

Dear Colleague

I am writing this latest newsletter to inform the membership of important developments following our recent away day and to enable you time to consider any issues prior to the next Annual General Meeting (AGM) in November. I do hope that many of you will be able to attend the Annual Scientific Meeting (ASM) as it is great opportunity to meet up with colleagues and catch up with the latest developments in urogynaecology. I am pleased to report that we are a strong society with 404 full members and 90 associate members.

AGM

The AGM will vote on three aspects of the constitution. These will not be discussed as the issues were explored at the last AGM and have received significant feedback from the membership following my previous newsletters. The following motions will be voted without discussion:

1. To reduce chair of BSUG to two years (currently three years) and for the vice-chair to become chair elect. This would remove the positions of shadow vice chair and shadow chair.
2. If this is passed then there will be a vote as to whether the current vice-chair should become chair elect.

If this is voted against then there will be an election for the next chair and for a vice-chair, chair elect.
3. That the post of President should cease upon the retirement of Professor Stanton from this post. Time scales are to be determined by him.

We have problems with electing officers due to the restriction on who is eligible to stand. The officers are the chair, vice-chair, treasurer and secretary. Any society needs turnover of officers if they are to remain vibrant and challenge current thinking. At the AGM we would wish a discussion and a vote on a change in the constitution as to whom is able to stand as an officer. We would like the membership to consider that any chair of a committee who has been in place for 1 year or a vice-chair of at least two years standing should be eligible. In line with this each committee is going to appoint a vice-chair. The vice-chairs will be invited to attend the away days.

There are to be two away days each year and either the chair or vice-chair are to be present to ensure effective feedback.

Elections

Phil Toozs-Hobson has done a fantastic job as treasurer and also as chair of the database committee. He is to stand down in one year as treasurer and we need eligible members to consider standing for this position.

The database committee is to become a stand-alone committee again in line with the other portfolios. Phil will chair for one year and then there will be new elections for this position.

Specialist commissioning

This is to be resurrected by NHS England and is to be chaired by Professor Sarah Creighton. It is to be a slimmed down version with only a few members. As Chair of BSUG I have been asked to represent urogynaecology. The remit will be to determine those areas that are truly less common. It is envisaged that proposals will enable a fluidity of patients between secondary and tertiary care with only specific aspects being commissioned outside the normal process. I will keep you updated with progress of the group.

Mesh Centres

This concern continues amongst our patients especially in relation to where help can be sought. Through an initiative of the RCOG together with BSUG and BAUS a list of centres happy to see patients are being developed. The criteria are for centres that comply with the following:

Tertiary referrals
Named gynaecologist
Named urologist
Named colorectal surgeon
Named pain specialist

All the above must agree to enter data onto either the BSUG or BAUS database and report all cases involving a mesh complication to the MHRA. The team must agree that a minimum of a urologist and gynaecologist will discuss all cases at an MDT prior to treatment. The Medical Director of the trust must have confirmed that the above are in place. Please note that this refers to significant mesh removal. Please however be aware that all units treating women with mesh complications should report them to MHRA.

Moving forward, the education committee is developing the training aspects of mesh removal for the sub-specialty training program. Thus, with time, not only will correct groups working together be identified but in addition there will be standards of training.

Should you wish to be considered as a centre (and not currently approached) seeing these patients, and feel able to comply, together with your colleagues, please write to the BSUG secretariat and we will send the relevant letter and application form and then pass on your request to the RCOG for consideration. Please note that this refers to significant mesh removal.

The units will be published on the BSUG and BAUS website but in time it will become part of specialist commissioning.

Accredited units

We are pleased that many more units are applying. There is now a full committee but those units who have been through the process may be asked to help with accreditation visits. We are grateful for those members who have so far helped the process. The criteria regards follow up data have now changed and all units should be working towards the new standards of 50% follow up. The database committee will explore innovations that may help with patient follow up data compliance.

The criteria document is being re-scrutinised by the committee to ensure that any anomalies are ironed out. It currently states that all members of the unit are required to carry out 3 urogynaecology sessions per week. This is the BSUG definition of a urogynaecologist and we wish to encourage gynaecologists with a special interest to be part of accredited units. The committee will update its document and feedback to the members.

Spending of resources

BSUG has considerable funds. The treasurer will discuss in a paper for the AGM different options for utilization of this money. These can then be discussed at the AGM. We will ask the membership for written comments and then the trustees board at the next away day will determine spending plans. One option is for a research fellow with ICHOM (International Consortium for Health Outcomes Measurement) to enable the data on the database to be used to help future patient choice. It is important that the vast data collected, results in an appropriate output.

Other options include trainee grants to attend hospitals to observe new techniques. This and other options will be presented by the treasurer for the membership to consider.

Training

The committee is working on a revamp of the current ATSM. In addition, an ATSM in laparoscopic urogynaecology is being explored by the RCOG which would be able to be undertaken by those trainees who have completed the ATSM in urogynaecology. These are exciting developments, as it will enable special interest urogynaecology to be fit for modern practice and future patient requirements.

Annual research meeting

This is to remind members that this section of the ASM is free. We would encourage members and their trainees to attend the presentations. This year we will have posters for those papers that are not accepted for oral presentation. Future developments will be in the research committee report.

Affiliation to other societies

Currently members have an option for membership of IUGA at preferential rates. We have been approached by EUGA (European Urogynaecology Association) to consider affiliation. Despite Brexit we think this is something that the society should explore. We will feedback later when we have more information.

IUGA 2020

The BSUG bid led by Phil Tooze-Hobson and Dudley Robinson, for Birmingham in 2020, is through to the next phase, we hope that BSUG members will support this application when voting occurs. It would be great to bring the meeting to Birmingham.

These are some of the highlights and these and other activities will be reported in the papers circulated prior to the AGM. I do hope that you have all had a great summer and I look forward to catching up with you in November.

Alfred
Chair BSUG