

MINUTES

BHRS Council – Friday 12th February 2021 @ 08:00

Held via Zoom

Attendees

PRESIDENT:	Alistair Slade (AKBS)
SECRETARY:	Eleri Roberts (ER)
TREASURER:	Steve Murray (SM)
NURSE REP:	Angela Hall (AH), Catherine Laventure (CL)
PHYSICIAN REP:	Paul Foley (PF), John Paisey (JP), Joseph De Bono (JDB), Pier Lambiase (PL), Ashley Nisbet (AN)
PHYSIOLOGIST REP:	Ian Wright (IW), Claire O’Neil (CON), Holly Daw (HD)
OTHER REPS:	Trudie Lobban (TL) - Arrhythmia Alliance, Stuart Allen (SA) - BHRS Exam, Simon Holmes (SH) - MHRA, Francis Murgatroyd (FM) - BHRS Audit Lead/NICOR, Heather Edwards (HE) - BCIA Rep, Derek Connelly (DC) - Scotland Rep, Dewi Thomas (DT) - Wales Rep, Oliver Singleton (OS) Physiologist STP Trainee
ADMIN:	Steve Sadler (SS), Pauline Heery (PH).

1. Apologies for absence

Ross Hunter, Vivienne Ezzat, Jason Collinson.

2. AOB Declaration

JDB - see item 5 i.

3. Agree minutes of previous Council meeting

Already complete.

4. Matters arising not covered elsewhere

a. Cardiac Arrest Group (PF)

No further meetings to report back on.

b. Guidance for Pathologists Document/ICD Patients & Sudden Death

Now complete. It was questioned whether this should include/involve the coronerials system - although the group felt it would potentially open up a lot of potential issues and create a substantial amount of work for pathologists if asked for routinely when post mortem device interrogations standardly reveal very little after death – especially if you cannot pinpoint the exact time of death. Coroners need to understand what we can potentially gain from a download from the device and what can and cannot be concluded. It was decided to only interrogate devices on the request of a pathologist or coroner – or other unusual circumstances. AKBS to draft a letter for Chief Coroner, alongside IW, to explain the circumstances where it is felt device interrogation should be done in deceased patients and ensure they understand the potential pitfalls.

ACTION: AKBS/IW – draft document for device interrogation of deceased patients.

c. BHRS Survey – Remote Monitoring

ER sent out the draft survey for discussion after last council meeting. Feedback has been received and is ready for final approval with IW.

ACTION: ER/IW – ER to send final document to IW

Results of survey, once distributed, will form part of BHRS guidelines and best practice. ER to liaise with FM regarding sending out finalised questions.

ACTION: ER/FM – liaise regarding distribution of survey

d. Reducing Waste & Packaging in Cath Labs

SM reported a nice cohort of volunteers to discuss waste reduction ideas on a local level. Boston and Abbott have advanced ideas about reducing carbon at a global level. SM looking to create a small guidebook of advice on waste reduction. There was discussion around platinum tip recycling and infection control. SM to draft a national document with targets of best practice.

ACTION: SM – draft national best practice document and small guidebook of advice.

e. Device clinic follow up intervals & making our national guidance more specific

Deferred. CON will update at next meeting.

f. Sorin Symphony 2250 premature battery depletion

FM reported that MHRA is concerned - but that the number of affected devices is very low. Remove from agenda.

ACTION: AKBS/TWeb – remove from agenda

g. STP Training

Welcome to Oliver Singleton who is representing STP trainees. Remove from future agenda now rep on board.

ACTION: **AKBS/TWeb – remove from agenda**

5. President's Report

a. BCS Executive

A request has been received from Simon Ray for nominations for Mackenzie medals. Two are awarded per year to those contributing significantly to British cardiology. AKBS suggested Nick Linker to be recognised at some point. BCS have proposed Mark Monaghan and Sarah Clarke. Any other suggestions to be forwarded to AKBS.

ACTION: **ALL/AKBS – forward nominations to AKBS**

b. MRI & CIED Group

This is a group set up by the Royal College of Physicians on MRI and CIED to address issues regarding access to MRI scans. A paper is currently being drafted. ABKS to circulate to Council when ready. MHRA have established a new definition called 'unlabelled' rather than 'MRI non-conditional' for untested devices. BHRS agreed with the term 'unlabelled'. AKBS to feed back to group.

