



Children's Committee teleconference 27th June 2018 Minutes

Attendees: Giovanni Mosiello (Chair), Rien Nijman, Jian Guo Wen, Ashani Couchman, Mario Patricolo, Stuart Bauer,

Not Attending: Marcus Drake, Nelly Faghani, Selcuk Yucel, Kwang Myuing Kim,

Also in attendance: Jenny Ellis

GM welcomed everyone to the call, call to finalise the fellowship project plan. Also, the CIC project, the draft information was sent around to everyone before the call. We therefore need to start the draft for CIC and fellowship project. We have received funding from Wellspect and Coloplast for the fellowships. They would like to start as soon as possible and would like to follow this over the coming year. We need to demonstrate that we can satisfy their requirements.

A1) fellowship for Paediatric and Young adults NeuroUrology

GM confirmed that we plan to start the fellowships in the next 3-4 months. Ideally, we would like to have 8-10 centres to choose from over the coming year. RN asked how much do they received for the fellowship, \$5000 each? Yes, the funding is for 5 people, \$25000 total. This will include PTs. We are aiming to select member who need to receive our expertise, to practice at home. RN asked if we could continue the fellowships in the future or if this would be a one off? GM would like it to be an annual sponsorship, but this is the first one and we need to get this finished before applying for additional sponsorship. MP asked whether the fellowship is supposed to be in country of origin or Europe? Or expertise centres? GM reports that we must decide, but fellowship is designed for people of developing countries for training in host centre with well recognised expertise.

MP thinks we need to have host centres split over key locations to ensure there is geographical representation e.g. Australia/Australasia, Europe, North America etc. Fellows will struggle to attend host centres that are far from their home unless that personally provide additional funding. GM felt that this would be okay and is exactly his thoughts. GM reports that 5000 euro can represent a different value in different countries e.g. could be enough for 3 months for someone of East Europe visiting Western Europe, but not for USA. The duration is flexible 1-3 months, 2 months would be the medium.

AC lives in Australia and therefore feels able to give feedback on her area, it is admirable to make it open, but she agrees with MP, \$5000 for 3 months is difficult. The committee is more likely to select applicants from people with more funding or who can self-fund. Local fellows to local centres would be preferable. I think a list would useful but the list that GM provide, outlining the host centre requirements, is long, so it would be difficult to fill host places. We need to make it more flexible. Or work with local fellows to select centres. MP felt the criteria, is relevant, is this open to physicians, nurse, pts etc. Or just Drs? Or flexible? If it is inclusive, then we will need to target certain centres. GM felt this would mainly be aimed at medical Dr and paediatric, but the support could be open to all disciplines. GM remember to all that we have a program just approved for some aspects and that we cannot change everything. We must become operational after many months of discussion. We would like the program to be inclusive for all, but we must start as soon as possible, maybe approving a few centres at the beginning and then approving other in the coming months.

JE advised that to move the project forward we need to decide whether defining the criteria for the fellows OR host centre was most important. As one would determine the other. So, if finding fellows



was the most important task, then we need to outline what we are looking for and confirm that suitable host centres will be matched to the successful applicant. If the host centre is the most important, then we would need to outline what is expected/required of the host centre and then we can target fellows within this region.

AC agreed and suggested everyone on the committee could source local host centres for the project. AC volunteered to work on a list and send in next 2 weeks. It depends on which avenue we go – fellow or host first.

SB agreed, pick the places and then have people apply. We should limit this to fellows and start small. We can evaluate the host centres after the fellowships and add new centres going forward. To start then we need to define the criteria on what the fellows will be trained on and expand on current aims for this.

Group discussed this, and GM confirmed that the focus is the host centres. So, we should start there. MP suggested a minimum standard of care in x, y, z. So that the training would be useful and relevant to the fellows to take back to their local hospitals and disseminate with their peers.

GM confirmed that he would create the criteria for a host centre this week. We can then use this to identify suitable centres in July. Our aim will be to launch the fellowship in Philadelphia.

Action: GM to create host centre criteria by 6th July. This needs to be emailed to the office and committee members.

B) Paper on CIC

This needs to be inclusive for the committee. See attached from SB sent around prior to the call. AC has reviewed the document and thinks it's very good. MP suggested that we start from this and have the full draft document ready for Philadelphia.

GM provided an overview of the history of the document and expressed a concern, in order to avoid a duplicate of work. The paper that SB and MP started 2 years ago includes some topics that are present in the best practice on CIC requested (supported) by Wellspect, and vice versa: catheter reuse, education, special needs (suprapubic versus urethra), stoma catheterisation. We need to ensure that this document will provide fresh content to the read.

Group discussed content of paper and plan going forward. GM confirmed that he would like the committee member, who felt they have relevant knowledge/experience, to be on the group. Plus, we will invite experts to be involved in the paper.

JE clarified whether this should go on the forum for group discussion and expression of interest to be involved. GM confirmed would need volunteers and this should be discussed with the committee members. MP and SB agreed. GM confirmed we have €5000 more by Wellspect funding for this paper as well, could use for local fellow, researcher.

Action: JE to add CIC document to forum.

ENDS