

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional Procedures Programme

Specialist Adviser questionnaire

Before completing this questionnaire, please read [Conflicts of Interest for Specialist Advisers](#). Certain conflicts exclude you from offering advice, however, please return the questionnaire to us incomplete for our records.

Please respond in the boxes provided.

Please complete and return to: Deonee.Stanislaus@nice.org.uk

Procedure Name: Laparoscopic mesh pectopexy for apical prolapse of the uterus or vagina

Name of Specialist Advisor: Tom Aust

Specialist Society: British Society of Urogynaecology (BSUG)

1. Do you have adequate knowledge of this procedure to provide advice?

Yes.

1.1. Does the title used above describe the procedure adequately?

Yes.

Comments:

2. Your involvement in the procedure

2.1. Is this procedure relevant to your specialty?

Yes.

Is there any kind of inter-specialty controversy over the procedure?

No.

Comments:

This procedure could be performed by anyone with an interest in the female pelvic floor and with the requisite laparoscopic skills. This could also include some urologists and some colorectal surgeons with an interest in rectocele as this can occur concurrently with apical prolapse.

The next 2 questions are about whether you carry out the procedure, or refer patients for it. If you are in a specialty that normally carries out the procedure please answer question 2.2.1. If you are in a specialty that normally selects or refers patients for the procedure, please answer question 2.2.2.

2.2.1 If you are in a specialty that does this procedure, please indicate your experience with it:

I have never done this procedure.

Comments:

I perform laparoscopic sacrocolpopexy and sacrohysteropexy for apical prolapse. This procedure is suggested as an alternative.

2.2.2 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

I have never taken part in the selection or referral of a patient for this procedure.

I have taken part in patient selection or referred a patient for this procedure at least once.

I take part in patient selection or refer patients for this procedure regularly.

Comments:

2.3. Please indicate your research experience relating to this procedure (please choose one or more if relevant):

I have had no involvement in research on this procedure.

Other (please comment)

Comments:

3. Status of the procedure

3.1. Which of the following best describes the procedure (choose one):

Definitely novel and of uncertain safety and efficacy.

Comments:

3.2. What would be the comparator (standard practice) to this procedure?

laparoscopic sacrocolpopexy and sacrohysteropexy.

3.3. Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

Fewer than 10% of specialists engaged in this area of work.

Comments:

Probably fewer than 1%

4. Safety and efficacy

4.1. What is the potential harm of the procedure?

Please list adverse events and major risks (even if uncommon) and, if possible, estimate their incidence, as follows:

1. Adverse events reported in the literature (if possible please cite literature)

De novo stress incontinence.

Anecdotal adverse events (known from experience)

NA

2. Theoretical adverse events

Damage to the abdominal organs as a result of laparoscopy (damage to bowel, blood vessels).

Damage to the large iliac vessels during dissection of the pectineal ligament. Damage to the bladder.

Mesh erosion into the vagina which could be a late complication

4.2. What are the key efficacy outcomes for this procedure?

Cure of prolapse symptoms.

The Subjective improvement of symptoms is the most important (ie reduced feelings of dragging, improvement in sexual function etc.) but the improvement in objective measurements of prolapse can also be performed in a research setting (ie POP-Q assessment)

4.3. Are there uncertainties or concerns about the *efficacy* of this procedure? If so, what are they?

It has to be compared to the gold standard of mesh sacrocolpopexy/sacrohysteropexy.

4.4. What training and facilities are needed to do this procedure safely?

Again as for the gold standard of mesh sacrocolpopexy/sacrohysteropexy this procedure should be performed by people with experience in the laparoscopic approach to the pelvic floor.

This could include those with a background in laparoscopic surgery for gynaecological conditions such as endometriosis or cancer or from urological or colorectal background.

Sufficient laparoscopic facilities and the ability to dissect and suture in the female pelvis are pre-requisites.

4.5. Are there any major trials or registries of this procedure currently in progress? If so, please list.

Not to my knowledge.

4.6. Are you aware of any abstracts that have been *recently* presented/ published on this procedure that may not be listed in a standard literature search, for example PUBMED? (This can include your own work). If yes, please list.

