

ICS Education Committee Meeting Minutes

Monday 20th October 2014,

Venue: SulAmérica Convention Center

Room: E

Time: 12.00-14.00

Known Attending: Ervin Kojancic (Chair), Elise De, Alex Digesu, Pallavi Latthe, Nucelio Lemos, Sherif Mourad, Kari Tikkinen, Adrian Wagg, Marijke Slieker-ten Hove, Patrick Woodman,

Apologies: Andrei Manu-Marin, Donna Bliss, Stavros N Charalambous, Frederico Furriel, Ansofie Goessaert, Nadir Osman

Also In Attendance: Cara Tannenbaum, Avicia Burchill, Jenny Ellis, Sender Herschorn

1. Picture of the Committee to be taken
2. Approval of Chicago meeting minutes PW proposed AW seconded Motion approved. Agenda changed as SH going to talk about strategy and change.
3. Terms of office and Terms of reference review EK stated that several committee members are leaving and cannot renew and he thanked all those going out. There are some changes coming and the composition will be different and we need people who are working and therefore we decided already not to replace those who were inactive. The composition of the committee will be 2 urologists, 2 urogynecologists a physiotherapist, a nurse and a non-surgical representative. AW suggested the need to include the early career professionals as there is no provision for them in this proposal. AW further explained that a separate early career committee was not accepted and that early career professionals should be placed into all committees. PW if we have a specific spot for early professionals it may prove to be difficult if we have small numbers. KT said that the committee needs active people rather than specific roles. PL agrees with the idea to have early professionals to be across all committees. ACTION POINT: AW to take forward that all committees should have early career professionals as committee members CT suggested that a geriatrics and basic scientist representative should be kept in mind. EK agreed especially that the basis scientists feel that their representation in the ICS is disappearing. ICS was known for basic science. NL explained that the scientific committee have three basic scientist representatives. MSH do we need to

ensure that basic scientists put forward workshops. It was agreed to have a basic science representative as well

ACTION POINT: Terms of reference required amendment to include new make up of committee.

AW presented a slide which outlines the core education activities that the ICS Board expects the committee to be following:

Courses/workshops

Education quality/quality assurance and evaluation

Elearning

Accreditation (internal and external)

AW explained that the board education officer is the same function as committee chair. The chair of the education committee should have committed, working individuals and can work with all committees. AW explained that the board want education committee to agree with the ICS strategy. This is what the board want the education committee to do and to upgrade education output and that its high/assured quality.

EK agreed with AW that there is a need for people to work and have connections. ED felt that it was important to pay attention to the size of the committee as there is only two chances to meet each year and sometimes matters gets lost. EK explained that the second meeting will not happen and will be conducted electronically. AW stated that the committee should be having more meetings just by teleconference. PW looking for 4 core professionals and 4 younger professionals if we promote from within and recruit new early career and as time goes on its continuous. KB suggest to keep people on the committee. This was discussed but it was agreed to allow those to stand down and co-opt if necessary and then call for nominations for April

ACTION POINT: Call for nominations as specified. 2 urologists, 2 urogynecologists a physiotherapist, a nurse, a non-surgical representative and a basic scientist.

A discussion was held for elected positions versus expressions of interest. AW we need x y and z and then be transparent and then there are criteria to review/recruit. EK we agree to an internal transparent election.

ACTION POINT: Need criteria to go with expressions of interest.

EK questioned what about the nurse and physio rep. MSH explained that she cannot be in both committees. The nurse and physio representatives will be ex-officio on their committee.

4. Discuss generation ideas

a) E-learning

KT explained that he is presenting the how to present abstract tomorrow in the trainee session. This should be video and this can be done now. EK asked whether KT would be willing to take forward the elearning subcommittee? KT declined due to other commitments.

ACTION POINT: Ask committee members to chair elearning subcommittee.

PW summarised the work to date. There are 5 workshops in Rio. ED questioned whether the office have the questions in advance. JE confirmed do not have questions

ACTION POINT: Office to ask questions prior to annual meeting. Add to workshop project timeline

PW thanked ED and FF assisting with the questions. ED we also have the fistula video and the workshop was also recorded. A discussion was held and it was felt that the elearning was "hidden" on the website.

ACTION POINT: The eLearning area needs to be more prominent on website.

5. ICS 2015 Education Courses discussion and review of courses to date

EK explained the concept of linking courses to the ASM programme. CT this is a good idea. Ek we are not going to repeat workshops each year and this rule should be implemented for 2015.

ACTION POINT: Update workshop application guidelines to state that workshops cannot be repeated more than 2 years in a row.

ACTION POINT: Do not send reminders specific to repeating workshops.

KB do we need ICS core workshops which should always be there to satisfy those that do not come every year. EK we don't have official ICS courses. AW we still have not defined the core curriculum. NL many of the locals are just coming for the workshops. EK we experimented with workshops during the meeting days and this could be a great chance to improve this. CT explained that 2015 will be a 4 day meeting and it is possible that there will be only 1 pre workshop day – Sunday. The question then how to get all the workshops into the meeting. Do we do the same number but shorter length or take the workshops into the 3 day meeting. There will be more competing sessions and difficult to plan and schedule workshops/abstract sessions that do not conflict. Group poster sessions with workshops. Could there be an integrated topic track i.e. basic science track. EK suggested early morning workshops at breakfast time. CT the scientific committee is going to need help and ensure that we don't conflict.

AB requested a point of contact to ensure there will be no conflicts. It was agreed this would be EK. AB explained why there is a requirement to stick to the same deadlines but to encourage people to apply for shorter 90 minute applications.

EK explained there were four educational events in South America and this was the first time that we focused on the forthcoming ASM. SH explained that the neurogenic course which was 2 weeks ago did conflict with the meeting. EK asked NL whether the focus on courses in South America paid out. NL explained that he was disappointed by the number of locals. JE explained that when we do the courses we do not have a way of tracking – perhaps a promotional code could be used. MSH suggested that you get a discount for membership.

ACTION POINT: ask the courses directors if you give us the mailing list of participants.

EK question where should we focus courses next? Is it necessary for Montreal? AB suggested to focus on 2016. CT what about primary care, first line treatment. SH they will not attend the meeting. PW lots of obgyn's in USA do not know about ICS. JE says the PCC planning a primary care session. ED suggested to weave a track for them during the meeting and give them a "certificate" for the sessions they attended.

6. Strategy update/ Update on future activities and planning of the committee

7. PACS discussion

EK explained that we agreed in Barcelona that we support PACS for 3 years. Sherif Mourad proposed the speaker list. There was feedback from 2 of the workshops subcommittee and so EK assumed that because they did not reply they agreed. Then it was identified that it was perceived that it was self-promotion. AW concerns that people are self promoting as it looks bad. EK asked the committee to confirm the decision to run the 2015 PACS course again.

All were in agreement to support the 2015 PACS course.

8. AOB

AD brought forward the issued raised by the urodynamic committee in that when speakers are asked to talk about urodynamics its not necessarily the correct "ICS" form and module. A discussion was held and it was agreed that AW will enter into a conversation with the individual speaker and ask them to promote the urodynamic modules.

The following items were not discussed at the meeting due to lack of time:

- Revised guidance on full day workshops to be shared with the Nursing and Physio Committees.
- AW to take forward request for reduced membership rate to early career and still in training individuals and also to offer a rate without journals.

- Discussion regarding the creation of an online tool to educate our reviewers in an attempt to make our abstract reviewing process more homogeneous.
- 2015 workshop review meeting
- Meet the experts discussion

ACTION POINT: need teleconference/webex within 1 month to discuss