

# MINUTES

## BHRS Council – Thursday 3<sup>rd</sup> December @ 10:00

Held via Zoom

### Attendees:

<b>PRESIDENT:</b>	Alistair Slade (AKBS)
<b>SECRETARY:</b>	Eleri Roberts (ER)
<b>TREASURER:</b>	Steve Murray (SM)
<b>NURSE REPS:</b>	Catherine Laventure (CL)
<b>PHYSIOLOGIST REPS:</b>	Ian Wright (IW)
<b>DOCTOR REPS:</b>	Paul Foley (PF), Ross Hunter (RH), John Paisey (JP), Joseph De Bono (JDB), Ashley Nisbet (AN), Claire O’Neil (CON), Ian Wright (IW), Jason Collinson (JC), Vivienne Ezzat (VE)
<b>OTHER REPS:</b>	Trudie Lobban (TL), Trevor Fernandes (TF), Stuart Allen (SA), Simon Holmes (SH), Nikhil Ahluwalia (NA), Francis Murgatroyd (FM), Heather Edwards (HE).
<b>ADMIN:</b>	Steve Sadler (SS), Pauline Heery (PH).

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### 1. Apologies for Absence

Angela Hall, Sarah Clarke, Pier Lambiase, Derek Connelly.

### 2. AOB Declaration

Medical Device Alerts.

### 3. Agree minutes of previous Council meeting

Already complete

### 4. Matters arising not covered elsewhere

#### *a. RCR/BCS Group on MRI and CIED*

AKBS and CON are currently representing. Feedback will be made to council as and when updates are available.

**b.      *Cardiac Arrest Group***

No changes reported.

**c.      *Radiotherapy and CIED Group***

AKBS and CON representing. No updates.

**d.      *Cardiology Diagnostics - Unregistered providers***

AKBS reported this is related to CQC regulations and providers based outside UK. At present providers based outside UK do not have to be registered with CQC. Trusts utilising such services should be aware and assume responsibility for quality of these services

**e.      *Complex & Invasive Cardiac Clinical Reference Group***

AKBS clarified with Nick Linker. TF happy with response received.

**f.      *Guidance for Pathologists Document & ICD Patients & Sudden Death Document***

IW has made some changes with regard to patients dying with a device which have been sent to RC Pathologists.

**g.      *BHRS Survey***

Following the BHRS meeting in October, a Remote Monitoring Working Group was formed to evaluate the current remote monitoring practice across the UK. This was formed to enable the BHRS to lead on future guidance. ER and IW have started a census document that they plan to send to centres for feedback of their current practice. These draft questions were circulated last night. IW and ER would appreciate any feedback prior to circulation.

**ACTION:**      **ALL – review questions sent 02.12.20**

**h.      *Reducing Waste & Packaging in Cath Labs***

SM reported he's been in touch with the 3 main companies. All have reported they have inhouse 'Sustainability Champions'. SM was most impressed with Abbott's documentation. The next step is to gather a cohort of people to look at local recycling. Any interested members who wish to be involved please contact SM.

**ACTION:**      **ALL – contact SM if interested in joining.**

**i.      *Device clinic follow up intervals & making our national guidance more specific***

CON wanted to raise a need to review guidelines and the fact they need to be more specific. JC and CON to work with PF to fully review the document and to cover new technology.

**ACTION:** PF/JC/CON – review guidelines

***j. Sorin Symphony 2250 Premature Battery Depletion***

It was noted from FM that he seen a few Symphony devices that have been near, or at end of life, within a year of last follow up. A few other council members have experienced this. SH reported it was already under investigation and encouraged anyone to report anything relevant. FM to review our guidelines on this matter to include that these patients are seen more regularly.

**ACTION:** FM – review guidelines

SH to circulate the 'Field Safety' document to council. TWeb to add to the website.

**ACTION:** SH/TWeb – circulate field safety document & add to website.

JC to look at wording and create communication. JC to work with TWeb to create a separate forum based on suspected device malfunction/safety.

**ACTION:** JC/TWeb – create wording and add forum to website.

**5. President's Report [AKBS]**

***a. HRC & AA***

All parties agreed to work on improving the collaborative working relationship between BHRS, HRC and AA. AKBS to attend next HRC planning meeting. TL to send formal invitation to AKBS.

