



ICS Education Committee meeting Agenda

Tuesday 6th October 2015,

Venue: Palais des Congrès

Room: 512D

Time: 13.00-16.00

Known Attending: Ervin Kocjancic (Chair), Kari Tikkinen, Frankie Bates, Margot Damaser, Nadir Osman

Apologies: Frederico Furriel, Marijke Sliker-ten Hove, Alex Digesu

Unconfirmed: Elise De, Enrico Finazzi Agro, Cara Tannenaum

Also In Attendance: Christopher Payne, Avicia Burchill

***Lunch is available from 12.30, please have lunch before or bring lunch with you the meeting.
The meeting will start at 13.00 prompt.***

1.	Picture of the Committee to be taken
2.	Approval of London meeting minutes
3.	Terms of office and Terms of reference review (Attached)
4.	Outstanding Actions: <ul style="list-style-type: none">i) Action: Discuss on webex- core curriculum, identify core curriculum workshops.- To be discussed in Montrealii) Action: AD to help Avicia with new meet the experts/speakers corner sessions. - AB confirmed not doing speakers corner. Focusing on interview with SOA lecturers. 25/6/15iii) Action: New e-learning page on website to be completed by Montreal- DT confirmed 'it is part of the HotVanilla roll out scheduled for Q4. Currently this is the plan.' 29/07/15iv) Action: AB to send media pack 2016 – Planned for later on in 2015.v) Action: AW to raise with Board at next meeting having a trainee membership fee- Will be discussed in Montrealvi) Action: Office to develop questions for the speakers of education courses- JE working on draft questions, will be provided before Montrealvii) Action: Office to create faculty register news article- Article prepared but pending on updated database.viii) Action: DT to link faculty members to the database- so you can see which events they have spoken at. Front page of faculty database text needs updating- Linked to the above.ix) Action: AD to review the faculty list- Linked to the above.

<p>5. Annual Meeting Workshops</p> <ul style="list-style-type: none"> a. Confirmation of 2016 review process and webex calls b. Workshop handout deadline and inclusion on USB c. Core Curriculum Discussion – finalise and implement for 2016 (attached)
<p>6. Elearning</p> <ul style="list-style-type: none"> a. selection deadline – to move after scientific committee meeting b. E-learning slide request too early c. New platform for filming to cover every workshop at ICS and make webcast permission implicit (by agreeing to an ICS workshop you agree to webcast).
<p>7. Literature review on educational activities at other conferences/ societies FF</p>
<p>8. ICS Course recognition - Create a list of whom should review the new recognition of courses applications</p>
<p>9. Selection process for ICS sponsored speakers discussion</p>
<p>10. Speaker Selection for Asian events</p> <ul style="list-style-type: none"> a. Society of Stoma & Continence Rehabilitation Annual Meeting in Feb 2016- speaker required as Kari Bo cannot attend. ICS to pay flights only. b. Japanese Urological Association – 1 hour of 3 lectures slot April 2016. Could be panel discussion, we can suggest two 15-minute lectures and one 30-minute panel discussion. Could be JUA members who are also ICS members but they would like us to think about themes/topics, etc. As JUA's policy, ICS to pay flights AND accommodation.
<p>11. AOB</p>



ICS Education Committee meeting minutes
24th January 2015
Sheraton Heathrow Hotel
Bayswater Room

Ervin Kojancic (Chair), Frankie Bates, Margot Damser, Elise De, Alex Digesu, Kari Tikkinen , Nadir Osman

Also In Attendance: Chris Payne, Adrian Wagg, Avicia Burchill, Dominic Turner, Jenny Ellis

Apologies: Frederico Furriel, An-sofie Goessaert, Marijke Sliker-ten Hove, Cara Tannenbaum

EK thanked everyone for attending including GS and CP. CP is the point of contact from Board, AW advised that the trustees will be aligned to each committee and CP is the selected Trustee for the Education Committee. AW here to hand over to CP. AW advised that committees need to be transparent and this is why there are now assigned to committees.

Approval of Rio meeting minutes

EK motion for approval, 1st ED and 2nd AD.

EK only comment was that Rio meeting was nearly not quorum, need to ensure that if we only have 1 meeting that all attend. EK asked the office if people could attend by teleconference, would this count towards the committee numbers? AB advised yes this would make it quorate. JE advised difficult for people to connect by teleconference at annual meeting. EK asked what quorate was for the committee, AB confirmed that quorate is 1/3 plus 1. ED advised that she dialled in to a call for another meeting and it was difficult to hear the conversation. AB agreed this is why it is not advised. EK asked that members try to physically attend meetings where possible.

Presentation of Education Programme for ICS 2015

EK confirmed that this is the 2nd year that we are working with the scientific committee, everything working well. AB confirmed the total categories, EK confirmed all disciplines are covered in the categories options e.g. nurses, physiotherapists etc. The committee had made recommendations to the workshops Chairs to change workshop speakers to ensure they are multidisciplinary. EK asked if there are any comments on this or the workshop process? ED thought that the process was fantastic, having this done before this meeting means we can review and discuss it. AB advised that she could show everyone today what the programme is for 2015. The office would like approval for chosen workshops.

EK felt the review was a very labour intensive process but that a 4 hours webex was too long. EK felt that there is not much time between the annual meeting and then workshop submissions, we moved it this year to allow more time but this meant more work over the holiday period. AB advised that the historical reasons for the dates was we needed a month to get together the final announcement, the meetings used to be in August. But we have changed the final announcement from very detailed towards an A5, postcard size announcement. This will encourage people to go to the website which Kenes have advised is better. DT felt that people are more likely to register if they go to the website- more effective. AB final announcements are ready now, so we could shift the dates going forward. AW I think we could have online review of workshops and then only do a focused discussion on workshops that have a high variance. AB but we did have a good discussion so it was useful. AD we need to remember we had 8 applications from physiotherapists and have 3 workshops selected. MD felt that the problem with the conference call was they were set up last minute, if the deadline was pushed back then we could look in November for call times. AB we could set the dates earlier.

