

# COLLEGE OF CHIROPODISTS OF ONTARIO

## Minutes

### Meeting of the Council of the College of Chiropractors of Ontario

180 Dundas Street West

19<sup>th</sup> Floor Boardroom

Toronto, Ontario

Friday, October 17, 2014

9:00 a.m. - 5:00 p.m.

#### **Present**

##### *Professional Members*

Christine Burton

Julie DeSimone

Peter Guy

Stephen Haber

Jamie Maczko

Cesar Mendez

Peter Stavropoulos

Millicent Vorkapich-Hill

##### *Public Members*

Donna Coyne

Khalid Daud

Wilhelmina Gonzales

Grace King

Sohail Mall

#### **Regrets:**

Ray Ferraro

John Infanti

Ann-Marie McLaren

**Staff:** Felecia Smith, Registrar and CEO

**Legal Counsel:** Alan Bromstein

#### **Observers:**

John Hardy

Marzena Hardy

Bruce Ramsden, President, OPMA

Sarah Robinson, President, OSC

## Part 1

### 1. Call to Order, Appointment of Secretary, Approval of the Agenda

The meeting was called to order at 9:00 a.m. by the President, Jamie Maczko who acted as Chair. Mr. Ray MacDonald was appointed secretary.

### 2. Declaration of Conflict of Interest, Taping Policy, Welcoming Policy, Welcoming of Observers

There were no declarations of conflict of interest with respect to the approved agenda. The policy against taping of the meeting was announced by the President. All observers were welcomed by the President.

### 3. Approval of the Agenda

Mr. Mazcko indicated that agenda Item 5.6 relating to the draft Orthotic Standard should become Item 4.6 as it is for information purposes, not decision.

#### **MOTION**

**MOVED BY: Sohail Mall**

**Seconded by: Donna Coyne**

**That the agenda be approved.**

**CARRIED UNANIMOUSLY**

**\*\*THE MINUTES ARE PRESENTED IN THE ORDER THEY WERE DEALT WITH AT THE MEETING\*\***

## Part 2

### **Items for Decision**

#### 5.1 Elections

(i) Podiatrist Member - Combined District 3 & 4

In the Spring 2014 election for Districts 3 and 4, no podiatrist member came forward. A second call for nominations went out and no podiatrist came forward. The Registrar then sent a letter to all podiatrist members and Ms. Millicent Vorkapich-Hill came forward. The Executive Committee recommends Ms. Vorkapich-Hill as the new podiatrist member on Council to fill the vacancy created by the absence of candidates in the Spring 2014 election of the podiatrist member for electoral districts 3 and 4.

#### **MOTION**

**THAT Council appoint Millicent Vorkapich-Hill as the podiatry member of Council representing Districts 3 and 4.**

**CARRIED UNANIMOUSLY**

Ms. Vorkapich-Hill joined the meeting and was welcomed to Council by the President.

(ii) Selected Member of Council

**MOTION**

**THAT Council appoint Christine Burton as a selected member of Council.**

**CARRIED UNANIMOUSLY**

Ms. Burton was welcomed back to Council.

**MOTION**

**MOVED BY: Sohail Mall**

**SECONDED BY: Stephen Haber**

**THAT Council appoint Felecia Smith and Alan Bromstein as electoral returning officers.**

**CARRIED UNANIMOUSLY**

The President turned the Chair over to the Registrar for the elections.

5.2 Election of President and Vice-President

Mr. Peter Stavropoulos was acclaimed to the position of President. Mr Mendez was elected to the position of Vice-President

5.3 Election of Remaining Positions on Executive Committee

Mr. Jamie Maczko was appointed as a chiropodist member of the Executive Committee. Mr. Khalid Daud and Ms. Wilhelmina Gonzales were elected as returning public members to Executive.

**MOTION**

**MOVED BY: Khalid Daud**

**SECONDED BY: Julie DeSimone**

**THAT Council destroy the election ballots**

**CARRIED UNANIMOUSLY**

The Registrar updated Council about the results of the 2014 Spring election in Districts 3 & 4. In District 3, John Infanti was acclaimed as the chiropodist member. In the Spring 2014 election for Districts 3 and 4, no podiatrist member came forward. A second call for nominations went out and no podiatrist came forward. The Registrar then sent a letter to all podiatrist members and Ms. Millicent Vorkapich-Hill came forward. In District 4, Michael Turcotte was acclaimed as the chiropodist member. However, after his acclamation, he was referred to Discipline. Under the College's by-laws, because he was referred, he continues to be a member of Council but he is unable to sit at the Council table or participate on any Committees until the Discipline proceeding is finalized. He is also not entitled to the information that goes to Council. The seat is not technically vacant but he cannot participate. This will continue until the Discipline proceeding is finalized and then, depending on the results of the Discipline proceeding, there may be other consequences.