**ACTION:** TL – arrange invite to be sent to AKBS

Although happy with the choice of the new Programme Chair of HRC, some concern was raised over the lack of an open application process, consultation with BHRS and whether conflicts of interest had been checked. It was requested that AKBS or a BHRS representative should sit on trustee meetings where these decisions are made to ensure BHRS have involvement. TL to take comments to trustees.

**ACTION:** TL – feedback comments to trustees and request BHRS participation on next agenda

***b. Meeting with HRC Programme Chair - Shouvik Haldar***

AKBS reported a great catch up with Programme Chair Dr Shouvak Haldar. Both TL and Dr Halder have encouraged BHRS involvement. All of BHRS council to come up with ideas for sessions for next year ready for the planning meeting in January for HRC.

**ACTION:**      **ALL – suggestions for HRC sessions.**

AKBS reported that Dr Haldar was keen on gaining and sharing materials to share at BCS. It was agreed to offer teasers of what we'd usually lock to members. AKBS to report back.

**ACTION:**      **AKBS – to feedback comments to Dr Haldar.**

**c.      *Communication from Edward Rowland about Surgical AF ablation***

AKBS recently received a communication from Edward Rowland and was asked if BHRS would like to sponsor work with SCTS in the field of surgical AF ablation. Council agreed this would be considered. RH to request an outline proposal of suggested sponsorship for BHRS council members to discuss and consider.

**ACTION:**      **RH – request sponsorship proposal and bring back to council.**

**d.      *EHRA***

AKBS was keen to hear about feelings from council of how we can collaborate with EHRA. HE reported that BJCA has been approached by EHRA to share trainee membership. HE offered to organise a co-branded meeting to discuss membership advertising. It was decided it would be advantageous to potentially offer some sort of discounted joint membership or recommend membership to the other when new members join.

**ACTION:**      **HE/AKBS – to work with EHRA to formalise.**

It was also decided it would be useful to gain some synergy with the accreditation offered by both groups. It was felt there is scope, as currently, there are different job titles taking each exam. HE also suggested guidance of what accreditations trainees should take would be very beneficial.

**ACTION:**      **AKBS – attend summit, feedback council comments and report back.**

**6.      *Training Update***

**a.      *Curriculum***

JP reported the curriculum review was now at an advanced stage. It maintains an advance lead for training in electrical cardiology. It also allows people to choose whether to be a device or EP ablation specialist or to combine. Everyone has to dual accredit. Trainees will get an extra year of training. No guarantee existing trainees will be allowed to single

accredit, trainees encouraged to confirm intention to single accredit with their deanery without delay.

**b. BCS 2021**

BCS will remain virtual this year. BHRS have been asked to contribute to two sessions: An arrhythmia session on the trainees day. A day of arrhythmia sessions pitched at consultant level for the general audience. JP will suggest members of council to deliver talks and the BCS organising committee will be in touch with nominees to confirm. Next stage of BCS training committee business will be credentialing. ICC will be an option, agreed the first arrhythmia option should be lead extraction followed by ACHD EP ablation.

JP and PL were thanked for pulling together comments.

**7. NICE Responses**

**a. Catheter ablation commissioning (PL)**

AKBS reported both had been submitted after extensive consultation within BHRS and the wider heart rhythm community and thanked JP and PL for their work.

**8. Remote Monitoring Project (IW)**

To be formally discussed at next meeting as IW was involved in a case and was dipping in and out of the meeting.

**ACTION: AKBS/IW/ TWeb – bring back to next meeting**

**9. Nursing Update**

**a. Arrhythmia Nurse Banding Competency Document (SC)**

A few comments have been incorporated including incorporating a blank sign off document for flexibility. SC submitted document. Once ready this needs to be uploaded to the website.

**ACTION: SC/TWeb – to supply when ready for upload to website.**

**b. Nurses Online Forum**

The nurse reps would like to see a nurse forum incorporated on the BHRS website. Initial feedback from trustees is there were concerns regarding moderation. CON to feedback reservations to the nursing reps.

