
COOPERATION AND COMMUNICATION WITH CCO



Standard of Practice S-020

Executive Committee

Approved by Council: December 1, 2011

Amended: February 11, 2014, September 12, 2025 (came into effect November 20, 2025)

Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

INTENT

To communicate the importance of members' cooperation and timely communication with CCO.

DESCRIPTION OF STANDARD

CCO's ability to fulfil its mandate is dependent upon the cooperation and timely communication with all members.

Members are required under the *Regulated Health Professions Act, 1991 (RHPA)*, regulations made under the *Chiropractic Act, 1991* and CCO by-laws to cooperate with CCO and its statutory committees. It is the professional responsibility of a member to cooperate in a timely manner when CCO makes reasonable requests for information, when CCO requires a specific action from a member or CCO requests attendance at a meeting or hearing to address an area of concern.

Such requests for information, cooperation and/or attendance from CCO include, but are not limited to, the following:

- a request for written submissions in response to an inquiry, complaint or report to the Inquiries, Complaints and Reports Committee;
- a request to cooperate with a CCO investigator appointed by the Registrar;
- a request to appear before a panel of the Inquiries, Complaints and Reports Committee for an oral caution or other disposition;
- a request for disclosure regarding participation in initiatives of the Quality Assurance Committee, such as participation in peer and practice assessment, attendance at a regulatory excellence workshop, and participation in continuing education, professional development and self assessment;
- timely communication and cooperation with peer assessors;

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- complying with a signed undertaking or other agreement with CCO;
- responding to allegations regarding improper advertising; and
- requests for information on registration and renewal forms.

It may be considered an act of professional misconduct for a member to refuse to reasonably cooperate with CCO and could lead to a referral to the Discipline Committee.

LEGISLATIVE CONTEXT

Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991*

Section 25.2(1): A member who is the subject of a complaint or report may make written submissions to the Inquiries, Complaints and Reports Committee within 30 days of receiving notice under subsection 25(6).

Section 76 (1): An investigator may inquire into and examine the practice of the member to be investigated and section 33 of the *Public Inquiries Act, 2009* applies to that inquiry and examination.

(1.1) An investigator may make reasonable inquiries of any person, including the member who is the subject of the investigation, on matters relevant to the investigation.

(2) An investigator may, on the production of his or her appointment, enter at any reasonable time the place of practice of the member and may examine anything found there that is relevant to the investigation.

(3) No person shall obstruct an investigator or withhold or conceal from him or her or destroy anything that is relevant to the investigation.

(3.1) A member shall co-operate fully with an investigator.

(4) This section applies despite any provision in any Act relating to the confidentiality of health records.

Section 81: The Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program.

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Section 82(1): Every member shall co-operate with the Quality Assurance Committee and with any assessor it appoints and in particular every member shall,

- (a) permit the assessor to enter and inspect the premises where the member practises;
- (b) permit the assessor to inspect the member's records of the care of patients;
- (c) give the Committee or the assessor the information in respect of the care of patients or in respect of the member's records of the care of patients the Committee or assessor requests in the form the Committee or assessor specifies;
- (d) confer with the Committee or the assessor if requested to do so by either of them; and
- (e) participate in a program designed to evaluate the knowledge, skill and judgment of the member, if requested to do so by the Committee.

Section 82(2): Every person who controls premises where a member practises, other than a private dwelling, shall allow an assessor to enter and inspect the premises.

Section 82(3): Every person who controls records relating to a member's care of patients shall allow an assessor to inspect the records.

Section 82(4): Subsection (3) does not require a patient or his or her representative to allow an assessor to inspect records relating to the patient's care.

Section 82(5): This section applies despite any provision in any Act relating to the confidentiality of health records.

Ontario Regulation 204/94 made under the Chiropractic Act, 1991

Section 13(1): Each year, the College shall select at random the names of members required to undergo a peer and practice assessment.

Section 13(2): A member shall undergo a peer and practice assessment if selected at random under subsection (1).

Ontario Regulation 852/93 made under the Chiropractic Act, 1991

- 28. Contravening the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.
- 31. Failing to comply with an order of, or breaching an undertaking given to, the Complaints, Discipline or Fitness to Practise Committees or to the Registrar of the College.
- 32. Failing to carry out an agreement entered into with the College.
- 33. Engaging in conduct or performing an act that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

By-law 13: Fees

Appropriate fees may be paid in accordance with By-law 13: Fees.