

Minutes of BHRS Council – 10th February 2020

Attendees: Prof. Richard Schilling (RS), Dr. Stuart Harris (SH), Dr. Joseph de Bono (JB), Dr. Francis Murgatroyd (FM), Claire O'Neill (CN), Mr. Ian Wright (IW), Ashley Nisbet (AN) Jane Owen (JO), Mrs Sarah Clarke, Dr. Paul Foley (PF), Dr. Heather Edwards (HE), Steve Sadler (SS), Pauline Heery (PH Minutes). On dial in: Dr Ross Hunter (RH), Mrs Eleri Roberts, Dr. Alistair Slade (AS).

Agenda:

- 1) Apologies for absence [Richard Schilling]
 - 2) AOB Declaration [All]
 - 3) Agree minutes of previous Council meeting [Richard Schilling]
 - 4) President's update [Richard Schilling]
 - 5) NICOR/Audit Report [Francis Murgatroyd]
 - 6) Threats to Availability of Antiarrhythmic Drugs [Francis Murgatroyd]
 - 7) Admin Handover [Steve Sadler]
 - 8) Responsibilities of Charity Trustees [Claire O'Neill]
 - 9) Trainee Update [Nikhil Ahluwalia]
 - 10) Website Update [Jason Collinson]
 - 11) Nursing Update [Angela Hall & Sarah Clarke]
 - 12) Ablation Standards Document [Joe De Bono]
 - 13) Device Standards and Device FU Standards Document [Paul Foley]
 - 14) Secretaries Report [Alistair Slade]
 - 15) Research Report [Pier Lambiase & Ross Hunter]
 - 16) Banding for Physiologists [Alistair Slade]
 - 17) Treasurer's Report [Stuart Harris]
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1. Apologies for Absence

Jason Collinson, Stuart Allen, Angela Hall, Simon Holmes, Nikhil Ahulwalia. Due to dial in issues: Trudie Lobban, Mark Sopher.

2. AOB

General discussion around the aims, objectives, ideas and what needs to change within the BHRS moving forward. See item 18.

3. Agree Minutes

Minutes agreed via email prior to meeting.

4. Presidents Update

a) *NHS England of Commissioning*

RS reported response happening on Wednesday. RS concerned about the blanket ban regarding AF surgery and obesity. Discussion was placed around the potential to prioritise AF to those that will benefit the most. Concern was raised regarding publishing individual data which may result in surgeons being more selective as to who they treated. We await the consultation as representations to NHSE have now closed

b) *NICE Loop Recorder Guidelines*

RS reported the BHRS and BCS have made a joint response to these guidelines raising concerns that they are advocating implantation of loop recorders in all patients with cryptogenic stroke with little evidence supporting it at considerable cost and resource allocation.

c) *Income from EBAC endorsement of meetings*

It was deemed appropriate to endorse satellite meetings (e.g. Ramsey and Medical) where appropriate. £1k for reviewing agenda and endorsing.

d) *BCS Annual Meeting Update*

AN reminded the council that they have been approached to provide a whole day of education by BCS. It was agreed to do this. Co-ordination appears to be challenging. The plan is to have a combined day involving all relevant staff with sponsorship opportunities. The agenda would include a series of lectures. The morning would be specific groups. The date clashes with Cardiac Physiologist / Cardiac Scientist session (CPCS) but AN is confident we can deliver the day and gain the relevant speakers. The BHRS session would run

independently with the programme John suggested, using the trainee syllabus as a guide for the session content and incorporate simulator / practical programmer time. This session will be delivered by "expert" BHRS nurse specialists, Physiologists / scientists and physicians. The BHRS are responsible for identifying faculty for these sessions. This meeting would hopefully attract trainees (especially since the fee to attend HRC is regarded very expensive for trainees to afford) which should also result in adding to the heart rhythm training aspects of the trainees' e-portfolio. Due to the large potential benefits to trainees it was decided to pitch at this area. If successful it was suggested to increase and improve content the following year. AN to take these comments back to John

ACTION: AN to proceed and feedback to John.

e) Threats to Availability of Antiarrhythmic Drugs

RS informed the council that Nick Linker has been appointed as national cardiovascular director. He is already investigating access to arrhythmia drugs in the UK and how this might be improved with recent reduction in drug manufacturing and GPs being unwilling to continue prescribing some of these drugs.

