

# MINUTES

## BHRS Council – Wednesday 9<sup>th</sup> February 2022 @ 10:00

Held via Zoom

<b>PRESIDENT:</b>	Alistair Slade (AKBS)
<b>SECRETARY:</b>	Eleri Roberts (ER)
<b>PHYSICIAN REP:</b>	Joseph De Bono (JDB), Paul Foley (PF), John Paisey (JP), Ross Hunter (RH) Ashley Nisbet (AN), Pier Lambiase (PL), Vivienne Ezzat (VE)
<b>PHYSIOLOGIST REP:</b>	Ian Wright (IW), Cristiana Monteiro (CM), Holly Daw (HD), Jason Collinson (JC)
<b>NURSE REP:</b>	Catherine Laventure (CL), Angela Hall (AH)
<b>OTHER REPS:</b>	Simon Holmes (SH) – MHRA Derek Connelly (DC) – Scottish Representative Nikhil Ahluwalia (NA) – BJCA rep Stuart Allen (SA) – Accreditation Dewi Thomas (DT) – Welsh Working Group
<b>ADMIN:</b>	Steve Sadler (SS) – Admin Team Pauline Heery (PH) – Admin Team

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### 1. Apologies for absence

Steve Murray, Oliver Singleton, Francis Murgatroyd

### 2. Agree minutes of previous Council meeting

Already completed.

### 3. Matters arising not covered elsewhere

#### **a. *Reducing Waste & Packaging in Cath Labs (SM)***

In SM's absence ER reported that Medtronic are in the process of updating their packaging.

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

This has been included in the follow up guidance circulated yesterday. PF to gather comments and report back.

**ACTION:** PF – gather comments

#### **c. *Physiologists implanting pacemakers***

HD has been gathering feedback and information. There are generally no barriers if there is a supportive network in place. HD is currently gauging interest locally regarding training and

supervision. Careful consideration will need to be made in regard to the administration of medicine to patients and generating a robust training manual for safe practice as well as deciding the initial training procedures.

It was discussed the cardiac physiologist / scientist is not a profession that is recognised under statutory regulation and can be a limiting factor in developing advanced clinical practice roles. It was suggested that the government is approached with a formal letter from Council to enable this as an option. As waiting times are very much in the limelight it would be a good time to highlight this potential untapped resource that could potentially improve waiting times.

**ACTION:**        **AKBS + ER - work offline to compose letter.**

***d.        BHRS standards for congenital ablation and devices***

Completed and published. Remove from agenda.

**ACTION:**        **TWeb – remove from agenda**

***e.        GIRFT Cardiology Report***

A draft report on concerns has been composed. Council realised a change or update to the document is unlikely but it was decided it was important to place a statement on the BHRS website specifying it was the BHRS view that this was a useful but ‘aspirational’ document. AKBS to formalise the response and issue statement when ready.

**ACTION:**        **AKBS – formalise statement**

***f.        Proposed BHRS Nominations Committee and Subcommittees***

Although it was something that could be aspired to in the future it was decided to park the creation of a nominations committee as it would slow processes and minimise the pool of knowledge for each committee. Remove from agenda.

**ACTION:**        **TWeb – remove from agenda**

***g.        Downgrade of ICDS to PPMs in elderly patients – Lack of DF4 to IS1 adaptor***

Correspondence has been received from a consultant in Sheffield asking for guidance as to whether the downgrade of devices should happen in elderly patients in the circumstances described above.

IW noted a published paper exists where downgrades are possible and will circulate to council. Council decided the BHRS view would be to replace the device (like for like) rather than insert a new lead. Although more expensive it reduces unnecessary risk to the patient. Brief document to be produced with the BHRS view.

**ACTION:**        **IW – compose brief document with BHRS views**

***h.        Holter Monitoring Guidance***

Correspondence has been received from a physiologist in Luton and Dunstable Hospital who is receiving an unprecedented number of request for Holter monitoring. They were looking for a protocol on triaging the requests.

View from Council was that if they cannot be analysed in an appropriate time then all open access requests should be stopped. A response should be composed to include timeframes for requests which will establish what additional funding and staff are needed to monitor this safely. It was stated this should be a management issue rather than a cardiology one.

**ACTION:** JdB – feedback pointers to consultant

#### 4. President's Report

##### ***a. Electric vehicle communication (rapid charging)***

SH and AKBS have been contacting various bodies with little insight gained - but nothing, so far, points to evidence of any issues. SH suggested caution around the proximity of rapid charging towers as a precaution.

JP highlighted that international regulatory bodies need to ensure manufacturers put procedures in place to test their products with devices. AKBS to re-engage with relevant bodies and ask for international collaboration and establishment of responsibility of testing.

**ACTION:** AKBS/SH – draft initial document with current views  
AKBS – gain further views from relevant organisations

##### ***b. BHRS & Radcliffe***

No update. AKBS to touch base.

**ACTION:** AKBS – touch base

##### ***c. Letter from South London CRM network***

The letter received addressed concerns on the lack of trained CRM and EP Cardiac Physiologists. AKBS reported a holding response has been sent. It was hoped to access a survey by Martin Lowe and make this appropriate for present distribution.

