

## Joint Meeting of the Southern, Midlands and Northern Pelvic Floor Societies

Thursday 11<sup>th</sup> October 2012

Newcastle Marriott Hotel Gosforth Park, Newcastle

### Attendees:

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|--|---|
| 1. Mark Mercer-Jones (Chair) (MMJ)             | 10. Deborah Clarke (DC)                       |
| Stand in for Anthony Dixon (TD)                | 11. Trish Boorman (PB)                        |
| (apologies)                                    | 12. Jan Hicks (JH)                            |
| 2. Michael Lamparelli (minutes) (ML)           | 13. Sophie Pilkington (SP)                    |
| 3. Steve Brown (SB) (Chair of Northern Group)  | 14. David Tarver (DT)                         |
| 4. Paula Hughes (EES) (PH)                     | 15. Sam Morton (EES) (SM)                     |
| 5. Karen Nugent (KN) _ Chair of Southern Group | 16. Neil Cruickshank (NC)                     |
| 6. Pradeep Basnyat (PB)                        | 17. Kathryn Gill (KG)                         |
| 7. Will Faux (WF)                              | 18. Graeme Duthie (GD)                        |
| 8. Melanie Feldman (MF)                        | 19. Chris Cunningham (CC)                     |
| 9. Andrew Clarke (AC)                          | 20. Mark Chapman (MC) Chair of Midlands Group |
|  | 21. Andy Williams (AW)                        |

- ❖ Mark Mercer-Jones (MMJ) commenced the meeting by suggesting that the group consider agenda point 5 to start with i.e. – Membership Committee/Executive Committee of The Pelvic Floor Society (TPFS).

MMJ pointed out that this was suggested at last year's national meeting in Birmingham with a mixed response, in part due to individuals not wishing to splinter from the ACP. KN and AD had brought this item again to the floor at ACP in Dublin with a better response.

AD had revised the Bylaws and Constitution of TPFS.

MMJ handed out copies of this to the group. (available on request)

- ❖ Discussion started as to where we sit within the ACP umbrella:

By having members who have presence on Council, we will have a voice...

We cannot expect a new committee or council position as yet but that might not be a problem. AD had discussed with Graham Williams and Brendan Moran during ACP annual meeting the issue of TPFS and position within ACP. The group agreed that TPFS should remain part of the ACP but not as a sub-committee. The Chair of TPFS should sit on council.

- ❖ Regarding ordinary membership of TPFS: we want to encourage more allied health professionals (nurse specialists or physiotherapists) / urogynaecologists/ radiologists/ pain specialists and so on to come on board as honorary members giving them honorary membership of the ACP (currently £50/ annum; and £90/ annum with journal). If proposed members do not hold memberships of recognised societies, then a fee should be levied.

- ❖ We looked at the proposed byelaws and constitution of the National Pelvic Floor Society point by point

We agreed with them in general: other than : MMJ suggested that Hon secretary of R&D was also required and KN suggested that the post of Hon secretary and treasurer should be split into two positions.

The executive would therefore consist of:

Chair

Chair-elect

Hon secretary

Treasurer

Hon sec membership committee

Hon sec programme committee

Hon sec training and education committee

Hon sec research and development

Hon sec quality assurance and clinical governance committee

There would be co-opted if necessary, representation from BSG, BSUG, physiotherapy, nursing, training grades (surgery/gastroenterology)

The first thing was to agree who would be on the executive committee:

MMJ proposed that Anthony Dixon (AD) who had drawn up the constitution would be the first chair.

Without a membership it is difficult to democratically elect an executive

WF suggested that we could have AD as an 'interim chair' for a short period of time (up to six months) prior to individuals being elected in a democratic fashion. This could be the case for all of the executive positions. Therefore founder members will be balloted in 6 months to determine the executive.

As a start therefore as an interim measure AD will start as Chair, MMJ as Hon sec.

*The following is not part of the minutes but a summary of multiple discussions that took place over the evening and following day.*

*AD and MMJ canvassed various individuals about interim positions.*

*AC agreed as treasurer, KG as hon sec R&D (with Charles Knowles and Ian Lindsey as the first committee members), ML as hon sec training and education (with AW as the first committee member). The interim positions of hon sec membership and programme and quality assurance remain vacant. Founder members should contact AD regarding positions.*

We discussed points and agreed that the current database of individuals who have regularly contributed to their regional meetings would become founder members. The founder members could then ensure that members from all appropriate units were nominated to join as members.

