

## Minutes of BHRS Council – 11<sup>th</sup> December 2019

**Attendees:** Prof. Richard Schilling (RS), Dr. Alistair Slade (AKBS), Dr. Stuart Harris (Sha), Ms. Holly Daw (HD), Dr. Joseph de Bono (JdB), Dr. Ross Hunter (RH), Mrs. Angela Hall (AH), Dr. Paul Foley (PF) (dial in), Ms. Claire O'Neill (CoN), Dr. John Paisey (JP), Dr. Mark Sopher (MS) Mr. Ian Wright (IW), Mrs. Trudie Lobban (TL), Mr Simon Holmes (SH), Dr. Nikhil Ahluwalia (NA), Dr. Francis Murgatroyd (FM), Mr. Stuart Allen (SA), Jane Owen (JO), Steve Sadler (SRS)

### Agenda:

1. Apologies for absence [Richard Schilling]
2. AOB Declaration [All]
3. Agree minutes of previous Council meeting on 9th October 2019 [Richard Schilling]
4. Matters Arising [Richard Schilling & Alistair Slade]
5. Admin Handover [Richard Schilling]
6. Website Update [Jason Collinson]
7. Nursing Update [Angela Hall & Sarah Clarke]
  - a. National Census via Simon Ray
8. New co-opted member
9. Ablation Standards Document [Joe De Bono]
10. Device Standards and Device FU Standards Document [Paul Foley]
11. Secretaries Report [Alistair Slade]
12. NICOR/Audit Report [Francis Murgatroyd]
13. Research Report [Pier Lambiase & Ross Hunter]
14. Treasurer's Report [Stuart Harris]
15. Book all 2020 Council Dates

## **1. Apologies for Absence:** Jason Collinson, Sarah Clarke, Ashley Nisbet, Eleri Roberts

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## **2. MHRA and Mexilitene**

RS reported that MHRA would not accept anything without a license. Licensed product has to be used even though much more expensive.

## **3. Administration**

Administration of BHRS taken over mid-November by Tangled Web. Some tasks more difficult than first thought. Currently attempting to automate as much as possible moving forward. SS reported the membership sign up process has been improved with a direct debit system. Log Books have been taken over but using the same process for the time being.

SS reported the examinations questions from 2013 are being put into electronic format and will ensure access. SS also taking over marketing of BHRS. Outline of responsibilities as follows:

Steve – overall responsibility.

Anna – day to day accounts.

Pauline - communication, website, marketing, social media.

Hugh - day to day management and support.

SS offered exhibition and stand design and production services.

## **4. Examination**

SA presented statistics on BHRS Examinations. He reported historically sign off has had to come to council meetings. Generally marking and pass rates use the top percentage based on previous years. SA is currently negotiating a contract with a professional test agency to streamline the examination process. This will enable, potentially, candidates to complete the examination at home/place of work via webcam which could increase the numbers.

SA will attempt to further match exam questions to the syllabus and relook at the syllabus as a whole during January/February 2020. Plan is to hold exam from 2021 twice a year and to modernise and streamline.

SA is hoping to send out results this year prior to Christmas.

Log book will become streamlined when we have DOPS incorporated.

SA was thanked for the work he has put in so far to the examination process.

**ACTION:** SA approved by council to sign contract with test agency. Approval was given to raise cost of examination by approx. £100 to cover costs. It was agreed for a pass rate of 47% for this year's exam. SA to write and brief SS on narrative of why the costs will increase and publish accordingly when needed.

SS reported only examination paper copies are available.

**ACTION:** TL to ask Andy Turner about pass and fail checks to try and identify candidates. TL to also check with previous website company whether they have the data in the background. Even if it is a reference that could be checked against.

**ACTION:** TL to check whether the past examinations are available in electronic format and send to SS.

## **5. Accounts**

SS reported he had only received electronic accounts for this year - 2019. SS will ensure full quarterly reports and accounts are circulated. The council are to expect bank login details soon.

**ACTION:** SHa requested to circulate trustee report by the weekend.

## **6. Marketing & Social Media**

SS asked the council to like and share any social media posts.

New fully content managed website (launched in July 2019) has been well received. SS reported £6k revenue from new members. Consideration was given whether to collate more details on sign up such as date of birth etc. to help with targeting. The council agreed to continue to weigh up cost of implementing changes.

Council members require an easy to use travel expense claim form. SS suggested a webpage document. Everyone in agreement.

**ACTION:** SS to add electronic private function to website.

## **7. Nursing Update**

AH and SC are putting together a document for Simon Ray (BCS) to document the current numbers of arrhythmia nurses. They have gone to various sources and made a great deal of contact but due to difficulties with gaining answers remotely it was decided that as much work that could be done has now been done. It was suggested that Nurse Council members should produce a high level document recommending the number of nurses needed per population based on their experience of running such services.

**ACTION:** AH and SC to seek views of Nurse Members and produce brief outline document.

## **8. Standards Documents**

### **a) Ablation Standards [Joe De Bono]**

Ablation has been categorised into three sections – Standard, complex, single shot AF ablation.

Operator should be doing a minimum of 25 (ideally 50) each year from each group. 25 is the minimum number recommended to remain fully competent.

The following change has also been made - at least 2 cardiac physiologist/healthcare scientist to be working at centre (but not necessarily present) during a procedure.

In principle the document was approved with changes to be suggested via email.

**ACTION:** JdB to incorporate changes and send final draft to RS. Action complete but Joe now incorporating changes from AH and will recirculate. SS to circulate on behalf.

