



## **ICS Neuro-urology Promotion Committee Meeting Minutes**

**Tuesday 13<sup>th</sup> September 2016,**  
**Venue: Tokyo International Forum**  
**Room: G405**  
**Time: 08:30-10:30**

**Known Attending:** Emmanuel Chartier-Kastler (Chair), Waleed Altaweel, Marcio Averbeck, Emmanuel Braschi, Juan Castaño, Carlos D'Ancona, Melissa Davies, Enrico Finazzi Agro, Magdy Hassouna, Thomas Kessler, Charalampos Konstantinidis, Daniele Minardi, Brigitte Schurch, Jalesh Panicker, Limin Liao, Pawan Vasudeva,

**Apologies:** Pierre Denys,

**Also in attendance:** Collette Haslam (New), Doreen McClurg (New), Giulio Del Popolo (New), Rizwan Hamid (New), and Jenny Ellis

**1. Committee picture to be taken**

Picture taken and it is available on the ICS website.

**2. Approval of Montreal meeting minutes (Attached)**

All members approved the minutes, no changes requested.

**3. Terms of office (Attached)**

CK and MH would like to renew for a second term. JE to email PD to confirm whether renewing for a second term.

**Action: JE to email PD to confirm whether renewing for a second term.**

ECK confirmed he would like to renew, JE confirmed the process- all Chairs need to re-apply for their position. This requires a 1<sup>st</sup> and 2<sup>nd</sup> nomination and a completed application to be submitted to the office.

If PD renews then no new positions for the committee next year.

**4. Terms of Reference (Attached)**

ECK and committee confirmed no changes to the TOR.

**5. Budget 2017**

No funding required unless the committee decide to have a face to face meeting.

**6. Plans 2017**

MA confirmed that the first draft of the systematic review on botulinum toxin will be ready for



review by December 2016. ECK discussed the cateterisation projects- this is with Jerzy for review, this is in first draft stage but not ready for committee review. MD confirmed that they now have a PT helping with this project.

Surgical techniques- just classifying and updating the document, this should be ready by the end of the year.

TK felt that there was limited financial support from the ICS Board for these projects. JE confirmed that the board will fund projects as long as they are aligned to the overall ICS strategy. ECK would need to submit a request if the committee need financial assistance. MH suggested using graduate students for additional support with projects. ECK advised that he would review the topics selected by the committee and decide which areas require focus and if funding is required to move these forward. JP suggested linking the fellowship to these projects, could obtain additional assistance this way. JE advised that the office can assist the committee in contacting trainee members- we have a database with this information and can send targeted mailers on your behalf. ECK thought this would be a good idea once we have selected the final projects.

ECK suggested a nursing workshop for 2017 and asked CH to assist with this project, CH confirmed she would be happy to be involved. JE confirmed the deadline for workshop applications is 4<sup>th</sup> January 2017.

#### **7. New Standard Operational Documents discussion from the ICS office (Attached)**

JE highlighted the new SOP created by the education committee. This document outlines the process that all ICS committees must follow when producing materials for publication as ICS information. This includes reports, white papers, news articles, videos etc. Please could members all refer to this document prior to proceeding with projects.

#### **8. Magdy Hassouna- SNM consensus report**

Committee need a protocol for SNM. This needs to be a concrete plan for members to follow. Aim is to assess SNM worldwide to create guidelines. The data was collected via a survey (22 questions) covering all aspects of SNM. This was reviewed by the committee. The 49 responses to the survey were from people involved in implants. The majority of respondents have under 5 years' experience and they annually treat 1-10 patients per year. The majority of respondents confirmed that government or insurance covered the cost of treatment. Most of the patients were affected with refractory OAB.

RH asked whether any respondents confirmed neurologic conditions. MH confirmed that this was an open question and no one indicated neurologic condition. GDP asked whether this included ultrasound? MH confirmed it did not.

MA mentioned that PNE was not available in Brazil before 2016. MH confirmed that all implanters do screening by implanting. ECK advised in North America a lot of colleagues use PNE and this takes place within their offices.

