



ICS Board of Trustees Meeting and Conticom-ICS Ltd Directors Meeting Minutes

Board of Trustee and Committee Chairs meeting

Tuesday 21st October 2014

Venue: SulAmérica Convention Center

Room: 11

Time: 12.00-14.00

Attendees: Sender Herschorn (Chair), Katherine Moore, Sherif Mourad, David Castro-Diaz, Adrian Wagg, Masayuki Takeda, Jacques Corcos, Steinar Hunskaar, Chris Payne, Jacqueline Cahill (JCa) (PCC Chair), Tamara Dickinson (CPC Chair), Marcus Drake (SSC Chair), Sohier Elneil (Fistula Committee Chair), Helena Frawley (Physiotherapy Chair), Ervin Kocjancic (Education Committee Chair), Nucelio Lemos (Scientific Committee Chair), Helmut Madersbacher (Neuro-urology Chair), Giovanni Mosiello (Children and Young Adult's Committee Chair), Peter Rosier (Urodynamics Committee Chair)

Also in attendance: Doreen McClurg, Dan Snowdon, Dominic Turner, Jenny Ellis, Avicia Burchill, Ashley Brookes, Roger Blackmore and Tracy Griffin

Apologies; Alex Wang, Donna Bliss, Ed Stanford

1. Introduction/ICS Strategy

SH welcomed everyone to the meeting and asked everyone to introduce themselves. SH advised that the key project by the Board of Trustees was the new strategy, we have been working on this over the last 2 years and the 3 key areas are;

- Science/Education
- Finance
- Communications

This will be achieved by the committees as a whole; the changes that need to be made will be targeted to achieve this goal. All committees need to align to this strategy. The Board introduced the town hall meeting last year to engage more with members and we will hosting another meeting this year- please do attend.

2. ICS committee reports (5 minutes presentation, 5 minutes discussion time per report)

a. 12.05-12.15: Children and Young Adult's Committee (See slides)

This is GM's first time at this meeting, happy to be here. The committee have been focused on transitional care this year, which is the main project for the committee. We are looking to add to this by creating a zonal task force. The committee are looking into the following additional projects over the coming year;



- add to their members, specifically a North American Physiotherapist
- create a list of ICS members within this field (transitional care)
- define centre of excellence
- organise courses
- create a transitional care handbook

The handbook is a 2-3 year project that the committee have been working on with ICCS. GM asked the Board to confirm some key points regarding this project e.g. who needs to be the editor for the book and can the committee produce and provide this free of charge?

SM asked if the committee have a budget? GM confirmed this would depend on the publication of the handbook- we could produce and provide online, free of charge. SM asked GM to confirm by the end of the year.

b. 12.15-12.25: Continence Promotion Committee

TD advised that the committee has had limited progress. TD started her term by conducting a survey with the members- to ascertain their priorities for the committee. We reassigned the subcommittee based on this information- World Continence Week (WCW) and Public forum were the key projects. The committee felt that the Beijing forum highlighted the need for training health care providers; this is a key change to the forum.

TD highlighted that these key projects (Forum and WCW) were worked on by 2 members only; this is a key theme within the committee. TD therefore feels we need to reorganise what the committee is doing going forward. The committee meeting today was not quorate but the committee discussed future projects and 1 area that they are keen to do is identify a key country to so an intense programme. So the committee would engage with organisations and individuals within this country to create awareness and education. The committee hopes this would create a demand for education courses and this could become a joint initiative with the education committee. We plan to do a complete overhaul of the committee in line with the final strategy.

TD confirmed no funding is required at the moment.

AW stated that he supported TD in her decision to re-organise the group, congratulations to you.

SM asked if the committee should disband if there is no need for it? TD felt there was a need but the committee had not been working effectively in the past. The committee deserves a relook at the objectives and processes etc.

SM asked what the committee were using the restricted funds for? TD advised that the industry subcommittee previously looked after this now we have 1 individual overseeing this. The committee have used some of the funds for the continence awareness forum this year.