### **b) Pacemaker Follow Up [Paul Foley]**

Adjustments have been made and will be recirculated via SS. No major changes reported. 4 weeks for comments. Then approve by email to save bringing back next meeting.

**ACTION:** Paul Foley (PF) to circulate, action complete, suggestions have been made and PF will incorporate and recirculate.

### **c) Device Standards [PF + AKBS]**

PF and AKBS working on Device Standards. This is to be brought for consideration at next council meeting.

**ACTION:** PF AKBS. SS to place on next agenda.

## **9. Secretary's Report [AKBS]**

Eleri Roberts has recently had a baby which has meant she is unable to take on any commitments presently. AKBS will continue to cover the role until further updates but Eleri would like to remain involved so continue to copy her in on council business. Eleri is planning to become more active in the New Year.

**ACTION:** SS to include Eleri's personal email into a council list member.

## 10. Nominations

### a) MHRA

MHRA seeking expert clinical input to Standards Committees for CIED. Mark Sopher has been suggested for this role. Everyone happy with nomination. Mark will feed back to Council.

### b) EHRA Young Ambassador.

3 people put their names forward;

- Jonathan Behar from Royal Brompton Hospital (London)
- Greg Mellor from Royal Papworth Hospital (Cambridge)
- Iain Matthew from Northumbria Healthcare

Nominees were required to be out of training and below 40. It was decided to choose Ian Matthews, mainly due to location, to get some representation - other than the South.

**ACTION:** SS to contact Ian, copying RS asking him to confirm he is happy to take on the role and RS will introduce him to EHRA when he confirms

## 11. Research Report

PL and RH reported they have created a research core committee to review proposals and help edit trial applications and act as a sounding board for feasibility and robustness of the studies. On the committee are: Ross, Prappa Kanagaratnam, Aldo Rinaldi, Mark O'Neill, Jonathan Behar, Claire Martin and Muzaher Tayebjee. They went on to report a successful MCTG meeting. Due to CRC support future research group meetings can be held at the BCS offices. CRC will be used to create multi-disciplinary trials. The council were keen to encourage non-Barts professionals to become more involved and to welcome trainees and encourage them to engage with the group.

## 12. NICOR Audit

FM reported that the recent Device Data audit has been validated. Hopefully analysis will be completed within a couple of months. There is potential to publish data before a formal report.

JB and others suggested that results could be colour coded to reflect volumes to make it easier to see whether operators are compliant with BHRS. FM will consider that with NICOR.

It was discussed whether to discontinue old generic CRM device implant record software. FM will attempt to find out the numbers of people using it. Data is not linked and makes

current data inaccurate. 1st April 2021 was put forward to take the product offline but to make every effort to give centres relevant notice. This was approved by the council.

**ACTION:** FM to establish number of users and arrange relevant communications.

IW reported that an investigator has approached him to ask to present a research idea at the next council meeting. It was agreed that council is not the correct format and that they should attend the next multicentre trial group meeting and /or submit a protocol to PL.

**ACTION:** IW to inform.

### **13. Industry Grants**

The recent HRC grant ran well. Reporting was good. The council felt confident to proceed with offering further grants per meeting going forward. There was concern on how successful applicants were chosen (presently first come first served) but it was decided, as long as there is a warning of when the grant application will go live, it would encourage fairness and ensure members read the communications.

Mark Sopher and others to help with industry engagement to see if there is potential sponsorship of grants now it is proven this process can be managed well.

**ACTION:** Mark to engage with potential industries.

### **14. Training**

NA proposed an idea of sponsored training videos online moving forward. This was discussed and it was felt it would help generate revenue. It was deemed a good idea but for consideration at a much future date.

**ACTION:** Nikhil Ahluwalia (NA) to put together training proposal to circulate to council

### **15. Council Responsibilities**

It would be ideal to allocate a volunteer trustee to ensure everyone completes their responsibilities. For the time being it was decided to develop a booklet for new council members so they're aware of their responsibilities and that they officially sign up to them.

**ACTION:** Claire O'Neil to work with SS & Hugo to build a document of what is expected of members. Report to be brought to next meeting of compliance and responsibilities.

Consideration was given to co-opted and council members who do not attend.

**ACTION:** SS and AKBS to look through list and establish any regular non-attendees with no reason for absence.

## 16. Missing Information from Last Minutes

### *BHRS Relationship with HRC & 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 badging of which session is a commercial session.

BHRS is a major 'sponsor' due to the consultant-led attendance.

Noted the cost of registration is high – questioned whether the cost should be reduced and host a smaller meeting.

Suggested there should be an elected BHRS council member elected to the executive board of HRC.

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 – overwhelming agreement YES

Agreed the HRC should be the national meeting and that BHRS and A-A would remain partners delivering optimum care for arrhythmia patients.

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.

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?)

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.

**ACTION:** SS to ensure Kim Rajappan is invited to next meeting. TL take the outcome for this to the HRC.

## 17. Date of Next Meeting

10th February, 10:30 – 1:30 British Cardiovascular Society. 9 Fitzroy Square, W1T5HW

20th April, 10:30 – 1:30

British Cardiovascular Society. 9 Fitzroy Square, W1T 5HW

2nd July, 10:30 – 1:30

Board room, 2nd floor St Martins Le Grand EC1A4AS  
Offices for Barts hospital used because of lack of availability of  
BCS that day.

**British Heart Rhythm Society**

Registered Address: 24A Market Street, Disley, Cheshire SK12 2AA UK  
Tel: +44 (0) 1789 867 526 | Email: [admin@bhrrs.com](mailto:admin@bhrrs.com) | Web: [www.bhrrs.com](http://www.bhrrs.com)  
Registered Charity Number: 273307