

Improving and extending lives by treating arrhythmias

BHRS COUNCIL MEETING

7th December 2017 @ BCS Offices, Thomas Lewis Room, 9 Fitzroy Square, London W1T 5HW. 11:00-14:00 hrs

Dear colleagues

Please find below a copy of our minutes for the last BHRS council meeting. To assist I have summarised the key points and actions to make it easier for you to follow progress.

Apologies

- Ms Holly Daw – (sick)
- Dr Pier Lambiase
- Dr Benedict Wiles
- Sue Baxter
- Dr Kim Rajappan
- Mr Simon Holmes

Present

RS - Prof Richard Schilling

AKBS - Dr Alistair Slade

DG - Dr Dhiraj Gupta

JC - Jason Collinson

AH - Angela Hall

DSH - Dr Stuart Harris

SH - Shona Holding

ML - Dr Martin Lowe

FM - Dr Francis Murgatroyd

IW - Ian Wright

AS - Andrew Shute

TL - Trudie Lobban

AT - Dr Andrew Turley (Skype)

MS - Mark Sopher

VC - Viki Carpenter

JP - John Paisey

KF – Kirstie Fensom

SK – Stephen Kempton

Actions from last meeting

RS President:

1. To provide a list of options to council on the level and cost of membership to- potentially bring equality between non-medics and medical members
ACTION COMPLETE
2. Has requested members of council for volunteers to support FM in his role as audit lead with long term succession planning in mind – **ACTION COMPLETE**
3. To circulate new mission statement options for BHRS with council to select from
ACTION COMPLETE
4. To write to Huon Gray lead for cardiovascular to ask why BHRS has not been engaged as a stakeholder in phase II of the national tender and why clinicians have not been asked to comment as stakeholders on the document outlining the process and sent to the medical device industry. – **ACTION COMPLETE**
5. To adapt SOP process for funding of BHRS members to independent scientific meetings after feedback from industry within next month
6. To write to Royal college of radiology re MRI in device patients – **ACTION COMPLETE**
7. Has discussed this with Rick Steeds at BSE re physiology workforce planning, he agrees that we should align our plans and will coordinate with VC and SB to help move this forward - **ACTION COMPLETE**

Actions from this meeting

- ACTION: **RS** to write back to Ursula – ask what the clinical representation is going to be. As BHRS are nervous and unhappy about current lack of current process. Also, RS to confirm about time frames. Completed
- Action **ML** - BHRS update device standards with the agreed position on MRI and to add “All centres implanting devices must ensure that patients have access to MRI scanning for MRI conditional devices locally with an agreed standard operating policy or protocol to ensure patients are scanned in a timely manner. Non MRI conditional device patients should be referred to a centre with expertise in performing MRI scans on these patients.” and chase up royal college of radiology.
- ACTION: **RS** to liaise with ML about chasing the Royal College Radiology for an update on progress – timeline and plans for education and standards for MRI in paced patients
- ACTION: **AH** – Contact BHF re nurses session and sponsorship of nurses to encourage more nurses to attend HRC and BHF to provide educational funds for them to do so
- ACTION: **AH** To propose more sessions at HRS focused on nurse education to encourage to attend HRC.
- Action Point -**RS** – to reply to BANCC affiliation but not joint membership. completed
- ACTION: **VC**- to write a paper describing pathways for workforce planning – top three issues why it isn't practical to deliver the trainees we need – RS – will then formulate a letter and speak to BSE to move forward. We can bring back to council next time.
- ACTION POINT: **DG** – To share treasurers report with council members and BHRS members for reference
- ACTION POINT: **TL** – to share finance report including the HRC accounts with DG – email report to whole council
- ACTION POINT: **TL** – to email charity commission point of view about finance report.
- ACTION: **TL** to do a spreadsheet that highlights HRC accounts.