Action: AB to ensure workshop calls are confirmed in November. 3 workshop calls to be set – first to discuss rejections and high variances. The remaining two to review workshops by categories.

AB felt it should be 3 shorter calls that would allow more of the committee to attend- which was an issue this time. EK felt that we shouldn't have the disciplines just reviewing their workshops e.g. nurses for nursing workshops etc. EK suggested we arrange the dates in Montreal and Saturday's are better for him- maybe Saturday mornings.

A discussion was held around the workshop and abstract categories. DT explained that one of the biggest problems that we have is that we accept 2 type of abstracts- basic science and clinical. MD I disagree; I don't think that nurses/pt should be classified as basic scientists, this is incorrect. Basic science should be more broad- should be 3 types e.g. stem cell workshops. All suggested that it should be listed as Basic science/translational. FB isn't clinical research just none patient research. ED basic/translational as a suggestion. DT advised it is to give the basic science members of the committee an option to choose. MD thinks we need to revise. DT suggested that we tweak but the purpose is that people cannot select both categories for the workshop. EK suggested that we allow people to select 2 categories and then when we review then we can discuss which category the workshop should be included. DT advised that we want to pick the best basic science workshops, we don't want to dilute the choices with adding in workshops that aren't technically within that category. MD thinks for the workshop we do need to have the option to select both categories. TK asked if it was a language issue? Does it mean something different in US than in Europe? MD, no. DT advised that it should be ground breaking research in this category. DT advised that we have categories and key words- which is a longer list. So you can sub-divide the categories into groups. MD asked, for Montreal, whether it is possible to do a key search- so people can track and plan based on these key words? Previously we had 31 categories- too much, need broad categories that cover a range, so it's easier for people to use. EK agreed need fewer so it's easier for people to select which workshops they wish to attend. EK advised if we want to do tracks then it is easier for IT to develop tracks that delegates can use. Delegates can then select and then bring up an individualised programme based on their selection. DT advised that the plan is that delegates will be able to build their own programme and select workshops/sessions for their week. The problem we have is you buy from Kenes website and this is not linked to ICS website. ED suggested that you could select, on ICS website, and state which ones you have purchased-so you can build your own programme. It would be easier if ICS sold the sessions themselves. DT advised that the scientific committee are in charge of categories, the role of the education committee is to provide feedback and suggestions for change to the scientific committee.

FB clinical doesn't sound correct- is it clinical outcomes etc? DT advised that a conference app is being introduced this year, so delegates can select and create on programme. EK felt that we need to change anorectal to bowel dysfunction. DT would it be better to add to rather than change? Colorectal delegates like their own terminology. Evaluation of continence service delivery- DT advised that he was approached by the nurses and advised that we needed to be more welcoming to allied health professionals. FB the one workshop we received this year was only for UK, need to ensure it's international. All agreed that was a weird title- suggestions of continence care, health services delivery or conservative care. AW agreed it could cover a range of topics and not necessary for evaluation. All think health service delivery would be a good title. MD asked how we distinguish between this and rehabilitation? FB suggested that we just need to work with nurses and physiotherapists to see why members don't apply to the main session.

Action: AB to liaise with Nurses and PT's as to why they don't apply for the main session- what can we do to be more inclusive?

Committee discussed merging conservative care and health service delivery- ED, FB, AW disagreed that they should be together. Health service delivery could be surgical, they do not go together.

ED asked to remove dysfunction from the suggested anorectal dysfunction/ bowel dysfunction- updated.

KT asked whether we need separate categories for LUTS- women and men. All agreed should just be LUTS. KT doesn't matter for urologist but gynae would. ED is that why it's separated? EK agreed that keep separate- all agreed. ED what about stress UI- isn't that both? EK no, so we should state in women- changed.

MD asked why don't we add to key word search- male/female? DT advised that can search for this. KT definitions important but think having it broad and narrowing down would be fine.

EK suggested to leave LUTS women, SUI etc as they are. KT I think we need all the 'big' things on here, only thing missing is OAB. DT plenary/podium sessions- all best of the best, tracks will make sessions multidisciplinary in one area. ED suggested OAB changed to a broad title- voiding dysfunction.

Committee went through all categories and updated as per the below

Please select which is most relevant

Basic Science/Translational

Clinical

Proposed Categories

- Anatomy / Biomechanics
- Anorectal / Bowel Dysfunction
- Conservative Management
- Female Lower Urinary Tract Symptoms (LUTS) / Voiding Dysfunction
- Female Stress Urinary Incontinence (SUI)
- Geriatrics / Gerontology
- Health Service Delivery
- Imaging
- Male Lower Urinary Tract Symptoms (LUTS) / Incontinence
- Neurourology
- Nocturia
- Overactive Bladder
- Paediatrics
- Pelvic Pain Syndromes / Sexual Dysfunction
- Pelvic Organ Prolapse
- Pharmacology
- Rehabilitation
- Research Methods / Techniques
- Quality of Life / Ethics
- Urodynamics

MD asked how many tracks ICS is planning? Advised 5. We can't have too many as it's only a small meeting. This will assist in final choices for categories and key words. AW suggested all terms are ICS correct- check against ICS wiki page.

AB advised that the workshops will need to be re-categorised based on these new categories- education committee/one member will need to update.

Action: EK will re-categorise workshops for 2015.

Discuss any changes required for Educational Guidelines for 2016

Committee reviewed the scheduled workshops. AD thinks Chairs should only be able to submit 1 workshop at the annual meeting. AB the guidelines we have in place work well and it is not such an issue any more. You can only speak in 2 workshops. AB advised that she can check the clashes before reporting to Education Committee- EK agreed that would be good.

Action: 2016 AB to check speaker clashes before reporting workshops to EK.

EK asked if the 90 minute workshops will be in place next year? AB confirmed 4 day conference so yes that would be fine. We can run 10 workshops max at any time.

EK asked how many 90 min workshops? AB confirmed 21 90 minute, 8 180 minute and 6 240 minute. We will run the society meetings separate to the workshop sessions.

EK asked whether everyone thinks the bar on running workshop twice max, is good? AW advised that as long as speakers are different then this is fine. There will always be certain workshops that we have to run annually- as they are very popular.

