

BRITISH HEART RHYTHM SOCIETY COUNCIL MEETING

Meeting on: 10:00- 12.30, Thursday 14 June 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**), 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], Angela Hall (**AH**).

1.	<p>President's Introduction [RS]</p> <p>RS welcomed all to Council and thanked all for efforts since last Council meeting.</p>
2.	<p>Apologies for absence [RS]</p> <p>Apologies were received from: Kim Rajappan (KR), Andrew Turley (AT), Pier Lambiase (PL)</p>
3.	<p>Agree minutes of previous Council meeting on 22 February 2018, BCS Offices, 9 Fitzroy Square, London, W1T 5HW [RS]</p> <p>Minutes agreed.</p>
4.	<p>AOB [All]</p> <p>IW Discussed standards and what ideally an accredited service should look like. Ideally it would be good to know how many such services exist. FDM is aware of 200 centres however NICOR does not have the details of how many physiologists are at each centre. IQIPS programme could support this. RS said important to know that accreditation carries value not just a statement but that it delivers on the quality agenda.</p> <p>FDM stated the 'expert group' for NICOR will be reconstituted and will help set the agenda. This will be a smaller group to nail down priorities and will meet twice per year – first meeting mid-September.</p> <p>Centres using CRM (CCAD) will soon not be able to access for follow up and will lose records due to a new system being introduced. It is causing concern and centres should be notified.</p> <p>ACTION: RS to draft a strongly worded letter to NICOR saying that at least 12 months notice should be given to centres prior to closing down to enable the centre to make alternative arrangements</p>
5.	<p>BHRS STAND AT HRC (RS)</p> <p>It was agreed that BHRS would exhibit at HRC2018, possibly sharing a stand with A-A. TL highlighted that the stand is small and usually filled with A-A materials and banners. RS confirmed only a small space would be needed for a laptop. ShH, AH & RS (nurse, physiologist and physician) all agreed to 'man' the stand at lunchtime to demonstrate the</p>

	members only area of BHRS web site. Discussed various reports that could be printed.
6.	<p>Nurses Update (AH) AH advised that the minimum standards document for ILRs was complete having sent a first draft to the recommended people. Minor amendments were made and this was agreed and ready for uploading. This has been sent to JC for uploading to the website. ACTION</p>
7.	<p>RADCLIFFE CARDIOLOGY (RS) RS gave an update on discussions with Radcliffe. Their journal 'Electrophysiology Review' is no longer being produced in partnership with EHRA. RS has offered to make this the official BHRS journal; with 'copyright' on web site etc and available in members only section. It would be free access online, promote BHRS activities and 100 copies made available at HRC. TL advised that reciprocal arrangements were already in place at HRC. Council agreed to adopt</p>
8.	<p>TRAINING UPDATE (JP) JP Reported lack of female uptake in EP. BJCA trainees weighted 16% male vs 6% female. EP has worst gender split of all advanced sub-specialty modules. BHRS should attempt to reverse and ask female EP's to advocate. There is no obvious reason why women do not apply to this sub-speciality. MS highlighted need to recruit more people not just females. RS highlighted that women have applied for Council posts however have not been voted on by the members. ACTION: How to provide better access, training and encourage women to join this speciality. ML will draft suggestion on service provision on side of A4 to be circulated to Council for online discussion.</p>
9	<p>FBHRS (SH & IW) IW circulated a list of 20 potential candidates who could possibly be awarded FBHRS. These people would then be expected to form a committee to review future nominations and criteria to meet FBHRS qualifications. They would need to create T&C for web site and nomination form. TL suggested application form have limited characters in order to keep applications to a standard format. Award to be handed out at HRC. Need to establish online meetings and clear governance. Council decided 'less is more' and to reduce the number of 20 potential initial candidates. This will be discussed online and Secretary (AKBS) and Admin (TL) to be cc'd at all times so there is an official record of all discussions.</p>
10	<p>LEAD EXTRACTION (RS) RS stated BHRS should be offering best patient care. AKBS questioned why is BHRS producing guidance when European and American guidelines exist. RS believes that European and American guidelines do not apply to UK provision, skills and accessibility. BHRS should produce a guideline unique to UK and its needs. Following discussion on content, the current document will be amended and re-circulated for approval.</p>
11	<p>RESEARCH UPDATE (PL via e mail to RS) BHRS now have representation on the BCS Academic and Research Committee-so if you have any specific issues you want to raise in this forum, let me know. The UK CV Trials programme application has now been made to BHF. The next BHRS MCTG Session will be before the BHRS AGM for 60mins to update on progress.</p>