SH agreed with discussion so far, this is a key presentation, committees need to realign if they have become ineffective.

c. 12.25-12.35: Education Committee

EK outlined the current subcommittees;

1. Courses and workshops
2. E-learning
3. Trainee
4. Quality & evaluation

EK confirmed the pre-congress workshop and courses are working well e.g. cadaver workshop. In future the committee plan to coordinate the events in line with the AGM. The committee projects for the next year are;

- create revenue generation courses
- re-design guidelines for workshops and courses
- work on speaker list
- quality & assurance
- working with other committees

EK confirmed the committee would be looking at introducing a policy that states courses cannot take place more than 2 times- this is to ensure that the content is fresh. We also plan to use more new speakers, when selecting courses/speakers- so the same people aren't speaking too often.

The education committee is the foreign office of the ICS, EK thinks the courses are a key project of the committee as the 'foreign office' of ICS. The e-learning has been produced by Patrick Woodman- the committee would like to request an extension for PW. The purpose of the e-learning materials is training and education for developing countries- professionals in these areas struggle to obtain this type of training and knowledge. EK would like to create CME accreditation for all courses.

Trainee subcommittee;

They organise their own workshop at the AGM which will be held this afternoon. EK suggested that this could be set up as a separate committee but the board have advised they feel it needs to sit under the education committee.

EK highlighted that 20% of Rio delegates are trainees! This is a lot higher than expected.

EK proposed that the new composition of the committee should be;



- 2 urologists
- 2 OBGYN
- 1 non-surgical physician
- 1 nurse
- 1 physiotherapist
- 1 basic scientist

EK confirmed the budget required is the same as this year (£35,000.)

AW felt the committee needs to align with the strategy- you need a smaller committee whose members all work on the key projects. The committee could move the task of education courses to the office to free up the committee to focus on the key tasks-e-learning, income generation etc. Courses are only a quarter of your job but seem to be the main focus. AW suggested the committee looked at the urodynamics committee for an example of how they should be working- congratulations to Peter and his committee for their hard work.

SM confirmed that the committee are looking into accreditation.

TD asked if EK would be looking to include accredited nursing courses as part of the plan? EK will confirm when decided.

e. 12.35-12.45: Fistula Committee

SEN advised that the committee were rethinking how ICS fits in the fistula world; we are trying to establish where we sit, the committee therefore conducted a scoping exercise in under resourced countries. The committee are working on e-learning for this project this was developed with Ervin and Elise. The committee are producing a series of videos, there are currently 4-5 videos from today's workshops- this will build the committees portfolio of videos. SEN confirmed that by January the committee should be at stage 1 of the project. The committee will engage with RB regarding how to access website information, without having to login to the website.

JC suggested that the committee be involved in the strategy for investigation- African surgeons would like to define a centre of excellence and ICS are now involved in this project.

Postscript: SEN confirm that the committee had not received any written requests from any African surgeons and also have limited funds. So it is unlikely that this committee will proceed.

SEN is trying to promote physiotherapy in the fistula world, which is currently lacking in developing countries. The committee are keen to involve a trainee in their work.

SM asked if a budget was required? SEN advised that she still had money from this year, which would be transferred over. SM advised this would be reabsorbed by the Board and the committee therefore would need to reapply. SEN confirmed that she would require the same budget as last years.



AW stated the quality of science was good, thanked SEN for these outputs. SEN advised that the committee would be looking at the evaluation process with RB.

d. 12.45-12.55: Neuro-urology Promotion Committee

HM confirmed the committee have three subcommittees who are working on the following area;

- Dementia and associated diseases,
- Parkinson's disease and
- Multiple Sclerosis focusing on cerebral lesions

All three subcommittees will present on Thursday during the annual meeting and the results will be published in NUU.

The committee have worked on a number of Neurogenic Bladder Day Courses (NBDC) for 2014, in total twelve NBDC are planned;

So far six have already taken place: Timisoara (Romania), Novi Sad (Serbia), Moscow (Russia) and Mexico City (Mexico), Cartagena (Colombia) and Sao Paulo (Brazil)

Further courses are already scheduled: two courses in Indonesia (Jogjakarta and Lombok on November 5th and 8th), two in China (in Taiyuan and in Tianjin on November 22nd and 23rd, one in London (November 27th/28th) and one in Florence (December 3rd/4th)

The travel expenses of the speakers are sponsored by companies. The local organisers, however, are responsible for the accommodation of the speakers.

All speakers from abroad are members from our committee. In order to keep the costs low (in most courses) only two committee speakers are involved- one from abroad and one possibly from a neighbouring country. We also offer the organisers the option to nominate a qualified person from the organising country to participate actively in the program as a speaker.

