



BRITISH HEART RHYTHM SOCIETY COUNCIL MEETING

Date: Wednesday 9th October 2019

Time: 07:00 – 08:30

Venue: Executive Room 1, The International Convention Centre (ICC), 8 Centenary Square, Birmingham, B1 2EA

ATTENDEES:

Alistair Slade (**AKBS**), [President Elect], Stuart Harris (**SHa**), John Paisey (**JP**), Joseph de Bono (**JdB**), Holly Daw (**HD**), Francis Murgatroyd (**FM**), Sarah Clark (**SC**), Angela Hall (**AH**) Eleri Roberts (**ER**), Nikhil Ahluwalia (**NA**), Ashley Nisbet (**AN**), Heather Edwards (**HE**), Francis Murgatroyd (**FM**), Paul Foley (**PF**), Afzal Sohaib (**AS**), Claire O'Neill (**CN**), Stuart Allen (**SA**), Kim Rajappan (**KR**)

APOLOGIES:

Richard Schilling (**RS**), Jason Collinson (**JC**), Ian Wright (**IW**), Mark Sopher (**MS**)

AGENDA

1.	Apologies for absence – RS, JC, IW, MS, DF, PL.	Action Point
2.	<p><u>Agree minutes of previous Council meeting on 2nd July 2019</u> [AKBS]</p> <ul style="list-style-type: none"> - Council recognized the hard work of MS in securing manufacturer (Boston Scientific) grants for BHRHS members to attend HRC. - Suggested future bursary grants should be granted via ballot - Suggested contacting all companies for future grants. 	

AOB [AII]

Co-opted members

Suggested co-opting members for a 12 month period. It was suggested a review of the ongoing work and persons responsible for this work should take place toward the end of each 12 month period.

- FM to be co-opted as BHRS Registry and Audit Committee Chair.
- KR to be co-opted as Heart Rhythm Congress Programme Director
- PL to be co-opted as BHRS Research Committee Chair
- DF to be co-opted as BHRS Certification Medical Chair
- SA to be co-opted as BHRS Certification Allied Health Professional Chair.

All council members agreed

Suggested by council PL could stand for council at the next council elections.

KR explained his replacement as HRC Programme Director is not a formal process. Executive committee currently consists of John Camm, Trudie Lobban, and KR. The HRC executive committee decide on successor.

KR will communicate with council re: successor

3.

- Constitution

Noted that BHRS Constitution does not state co-opted members are not allowed to vote, seems to have been a previous assumption. Changes made to the constitution must be made in anticipation of the following BHRS AGM 2020. As BHRS is a registered charity, any changes will have to be reviewed by Charity Commission.

AKBS to review constitution in entirety

- Mexiletine

Expensive, non-licensed for cardiac conditions
FM is using this as an unlicensed medication.

Suggested contacting senior pharmacists in respected trusts

All to contact pharmacists

- BHRS relationship with HRC and AA

Questioned whether BHRS and HRC are aiming to achieve the same goals and the true purpose of HRC meeting. Suggested the intention of the meeting is networking and sharing best practice.

Agreed the commercial sessions shouldn't clash to ensure option to attend non-commercial sessions. Agreed there should be clear

	<p>badging of which session is a commercial session.</p> <p>BHRS is a major 'sponsor' due to the consultant-led attendance.</p> <p>Noted the cost of registration is high – questioned whether the cost should be reduced and host a smaller meeting.</p> <p>Suggested there should be an elected BHRS council member elected to the executive board of HRC.</p> <p>Overarching feeling the BHRS should have some financial insight as a partner of HRC and endorsing HRC, there should be visibility of these finances and BHRS should be able to discuss the commercial input. Questioned whether HRC is the meeting BHRS wants, e.g. should we involve GUCH, paed's – overwhelming agreement YES</p> <p>Agreed the HRC should be the national meeting and that BHRS and A-A would remain partners delivering optimum care for arrhythmia patients.</p> <p>FM stated BHRS should be responsible for the agenda of the non-commercial sessions. KR informed the meeting there is a committee of ~ 15 people write the programme each year. The committee is refreshed each year. KR reviewing new committee.</p> <p>Acknowledged at the BHRS AGM 08/10/19 that the publicity of the AGM via HRC programme (including room and time) was not well advertised. Suggested the 2020 AGM could take place at the end of the plenary session or at the end of the BHRS scientific session? (Could even ask non-members to leave - or get them to sign up on the day?)</p> <p>When suggested to host the AGM over lunch, noted contractually, we are unable to distract from the lunchtime exhibition session. Agreed there needs to be better advertisement of the AGM.</p>	<p>KR to take to the suggestion to the agenda committee</p>
4.	<p>Ablation Standards Guidelines Document [Alistair Slade]</p> <p>ML draft was sent out to all council members. ML no longer a member of the council. JdB suggested as successor to oversee the work. BHRS role questioned regarding what the 'first-line' ablation treatments should be, knowing the commissioners will use the BHRS document to commission centres. NHSE will decommission centres that don't meet the BHRS standards. Acknowledged this will be a powerful document. NICE and commissioners will use this from a 'non-specialist' view. Ensure FM is involved with the discussions as will need to capture appropriate data via NICOR</p> <p>Noted the brady document is due for renewal early 2020.</p>	<p>Agreed to a consensus view via email between the council members by Dec to publish by Feb 2020. and JDB to oversee. PF and</p>

