



BRITISH HEART RHYTHM SOCIETY COUNCIL MEETING

Date: Thursday 7th February 2019

Time: 10:30-13:00

Venue: Thomas Lewis Room, BCS Offices, 9 Fitzroy Square, London, W1T 5HW.

MINUTES

ATTENDEES:

Richard Schilling (**RS**) [President], Alistair Slade (**AKBS**), Stuart Harris (**SHa**), Jason Collinson (**JC**), Holly Daw (**HD**), Joseph de Bono (**JdB**), Angela Hall (**AH**), Shona Holding (**SH**), Pier Lambiasi (**PL**), John Paisey (**JP**), Mark Sopher (**MS**), Ian Wright (**IW**), Trudie Lobban (**TL**), Hazel Randall (**HR - MHRA**), Benedict Wiles (**BW**), Sarah Clarke (**SC**),

AGENDA

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| 1. | Apologies for absence VC ER ML SB AS FM KR | |
| 2. | Agree minutes of previous Council meeting on 12 December 2018 [Richard Schilling] | Agreed |
| 3. | <p>AOB Declaration [All]</p> <p>Established relationship with Radcliffe Cardiology and web cam meetings; video and road show meetings to generate revenue work ongoing</p> <p>New secretary and future directions of web site and admin to be discussed at end of meeting when non-members leave room and minutes will be sent to TL</p> <p>Five road shows for potential locations and high level specialist EP meetings Sponsors want high level meetings RS wants broader agenda. Identify champions - Radcliffe will do all admin and agenda, local Chair will do specifics etc and steer who to invite & BHRHS will back it with speakers and make money from the event. Still uncertain whether it will go ahead and do not want to overlap with A-A CUM and want slightly different target audience.</p> <p>Underwritten meeting at EHRA for EBAC authority – approved their agenda and brought £1000 into account for backing of BHRHS.</p> <p>AER – impressive journal and editorial board</p> <p>BHRHS have already delivered a couple of articles</p> <p>Azal: Excited to work with BHRHS; keen to develop this and can publish position papers and articles and will get free pass. Open access to all</p> <p>PL working on use of medicines and psychology and not copyright</p> | |

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| | <p>so if put into Heart cannot use or provide access whereas if it goes into AER it can be shared (not copyright)</p> <p>AER publishes reviews and could have section of journal which BHRS has editorial control and badge as BHRS</p> <p>JP – can there be a click through from web site – does it need to be any more than hyper link? Agreed</p> <p>AER published three times per year</p> <p>Radcliffe keen to expand online content and pick out best to go into print version</p> <p>MS – what insights do we have into business model and future plans. RS explained that no contract or financial liability. Radcliffe have been around for 10 years. RS not reviewed accounts. Relationship is nothing more than a label - £1000 for approving agenda; roadshows could generate £10-20K Other articles are not reflecting policy of BHRS Azal suggested BHRS review periodically the journal Radcliffe & AER are commercially driven. Reputation and reputation of editorial board is very good JdB questioned reputation and JP agreed</p> <p>Everyone happy as long as fluid relationship at this stage</p> <p>HD will invite physiologist to write article on pacing</p> <p>RS thanked Azal for attending</p> | |
| 4. | <p>Nurses Update [Angela Hall] Survey to nurses forum (approx. 90) third responded –</p> <p>50% BHRS members; reasons why – cost / not heard about BHRS or benefits / 10% taken exam / academic qualifications and 50% were taking Masters</p> <p>Will feedback to Forum and highlight % to raise awareness. SH explained there was no pressure to take exam. Lots taking Masters and yet no incentive to take BHRS exam.</p> <p>HD - Cath Lab nurses and 'Reveal' nurses and none are members</p> <p>RS asked if we include exam in Masters as an external module. Need to raise greater awareness of exam</p> <p>RS asked TL to promote via A-A</p> <p>SH – trying to discuss with BHF to develop partnership and access to funding.</p> <p>JC asked to draft para for web site with link.</p> | |
| 5. | <p>Training update [John Paisey]</p> <p>Minor developments with curriculum, JP is now lead of cardiology curriculum which removes barrier for CRM</p> <p>Training Days – ought to be delivering these and drawing trainees into society</p> <p>Two days per year one in North & one in South</p> <p>Needs sponsorship paid by industry to enable candidates to participate. Needs to be cost neutral or heavily discounted</p> | |

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| | <p>Aimed at medical trainees but should not be restricted</p> <p>JdB – suggest they must be a member and then heavily funded by industry to attend</p> <p>JP does not want to put a barrier to stop people registering</p> <p>Important they remain members once they have completed training day and should sign up to do so thereby increasing membership</p> <p>JP proposed to run training days in 2020 (or end of 2019)</p> | |
| 6. | BHRS Survey Update [Martin Lowe] – see e mail report | |
| 7. | <p>Research Update [Pier Lambiase] –</p> <p>Two multi-centre trials so far and another in 2019 to be held at Barts for free. Ideally next meeting to be outside London.</p> <p>BCS Research network now funded</p> <p>Article for web site – finished review and awaiting approval and will submit to AER</p> <p>Challenging to get people to submit monthly articles</p> <p>JC asked for flyer for web site to advertise meeting</p> <p>RS to chase for flyer from PL</p> | |
| 8. | <p>Website Update [Jason Collinson] –</p> <p>JC – web site - communication and social media. Sourcing content is ongoing; five articles (two ready to go next week), page or link to journal and editorial section</p> <p>Fellowship – needs information to be able to promote</p> <p>IW – purpose and criteria and something on current Fellow's – send to JC for web site</p> <p>Survey – will create page to raise awareness of it being there</p> <p>Constantly looking for presentations</p> <p>Next three months to source content and new information</p> <p>Nurse only one to provide information to date</p> <p>Need to be updating web site regularly with more items as the longer it is left, less chance people will read.</p> <p>Hope to have newsletter out by end of month</p> <p>Social media – small gains in followers on FB & Twitter – need more posts – one per week</p> <p>JP asked what sort of content for social media:</p> <p>Exam dates</p> <p>Promotion of research meeting</p> <p>Promoting membership</p> <p>New content on web site</p> <p>Exam as part of MSC</p> <p>Fellowship page on web site/ job descriptions?</p> <p>Fee to advertise external events – discussion about aborting fee</p> <p>Agreed to stop charging for courses and fellowship</p> | |