*EB joins meeting.*

MH confirmed that discrepancies in the responses would need to be addressed within the guidelines.

The group discussed whether the committee has what is required to complete the guidelines. It is likely that a second questionnaire will need to be created within the committee to address the issues raised in the first questionnaire. The committee will need to decide whether it is possible to benchmark based on a majority of responses. All of the committee will be required to give feedback on the 2<sup>nd</sup> questionnaire and how the committee moves forward with this project.

ECK thanked MH for his work on this project. ECK asked the committee whether they would like to proceed with a consensus document for SNM, similar to the artificial sphincter document. Or should the committee stop after the consensus meeting?

WA thinks the committee should proceed, this is an interesting topic and everyone has different ways in managing SNM. ECK advised that this could mean funding is required from ICS to support the project e.g. for a face to face meeting. MA thinks this would be a best clinical practice document for people doing SNM. But this would need to be an evidence based document. RH thinks this would be a large project to undertake and may require assistance from the neuro-urology committee. MH agreed- 90% of respondents highlighted the neuro-urological issues. JP thinks that one committee should lead this, we could start the project and look at having a roundtable in Florence to obtain feedback. TK suggested a literature review would be useful for the project but felt that this area might not be a hot topic for the committee. JE suggested contacting the Board for feedback. ECL agreed, there are a lot of issues in SNM and not a lot of conclusions.

**Action: ECK to contact the Board to obtain their feedback on the SNM project.**

The committee discussed the areas of concern regarding this project- lack of literature, technical information, evidence. TK suggested that the committee could still publish their findings to date to highlight the lack of information/consensus in this area. This is a possibility if the committee decide not to proceed in a follow up survey.

**9. Jalesh Panicker- Update about the Queen Square/ICS Uroneurology course in October 2016. A discussion about double-badging a Neurourology workshop being organised at a national neurology conference in India in July 2017**

ECK confirmed that the committee had received interest from national and international societies for ICS members to speak at their courses/events. This year we have sent a number of speakers to the events to speak on behalf of ICS. 1 course in Brazil, Greece, Panama and Japan.



All courses are labelled ICS courses and sit under the education committee banner. ECK suggested that the committee increase their teaching as best practice to promote ICS.

JP confirmed the London course takes place next month, 5 members of the committee will be involved, and most of whom are local. This is a 2 day course covering bladder, bowel, sexual dysfunction etc. This is a small meeting with around 40 delegates attending, some international delegates. The course has been advertised via the ICS office- online and via eNews. The group discussed funding for speakers and courses, JE advised that funding can be requested via the education committee or via the Board. JP asked whether courses could be filmed, JE advised this is possible, we would need funding confirmed to send a member of the IT team to film the session. EFA suggested creating a module rather than just filming courses, JE advised modules were possible- see the SOP for further guidelines. These modules would be available via ICS TV.

EB suggested a 1 day course in Argentina, this is currently under discussion.

## **10. AOB**

INUS session is on Friday morning, all welcome to attend. TK confirmed that a meeting (5<sup>th</sup> International Neuro-Urology Meeting) will take place next year in Zurich, ECK confirmed that this is a specialised meeting that will take place annually. ICS is invited to attend this meeting

JP was approached to produce a committee workshop in India. This would be a multi-disciplinary 4 hour session covering urology, neuro-urology etc. ECK confirmed that we are trying to promote ICS in areas where we are not well known but it is difficult to find people within these areas e.g. Africa is an issue. JE suggested that the committee request funding for the India course.

**Action: JE to send JP course application form.**

Committee discussed how best to reach people in areas where ICS has limited involvement, any ideas please contact ECK.

MD suggested creating a database of contact. ECK advised that the ICS office has a list of contacts and host centers that we can review to start with.

**Action: JE to send ECK host center and contacts in neuro-urology.**

Committee discussed how best to assist and advertise opportunities for young members, the group suggested creating a questionnaire to send to contacts so that we have this information. ECK will create questionnaire.

