# **UKCS SECRETARIAT**

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Formerly ICS (UK)

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HONORARY SECRETARY/TREASURER:

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## Minutes of AGM 9.00 Friday 8 April 2011 Colston Hall Bristol

Chairman:	Phil Toozs-Hobson Honorary Secretary	
Apologies:	There were 12 apologies from UKCS members	
Minutes of last meeting:	As all correspondence as far as possible is sent out electronically Phil Toozs-Hobson reminded members to keep the email details updated by sending them to Elaine on the above email address	
Reports:		
Treasurer's report:	Accounts for 2011 were £52,215.35 Final accounts for 2010 were £49,911.89	
	Membership income $2011 = \pounds 1700$ Certification income $2001 = \pounds 500$	
Membership:	329 members (205 pay on a 2 yearly basis, 68 pay annually and 56 pay on a 10 yearly basis)	
Expenses:	£2317.17 grant was awarded to James Malone-Lee £103.71 awarded to the travel committee	
	4 Bursaries were awarded of $\pm 100$ each plus registration. Phil Toozs-Hobson raised the question with regard to awarding bursaries if a large number apply and how to choose who would get the bursary.	
	There were a few payments going out of the UKCS account on a regular basis. These need to be investigated and cancelled if not necessary. Action PTH to check	

### Finances of the 2010 meeting

Income:	£120,572.84
Costs:	£97,260.66
Exp:	<b>£8,495.77</b>
Profit:	£14,817.212
UKCS:	£6367.91

Small Grants awards No grants were awarded this year PT-H commented that the aim of these awards was to encourage new (nursing?) research. In reality the majority of awards had gone to experienced researchers

JML commented that much Part time research is supervised as per NHS & R&D and that perhaps in the modern NHS there is now less room individual projects. With this in mind the small grants in the original format are perhaps redundant

**DT** commented that limited time allocated for research and that the small grants committee may be able to help with springboards

### Quality assurance committee report:

LD not present so PTH presented: LD had commented that there had been a poor response from the people who volunteered to be involved last year. Additionally it had been difficult to judge response from floor at last years AGM as to whether society supported current trends

There was further discussion about the role of UKCS and PTH & CG repeated that there is no need for UKCS to police for training

**JML** commented that there may be a need to Re-examine UKCS -as the young trainees did not seem to perhaps have the same opportunity to mix and interact as their predicestors

ML Expressed concern and that the society needed feedback from a members survey **CR** Commented that Grandfathering was keeping basic data kept for members (Subsequent to the meeting there has been an initiative to try and understand better what members want and this should follow as an online survey)

## **DoH Quality of service:**

PT-H fed back that the DoH Modernising scientific careers programme had adopted the minimum standards document in the Accreditation of physiological measurement services. UDA represented 1 of 8 diciplines **RW** commented that there had been 2 advisors to Sue Hill

## Grandfathering:

**CR** outlined briefly what it means as a mechanism to introduce a level playing field for those who had worked historically and not had an opportunity to undergo a recognised training/certification process. In essence this comprises the older generation who had no formal

training. This is a voluntary process to promote the raising of standards,  $\pounds 20 \operatorname{cost}$  - form on UKCS website

Figures to date - 63 applicants - predominantly gynaecologists & nurses - members encouraged to apply

- ML Stated Grandfathering needs to be voluntary & criteria set out properly as there had been lack of evidence on some forms
- **RM** Expressed concerned with where its going. It was explained that this is about setting standards and having evidence of achieving/working to those standards. Clinical governance is delivered locally and not by UKCS. This may become increasingly important with revalidation, CNST, NHSLA and also with challenges delivering UDA in primary care with inadequate training. It also ensures that practitioners doing urodynamics have appropriate training for the service demands.

### **Education & Training Committee:**

LS Reported that her committee had looked at mechanisms of delivering education E-learning: £15/ module (RCOG) and that information would available on UKCS website links There was feedback from the committee's survey highlighting the need for UDA courses.

**feedback from Bristol UKCS 2011** – presentations numbers were down on last year and this was possibly because of the main ICS being in the UK this year. There was discussion about whether the 3 day format was too long for people to get time off etc, therefore a 2 day meeting was suggested. There was a discussion on whether registration fees for 1, 2 & 3 days would be available.

#### **Constitution proposal:**

ML & RF small working party – review committee – safeguards in place

Interest from people to be involved – no comments made All in favour for payment from UKCS fund

5 year term

PT-H proposed an Interim committee – from 2012 to oversee the changes. He felt that the current arrangement of one person was no longer acceptable and suggested a committee of the chairs of the subcommittees in post and a treasurer, secretary & chairman. This was accepted as sensible. The proposed constitution would need to be approved by the members and available for consultation prior to voting at next years AGM. Expressions of interest to give a broad representation on the Steering committee were requested. **Website review:** 

No comments

#### **Future meetings:**

18-20 April 2012 Liverpool – Gillian Fowler gave presentation

- 2013 Bradford
- 2014 London
- 2015 Aberdeen