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| | <p>JP & JdB will provide list of current training centres who have programmes for EP & Device Holly for STCS RS will write piece</p> <p>INDUSTRY UPDATE: MS some progress with one partner, hopes to get something up and running to encourage others to fall in. RS & MS think they have a process. Many have forms for completion for grant so RS & MS think manageable and still fit with their compliance. Want to support HRC and funding for other meetings. Need to ensure one process fits all. TL explained every company is different. JdB & SHa also confirmed difference between companies.</p> | |
| 9. | <p>Secretaries Report [Alistair Slade] 73 new members since AGM</p> <ul style="list-style-type: none"> • New Secretary (elect) – AS finishes in Oct 2019 Should appoint someone from Council now so they fully understand head • ER and JP both expressed interest for role. • MS & JdB asked JP if he would continue with trainee post and secy post – both thought it was a lot for one person. JdB suggests that each send a paragraph as to why they wish to be • For Election this year – • President Elect and 9 others all due to leave or end first term • Very complicated and try to get it up and running in May to vote over summer and announce at AGM <p>EXAM – A Turley sent report JdB in favour of Stuart Allen SHa thought David Farwell is interested. Suggests DF - Medical Director and SA - Exam Director SHa to speak to DF and provide feedback</p> <p>RESUSC COUNCIL – Mark wishes to step down JdB will take on</p> | |
| 10. | <p>Treasurers Report [Stuart Harris] Balance static £82K exam registration has moved to end of year so will not show yet Standardised fees across membership Direct Debit vs Standing Order</p> | |

What can we do going forward as stuck at £80-£100K

- Fixed income
- Web site and improve social media
- Web cast – fees for non-members
- Role of industry and education (EHRA document) EHRA very uncomfortable industry running general education and declining to endorse Could BHRS ratify and offer endorsement – source of income?
- Working with industry – bigger political presence; main influence of government policy;
- **MS** said he is leading on Specialised Services and could be badged BHRS and could charge a fee for inspection **RS** liked the idea of BHRS being the inspectors in centres to ensure they deliver. Centres to pay fee for inspection
- ACTION – **MS** to propose
- **MS** exploring accreditation with NHS England
- Position statement names – **RS** to sign with **AS** and **IW**

RS – Strategy shared paper copies of slides (**RS** to e mail **TL** for circulation with minutes)

NEXT AGENDA -

Workforce **HD** & **JC**

RS to rewrite overall strategy

HR from MHRA – medical device alert – Medtronic dual chamber problem over 7000 devices distributed. Issues obtaining data from NICOR. Discussion on how best to reach centres to advice them.

JC suggested link into newsletter to publish and upload onto web site.

There are normally only a couple alerts per year. **MS** highlighted confusion Field Safety from industry and MHRA advisory and asked what is the difference and level of response

Need 'idiots guide' to clarify.

MHRA looks at what the company has been provided and do they need to provide more. No legal obligation for MHRA to produce anything only do so if they feel more should be said – supplement.

Responsibility is with manufacturer not MHRA. Often Field Notice is ignored until MHRA issue something. **MS** concerned Medtronic have not told all centres as they did not believe some centres had implanted or received transferred patients. Appears very poor practice and not in keeping and potentially harmful to patients. MHRA are very clear as to whom they communicate (whole community and not highly selective)

If doubts MHRA issue device alert. MHRA were told Medtronic had advised every centre **MS** said they put into writing to Bournemouth saying they do not believe they have any patients. However **MS** highlighted that through A&E people from all over the world can be admitted.

MHRA would have to issue every time or look at best practice

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| | <p>MS - letter of concern to Medtronic. NDA out next week by MHRA</p> <p>HR will write para for web site</p> <p>Topic for HRC perhaps?</p> <p>Roles & responsibility of MHRA</p> <p>National Procurement – HR to look into potential speaker</p> <p>Responsibility of company</p> <p>A-A to circulate MHRA notices as they have always done</p> <p>JdB – regional influence of BHRS perception not – many questions relevance and state very London Centric and big centre centric.</p> <p>EP Midlands could be labelled BHRS for example</p> <p>What/who is BHRS?</p> <p>Regional representation on Council</p> <p>RS highlighted that have attempted regional representation on council but people do not come forward</p> <p>DGH – Alistair is a lone voice on Council and his term of office finishes in October</p> <p>Everyone on council involved in ablation except Alistair</p> <p>Representative from non-ablation centre on council (badge upcoming post)</p> <p>AS to advertise call – upcoming opportunities AS to send para to JC & RS</p> <p>Physiologist – remote follow up</p> <p>Device management needs representation</p> <p>MS concern if pacing is classed as non-specialist</p> <p>TL highlighted partnering on roadshows etc and historical facts</p> | |
| | <p style="text-align: center;">Date, time & place of next BHRS Council meeting:</p> <p style="text-align: center;">Wednesday 24th April 11:00 – 14:00 – BCS Offices Thomas Lewis Room</p> | |