		AKBS to review brady document
5.	<p>Audit Update [Francis Murgatroyd]</p> <ul style="list-style-type: none"> - As discussed at the AGM 08/10/19 - The next 2 years' worth of data for 17/18 and 18/19 will be sent to each centre around week commencing 14th October and will allow for a month validation period. Hoping this will be published online with eventual publishing year of year end which will make the data more relevant and credible. 	
6.	<p>Website Update [Jason Collinson]</p> <ul style="list-style-type: none"> - All council members very impressed with the current website. All agreed Tangled Web and JC have made a huge impact on the website. 	
7.	<p>Secretaries Report [Alistair Slade]</p> <ul style="list-style-type: none"> - Admin transition from AA to Tangled Web will take place ~ mid- November so new admin will be present at the next BHRS meeting. Transition will require bank details and auditors to be identified. 	
8.	<p>Treasurers Report [Stuart Harris]</p> <ul style="list-style-type: none"> - SH receives an edited account of finances – believes financial input from HRC to BHRS is in the range of ~ £20,000 but no clarity. When administration is handed over to Tangled Web, the BHRS will administer their own accounts however this won't resolve this input clarity. - No direct access to accounts. - There are bank statements but no visibility due to the current administration via AA. Acknowledged the transition to Tangled Web will be imminent. - Current cost of administration believed to be in the region of £30,000. - Current membership ~ 1000. - Need to establish exam costs. - Radcliffe commercial input and Tangled Web. Need to establish the legal position regarding this. - Accounts should be publicly available due to the charity status. Noted to be a 13-page document of accounts available of the charity commissioning website. - Agreement to see the commercial (AER) commitments with visibility with council. 	Commercial input from Radcliffe and Tangled Web on Dec meeting agenda
9.	<p>Training Update [John Paisey]</p> <ul style="list-style-type: none"> - 6 months' time there will be a curriculum review for cardiology. 	JP will report back at

	<ul style="list-style-type: none"> - Hopeful BHRS accreditation will be included in this. AS, AN & PF involved with this. - 15/11/19: DF attending. Read through cardiology curriculum. Working with GMC re: arrhythmia input CCT with devices and arrhythmia component. - Acknowledged Drs tend to favour sitting EHRA and IBHRE exam. Query whether it may be possible to mandate Drs to follow-up devices and importing the exam from EHRA and IBHRE with the BHRS log book for full BHRS accreditation, with expectation to pay for full exam fees. - BHRS log book to include implants and ablations for Drs. and devolve to local centres. - No further input from BHRS necessary currently - Drs training will change greatly (internal medicine compulsory) and may lead to fellowships. - NICOR returns should complement log books for Dr procedure numbers. 	<p>next BHRS meeting in Dec</p>
10.	<p>Exam [Stuart Allen]</p> <ul style="list-style-type: none"> - This is the first year that the exam has been held at HRC. This change was discussed at Council led by Andy Turley and was agreed given criticisms about some of the venues used in the past - Exact cost of this year's exam is not yet known. SA never been informed of actual costs other than being told it is 'expensive to host at HRC' in comparison to previous years where the BHRS have used competitively-priced room venues. - Council needs to understand the impact of the move on income. SA hopeful of utilising Pearson software in the future. Acknowledged this is expensive. The change in venue and/or the adoption of Pearson software may necessitate an increase in exam fee. - SA to inform the BHRS of any additional costs to exam admin now AA won't be responsible for this, e.g. printing. - SA suggested the co-opted membership for BHRS Certification should stand for up to 3 years with a successor identified at 18 months to allow appropriate member elect and appropriate succession planning. 	<p>Action: AKBS / ER to balance the cost of income vs cost of exam.</p>
11.	<p>Nursing Update [Angela Hall]</p> <ul style="list-style-type: none"> - Agreed to co-opt nurse representative from Middlesbrough and suggest to stand for election next year. 	<p>AKBS to contact AT regardin g the nurse contact willing to stand on council.</p>

	<p>Date, time & place of next BHRS Council meeting:</p>	
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11th December 2019

BCS Council Offices, Fitzroy Square, London, W1T 5HW

11.00 – 14.00