**Action: ECK to create questionnaire to confirm available resources/fellowships with linked organisations/members. This information can then be advertised on the ICS website.**



ECK thanked everyone for attending.

**Meeting Ends**



## **ICS Neuro-urology Promotion Committee Meeting Agenda**

**Tuesday 13<sup>th</sup> September 2016,**  
**Venue: Tokyo International Forum**  
**Room: G405**  
**Time: 08:30-10:30**

**Known Attending:** Emmanuel Chartier-Kastler (Chair), Daniele Minardi, Magdy Hassouna, Waleed Altaweel, Charalampos Konstantinidis, Emmanuel Braschi, Brigitte Schurch, Thomas Kessler, Enrico Finazzi Agro\*, Jalesh Panicker, Limin Liao, Marcio Averbek, Melissa Davies, Pawan Vasudeva,

### **Known Apologies:**

**Unconfirmed:** Carlos D'Ancona, Collette Haslam (New), Doreen McClurg (New), Giulio Del Popolo (New), Juan Castaño, Pierre Denys, Rizwan Hamid (New),

**In Attendance:** Jenny Ellis

\*Attending after ICI meeting

1. Committee picture to be taken
2. Approval of Montreal meeting minutes (Attached)
3. Terms of office (Attached)
4. Terms of Reference (Attached)
5. Budget 2017
6. Plans 2017
7. New Standard Operational Documents discussion from the ICS office (Attached)
8. Magdy Hassouna- SNM consensus report
9. Jalesh Panicker- Update about the Queen Square/ICS Uro-neurology course in October 2016. A discussion about double-badging a Neuro-urology workshop being organised at a national neurology conference in India in July 2017
10. AOB

## **ICS Neuro-urology Promotion Committee Meeting Minutes**

**Tuesday 6<sup>th</sup> October 2015,**

**Venue: Palais des Congrès**

**Room: 512D**

**Time: 10.30-12.30**

**Known Attending:** Emmanuel Chartier-Kastler (Chair), Waleed Altaweel, Marcio Averbeck, Melissa Davies, Enrico Finazzi Agrò, Pierre Denys, Magdy Hassouna, Charalampos Konstaninidis, Limin Liao, Helmut Madersbacher, Jalesh Panicker, Ryuji Sakakibara

**Known Apologies:** Homero Bruschini, Thomas Kessler, Andrei Manu-Marin, Brigitte Schurch, Pawan Vasudeva.

**In Attendance:** Avicia Burchill, Emmanuel J Braschi, Carlos D'Ancona, Juan Carlos Castano Botero, Daniele Minardi, Adrian Wagg.

1. EC thanked those who are leaving and handed out certificates. A specific thank and recognition to H Madersbacher for his work especially at a time where the committee was in trouble regarding chairmanship.

### **2. INUS: new information from TK & HM**

EC explained about the creation of the new society and expressed that it is hoped that the two societies can work together. EC explained that he is not a member of the new society and as discussed in Zurich which has two goals – to host a meeting and to provide grants/fellowships. EC explained that the committee have to discuss how we can work with this society and not to compete. There are not many neurourologists and so its important to promote the subject area. HM explained that they are non-profit scientific society with headquarters in Zurich, in association with the Swiss Continence Society. The focus is neurourology and is meant to be complimentary to other international societies. We want to improve neurourologic care through education in the format of scholarships, workshops and promotion and information for the public. We are open to any collaboration to improve the overall situation.

MH felt that the new society was an excellent idea but questioned whether the meetings would be joint at other meetings? HM explained that they want them to be separate but that they are open to be invited to take part. They currently have 59 members.

AW the ICS are keen on scholarly output and research. AW expressed that it would have been good to have the NUU as the journal of the new society which is a shame. HM responded that INUS has not yet contacted any journal. The existing journal of Neurourology has nothing to do with INUS, is published in South Korea and has no connection with us whatsoever. Of course we plan to use NUU as our journal.” AW continued, it remains to the ICS Neurourology committee to work with the society and we can all benefit from increased work and output. The Board would like to see

the Neurourology committee as a shrewd productive group with a formal budget to do something like a consensus statement which the Board would be happy to fund. The ball is the committees' court.