## Part 1

### 4. Approval of the Minutes of the June 20, 2014 Meeting

On page 9, Tab 3 under Item 4.7, the second last paragraph and the second sentence, no one in fact said that it was not fulguration or electro coagulation. The sentence should be stricken.

## **MOTION**

**Moved by:** Sohail Mall

**Seconded by:** Jamie Maczko

**THAT Council approve the minutes of the June 20, 2014 Council meeting, as amended.**

**CARRIED UNANIMOUSLY**

## **Part 2**

### **Items for Decision**

#### 4.12 Formation of Statutory Committees

## **MOTION**

**MOVED BY:** Stephen Haber

**SECONDED BY:** Sohail Mall

**THAT Council ratify the Executive Committee recommendation for composition of all standing, statutory and ad hoc committees of the College**

**CARRIED UNANIMOUSLY**

The Executive Committee suggested that on a going forward basis, a descriptor of each committee could perhaps be included in the newsletter so that other members of the College can find out about these committees including their tasks and their purpose. People may have a special interest or express a desire to become involved and this will assist the College in fulfilling its mandate.

### **Items for Information Purposes**

## **2. Update and Discussion**

#### 4.2 Retaining Experts to Assist the College

There has been a need for ICRC and Discipline to call on experts from within the profession as well as outside (e.g. forensic accounting or handwriting analysis) to assist. The College is looking to formalize the process with the assistance of legal counsel. There are approximately 6 sub categories of areas of practice that the College is seeking expertise with. The hope is to develop a roster of people who are deemed experts in the various sub categories. The complaints officer will then be able to call on them when needed. There will be a call out to the membership asking them to forward a curriculum vitae so that they can be considered for the various categories or subject matters.

#### 4.1 HPRAC Update

(a) Meeting with HPRAC – August 28, 2014

Mr. Gracey noted that some of the 18 additional questions HPRAC has provided to the College are asking the College to recommend what other professions should be doing in footcare, what their scopes of practice should be and how they should be remunerated. These questions could cause major problems with other professions. The College therefore participated in a teleconference with HPRAC on August 28, 2014 and explained the difficulties we were having with these particular 3 questions that relate to other professions. We were informed that the Minister agreed that HPRAC should examine not only the scopes of practice of our members but also a more comprehensive

reform of Ontario's foot care model. The College will endeavor to do the best job it can with the responses given the constraints outlined by Mr. Gracey.

(b) Draft Submission & 18 Additional Questions relating to the Chiropractic and Podiatry review

Mr. Gracey commented that HPRAC's redirection of the larger foot care model is problematic and a substantial redirection of the original referral. Once the HPRAC's report is finalized, the Minister can accept it, reject it or send it out for another round of consultations. A number of the additional 18 questions probably arose from the 198 submissions that were made by various organizations and groups in the context of Ontario's current foot care model review. From HPRAC's perspective, the 18 additional questions are ones that they ask all the time and they are therefore perplexed why the College and OPMA are concerned about these questions.

Mr. Gracey commented that he believes that with respect to the podiatry scope, whatever we finally receive will be better than what we have today. The more HPRAC adds into this in terms of recommendations involving other professions, the more complicated the whole matter becomes, the more policy work has to be done, the more difficult the legislation, regulations etc. He suggested further that HPRAC may recommend that other professions that are currently unregulated be added to the College's mandate. The government could set up something similar to the Health Care Professions Council in the UK where chiropractors and podiatrists, along with 12 other professions, are regulated.

The deadline for submission of the College's response is November 28, 2014. Council was asked to provide any comments they may have in relation to the 18 additional questions by Friday, October 31, 2014.