Please note that NICE will do a literature search: we are only asking you for any very recent or potentially obscure abstracts and papers. Please do not feel the need to supply a comprehensive reference list (but you may list any that you think are particularly important if you wish).

No

4.7. Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

I don't think that this procedure is widely known about

5 Audit Criteria

Please suggest a minimum dataset of criteria by which this procedure could be audited.

5.1 Outcome measures of benefit (including commonly used clinical outcomes, both short and long - term; and quality-of-life measures). Please suggest the most appropriate method of measurement for each:

QOL questionnaires assessing bothersome prolapse, urinary, bowel and sexual symptoms. The specific questionnaires would have to be selected by those with experience in running trials in this area.

5.2 Adverse outcomes (including potential early and late complications). Please state timescales for measurement e.g. bleeding complications up to 1 month post-procedure:

Immediate intraoperative complications;
Bowel and major vessel injury.
Haemorrhage
Infection

Late complications
Procedure failure (immediate and delayed) i.e. return of prolapse.
Mesh erosion (may occur many years after surgery so would need to be part of long-term follow up.)
Bladder and bowel dysfunction
Sexual dysfunction due to pain.

6 Trajectory of the procedure

6.1 In your opinion, how quickly do you think use of this procedure will spread?

It will take many years for this procedure to gain widespread use as initially it could only be performed by those skilled in laparoscopic dissection and suturing.

6.2 This procedure, if safe and efficacious, is likely to be carried out in (choose one):

Initially; A minority of hospitals, but at least 10 in the UK.

Comments:

However if it becomes the new gold-standard in the Long-term this could increase.

6.3 The potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources, is:

Major.

Comments:

With an ageing population the incidence of prolapse requiring treatment is likely to increase.

7 Other information

7.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

The gold standard treatments of sacrocolpopexy/sacrohysteropexy are good but require a difficult operation which is currently beyond the capabilities of many gynaecological, urological or colorectal surgeons. Mesh pectopexy may offer an alternative to if the long-term outcomes are equivalent but allow other surgeons to perform the procedure.

It may also be particularly useful for those patients for whom sacrocolpopexy/sacrohysteropexy are not possible due to inadequate access to the sacral promontory because of fat or abnormal vessels.

8 Data protection and conflicts of interest

8. Data protection, freedom of information and conflicts of interest

8.1 Data Protection

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The specialist advice questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above and in accordance with the Data Protection Act 1998.; **I agree**

8.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

Please use the “Conflicts of Interest for Specialist Advisers” policy as a guide when declaring any conflicts of interest. Specialist Advisers should seek advice if needed from the Associate Director – Interventional Procedures.

Do you or a member of your family have a **personal pecuniary** interest? The main examples are as follows:

Consultancies or directorships attracting regular or occasional payments in cash or kind **NO**

Fee-paid work – any work commissioned by the healthcare industry – **this includes income earned in the course of private practice** **YES**

Speaking at meetings sponsored by B-Braun and Gideon Richter

Shareholdings – any shareholding, or other beneficial interest, in shares of the healthcare industry **NO**

Expenses and hospitality – any expenses provided by a healthcare industry company beyond those reasonably required for accommodation, meals and travel to attend meetings and conferences **YES**

Flights and travel to visit other surgeons paid for by Kebedmed and B Braun

Investments – any funds that include investments in the healthcare industry **NO**

Do you have a **personal non-pecuniary** interest – for example have you made a public statement about the topic or do you hold an office in a professional organisation or advocacy group with a direct interest in the topic? **NO**

Do you have a **non-personal** interest? The main examples are as follows:

Fellowships endowed by the healthcare industry **NO**

Support by the healthcare industry or NICE that benefits his/her position or department, eg grants, sponsorship of posts **NO**

If you have answered YES to any of the above statements, please describe the nature of the conflict(s) below.

Comments:

Thank you very much for your help.

Dr Tom Clutton-Brock, Interventional Procedures Advisory Committee Chair

Professor Carole Longson, Director, Centre for Health Technology Evaluation.