ACTION: **AKBS – feedback regarding term 'unlabelled' and circulate MRI document when ready**

c. RCP Radiotherapy & CIED Group

Group meeting due for above which is working on drawing up fresh guidance for implantable devices. AKBS to circulate for comment when ready.

ACTION: **AKBS – circulate document when ready**

d. HRC planning

AKBS met with TL, John Camm and Shouvik Haldur in response to HRC planning. FM has prepared a NICOR session and potentially one on arrhythmia in specific non-ischemic conditions. TL reported we need to get core programme out ASAP but others can be added at later date. Meeting next Thursday. TL thanked Council for submissions so far.

e. Unregistered providers

It was decided to advise trusts that some companies are not CQC registered, and to be aware of that, and the need to carry out robust QA checks if they choose to use a non-CQC registered company. The Trusts are clinically responsible for the quality of these outsourced diagnostics. AKBS to draft document and circulate to relevant BHRS council for comments.

ACTION: **AKBS – to draft document and circulate to relevant physiologists in the first instance**

f. MHRA feedback - iPhone 12 deactivating tachy therapy

SH reported that Apple have changed their guidance recently to say 'extra' caution should be taken with the iPhone 12 (rather than generic caution as with all models). Feedback from manufacturers report that it does need to be within millimetres to have an effect. All advice is to maintain a 15cm distance for extra security. Due to findings current BHRS advice should remain the same i.e. keeping all devices on the contralateral side and at a distance of 15cm.

g. EHRA summit - 11th December 2020

AKBS attended summit in December. AKBS to engage regarding bulk discount if large number of members apply.

ACTION: AKBS – engage regarding member discount

h. National speciality advisor for physiological measurement. National Workforce Board.

AKBS has been approached by the National speciality advisor setting up a national workforce board. PF and HD agreed to join group but no contact from them as of yet.

i. BCS Cross-society WG on Cardiac Arrest in Cath Lab

JDB reported an initiative has started in Manchester and Middlesbrough to look at cardiac arrest in the cath lab. BCS in association with the Resuscitation Council is producing guidelines which will be accredited by NICE. First meeting held yesterday. Preliminary document will be circulated when ready to council.

ACTION: JDB – forward when ready

j. BSC Working Group on pregnancy and cardiology

AN reported that the group has met twice. This is under umbrella of BSC. Looking to achieve a BSC branded document that will be accessible to all cardiologist that will summarise guidelines about radiation safety in the lab during pregnancy. Guidance will be that there is no need to restrict pregnant woman in the cath lab if appropriate protection is worn and taken. Document will also cover leave and nursing. Circulate to trainees via through BJCA handbook and BSC/BHRS webpages.

ACTION: AN – to circulate when ready

6. Training Update

a. General

JP updated that the SPR training document hasn't changed a great deal but approval processes are currently delayed due to pandemic. Curriculum approval delayed but will be needed well before August 22 as first trainees commence the new program then.

Three pressing training issues to deal with are: TAVI, ICC and Lead Extraction which were the priorities decided at last BHRS council meeting. These are not included within the curriculum and will need to be developed as 'credentials'. At early stages of exploring this.

ARCP - sub-speciality trainees; trainees seeking to train in EP or devices may find their options limited due to lack of opportunities to learn the essentials during Covid work patterns. Mitigations will include ARCP outcomes to allow extension of training time and best use of simulation training. There is another SAC meeting on 5th March to clarify.

b. BSC Scientific Session

BCS annual scientific sessions. BHRS will contribute in three areas, physiologist focussed training sessions, medical trainee focussed sessions, general arrhythmia update sessions aimed at consultants. A draft program is approved and speakers have been nominated and will receive invitations by email.

7. COVID-19 Update - free discussion

Council felt it was important for BHRS to have view if areas decide not to restore procedures. AKBS to highlight to Simon Ray that some services are currently under threat.