EC perhaps we can alternate meetings and combine due to sponsorship. HM explained the next Zurich meeting will be 2017.

JP we all want to improve the visibility of neurourology and this is a step forward but the concerns are the overlap and patient information. HM we have to increase awareness in the elderly that help is possible and available if they go to the specialist. It differs from continent to continent

LL entered

EC you all agree to drive activities under the ICS umbrella. ICS will provide support within Europe. CD explained that the Board wants to invest not only courses but elearning but with results.

### **3. Approval of Rio and Zurich meeting minutes**

Approved

### **4. JP request for Neurogenic Bladder Course, London, 2016**

JP explained that in 2014 in London they ran a very successful meeting with the ICS for those with an interest in neurourology and it ended up being very multidisciplinary. Feedback was that we should have meeting every 2 years. The office was there and there was good promotion of the ICS. JP explained that next year would be a similar model with a view to hold Autumn 2016. EC felt that this is good idea and questioned what funding he would need? JP explained that the ICS brought speakers and would want 5 speakers with travel. AB explained the education committee application process and therefore it could come from the education committee budget rather than from Neurourology committee. MH asked who selects speaker. AB explained that normally its an open discussion between ICS and organiser.

**ACTION POINT: ICS Office to send JP education course application to take forward October 2016 application.**

### **5. WA request – animal lab and live transmission of surgery**

WA explained his request for a course he is organising and that this request has no financial obligations for the ICS. WA proposed 2 residents to come and join the course but they need applicants. AB explained the ICS recognition programme and it was agreed that this fitted the template. Unable to restrict applications from certain countries so suggested a fixed stipend to cover travel.

**ACTION POINT: ICS Off to send ICS recognition application to WA.**

### **6. Neurourology Mailing List**

EC wanted each of the committee members need to collect the names of the neurourology leaders in order to help promote the committee activities



**ACTION POINT: ICS Office to prepare known contacts from ICS database and then ask committee members for additional contacts to create mailing list to promote neuro activities.**

#### **7. Guidelines of pelvic neuromodulation – MH**

MH explained that there are no guidelines for pelvic neuromodulation. There are different mechanisms to do the placement even from within Canada. MH felt that the only way to get guidelines is to do this through the ICS. MH presented his proposal – *see attached to minutes*. MH continued, to prepare these guidelines is a big endeavor and he proposed a small committee to have a good review of literature. All implanters should get a questionnaire about the minimum requirements.

EC explained that Jacques Corcos just did the AUS meeting funded by AMS and he is preparing the paper with 2 or 3 fellows and then several of colleagues involved in the actual meeting who had a very specific topic to discuss. It was a good process. The meeting was in Chicago and then they are to re-write the paper and then its ready for publishing. EC felt that they could ask Medtronic for funding to the ICS as it's a good strong proposal.

MA commented that it's a straight forward initiative but there are some areas without evidence i.e. antibiotics. JP commented that its an excellent idea and there are so many ways its being done so its needed. There are people who are not working in neurourology so the field needs to be opened. EF commented that maybe guidelines is maybe not correct but maybe consensus better. EC agreed and suggested to see what Jacques calls his paper. EC felt the next step would be to call for volunteers to get draft ready and then approach Medtronic to get grant. EC explained that AMS gave USD 25000 for the AUS conference.

**ACTION POINT: ICS Office to set up subcommittee to create forum for first draft to guidelines pelvic neuro. To include MH, WA, JC, MA, LL & DM**

#### **8. Literature review process: to be discussed for draft decision, surgery and MS, LUTS and medical therapies in BPH, MS and antimuscarinics, BTX A and MS.**

MA explained that dementia paper has been circulated and have had feedback. The number of references has been increased and its ready to be published.

**ACTION POINT: Dementia paper: MA to ensure all names are listed and ICS name is also listed on paper for publication**

JP explained that a draft of the systematic review re parkinsons has been registered with Prospero. The next step is more discussion before being circulated again and that by the 1 November the paper will be available for circulation.

