

Strategy Chairs-Board Forum teleconference 10th July minutes

Attendees: Sender Herschorn, Adrian Wagg, Sherif Mourad, Steinar Hunskaar, Katherine Moore, Alex C Wang, Giovanni Mosiello, Tamara Dickinson, Nucelio Lemos, Donna Bliss, Jacqueline Cahill, Peter Rosier, Chantale Dumoulin (representing Helena and the Physiotherapy committee)

Apologies: Marcus Drake, Jacques Corcos, Helmut Madersbacher, Helena Frawley (Chantale Dumouline will attend as the PT rep), Sohier Elneil, David Castro-Diaz

Also in attendance: Dan Snowdon, Dominic Turner, and Jenny Ellis

Unconfirmed: Edward J Stanford, Masayuki Takeda

1. Introduction by General Secretary

SH welcomed everyone to the meeting, the first of its kind, and advised any unfinished business would be discussed individually or on further calls. The purpose of the meeting is to discuss the proposed strategy document and to bring the committees in line with the strategy of ICS as a whole. The Board plan to realign trustees with committees to open up stronger lines of communication, between the committees and the board. This will be implemented over the next 12-18 months.

2. CPC

SH outlined the recommendations to the CPC to everyone, these were;

- liaise with consumer organisations across the world
- promote high quality continence care to non-specialist practitioners
- ensure ICS is represented in relevant consultations
- share relevant resources
- ensure active engagement in ICS online links to evidence based standards
- promote evidence based guidelines to both specialist and non-specialist clinicians (e.g. community nurses)
- develop and maintain the ICS – ICI website

So the aim is for the CPC to liaise with continence organisations worldwide but not to train people within these countries.

AW advised that previously the CPC had worked directly with consumers/patients but now the focus will be continence organisations/health professionals. A key area which we have recently become aware of is the importance of the fact sheets, the PCC recently found out that these have a high download rate- more than we were expecting. So this is a key area that the Board are interested in exploring and focusing on.

TD advised that she and JC had a call recently and agreed that this is a good place for the two committees to contribute on. The public forum has sadly been less successful than the CPC would have hoped but they plan to move this from patient to specialist practitioner focus for the

forthcoming meeting. TD advised that this had been discussed with AW, who was supportive of this joint collaboration and change in focus.

The CPC will therefore aim to educate non-specialist practitioners in all countries as relevant information for these professionals is sadly lacking and could be a key area for ICS to move into.

SH enquired whether this literature (like the fact sheets) was being downloaded by non-specialist practitioners to give to patients? TD confirmed that they were, so this is our target audience. DB agreed stating that in the USA nurses would download the materials to provide to patients, so that they did not have to produce the materials themselves. So we can package this for their attention. JC agreed and confirmed their alignment with the CPC, the committee have been discussing producing more literature for the non-specialists and holding a session in Rio for these groups.

Action: CPC and PCC to work on proposed literature for non-specialist practitioners

SH expressed no concerns regarding this plan but stressed that it needs to be collaboration between the two committees (CPC and PCC.) TD agreed and stated she feels that all committees should be collaborating with the PCC.

3. Nursing

SH invited KM to speak, KM advised that now, with the change in chair and strategy document, was the time for the nursing committee to narrow their focus and increase production of educational materials.

DB has just stepped into the role and agreed that this would be a good thing, especially having a trustee linked to the committees. DB suggested that it would be useful if the board had a set nursing trustee position to ensure that the board has a representative of the different disciplines which would assist with alignment to the committees.

DB enquired, regarding the recommendations, how the educational courses would be run if the educational committee is split between the committees? AW advised that courses would still run but this would be pushed out to the committees to do, but we would have educational guidelines and standards which they must adhere to. DB agreed and highlighted that a key focus is education but we need to ensure research is also included. DB suggested that the ethics committee should provide standards/guidelines for the committees/members can use for their research, ICS could become a leader in this area. AW agreed and welcomed such suggestions. SH would also encourage these collaborations. KM also liked the idea and suggested that the nursing committee could lead on this, working on 1 or 2 items over the next 1-2 years.

DB highlighted that it would be useful to have a list of goals in mind for the committee. SH agreed but felt that committees need to focus on one or two goals, to ensure they are completed, rather than spreading them too thin and not achieving any goals.

PR suggested a draft research proposal be prepared by the nursing committee to be discussed in Rio. AW agreed, SH suggested this would be discussed further offline.