Action: Discuss on webex- core curriculum, identify core curriculum workshops.

Meet the experts review

EK need to review some meet the experts session, it is popular with bookings but a lot of tables are empty. EK suggested a different kind of meet the expert during coffee and lunch breaks. AB could do it on booth- cordoned off area or similar to the separate small booth that was in Rio for the social media help. EK suggested a speaker corner. AB need someone to take forward - AD will help.

Action: AD to help Avicia with new meet the experts/speakers corner sessions.

Finalise new Terms of Reference committee for presentation to Board

EK advised by AW need to provide final document by end of month.

Action: Committee to confirm final changes by end of January. Office to submit for Board approval.

MD under functions- coordination of committees but not scientific- we should add as they are a key committee. AW advised that liaison with committees is under bylaws so just needs to be generic. MD suggested 1st bullet point amend- remove national and international. Under membership section- basic scientific= non-clinician, so it matches the scientific committee categories. TOO need to rephrase, AB confirmed information correct.

AW confirmed that this information needs to be clear for when people apply to be on the committee. EK thinks the number of members and disciplines is correct.

AB and JE confirmed that applications will be reviewed and selected by committee as a whole and Chair will appoint final selection.

EK advised that we need to amend Nursing/Physio position- this needs to be in conjunction with Nursing/Physio Chair.

AD asked about the early career members, should we have 4? Not all active. AW this is an issue that affects all discipline not just trainees. AW advised that all committees need to have a trainee rep on their committee. AW advised that the board discussed separating early career professions but felt that instead they should be represented within each committee instead.

EK wants to remove subcommittees from the committee and TOR. JE suggested just stating max number of professions but not define numbers from each professions- EK wants to state numbers.

ND felt that you can't predict how active someone will be, but if you have more members then you at least have others to assist. AB advised if any inactive members, that the committee wishes to remove, then as a committee need to agree and then the Chair will ask them to resign. This should be minuted in the committee minutes for reference.

A discussion was held around inactive members of the committee. It was agreed to write to An-Sofie and see if she wishes to remain on the committee.

Action: Office to write in conjunction with EK to An-Sofie to see if she wishes to remain on the committee.

EK confirmed that subcommittees will be removed and title provided instead e.g. e-learning officer.

MD co-opted positions are so that members can be co-opted for a project, no time limit. JE advised bylaws state 1 year, MD felt that the TOR should be amended to the same, can state renewable.

Action: Office to amend wording regarding co-opted position- should state 1 year, renewal.

AB asked who would be reviewing the course applications? EK confirmed all members as we only have 8 people.

FB suggested that the trainee education information need to be amended to incontinence and not urinary incontinence. Also need to include liaison with nurses/physios- AB confirmed will add it in but state all committees.

Action: Office to amend trainee education information to incontinence. Also add liaison with nurses and physiotherapists.

FB meetings- will need webex adding to this and number per year. AD asked if the committee will only meet at the AGM? AW confirmed that only under exceptional circumstances will the Board allow a face to face meeting. Committee discussed wording, AW felt keeping 'normal' was fine.

EK confirmed that role of committee is not content it's quality of education. So what would be a good e-learning course, presentations etc.

EK asked that going forward webex should be the way forward instead of teleconferences. JE confirmed that is what the office would like too.

Action: All virtual meetings should be via WebEx.

ED asked about house style question- should still be included? Wording amended on TOR.

See appendix for amended terms of reference.

DT confirmed that the office can film 2 workshops in parallel- 6 in total. ED confirmed have some ideas of which ones to film, see below under e-learning section. Suggested we get the questions in June. ED draft in June, e-learning committee reviews and makes suggestions and then they have until 1st August.

Action: ED to obtain e-learning questions in June- deadline for final questions from e-learning workshops 1st August.

AD feels that we still need someone liaising with organisation regarding education courses. EK agrees that members need to be liaising with other organisations.

Action: All committee members to liaise with international organisations to promote ICS courses in their region/at their meetings.

Identify successor for e-learning

EK asked if Nadir would be interested in e-learning, NO advised happy to be on e-learning committee.

Action: NO to shadow ED regarding e-learning.

ED reviewed the 2014 video's list and recommends the following to be recorded:

- Evidence and Case-Based Update on the Medical/Behavioural and Surgical Management of Faecal Incontinence Alayne Markland
- Surgery of Neurogenic Bladder: What's In and What's Out. Bülent Çetinel
- How Do I Manage LUTS in Patients with Cerebral Disorders? Jalesh Panicker
- A Multi-Disciplinary Approach to the Treatment of Provoked Vestibulodynia Marie-Josée Lord
- The Overactive Pelvic Floor Anna Padoa
- (Committee Activity) Evidence Based Continence Care in Interdisciplinary and Nurse Led Services and Clinics: (Free workshop) Kathleen Hunter
- Intrinsic Sphincteric Deficiency, Diagnosis and Management Sherif Mourad
- (Committee Activity) School of Urodynamics Teaching Modules (Free Workshop) Peter Rosier

ED suggested that we review the above against last year's list and then make final decision. Need to contact Peter Rosier regarding the programme for filming. ED asked AB to CC her in communications regarding filming emails.

Action: AB to cc ED into filming emails.

Action: AB to review selected workshops and confirm to ED that there are no clashes.

EK asked that members suggest speakers for speaker's corner.

Action: Committee members to suggest speakers for speaker's corner to AD.

Identify early career professional contact

AB advised that need new point of contact. KT confirmed would like to do so.

Action: KT point of contact for early career session 2015.

DT the number of young professions increasing every year- so hard work is paying off. KT advised that we will create something new this year- last year worked well with Stacy. EK asked KT to liaise with nursing and physiotherapist's session. KT confirmed best scored from non-discussion posters but also need to represent all disciplines.

JE confirmed less applications last year but this was likely due to location- difficult for trainee to get to.

Action: Do direct mailers for early career session to people who sign up for trainee rate with Kenes.

Finalise e learning strategy.