**ACTION POINT: JP to circulate the parkinsons paper to the group by 1 November**

EC plans to prepare the MS paper by December. All sub topics need to be ready by end of 2015.

EC explained that the new members of the committee will be involved in the Surgical Atlas.

EC discussed video teaching and that the neurourology committee can prepare elearning. CK explained that his course was recorded. The educational modules that the urodynamics committee have been producing were discussed. JP suggested a workshop at next ICS. EC agreed this was good idea. JP also suggested that the courses outside of annual meeting can be recorded.

**ACTION POINT: EC to prepare a basic neurourology workshop application for ICS 2016 on behalf of the committee and request that its filmed for elearning purposes.**

#### **9. Terms of office**

EC explained that he wanted to have 15 people as after 2016 AGM will be left with 11 including chair. WA asked about entry level requirements. AB explained that its to be left open as expressions of interest, otherwise committee needs to change terms of reference and that the committee will have a scoring system to review the applications. It was agreed to then have a teleconference to discuss applications after the scoring to discuss specific experience of the applicants. It was noted that a nurse was required on the committee and therefore it was agreed to call for nurses with specific interest and CV for Neurourology to join the committee. The office will advertise the call for expressions.

**ACTION POINT: Call for expressions of interest to fill 4 positions on committee and call specifically for a nurse and a colorectal representative.**

**ACTION POINT: ICS Office to contact Thomas Kessler and find out if he wants to renew. If not increase call for expressions to 5.**

*Post Script: Thomas Kessler confirmed he is happy to renew his position for 3 years.*

**ACTION POINT: ICS Office to update website with new members and then office to circulate new emails to whole committee.**

Meeting End

Neuro-Urology Promotion Committee Terms of Office

Member	Committee Role	Term Start	Term End	Term Yrs	Elected	Term details	Additional Information
Emmanuel Jean Chartier Kastler	Chair	23-Oct-14	14-Sep-17	3	Y	3 year term will finish in 2017- can be re-elected by formal election	
Brigitte Schurch	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish in 2016- Cannot renew	
Enrico Finazzi Agro	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish in 2016- Cannot renew	
Limin Liao	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish in 2016- Cannot renew	
Waleed Altaweel	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish in 2016- Cannot renew	
Magdy Hassouna	Committee Member	23-Oct-14	14-Sep-17	3	N	3 year term will finish in 2017- can renew	
Charalampus Konstantindis	Committee Member	23-Oct-14	14-Sep-17	3	N	3 year term will finish in 2017- can renew	
Pierre Denys	Committee Member	23-Oct-14	14-Sep-17	3	N	3 year term will finish in 2017- can renew	
Jalesh Panicker	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Márcio Averbek	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Melissa Davies	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Juan Carlos Castaño Botero	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Daniele Minardi	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Emmanuel J Braschi	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Pawan Vasudeva	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Thomas Kessler	Committee Member	29-Aug-13	05-Sep-19	6	N	6 year term will finish in 2019- cannot renew	
Collette Haslam	Committee Member	16-Sep-16	05-Sep-19	3	N	3 year term will finish in 2019- can renew	
Doreen McClurg	Committee Member	16-Sep-16	05-Sep-19	3	N	3 year term will finish in 2019- can renew	
Giulio Del Popolo	Committee Member	16-Sep-16	05-Sep-19	3	N	3 year term will finish in 2019- can renew	
Rizwan Hamid	Committee Member	16-Sep-16	05-Sep-19	3	N	3 year term will finish in 2019- can renew	
Carlos D'Ancona	Ex-officio	19-Feb-15	14-Sep-17	2	N	Ex-officio	

Quorate No=6

## Nominations 2017

Emmanuel will need to confirm if re-apply for the Chair position.

Brigitte, Enrico, Limin, Waleed will step down in Tokyo.

Magdy, Charalampus, Pierre will need to confirm if they wish to renew and stay on the committee. If not then these positions will need to be advertised following Tokyo.