	<p>MCTG Meeting in April Survey Results:</p> <ul style="list-style-type: none"> • The meeting survey elicited a very positive response with requests for more opportunities to thrash out projects and discuss study design. This will be the basis of the next more formal meeting. • 70% of attendees to the MCTG meeting in April agreed to participate in studies. • I am still awaiting the project leads for the AF and VT proposed studies to come back to me with proposed protocols to circulate. Once I have these I will circulate up to date minutes from the meeting. I have sent reminders to the relevant parties. • The plan is to hold the meeting as a full day twice a year and a short update meeting at BHRS. <p>I have forwarded the study protocols for the webpage and highlighted the role of the MCTG.</p>
12	<p>WEBSITE (JC)</p> <p>JC reported that only RS and JC have submitted articles/presentations for web site. More items are required and Council were urged to share any items, reports, presentations.</p> <p>TL asked for HRC to be advertised on web site - ACTION</p>
13	<p>MEDTECH FUNDING UPDATE (MS)</p> <p>MS reported he had met with Andrew Schute and the majority of companies have broad enthusiasm as long as it aligns with MedTech rules however there remain concerns and pitfalls including clarity and transparency for auditing purposes, how will funds be spent ?, the admin process and reporting. Getting the process in place for funding for HRC 2018 was not impossible however a very tight turnaround was noted. RS suggested a ballot. Discussion on how funds would be allocated between disciplines and would it be pro rata based on proportions of different disciplines within overall BHRS membership. Companies would not want other companies to know how much each had contributed. Possible Gold Silver Bronze packages proposed; TL suggested listing company name in order of amount rather than segmenting into groups. AKBS highlighted that the great majority of BHRS members are physiologists who would thus benefit the most from a proportional split. If successful a member would not be able to reapply for two years for future funding. It was hoped that this will lead to increased BHRS membership. TL suggested partnership with A-A as HRC is supposed to be a partnership and applying jointly. MS to discuss process and admin required with TL and report back to Council.</p>
14	<p>SECRETARIES REPORT – AKBS</p> <p>AKBS reported that David Tomlinson had approached RS, AKBS & JP as he was unable to find evidence in minutes following his e mails earlier in the year. AKBS highlighted that he must be cc'd into online discussions so that there is a record of action and outcomes, Admin should also be cc'd TL explained that all notes are saved on A-A server for future reference however as much of BHRS business is now online via e mails unless Admin is cc'd then it is not possible to maintain accurate records of online discussions and decisions.</p> <p>ACTION: Council to ALWAYS cc AKBS & Admin into all e mail discussions.</p> <p>For the record BHRS Council felt that it was not BHRS role to undertake peer review and that David Tomlinson's paper should be submitted through the conventional peer review process. Council suggested possible submission to AER journal.</p> <p>Membership procedure continues to be successful, fewer new members at this time of year as historically more apply when registering for exam.</p> <p>AKBS attended BCS Council June 3rd @ Manchester on behalf of RS where the GIRFT (Get It Right First Time) cardiology programme was outlined by Sarah Clarke and Simon Ray. Annual reports from all affiliated societies were presented</p> <p>Elections: There is a single physician vacancy which is being advertised (DG term is due to</p>

expire). Discussion of overall composition of Council and need for expansion. Currently 176 physicians are represented by 8 physicians on Council yet 540 physiologists and only 4 on Council, similar for nurses. Agreed to recruit two new Council members – one nurse and one physiologist to increase representation.

15 TREASURERS REPORT – DG

DG highlighted the accounts are at their most healthiest at this time of year following transfer of HRC and exam proceeds. Balance stands at 87K approx. 20K up.

Date, time & place of next meeting:

07.00 – 08.30, 010 October 2018 – HRC2018 @ The ICC, Birmingham