

## Southern Pelvic Floor Society Meeting

Thursday January 24<sup>th</sup> 2013

Thistle Hotel Bristol

Attendees (bold denotes Executive member)

**Karen Nugent**  
Sophie Pilkington  
Trish Boorman  
**Andrew Clarke**  
Jan Hicks

Jon Randall  
**Mike Lamparelli**  
**Mark Mercer-Jones**  
**Anthony Dixon**  
**Tom Dudding**

Mike Williamson  
Ed Courtney  
Kathryn McCarthy  
Louise Hunt  
Chris Oppong

Apologies

Kathryn Gill  
Ian Lindsey

Mark Chapman  
Steve Brown

Tony Higginson  
Pradeep Basnyat

1) **Minutes** of TPFS annual meeting 2012 were read and approved with no amendments - **MMJ**

2) **Finance**

a) A summary of finances from TPFS annual meeting 2012 was presented

Expenditure was £23,295 and profit £2,730

This profit sits in a stand-alone account with KN at University of Southampton - **KN**

This money is used to help fund the organization of this year's annual meeting - **KN**

Do we need our own account (charitable) or sit within the umbrella of ACP? (with a separate PFS account) - **AD**

Mike Clarke informed the group of a discussion he had with Mike Parker (ex-treasurer ACP). Mike Parker said it would be a mistake to fragment from ACP and gave the example of bariatric surgeons and AUGIS. Our business proposal would be for TPFS to be a division of ACP. TPFS would ask for 10K for towards annual meeting (recurring) if necessary?. TPFS would invite president/treasurer/sec of ACP to our annual meeting.

It would be reasonable to be self-supportive within 3-5 years.

TPFS proposal would swell numbers at ACP. Affiliate members of TPFS would pay £50 pa.

Andrew Clarke went on to discuss the responses he had from various companies regarding sponsoring TPFS annual meeting. - **AC**

Favorable replies from:

Ardmore Healthcare  
BK Medical  
Cook  
Medtronic  
Oceana Therapeutics  
Shire  
THD UK

No reply from:  
AMS  
CJ Medical  
Covidien – **MMJ to contact them**  
Uroplasty

Should we have levels of sponsorship, platinum/gold etc? – **AC**  
What do these companies get for that? They can sit next to PFS members at dinner etc – **AD**

**KN discussed this issue with Peter Dawson, treasurer at ACPGBI. He felt it would be reasonable to set up a separate fund at the ACP for the pelvic floor society. He also says that it is possible to reclaim the VAT from the meetings expenses**

b) Discussion then turned to the issue of national PF fellows and sponsorship.

Ethicon want to support three PF fellows in the UK. No other sponsors to be involved. *Do we agree with this?* Curriculum to be determined by college. –

**KN We could set up the curriculum and go out to other companies to support additional fellows in their name**

As a society we could have more fellows – **AC**

TPFS would review CV's of all potential fellows and review applications of interested units – **KN**

Anticorruption – it should all go into a pot from multiple sponsors and run by us and not one industry sponsor– **AD**

There is a problem with fellowships regarding sponsorship and ties in using their equipment - **OJ**

More control if TPFS control this - **AC**

Trainees like to say “I am the Ethicon fellow, Covidien fellow – etc – **ML**

PF fellows should be roving and not confined to one trust for their placement as in Minneapolis - **MMJ**

c) There had been no response from ACP treasurer regarding TPFS and finance – **AC**

But they have talked about a separate fund for TPFS and they will underwrite to a certain amount as they have with M62 course – **KN**

We hope that TPFS will be profit making eventually but we need help at the start – **AD**

### 3) Membership –

#### a) Membership requirements

It was confirmed that the requirements for membership would be:

- Ability to demonstrate excellence in the delivery of pelvic floor sub-specialty
- Actively engaged in the study or management of patients with pelvic floor problems
- Membership of ACPGBI

- It was recognized that some members may be affiliated to societies other than the ACPGBI (i.e. BSG, BSUG, UKCS). Initially, the requirement will be for all tPFS members to be fully paid-up members of ACPGBI. In time the PFS will approach other societies and attempt to commence reciprocal membership arrangements. This will encourage those who want to be members of tPFS to also be members of their parent society, which will increase the subscription rate of the latter.

b) Membership Application

Application for members of the tPFS will initially be in the form of an up-to-date Curriculum vitae and completion of application form that will include a brief summary of an applicant's clinical practice and research interests. A cross-check with the ACPGBI membership database will ensure that all members are subscribed to the ACPGBI for this year (2013). All applications will be vetted by the membership committee who will provide a list of suitable candidates to be vetted at a meeting of the executive committee (TBA).