Meeting Commences

RS – Introduces meeting + apologises for absentees

Past minutes accepted as true and accurate

Actions from Last meeting

- Noted to keep strapline on letterhead
- **RS** wrote to Huon Gray – distributed a slide dep from NHS England. Ursula Head of this initiative from an admin point of view. Felt clinical need, priority to bring value and improve cost for prescription. Ursula signed off from their side. Heart in right place, to engage with clinical expertise. Nick on that committee, not a big supporter. RS less anxious about procedure.
- Council comment - Open minded – Mindful to keep on board. Concerning only one person involved managing clinical perspective. Improving value meaningless – BHRS to push for more representation and involvement. Nick only representative.

- **RS** - Communications terrible – slow to respond and sign off

ACTION Point: RS to write back to Ursula – ask what the clinical representation is going to be. As BHRS are nervous and unhappy about current lack of current process. Also, RS to confirm about time frames. Completed 2-1-18 RS will report when response received

As soon as **RS** hears back on points he will let council know ASAP and make sure all points raised have been answered.

RS – Funding by Industry

Response from ABHI. **RS** has had a response from LivaNova – sent application form for grants.

What sort of funding was asked? – happy to support this type of grant giving and control of money distributed.

Biosense have responded – deciding how they will respond to this globally – **RS** – replied, you set these rules over a year ago so why haven't you done this.

Nobody else has responded apart from Boston – who have said it is with their lawyers – council has said 10th December they will hear back. Replied saying one point needs revising and then a template contract can be produced for BHRS.

Council – timescale too short.

RS – agree and process in place to move forward – BHRS how to administer and book travel.

Council – when we sell to members – careful not to misrepresent. Highlighted how clear minutes are.

RS – reached out to Royal College of Radiology

ML – summarises – set standards, offer training, offered training programme for clinicians and offered guidance – wants to add this to service document.

- **Action ML** - BHRS update device standards with the agreed position on MRI and to add “All centres implanting devices must ensure that patients have access to MRI scanning for MRI conditional devices locally with an agreed standard operating policy or protocol to ensure patients are scanned in a timely manner. Non MRI conditional device patients should be referred to a centre with expertise in performing MRI scans on these patients.” and chase up royal college of radiology.

How many scans has been sent round by email.

Forecast to increase scans

RS – standards document needs to be reasonable standards – to show best practise

- **ACTION: RS to liaise with ML ask Royal College for an update on progress – timeline and plans**

FM – take a lot of time for physiologists – more cost as well

RS – remit of what BHRS can do – BHRS to set standard and if they want it to advise – can't say to trust to employee consultant Short term.

RS – ML wants to add above to standards document – any objections to follow up patients pre-and post-implant – specifying that those who do not need a local arrangement.

Nurse Update

SH – building up an arrhythmia nurse database, 85 currently who they are where they work – formed a group email – well received – queries of new policies, pathways anything, as a lot work on their own.

AH – not everyone on that list is a BHRS member

RS – important aspect? – not expensive to be a BHRS member

200 arrhythmia nurses on A-A database.

FM – HRS has General forum – big names reply. – good to apply just for member (Jason to cover in his section)

AH - BANCC – President from BANCC approached us for joint membership – pros and cons for nurses discussed. Option for nurses for joint membership? Felt it would open support to nurses.

AH – options for the joint membership

BANCC and BHRS joint membership

BCCS – tri option

RS – joint membership would mean a higher fee overall but less for BHRS

RS – second option BANCC would give their membership for free

RS – third option nurses pay for both in full

FM – what is meant by the membership? Why full membership of area that is not their society?

Vote – Keep at BHRS only.

AH – more support for arrhythmia nurses – thinking of approaching BHF

TL – BANCC to be affiliated with BHRS – demonstrates partnership – no cost partnership

RS – good idea to do – all agree, what more can we do to help to get more Nurses membership with BHRS

Action Points

- **AH** – Contact BHF re nurses sponsorship to encourage more nurses to attend HRC and BHF to provide educational funds for them to do so
- **AH** To offer a support session with nurses to encourage to attend HRC.
- Action Point -RS – to reply to BANCC affiliation but not joint membership. Completed
- **AH** and **SH** to liaise with **JC** re setting up a nurses forum within the **BHRS** website

Action Point to combine the support session. **RS** to share emails to bolster those sessions and reply to **BANCC** affiliation but not joint membership.