DT advised that old e-learning section was buried on the website and therefore difficult to find. Since setting up e-learning section pharma reduced funding so we have struggled to cover the costs associated. The office now does the filming at the annual meeting, we have invested in the equipment. ED asked whether DT thinks members are struggling to find this information? ED yes, if you know where it is then it is easy to find but the issue is most people don't know even though it was heavily advertised. After the meeting the focus starts on the next meeting, what we need to do is create one place for all this content to be on. DT advised that the TED talks very popular online, this is what we want ICS talks to generate. DT showed image of what he would like to build. EK asked about costs/funding? DT advised that it is through Conticom. DT, most people use tablet/phone so need to ensure that works on all devices. ED when is launch date? DT Montreal.

Action: New e-learning page on website to be completed by Montreal.

AW what the board has asked for is the e-learning strategy. We therefore need to think about the long term strategy. DT TED talks is max 15 minutes, ours 4 hours, no one will watch for this long. EK asked if it will be possible that you start watching and then go away it will store where you where? DT hopefully, it is easier if the person is a member. FB will it always be ICS TV-continence e-learning? DT yes ICS TV is a brand, so just clarifying its e-learning but keeping the link to ICS TV and the already established brand.

AB should we only be recording the 90 minute workshop? EK thinks we should do the joint workshop in Montreal. AW what we need is a strategy, so need to consider format/style/length etc. What will meet the needs? EK 3rd party sponsorship of courses, to help with filming.

AB need 1 piece of paper that you can send out to all committees so they know what is required of them and they can then do e-learning applications.

ACTION: ED/NO to prepare a document regarding e-learning/filming that committees/members can access so they know what is required of them.

ED thinks it doesn't need to be 1 type of lecture- can be how to video's etc. Need to think about different audiences. CP agrees we need to have an assortment for the different audiences that will be using these videos. ED will send her thoughts/ suggestions to everyone to review.

EK asked FB to discuss with allied health professionals. EK suggested filming in foreign language and have subtitled/translated versions. All agreed that would need to check translations before this is advertised. EK would like to have these types of videos from nurses/physios. JE suggested EK speak to MD to confirm process for validation.

Production of a write a successful abstract review video for the e-learning portfolio

AW advised that mainly committee members review, suggested that we do this so can get more people to be available for review. Not for 2015 but something for the committee to work, this will help increase our pool of reviewers.

Development of two year Education Course Strategy

AB explained that the committee asked for 2 years of funding for education committee and confirmed the Board agreed £30k each year. So no need to apply for 2016. EK 1st time we targeted courses linked to annual meeting. MD how do you measure, what do you measure against? AW no comparison. JE advised that there is no way to track who go from education course to the annual meeting.

AW have been told by Japanese that they will attract local delegates, dependent upon being highly attractive to members in that area. JE suggested focus on NZ/Australia. AW suggested Nepal- from course last year. Look into financial restrictions/visa's for Nepalese. AW suggested Indonesia- HM has many contacts in the area. EK will speak to HM.

Action: EK to speak to HM regarding contacts in Indonesia.

EK asked if need 2015 promotion with courses? All agreed not necessary.

AB will do media pack for 2016 so we can start using this for promotion in these areas.

Action: AB to send media pack 2016

Action: Office to do a generic email to all pacific rim continence organisations to generate education course applications.

DT South Korea big growth area-maybe we should look at courses in that area. EK so we need lectures, add on events (local organisation add 1 day tacked on), stand-alone course. But stand-alone courses are very expensive. AB maybe we could commission one in South Korea, DT think that would be a great project.

Action: Office to give EK Myung-Soo email address.

AW we need to worm into post grad institutions. CP we need to have a way in which to know if it was effective. AW spoke at Hong Kong Continence Society- keen for people to train over there like Margot. Good way to recruit fellows.

Action: Office to add to the post meeting evaluation form, how did you hear about ICS - add all education courses to that list.

JE asked if the education committee want to focus on trainee education courses, should we not offer a trainee membership fee? AW agreed that we should.

Action: AW to raise with Board at next meeting having a trainee membership fee.

MD suggested, if early enough, create workshop for 2016 then this would help increase number to the meeting. EK asked whether we need to speak to Japan Chair to ascertain the theme of the meeting? All yes. DT suggested he would raise it with Nucelio- so they can discuss with Naoki.

Action: DT to contact Nucelio regarding theme of Japan meeting.

Action: Pull together all of the above into 1 document- need to send to Board.

Refinement of evaluation instrument for education events organised by ICS outside of the annual meeting.

EK need to refine evaluation system. JE explained that we used paper copies but this is time consuming to input, we therefore moved to online version- take up low. EK suggested CME points. JE advised cost attached and also only valid for Europe. AW agreed, can only apply for Europe based CME- don't have office in US for example. AW suggested evaluation online as course is going on. JE stated that depends on local host having Wi-Fi. AB what does the committee do with the evaluations once they are completed? ED felt that emails were better than forums, AB explained that forums were better than emails as people can get missed off chain and things go missing. ED felt that it can be missed/left on forum for a long time. JE advised that she puts deadlines, where possible, on to the forum discussions and sends chaser 1 week before, 1 day before deadline closes. FB agreed that JE does and it works well.

EK suggested that the local host could evaluate ICS Speakers. AB asked committee to come up with 5 educational questions to ask the local host. FB will generate questions.

Action: FB to develop 5 questions to ask the host of education courses and send to office.

AW felt we need to define what we are asking, why we are asking these questions? AB branding is of concern at the events. AB suggested that this is something that the speakers need to feedback to the office.

Action: Office to develop questions for the speakers of education courses.

Action: Post event information- office need to feedback to the committee.

EK advised that we need more early career members to be on faculty list. AW advised that need to advertise information.

Faculty database- people register to be on list. AB advised that front page needs to be updated. AW suggested new news article regarding this.

Action: Office to create faculty register news article.

EK suggested adding a column of registered speakers, how often some has spoken at events. AB asked DT to assist in adding this to the website so it automatically links to the speaker.

Action: DT to link faculty members to the database- so you can see which events they have spoken at. Front page of faculty database text needs updating.

Problem with courses is that the people who apply want the key people presenting and not locals. ED feels that we can assist them with the schedule and encourage who goes on behalf of ICS.

