

BRITISH HEART RHYTHM SOCIETY COUNCIL MEETING

Meeting on: 10:00- 13:00, Thursday 22nd February 2018

At: BCS Offices, Paul Wood Room, 9 Fitzroy Square, London W1T 5HW.

Present: Richard Schilling (**RS**) [President], Alistair Slade (**AKBS**) [Secretary], Dhiraj Gupta (**DG**) [Treasurer], Jason Collinson (**JC**), Pier Lambiase (**PL**), Holly Daw (**HD**), Martin Lowe (**ML**), Ian Wright (**IW**), Benedict Wiles (BW) [**BJCA**], Stuart Harris (**SHa**), Francis Murgatroyd (**FDM**), Simon Holmes (**SHo**) [MHRA], Shona Holding (**ShH**), Viki Carpenter (**VK**), Mark Sopher (**MS**), John Paisey (**JP**), Trudie Lobban (**TL**) [A-A] (via Skype), Stephen Kempton (**SK**) [BHRS admin], Kristine Perovica (**KP**) [MHRA]-guest.

1.	<p>Apologies for absence [RS]</p> <p>Apologies were received from: Kim Rajappan (KR), Andrew Shute (AS) [ABHI], Angela Hall (AH), Sue Baxter (SB) [SCST], Andrew Turley (AT).</p>
2.	<p>Agree minutes of previous Council meeting on 7th December 2017, BCS Offices, 9 Fitzroy Square, London, W1T 5HW [RS]</p> <p>Minutes agreed.</p>
3.	<p>President's Introduction [RS]</p> <p>RS thanked Council for the amazing work achieved in the last six months highlighting new device card, updated device standards to help patients with MRI's, agreed mission statement, web site improvements amongst many other achievements.</p>
4.	<p>AOB [All]</p> <p>IW talked to a recent article about cyber security and implanted devices. He shared with Council a patient information letter. Council agreed the article should be placed on the website in the member's section.</p>
5.	<p>Physiologists Workforce Update (VC)</p> <p>VC led discussion about challenges of physiologist training and the recent Facing the Facts, Shaping the Future document where physiologists were barely mentioned. SCST planning response and keen to involve BHRS. SCST and BCS are about to release document highlighting visa problems in recruitment. RS has had helpful discussions with Keith Pearce – President BSE about a joint approach. TL agreed the matter could be raised with the All-Party Group on Arrhythmias at Westminster and highlighted the opportunity that World Arrhythmia Week in June, specifically a meeting at Westminster on 6th June with STARS, would give to further highlight these issues.</p> <p>VC drew attention to a BSE statement that all holding BSE accreditation should receive grading at band 7. Council felt BHRS should provide clarity about career achievement before sitting exam in order to pursue a parallel stance.</p>

6.	<p>Cardiology Training (JP)</p> <p>JP gave a presentation on potential changes to cardiology training in an updated Curriculum.</p> <p>The proposal to simplify core training to two modules on arrhythmia presentation and arrhythmia management were accepted by council. The maintenance of requirement for level 3 competency in temporary pacing and level 2 for permanent pacing was agreed. A description of requirements for device programming competencies was agreed to be necessary. There was general agreement it would be desirable to align aspects the core curriculum with BHRS certification though the concerns raised pre meeting by AT were noted.</p> <p>In the advanced modules there was general agreement to allow full accreditation with either devices or EP ablation or both with a common core of required knowledge.</p> <p>It was acknowledged the role of BHRS is advisory with any changes needing sign off by the SAC, Royal Colleges and GMC.</p>
7.	<p>Strategy Session</p> <p>RS introduced a focussed strategy session to build on the agreed mission statement</p>
7a.	<p>Strategy - President</p> <p>RS led discussion to bring various strands together to a single cohesive strategy by Q2/3 this year with subsequent regular review.</p> <p>RS was encouraged that many has fallen into natural roles within Council but encouraged others to come forward with ideas to work on.</p> <p>RS – it is not clear whether or when a national tender process will happen and the mechanism by which it will happen.</p> <p>RS proposed fellowship of the BHRS which might mirror what occurs in BSE who had identified 20 key individuals including past presidents. RS suggested a working group led jointly by physician and physiologist to set criteria, agree subscription uplift and potential candidates.</p> <p>Further discussion about details of funding of travel after basic agreement with ABHI. MS to lead working group into detailed arrangements with strong preference for a single unified system to go through BHRS. It was made clear that whilst funding could be agreed in advance of a meeting, re-imburement was dependant on original receipts and a certificate of attendance. MS agreed to check with A-A about charitable law and to identify contributors for working party.</p>
7b.	<p>Strategy - Treasurer (DG)</p> <p>DG outlined stable account position over last 4 years but highlighted no growth. Recent fee changes should improve this and holding exam at HRC in 2019 will cut cost. DG felt biggest opportunity lay with the intellectual property of the society's membership.</p> <p>RS talked to the proposal from Radcliffe Cardiology to work together to host webinars with BHRS supplying content. Lengthy discussion about merits of advertising on BHRS site with caution from TL about not turning from charity to a business. Council agreed to explore matter further and DG will explore options within charitable law and work with TL.</p> <p>DG also raised issue of admin costs of support from A-A and potential opportunities to reduce. MS felt the time and costs of training a new team unlikely to produce improvement on current good quality service from A-A. Council agreed to continue with status quo.</p>

