

# MINUTES

## BHRS Council – Thursday 14<sup>th</sup> July 2022 @ 10:00

Held via Zoom

<b>PRESIDENT:</b>	Alistair Slade (AKBS)
<b>SECRETARY:</b>	Eleri Roberts (ER)
<b>DOCTOR REP:</b>	Joseph De Bono (JDB), Paul Foley (PF), John Paisey (JP), Vivienne Ezzat (VE), Ashley Nisbet (AN)
<b>PHYSIOLOGIST REP:</b>	Ian Wright (IW), Holly Daw (HD), Jason Collinson (JC), Claire O’Neil (CON),
<b>NURSE REP:</b>	Catherine Laventure (CL)
<b>OTHER REPS:</b>	Simon Holmes (SH) – MHRA Francis Murgatroyd (FM) - BHRS Audit /NICOR James Cranley (JCr) – BJCA Rep
<b>ADMIN:</b>	Steve Sadler (SS), Pauline Heery (PH)

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### 1. Apologies for absence

Mark Dayer, Cristiana Monteiro, Ross Hunter, Derek Connelly, Dewi Thomas, Steve Murray, Stuart Allen.

### 2. Agree minutes of previous Council meeting

Already completed.

### 3. AOB Declaration (see section 19)

#### **a. Congenital Heart Disease Working Group**

#### **b. MHRA Post Brexit**

### 4. Matters arising not covered elsewhere

#### **a. Electronic Cars**

SH informed the group that ABHI have been written too. An acknowledgement has been received but there is no further progress. AKBS to look at adding an industry rep to the group.

**ACTION:** AKBS – industry rep

#### **b. GIRFT Cardiology Report**

AKBS reported a formal statement is yet to be drafted and sent.

**ACTION:** AKBS – draft statement

**c. *Bullying survey***

Little progress made. Allocated group to meet offline and discuss moving forward.

**ACTION: CM/HD/VE – arrange meeting and move forward**

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

JDB reported excellent progress had been made. A consensus statement is ready to go to UKMC members once agreed.

**e. *Arrhythmia guidelines for NHS paramedics***

Move to next agenda or discuss offline as SM not in attendance.

**ACTION: SM/TWeb – add to next agenda or SM to discuss with individuals offline**

**5. President's Report**

**a. *Email from Nick Linker re PIFU***

AKBS reported an email had been received seeking cardiologists to help draw up guidance for patient initiated follow ups. VE is currently composing similar guidance at Barts and would be happy to share. AKBS to put VE in direct contact with Nick.

**ACTION: AKBS/VE – make contact**

**b. *Email from colleague - support for senior physiologists with work place difficulties/return from long term sickness***

AKBS has received an email asking for guidance on support for physiologists returning to work after long term sickness. It was noted there was no known national guidance for physiologists and the support seemed very dependent on the local trust offering, internal HR/Occupational Therapy. This could vary wildly throughout the country. It was decided as a first step to write to the Faculty for Occupational Medicine to ask if there were any standards in place. JDB to be cc'd. AKBS to respond to colleague explaining there were no known national standards and inform them of the plan to contact relevant national bodies.

**ACTION: AKBS – compose correspondence to Faculty for Occupational Medicine (with cc to JDB) and send holding reply to colleague**

**c. *Email from Specialised Commissioning***

AKBS has circulated relevant ablation document. It was felt that it was a well written document from 9 years previous with little changes needed. Tweaks would include updating HRUK to BHRS and some minor changes to classification procedures.

**ACTION: ALL/AKBS – feedback any comments and reply**

## 6. Current External Groups with BHRS Representation

### a. *Device MDT Working Party (AKBS/JP)*

Completed remove from agenda.

**ACTION:** TWeb – remove from agenda

### b. *IQIPS Advisory Board (IW)*

No update.

### c. *Academy of Healthcare Science (HD)*

HD reported potential to engage the academy with the new educational committee moving forwards.

### d. *RCCP (IW)*

No update.

### e. *Resuscitation Council UK.*

Place back on agenda. JDB reported no update but they are keen to engage.

**ACTION:** TWeb – add on to agenda.

## 7. Education Committee

JP reported the first meeting was held 28<sup>th</sup> June which he chaired. No declarations of interest to be chair have been received so it is likely JP will continue. JP fed back the group were a fantastic bunch of enthusiastic professionals – fantastically diverse from differing environments, seniority and locations. The group decided on an initial face to face spring symposium in 2023 before forming an annual flagship event from 2024 which would last 2 to 3 days.