Plans for 2015;

We will try to finalise the consensus work which is in progress in order to publish the results.

- We will try to have ICS courses as much as we can and as is asked by urological societies.
- Prof Chartier-Kastler would like to start a process of surgical neuro-urology atlas describing all techniques we may use in a pure technical perspective with pictures. This will be discussed and hopefully approved by our committee at our Annual Meeting in Rio de Janeiro.
- To establish a list of neuro-urological organisations and to contact them in order to link with more countries and regional experts

The Committee would like a budget of £7500 for 1 workshop.



EK confirmed that the NGBD courses were reviewed by the education committee and we would encourage the committee to continue engaging with the education committee going forward.

SM felt that Emmanuel needed to continue like this, HM advised he would do.

SH congratulated HM on the NGBD courses but there was a course 2 weeks ago in Sao Paulo which was a conflict of interest with this meeting. The committee therefore needs to ensure that this does not happen again- needs to ensure open communication. HM advised that he used the event to promote this meeting, HM doesn't think it influenced participation numbers.

f. 13.05-13.15: Physiotherapy Committee

HF advised that DC was also in attendance at the meeting. The key points from this year are;

- 5 members standing down
- 2 members staying on
- 4 new members started- the committee have introduced a scoring criteria for selecting members. We have also added 4 co-opted members.
- There will be 4 vacancies on the committee starting in Montreal.

HF advised that we have the strongest organisational structure than we have had to date- moved from an under-sized committee, over-stretched, to a full quota of active & contributing members, with 3 co-opted, willing and able to join as elected members. All members aligned and contributing and the succession planning- more functional.

Budget required-the committee would benefit greatly from one additional face-to-face meeting per year, which would aid productivity. This is on top of the 2 teleconferences per year.

Roundtable-100 people attended this year. We introduced a new style of moderation for forum discussions (based on previous feedback.)

Newsletter- increased engagement with membership, now have articles in waiting.

Strongest representation on & contributing to ICS committee-committee members active on other committees.

Adherence to PFMT- 5 manuscripts, 4 papers and a consensus statement completed. This has been submitted to NUU. Committee are also developing a dissemination strategy for findings- the committee are planning on holding a workshop in 2015 on this subject. Committee would also like to offer this as a possible future State of the Art Lecture (SOA.)

Education and Professional Development- Not fully functioning for the past few years, the committee have introduced a new structure to address this. The exception has been the education guideline document which outlines the 3 levels of physiotherapy education.

Plans for 2014-2015



- Local liaisons
- New scientific report
- SOA lecture

SM thanked HF for all her efforts. SM asked if people paid for the roundtable? HF confirmed US\$40 per person including dinner. SM asked if HF had an idea of speaker flights costs, where would the speaker be coming from? HF confirmed London, so shouldn't be too expensive.

SM stated that, on behalf of the Board of Trustees, I would like to thank you for your service to ICS. Your committee is an example of how the committees should be. HF thanked SM for his kind words.

g. 13.15-13.25: Publications and Communications Committee

JCa confirmed that the committee meeting today was not quorate, so no firm decisions have been made or a final budget. The committee is currently in flux, the office has taken over some duties and the committee are waiting for the final decision regarding the strategy. At the moment the committee are working on exit interviews, magazine, e-news and fact sheets.

Plans for 2015

- 2 members stepping down- JCa asked if she could replace these members?
- The committee are looking at holding a primary care session in Montreal. We would propose adding to the LOC plans for a primary care ½ day session by adding an afternoon trainee session in English.
- Magazine-office suggested a move towards e-news online rather than magazine.
- Children's committee- joint project with ICCS.
- Social media feed- locating scientific content for office.
- Trainees- encourage trainees to join ICS, specific section on website

SM felt the committee needed to engage more with other committees- publishing of committee work. JCa advised that they would be working more with Fistula and Children's next year.

AW asked whether JCa thought the committee should continue? JCa felt it should. AW thought the committee need to look into its role and whether this could be combine with another committee? AW did not feel that, although interesting, the workshop idea proposed by the PCC did not fit into its role and if it were to proceed should be run via the Education Committee.