After the initial members to the Pelvic Floor Society have been appointed, applications to join the Pelvic Floor society will require nomination by two existing members, who will propose membership at the next AGM after vetting of the application by the membership committee.

c) Membership Categories

It was decided that the membership categories should mirror that of the ACPGBI. All members will qualify for discounted rates to attend national meetings and training days organized by the tPFS. At present there is no plan to introduce a subscription charge for PFS membership. However, subscription would obviously be required for ACPGBI

*Ordinary membership* applies to medical practitioners on the specialist registrar, associate specialists in any discipline related to pelvic floor disorders, non-medically qualified scientists holding a permanent appointment in the UK or Ireland and doctors in long-term locum consultant posts in the UK or Ireland (> 1 year), all of whom have a demonstrable interest in the diagnosis and management of pelvic floor disorders. Ordinary members will have full voting rights and will be required to attend two out of every four national meetings.

*Affiliate membership* applies to specialist nurses, behavioral therapists, physiotherapists, clinical scientists, staff grades and other technicians working in the field of pelvic floor disorders. It was decided that they should also have full voting rights and will be required to attend two out of every four national meetings.

*Associate membership* applies to medical practitioners in training appointments who have a special interest in pelvic floor disorders. They will have no voting rights and have no requirement to attend regular meetings.

*Honorary membership* will be granted to individuals that have demonstrated an outstanding contribution in the advancement of the diagnosis and management of pelvic floor disorders. They will be able to attend all scientific meetings but have no voting rights or influence in business meetings. Membership to the ACPGBI will not be mandatory.

*Senior membership* applies to those aged over the age of 60 that no longer wish to be ordinary members. Senior members will have no requirement to attend regular meetings but will give up their voting rights in doing so. They will however be able to propose new members to the society.

*Overseas membership* applies to duly registered medical practitioners residing and practicing outside the UK and Ireland, who have a demonstrable interest in pelvic floor disorders. Overseas members will have no requirement to attend regular meetings and will have no voting rights although they will be able to propose new members to the society.

d) Membership Progress

The first invitations to apply to tPFS will be sent out on the week commencing the 4th February. Initial members will be identified from the Southern Pelvic Floor database that at present has around 500 contacts.

e) Membership committee

An interim membership committee will be formed with four members made up from different regional representatives preferably from different sub-specialty backgrounds including one affiliated health care professional.

f) Relationships with other societies

Relationships need to be forged with the BSG, BAUS, BSUG, UKCS, ACA, ESCP, Dukes Club, RSM coloproctology section and the Royal Colleges of Surgery, Physicians, Obs and Gynae and Radiology to help promote the Pelvic Floor society and recruit members. In the future, reciprocal arrangement with the different professional bodies may enable funding of the pelvic floor societies from a source other than the ACPGBI. In the future, membership of the ACPGBI may not be a mandatory requirement for membership of tPFS as long as an applicant is a member of their affiliated society - **TD**

g) Nomination of executive members

TPFS Officers shall be the Chair, Chair-elect, Hon Secretary, Treasurer, Hon Membership secretary, Hon Secretary of the Training committee, Hon Secretary of the Quality Assurance and clinical governance committee, Hon Secretary of the research and development committee, and Hon Secretary-of the Programme committees. These officers shall constitute an Executive Committee -**MMJ**

These officers will be responsible for voting in the Chair (interim Chair is AD) -**KN**

The interim officers could hold their positions until October meeting until PFS members have been identified and nominations will be forwarded and

balloted 90 days before this meeting by Hon Sec – **MMJ**

#### 4) Training

a) Feedback on Bristol SpR training day

This was well attended (16 SpR's including urogynaecology). The Yeovil academy facilitated the event. It was ran as an MDT session with focus on taking a history and CBD. Subjects included LVMR, SNS, STARR, biofeedback. Good feedback. We may tweak this format for dissemination to Chapters or for inclusion in our annual meeting in October- **ML**

b) Proposal for training at Oxford Masterclass meeting

It was proposed that we run this format in Oxford i.e.MDM with 2-3 cases. Should be pitched at a level where they know nothing. Use 2/3 faculty members from the masterclass the following day and include a urogynaecologist. This session should be used as an intro to the Masterclass – **ML**

Info should be disseminated via Dukes Club. Cost will be £30-40 for morning only.