- **JC** – Membership fee discussion for **BHRS** – felt relevance with nurses

Council have vote on following options for new BHRS membership structure:

- 1) Unchanged - £80 Consultants/industry £40 Nurses/Trainees
- 2) Unify Fee - £60 Any Qualified **BHRS** exam £40 Trainee
- 3) Unify Fee - £60 Medics/Physiologist £40 Nurses/Trainee
- 4) All pay the same at £60

Council Votes for third option

- 1) 2
- 2) 0
- 3) 6**
- 4) 5

TL – from admin point of view – as of July 2018 – when everyone pays their subscriptions. We will send these minutes out as a notification to all members of this change ASAP

AKBS will also send an email to members letting them know of the fee change and the other benefits we are working on to support members

Council and TL Discount for HRC to change in line with fees so that members retain the same discounted registration for HRC.

Website - JC

JC – Covers updating members only pages, council would like to look at developing forums.

Comms with A-A - Members section with changes will be £2000 – members only pages, updating home page, new headings, thumbnails as opposed to list format. Big improvement to website

Content not an issue **JC** has a lot ready to be uploaded from various sources

Asks Council if okay with price and if he has leeway to go above, set at £2,500 if any more council agrees **RS** to approve.

JC asks few questions for council to approve whether certain aspects should be open to members or the public.

The results of councils decision are listed below

- Everyone to see minutes –**Public**
- Presentations –**Members only**
- Clinical Studies page – **Members only**
- Job Adverts – **Public**
- Distance Learning module – **All but pay per view**
- Standard operating procedures, business cases, protocols, examples of good practice and innovation – **Members only**
- Web resources page – members only

RS – When do you think forum may be possible? – JC revisit cost – 3 months - £500

Pacemaker ID cards

RS – HD absent – who was going to bring dummy cards options.

RS – Via email debated a minimum data set.

Council Vote on what should be a minimum data set for the ID cards

Council Decide that ID card should include the following as a minimum data set of clinical value:

Name of the patient

Date of Birth

NHS number

Generator – Manufacturer

Device Type/Code

Name of CRM implant centre with contact details

System implant date

Date card issued

Whether the patient is MRI safe at the time of ID card issue. This would be recommended simply to allow MRI to be done in the event of an emergency (e.g. acute cord compression) but we would recommend the inclusion of a legal disclaimer that outside these circumstances we would recommend the MRI centre checks with the relevant device centre

Additional non-mandatory information at the discretion of the local implanting/follow up centre

Leads – type, manufacturer and position

Generator –Model number, Serial number

Local ID number

Indication

Pre-device diagnosis

Workforce Update

VC – BSE

Lower grade staff – supported by PCP course. 9 across country – 150 undergrads per year

STP Master Programme. Funded. 50 student a year – not many people from there

JC – NSHCS looking at cardiac accredited scientific practice (ASP) modules/training. The idea being that practitioner qualified staff can be trained to perform more complex procedures by sitting academic MSc level modules to supplement hands on training and professional exams (BHRS). School agreed syllabus consortium with BHRS curriculum which we have been asked to look at.

JC – In general the problem is small numbers entering the workforce, work demand increased, those entering don't always have the training/learning/skills to perform the more complex tasks required 30/40 STPs nationally, <50% of PTP graduates entering the workforce, competition from industry/locum jobs

VC – undergrad programme – a lot to be done at department level and engaging with schools/career days to promote the job. Brexit has altered overseas recruitment.

JC - Sheffield Hallam new HEI offering HCS cardiac apprenticeship programme. Members need more information of website – easier to find.

JC – STP curriculum changes expected to occur in April We have also been asked to look at the STP curriculum which is in the process of being updated and therefore have an opportunity to change/develop this curriculum Council Questions around physiologist state registration – not a chartered profession – many don't know what a physiologist is – lobbying for this?

JC – Option of applying for equivalence becoming state registered as a healthcare scientist (chartered profession)

IW – sports science – push recruitment from these graduates

JC – these graduates who have previously been ideal don't often make it through the selection process but again there are only 30-40 cardiac STP positions available per year

IW – BHRS – to lobby opportunities to increase the availability for this

- **ACTION: VC-** to write a paper describing pathways for workforce planning – top three issues why it isn't practical to deliver the trainees we need – RS – will then formulate a letter and speak to BSE to move forward. We can bring back to council next time.