NC wanted to ensure that all high profile units who were providing pelvic floor treatments were invited to become members. This not meant to be an exclusive process, but it was agreed that we had to start somewhere.

Message received by MMJ from Oxford Group to utilise their national meeting in Oxford as part of the TPFS programme. There was not a member from Oxford to discuss this present at this stage. SP felt that the Oxford meeting was more of a training meeting. CC attended later and agreed. *MMJ subsequently discussed with Ian Lindsey who suggested that TPFS could use a session at the Oxford meeting. The Oxford meeting takes place between Thursday lunch and Friday lunch. TPFS could meet in some form in Oxford on the Thursday morning before the programme.*

Where does this fit in with using a day at ACP Scientific meeting?

KN suggested that TPFS will have representation in 2 years at ACP annual meeting.

- ❖ Discussion then centred around who would run TPFS annual meeting. If we continue to use the University of Southampton as our administrator for our meetings, they will continue to take 20% off our bottom line; if we move to use the ACP...then the overheads will be taken by them and the risks. However, the University get government rates for accommodation and have 6 years knowledge of running the meeting.
- ❖ Education and Training & Meetings

Feedback from ML on recent SWSTN initial course run in Bristol on 14/09/2012  
ML discussed this course being mirrored on the next 12 months in both North and Midlands with a repeat in South as pre-day to next year's Annual NPFS meeting (in Bristol)

This would be 'level 1 Pelvic floor training' ML to share the course materials with SB/MMJ from North and KG/ NC from Midlands

GD expressed concerns about teaching too many junior trainees being taught complicated, infrequently performed procedures.

The advanced course is due to run for its first time at RCSEngland in December under the auspices of the ACP/RCS tutor - Dermot Burke.

Discussion on post training fellowships in Pelvic Floor

KG had been in a pure PF fellowship and felt that this was not as useful as having a component of general on call/ elective work.

There were four consultants in the room who were currently employing a pelvic floor fellow. CC felt that on call commitments would not necessarily be a benefit for the whole 12 months period that they are on his unit and some flexibility in the manner in which they are employed.

ML raised the RCSEng wish to endorse fellowships in concert with E&T committee chair (John Hartley - Hull). CC has his fellowship endorsed by RCSEdinburgh

GD felt that there was an opportunity to combine pelvic floor fellowships with Endoscopy senior training, either to ensure JAG accreditation, or to provide EMR/ advanced endoscopy training.

❖ LapVMR

MMJ has been to global consensus committee in Vienna on LVMR: invited were, AD, MMJ, Andre D'Hoore, Anders Mellgren, Paul Leheur, Paul Stephenson (Ian Lindsey and David Jayne were unable to attend). This was funded by Cooke. Chaired by John Nichols. Decided were indications, technique, materials, exclusions. MMJ told committee that they were representing TPFS at this meeting.

Vaginal Oestrogens ideally for post menopausal post op to reduce risk of erosions  
Can we use biological mesh more appropriately?

We need to ensure that all individuals are appropriately consented for the risks of mesh placement;

Long term shrinkage  
Mesh erosion  
Mesh failure

We need to have a prospective registry for LapVMR...

This needs to be part of the database that the Society starts utilising soon.

❖ Database:

This is a burning issue

There are 2 choices at present. Dendrite has been developed under ACP with KN and Charles Knowles as key contributors. The alternative is the Oxford groups database. CC pointed out that the Dendrite database is accessible by the company and that they can utilise information on individuals and procedures for their own gain. The alternative database is provided by the Oxford Group which incurs an annual cost. A sub group/ the executive will need to decide if the society recommends one database/ both or a choice. The important factor is to ensure that data is collected.

Conclusion was that we need ensure that a registry is set up ASAP

The group agreed that next years national meeting will be in Bristol

Five clinical cases were discussed.

❖ ACTIONS

1. KN to take TPFS proposals to ACP council
2. AD and MMJ to revise constitution and bylaws to reflect the minutes of this meeting
3. PH to provide AD and MMJ with a list of potential founder members of NPFS. Interim exec members and committee members and KN will be consulted to ensure that this is inclusive.
4. Recipients of these minutes will contact AD to promote themselves to vacant executive positions
5. The hon sec membership will contact all agreed founder members.
6. The hon sec programme committee must meet ASAP to determine a) content for session in Oxford and b) content for national meeting Bristol
7. The interim hon sec R&D who is KG will commence consultation with Charles Knowles and Ian Lindsey on the preferred database for the Society.