7c.	<p>Strategy – Secretary (AKBS)</p> <p>Refined membership approval with weekly turnaround working well from all aspects.</p> <p>Need to survey lapsed members and establish reasons for leaving and if possible re-engage.</p> <p>Issue of free registrations for faculty at HRC raised. – felt by RS and TL to be an HRC decision and out of our control.</p> <p>AKBS pointed out very few industry members and that discussions with AS had identified potentially 150 new members. Council discussed benefits to Society and benefits to industry members – to discuss further</p> <p>BHRS had received a request or a site visit. AKBS had obtained BCIS template and fees. Discussion around 2 levels of inspection (i) Semi-legal to give validity to a service or (ii) a request for advice on how best to run a service. Option ii felt to be within BHRS remit and AKBS to develop further templates to allow visits which would involve physiologist and doctor.</p>
7d.	<p>Strategy – Research (PL)</p> <p>PL expressed desire to be more impactful. He is aiming to re-establish multi-centre trials group and is working with Rod Stables to set up multi-centre trials under the BHF umbrella.</p> <p>PL wanted website to advertise research and include research articles and highlight multi-centre trials group – JC to action</p>
7e.	<p>Strategy – Audit/Nicor (FDM and ML)</p> <p>FDM and ML highlighted reduced funding from HQIP with CRM being given a lower priority. Raw data is available but loss of David Cunningham massive and reduced analysts numbers hampering ambition to deliver centre outcomes for ablation and ultimately individual outcomes. Concerns about long term future expressed and debate about whether BHRS could take this on and publish on BHRS website. FDM highlighted current process and likely timetable for devices and consequent delay for ablation report.</p> <p>FDM will put together a draft summary and circulate well in advance of next meeting</p>
7f.	<p>Strategy – Website/Social media (JC)</p> <p>JC outlined ambitious strategy trajectory but was on track. He had agreed costs for initial changes to home page, layout, new headings and member’s zone. JC identifying people to populate website. A forum with chat facility is feasible at a cost of £1850 and would sit within the member’s zone accessible by password and BHRS membership number.</p> <p>Further discussion about other social media. A BHRS Facebook account exists but some concern at how to restrict public access expressed. A BHRS Twitter account also exists. JC to develop social media strategy.</p>
8.	<p>President’s closing remarks.</p> <p>During the meeting it was agreed that a one week deadline prior to Council would be set beyond which anything had to be declared as AOB. RS felt the organization was more egalitarian than 10 years ago and the recent unification of fee structure was an important step and an important signal about the importance of the allied health care professionals to the Society. RS stated an ambition to have an AHP as President within 5-10 years.</p>
<p style="text-align: center;">Date, time & place of next meeting: 11:00 – 14:00, Wednesday 25th April 2018 (BCS Office London)</p>	