**ACTION: CON – to feedback comments to nurse reps.**

CON reported that they had been actively involved with the HRC programme.

## **10. Exam Update**

### **a. *Feedback from online exam***

130 registered for the examination (but 21 had deferred optionally due to lockdown). This resulted in 109 exams taking place.

SA reported the pass/fail rate is similar to most years. SA asked for permission to remove questions which candidates had highlighted were an issue e.g duplicates and to set the pass rate at 50%. This was agreed. SA to action pass rate and removal of relevant questions and then results to be sent out next week.

**ACTION: SA/TWeb – finalise marks and inform candidates of results.**

SA reported a massive learning curve this year and will use the feedback received to improve the exam and information we offer.

### **b. Planning for training webinars**

SA reported back on a very successful Webinar last week regarding Covid. There were over 200 attendees with a varied agenda. SA/TWeb to create a members only page to present the recording and presentations made.

**ACTION: SA/TWeb – members only webinar information page.**

After discussion it was decided to aim for a webinar every 2 months. These will be a little shorter and more specific to ensure good quality content. It was also agreed to move in the direction of awarding accreditation points for attendance. SA to put together a draft format for circulate. SA also looking for volunteers to hold sessions.

**ACTION: SA/ALL – document suggested webinars and volunteers needed.**

## **11. Admin Update**

The admin team reported a very busy few months. They are now working at getting the results out to candidates.

- 142 tickets resolved since last meeting
- 15 information emails to exam candidates
- 6 newsletters have been sent to BHRS members

- All news items posted on twitter, facebook and LinkedIn (plus our own website news feed)

## **12. Website Update**

JC has currently reviewed the website content and went through the additions and changes. He reported that 4 EGC/EGM challenges had been published. Radcliffe Cardiology have been co-publishing, and as an incentive for submissions, will be selecting a 'winning case' in December. The winner will be invited to write a review piece on the topic which would be published in the AER journal. BHRS to circulate once decided to encourage more submissions.

JC was asked to report back on web traffic and popular pages.

**ACTION: JC – create website stats report**

## **13. NICOR/Audit Report**

FM reported 17/18/19 reports are expected this side of Christmas. 2019-2020 is currently being validated. FM confirmed they will be reporting 3 year data next year. FM said there are a small number of centres who failed to submit data but they are being chased. It was reported that some hospitals are not submitting data. This is currently not a legal requirement but may become one.

FM and ABKS to look at standards documents for operator statistics and review.

**ACTION: AKBS/FM – operator statistics standard documents.**

## **14. Research**

RH reported there are currently 2 large national trials. Both have been through the screening process.

There are also ongoing initiatives such as the BSC led collaboration between BHRS and BSC which encourages overlapping working as well as a multicentre trial group. PL has sent out documents to review protocols. Any input would be welcome.

## **15. Trainee Update**

No specific update. Training issues covered elsewhere in meeting

## **16. Secretaries Report**

ER reported 13 new members. Membership stands at 1274. A process has been completed to expire members on the old standing order system who have not paid in the last year. These members have been notified and expired.

ER and TWeb are adding a job title dropdown box to the registration form so we can monitor membership areas more easily moving forward.

ER has also contacted NICE to confirm relationship. It has been confirmed we are a registered stakeholder.

#### **17. Treasurer's Report (SM)**

SM presented the latest financial accounts and offered to show council members around the accounts system offline. SM reported the need from an independent examination of the accounts. Approval was given by council to spend the quoted £1k to gain this report.

**ACTION:** SM – action independent examination.

#### **18. AOB**

##### **a. Medical Device Alerts**

SH briefed the council that MHA no longer completed medical advice alerts. Safety related information is now going to be issued via national safety alerts. SH said the website will need updating with the relevant text and members informing. AKBS to forward SH email to council.

**ACTION:** AKBS/TWeb/JC – SH to provide text to JC/TWeb to update website and communicate to members.

##### **b. STP Training**

JC reported circulated information on SCT training. This should be updated ready for the next meeting. SCT curriculum close to be finalised.

#### **19. Date of next meeting**

Friday 12<sup>th</sup> February 2021 at 10am.