ACTION: AKBS – highlight potential service threat to Simon Ray

Now more patients are on home monitoring guidance will need to be established to consider response times and monitoring of incoming data to ensure standards are met. IW, PF, SA and physiologists to document what are the real issues and barriers now for advice nationally. Need to also establish patient information on what remote monitoring entails and what is achievable. ER to draw up remote monitoring guidance for patients and work with TL to formalise for AA distribution.

ACTION: IW/PF/SA/Physiologists – document remote monitoring issues
ER/TL – compose remote monitoring guidance for patients

Concern was also raised over waits of patients awaiting AF ablation due to the pandemic. Guidance needed to prioritise those who would most benefit from services. SM to draft a statement for council to consider with the potential for BSC to endorse.

ACTION: SM – draft statement about prioritisation of patients

8. Remote Monitoring Project

Covered earlier during 4c and Covid discussion.

9. Guideline Update

a. CIED follow-up

Complete. Remove from agenda.

ACTION: AKBS/TWeb – remove from agenda

b. CIED programming during surgery (ER)

ER reported a website query which highlighted some ambiguity in the document. Andy Turley will be working to amend the document. ER to follow up.

ACTION: ER – to follow up with Andy Turley

10. Nursing Update

CL reported most nursing reps have been redeployed. But the team have been focusing on setting nurses agenda for Heart Rhythm Congress.

11. Exam Update

a. General exam update

SA confirmed the Nov 2020 exam results have been communicated to candidates. Presently 35 candidates registered for May 2021. Call for questions sent to exam committee 17th Jan. A virtual exam writing session is scheduled for 3rd March at 2pm. Exam questions are due to be submitted to Pearsons at end of March. Plan to offer May candidates access to last year's video training and presentations for reduced £40 access fee. Been looking at virtual callipers for the examination but this isn't currently possible but candidates will be allowed to bring their own. The new logbook will now be submitted via the website (currently in draft) and then digitally signed by supervisor. Once signed, it is checked by the exam team.

b. Webinars

SA will email asking for volunteers for webinar production due to current workload.

ACTION: SA/ALL – volunteers needed for webinars

12. Admin Update

200 tickets dealt with. 5 newsletters sent out. Assisting with exam process, website etc.

13. Website Update

Additions to website:

- Launched exam registration for May 2021
- Drafted a simpler logbook submission page
- Published COVID-19 webinar recording & presentations
- Updated fellowship page
- Draft revised audit page (awaiting assistance/approval)
- Field Safety Notices & Medical Device Alerts page updated
- Updated news feeds with relevant items
- 3 ECG/EGM challenge submissions nearing publication

Website stats are averaging a couple of hundred visits per day. A huge spike of 7k was recorded due to the iPhone news feature.

14. NICOR/Audit Report

FM has left meeting but AKBS confirmed annual reports published in December. It had been considered whether to contact centres that are not fulfilling minimum implant numbers, but as the 19/20 shows an improvement it was decided to hold off this action. Ablation validation cycle reports also being published. Data agreements now in place with Scotland and N.Ireland. Mark Dayer (Taunton) and RH will be taking on device and ablation NICOR work moving forward.

15. Research

BHS Clinical Research Collaborative announced grants to allow people to set up pilot studies etc of up to £20k. Each speciality are co-ordinating applications. Correspondence sent to encourage applications. Website and newsletter to be used to advertise.

Multicentre trials grant to BHF reached full application stage. Hopefully can continue collaborative large trials like this in the future.

ACTION: PL/AKBS/TWeb - Dedicated website and newsletter item regarding applications. AKBS to forward documents to TWeb and gain approval from PL before publishing.

16. Trainee Update

No available trainees on meeting.

17. Secretaries Report

ER reported 38 new members (26 CON/PHY/IND & 12 NURSE/TRAINEE). 1,315 total members. Hoping to gain further membership based on IBHRE exam lapsing after 10 years without the ability to re-accredit yet - and the fact the new logbook is more user friendly.

18. Treasurer's Report

a. Overview

Balance sheets remain healthy. AKBS was keen to bring back ideas on how to spend the accumulated funds.

ACTION: ALL – spending of funds.

19. AOB

None declared.

20. Date of next meeting

Thursday 22nd April @ 10am