4.3 Insurance Coverage – Possible Changes to maximum Claim limit

(i) Council Members' Directors & Officers Insurance

Council discussed this matter briefly at their June 2014 meeting. The current limit is \$2 million coverage. We contacted seven or eight Colleges and the four that responded indicated that their limit is \$5 million coverage as opposed to \$2 million. The Registrar will ask the insurance company if the premium amount can be varied depending on the deductible amount. The Executive committee is not recommending a change.

Mr. Bromstein explained that under s. 38 of the RHPA, there is a specific provision providing immunity for actions taken and that would include all of the College itself, Council, a member, officer, employee or agent or appointee of the advisory Council or College, a Committee of a Council or a panel of a Committee of a Council. It is everybody who works within the College. It could even include legal counsel. It is for any act done in good faith in the performance or intended performance of a duty or in the exercise or intended exercise of a power under the *Regulated Health Professions Act*. As long as an individual acts in good faith there is an immunity provision. Therefore no one can successfully sue a person or the College for any action taken by them in good faith in the performance of their duties or in the intended performance of any duty or act. The insurance policy is, for the most part, to provide defence costs. It is difficult to see that the costs would be more than \$2 million because the other person needs to

have about 2M to bring the action. If there was a judgment against the College for more than \$2 million the College would need to tax our members for fees. We will provide more information about what the policy actually covers once Mr. Bromstein has had an opportunity to review it.

#### 4.5 Transparency & ICRC Decisions- Letter from the Minister of Health

Council had before it a letter received from Dr. Hoskins, Minister of Health, in which he speaks about increasing transparency at all regulatory Colleges, and specifically in relation to inspections. Our College does not do inspections. The inspections referred to in the letter are in relation to Colleges that have inspectors that, for example, inspect pharmacies, independent health facilities or dental facilities that do anaesthesia and sedation. We have investigators who investigate acts of professional misconduct. There is also a reference in the letter to AGRE -the Advisory Group on Regulatory Excellence – and the need for increased transparency. The letter is clear that the Minister wants some very focused substantial amendments made to the way the Colleges function in relation to transparency. The AGRE principles on transparency were provided to Council. There are matters that could be added to the public register to show that we are meeting the requirements of increased transparency. This would require a by-law amendment. One matter that has not been controversial with any College thus far is adding on the public register when a member has been convicted of a criminal offence and that conviction is relevant to suitability to practice. The Registrar indicated that other suggestions that have been made include publication of the date of referral to discipline, updates on the status of a discipline hearing, publication of full notice of hearing and criminal findings about a member and non-members who are practising illegally. The Minister's letter suggests that he wants all the Colleges to undertake matters collectively.

AGRE also discussed what to do about oral cautions or SCERPs. What about undertakings where a member satisfies the panel of the ICRC that they will not participate in similar behaviour and provides an undertaking to that effect?

The Executive Committee must put forward a proposal before December 1<sup>st</sup>. Council will be involved thereafter to determine what additional transparency is appropriate. We will also want to watch what the AGRE Colleges will be doing. The greater the risk of harm to the public the more transparent the matter should be which must be balanced against using appropriate discretion when something is misleading and unfair.

The Registrar will put together an action plan for the Executive's consideration and approval. It must meet the Minister's direction. Council would need to approve the ultimate by-law amendments and the implementation of the action plan. Mr. Bromstein pointed out that notwithstanding what the Minister said, the College is not allowed to provide information to the police as per the legislation. If a patient advises that they have been sexually abused, our members must make the report to the Registrar of the College of the member who allegedly sexually abused the person. You only include the patient's name if the patient consents. Without the patient's name, what is the Registrar to do with it?

It was agreed that the Registrar would re-circulate the AGRE principles with the expectation that Council members will indicate their approval, where applicable, to supporting the principles.

## **Motion to Move In Camera**

### **MOTION**

**Moved by: Stephen Haber**

**Seconded by: Donna Coyne**

**THAT the public be excluded from the meeting pursuant to clause 7.2(d) of the Health Professions Procedural Code of the Regulated Health Professions Act (1991) in that personnel matters will be discussed and pursuant to clause 7.2(e) of that code in that opinions will be received from the solicitor for the College.**

**CARRIED UNANIMOUSLY**

## **For Decision**

### **5. Items for Decision**

#### **5.5 Registration Examination**

The policies were before Council at their June meeting. They have been slightly amended. It is important to have policies in place as we become more sophisticated with our exam and standardize the College's processes more.

