

Executive Meeting 17/05/13 Oxford

Attendees: Anthony Dixon, Mark Mercer-Jones, Oliver Jones, Mike Lamparelli, Steve Brown, Jon Randall, Kath Gill

Apologies: Tom Dudding, Karen Nugent, Andrew Clarke

Tony Dixon took the chair.

1) Minutes from Southern pelvic floor society meeting (01/24/2013) were read and approved with two amendments: item 2, pg 1 Mike Clarke should read Andrew Clarke, and, item 7, pg 6 Annual PFS Oxford should read Annual PFS Bristol. MMJ

2) Meetings/Programs: OJ

- ACPGBI Liverpool 2013 – agenda was noted, PF session is on day 1, 1hour 15 mins: global consensus statement on VR, mesh related complications (urogynaecology and colorectal perspective), then panel discussion. MMJ
- ACPGBI Birmingham 2014 Tripartite – PFS have been allowed 1 day out of the 4 days. Do we use this as our annual PFS meeting? Content to be decided – get urologists on board, have a trial update, separate trainee poster/presentations – ALL
- Annual PFS Bristol – this is a 2 day meeting, format, agenda has been circulated to the PFS Exec. TD will continue to update the exec members on program. There will be good input from urogynaecologists. We need to decide on numbers and format for the training morning. It was felt that there were too many people at the Oxford Masterclass training morning and this had led to a rather didactic style. There had been good feedback.

OJ suggested that we need to cover more in Bristol and need to find the right level to pitch at. He also commented that we should not hold training events too often because of saturation.

- AGM Bristol – Hold on the Friday evening after end of PFS meeting. Course Dinner is on the Thursday night. PFS Exec meeting to fit in somewhere. ALL

3) R&D: KG

- Database – Kath has worked hard together with Charlie Knowles to have the Dendrite database ready to enroll at ACP on day 2 at a breakfast meeting. Exec members should make themselves available for this session. This database has entries for all PF benchmark ops. There is a section for meshes used for LVR. However, do we want a separate mesh registry? No decision made. Who will pull the data? This requires further discussion. There will be a protective tool/firewall to ensure data protection. How do we ensure that all surgeons doing e.g. LVR enter their data. A statement should be made by SB on behalf of PFS that this is a pre-requisite to the governance of these procedures. Who will fund this database? Suggestion of multiple industry sources to maintain integrity.

- Trials –

Delormes vs LVR looking for HTA funding – Ian Lindsey (SB)

Use of Stratattice for LVR - ? primary outcome – this is being led by Chris Harmston. Do we support? KG is to ask Chris to send protocol to PFS.

Fenix vs SNS – HTA approval for 12 centers – David Jayne

Discussion regarding PFS endorsing/kitemarking studies- this is to be via Hon sec R&D to bring to Exec for voting.

Website – Lapco designer met with KG, they can do a similar website for 10K (without database connection). What are running costs? Will all money come from ACP? TD informed us that we now have the money to run the website (from industry) – this must happen as we do not have a presence without a website. PFS should consider a fellowship to help. Bring in George Hannah in some guise as well e.g. proficiency again in LVR .. this could be via BDRF – closing date – end of July. Need to decide who will take this on.

Other – KG has registered PFS with NICE as stakeholder and she is also nominated onto ESCP FI committee.

4) Q&A – SB

- Accreditation of PF units – do we start with accreditation of PF MDT's? How can we take forwards? What is the baseline? – Peer review, there have been 2 survey monkeys on “what is a pelvic floor unit” Karen Nugent has access to these. ML suggested that he could do another survey monkey – what defines a pelvic floor MDM/MDT. Urogynae units have access to benchmarks as discussed by Paul Ballard at annual PFS last year – MMJ to forward details to SB.

- Tertiary referrals for complications of pelvic floor surgery e.g. LVR.

Letters of expression of interest to become tertiary referral centers should be forwarded by members and also by other non-members doing these ops. Start with LVR. TD has a draft document concerning tertiary referrals which was circulated at Southern PFS meeting Bristol. Has there been any feedback to anyone? TD to email this doc to PFS Exec

5) Education & Training ML/JR

- Minutes from initial E&T committee meeting were forwarded to some Exec members. MMJ to forward to all.

JR and ML to start looking at ISCP curriculum for colorectal surgery and look at PF ops and decide what PFS want in terms of standards. Timeframe for this is by October – launch at annual PFS Bristol (at least as discussion doc).

Further training days on PF – Bristol half day. South Wales want one as well. Do we plan to run out to Midlands and North as well?

6) Finance

Because of unforeseen circumstances Andy Clarke could not attend. MJJ has since spoken to him and a separate account from ACP has been opened. TD has secured 40K from industry for PFS annual meeting.

6) Membership

Because of unforeseen circumstances Tom Dudding could not attend. MMJ to contact Sophie Pilkington to help out in meantime. We have to ballot for Exec officers as we all hold interim positions except for TD and JR who have been elected. Members should be balloted 90 days prior to annual PFS meeting

7) AOB

Results of BFB survey form PFS annual meeting 2012 from Yan Yanniackou – MMJ to contact

Members of all committees – Hon sec's to please forward to MMJ.

Scottish PFS want to join with us – where will they sit within Exec?

MMJ will write to Ken Campbell once this has been decided. Please read Bylaws & Constitution to determine this.

Chair in waiting – who? Chris Cunningham – Who should approach him?

MMJ has been appointed to CRG specialized colorectal services as Northern senate member – he will advise on behalf of PFS