ACTION: RS already complete

5. NICOR/Audit Report

FM reported that the 17/18 and 18/19 are complete. Permission has been granted to us to publish 17/18. The 17/18 will be published by the end of the month with 18/19 data to follow shortly after.

6. Admin handover

a) General Admin

SS went through the responsibilities of the admin team including: membership, log books, exam support, website support, general admin and marketing – all which he is looking to continually improve and develop.

b) Finance

SS confirmed Castletree (new accountants) now have full control of bank account.

SS reported the online expense claim form via Quickfile was almost ready. But SS advised for the immediate future for the council to continue to submit expenses via email to accounts@bhers.com.

c) Membership

SS confirmed the BHRS website now accepts euros. SS is looking at solutions to accept other currencies to widen the membership base. SS reported that the team currently receives 1 – 5 support enquiries a day.

d) Examination

SS confirmed exam results have now been sent out. Historic exam data is now in place. Thank you to Trudie Lobban for recovering the data. SS is currently digitising exams moving forward and historically. This library of questions will help with the exam team when setting exam questions. Running cost of the exam moving forward will be £136.43 per candidate (plus the cost of setting paper).

Exam information to be added to website prior to end of Feb 2020 to include registration details (open from Aug), venue confirmation (test centre), new format and syllabus, revised fee and details of the exam courses (to be held in September – London and Manchester).

ACTION: SS to gather detail and add to website.

SS confirmed he was working with Stuart Allen to arrange the venue for the exam setting committee. This will be in May. Date TBC.

AN suggested that John should be involved in relevant questions.

ACTION: SA to note.

e) Log Books

Logbooks were due end of December but an extension was given until the end of January. End of January will become the new deadline moving forward. The admin team are just chasing up the last few submissions. SS is currently looking at a new model which will include a local supervisor. This version will be available for anyone who sits the exam this year (Nov 2020) and moving forward. Log Books will be updated on the website accordingly.

f) Marketing

BHRS LinkedIn page is now live. TWeb are ensuring all relevant news items are posted. Members are asked to help and share and give ideas for future posts.

ACTION: ALL to follow social media, share posts and contribute.

Two certificate types (examination and committee) have been drafted which will include an 'official' embossed deal.

Draft generic post for social media was shared which will involve sponsorship advertising with an aim to raise awareness and increase membership of BHRS. This will be directed at those with an interest in cardiology with relevant job titles. Twitter was deemed the most acceptable method for this profession.

ACTION: PH to make live and use Twitter as main outlet.

8. Responsibilities of Charity Trustees

CN, with the admin team, have been working on a handbook and a conflict of interest declaration form. CN will circulate for comments prior to next meeting with an aim for the conflict form to be completed and signed at the next meeting by current members. The documents will also ensure new members are vetted appropriately. CN covered the points which should be considered by current BHRS members and those considering joining: 1) Before you start - make sure you are eligible to be a charity trustee 2) Comply with your charity's governing document and the law 3) Act in your charity's best interests 4) Manage your charity's resources responsibly 5) Act with reasonable care and skill 6) Ensure your charity is accountable. These documents apply to council members (not trustees). CN also covered useful resources including the NCVO, Directory of Social Change and the Charities Commission websites.

ACTION: CN to circulate documents prior to next meeting.

9. Training Update

a) Training Videos

HE explained BJCA are working on a digital library for trainees by developing free to watch videos on the BJCA website. There are some costs involved which need to be covered. BHRS agreed that BJCA has their blessing to approach potential sponsorships and grant bodies and to provide backing and support where needed. Gaining grants would be preferable which would ensure full rights and control. BJCA also asked for any volunteers of BHRS or their contacts where they could record lectures for use on BJCA.

A suggestion was made to use fully wired labs for live cases where there is potential to use the video equipment in the lab.

AN was asked to contact the Cardiac Society for permission to use presentations given at BHRS sessions at BCS.

ACTION: AN to contact Cardiac Society regarding presentation use.