AD feels that the faculty list should be peer reviewed, AW agrees. AD needs someone who is active in ICS. JE asked if it could filter out the expired members, DT confirmed that he could do this- expression of interest.

Action: AD to review the faculty list.

Action: Speaker spreadsheet on the education committee forum for review when considering courses.

DT suggested total times someone can speak over a year, EK suggested 3 year period. EK advised that will be evaluated over 3 years- will keep an eye on this information.

MD suggested refer a friend to list. JE expressed concern over this, we have just moved away from it being a friend list, this would be a move backwards. Think need a majority vote to add someone to list. Agreed that would be fair.

Discuss income generation ideas

AD need to name certain courses that will provide ICS funding. AW need a full business case for these courses.

AB confirmed that we don't have a system in place for donations. AB advised could offer 'ICS recognised course' which the office markets the course to members and charge a fee for doing so. EK suggested that the add on course, registration fee goes to ICS. AB advised this money needs to go against local host course costs e.g. venue and catering. AB advised that we previously ran 3 courses a year, using Kenes to arrange and cover registration, we would have to go back to that in order to get money. AB also would need sponsorship to cover cost, last time we did a course and the ICS would "lose" 50k.

EK need to do ICS recognised courses- charge for the ICS stamp of approval. AB I prepared some guideline regarding this- see attached. AD felt that this might be quite easy to achieve.

Action: AB to put the recognised course draft application on the forum for committee to review.

AD asked if we can do an invoice? AB - Yes. EK asked AD to confirm cadaver course to office. JE advised if the guidelines signed off soon then can include in the mailer regarding courses.

EK asked about live webcasts- DT confirmed could do, hard to do, if charging for this then would need to look into costs. We could encourage people to becoming members. AB suggested commissioning brain storming sessions, last one a few years ago, sponsors are keen to support these types of sessions. There is minimal organisational input. ED thinks that pharma companies are used to paying for this, EK feels they do this themselves so limit chance of income.

Accreditation

EK thinks that committee should be accrediting courses, will need help from the board. AW confirmed that it is just taking some time. DT applying to be an accredited body, waiting for more information.

AD asked about accreditation of slings, EK thinks difficult to put recommendation for members- open ICS to litigation. AW advised that we could express an opinion but difficult, CP difficult to gain consensus. CP feels should start with urodynamics. AD suggested a clinician course. EK in US there are other organisations offering this, so need to establish how the ICS differs from those and what we can offer that is different.

Develop survey of current educational pedagogy for dissemination of knowledge in conferences

DT confirmed 2015 will have app which can be used. AB advised that can be interactive for 1000 euro's. AW there is a free app that can be used- AW will send to everyone.

Action: AW to send committee free app information to office.

AW would like committee to do a survey with other societies to make sure the annual meeting is ticking all the right boxes. Are we disseminating science as is required by the delegates? CP what are other ways of disseminating knowledge. KO twitter feeds that you can see in the conference room, so makes session more interactive. AW highlighted went to a conference where this took place and they could address questions to the speaker there and then. AB this app has facilities to offer this.

AB need the other committees to be involved, AB why? CP thinks education committee should be communicating to other committees. AW not the what it's the how. EK suggested that this should be a review by Frederico- need literature search in new strategy for education courses. Review what other conferences offer and what we need to change.

Action: Frederico literature search on what's new in education, what other organisations offer, what we can include.

AD going to EAU- perfect to review what they offer and feedback. EK suggested this as a good NUU journal article. AW suggested this could be a white paper for education in ICS. AW suggested any recommendations could be included in Tokyo. Estimated 6 months review and draft.

Request from publications Committee for scientific articles

EK advised of PCC request for more information from each committee- 4 Thursday of the month. EK would like to develop a schedule so that all committee members generate content. AW advised of changes to PCC, need scientific content from education members.

Action: Office to create a schedule for committee to create content.

JE asked for committee to send office content for social media.

AOB

AB suggested that we have a WebEx/teleconference in a months' time.

Action: Office to arrange a WebEx by 24th February

Meeting Ends

Education Committee Terms of Office

Role	Member	Term Start	Term End	Term Yrs	Elected	Term details	Additional Information
Committee Chair	Ervin Kocjancic	29-Aug-13	15-Sep-16	3	Y	3 year term will finish 2016. Can renew once by election	
Committee Member	Elise De	24-Oct-08	08-Oct-15	7	N	6 year term will finish in 2014. CANNOT renew	Co-opted for 1 year
Committee Member	Frederico Furriel	18-Oct-12	08-Oct-15	3	Y	3 year term will finish in 2015. Can renew	Advised stepping down in Montreal
Committee Member- Trainee	An-sofie goessaert	18-Oct-12	08-Oct-18	6	N	3 year term will finish in 2015. Can renew	Stepped down before Montreal
Committee Member- Trainee	Nadir Osman	29-Aug-13	15-Sep-16	3	N	3 year term will finish in 2016. Can renew	
Committee Member	Marijke Sliker-Ten Hove	01-Sep-11	14-Sep-17	6	N	6 year term will finish in 2017. Cannot renew	
Committee Member	Alex Digesu	23-Oct-14	14-Sep-17	3	N	3 year term will finish in 2017- can renew	
Committee Member	Frankie Bates	08-Oct-15	25-Oct-18	3	N	3 year term will finish in 2018- can renew	
Committee Member	Margot Damaser	08-Oct-15	25-Oct-18	3	N	3 year term will finish in 2018- can renew	
Committee Member	Nikolaus Veit-Rubin	08-Oct-15	25-Oct-18	3	N	3 year term will finish in 2018- can renew	
Committee Member	Enrico Finazzi Agrò	08-Oct-15	25-Oct-18	3	N	3 year term will finish in 2018- can renew	
Committee Member- Trainee	Kari Tikkinen	18-Oct-12	25-Oct-18	6	N	6 year term will finish in 2018- CANNOT renew	
Ex-officio	Cara Tannenbaum	24-Oct-14	08-Oct-15	1	N	Ex-officio	
Ex-officio	Chris Payne	24-Oct-14	14-Sep-17	3	N	Ex-officio	

Nominations 2016

Ervin will need to re-apply for the Chair position and therefore needs to confirm his intentions in Montreal. Please note any member can also apply for the position- which would go to a member vote.

