

Pelvic Floor Reconstructive Medicine and Urogynaecological Procedures Credentialing Committee

Introduction

The use of surgical mesh, especially in urogynaecological procedures, has been a matter of local and international concern for some years. In response to this, the Ministry of Health is leading a surgical mesh work programme which aims to minimise the risk to patients and support those already harmed by mesh.

In December 2019 the Ministry released an report prepared by the Diana Unwin Chair of Restorative Justice at Victoria University, *Hearing and Responding to the Stories of Survivors of Surgical Mesh*. The report summarised the themes that emerged from a restorative process to hear from New Zealand men and women affected by surgical mesh.

One key theme included the need for enhanced quality assurance processes to ensure appropriate skills and training of clinicians and services undertaking Pelvic Floor reconstructive surgery and urogynaecological procedures, including the implantation and removal of surgical mesh. In response the credentialing of surgeons was identified as a key workstream required to respond to the needs to address surgical mesh harm.

While credentialing at procedure-level is not commonplace, the severity of the harm for those impacted by surgical mesh highlighted by the report supports taking this approach.

Purpose of the Committee

The Committee has been convened by the Ministry of Health to advise on the principles and processes to ensure the competence of surgeons and services undertaking pelvic floor and urogynaecological procedures, particularly those involving the use of surgical mesh.

In doing so the Committee will have a people-centred approach and be guided by the Treaty of Waitangi, with a focus on delivering equitable health outcomes.

Credentialing for other mesh procedures, including hernia, is out of scope for this committee and will be considered separately by the Ministry of Health.

Key functions and tasks

The Committee will have three tasks:

- 1) develop a national female pelvic floor credentialing framework informed by existing models such as the one developed by Waitemata DHB.
- 2) to advise and, where appropriate, provide leverage on the implementation and ongoing monitoring of the framework.
- 3) advise and support the establishment of an interim credentialing process to review practitioners and services against credentialing guidance developed by the Australian Commission on Safety and Quality in Health Care (following on from the self-review requested by the Ministry of Health in September 2018).

Membership

Members have been nominated by stakeholder organisations and groups. Collectively the membership will have the following expertise and attributes:

- Clinical expertise in the disciplines of Gynaecology, Urology and Continence
- Knowledge of the Credentialing process for senior medical officers within DHBs and Private Surgical Hospitals
- Consumer perspective
- Knowledge of and expertise in the obligations of the Crown under the Treaty of Waitangi and improving equity in access to services and outcomes.

Members include:

Royal Australian and New Zealand College of Obstetricians and Gynaecologists:

John Short, Gynaecologist, Canterbury District Health Board

Michael Stitely, Gynaecologist, Otago University

Royal Australasian College of Surgeons/Urological Society of Australia and New Zealand:

Stephen Mark, Urologist, Canterbury District Health Board

Eva Fong, Urologist, Waitemata District Health Board

Continence New Zealand:

Helen Peek, RN, Southern District Health Board Clinical Nurse Specialist, Continence

New Zealand Private Surgical Hospitals Association:

Maree Cassidy, RN, GM Operations Mercy Ascot Hospital, Auckland

Consumer representative:

Chris Walsh, Director of Consumer Engagement (Partners in Care), Health Quality & Safety Commission

District Health Board Chief Medical Officers:

Martin Thomas, Lakes DHB, Chair of the Committee

Ministry of Health:

Margareth Broodkoorn, Chief Nursing Officer

Andrew Simpson, Chief Medical Officer

Clare Possenniskie, Manager, Office of the Chief Clinical Officers (ex-officio)

Helen Pocknall, Contractor, Surgical Mesh Work Programme (ex-officio)

Meetings

This is intended to be a fixed-time Committee that will meet as often as required to progress and achieve the tasks listed above. The Committee will agree how often it needs to meet to do this. Meetings will be face to face in Wellington or via Zoom or teleconference.

Managing interest

Members must perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to a conflict of interest.

From time to time, a Committee member may find themselves in a position where they may have competing duties, responsibilities or interests to their membership of this group. In this situation members should document their conflicts of interests and identify any conflict of interest prior to a discussion of a particular issue. The Committee can ask a member to withdraw or limit participation in the event that the member has a conflict of interest.

Reporting

The Committee will provide advice and recommendations to the Ministry of Health.

The Committee will also agree on key messages from the meeting which will be provided to the Ministry of Health.

Confidentiality

Members can liaise and progress reports and papers with their constituencies, unless advised by the Chair or the Ministry of Health. A rationale will be provided if any information is kept confidential.

Relationship between the Ministry and the Interim Committee

Secretariat

The Ministry of Health will provide the secretariat and administrative support for the Committee.

This will include the preparation of reports to, and on behalf of, the Committee.

Payment and expenses

It is not normal for the Ministry to pay representatives from the publicly funded sector for meeting attendance. Consumers will be reimbursed. The Ministry may remunerate other parties by mutual agreement.

Expenses such as travel and accommodation will be booked directly by the Ministry of Health through the secretariat. The Ministry will not reimburse travel and accommodation costs incurred directly by Interim Committee members.

Media protocols

The Committee Chair and members are not agents of the Ministry of Health and cannot speak on behalf of the Committee. This doesn't restrict members from making statements relating to their own expertise in an individual capacity.

If a member receives a media request or enquiry about the Committee's work, they should decline to comment and refer the issue immediately to the Chief Medical Officer who will inform the Chair and manage the request according to agreed Ministry protocols.

Endorsed by the Committee

20 February 2020