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

## **ICS Neuro-Urology Promotion Committee Terms of Reference**

### **1. PURPOSE:**

Aim of this committee is to promote Neuro-Urology and to assist centres requesting help, to set up and develop this sub-specialty

### **2. FUNCTIONS:**

1. To promote educational efforts, including materials related to Neuro-Urology
2. To manage and run the Neuro-Urology Fellowship
3. To encourage multidisciplinary and multicentre research relating to Neuro-Urology
4. To contribute to the creation of standards and guidelines in Neuro-Urology in collaboration with other relevant committees and organisations

### **3. RESPONSIBLE TO:** ICS Board of Trustees and ICS Membership

### **4. COMPOSITION:**

<b>Total Members</b>	<b>Method of Appointment</b>	<b>Name</b>	<b>Term of Office</b>
General Secretary	Ex Officio		2 years
<b>Chair:</b>	Elected. A member must sign his/her agreement to stand. This nomination is signed by nominator and seconder, all being current ICS members. The nominee for Chair would be a current or recent member (past 5 years) of the Neuro-urology Promotion Committee. If no one is nominated the ICS Nominations committee may suggest a suitable candidate. Nominations received by 1st March for current members all other applications by 1st April. Voting regulations as stated.	See <a href="#">Membership</a>	Term of office: 3 years, renewable once by formal election.
Membership	All members of ICS committees must be active ICS members (paid for current membership year) (By-law 2.3.2) and have completed a disclosure form.  One position on the committee to be held exclusively for nurse applications.	See <a href="#">Membership</a>	3 years, renewable once by Chair and committee approval. Further terms could be approved in exceptional circumstances and by referral to the ICS Trustees. Members must attend at least 1 out of 3 annual meetings to be considered for a renewal of term.

Subcommittees (if any)			
	Neuro-Urology Guidelines	See <a href="#">Membership</a>	
Updated January 2016			

**5. MEETINGS:**

One face-to-face meeting during the Annual Scientific meeting; other deliberations normally by electronic media. Another meeting will be considered if necessary and will ideally be combined with a major European conference.

**6. QUORUM:**

One third of committee membership plus one. For example, a committee of ten will have a quorum of four members.

**7. MINUTES:**

Minutes are recorded at each meeting and posted on the ICS website in accordance to ICS Bylaw 6.1-6.4).

**8. REPORTING & ROLES:**

The Chair of each committee is required to prepare an annual report to the Board of Trustees outlining achieved goals/budget requests and future objectives and strategies. The Chair is also required to be present at the Annual General Meeting should the membership have any questions over committee activities.

The committee Chair is also responsible for submitting an interim report to the Board of Trustees' mid-term meeting. The date that this report will be required will be given in advance each year.

For Terms of Office information please see the [Neuro-Urology Promotion Committee Membership page](#).

**Dear Committee Members,**

Please review the standard operating procedure for producing an “ICS Educational Module”. Please note that this is still a working document and if you have any comments please direct them to Jenny or Avicia in the office. It is hoped that Educational Modules will be the gold standard of online educational content that the ICS produces. Over the next few months other types of online content will also have a procedure created so that any content that is placed on ICS TV will have followed the process of authorisation.

If you have not already we encourage you to view and review the content already on ICS TV <http://www.ics.org/tv> We require your feedback before this takes a prominent position on the ICS website.

## **ICS Educational Module Standard Operating Procedure**

The ICS strategy over the next 5 years is to increase scientific and educational output and to become the go to society for scientific content. In addition to standardisation reports the ICS committees have been creating educational modules. Educational modules are central to the ICS strategy of facilitating the exchange of knowledge and experience among interdisciplinary health programmes. The ICS is seeking to develop and distribute high quality global health educational modules; define standards and competencies in health education; and address the needs of students, educators, and trainees as they seek to gain the skills and knowledge necessary to become healthcare leaders.

These modules consist of a PowerPoint available for download, a video and a peer reviewed published article. The outcome of these modules is that educators around the world can download the ICS module and present this to their students/colleagues. It is also expected that when an ICS speaker is invited to speak at an educational course or guest lecture the educational modules are used to provide the standardised educational content. The paper sent to NUU should be a systematic review of the content and should be in accordance to the 'PRISMA -checklist/guidelines'.