The model decided was a first day which focussed on trainees from all disciplines followed by 2 days of specifics.

Although the interim event will likely be in London (e.g. Royal College or Royal Society of Medicine) the aim was to move away from London with a potential to circulate in different locations throughout the UK.

JP noted there was a particular gap in STP physiology training in the EP lab. It was chosen to lead on this as there was real value. This would involve a list of centres who could offer the required training, along with a published timetable, for those without access to labs and would involve reward points. This would involve students to be able to specialise in arrhythmia if they wish.

The Education Committee asked council for consideration of a zero student fee where an upgrade can be initiated on completion of training. TWeb confirmed this was possible. This was agreed in principle and would be costed out.

**ACTION:** JP/TWeb – student zero fee

Council were excited and suggested dates were diarised ASAP and save the dates were publicised along with the drafted explainer document. ABKS and JP to work together to finalise with an aim to send out September.

**ACTION: AKBS/JP – finalise explainer document**

Concern was also raised that an adaption was needed for Physicians to be attracted by BHRS accreditation i.e. ideally BHRS could recognise other submitted evidence from national bodies instead of completing the current logbook. JP to suggest a tie-in and circulate.

**ACTION: JP – compose suggestion for consideration**

JP also asked for permission to approach and hopefully co-opt David Jones and Vish Luther on the education committee because of their expertise in this area. All agreed.

**ACTION: JP – invite potential co-options onto committee**

## 8. Training Update

### ***a. Curriculum***

Covered in above.

### ***b. BCS 2022***

Various members confirmed the communication to speakers and some of the programming was again deemed poor. AKBS to feedback. JP and HD to approve before sending.

**ACTION: AKBS/HD/JP – email to BCS**

## 9. Nursing Update

CL reported the BHRS nurse reps have been busy recording for HRC. Both AH and SC are coming end of term and as such are canvassing for expressions of interest for their replacements. AH will remain involved in BHRS as part of the education committee.

## 10. Accreditation Update

### ***a. Exam update***

In SA's absence SS updated the group in regards to the results of the May examination and the post-exam survey. The survey was incredibly positive with no remarks below 'okay' on image quality this year so we believe any issues to be now resolved regarding the software. Next exam review meeting will be held in September ready for November's exam.

## 11. NICOR/Audit Report

FM reported that the latest report was published one month ago. This report reflects the first year of lockdown and as such sees a 20-30% reduction on devices and an even bigger reduction in ablation. Those in London and those with A&E departments were hit most. Shortly preparing for the next data extraction. Formal handover has been made to MD but FM is happy to remain on council and to deputise in his absence.

## 12. Research

No report.

## 13. BJCA/Trainee Update

JCr was welcomed to the meeting. JCr highlighted trainee concerns regarding the new syllabus particularly regarding EP training. JP assured those taking single accreditation will provide protection where trainees will never need to move across to the new curriculum - unless they wish to.

## 14. Admin Update

The Tangled Web team reported highlights since the last meeting such as supporting candidates during the May examination and sending out the results. The elections for 2022 have been started and support was given to the newly formed Education Committee.

## 15. Website Update

JC reported a healthy +2k Twitter following. As JC will be standing down there was a need for someone to take over responsibility for the website and social media with the support of Tangled Web. JC was thanked for his work over the last few years where he has positively transformed BHRS's online presence. Thank you also to SM who wrote a wonderful tribute to the late Steve Furniss which was incredibly well received.

## 16. BHRS App

SS reported the V1 app launch was later than planned. The initial first draft has been sent out to the App Working Group and SS plans to circulate to all council members for review when ready. FM suggested incorporating 'EP Tools'. SS confirmed this is being done.

## 17. Treasurer's Report

In SM's absence AKBS reported a healthy surplus of £235,972. This balance does not show the exam invoice that has been paid this morning.

Funds are due to spent via the Education Committee (to fund the free membership initiative for trainees). JC also suggested funding further explainer videos for repeat questions about remote monitoring.

