

Minutes of teleconference of ACPGBI with the PFS

8 October 2014

Present

Asha Senapati, Tony Dixon, Andy Williams, Pete Dawson, Steve Brown

1. Database

History of development detailed by TD. Choices of Oxford, self developed or Dendrite. Went with Dendrite as this was supported by ACP some years ago. Kath Gill and Charlie Knowles have tried and it is not fit for purpose. Too slow and detailed. Dendrite now felt not to be engaging. The need for such a system was confirmed and it was highlighted that what is really needed is a truncated version along the lines of NBOCA. It could be possible to add basic Audit data or even have a third tier of very detailed information. This would then be much more likely to be workable.

There is a need to re-engage with Dendrite. Also find out how much paid and what the contract is.

Action Pete Dawson to approach Dendrite

2. Website

It is disappointing that the website is not up and running. This has been paid for by Covidien. Not clear what the issues are.

Action SB to approach Kath Gill for website update.

3. Requirements to become a member of PFS.

It is felt by the ACPGBI that there should be consistency of membership and the need for a CV was superfluous. A robust argument was put forward for both keeping and losing the requirement. Colorectal surgeons and trainees that want to join TPFS should be members of ACP. Others should be members of their own professional body. Alternatively a proposer and seconder should be found. Essentially this should be taken to the AGM of the PFS for further consideration bearing in mind the ACP views.

Action To be discussed at PFS AGM

There was further discussion around the ACPGBI constitution. Paragraph 28.3 should read as follows:

28.3 Membership is welcome from other clinical disciplines involved in the management of pelvic floor disorders such as uro-gynaecologists, urologists, radiologists, physiologists, specialist nurses, physiotherapists, chronic pain specialists, psychologists etc provided they demonstrate membership of their own professional body.. Such members could also join ACPGBI as an Affiliate Member .

Action To be added to AGM for constitutional amendment

4. Badging for courses.

It was agreed that if a course or study is approved by the PFS exec then all members of ACPGBI could be contacted through Anne without having further approval from the ACP committees.

Action SB to clarify with Anne

5. Funding

PFS has £15000 in its coffers to be spent according to wishes of committee but needs countersignature by the treasurer of the ACPGBI .

It has been proposed that some members of ACPGBI could select to pay membership to PFS instead of ACP. This was not supported as ACP offers services to the PFS ie secretarial etc.

There is agreement that PFS meetings will be paid for and profit retained by the PFS. Negotiations will continue about the share of the profits from joint meetings. There is consensus between both treasurers. This appears flexible and is working fine. No further action required.

6. Mailing list

It was agreed that Anne should have access to the PFS mailing list.

Action SB to email Karen Telford

7. Constitution

It was agreed that Anne O'Mara should keep a copy of the PFS constitution.

Action TD to send PFS constitution to Anne

8. Accreditation of units.

Accreditation of units was felt to be a worthy aspiration but it was agreed that any process could not involve policing. ACP supports the role of PFS in setting standards on a peer review basis and using the resources process to decide what defines a pelvic floor unit. It was hoped that eventually this would become useful to commissioners. Queries about such a process and emails raising concerns should be directed to the PFS to answer directly copying in the hon Secretary of ACP.

Action SB to forward all concerns to either Mark Mercer-Jones or AW