



ICS Education Committee Meeting Minutes, Sunday 12th January 2014, Chicago

Present: Ervin Kocjancic (Chair, EK), Donna Bliss (DB), Elise De (ED), Alex Digesu (AD), Sherif Mourad (SM), Marijke Sliker-ten Hove (MS), Patrick Woodman (PW), Adrian Wagg (AW)

In Attendance: Nucelio Lemos (NL), Dan Snowdon (DS), Dominic Turner (DT)

1.	<p>ICS 2014 Education Programme Construction</p> <p>DS confirmed that 42 workshop slots were available over Monday and Tuesday. This permitted up to 42 half day workshops or fewer if full day workshops were chosen as each of these would take up 2 slots.</p> <p>The committee agreed to run some workshops on Wednesday and Thursday to offer diversity for meeting delegates. These workshops would mainly be aimed at allied health delegates.</p> <p>NL discussed capacity of the convention centre (Sul America) and showed a table of local committee workshops.</p> <p>The committee then analysed workshops against scores, reviewer comments, evaluations and variances. A balanced programme was a serious consideration throughout deliberations. EK encouraged reviewers to provide more detailed comments to assist the reviewing process.</p> <p>Summary comments were saved in the online database and workshop submitters were informed following the meeting.</p> <p>The committee reviewed accepted workshops and considered duplicate speakers. If replacement speakers were brought in these should be approved by the workshops subcommittee for educational quality purposes.</p>
2.	<p>Approval of Barcelona meeting minutes</p> <p>The minutes were approved.</p>
3.	<p>Meet the experts discussion</p> <p>Challenges of the 2013 sessions were raised and discussed. These included delegates not being aware that lunch was provided, so this must be made even clearer in future correspondence. The provision of lunch should also be noted on the ticket provided at</p>

	<p>the annual meeting. A final reminder should be sent to all delegates one week before the event confirming all details and again reminding them that lunch is provided and to arrive promptly.</p> <p>ACTION POINT: Office to communicate clearly and repeatedly to Meet the Experts delegates that lunch is provided.</p> <p>Following discussion and review the committee agreed on the following:</p> <ul style="list-style-type: none"> • Ideally lunch should be the same as provided in the main lunch area. Not lunch boxes. • It was agreed to continue asking for questions in advance. • Signage should be in the room to identify and promote each expert. • The registration fee would be raised to \$25 to encourage attendance • Only run the sessions on Wednesday and Thursday • 8 sessions per day and 10 per table (2 experts and 8 delegates) • The office should ask the Education Committee to suggest names and topics. The topics and names from 2013 Meet the Expert sessions should be provided for reference. The 2014 list of workshop speakers should also be provided to indicate experts that will attend ICS 2014. If required the abstract acceptance list could be viewed in May 2014. • ED asked that the LOC assist in finding experts. <p>ACTION POINT: Office to note and implement recommendations for Meet the Expert sessions</p>
4.	<p>Review committee numbers</p> <p>This item was deferred as the composition of the committee would be discussed first.</p>
5.	<p>Education courses 2014</p> <p>AW confirmed that the Board finalised the 2014 education course budget as £35,000. Any staff attendance at courses would not be taken from this figure. The Board asked that the Education Committee consider three strategic areas across a year of educational course provision:</p> <ol style="list-style-type: none"> 1. Low cost quality education 2. Promoting an international presence for the ICS 3. Generation of revenue <p>ACTION POINT: Education Committee to deliver educational courses that meet the strategic guidance given by the Board of Trustees.</p>

	<p>ACTION POINT: Workshop application form should be updated to reflect the three key areas of education courses.</p> <p>SM noted that every course cannot be fully multidisciplinary. DB pointed out that there are less add-on course options for nurses and physios so representation is important. SM suggested an alternating course policy.</p> <p>SIU: Sherif has been invited as part of the ICS session. The committee discussed possible hotel coverage if the lecture timing means Sherif has to attend SIU earlier than planned.</p> <p>Nepal: Diaa will attend (amongst others), and will fly in from Europe.</p> <p>Russia: the stand-alone course will not take place this year. On hold.</p> <p>China: a one year trial has been agreed and no costs are assigned. Speakers will be Jacques Corcos and Marcus Drake. It is hoped the course will generate revenue for the ICS.</p> <p>Revenue generation within courses was discussed. EK agreed to seek Urological courses that may be applicable, and AD will seek Gynecological courses. EK will work with industry on ideas for generating revenue from education courses.</p> <p>EK asked what would happen to any revenue generated. AW noted that this would most likely go directly to the ICS rather than the Education Committee. There is not an assumption by the Board that many more education courses are required so the committee should focus on providing the best courses they can rather than place greater emphasis on delivering a high number.</p> <p>ACTION POINT: EK and AD to investigate revenue generation possibilities within ICS educational courses.</p>
6.	<p>Repeated Education courses</p> <p>The committee discussed repeat courses, such as PACS. EK felt the continued presence at PACS was important. SM proved that ICS has a significant presence at the event. DB asked for a strategic plan for courses to clarify why presence was important at this event above many other possibilities. This should be reviewed periodically. ED noted agreement.</p> <p>EK proposed a three year agreement with PACS so the discussion was not raised each</p>