**ACTION:**        **JC – look into populating an FAQ/explainer section on the website**

## 18. Secretaries Report

- ER reported 31 new members since the last meeting taking us to over 1300.
- 2 x free spaces given away to "Decisions about Cardiopulmonary Resuscitation" - donated by HC-UK.
- Nomination form opened for elections. BHRS require:
  - 2 x Doctor representative
  - 1 x Doctor (who does not perform ablation & works in a non-tertiary center)
  - 3 x Physiologist representative
  - 2 x Nurse representative

**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

- 1 x President Elect

A brief discussion was considered as to whether an appointment of a Vice President moving forward was a good idea. It was decided to ask BSE for advice on how they appoint as a reference and if it works for them to have a VP.

**ACTION:**        **AKBS – approach BSE regarding VP position workings**

## 19.    AOB

### **a.        *Congenital Heart Disease Working Group***

VE, along with AN, JDB and HD is looking to affiliate the group with BHRS. AKBS to review documents sent over from VE and respond. VE also to reach out to BCCA.

**ACTION:**        **AKBS/VE – review documentation and reach out to BCCA**

### **b.        *MHRA Post Brexit***

FM asked SH for clarification on the role of MHRA and other authorities in the post Brexit environment. There is concern about the process of approving new devices, and also obtaining approval for investigational devices, clinical trials, etc.

The consultation on the future regulation of medical devices in the UK has taken place and the findings were published on 26 June, which can be found here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1085333/Government\\_response\\_to\\_consultation\\_on\\_the\\_future\\_regulation\\_of\\_medical\\_devices\\_in\\_the\\_United\\_Kingdom.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1085333/Government_response_to_consultation_on_the_future_regulation_of_medical_devices_in_the_United_Kingdom.pdf)

***The government response starts on page 153 – summarised below.***

As a result of the consultation, the government intends to introduce a number of transitional arrangements which will relax the current requirement (for devices placed on the GB market to have a UKCA mark from 1 July 2023). The transitional arrangements will allow for general medical devices and IVDs that hold a valid certification/declaration of conformity to the CE standard - issued under the EU MDD, EU AIMDD or IVDD - to continue to be placed on the market until either the certificate expires or for three years from 1 July 2023, whichever happens sooner. In addition to this, any medical devices holding a CE marking issued under EU MDR or IVDR can continue to be placed on the market until either the certificate expires or for five years from 1 July 2023, whichever happens sooner. This means the if a device has a valid CE mark it can continue to be placed on the UK market until it's expiry past 1 July 2023 (up to either 2026 or 2028), providing manufacturers more time to apply for UKCA marking. Clinical Investigations which commence under the existing regulations before 1 July 2023 would continue to be conducted from 1 July 2023 providing that any additional reporting requirements laid out in the future regulations for clinical investigations that commence on or after 1 July 2023 are met, such as around serious adverse events or device deficiencies. This approach will ensure that clinical investigations that straddle both regulatory frameworks will be able to continue without impediment, that clinical investigations will not be delayed from commencing if there is a risk that they will run beyond the date at which the new regulations take effect and that increased safety protocols will apply to all clinical investigations underway from the date of application of the new regulations in the form of the reporting requirements.

### **c.        *Interrogation of devices in deceased patients***

IW raised whether there should be a formal requirement for integration. There is currently no requirement. Although council deemed this as potentially incredibly useful data but that there is no current workforce to enable this. It was decided to engage with the Chief Coroner to ascertain current expectations as this issue has been raised a number of times.

**ACTION:**        **AKBS – write to Chief Coroner**

***d.        HRC Stand***

It was decided to ask for our usual stand position at HRC. ER to work with TWeb regarding display material etc.

**ACTION:**        **ER/TWeb – stand at HRC**

***e.        Explain My Procedure Video***

PF reported this video is now complete and ready to go out. TWeb to place on website and social media. TWeb to draft an A4 sheet with QR code for download.

**ACTION:**        **TWeb – publicise and gain QR code**

***f.        Patient Representation***

It was noted there is a gap for a patient representative. It was noted BCS have a potential panel of people where we could gain representation.

**ACTION:**        **AKBS – make contact**

## **20.    Date of AGM & next meeting**

Due to the increase in attendance over the last 2 years it was decided to hold the AGM virtually again. ER and AKBS to circulate suggested dates. It was decided to aim to hold the next BHRS council meeting (where new members would be welcomed) face to face. BCS to be approached in regards to whether they could accommodate us.

**ACTION:**        **AKBS/ER/TWeb – draft timetable of dates. Approach BCS.**