Jan 2016

Conflicts of Interest for Specialist Advisers

1. **Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee**
 - 1.1. Any conflicts of interest set out below should be declared on the questionnaire the Specialist Adviser completes for the procedure.
 - 1.2. Specialist Advisers should seek advice if required from the Associate Director – Interventional Procedures.
2. **Personal pecuniary interests**
 - 2.1. A personal pecuniary interest involves a current personal payment to a Specialist Adviser, which may either relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as **'specific'** or to the industry or sector from which the product or service comes, in which case it is regarded as **'non-specific'**. The main examples are as follows.
 - 2.1.1. **Consultancies** – any consultancy, directorship, position in or work for the healthcare industry that attracts regular or occasional payments in cash or kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
 - 2.1.2. **Fee-paid work** – any work commissioned by the healthcare industry for which the member is paid in cash or in kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
 - 2.1.3. **Shareholdings** – any shareholding, or other beneficial interest, in shares of the healthcare industry that are either held by the individual or for which the individual has legal responsibility (for example, children, or relatives whose full Power of Attorney is held by the individual). This does not include shareholdings through unit trusts, pensions funds, or other similar arrangements where the member has no influence on financial management.
 - 2.1.4. **Expenses and hospitality** – any expenses provided by a healthcare industry company beyond that reasonably required for accommodation, meals and travel to attend meetings and conferences (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
 - 2.1.5. **Investments** – any funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
 - 2.2. No personal interest exists in the case of:
 - 2.2.1. assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
 - 2.2.2. accrued pension rights from earlier employment in the healthcare industry.
3. **Personal family interest**
 - 3.1. This relates to the personal interests of a family member and involves a **current payment** to the family member of the Specialist Adviser. The interest may relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as **'specific'**, or to the industry or

sector from which the product or service comes, in which case it is regarded as '**non-specific**'. The main examples include the following.

- 3.1.1. Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.
- 3.1.2. Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.
- 3.1.3. Any shareholdings, or other beneficial interests, in a healthcare industry which are either held by the family member or for which an individual covered by this Code has legal responsibility (for example, children, or adults whose full Power of Attorney is held by the individual).
- 3.1.4. Expenses and hospitality provided by a healthcare industry company (except where they are provided to a general class of people such as attendees at an open conference)
- 3.1.5. Funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
- 3.2. No personal family interest exists in the case of:
 - 3.2.1. assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
 - 3.2.2. accrued pension rights from earlier employment in the healthcare industry.

4. **Personal non-pecuniary interests**

These might include, but are not limited to:

- 4.1. a clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review
- 4.2. a public statement in which an individual covered by this Code has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence
- 4.3. holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration
- 4.4. other reputational risks in relation to an intervention under review.

5. **Non-personal interests**

- 5.1. A non-personal interest involves payment that benefits a department or organisation for which a Specialist Advisor is responsible, but that is not received by the Specialist Advisor personally. This may either relate to the product or service being evaluated, in which case it is regarded as '**specific**,' or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as '**non-specific**'. The main examples are as follows.
 - 5.1.1. **Fellowships** – the holding of a fellowship endowed by the healthcare industry.
 - 5.1.2. **Support by the healthcare industry or NICE** – any payment, or other support by the healthcare industry or by NICE that does not convey any pecuniary or material benefit to a member personally but that does benefit his/her position or department. For example:
 - a grant from a company for the running of a unit or department for which a Specialist Advisor is responsible

- a grant, fellowship or other payment to sponsor a post or member of staff in the unit for which a Specialist Adviser is responsible. This does not include financial assistance for students
 - the commissioning of research or other work by, or advice from, staff who work in a unit for which the specialist advisor is responsible
 - one or more contracts with, or grants from, NICE.
- 5.2. Specialist Advisers are under no obligation to seek out knowledge of work done for, or on behalf of, the healthcare industry within departments for which they are responsible if they would not normally expect to be informed.

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Interventional Procedures Programme

Specialist Adviser questionnaire

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Please respond in the boxes provided.

Please complete and return to: Deonee.Stanislaus@nice.org.uk

Procedure Name: Laparoscopic mesh pectopexy for apical prolapse of the uterus or vagina

Name of Specialist Advisor: Mr Zbigniew Tkacz

Specialist Society: British Society of Urogynaecology (BSUG)

1 Do you have adequate knowledge of this procedure to provide advice?

Yes.

1.1 Does the title used above describe the procedure adequately?

Yes.