An-sofie stepped down before Montreal, Frederico Furriel stepping down in Montreal.

Elise's 1 year extension runs out in Montreal, she will therefore be stepping down at the Montreal meeting.

Nadir needs to confirm whether he wishes to renew for another 3 years.

Key	
Colour	Meaning
	Stepping down in Montreal
	Stepping down in Tokyo
	Elect position- will need to re-apply
	Will need to confirm if renewing/ positions will need to be advertised after Montreal
	New member/position
	No action

ICS Education Committee Terms of Reference

1. PURPOSE:

The ICS Education Committee oversees all educational activities within the ICS. This includes stand-alone and add-on ICS Educational Courses, ICS Lectures at meetings and via the internet, development of educational materials and e-learning, as well as courses and workshops at ICS Annual Scientific Meetings. The committee is also responsible for the educational quality of all activities and for relevant faculty development activities within the ICS. The committee is responsible to the ICS board of trustees to which it makes an annual report and makes an annual budget request.

2. FUNCTIONS:

The Education committee shall work with all other ICS committees in order to fulfil its roles, defined below.

- Continuing Medical Education producing guidance for the ICS membership concerning CME - points of ICS activities - congresses, courses, workshops and other professional activities
- Workshop and ICS Course Applications: To review applications and make recommendations for inclusion for workshops at the Annual Scientific Meeting and any add-on courses or guest lectures external to the ASM.
- Educational Quality: To recommend methods by which the quality of education and its delivery can be maximised within all educational activities of the ICS. The committee shall also be responsible for making recommendations to the Board regarding the periodic evaluation and review of all such activities in line with the society's strategic direction.
- Align with the ICS Accreditation strategy
- ICS Faculty development: To produce and/ or recommend relevant courses for the development of ICS Faculty in all relevant ICS activities.
- Early Career Education: formulate curricula for early career education in all areas of ICS focus
- Suggest and consider income generating educational programmes
- Identify opportunities for e-learning or workshops in conjunction with other committees

3. RESPONSIBLE TO:

ICS Board of Trustees

4. COMPOSITION:

Total Members	Method of Appointment	Name	Term of Office
Chair:	Elected. A member must sign his/her agreement to stand. This nomination is signed by nominator and seconder, all being ICS members. The Chair should have served as a committee member, either current or in the past. Nominations received by April 1st as advertised. Voting regulations as stated.	See Appendix A	Term of office: 3 years, renewable once by Chair/committee approval by formal election. Further terms could be approved in exceptional circumstances and by

			referral to the ICS Trustees.
Membership	<p>All members of ICS committees must be active ICS members (paid for current membership year) (Bylaw 2.3.2)</p> <p>The optimum representation is 8 Committee members (excluding the committee chair) formed preferably from the following:</p> <p>2 Urologists 2 Urogynecologists 1 non surgical representative or Colorectal MD 1 Nursing representative (in conjunction with the nurse committee chair) 1 Physiotherapist (in conjunction with the physiotherapy committee chair) 1 Non-Clinical Representative Scientific Chair – Ex-Officio</p> <p>Within the committee there will be a e-learning Coordinator and Early Career Professional Coordinator</p>		3 years, renewable once by Chair/committee approval. Further terms could be approved in exceptional circumstances and by referral to the ICS Trustees.
General Secretary	Ex officio	See Membership Page	2 years
Board of Trustee Liaison	Ex office		3 years

5. ROLE OF THE CHAIRMAN

The Chairman of the Education Committee of the ICS is responsible for

- The coordination of the activities of the Education Committee,
- Ensuring that the activities of the committee are in accordance with current ICS strategy.
- Preparation of an interim (half year) and final annual report for the Board of Trustees and for the Annual General Meeting.
- Liaison with the Scientific Committee Chairman and the permanent congress company regarding the ICS Educational courses and workshops at the ASM and the State of the Art Lectures to be delivered at the ASM.
- Ensuring that ICS Faculty adhere to the relevant ICS Faculty etiquette and have conformed to relevant faculty development requirements as and when they arise.
- Is an Ex officio member of the Scientific Committee

6. ROLE OF THE COMMITTEE

Educational Courses and Workshops

The committee, in accordance with ICS strategy set by the Board of Trustees, functions to:

- Establish links with relevant professional societies in countries underserved by the ICS in order to deliver high quality, multi-professional educational activities as add-on courses to relevant affiliate societies international meetings. (See documents: ICS course standard operating protocol and “Guidelines for Educational Courses and Workshops”)
- Canvass for and arrange ICS sponsored lectures at such meetings.
- Seek to establish ICS visiting lectureships / professorships to deliver educational courses to universities and post - secondary educational institutions.
- Make recommendations for the core curriculum of ICS Educational courses to be delivered at the ASM
- Commission relevant courses and workshops by tender in response to requests from the membership or following advice from the Education committee regarding novel areas of research.
- Select, based upon merit and quality, workshops for delivery at the annual scientific meeting of the ICS following the application and bidding process.

E- Learning

The appointed e-learning coordinator shall, in accordance with ICS strategy set by the Board of Trustees, function to:

- Make recommendations to the Education committee for the establishment and development of e-learning courses relevant to the membership of the ICS.
- Recommend the commission of learning materials as required to deliver the modules selected for development
- Liaise with all relevant ICS committees regarding the e-learning components of their educational output to ensure adherence to ICS standards of quality, delivery and evaluation
- Liaise with the IT director in the creation, maintenance and development of e-learning materials
- Survey existing e-learning modules for quality assurance
- Survey existing e-learning resources within other similar professional societies and work to create necessary linkages to ensure efficient resource usage
- Liaise with the ICS office to receive the house style questions in advance of the meeting from the workshop chairs

Educational Quality

The committee will, in accordance with ICS strategy set by the Board of Trustees will:

- Review the educational content and quality of the ASM in the light of pedagogical educational theory and method, and to make recommendations regarding joint educational ventures relevant to the audience of ICS with the aim of maximizing the educational value of the meeting.
- Maintain and improve the educational quality of ICS educational activities and the scientific content of the annual scientific meeting

- Coordinate and organize ICS faculty development activities such as teaching skills courses, chairmanship skills, effective PowerPoint etc.
- Advise on educational pedagogy to ensure that ICS faculty are up to date
- Liaise with relevant ICS committees to ensure that educational activities are evaluable and evaluated in accordance with prevailing educational theory
- Assist with the development of course evaluations by other relevant ICS committees
- Liaise with the scientific committee with regard to developing the delivery of scientific presentations and its evaluation at the annual scientific meeting.

