The Association of Coloproctology of Great Britain and Ireland

Royal College of Surgeons of England
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TERMS OF REFERENCE FOR THE INTESTINAL FAILURE SUBCOMMITTEE OF MCC

Background

Intestinal failure represents a significant burden of disease and is an important cause of long-term morbidity and mortality in the general, emergency and colorectal surgical communities. High-quality surgical efforts in both the prevention and management of intestinal failure are therefore of the utmost importance. Elective colorectal and emergency operations may be associated with a relatively bowel injury and surgical site infections (SSI) and can also be complicated by fistulas especially if reoperation is deemed necessary. Intestinal failure may follow occlusive vascular events or be associated with luminal bowel diseases such as Crohn's or malignancy or with mechanical or non-mechanical bowel obstructions. All colorectal surgeons will face disease related or iatrogenic intestinal failure patients as part of their practice; all should be able to deal with such patients acutely but patients with established intestinal failure should to be referred on to a designated surgical centre.

Purpose & Objectives

The purpose of the Intestinal Failure subcommittee is to represent and support ACPGBI members in matters relating to intestinal failure during or after elective and emergency colorectal or other abdominal surgery. This subcommittee will dedicate itself to education and best practice in matters relating to intestinal failure in the broadest sense. This will include supporting best clinical practice as well as education, training, clinical audit and research. This will include but is not limited to bowel damage and SSI prevention, optimal treatment of complications and limitation of abdominal wall deficits. It is envisaged that the subcommittee will form collaborative links with existing intestinal failure societies as appropriate to support best practice.

Membership & Structure

There will be 6 elected members including the Chair. The Chair shall be elected by the members of the subcommittee. for a period of 3 years, unless exceptional circumstances dictate otherwise. In addition there will be:

A patient representative from PINNT.

A trainee representative appointed by the Dukes' Club.

Other co-opted members will be recruited as required, to include a specialist nurse, dietician and pharmacist.

The subcommittee will sit within the Multidisciplinary Committee. In this regard it mirrors all other clinical subcommittees including IBD, peritoneal malignancy, colonoscopy, abdominal wall, advanced malignancy and proctology subgroups that similarly report through MCC. The chair will report to Council and Executive via the Chair of the Multidisciplinary committee (MCC), though may on occasions be asked to present directly. They will work closely with the Education & Training committee as well as the elected members of MCC.

Interactions

• Multidisciplinary Clinical Committee (MCC). The subgroup reports to ACPGBI Council and Executive through the MCC Chair.

• Nursing and Allied Health Professionals (NAHP) Group

• Royal College of Surgeons Getting It Right First Time (GIRFT) initiative

• Association of Surgeons of GB&I

• BIFA / BAPEN

• ESPEN

• Charities and patient support groups

• Commissioning bodies

Accountability

The Chair of the subcommittee will report to the Chair of the MCC.

Meetings

Meetings will be held three times each year. At least one face-to-face meeting will take place at the annual meeting of ACPGBI. Other meetings will be held by teleconference. The agenda will be coordinated by the Chair, who will be responsible for minutes that will subsequently be submitted to the Chair of MCC and ACPGBI Council.

Reimbursement of expenses

The ACPGBI will reimburse reasonable day travel expenses and second class rail fares. Overnight accommodation and subsistence will be covered if required.

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