



## ICS Urodynamics Committee meeting minutes

**Sunday 14th October 2012,**

**Venue: China National Convention Center (CNCC), Beijing**

**Room : 406**

**Time: 09.00-10.45**

**Present:** Peter Rosier (Chair), Carlos D'Ancona, Edward Stanford, Enrico Finazzi Agro, Roman Zachoval, Margaret McDougald, Jose Batista

**Known Apologies:** Mario Gomes, Tamara Dickinson, Alain Wein, Jerzy Gajewski

**In Attendance:** Avicia Burchill, Jacques Corcos, Werner Schaefer, Ajay Singla

1. A committee photograph to be taken

2. Approval of Glasgow Minutes

No comments. Minutes were approved

3. The first educational modules: Pad Testing; Cystometry; Videourodynamics and Pressure flow analysis:

PR explained that all four first drafts of the slides sets and background manuscripts are finished but are waiting for the (video-) recording of the presentations. PR asked the committee what to do about the modules. CA said that we should continue. EF felt that these modules will be good to organize courses content. PR feels that there are some friction between the committee and the education committee which are causing problems.

Werner Schaefer entered the meeting.

PR was worried that the modules are not going to be used. JC confirmed that they are to be used but they must be agreed and circulated to at least the standardization committee i.e. to be reviewed and approved by the membership. PR wished the modules to stay within the committee until the committee decides in consensus that they are ready for review outside the committee. EF felt that all the ICS members should look at it so that the committee can receive feedback. CD felt that the peer review should be the standardization committee but that they should not be changing what we are doing but to check for standardization. PR questioned whether the standardization committee could be asked e.g about 'pad testing' as we do not have an ICS standard (of terminology) on this topic. JC explained that everything that must be passed by the standardization steering committee (SSC) but what you do with the content afterwards is nothing to do with the SSC. ES we need to recognize what the steps are – take each module and go through the SSC and Education committee and membership and then get them published next year. JC stated that the committee should finish all the modules then circulate them. EF asked JC whether all the modules should be finished first but he felt that we should do this module by module. JC felt that all the modules should be finished get it approved and then finish the slide set. The slide set should then be reviewed by the SSC.

WS wanted to know what was being produced for tomorrows workshop. PR explained that it will be a workshop, how are the presentations looking, discussing the content, get internal review from the committee and include some 'external' comments from the audience. WS left the meeting

MD stated that it will be excellent that the whole committee can all see the modules and thinks it will be excellent opportunity to provide internal feedback which is so important. PR that is exactly the point.

PR summerised the discussion – the provisional content of the modules needs to be formalized – need internal consensus in the urodynamic committee and then the next step would be to ask the SSC and then put the modules out to the members.

EF felt that it should be done for each module, PR and MM agreed. ES place it on the website and publish it as

an ICS opinion. It was questioned where does the Education Committee come into this. JC responded that it should be put through the EC when they are going to be used for educational purposes.

ES stated that he had not seen all the module – PR will re-send for review. EF felt that it needed to be standardized some more and then to review once again. Then it goes to the SSC for review. PR will discuss with the SSC at today's meeting and to ask them to acknowledge our timeline.

ES asked whether there was access to journals to help review the references in the module. AB explained that the ICS had looked into getting group access to journals with JC when he was general secretary but it is not so easy as we are a small group to the journals but the cost of extraordinarily high. Plus being a multi-disciplinary society, which journals do we request access, as there would be too many to cover all disciplines. PR said that he can access the majority of relevant journals from his university and will make sure the references are attached with the module for review and make PDF files available where requested.

CA asked whether the committees names would be on the modules. PR confirmed this.

MM wondered how those when they come to use the modules how to they get access to the journals as there is the copyright issues. PR we can put in hyperlinks within the module.

JB asked what are we going to do with the modules. Is it that we can run the course without actually doing the practical. CA we could support local meetings with the ICS approval. EF this would be easy to organize with the Italian SUID to organize a workshop. A discussion was held about ICS urodynamic recognition and about the 'ICS peers-control' of the presentations given with the label 'ICS-presentation' or 'ICS-lecture'. PR we have ICS courses and lectures all over the world – who has seen them or has agreed that the content is good. How can we for the ICS find a way to guarantee that these lectures, that we have presented (will present) 'branded' as ICS, are of good educational quality. CA its very complicated as its difficult to control. JC: normally these people that are selected for the presentations are well known as they are well published.