This document has been created to assist those Working /Committee groups who wish to create a module for the ICS and to ensure adherence with the approved process.

### **Vision for final product:**

1. Has clearly outlined learning objectives at the beginning.
2. Peer reviewed paper published in NeuroUrology & Urodynamics
3. Video demonstrating/explaining key issues and/or techniques—goes beyond paper to increase depth of learning.
4. PowerPoint presentation.
5. The entire module could be used by an individual over the web or as part of a course for students directed by a mentor.

### **Working/Committees General Information**

- The composition needs to be ICS members, multi-disciplinary, multinational and representing the most important stakeholders where appropriate. However if content is clearly for one discipline then sole disciplined groups are acceptable.
- Non ICS members can be part of a working group as experts or representatives of specific stakeholders but they must become an ICS member for the duration of their time on the project.
- Each group should choose a lead established at the outset who will also be the first or last author on the published paper. All members of the group will be responsible for the entire content of the module as a group. Note the lead of the group does not need to be the person who records the video. The presenter must have a clear speech, free of strong accent – see the guidelines document for preparing the module content (INSERT LINK WHEN READY).
- It is recommended that the module is presented to an audience at the annual meeting before it is recorded and where possible before the manuscript is sent for publication. This will provide valuable feedback.
- The module cannot be sponsored in any way and no bias should be given towards one particular product, pharmaceutical or equipment. Best practices must be followed in avoiding brand names. When there is any mention of specific product a disclaimer should

be added to the start of the document advising that ICS does not endorse this product over other products on the market.

- The ICS will not provide financial budget for face to face meetings of any group but will consider budget proposals for videoing the content.
- The ICS office will assist with setting up a forum for the group to exchange ideas and content for review. The office can also offer facilities for teleconference or WebEx, upon approval of a budget request.
- It is expected that a module should take no longer than 6 months to prepare.

### **Educational Module creation procedure**

Stage	Action	Comment
Proposal Stage	Creation of committee/working group to prepare proposal.	This can be a committee who have decided to prepare a module or a group of ICS members.
Proposal Stage	Budget and proposal is sent to ICS office. Proposal should explain the module in no more than 2 pages outlining the aims and objectives, learning outcomes, target audience and requirement for module. Budget will only cover the costs of filming and editing costs. Budget can be prepared in conjunction with ICS Office who can assist with the best way to record the module.	ICS Office ensure no overlap with other working groups and will advise the appropriate committee. ICS office to notify Education, Standardisation committee of proposal in progress. Budget to be approved by Board of Trustees
Preparatory Stage	Working group reviews the literature, and prepares the manuscript.	Office will assist with creating online forums for easy discussion and monitoring/chasing if required.
Review Stage	Manuscript is sent to Education and Standardisation Steering Committees and Board of Trustees who review for educational value and standardisation adherence.	These committees are not commenting on the content of the module. The committees should respond within 2 weeks.
Publication Stage	Once approved the review paper can be sent for publication in the ICS journal, Neurourology & Urodynamics. The PowerPoint slides are then to be prepared and video recording will be completed in conjunction with the ICS office.	Article submitted to NUU should clearly reference International Continence Society (ICS) Educational Module. Discussion with the ICS office concerning best way to record content.
Implementation Stage	Once completed the ICS office will disseminate the content via the ICS website, social media and other outlets.	

### **Checklist:**

- ☐ Working group created and chair appointed



- ☐ Budget and proposal sent to ICS Office
- ☐ Budget and proposal are reviewed and approved by Board of Trustees
- ☐ Working group prepares review paper
- ☐ Content reviewed by relevant Education, Standardisation Committees and Board of Trustees
- ☐ Paper submission to NUU
- ☐ PowerPoint and ideally video manuscript is prepared
- ☐ Video is recorded
- ☐ Video is edited
- ☐ Module is added to ICS website and advertised