**ACTION:** ER gain survey and draft response.

##### ***d. Letter from Medtronic re Tyrx and NICE***

No update.

##### ***e. Duty of Candour***

AKBS has received communication from Liverpool asking BHRS for general advice on duty of candour. The view was that this was a professional obligation and not a statutory requirement. Council felt it would help to gain the local circumstance that warranted the email to assist better.

**ACTION:** AKBS – contact relevant person

#### 5. Current External Groups with BHRS Representation

##### ***a. Radiotherapy and CIED group***

AKBS expecting draft document but not yet received.

**b. MRI & CIED Group**

AKBS reported this is in the final draft.

**c. CPCS Group**

ER reported that Keith Pearce is standing down as Chair. A declaration of interest is currently underway. CM volunteered to join ER on CPCS council.

**d. Guidance for pregnant women in labour with ICDs**

JDB is currently drafting guidance. AN, HD and JP offered to assist. PL referenced an existing paper with appropriate references and will forward document.

**ACTION:** JDB/AN/HD/JP – compose document  
PL – forward relevant document to JDB

**6. CRT Optimisation Guidance**

It was decided to reference the document circulated yesterday – CIED FU Standards – rather than creating a new document. Ensure the CRT section is fit for purpose.

**ACTION:** PF/ALL – check relevant parts of document

**7. HRC 2022**

Unfortunately AKBS had to cancel the January meeting with Trudie. AKBS to rearrange with attendance from himself, AN and DC. JP and CM happy to be involved if necessary.

**ACTION:** AKBS – rearrange meeting

**8. Education Committee**

TOR and job descriptions have been composed. ER to draft expected expenses and provision document. It was decided to have staggered terms to ensure experienced members did not vacate at the same time. It was decided applications should also be advertised outside of council.

It was also decided that exam preparation and training should be covered by the education committee (rather than the accreditation/exam committee) once established. Documents need to be composed to clearly define each committee's role. CM registered her interest for the education committee.

**ACTION:** ER/SA – to compose documents

**9. Training Update**

**a. Curriculum**

JP and NA are currently composing a curriculum tool for core trainees to document their competence in emergency device programming. There is an opportunity for BHRS to run courses to get competency signed. JP to circulate document.

**ACTION:** JP – circulate curriculum tool

A second document is being composed regarding device implanting specialists with the changing of requirements. The plan is to use the EHRA model as a basis where BHRS accreditation would equate to a pass in certain areas of the implantation curriculum.

**ACTION:**        **JP – circulate document when ready**

***b.        BCS 2022***

A 'deep dive' has been offered by BCS to discuss a chosen specific issue. ABKS and JP to request attendance to discuss AA.

**ACTION:**        **AKBS – request deep dive with BCS**

Communication issue around the administration of speakers has been addressed. A list of speakers will be made available and the admin team will follow up on correspondence to invited speakers. JP also reported that there may be potential for discounts for BHRS members.

## **10.    Remote Monitoring Project**

ER to look at publishing the survey. Remove from future agendas.

**ACTION:**        **ER – explore publication regarding survey**  
                 **TWeb – remove from agenda**

## **11.    Nursing Update**

CL reported that a comprehensive booklet is being put together for arrhythmia nurses. CL to forward to BHRS for potential endorsement. CL is looking to present the booklet at HRC and will attempt to find space in the current nurse programme.

**ACTION:**        **CL – send document**

CL reported that AH's term with BHRS will come to an end in October. Council to start thinking about approaching potential replacements.

**ACTION:**        **ALL – gauge interest in potential nurse rep replacement**

## **12.    Exam Update**

***a.        General exam update***

The next exam will be held 18th May 2022. The Exam committee are currently composing new questions for review in York in March. SA is looking to hold a fresh exam preparation course. There is potential to pre-record and create an online course using a website plugin called LearnDash.

***b.        Webinars***

Cardiac Physiologist Career Toolbox Webinar will be held 25th February and is aimed at Physiologists. There are 155 registrations so far. Webinars to be moved to education section for future meetings and agenda.

**ACTION:**        **TWeb – move item on agenda to education**

## **13.    NICOR/Audit Report**

FM was not in attendance but the below summary report was received:

### **20/21 Report**

- Data extracts are complete, cleaned and adjudicated
- Awaiting analysis results

**British Heart Rhythm Society**

Registered Address: 24A Market Street, Disley, Cheshire SK12 2AA UK

Email: [admin@bhrrs.com](mailto:admin@bhrrs.com) | Web: [www.bhrrs.com](http://www.bhrrs.com)

Registered Charity Number: 273307

- Deadline is in 10 days for manuscript to go to the first of several levels of scrutiny
- Headline figure: Ablations down ~40% on previous year.

#### **NICOR**

- Future of NICOR seems to be secure but its structure not yet clear

#### **The Future**

Endorsement was made from council that Mark Dayer should be invited to be FM's successor. Mark should also be co-opted to council post acceptance.

