

## **ICS Physiotherapy Committee Meeting Minutes**

**Tuesday 6th October,  
Venue: Palais des Congrès  
Room: 512H  
Time: 07:00-10:00**

**Attendees:** Doreen McClurg (Chair) Elisabeth Bakker, Cristiane Carboni, Rebekah Das, Jacqueline De Jong, Rhonda Kotarinos, Adelia Lucio, Stephanie Madill, Peter Meyers, Heather Moky, Melanie Morin, Cristina Naranjo-Ortiz, Marijke van Kampen, Petra Voorham-van der Zalm.

**Apologies:** Chantale Dumoulin

**Also in attendance;** Myung-Soo Choo, Avicia Burchill, Paula Iguialada-Martinez

### **1. Education Document**

EB explained that there were a few comments on the review document. Some comments were with regards to the English which is very easily changed. The scoring was raised and we decided not to use the International Classification but just reference but EB would like to have advice of committee with this point. The committee agreed. EB questioned the first phrase and it was agreed to add "to ensure a multi-disciplinary approach when needed". It was also commented that there are too many references to overactive pelvic floor and it was suggested to remove but the committee agreed to keep this in the document. EB will make changes before meeting tomorrow. DM wanted to check the procedure on how it gets published.

**ACTION POINT: ICS Office to provide procedure on how to get document to publication stage.**

MvK asked about the document suggesting that people should aim for a level 3. EB stated it was in the document and it was recommended but that it is not always possible. It was agreed to make it clearer. EB questioned should lobbying re level 3 be an aim of the document. CC felt that was important. DM also stated it would be a useful document to start a women's health service. RD it might be private not always government.

### **2. Approval of Rio meeting minutes**

Approved

### **3. Approval of teleconference minutes- January 2015**

Approved

### **4. Approval of teleconference minutes – September 2015**

Approved

### **5. Terms of Office**

SM confirmed that she would not be renewing her position. CNO confirmed she would like to stay for another term. It was agreed to call for one position to continue succession planning.

**ACTION POINT: Note SM not renewing on committee and the Physiotherapy Committee to call for one expression of interest.**

## **6. Terms of Reference**

Round Table Sub Committee: PV (Chair) & CNO, AL. Remove RD

RT PV, CNO and AL

Education – RK, AL, PM & HM. Remove EB.

RK, AL, PM HM

Membership & Communication – CC. Add RK. Remove CNO.

CC, RK

Scientific – MM, RD, RK, DM. Remove CD & RK. Add PI.

MM, RD, DM, PI

**ACTION POINT: ICS Office to make changes to subcommittees on the website and committee to check.**

**ACTION POINT: CC to liaise with ICS Office to set up rota re articles for enews.**

**ACTION POINT: CC to collect powerpoints and handouts from round table to load to the ICS website. Office to assist and follow up.**

It was agreed that there were no changes to the TOR re attendance of meeting. It was discussed that all PT ICS committee members get entrance to RT for free and that speakers should also be entitled to this.

**ACTION POINT: ICS Office to ensure that speakers and physio committee members of the round table are permitted in for free.**

A discussion with regards to industry supporting the round table was held. HM questioned whether there were any rules. AB explained there were no rules as the Round Table is excluded from CME. AB requested that if anyone has contacts with industry partners to put them in contact with office.

**ACTION POINT: Committee to consider possible industry support for the Round Table to either bring physios to meeting or support social event.**

## **7. Outstanding Actions:**

**6b ACTION POINT: CNO, CD, PM, to develop terms of reference template for each sub-committee. CD confirmed 'We have not completed this task yet as the previous project is still not completed. When we finalise the adherence consensus project, we will move on to other projects' 14/1/15**

JJ confirmed that the terms of reference for the round table subcommittee could be used as a template. The scientific subcommittee need to produce a TOR. PR to produce aims and objectives for the education subcommittee.

**ACTION POINT: TOR to be produced by January for each subcommittee. ICS Office to circulate round table TOR with minutes as example/template.**

### **8. Lifetime Achievement Award**

DM explained that for the past 2 years the committee have submitted application for Kari Bo. It was discussed and DM happy to submit again for 2016.

**ACTION POINT: ICS Office to remind DM of lifetime deadline and application process.**

### **9. Plans for Tokyo Roundtable**

PV when planning for 2016 have to consider that in Beijing no Chinese physios came to the Round Table and that its expected to be the same in Japan as there is no physio role in Japan. PV asked the committee, do we lower the academic level for the Round Table to encourage Japanese attendance? Or keep to a relatively high standard because the core ICS members are attending to increase and develop their knowledge and skills.

MC explained that in Japan the nurses do the physio work. A discussion was held about the lack of physios in Japan. PM suggested to discuss with CPC. It was agreed to provide a higher level Round Table and an "Entry Level" or "basic" workshop. DM suggested to review the format for the RT after the evaluation.

**ACTION POINT: Physio Committee to send a letter to the Japanese ICS members to contribute to workshop and to encourage new people to come.**

**ACTION POINT: Physio committee workshop to have translation**

**ACTION POINT: SM to provide details of institution in Japan who has partnership with?.**

**ACTION POINT: ICS Office and chair to contact the Japanese Physio Association**

**ACTION POINT: Ask Board for 5 free registrations to the 2016 to encourage new members to join i.e. the Ambassador programme.**

DM asked the committee if anyone has any links then to use these try and raise the profile.

### **10. New project – 'developing best practice guidelines for training physiotherapists to complete pelvic floor muscle assessments'**

PM explained that after finishing the guidelines, RD submitted the suggestion of developing best practice guidelines for pelvic examination and most of the committee agreed this was worth doing. AB explained there could be Educational Modules & e-learning options. MM explained that her workshop included many of the tools and perhaps this could form the basis of such guidelines. PM responded perhaps the content is almost there and then look at what we can develop later. In long term the guidelines could be very developed. DM felt that they needed to put a group get together. DM suggested that the end point could be standard educational modules. SM thought that this was not a standard alone thing – it should be combined with all other aspects of the practice.

The Education and the Scientific committee could get together to develop such guidelines and discuss the format.