##### **(i) General Policy –Draft**

Council needs to decide whether we should have a no standing status if a person has to leave the examination room. The person would be required to provide the College with an explanation in writing as to what occurred. It would be up to either the Registrar or Registration Committee to determine if they would be granted 'no standing'. The new Registration Regulation only allows an applicant to write the registration examination three times. Would it be fair and reasonable if a person started the exam and had a medical problem, for example and left the room? The individual can hand in the exam and have it count or ask for a no standing. The exam would effectively not be scored or count.

### **MOTION**

**Moved by: Sohail Mall**

**Seconded by: Jamie Maczko**

**THAT Council approve the Registration exam General policy.**

**CARRIED UNANIMOUSLY**

##### **(ii) Special Accommodation – Draft**

Mr Bromstein indicated one change in relation to paragraph 3 as follows:

The accommodation may include private space and extra time up to two times the amount of the scheduled examination time. The College will make every effort to accommodate candidates further, when appropriate and to the extent possible and necessary in the circumstances.

Mr. Bromstein also suggested that the policy be approved in principle so that it can be reviewed by legal counsel who specializes in human rights law.

### **MOTION**

**Moved by: Wilhelmina Gonzales**

**Seconded by: Christine Burton**

**THAT Council approve, in principle, the Registration exam Accommodation policy.**

**CARRIED UNANIMOUSLY**

(iii) Examination 2014 – Information update

The Registrar reported that 32 people wrote the examination in May, 14 passed and 18 failed. Of the failures, 12 people had to rewrite the jurisprudence component only, 3 had to write the written component without the jurisprudence, 1 wrote the written component with the jurisprudence and 1 only had to complete the OSCE. Of the 18 who initially failed, only 2 people failed the supplemental – one from Ontario and one from outside the Province. In response to questions, the Registrar advised that the jurisprudence is Angoffed and new questions are continuously being added to the data bank.

(iv) Examiner's Report on the 2014 Certification Examination

The report was provided to Council for information.

5.6 By-law Amendments

(ii) [Professional Corporations By-law](#) (final approval)

No comments were received from the membership with respect to the proposed amendment.

**MOTION**

**THAT Council approve the revocation of the by-law respecting professional corporations and substitute therefore the bylaw found at Appendix 8, effective September 1, 2015 to apply to all new certificates of authorization and renewals issued or renewed on or after September 1<sup>st</sup>, 2015.**

**CARRIED UNANIMOUSLY**

4.6 Orthotics Standard - Update [Anna Georgiou]

The OPMA and OSC put forward suggestions to modify the current Standard of Practice. It was sent out to the membership and many additional comments were received. The practice Working Group reviewed all the feedback and accordingly amended the draft that was circulated. The following were issues that arose with the draft and amendments were made:

1. Use of the word orthosis instead of orthotics;
2. The category for prescription custom foot orthoses as well as functional and accommodative were maintained;
3. Functional is replaced with functional prescriptive custom foot orthosis
4. Biomechanical assessment – use of the word 'may' include to ensure that if one thing is missed, an insurance claim will not be denied;
5. The Standard now includes what a biomechanical assessment entails plus the appendices show what a biomechanical assessment form would look like;
6. Casting – the professional should be doing this. It includes a non-weight bearing plaster cast and negative impressions. A way of dealing with this is to say that the member must be physically present when the casting is being done by another person. The person must be appropriately trained and there has to be some level of supervision when it is done. The member must ensure the person has sufficient competence.
7. Dispensing prescription custom foot orthoses to the patient applies to both functional and accommodative devices;



8. The orthotic should be prescribed and dispensed by the same practitioner. A designated chiropodist or podiatrist may also dispense the prescription foot orthosis;
9. A member cannot write a prescription for someone to take elsewhere. In circumstances where someone comes in wanting a script, it is going to cost the person \$150.00 because the member has to do all of the paperwork that would normally be part of the orthotic case fee.

A Standard of Practice is something recognized by right thinking members as the way to proceed and it usually does over the course of time. Some will be recognized by members as acceptable and others will be difficult for some to follow. The Executive will receive the final draft from the Practice Working Group and then ensure that it is sent out to the membership as quickly as possible.