7. MEETINGS:

The entire committee will normally meet once face-to-face during the Annual Scientific meeting; other deliberations will be held by email/webex. Webex will be used to define workshops for ASM.

8. QUORUM:

One third of committee membership plus one. For example, a committee of ten will have a quorum of four members. Quorum of sub-committees will be 50% of the membership. All Chairmen shall have a casting vote in the event of tied vote.

9. MINUTES:

Minutes are recorded at each meeting and posted on the ICS website in accordance the Bylaws

10. REPORTING & ROLES:

The Chair committee is required to prepare an annual report to the Board of Trustees. The Chairman of the Education Committee is also required to be present at the Annual General Meeting should the membership have any questions over committee activities.

For Terms of Office Information please see [Membership Page](#)

Setting a Core Curriculum and Planning Workshops

The attached paper (see appendix 1) was presented to the committee in Beijing. I would like the committee to discuss and establish ICS Educational Courses and Commissioned Workshops. If you recall a survey was undertaken in 2013 by the education committee with regards to asking the members what they thought was “core curriculum” (see appendix 2). Unfortunately the results were not very useful as the members suggested that all the topics were of relevance.

The last Educational Courses were run in Glasgow and to a certain extent have been replaced with the core committee activities. Prior to 2011 it was normal for approximately 10 ICS educational courses to be run. For example:

Last Educational Courses run....

Basic Neurourology	Helmut	Madersbacher
Frailty, Aging, and Incontinence in the Elderly: An Interactive Case-Based Discussion of Best Practices	Tomas	Griebing
State of the art pelvic floor muscle assessment – which tool should we use?	Fetske	Hogen Esch
Basic Urodynamics - an interactive workshop	Lucy	Swithinbank
Practical Treatment / Management of Lower Bowel Dysfunction	Julia	Herbert

Committee Workshops Running in Montreal....

Educating our Generalist Colleagues: A Committee Collaboration Lead by the Continence Promotion Committee	Tamara	Dickinson
Evidence Based Continence Care in Interdisciplinary and Nurse Led Services and Clinics	Kathleen	Hunter
Neuromodulation and Neurostimulation in Children and Adolescents with Neurogenic and Pelvic Floor Dysfunctions.	Giovanni	Mosiello
Optimising First Line Therapy for Overactive Bladder - Physiotherapy Committee	Rebekah	Das
School of Urodynamics Teaching Modules	Peter	Rosier
The Basis of Modern Health Care Ethics	Nina	Davis

My suggestion is that each year the following committees are asked formally to prepare an Education Course for the ASM which has to fit with the application guidelines and be submitted through the formal channels via the website. The workshops are reviewed first and commented on but are then excluded for scoring purposes. The content and speakers are to be suggested by the committee involved, subject to the standard evaluation feedback from previous years. The Scientific Committee should provide details of a direction or theme for the forthcoming meeting to help guide the committee into developing a relevant workshop.

1. Continence Promotion Committee	2. Nursing Committee
3. Physiotherapy Committee	4. Childrens and Young Adults Committee
5. Urodynamics Committee	6. Ethics Committee
7. Fistula Committee	8. Neurourology Promotion Committee
9. Standardisation Steering Committee	

Question: Are there any topics remaining that the committee feels should be an Education Course and therefore core curriculum i.e. Constipation and Faecal Incontinence, prolapse, imaging etc. Please put your suggestions on the forum.

With regards to commissioned workshops I would suggest that this is an agenda item at each annual meeting and it is discussed as part of the first teleconference when reviewing the workshop applications. This will then allow the committee to identify any missing subjects or new areas that require a workshop. That will then allow time for the office to contact the potential chair for the workshop and prepare the programme.

The office can prepare a branding logo so that the education courses can be easily identified on the programme.

Question: Should Education Courses at the ASM be free to delegate to attend?

Many thanks

Ervin

29/05/15

Appendix 1 – AGENDA ITEM FROM BEIJING EDUCATION COMMITTEE MEETING

ICS Education committee: Planning for the future, setting a core curriculum and planning ASM workshops

A. This paper sets out a view on the establishment of a system for the allocation, selection and commissioning of the educational content prior to the annual scientific meeting (ASM), normally held on the first two days of the ASM.

There shall be three categories of event:

1. ICS Educational Courses
2. Commissioned workshops
3. Member initiated workshops

1. ICS Educational courses

These courses form the “core curriculum” of ICS educational activity at the ASM. Each course is an official part of the ASM and contains ICS approved content. The core curriculum will be established by the ICS Education committee with oversight by the Educational quality sub-committee and the Scientific committees. The core curriculum content will be subject to regular review. Acknowledged experts in each area will be invited to present a course covering the required content. Each course will be subject to evaluation and amendment to content and delivery made in response to audience feedback and changing needs of the clinician community.

Educational courses will:

- cover the essential knowledge and competence required of a clinician working in the fields of incontinence and pelvic floor dysfunction.
- include faculty development, and
- provide educational and teaching skills to attendees.

Subject matter may include those areas which are less likely to be initiated by ICS members, but, in the event of a member initiated workshop being designated as an Educational course in any year, ICS approved terminology and standards must be used in that course for it to be designated as such.

2. Commissioned workshops

Workshops which either cover or introduce novel areas of investigation, management, basic science or research may be commissioned by the Education committee in response to perceived need or increasing interest within the scientific community. The courses and workshops subcommittee shall be responsible for the commissioning, budgeting and organisational oversight of these courses, subject to the approval of the Chairman of the Education committee.