Comments:

no

2 Your involvement in the procedure

2.1 Is this procedure relevant to your specialty?

Yes.

Comments:

no

The next 2 questions are about whether you carry out the procedure, or refer patients for it. If you are in a specialty that normally carries out the procedure please answer question 2.2.1. If you are in a specialty that normally selects or refers patients for the procedure, please answer question 2.2.2.

2.2.1 If you are in a specialty that does this procedure, please indicate your experience with it:

I do this procedure regularly.

Comments:

So far about 35 cases

2.2.2 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

I take part in patient selection or refer patients for this procedure regularly.

Comments:

I select the patients and place them on my waiting list for surgery to be performed by myself

2.3 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

Other (please comment)

Comments:

I am part of multicenter international study for Laparoscopic Pectopexy

3 Status of the procedure

3.1 Which of the following best describes the procedure (choose one):

Established practice and no longer new.

Comments:

It is a part of my standard repertoire in Urogynaecology as well as in other units in Europe

3.2 What would be the comparator (standard practice) to this procedure?

Laparoscopic sacrohystero, cervico, colpopexy

3.3 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

Fewer than 10% of specialists engaged in this area of work.

Comments:

This is only myself in my work place and probably single person in other university hospitals

4 Safety and efficacy

4.1 What is the potential harm of the procedure?

Please list adverse events and major risks (even if uncommon) and, if possible, estimate their incidence, as follows:

1. Adverse events reported in the literature (if possible please cite literature)

Injury to the bladder, erosion of the mesh (for colpopectopexy only), bleeding, infection, UTI

2. Anecdotal adverse events (known from experience)

no

3. Theoretical adverse events

Injury to the external iliac vein

Problems related to the new mesh material –DynaMesh, not known yet

4.2 What are the key efficacy outcomes for this procedure?

Success rate of around 96%

4.3 Are there uncertainties or concerns about the efficacy of this procedure? If so, what are they?

I am not aware

4.4 What training and facilities are needed to do this procedure safely?

Regular exposure for laparoscopic surgery, good suturing skills in laparoscopy, ability to perform laparoscopic sacrohysteropexy

4.5 Are there any major trials or registries of this procedure currently in progress? If so, please list.

Database by Dr Noe, Darmagen Hospital , Germany - inventor of the Laparoscopic pectopexy

4.6 Are you aware of any abstracts that have been *recently* presented/ published on this procedure that may not be listed in a standard literature search, for example PUBMED? (This can include your own work). If yes, please list.

Please note that NICE will do a literature search: we are only asking you for any very recent or potentially obscure abstracts and papers. Please do not feel the need to supply a comprehensive reference list (but you may list any that you think are particularly important if you wish).

My abstract about pectopexy in ESGE in Brussel 2016

4.7 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

Not aware

5 Audit Criteria

Please suggest a minimum dataset of criteria by which this procedure could be audited.

5.1 Outcome measures of benefit (including commonly used clinical outcomes, both short and long - term; and quality-of-life measures). Please suggest the most appropriate method of measurement for each:

Collection of data form minimum of 40 cases
Risk of short and long term complications
Success rate over the period of one year or longer
Quality of life questionnaire
Randomisation

5.2 Adverse outcomes (including potential early and late complications). Please state timescales for measurement e.g. bleeding complications up to 1 month post-procedure:

Bleeding, damage to the bladder, ureters, UTI , infection up to 30 days after surgery
Long term complications:
-dyspareunia
-recurrence rate of prolapse
-erosions of mesh
-defecation problems, tendency for constipation
-OAB symptoms
-Urinary stress incontinence

6 Trajectory of the procedure

6.1 In your opinion, how quickly do you think use of this procedure will spread?

It will be more popular once supported/recognised by NICE

6.2 This procedure, if safe and efficacious, is likely to be carried out in (choose one):

Most or all district general hospitals.

Comments:

It is easier to perform and in my opinion related to lower risk of complication in comparison with laparoscopic sacrohysteropexy having the same success rate

6.3 The potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources, is:

Minor.

