions

IAN EVANS
CHRIS BOX
Etech

KEITH STOUTE
Visual Antidote

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Blais Consulting

BOBBIE CAREFOOTE
VVC Consulting

LEGAL COUNSEL

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Stockwoods
LLP Barristers

ALAN BROMSTEIN
Weir Foulds LLP

RICHARD STEINECKE &
JULIE MACIURA
Barristers and Solicitors
Steinecke Maciura LeBlanc

DEBRAH HANNAH
TSL Solutions

IAN EVANS
CHRIS BOX
Etech

KEITH STOUTE
Visual Antidote

KRISTINA MULAK
Decision Writer

LEANNE WORSFOLD
Harry Kruse
iComp Consulting

PULSAR PRINTING

SUSAN PEDWELL
Editor

CONSULTANTS