Ajay Singla entered the meeting.

Is there a way to get the education committee to standardize educational modules. MM felt that we are putting out standards and we are fossilizing. JC said that urodynamic committee has nothing to do with the education courses. AS explained AUA look at slides for potential conflicts of interest. PR do we have a task to look at educational content. JC responded that there is not but if your modules are available people and who would review. PR its impractical to review all the content of the education courses. Who is going to use the modules? JC the slide set is going to be used for official ICS lectures. EF if someone speaks for the ICS and deviates from the module its impossible to control. PR but this can be added to the letter from the office to the speakers.

AB explained that the Urodynamics Committee are one of the few topic focused committee. JB agreed that we cannot control other courses and topics and you can only suggest the use of the modules. EF we should be in communication with the Education Committee to then suggest the use of the modules.

ES felt there is a need for ICS to state whether there is a role for urodynamics for male/female for urologists. He referenced Lewis Wall's study but we know that these women are rare. In the US they are telling them not to use urodynamics.

MM asked whether there had been any contact with Lucy Swithinbank – AB confirmed that she had retired. The committee felt that the now existing E-learning modules are somewhat hidden in the website. JC agreed that the new (Urodynamic Committee-) e-learning modules should be on the first page.

AS outlined the position with the board strategic planning process. The board want to introduce a long term strategy plan for the ICS. We have appointed a strategic planning company – called Compass. The timeline is about 6 months. We want the opinions of the committee chairs/members – there will be a survey by Katherine Moore and Sender Herschorn and once we have feedback and want those interested to become involved. There will be a January meeting with small break out sessions to make the future strategic planning for the ICS. The urodynamics committee are to be involved. JB felt it was a very good idea and we need to get some links with other general medical boards and organization specifically related to urodynamics as there are

no ties to seek agreement and to develop something valid for the Europe. AS each organization have their own strategic planning and we had our own 3 year plan. PR we are discussing our strategy and it needs to be in line with the overall ICS strategy and we need information from the board down giving our direction. JC when people think urodynamic they should think ICS. AS we are also interested in inviting people not just in the just within the committees.

4. The committee's strategy:

- a. to ensure good quality 'ICS branded' teaching material
- b. to ensure the correct use of the ICS teaching material
- c. to spread ICS teaching material
- d. to prevent single/personal expert opinion to be launched as ICS teaching
- e. to oversee the content and educational quality of ICS educational activities

PR - We need some opinions about the strategy – we concentrate on urodynamics and then move forward. Some initiatives for ideas for the future.

MM said that the philosophy and aims has trouble fitting it in. Asked for guidance to help it in and also the pad diaries. PR yes we can do that.

EF what is the evidence base – PR said that this should be the SSC but we may think about producing standards in an educational way. JB pathology centered we can also (just) present cases and this is a good thing to have on the web.

5. Terms of office

- a. Individual members' plans for the committee

All present stated that they wished to stay on the committee for their further 3 years.

Therefore it was agreed to ask for one expression of interest for continuity purposes subject to the other committee members not present.

**ACTION POINT:** PR to ask board an additional committee member for continuity to prevent all stepping down at same time in the near future.

**ACTION POINT:** AB – to ask Tamara, Jerzy, Mario and Alan, not present, whether they are standing down or not in Barcelona.

*Post Script – all of the above confirmed their wish to renew for a further three years after Barcelona*

6. Terms of Reference

- a. *Vision*, objectives, scope and deliverables (i.e. what has to be achieved)
- b. *Stakeholders*, roles and responsibilities (i.e. who will take part in it)
- c. *Resources*, financial and quality plans (i.e. how it will be achieved)
- d. *Work breakdown structure and schedule* (i.e. when it will be achieved)
- e. Success factors/risks and restraints.

The terms of reference was reviewed and not changed.

7. Discuss areas of research – discussed above

8. Budget/ plan for 2013

Some marketing for the modules / and time allocated to the ICS webmasters.

A budget for the recording of modules at the time of the ICS meetings, and maybe at the time of other –larger-meetings where ICS (office) is already represented, and teleconference(s) to discuss the modules.

9. AOB - None