Action: Nursing committee to draft a research proposal for Rio.

Action: DB to discuss research proposal further with the Board via forum/email.

4. Children's

GM highlighted that he had recently taken over from Wendy Bower as Chair and during this time (1 year) found that the committee mainly work for themselves rather than ICS. The committee need to focus on their role and how this differs from ICCS, GM feels that this should be transitional care as this is not a focus of ICCS and there is no cross over. GM has suggested to the committee that they develop a handbook on this area. SH agreed that there is a specific need for transitional care as currently only paediatrics were looking at this area. SH advised that careful planning will be required to introduce this topic/focus but this a major gap in knowledge and innovated thinking is required.

GM advised that he would need help from other committee's e.g. scientific knowledge and a mixed disciplinary knowledge in this area. The handbook will be discussed in September at the ICCS meeting in Australia; GM will then look for ICS members to assist on this project.

Action: GM to provide an update on the handbook following the ICCS meeting in September.

5. Physiotherapy

CD is attending on behalf of Helena Frawley. CD advised that the committee have been working on a number of papers following the State of the Science Session in Glasgow, 18 multi-disciplinary specialists attended the meeting on how to improve adherence in pelvic floor. Following this meeting the committee have been working on this topic for the last couple of years and they have produced 5 review papers and a survey which went to ICS members and the public. This survey will be sent to the SSC at the end of this week for review. CD highlighted that all of this is an example of how the physiotherapy committee already works with other committees and they welcome the board's recommendations to do so.

KM stated that the physiotherapy committee is a role model for all other ICS committees. They should be proud of this. The only question she had was regarding the papers- would these have ICS in the title? CD confirmed that they would and the papers would be sent to the SSC to sign off.

CD advised that she had some logistical questions from HF. SH advised that this should be discussed offline.

Action: CD to raise these logistical questions with the board via forum/email.

SH echoed KM comments, the physiotherapy committee is exemplary! They focus and achieve all of the tasks that they set out to. KM enquired why CD thought this was? CD feels that they utilise the subcommittees, breaking down these tasks into smaller, achievable pieces. The committee has 2 meetings a year and the subcommittees have a meeting every month. This helps the committee focus on their goal, which they believe to be very important. SH agreed that the committee was extremely well organised.

6. Scientific

SH highlighted that the committee are looking into have an elected Chair alongside the annual meeting Chair- this is a big change for the committee. NL advised that the committee have been

working on this since 2012 and it is an area that the committee are keen to change. The annual meeting chair does not have time to look at the committee as a whole or amend policies/procedures, so the elected person would be able to focus on these areas and ensure continuity for the committee. The annual meeting chair would still oversee all annual meeting related information but the elected chair would be able to focus on the needs of the committee and how these can be evolved.

SH felt that everyone was in agreement with these changes? AW agreed but suggested that further clarity on the role was required. SH confirmed that the role would be for 3 years and their role would be committee continuity. DT felt this was a great idea, for all of the reasons suggested by Nucelio, other organisations have something similar and it works well. The only area of concern is clarifying the 2 chairs roles within the committee- to ensure there's no power struggle between them. This can be clarified in the terms of reference to remove any grey areas/conflict.

DB wanted to clarify that they would be a local chair and scientific chair? KM confirmed there has to be a local chair but the elected chair would be ICS elected and focus on policy, liaising with the Board of Trustees. SH highlighted that the main issue the scientific committee face is continuity and functioning of committee. We therefore need that person to oversee this but the terms of reference have yet to be confirmed. KM highlighted we do have a draft that we are working on.

AW agreed with Dom's comments- we need to iron out the grey areas and make it very clear on who has which area of responsibility in the Terms of Reference – that the local chair has ultimate control of the scientific programme for that year's meeting. AW also complimented the board on the strategy recommendations and suggested 3 calls per year. GM agreed. DB thought twice a year would be sufficient if there was a space on the website that the group could access to discuss points further. JC agreed. SH felt this was an excellent suggestion. JE advised that it would not be a problem to set up a forum where all chairs and the board could access discussions and discuss areas of collaboration.

Action: JE to set up a Board-Trustee strategy forum.

7. AOB

SH asked if any members had any questions? PR enquired whether the strategy information would be presented to the membership in Rio? SH advised a summary would be made available to members.

SH stated that there were excellent comments and questions from everyone and then thanked everyone for attending, ending the call.

Call Ends