



## BRITISH CONGENITAL CARDIAC ASSOCIATION

### BCCA Business Meeting

#### Minutes

**Meeting on:** Thursday 9 November 2017

**Time:** 17:30 – 18:30

**Venue:** Kennedy Lecture Theatre, UCL Great Ormond Street Institute of Child Health, 30 Guilford Street, London WC1N 1EH

#### Welcome/Apologies (David Anderson)

Professor Anderson welcomed everyone to the meeting.

#### 1. Minutes of last meeting (David Anderson)

Nothing further to add and the minutes were approved and will be available for downloading on the BCCA's website.

#### 2. Council Elections 2017 and welcome to new members (David Anderson)

##### Current BCCA Council up to November 2017

##### Officers

Professor David Anderson	President	November 2015-2017
Dr Alan Magee	President Elect	November 2015-2017
Professor Mike Burch	Honorary Secretary	November 2015-2017 (2 <sup>nd</sup> term)
Dr Satish Adwani	Treasurer	November 2016-2018 (2 <sup>nd</sup> term)
Vacant Post	Scientific Secretary	November 2017-2019 (1 <sup>st</sup> term)

##### Ordinary Council Members

Dr David Crossland	November 2015-2017 (2 <sup>nd</sup> term)
Dr Wilf Kelsall	November 2015-2017 (2 <sup>nd</sup> term)
Dr Lorna Swan	November 2016-2018 (2 <sup>nd</sup> term)
Dr Aisling Carroll (Adult Congenital Heart Disease)	November 2015-2017 (1 <sup>st</sup> term)
Dr Julene Carvalho	November 2015-2017 (1 <sup>st</sup> term)
Dr Elspeth Brown	November 2015-2017 (1 <sup>st</sup> term)
Mr Andrew Parry	November 2016-2018 (1 <sup>st</sup> term)

##### Co-opted Members

Dr David Lloyd (Trainees Representative)  
Dr Alan Magee (SAC Representative – Paediatric Cardiology SAC)  
Dr Poothirikovil Venugopalan (Paediatrician with Expertise in Cardiology)  
Miss Di Robertshaw (Nurse Representative) (November 2016-2018)  
Mrs Anne Banning (Physiologist Representative)  
Dr Rodney Franklin (Clinical Lead NICOR National Congenital Heart Disease Audit)

## Council Elections 2017

As the BCCA are now a Charitable Incorporated Organisation (CIO), the need to engage an independent organisation to conduct the election voting process was apparent. Following discussion with the Council Officers and on the recommendation of the British Cardiovascular Society (BCS), the Electoral Reform Services (ERS) was engaged. The ERS are a leading independent provider of ballot, election and voting services and oversaw this year's BCS Council Elections.

- Honorary Secretary and Ordinary Member (ACHD Representative)

Further to the original nominations process in May, the posts of Honorary Secretary and Ordinary Member (ACHD Representative) were uncontested, and as such Dr Piers Daubeney and Dr Aisling Carroll (2<sup>nd</sup> term) have been elected unopposed respectively to these posts.

- President Elect

There was a tied vote between Professor Burch and Professor Simpson. After much discussion amongst the officers (Professor Anderson, Dr Magee and Dr Adwani) and seeking legal advice from the BCCA's solicitor involved in the CIO application and also the British Paediatric Neurology Association whose own constitution provided the template for BCCA's new constitution, it became apparent that guidance in the BCCA's constitution was inconclusive as how to deal with such an event. Legal advice referred to a clause in the BCCA constitution that related to voting in a meeting, which could not be applied to an actual election voting process.

The ERS were asked for advice on the resolving of ties where the rules for an organisation do not dictate how a tie should be resolved. ERS advice was to flip a coin/draw lots to declare a winner and ERS would normally perform this and then inform the organisation of the outcome.

Other options were considered: the president having a casting vote (this is stated in the BCS' own constitution and BCCA are affiliated to the BCS); organising an extraordinary council meeting and re-running the election, but these all had underlying drawbacks - possible bias towards a candidate; too many complexities involved in arranging such a meeting and additional cost incurred with delaying the election process.

After some debate, it was concluded that a coin toss (best of 5) would be the 'lesser of two evils' system, and the BCCA would be covered under the remit of ERS' rules. Prior to the coin toss taking place Professors Burch and Simpson were consulted and duly gave their agreement. The ERS conducted a coin toss, and ERS analysis illustrated that Professor Burch won the first toss but with the remaining 4 tosses went in favour of Professor Simpson and thus Professor Simpson has been elected.