**MOTION**

**MOVED BY: Jamie Maczko**

**SECONDED BY: Stephen Haber**

**THAT Council delegate the authority to the Executive Committee to circulate a draft Standard on Prescription Custom Foot Orthoses after receiving the revised version of the Standard from the Practice Working Group.**

**CARRIED UNANIMOUSLY**

5.6 By-law Amendments

- (i) Fees by-law ss. 3.03 & 4.03 – Annual Fees (final approval)

**MOTION**

**MOVED BY: Jamie Maczko**

**SECONDED BY: Stephen Haber**

**THAT Council approve the amendment of By-Law No.2, Fees to apply to annual fees for the year commencing February 14, 2015 as follows: (1) remove \$1,300.00 from article 3.03(a) and substitute \$1,700; (2) remove \$650.00 from article 3.03(b) and substitute \$850.00; (3) remove \$1,300.00 from article 4.03 and substitute \$1,700 and (4) remove \$1,500.00 from article 4.03 and substitute \$1,900.**

**CARRIED UNANIMOUSLY**

Mr. Mendez suggested that in the next newsletter we acknowledge that we heard our members concerns and we have addressed them by a Council discussion. We are trying to move forward and recoup more costs in discipline. We could specifically speak about rents and the fact that we have done comparisons and it would actually cost us more to move and provide real information. We will explain that ICRC costs are not recoverable and therefore members should think twice before making complaints about other members where there is no public safety or public issue involved. If one is made we have to deal with it. Members do not understand that we can only get money back if there is a discipline hearing. We should explain the costs associated with complaints – perhaps we can give a ‘typical’ example. We have an independent auditor conduct our audit. We could also mention that HPRAC has cost us more than we planned because of the route they have taken. We will reiterate that Council does not want to increase fees and are very conscious of not doing so. But we have certain requirements that we must follow. If the

information is in the newsletter, it gets out to the entire membership and not just the people who wrote in.

#### 5.7 Inhalation Regulation

##### (ii) Standards of Practice – Approval

Mr. Mendez addressed the draft Standard of Practice. In doing his research, he realized that nobody has a Standard of Practice for Inhalation in relation to foot and ankle type procedures. The biggest challenge for our members is that when someone is administering sedation, they are administering it at one end and when providing podiatry or chiropody care, they are at the other end. This is very unique. Many other professions, typically dentistry, can handle everything from their nerve centre. To manage any event that occurs with sedation you need to leave what you are doing, go somewhere else and break sterility. The other issue is that the standard technique right now is called titration which requires constant monitoring of a patient and adjusting in real time the amount of sedation you are giving the patient. It is very difficult if you are in the middle of a podiatry or chiropody type procedure to monitor at that level without losing concentration of one of your tasks. One of the unique recommendations of the standard is that there should be two members at all times, one person responsible for the podiatric or chiropody care and the other administering the sedation portion.

Minimal sedation in the literature includes nitrous oxide by itself or with one oral sedative. If a member is able to sedate the patient by the time they come to the office and before the procedure starts, the patient will still be in minimal sedation but receive the maximum benefit.

Mr. Bromstein advised that dentists, once trained, are entitled to use nitrous oxide and sedative drugs for minimal sedation without having facility permits or inspections. A decision has to be made whether we need a moderate sedation standard as this stage or whether at first instance we could live with a minimal sedation standard. If you use nitrous oxide only, nitrous oxide and oxygen alone and an oral sedative, it would require a second person in the room. They are both minimal sedation. If a member is going to orally sedate it is no different than somebody writing for a benzodiazepine - it is not necessary for two people to be present.

Mr. Mendez was not suggesting moderate sedation. The only reason facility permits are mentioned is to protect the public from individuals buying second rate machines and equipment and using them. Mr. Bromstein indicated that the College can have members prove that the equipment was purchased new and was manufactured within so many months without having to do office inspections which are very expensive. The same protection would be achieved. It was agreed that the sedation would be minimal. The person who uses sedation has to satisfy the College that they have taken the appropriate program and annually advise the College that their equipment has been properly serviced, kept up-to-date and monitored. Mr. Mendez was left to amend the draft and incorporate the recommendations that the Executive made. It will go back to the Executive Committee who can then review it. Once it is finally approved it can then be provided to Dr. Nkansah so that he can begin creating on the course.

##### (i) Educational Requirements

Dr. Nkansah wants the Standard of Practice before he begins to structure the course.

