

**ICS Education Committee Meeting – 28<sup>th</sup> August 2002  
Minutes**

**Present:-**

Linda Cardozo (Chair)  
Vicky Rees (Secretary)  
Francois Haab (in attendance)  
Stefano Salvatore (in attendance)  
Jean Jacques Wyndaele (Treasurer)  
Derek Griffiths (Presenting)  
Paul Abrams (observer)

Jens Thorup Anderssen  
Bart Bemelmans  
Chris Constantinou  
Roger Dmochowski  
Michael Halaska  
John Heesaaker  
Marijke Slieker-ten Hove  
Menahem Neuman  
Steven Petrou  
Steve Radley  
Peter Sands  
Werner Schafer  
Ajay Singla  
Andrea Tubaro

**ACTION POINTS IN *bold italics***

**1. Committee Members**

LC felt good balance of specialism although 15 is quite a large committee but suggested splitting into subcommittees to work on specific projects. It was noted that at present there was no geriatrician. JTA also suggested that all present remain on committee and split up into subcommittees who will present to the chair. MStH suggested forming a main board of 3 or 4 people to disseminate the responsibility of the chair.

All agreed the committee should meet twice a year. Once at end of Scientific Committee meeting, when the chairs of the subcommittees can present their work.

All agreed that all would join the committee but must attend 2 out of 3 meetings and give proper notice of non attendance. All agreed the whole committee would meet on the 2<sup>nd</sup> day of main ICS Annual meeting. The duration of committee office would be 3 years with possible renewal of three years. There was some concern that whole committee would change at end of three years, thus renewing the entire committee but LC felt some may leave earlier and that continuity would not be an issue.

**2. Urodynamic Accreditation – Derek Griffiths to present**

Plan to present at 2002 AGM. DG gave a briefing of his reasons for running the courses and explained that it was clear there was a need for courses for beginners as new labs were being set up rapidly and there was nobody to get instruction from. He went on to say that the need for qualification in Urodynamics was very high with demand particularly from Nurses. The

Society of Urologic Nurses and Associates were talking of setting up certificate program and he was concerned it may be set up without ICS standards. Nurses would like written exam but ICS feels courses in practical Urodynamics should be set up. ICS should set up standards for courses not individuals, aiming the courses at beginners.

Please see DG proposal document for full details.

AT and SS set up accreditation course sponsored by Pharmacia but encountered problems with courses, LC says charges could be made to individuals (who could in turn get funding from companies) AT felt too much work for trainers to do. DG suggested the ICS should just be responsible for the standards of the course not the delivery.

All agreed that ICS should set standards for urodynamics courses. DG commented that the ICS has to keep control of courses and need to develop a means of enforcing that they do keep to the standards. JpA explained that in his country, one has to complete a mandatory urodynamics course to become urologist approved by the European board of Urology working in partnership with a Danish company. He felt all these courses could benefit from having an ICS standard. ***It was agreed that either LC or an agreed person from the Education Committee would attend approved courses to check quality and standard were as approved by ICS. It was agreed that as it was impossible for ICS to check all courses, a list of accredited courses should be published on website and available at icsoffice.***

***It was agreed that DG should write a paragraph and design an application form for VR to put on website.***

It was suggested that the cost should be \$100 for reading application.

Need clear documentation – handout need to be clear. WS suggested ICS develop handouts but would charge for them. Need to work on course documentation for different countries and equipment. LC will ensure quality control of courses and documentation – period of three years course would be accredited to ICS standards, any concerns then would send someone to visit.

AT commented that in their courses they have to cover experience on the course (20 cases in the course) but they only normally have 2 attendees. DG has maximum of 18 attendees on his (hands on) course.

It was agreed that in principle the ICS wish to provide accredited urodynamics courses throughout the world. ***The first draft guidelines would be developed and put on the ICS website for comments and changes. A final document would then be produced for major, well established courses. – All Agreed***

### **3. Role of the Education Committee**

LC commented that she was disappointed she had received little feedback from members regarding the role of committee as a remit was urgently required.

All agreed LC should write to David Fonda and inform him that Public Awareness and Patient Information were deemed to be within the scope of the Continence Promotion Committee.

*LC asked that all come back with areas of remit of committee and chair in the next few weeks.*

All agreed that LC should attend the last day of Scientific Committee to ensure a varied and interesting program, as part of the remit of the Education Committee

WS commented that workshops were in an unacceptable state at present, there was a need for strict organisation, a workshop database and decent hand outs – *All agreed Werner Schäfer could head up this project and start to develop a database and hand outs.*

LC explained that there was a suggestion from Walter Artibani that we develop ICS approved courses and some less structured workshops. *All agreed WS to select 2-3 other people to join subcommittee on ICS Workshops and Approved Courses. Stefano and Francois should also work with WS to ensure their workshops fulfil learning objectives.*

It was agreed that this new subcommittee must work with the local organisers, and that the deadline for courses would be one year in advance.

All agreed that workshops and courses must not conflict with scientific program.

WS suggested that workshop registration fee should be separate and paid into a fund and not go to the annual meeting funds – *WS to discuss with JJ who would be responsible for finances.*

It was agreed that the principle of ICS that we allow sponsorship for workshops in general but not individual workshops.

### **4. Meeting Guidelines Document**

This had been circulated to all and updated by Guus this year. In the main, the document was approved to go out to organisers of meetings but *any comments should be emailed to VR and LC in the next few weeks.*

There was some concern over the profit share from the annual meeting and it was felt it was important that it is constant every year – *PA to announce new strategy at AGM*

AT commented that the exhibition area this year was a nightmare and that better guidelines should be drawn up for this area – *AT to email his suggestions to VR to add to the document*

#### **5. Sub-committees of the Education Committee**

All agreed that Patient Education should be handed over to the CPC.  
*LC to inform David Fonda of this decision.*

**Steve Petrou** offered to chair a subcommittee on  
**Resident Education**, Ajay Singla volunteered to assist him.

**Marijke Slieker-ten Hove** offered to chair a subcommittee  
**Nurses/ Physiotherapy Education**

**Jens Thorup Anderssen** offered to chair a subcommittee on  
**Continuing Medical Education**

**Michael Halaska** offered to chair a subcommittee on  
**Medical Student Education**

**Andrea Tubaro** offered to chair a subcommittee on  
**Subspecialists Education**

**Peter Sands** suggested that there was also a requirement for a committee to explain and clarify and agreed to chair a subcommittee on  
**ICS Guidelines, Standardisation Reports and Terminology reports**

**Werner Schäfer** would chair a subcommittee for  
**Workshops and ICS Approved Courses**

Marijke SliekerTen hove and Francois Haab offered to join – *WS to confirm*

*LC requested all select one other person to work with them (2-3 in Werners group) – and to inform LC and VR of the choice.*

#### **6. Structure, timings and dates for future meetings**

It was agreed that the subcommittee chairs and LC would try to meet in May in Florence at the end of the ICS Scientific Committee. *VR to coordinate 1<sup>st</sup> week in May, Stefano will let us know final dates – this now looks unlikely but EAU is a possibility.*

PA suggested that the big urology meetings may also provide opportunity to meet and could be more cost effective. LC asked for a show of hands.  
EAU – March Madrid – only two committee members were planning to attend this event. AUA – Chicago – four committee members were planning to attend this event, however the cost of transporting the other members would be too high.

Next meeting of whole committee will be in Florence next year – *draft docs to be presented.*