TPFS will be included on flyer. We should also “badge” other meetings to stop overlap, and, support only meetings that work. e.g. RCS PF course, RSM course etc.- **ML**

There will also be a parallel nursing session in Oxford- **OJ**

c) RCS pelvic floor/cadaver course

16 candidates at a cost of 1K each. Run by Dermot Burke. Good curriculum that tPFS should review and endorse - **KN**

#### 5) Research and development

Kath Gill sent her apologies but spoke with AD and MMJ

a) National PF database

Dendrite is almost ready and will be used in a potential 9 center trial – programme grant for applied research (PGfAR) into a constipation assessment and treatment pathway. This is being lead by Charlie Knowles and Anton Emmanuel. Kath reports that TPFS will probably roll this database out at the ACPGBI annual meeting.- **MMJ**

It is imperative that all required fields are on this esp for LVMR- mesh, sutures, - **AD**

We should collect all data on all systems Oxford/Bristol/Dendrite and see which is best – **AD**

Tony has been in conversation with Cook regarding funding a central office to collect data regarding LVMR and other key operations (LVMR/STARR/SNS/PTNS/haemorrhoidectomies/anal bulking/fistula in ano). TPFS would control this. This could be discussed with other companies. AD/KG/MMJ will be meeting with Lifecell next week. - **AD**

Mike L discussed the gynae surgery database VUE trial- there is a need for all gynae surgeons to put all mesh sacrocolpopexies on this. We should follow this lead – **ML**

b) Trials

Fenix – magnetic sphincter vs SNS – awaiting HTA reply to David Jayne - **All**  
Hubble (HALO/RAR/vs banding)- Difficult to sell to patients - **KN**  
PTNS – Confident has recruited 100 patients – **KN**  
LVMR vs RAI – multicenter trial proposal rejected by HTA for a number of reasons but essentially that RAI wasn't a reasonable alternative to surgery - **MMJ**

c) Website

There is an urgent need to develop tPFS website within the framework of ACP website. Navigation to PFS from front page is rubbish. We need to have an obvious link to us. We need our database to be linked to our website – **TD/KN**

6) Relationship with ACP council

TPFS chair will have a place on ACP council and access to ACP exec when needed – **KN**

There are projects arriving at ACP which can be allocated to tPFS, this is what should have happened with the consultation document on SNS - **KN**

7) Meetings

a) Oxford – see previous

b) ACP Liverpool 1 hr 15 mins

Structured rehearsed MDM – 3 cases, **AC/TD/OJ** to be chaired by **ML**  
Global consensus statement on LVMR- **MMJ (will discuss with Cook in oxford)**

? Announcement of chosen database – needs more time than we have?- **KN**  
**or Charlie Knowles**

c) Annual PFS Oxford

The group reviewed AD proposal (see attachment)

Key decision is 1 or 2 days – **All**

Too much, too fragmented –**AC**

Enough there for 4 meetings!- **ML**

Need more gastro involvement – **MMJ**

If BSUG involved then need 2 days -**AD**

**All exec members are to e-mail Oliver Jones regarding thoughts ASAP**

8) AOB

Quality assurance and audit

e.g. LVMR and mesh erosion which will be a key operation to be captured by all surgeons performing this operation via our database. Any surgeon not entering data would not receive support from tPFS. - **AD**

Median time for erosion is 5 yrs- it is 1% for ERP and much higher for IRP esp if post-menopausal and hysterectomy. Mostly parietex mesh is the culprit. Flies against surgeons using biologics in younger patients.- **AD**

AD gave the group a document addressed to ACP/tPFS members suggesting that tPFS will develop a network of tertiary referral centres to see patients post-LVMR with mesh related problems or sub-optimal results. This was a call for expressions of interest for regional level management and for supra-regional centres for very difficult cases.-**AD to forward this doc to MMJ for dissemination to Exec**

Date/venue of next Southern PFS meeting – Southampton April 24<sup>th</sup>  
Sponsors THD? – have been contacted awaiting confirmation. Anyone who wants to stay to come to theatre at Southampton hospital for access to THD cases the following day

Mark Mercer-Jones

Hon sec TPFS