Exam Update

AT – Updated website – more links for exam and logbooks

Rewritten FAQ section about exam and logbooks

T+C to candidates – exam papers from 2009

Marking sheets and guidance for what to do on the day of the exam

Links section on exam webpage part of the website

T+C for the examiners themselves

Dropbox nearly signed off – not signed off/operational yet.

TL – wrote to examiners about update

That people wanting to register this year can do from Monday 8th January until the end of February – all logbooks will run the same two-year period.

Currently, anybody can register for a logbook at any time, but going forward can only register for a logbook during this period – so finished logbook by end of December 2019.

Dropbox trialled and tested

Candidate to create own Dropbox account, we supply forms. We then download their logbook and transfer to marker. When transferred A-A logbook deletes logbook from system – because of data protection.

Any outstanding logbooks not submitted must upload their logbook via Dropbox.

Exam is currently in three locations – Leeds, London and Belfast – written proposal for future exam location – to move to HRC a day before - AT – believes fixed date – no sharing of questions – more people to then hopefully attend HRC and they do not have to request study leave.

AT – £180 – £220 exam fee increase the cover the cost for this

Council – no objections to request

TL – courses – Can do revision courses at another point during the year

RM – app for submission of data?

TL – went with Dropbox as it is free

Research Committee

RS – Pier unable to attend but has updated RS that he has sent a BHRS survey and got limited responses what people want the current theme to be. Try and run another national meeting – for people to pitch ideas about ablation, device etc. Pier has already received submissions for the web site research update pages starting with reviews by the young investigator winners

FM – NICOR Update

FM – talks through slides that he has shared with the council

Council – very grateful of depth of update and work FM has produced

RS – happy that we should get the essential data out and great if council can contribute to FM research.

Letting operators know that something is being done with the data.

FM to edit the slides so that they can be shared with members

Treasurers Report – DG

DG – 6 months and 3-4-year perspective

June – November – 88k to 78k – expenses to HRC congress – only source of income through subscriptions 27k, expenses – admin 20k, 11k HRC costs, 4k exam venue. Down to cycle – expected to be this at this point in the year.

DG – Last 3 years – balance is static

TL – every new member gets it back through HRC – working to increase membership

DG – balance restricting the progression of BHRS

TL – MedTec investment is going to be ringfenced – will not be able to touch it.

Action Points

- **ACTION POINT: DG** – To share treasurers report with council members and BHRS members for reference
- **ACTION POINT: TL** – to share finance report with DG – email report to whole council
- **ACTION POINT: TL** – to email charity commission point of view about finance report.

RS – have we seen HRC accounts?

TL – no we do not have separate accounts

- **ACTION POINT: TL** to do a spreadsheet that highlights HRC accounts.

Secretaries Report

AKBS – last meeting comment about time frame of elections – June next year let members know that time is up – simpler as there will only be on post open unless anyone leaves

We were asked to change the way we approve membership – implications to access to exam/early bird rates – Alistair now gets emailed them weekly from A-A – happy with how it now works.

Still recruiting at a good rate

Q – engagement of membership – what percentage vote?

TL – less than 10%

JP – shouldn't be making it hard to vote – with passwords that are dated and hard to find

RS – As the user of membership numbers and passwords increase (e.g. members only section of site) then members will get into the habit of using these. They can also request from BHRS admin although at busy times around HRC or votes this may be a bit delayed

MS – new Council members travel expenses form?

TL – to provide expenses claim form

Conclusion

RS – Next meeting

Brief Update about website

Brief Update about workforce

Nurses Update

Perhaps a NICOR update

Next time focus on strategy – fundraising, innovative ideas, if you have ideas send to **DG**, training for doctors and nurses – **JP** priorities for training, how we can snatch the echo probe from these junior doctors and put a pacemaker in instead.

AKBS – AOB?

At beginning – so we know if there is a lot to deal with or not. Think about for next meeting

Meeting time confirmed at 11-2 for future.

Meeting concludes