**ACTION: AKBS – communicate to FM/Mark Dayer**

### **14. Research**

BHF clinical research committee had an open competition for funding for BHRS members. This has been shortlisted and awarded members should be receiving a letter of acceptance soon.

The Protect HF trial has been approved by BHF.

PL is initiating another small trials group meeting during March or April which will be used as forum for ideas.

### **15. BJCA/Trainee Update**

NA reported that the BJCA cardiac crossroads session held in December was well received with 150 attendees. The second session will be held in March. NA will forward information for distribution when ready.

NA showcased the results of a recent Bullying Survey to trainees where 9 to 11% of them had experienced bullying. This has remained quite static over the last 5 years. Bullying was 50% more common for women and those outside EU. NA reported a document is being composed and will be put to the BCS. The document will be brought back to BHRS when ready.

It was decided that the BHRS should house the survey results, issue a BHRS statement (which will include advice to visit [civilitysaveslives.com](http://civilitysaveslives.com)) to help raise awareness of the issues.

With NA's permission it was suggested BHRS could adapt the BJCA survey to research the issue with Physiologists and Nurses. CM, HD and VE offered to assist with moving this forward.

Bullying Survey to be added to the next agenda.

**ACTION: CM/HD/VE – take forward bullying survey with BHRS members**  
**TWeb – add Bullying Survey to next agenda**

### **16. Admin Update**

#### ***Highlights since last meeting:***

- 70 tickets dealt with - 22 exam, 22 membership, 16 logbook, 10 general
- 9 newsletters sent out
- Opened exam registration & booking in candidates
- Major member tidy up
- Set up & advertising of 'Toolkit' webinar

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- Making member registration & profile better
- Composing App brief & quotes
- 27 social media posts
- New training method plugin evaluate

## 17. Website Update

### ***Main changes and updates included:***

- Exam registration opened
- 3 ECG/EGM challenges released
- Essential Toolkit information & registration added
- Revised guidelines released for: Management of patients with CIEDs around the time of surgery

Web statistics show a significant rise in visits when a new challenge is released. After a recent flurry there are presently no challenges submitted for March.

## 18. BHRS App

An initial team have been put together to help with the App content: SM, PF, CM, JC. 6 companies have been approached for a quote with wild variations. Approval from council was given to move forward with Arc Internet who were reputable with TWeb and the most affordable.

**ACTION:** TWeb – move forward with App

## 19. Treasurer's Report

There has been a larger than usual amount of expenditure recently (most notably Pearson Vue exam fees) but the balance remains healthy.

## 20. Secretaries Report

A historical membership overview was given comparing paying members and members stated. TWeb have been working towards tidying membership over several months and the database is much more reflective of the income.

## 21. AOB

### ***a. Presidency of BHRS***

AKBS announced his retirement on 31<sup>st</sup> July 2022 from his full time post in Truro due to current personal challenges. He may return in a part time capacity. AKBS is scheduled to remain as BHRS President until October 2023 and wanted to gain thoughts from Council as to whether he should remain as President after retirement and whether he could commit the time needed moving forward. Council would strongly support any decision that AKBS makes and expressed how impressed they were with his leadership and management of the role. Ideally Council would wish him to serve his full term and would offer any support needed to make this possible. AKBS to reflect and report back.

### ***b. Cardio Update Europe 2022 – BHRS Free Places***

The host of Cardio Update Europe 2022 has offered BHRS 2 free places at the congress. Council decided to offer these places to the 2 top performers of the most recent BHRS examination and

offer down the line if necessary. ER/TWeb to work together to identify these people and draft the communication.

**ACTION:** ER/TWeb – identify candidates and inform

**c. Trainees in EP**

PF reported that he'd been involved with developing materials for trainees in EP.

**d. Emergency Procedures**

PF raised a potential issue with the lack of retraining on emergency procedures e.g. temporary wires and pericardial drains – particularly in rural areas.

It was decided not to compose a required competency document but instead to compose a document outlining methods for the upkeep of the skills if needed. PF to draft document and circulate to council. BCS should also be involved.

**ACTION:** PF – draft document

**e. ACHD EP Group Formalisation**

VE to provide documentation to BHRS for consideration for formalisation of the group.

**f. BHRS – who can join**

JC circulated an email suggesting changes to the membership breakdown to include the below.

PRESENT £60	SUGGESTED £60 FEE	PRESENT £40 FEE	SUGGESTED £40 FEE
Consultants	Consultants	Nurse	Nurse
Physiologist	Clinical Scientist (cardiology)	Trainee	Trainee
Industry	Cardiac Physiologist		Assistant Healthcare Science Practitioner (Cardiology)
	Healthcare Science Practitioner (Cardiac Physiology)		Associate Healthcare Science Practitioner (Cardiology)
	Industry		AHP

JC to recirculate email as meeting was no longer quorate at this stage.

**ACTION:** JC – recirculate email

## 22. Date of next meeting

10am at Tuesday 26<sup>th</sup> April 2022