

BY-LAW 11: COMMITTEE COMPOSITION

Approved by Council: February 24, 2001

Amended: September 24, 2009, November 30, 2012, September 17, 2015

- 11.1 The Executive Committee, inclusive of the president, vice-president and treasurer, shall be composed of the following:
- (a) Four members of Council who are members of CCO;
 - (b) Three members of Council who are appointed by the Lieutenant Governor in Council;
- 11.2 The president of the Council shall be the chair of the Executive Committee.
- 11.3 The Registration Committee shall be composed of:
- (a) two members of Council who are members of CCO; and
 - (b) two members of Councils appointed to the Council by the Lieutenant Governor in Council.
- 11.4 The Inquiries, Complaints and Reports Committee shall be composed of:
- (a) two members of Council who are members of CCO;
 - (b) one member of Council appointed to Council by the Lieutenant Governor in Council; and
 - (c) one member of CCO who is not a member of Council.
- 11.5 The Discipline Committee shall be composed of:
- (a) every member of Council; and
 - (b) two or more members of CCO who are not members of Council.
- 11.6 The Fitness to Practise Committee shall be composed of every member of Council.
- 11.7 The Quality Assurance Committee shall be composed of:
- (a) two members of Council who are member of CCO;

- (b) two members of Council appointed to Council by the Lieutenant Governor in Council; and
- (c) one member of CCO who is not a member of Council.

11.8 The Patient Relations Committee shall be composed of:

- (a) one member of Council who is a members of CCO;
- (b) two members of Council appointed to Council by the Lieutenant Governor in Council; and
- (c) two members of CCO who are not members of Council.

11.9 Council may, by resolution, establish non-statutory committees. For each non-statutory committee, Council shall specify in the resolution the duties and responsibilities of the committee, its composition and its termination date or event.

11.10 A committee is still properly constituted if it has vacancies so long as a quorum remains.

11.11 By-laws 8.19 to 8.22 (electronic meetings) applies to committee meetings.

BY-LAW 12: APPOINTMENT OF NON-COUNCIL MEMBERS

Approved by Council: February 24, 2001

Amended: September 24, 2009, September 17, 2015, February 23, 2016, February 28, 2017

- 12.1 This by-law applies with respect to the appointment of members who are not members of the Council to a committee of CCO.
- 12.2 The Council shall appoint members to committees in the numbers prescribed by By-law 11.
- 12.3 The Council shall make the appointments at the first regular council meeting after each regular council election or as soon thereafter as is practicable.
- 12.4 The Council may make appointments from time to time to fill any vacancy created by the disqualification, death or resignation of a member appointed under this by-law.
- 12.5 In making the appointments, the Council shall take into account location and type of practice, experience, professional qualifications and skills, and other qualifications and characteristics of members to complement the attributes of members of the committees who are members of Council.
- 12.6 The term of office of a committee member who is not a member of the Council is approximately one year starting on the date the appointment is made, except where an appointment is made to fill a vacancy in which the person appointed shall complete the term of the previous appointee.
- 12.7 A non-council member may only serve on CCO committees for nine consecutive years, whether the time is served as a council member or as a non council member.
- 12.8 A non-council member who has served on CCO committee (s) for nine consecutive years is not eligible to be re-appointed to any CCO committee until at least three years have passed since the member last served on a CCO Committee.
- 12.9 A member is eligible for appointment to a committee if, on the date of the appointment:
 - (a) The member has his/her primary practice of chiropractic located in Ontario, or if the member is not engaged in the practice of chiropractic, has his/her primary residence located in Ontario;

- (b) the member is not in default of payment of any fees prescribed by by-law or any fine or order for costs to CCO imposed by a CCO committee or court of law;
- (c) the member is not in default in completing and returning any form required by CCO;
- (d) the member is not subject of any disciplinary or incapacity proceeding;
- (e) a finding of professional misconduct, incompetence or incapacity has not been made against the member in the preceding three years;
- (f) the member is not an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE or the Accreditation Standards and Policies Committee or the CCEC of the FCC.
- (g) the member is not an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC or UQTR;
- (h) the member has not been disqualified from the Council or a committee of the Council in the previous three years;
- (i) the member is not a member of Council or of a committee of the College of any other health profession; and
- (j) the member has not been a member of CCO's staff at any time within the preceding three years.

12.10 The Council shall disqualify a member appointed to a committee from sitting on the committee if the member:

- (a) is the subject of any disciplinary or incapacity proceeding;
- (b) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;
- (c) is found to be an incapacitated member by a panel of the Fitness to Practice Committee;

- (d) fails to attend two consecutive meetings of the committee or of a subcommittee in which he/she is a member, without reasonable cause in the opinion of Council;
- (e) fails to attend a hearing or review of a panel for which he/she has been selected; without reasonable cause in the opinion of the Council;
- (f) ceases to either have a primary practice of chiropractic or primary residence in the province of Ontario;
- (g) becomes an employee, officer or director of any professional chiropractic association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the OCA, CCA, CCPA, AFC, CCEB, CSCE or the Accreditation Standards and Policies Committee or the CCEC of the FCC;
- (h) becomes an officer, director or administrator of any chiropractic educational institution, including but not limited to CMCC or UQTR;
- (i) becomes a member of the Council of CCO or a committee of any other health profession;
- (j) breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council after giving notice to the member of the concern and giving the member an opportunity to respond to the concern;
- (k) fails to discharge properly or honestly any office to which he/she has been appointed, in the opinion of the Council after giving notice to the member of the concern and giving the member an opportunity to respond to the concern,;
- (l) becomes in default of payment of any fees prescribed by by-law or any fine or order for costs imposed by the Discipline Committee;
- (m) becomes in default of completing and returning any form required by CCO; or

12.11 A non-council committee member shall resign from a committee prior to applying for any CCO staff position.

12.12 A member who is disqualified under this by-law from sitting on a committee ceases to be a member of the committee.



COLLEGE OF CHIROPRACTORS OF ONTARIO

MISSION, VISION, VALUES AND STRATEGIC OBJECTIVES

MISSION

The College of Chiropractors of Ontario regulates the profession in the public interest to assure ethical and competent chiropractic care.

VISION

Committed to Regulatory Excellence in the Public Interest in a Diverse Environment.

VALUES

- Integrity
- Respect
- Collaborative
- Innovative
- Transparent
- Responsive

STRATEGIC OBJECTIVES

1. Build public trust and confidence and promote understanding of the role of CCO amongst all stakeholders.
2. Ensure the practice of members is safe, ethical, and patient-centered.
3. Ensure standards and core competencies promote excellence of care while responding to emerging developments.
4. Optimize the use of technology to facilitate regulatory functions and communications.
5. Continue to meet CCO's statutory mandate and resource priorities in a fiscally responsible manner.

Developed at the strategic planning session: September 2017