	<p>year. The committee did not object. EK suggested the ICS work more closely with PACS on programme generation. SM noted this could be problematic as the programme and event creation requires extensive local knowledge.</p>
7.	<p>Request for additional support of course speaker</p> <p>Helmut Madersbacher asked for retrospective support for John Heesakkers for the event that Helmut gave a guest lecture at in Thailand. The committee reviewed Helmut's full request and agreed that there was no obligation for the committee to provide support, particularly given the reduced budget of the committee this year.</p> <p>ACTION POINT: Helmut to be informed that no additional expenses will be provided to cover the expenses of John Heesakkers.</p>
8.	<p>Recognised courses procedure</p> <p>AW updated the committee on a Board project to investigate whether the ICS could become an accrediting body. The committee agreed to put the recognised courses process on hold until recognition could be better defined. Recognition could also compete with revenue generation as it could be taken as a simple and cheap way to get ICS branding at an event.</p>
9.	<p>Review wording for nursing members</p> <p>The committee considered a request from the Nursing Committee that the nursing representative be ex-officio on the Nursing Committee. This was agreed. The Education Committee will review applications from nursing representatives in conjunction with the Nursing Committee Chair.</p> <p>ACTION POINT: Future nursing representative applications should be informed that upon acceptance they will be ex-officio on the Nursing Committee. Applications to be reviewed by Education Committee and Nursing Committee Chair.</p> <p>A similar arrangement could be made for physio representatives. MSL will ask the Physio Committee.</p> <p>ACTION POINT: MSL to ask Physio Committee if they would like to replicate the ex-officio arrangement for Physio representatives.</p>
10.	<p>Core syllabus</p> <p>AW reported that the survey results approved of every question posed so did not provide useful feedback or direction. The survey was presented to ICS members, with</p>

	<p>170 responding. AW read the results out and these are provided within these minutes at the end of this section.</p> <p>A core syllabus is beneficial as ICS Education Courses are not within the workshop programme any longer.</p> <p>A question(s) on the core syllabus will be considered for inclusion in the post annual meeting survey</p> <p>ACTION POINT: Question(s) on the core syllabus will be considered for inclusion in the post annual meeting survey</p> <p><u>Survey results</u></p> <p>Basic assessment in children - biannually</p> <p>Advanced assessment in men - annually</p> <p>Basic and advanced assessment in women - annually</p> <p>Basic and advanced assessment of the elderly - annually</p> <p>Advanced conservative management of SUI in women - annually</p> <p>Advanced conservative management of SUI in men - annually</p> <p>Advanced surgical management of SUI in women - annually</p> <p>Basic assessment of constipation and FI in adults - less than annually</p> <p>Basic assessment of constipation and FI in children - less than annually</p> <p>Basic assessment of constipation and FI in the elderly - less than annually</p> <p>Advanced treatment of constipation and FI – less than annually</p> <p>Advanced Conservative and Surgical Management of Prolapse - annually</p> <p>Advanced assessment and Management of the Patient with Painful Bladder Syndromes – annually</p> <p>Advanced imaging of the pelvic floor – annually</p> <p>Basic and advanced good urodynamic practice – annually</p> <p>Advanced management of fistula – annually</p> <p><i>Post meeting note:</i> Donna commented that Basic and advanced assessment of the elderly can be offered biannually similar to the one for pediatrics? Not much changes in this topic and there is a small group of members who have been presenting it.</p>
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<p>11.</p>	<p>Discuss procedures/online forum and timeline needed for the full day workshop for nurses and PTs</p> <p>DB discussed the challenges involved with creating a full day workshop, particularly with locals involved and in adherence with ICS deadlines. DB also noted that she could not submit a full day workshop herself as this is not normally permitted within normal workshop submission.</p> <p>DT suggested that these few special courses be arranged outside of the formal workshops system; with special permission by the EC Chair and WACS. The deadline could be towards the end of the workshop review period (currently early January). The details would then be added to the overall summary sheet for consideration at the review meeting.</p> <p>EK approved of this suggestion, providing that for nurse/physio courses the respective committees had reviewed the programme before it came to the Education Committee.</p> <p>All agreed to start working on these full day programmes sooner, and to begin looking at Montreal soon.</p> <p>ACTION POINT: Revised guidance on full day workshops to be shared with the Nursing and Physio Committees.</p>
<p>12.</p>	<p>Any other business</p> <p>PW gave an update on the e-learning project including progress to date and a list of workshops filmed in the past few years. Questions still need to be received from two 2013 workshops.</p> <p>PW will work with Sophie to create a committee survey monkey to determine which workshops to film in 2014. PW stressed the importance of informing workshop Chairs that they will be filmed and will need to provide CME questions. Peter Rosier's Urodynamic workshop is one that is outstanding. EK agreed to speak to Peter.</p> <p>ACTION POINT: PW and Sophie Mangham to develop a committee survey monkey to determine which workshops to film in 2014. Workshop Chairs to be informed if they are to be filmed and that they need to provide CME questions.</p> <p>The committee found the revised workshop review criteria that Kari and Donna developed helpful.</p> <p>The committee agreed to ask Kari Tikkinen to produce a video of how to present a</p>



	<p>good abstract. The office will support Kari in this task.</p> <p>ACTION POINT: Kari Tikkinen to produce a video of how to present a good abstract before ICS 2014.</p>
	<p>The meeting was closed.</p>