Comments:

It would be an option to Laparoscopic Sacrohysteropexy

7 Other information

7.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

no

8 Data protection and conflicts of interest

8. Data protection, freedom of information and conflicts of interest

8.1 Data Protection

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The specialist advice questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

YES I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above and in accordance with the Data Protection Act 1998.

8.2 **Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee**

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

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Do you or a member of your family¹ have a **personal pecuniary** interest? The main examples are as follows:

Consultancies or directorships attracting regular or occasional payments in cash or kind **NO**

Fee-paid work – any work commissioned by the healthcare industry – **this includes income earned in the course of private practice** **NO**

Shareholdings – any shareholding, or other beneficial interest, in shares of the healthcare industry **NO**

Expenses and hospitality – any expenses provided by a healthcare industry company beyond those reasonably required for accommodation, meals and travel to attend meetings and conferences **NO**

Investments – any funds that include investments in the healthcare industry **NO**

Do you have a **personal non-pecuniary** interest – for example have you made a public statement about the topic or do you hold an office in a professional organisation or advocacy group with a direct interest in the topic? **NO**

Do you have a **non-personal** interest? The main examples are as follows:

Fellowships endowed by the healthcare industry **NO**

¹ ‘Family members’ refers to a spouse or partner living in the same residence as the member or employee, children for whom the member or employee is legally responsible, and adults for whom the member or employee is legally responsible (for example, an adult whose full power of attorney is held by the individual).

Support by the healthcare industry or NICE that benefits his/her position or department, eg grants, sponsorship of posts

NO

If you have answered YES to any of the above statements, please describe the nature of the conflict(s) below.

Comments:

Thank you very much for your help.

**Dr Tom Clutton-Brock, Interventional
Procedures Advisory Committee Chair**

**Professor Carole Longson, Director,
Centre for Health Technology
Evaluation.**

Jan 2016

Conflicts of Interest for Specialist Advisers

1 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

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2 Personal pecuniary interests

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- 2.2 No personal interest exists in the case of:
 - 2.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
 - 2.2.2 accrued pension rights from earlier employment in the healthcare industry.

3 **Personal family interest**

- 3.1 This relates to the personal interests of a family member and involves a **current payment** to the family member of the Specialist Adviser. The interest may relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as **'specific'**, or to the industry or sector from which the product or service comes, in which case it is regarded as **'non-specific'**. The main examples include the following.
- 3.1.1 Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.
- 3.1.2 Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.
- 3.1.3 Any shareholdings, or other beneficial interests, in a healthcare industry which are either held by the family member or for which an individual covered by this Code has legal responsibility (for example, children, or adults whose full Power of Attorney is held by the individual).
- 3.1.4 Expenses and hospitality provided by a healthcare industry company (except where they are provided to a general class of people such as attendees at an open conference)
- 3.1.5 Funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
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- 3.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
- 3.2.2 accrued pension rights from earlier employment in the healthcare industry.

4 **Personal non-pecuniary interests**

These might include, but are not limited to:

- 4.1 a clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review
- 4.2 a public statement in which an individual covered by this Code has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence
- 4.3 holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration
- 4.4 other reputational risks in relation to an intervention under review.

5 **Non-personal interests**

- 5.1 A non-personal interest involves payment that benefits a department or organisation for which a Specialist Advisor is responsible, but that is not received by the Specialist Advisor personally. This may either relate to the product or service being evaluated, in which case it is regarded as **'specific,'** or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as **'non-specific'**. The main examples are as follows.

5.1.1 **Fellowships** – the holding of a fellowship endowed by the healthcare industry.

5.1.2 **Support by the healthcare industry or NICE** – any payment, or other support by the healthcare industry or by NICE that does not convey any pecuniary or material benefit to a member personally but that does benefit his/her position or department. For example:

- a grant from a company for the running of a unit or department for which a Specialist Advisor is responsible
- a grant, fellowship or other payment to sponsor a post or member of staff in the unit for which a Specialist Advisor is responsible. This does not include financial assistance for students
- the commissioning of research or other work by, or advice from, staff who work in a unit for which the specialist advisor is responsible
- one or more contracts with, or grants from, NICE.

5.2 Specialist Advisers are under no obligation to seek out knowledge of work done for, or on behalf of, the healthcare industry within departments for which they are responsible if they would not normally expect to be informed.