Discussion was made around HRC and the use of their presentations for training purposes and the endorsement. It was hoped, in future, they will give copyright to enable use of presentations. There is potential for BJCA to record over powerpoint slides.

AN suggested that watching the videos could potentially become part of the BHRS accreditation process.

b) Vlog

BJCA are looking for recommendations and volunteers of consultants willing to create vlogs. BHRS are very supportive of this and will upload videos created to the BHRS website in support.

HE requested that if any council members knows of any other fellowships (not listed on the international part of BJCA) to add them to the fellowship section of the BHRS website

ACTION: ALL – inform known fellowships to Tangled Web for inclusion on the web site.

10. Website Update

£1k per month of new subscriptions are generated via the website. Membership is currently experiencing a downturn which is expected to rise again during summer.

11. Nursing Update

SC fed back the results in finding out the recommended nurses to patient ratio. SC explained there had been a poor response to their questions with only 36 responses. SC and AH are still awaiting for AA to feedback from the survey they sent out. Current recommendation for the nursing representative is 2 arrhythmia nurses per 100k of population. SC explained this could differ if they do receive the AA survey.

SC was asked to compose a brief statement recommending the current basis behind why they recommend the above figure. BHRS council agreed with the figure given.

ACTION: SC/AH to compose arrhythmia nurse numbers statement.

SC and AH also informed the council they are working on standardised competencies which can be then included on the nurses members only section of the website. 2 to 3 documents to be brought to next council meeting for comments/approval as a start.

ACTION: SC/AH to finalise and bring 2 to 3 standardised competency documents.
SS to add to next agenda.

12. Ablation Standards

JB has amended the document to ensure it was as clear possible. JB to recirculate final document prior to the end of the week. BHRS to sign off via email.

ACTION: JB to recirculate.

13. Device Standards & Device FU Standard Document

PF is currently making some small minor changes. PF to circulate by end of week for final comments. Document to be agreed at next meeting.

ACTION: PF to circulate.
SS to add to next agenda.

14. Secretaries Report

On AS behalf RS reported that membership was stable and increasing month on month by approx £1k. Gaining historical data has been difficult. Some exam papers have been lost. RS suggested a number of things to consider changing in the constitution at the next AGM. e.g. standing membership - should be patient representative. Review constitution at AGM. AS to take lead and draft changes for discussion in April (or July) and then circulate with AGM agenda.

ACTION: SS to add to AGM agenda.
AS to compose suggested constitution changes.

15. Research Report

a) BHF

RH confirmed Pier has engaged with BHF and co-ordinated re multi-centre trials.

b) Research Steering Group

Pier has created a small steering group of doctors to offer services helping formulate studies and helping PIs take them forward.

c) MTG Trials Proposed (in last three months)

- MRI guided CRT –St Thomas' (CI Rinaldi)
- BRITISH-MRI risk guided ICD implantation (CI Flett)
- CRAAFT-AF –BHRS combined with BHFS - Currently 15 centres showing strong interest-protocol being refined for BHF & NIHR grant submission (CI Lambiase)

It was agreed to avoid promotion or sponsorship of commercial studies where possible. Although this decision can be reviewed dependant on circumstances. This can be done by a case by case basis.

RS was concerned about the lack of BHRS credit on co-created multi-centre documents. It was requested that CIs are asked to acknowledge BHRS multicentre trial group. Pier to gain list of studies for addition to the BHRS website – and hopefully get permission to add a small BHRS logo to these documents. RS stressed the importance of co-branding and gaining awareness of the society's involvement.

ACTION: Pier to provide TWeb with list of studies for adding to website.

d) *BNICOR Audit Research Committee*

First meeting of the BNICOR Audit Research Committee will be held in February 2020. RH and Pier to attend.

e) *Cochrane Reviews*

Co-ordinated by Pier. 6 centres providing junior and senior reviewers to support device/EP meta-analyses.

16. Banding for Physiologists

The BSE currently recommends its BSE accredited Physiologists are moved to a band 7 payscale. BHRS took consideration whether it should do the same.

The council agreed we should recommend BHRS accredited Physiologists be moved to payscale band 7. It was decided moving forward (and the same be offered to current accredited members via website news when ready) to include a letter of recommendation along with accreditation certificates outlining our recommendations. Letter to be signed by the Secretary and President of BHRS.