SH stated we want to streamline committees, the office has taken over a lot of the responsibilities of the committee.

h. 13.25-13.35 Scientific Committee

Abstract submissions- average number of submissions (950), 86% accepted (814). New this year, at least one scientific committee rep reviewed each abstract, in previous years some



abstracts were only reviewed by external reviewers. NL thanked and congratulated DT and AB for designing the new online system which made reviewing more efficient. Two out of the 8 Webex calls were to discuss and plan the new system. On top of that, the committee has had 3 teleconferences to discuss the program grid, one teleconference in January to finalize the submission process and guidelines, one teleconference previously to the submission deadline to plan the reviewing process, another on the Friday before the Sci Comm Meeting and a final one two days before the meeting started.

- The committee also introduced theme days- this integrated workshops into the scientific programme; these theme days and the integration between the Scientific and Educational program was a transition to the knowledge/areas of interest tracks concept, which will probably allow the requested shrinking of the congress from five to four days to happen with no or only minor hindrances to content.
- Open discussion posters introduced to engage members- we hope it will stimulate discussions.
- Delegate choice award introduced this year, also to encourage poster discussion between members.
- Best video award introduced this year, which encouraged video submission (which doubled from our historical marks) increasing quality.
- The committee had 8 WebEx calls to discuss the programme.

The committee have done all they could online and reached the conclusion that the committee needs 3-4 nights face to face meeting with the following schedule:

- day 1 – Committees arrive and have the briefing dinner with the chairs
- day 2 – Full day program building meeting
- day 3 – Full day program building meeting
- day 4 – Administrative/strategic meeting on the morning and wrap up lunch; committees leave

If we shrink the meeting to anything less than that, we will surely lose scientific quality. We are trying to evolve the process, using the tracks concepts, to try to make all the process even more efficient, in order to reduce costs in the mid-long term. However, so far, we need to guarantee the May face to face meeting.

Plans for 2015

- Introduce tracks
- New terms of reference- will have elected chair

i. 13.35-13.45: Standardisation Steering Committee

MD confirmed that Kristene Whitmore is leaving the committee; Rizwan Hamid and Suzy Orme have joined the committee. MD would also like to add a colorectal member to contribute to the



committee. The committee has 7 working groups currently, we will be adding to this. All WG, once completed, will be reviewed after 5 years to see if they require updating. The committee are keen to work with the children's committee going forward. 14 standards in total are being worked on to date.

Committee are trying to increase approachability of standards, they are doing so by introducing the following;

- Glossary
- Wiki
- LUTS survey
- ICS website

The urodynamics equipment paper was published this year and the committee plans to create a core signs document from this paper- this would be available to members in Montreal.

The committee planned to provide a folder with these standards and other promotional material in them at Rio but due to shipping costs we were unable to. The committee would like to provide this next year instead.

The committee plan to create the following guides;

- POP-Q
- Registry

The committee are working on the Core LUTS document translations-Portuguese, Arabic, Italian, Chinese, and Japanese.

Bladder Diary Day (BDD) was launched this year but received less than 50 responses; the committee would like to provide copies of the diary and jugs at next year's meeting, which we hope will increase responses.

Budget; £6000 for the folders, jugs (although we would be interested in having Laborie sponsor this), wiki subscription and ICS sponsorship for speakers at meetings of other disciplines e.g. colorectal.

j. 13.45-13.55: Urodynamics Committee

The committee has published 3 ICS educational modules regarding clinical practice of urodynamics and diagnostic techniques in functional urology; The -short evidence base-manuscripts are published in NU&U and the (3) presentations combined with slides sets with practice recommendations, accompanying these manuscripts are ready to be placed on the ICS website.

The committee hosted a workshop in Rio; W16 (Committee Activity) School of Urodynamics Teaching Modules (Free Workshop) on Monday.



The committee are working on 6 modules which they aim to complete in 9 months.

They are working on a number of new modules;

2 almost ready for publication (incl. slides and presentation):

- Cystometry
- Videourodynamics

5 presented and almost for submittal:

- Ambulatory urodynamics
- Recognize and correct artefacts in urodynamic traces
- Background and philosophy of urodynamics
- Leak point pressures in NLUTD
- Leak point pressures

4 are in preparation:

- Flowmetry
- Clinical neuro-uro-gynaecological examination
- Cystometry in neurourology?
- UD (cystometry) in geriatric population

The committee will have 6-10 new modules in 2015. PR would like to thank the board for their endorsement of these modules.

No budget requests, other than office support.

Future plans are;

- Page/Sub-site on ICS web
- Cooperation with other educational activities > Content and presentation

3. AOB

SH thanked everyone for attending.