



Fistula Committee Meeting
Sunday 14th October 2012,
Venue: China National Convention Centre (CNCC), Beijing
Room: 405, Time: 12.00-14.00

Attending: Sherif Mourad, Suzy El Neil, Sophie Fletcher, Jacky Cahill, Ahmed Saafan, Hassan Shaker; Lan Zhu

Apologies: Stavros Charalampous, Ervin Kocjancic, Limin Liao, Daa Rizk, Gilles Karsenty, Chris Payne

In Attendance: Jacques Corcos , Dan Snowdon, Tracy Griffin

Sherif Mourad opened the meeting and invited Katherine Moore to brief the group on the forthcoming ICS strategic planning process.

Strategic Planning Process

1. KM confirmed that the ICS currently has no long term plan and that following tender a company called Compass Partnership have been employed to develop a short term and 5 year plan. Questionnaires will be sent to all members for their input and a meeting has been scheduled for January 11th. Committee chairs will be asked for their feedback prior to this meeting.

Approval of London Committee Meeting Minutes

2. SEN asked who attended the meeting. SM confirmed who attended the meeting and why. SM also confirmed that the Fistula Committee hold an annual meeting each year, together with a mid-meeting scheduled for a subcommittee group where issues can be resolved. The minutes were approved by the committee.

Approval of Glasgow Committee Meeting Minutes

3. SM asked the group if they had all received the minutes from this meeting. The minutes for this meeting were then approved.

Awareness Mission Update

4. SF was called by the Publications and Communications Committee as it was thought that the Fistula Mission statement was too broad. SM confirmed that the committee should liaise with the CPC in order to obtain awareness materials, especially for patients. J Cahill agreed to follow up with the CPC. J Cahill also stated that it would be beneficial to advertise via the website. SEN queried as to what type of information would be included. SM confirmed that it would include prevention of fistula in languages such as English and French. HS suggested that it should be in local languages. J Cahill then suggested that it would be more beneficial to produce

a cartoon type of leaflet with fewer words, something simple. J Cahill agreed to follow up with Jane and Vasan this week to find out more about a leaflet. SEN suggested joining forces with other companies to produce leaflets. SM confirmed that this would be a good idea as the ICS logo could be added to the leaflet. A discussion then took place with regards to complication of repair, but SM confirmed that we need to target the patient in the prevention rather than post repairs.

Actions: *J Cahill to contact CPC (Jane & Vasan) regarding a patient focused leaflet. Suzy to contact Daniel Bloomer regarding existing fistula literature.*

Fistula Video/Website and Leaflet

5. SM noted that the fistula video was on the ICS website but still needs editing. SM confirmed that the fistula leaflet had now been printed and was available.

Actions: *Sherif to arrange for the fistula video to be finalised and then more widely distributed through the ICS website.*

Committee Members Terms of Reference & Office

6. SM confirmed that there is now only 1 Fistula Committee with 10 official members and provided details of how the committee members had changed. SM also confirmed that Limin Liao would be replaced by Lan Zhu on the committee. DS confirmed that this should not be a problem, but would need to be mentioned as an exception at the trustees meeting on Tuesday.

Actions: *Sherif to brief trustees reference Limin Liao's replacement.*

Post Script: SM confirmed that Lan Zhu came back to say that she will not be able to give time to the committee, so the position of Limin will be replaced by a new member next year after receiving the applications.

7. J Corcos stated that the Fistula Committee is very technical and wasn't sure the committee had large enough experience/knowledge of fistula. SM confirmed that experience was needed from different areas.

Activities in subcommittee zones

8. SM summarised the work carried out by the subcommittee members. The topic of funding was raised and SEN informed the group of a foundation based in California who will be able to provide funding. J Cahill agreed to contact SEN to look at grant form and work together on its completion. SM would like the subcommittees to be more active.

Actions: *JCahill to contact SEN reference grant form application.*

Fistula Workshops

9. HS stated that there was a need for local/international companies to assist with funding for materials. SEN suggested Johnson and Johnson who provide fistula kits including sutures. SEN agreed to provide HS with contact details. SM confirmed that it wasn't money that was required it was materials. SM stated that there was a need to go back to communication to increase awareness of courses/training available. SF agreed and stated that there was a need for someone who has attended a course to put together a budget to assist J Cahill. J Cahill confirmed there was a need to focus on getting physicians to train to build their reputation as trainers. AS agreed to help put budget together for SF/J Cahill.
10. J Corcos suggested the committee have a more focused strategy and that leveraging funding was not really in its remit. The key aim should be to train physicians to repair fistula. SM responded by stating that funding was required for training.
11. SM confirmed that there were 2 fistula meetings per year and the ICS needed to attend. There was then a general discussion regarding the role of the follow up subcommittee. It was felt that a reporting process should be put into place in order for things to be followed up. J Cahill stated that there was a lack of cohesion in the committee, and it would be helpful to have at least 2 meetings to improve this. SM suggested teleconferencing or more use of the forum. SEN suggested perhaps a 3 monthly conference call which would keep everyone focused. This was agreed by all as a good option.

Actions: *SEN to provide contacts reference fistula kits to HS. AS to assist with budget request.*

Actions: *Committee to aim for 3 monthly teleconference calls*

Activities in subcommittee zones

12. SM provided the group with an update. SEN agreed to work with Gilles Karsenty regarding questionnaires as she has a list of names of surgeons and hospitals in West Africa. SM then rang through the training courses completed with providing good feedback from delegates.

Actions: *SEN to contact Gilles regarding contact details for West African surgeons.*

ICS Fistula Centre in Uganda

13. SM provided a positive update regarding the Fistula Centre in Uganda.

Physiotherapist and Nurses affiliation

14. SM confirmed that discussions between the nursing and fistula committees have taken place and it has been agreed to include 1 affiliate nurse. After discussion it was agreed that the procedure for this will need to be discussed at the trustee's meeting later in the week.

Actions: *SM to include nurse affiliation within presentation to the trustees.*

15. A discussion took place regarding physiotherapist affiliation, but it was agreed by all that at this early stage it should be kept to just 1 nurse with inclusion of a physiotherapist at the 2nd stage.

Budget plan for 2013

16. SM confirmed that there are currently training courses planned for Rwanda and Tanzania in May and December 2013. There are also plans for 2 committee meetings, 2 further training courses, books, training materials and representation at the ISOFS meeting. SM also stated that his goal would be to sponsor an International Fistula Symposium in 2013. The aim of which would be to co-ordinate efforts in this field and promoting co-operation. A discussion then took place as to the location and timing. It was then decided to contact the Educational Committee to have a guest lecture of fistula surgery during the next SIU in 2013.

SM thanked the committee for their positive contribution and the meeting was adjourned.