3. Member initiated workshops

Applications to run workshops initiated by members shall be invited prior to the ASM in accordance with current ICS policy. All workshops undergo peer review for content, delivery, quality of the application, content, prior performance of either the workshop or its presenters, and perceived interest. Workshops must comply with current ICS guidelines.

B. Organisation and scheduling

The Courses and Workshops sub-committee in association with the Scientific committee and the ICS office shall be responsible for the scheduling of ICS educational activities at the ASM. All applications for budgetary support for these activities shall be subject to the approval of the Education Committee chairman, who shall allocate funds from the annual budget.

Appendix 2

Suggested core curriculum in survey

Assessment of continence / LUTS in Children
Assessment of Continence / LUTS in Men
Assessment of Continence / LUTS in Women
Assessment of Continence / LUTS in the Elderly
Conservative and Medical Management of SUI in Women
Conservative and Medical Management of SUI in Men
Surgical Management of SUI in Women
Surgical Management of SUI in Men
Assessment of the Adult Patient with Constipation and Faecal Incontinence
Assessment of the Child with Constipation and Faecal Incontinence
Assessment of the Older Person with Constipation and Faecal Incontinence
Conservative and Medical Management of Constipation and Faecal Incontinence in adults
Conservative and Medical Management of Constipation and Faecal Incontinence in children
Surgical Management of Constipation and Faecal Incontinence
Conservative and Surgical Management of Prolapse
Assessment and Management of the Patient with Painful Bladder Syndromes
Imaging of the Pelvic Floor
Good Urodynamic Practice
Assessment and Management of Obstetric Fistulae
Neurourology

Comments Online

Nadir Osman Trainee (Student / Fellow / Resident / Registrar), United Kingdom United Kingdom

Question 1: Are there any topics remaining that the committee feels should be an Education Course and therefore core curriculum i.e. Constipation and Faecal Incontinence, prolapse, imaging etc. Please put your suggestions on the forum.

This is a little difficult as there are so many potential topics which could be considered as "core". It is difficult to know where to draw the line. I think the suggestion for each of the committees to propose a workshop is a good one which will hopefully lead to a broad and well balance program.

Question 2: Should Education Courses at the ASM be free to delegate to attend?

I think this would be a good idea, particularly as costs may be prohibitive for those from less economically developed areas who may have to spend considerable amounts just to attend the meeting. Providing the courses free of charge (or perhaps a certain number of spaces free?) would ensure more equitable access to education in the key areas (eg neurotrol, urodynamics)

Marijke Sliker-ten Hove Physiotherapist, Netherlands Netherlands

Question 1

I am missing the multidisciplinary message and do not have the straight answer to that, but we always have courses on one subject. If this subject is the responsibility of lets say the physiotherapy committee the physios will come and perhaps a handful of doctors. On this way the interaction between the professions is still not stimulated. It would be great to have a course with a responsibility of different committees in collaboration. My experience in the past was that even proposals of multidisciplinary workshops were declined.

I hope committee members have good plans and ideas to express more the multidisciplinary of our ICS

Question 2

If possible is free a good options or also a scale like ICS meetins have. The danger is perhaps that people choose than for the free ones and decide at the last moment that the weather is good outside to make a trip.....

Ervin Kocjancic Urologist, United States United States

I am personally not in favor of free courses. Actually these are the one that we should charge for. To Marijke pint somebody could prefer the free ones over the others. I would suggest that all the committee activities / course are the only one that should stay free.

Christopher Payne Urologist, United States

The list of "core curriculum" seems to broad. For me, "core" implies more basic--something that trainees/new members would sample and established members working in basic science or a narrow area might use to expand their knowledge. So obstetric fistula could never be a core curriculum since the majority of members will never encounter such a patient. I would suggest something like:

Assessment of continence and lower urinary tract dysfunction
Conservative and Medical Management incontinence
Assessment and conservative therapy of lower bowel dysfunction
Assessment and Management of Pelvic Pain Syndromes
Imaging of the Pelvic Floor
Good Urodynamic Practice

Neurourology

Basic Science of the lower urinary tract

Principles and Practice of Pelvic Floor Physiotherapy

As noted by Ervin, I am not generally in favor of free courses although I could see a reduced rate for trainees taking core curriculum.

Frankie Bates Nurse (Specialist/Advisor/Practitioner/Academic), Canada

Hi , I am late sorry. I must say I agree with Chris that "core" could certainly imply basic or "the core of the matter" being more essential component of the program. One of the problems I guess is now that the workshops are not in the first two days but spread throughout the shortened 4 day conference . This will mean that individuals may choose free workshops and scientific lectures rather than pay the extra money for the charged workshops. This could impact ICS financially. Secondly I am not sure that we should be directing the committees on themes, topics etc for their workshops. I think each committee should know best what fits their particular expertise. For example, in Egypt, the Continence Promotion committee realized that we should focus on Prolapse. In Montreal they are focusing on how we can educate family physicians. Both country specific problems which that particular committee are aware of. I believe the same would go for all the other professional committees. Nadir is correct in as much as so many potential topics could be considered "core". I did however agree with the members who thought that "all" topics were of relevance.

Margot Damaser Biomedical Engineer, United States

I apologize as before for being late to comment. I agree with all of you in the following:

1. the approach to ask each committee to develop a course is a good one. The committees are generally multidisciplinary in their membership so this approach I feel covers the multidisciplinary concern. It also allows these "core" courses to change over the years as needs/interests of the members change instead of being set in stone and difficult to change. I don't think anyone at ICS would be opposed to 2 committees working together to jointly develop a course (i.e. standardization of pediatric terminology jointly by standardization and pediatric committees) and this option should be included in the request for proposals to the committees.
2. I think these courses should be free to all attendees (probably on a 1st come 1st served basis until spots are filled), particularly if they are to compete simultaneously with free oral or poster sessions. If we think too many people will opt for a trip in nice weather at the last minute, we can over-register each course, expecting 20-25% dropout. If the room is packed, so much the better in my mind.