#### 5.8 Standing Drug Committee\* – Update

The Committee met to review [the list](#). It was derived from input from all the registrants quite some time ago. The list includes drugs that are add-ons to our current list. The list needs to be divided into topical, oral and injectables. We would need to say that we are asking Schedule 1 to be amended to add or to replace it with those added drugs and we are asking Schedule 2 to be amended to revoke and replace it with the appropriate amended drugs on the list. Mr. Bromstein indicated that we are now asking for a Regulation amendment that could be circulated by the Executive Committee for 60 days for comment. We will explain in the covering memo that although we would prefer classes of drugs, the government will not agree. We did the best we could do. We know there will be more new drugs that will need to be added by the time this Regulation is passed. We also focused on drugs applicable to our current scope of practice. We will advise the membership that the Standing Drug Committee is interested in comments at any point in time about new drugs and when appropriate, Council will look at those drugs and make recommendations for changes. We will continue to amend [the list](#)

#### **MOTION**

**MOVED BY: Stephen Haber**

**SECONDED BY: Wilhelmina Gonzales**

**THAT Council approve [the list of drugs](#) as set out in Tab 13 and to delegate to the Executive Committee the task of circulating the proposed Regulation amendment to members and other stakeholders for at least 60 days for comment so that Council can look to pass the Regulation amendment at its next regular Council meeting**

**CARRIED UNANIMOUSLY**

#### 5.9 Chiropractic Review Committee\* – New Chair Required

This is a Committee under OHIP and is required by the *Chiropractic Act*. There is a recommendation from the Executive Committee that Mr. Haber be appointed as the Chair of the Chiropractic Review Committee.

#### **MOTION**

**THAT Council appoint Stephen Haber Chair of the Chiropractic Review Committee.**

**CARRIED UNANIMOUSLY**

## Part 3

### 6. Other Statutory Committee Reports

(Available from committees that have met since the last meeting of Council)

#### 6.1 ICRC – Peter Stavropoulos

Mr. Stavropoulos indicated that there is a change to the report in that there are now 32 complaints. He also mentioned that the new legal team is very enjoyable to work with, very accomplished and very helpful and they have streamlined the processes a fair bit. Judy will be missed but under her tutelage, Meghan Hoult will be trained and capable. Judy has kindly agreed to train her and stay on for a while in an oversight role.

6.2 Discipline – Wilhelmina Gonzales

Mr. Bromstein indicated that to the Registrar's credit, she has recognized that this College must look very closely at what it is requesting in costs. The Registrar is being adamant about what has to be recovered from individuals who have caused the College to incur costs because of their actions. Ms. Gonzales also asked to ensure that new members of the Discipline Committee be sent to the basic and advanced training courses.

6.3 Quality Assurance

Anna Georgiou was present to provide an oral report

6.4 Registration – [no report]

## Part 4

### 7. Working Group Reports

7.1 Practice Working Group [oral report]

7.2 Registration Examination – (Stephanie Shlemkevich & Meghan Hoult)

7.3 HPRAC Referral Committee – (see agenda item 4.1 above) Peter Stavropoulos & Jamie Maczko [oral report]

7.4 Education Committee – [no report]

7.5 Standing Drug Committee (see agenda item 5.8 above) – Cesar Mendez [oral report]

### 8. In Camera Session

- Radiofrequency Ablation
- Information Regarding Election of Chiropracist Member to Council
- Contract with Psychometric Services [Dwight Harley]
- Registrar's Remuneration
- Council Orientation

### 9. Next Meeting

8.1 Items for Agenda – Next Council Meeting

8.2 Next Meeting Date – February 20, 2015

**MOTION**

**MOVED BY: Jamie Maczko**

**SECONDED BY: Wilhelmina Gonzales**

**THAT Council approve the following dates for Council meetings, February 26, 2016, June 24, 2016, October 21, 2016, February 24, 2017, June 23, 2017, and October 27, 2017, all of which are Fridays.**

**CARRIED UNANIMOUSLY**

**Motion to Move in Camera**

**MOTION**

**MOVED BY: Stephen Haber**

**SECONDED BY: Christine Burton**

**THAT the public be excluded from the meeting pursuant to clause 7.2(d) of the Health Professions Procedural Code of the Regulated Health Professions Act, 1991 in that personnel matters will be discussed and pursuant to clause 7.2(e) of that code in that opinions will be received from the solicitor for the College.**

**CARRIED UNANIMOUSLY**

**10. Adjournment**