ACTION: ER to draft accompanying certificate letter for consideration.

It was decided a document also needs to be composed to show what the BHRS recommended guidelines are for each banded Physiologist i.e. what they should, and shouldn't be doing, based on their band.

ACTION: IW to draft with assistance from CB and ER

JB reported that a statement saying that physiologists should be BHRS accredited if they are assisting with ablation is already in the ablation standards document this should also be included in the Device Standards document.

ACTION: PF to include in device standards documentation.

17. Treasurers Report

SH reported the accounts run from 1st June. Last year's accounts have been submitted to the charity commission. The current balance at end of Jan 2020 is £77,722 in capital and reserves. There has been a small profit since June. The finance of BHRS is reported to be 'fantastically consistent'. The new exam process and costing may have some future downturn impact. Making BHRS multi-national in the future may increase membership and thus profit.

18. BHRS Moving Forward & Issues

a) *Representatives*

It was decided to no longer include representatives such as SCST and ABHI in invitations or correspondence due to long term non-attendance.

ACTION: **SS/PH** to amend email list regarding invites and correspondence.

Discussion was made whether representatives of organisations need to have the same time limit of 2 years on council imposed on them as per standard council members. It was decided not to impose this limit.

It was decided it would be beneficial to have a device patient included on the committee. SH has the perfect candidate in mind and will approach them directly.

ACTION: **SH** to invite patient to participate in BHRS.

Concern was raised about the lack of Northern and Irish representation on the committee. AN to make relevant contact in Scotland.

ACTION: **AN** to contact a suitable Scottish representative for BHRS.

JO to contact Jonathan Line in Ireland to suggest setting up an affiliated group within Ireland (Irish Heart Rhythm Society).

ACTION: **JB** to contact Jonathan Line.

A request was made to have a welsh update from Dewi Thomas at the next council meeting.

ACTION: **TWeb** to send requested to DT

b) *Fellowships*

Consider fellowship nominations at next council meeting. JB to assist IW to refres FBHRS criteria and application form and get this online to gain nominations. Council will discuss possible candidates for fellowship at the next meeting

ACTION: **IW & JB** to work on fellowship criteria and nomination process.
SS to add to agenda for next meeting

c) *Improving BHRS*

HE suggested increasing free content offered by BHRS. TWeb to spend equivalent of one day per month monitoring social feeds and new sites for key information. This list will be sent to relevant BHRS people for approval and be added to the website and social medias accordingly. TWeb to monitor if this makes a difference to website hits and increased membership. TWeb to provide SH a quote for this additional service.

ACTION: **SS** to provide quote.

HE to create a vlog with senior members of teams/fellows and add to members only section of the website.

ACTION: HE to begin vlog with senior members/fellows for website.

RS to write to the Cardiac Society to request permission to advertise e.g. AER live, educational content etc. Also write to them regarding BHRS and BCS doing a co-day.

ACTION: RS to write to Cardiac Society with above requests.

d) Accreditation Checks

It was decided we should be publishing who is BHRS accredited. Many members ask for proof so this will eradicate the receipt of a number of queries. We do need to offer an 'opt out' section. SS to make it mandatory for existing members to update their profile on renewal which, going forward, will include an opt out to be listed. This information should be added to the terms and conditions of membership moving forward.

ACTION: SS to add opt out functionality to website.

e) Increasing Nurse Membership

SC suggested, and it was agreed, to try and increase nursing member accreditations. SC suggested the main barrier was that nurses were unsure of the benefits. JO confirmed accreditation counts towards the master's qualification. This needs including in documentation and on the website.

ACTION: SS to work with JO to find wording to be used.

It was also decided to offer the same letter of recommendation with a suggested increase to pay band 7 for nurses when BHRS accredited (as agreed during the Physiologist Pay Banding discussion earlier). SC to work on document outlining what each band nurse should be capable of.

ACTION: Letter will be adapted from the physiologist one that ER draws up. SC to compose banding document.

JO reported a broken link on the website in members only nursing section.

ACTION: PH to check and amend.

19. Date of Next Meeting

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.