- Scientific Secretary

Dr Sonya Babu-Narayan has been elected.

- Ordinary Council Member (2 posts)

Dr Elspeth Brown and Dr Julene Carvalho have been re-elected to serve a 2<sup>nd</sup> term.

- Overall statistics:

Voting electorate = 293

Total number of members who participated = 140

Turnout of members voting = 47.8% (a record for BCCA)

- Conclusion

Due to the inconclusive BCCA guidance on dealing with a tied vote, this does highlight the fact that the BCCA constitution requires revision and no doubt will be a piece of work for council to take on during Dr Magee's incoming presidency.

Co-opted: Dr Frances Bu'Lock has taken over from Dr Magee as the new SAC Chair Paediatric Cardiology.

Outgoing Council Members: Professor Burch, Dr Kelsall and Dr Crossland. Thanks to all for their hard work and support during their time on council.

#### Council composition following this year's BCCA Annual Meeting

##### Officers

Dr Alan Magee	President	November 2017-2019
Professor John Simpson	President Elect	November 2017-2019
Dr Piers Daubeney	Honorary Secretary	November 2017-2019 (1st term)
Dr Satish Adwani	Treasurer	November 2016-2018 (2nd term)
Dr Sonya Babu-Narayan	Scientific Secretary	November 2017-2019 (1st term)

##### Ordinary Council Members

Dr Lorna Swan	November 2016-2018 (2nd term)
Mr Andrew Parry	November 2016-2018 (1st term)
Dr Aisling Carroll (Adult Congenital Heart Disease)	November 2017-2019 (2nd term)
Dr Elspeth Brown	November 2017-2019 (2nd term)
Dr Julene Carvalho	November 2017-2019 (2nd term)

##### Co-opted Members

Dr David Lloyd (Trainees Representative)  
Dr Frances Bu'Lock (SAC Representative – Paediatric Cardiology SAC)  
Dr Poothirikovil Venugopalan (Paediatrician with Expertise in Cardiology)  
Miss Di Robertshaw (Nurse Representative) (November 2016-2018)  
Mrs Anne Banning (Physiologist Representative)  
Dr Rodney Franklin (Clinical Lead NICOR National Congenital Heart Disease Audit)

The structure of council may need to change further in order to comply with the BCCA's CIO Constitution. Dr Magee and the new council will be working on this over time.

Posts coming up for election in 2018:

Treasurer: Satish Adwani – eligible to apply for 1 further year.

Other posts up for election to be confirmed. BCCA membership will be kept informed.

#### **4. President's Report [David Anderson]**

Thanks to Professor Mike Burch and colleagues and the conference secretariat, ICH Events for organising this year's meeting of the BCCA, PECSIG, BACCNA and the CCNA.

Since the BCCA was approved as a Charitable Incorporated Organisation in February 2017, the association is still undergoing a bit of a learning curve and trying to get things in order eg. council structure.

The new BCCA website went live in March 2017 and will continue to develop over time.

- New Congenital Heart Disease Review

The consultation received 7,851 submissions. The NHSE Board meet on 30 November 2017. The meeting will be broadcasted live on the NHSE website.

#### 4. Incoming President's Report [Alan Magee]

Thanks to Professor Anderson for all his hard work and leadership as President during his tenure.

##### BCCA Changes

- CIO

Improved structure: work on BCCA's application for CIO status was started by Dr Andy Tometzki, ex BCCA Treasurer. Charities exist to benefit the public, not specific individuals. It was recognised that there maybe a tax liability if the BCCA were to oversee the AGM and stake a claim on the profits.

- Elections

ERS: as the BCCA are now a Charitable Incorporated Organisation (CIO), the need to engage an independent organisation to conduct the election voting process was apparent.

- Scientific secretary-now elected (Sonya Babu-Narayan)

- Website [www.bcca-uk.org](http://www.bcca-uk.org) went live in March 2017

##### CIO

The current BCCA CIO constitution states the below council structure of elected officers. There is some debate as to whether the Education and Training Officer post should most appropriately be taken by the SAC Chair. The constitution will require some further revision in order that BCCA is compliant.

Elected Officers of the Charity who shall be known as "the Officers" shall be

(a) President

(b) Vice-President (President-Elect)

(c) Secretary

(d) Treasurer

(e) Scientific Secretary **New post**

(f) Education and Training Officer? **SAC Chair most appropriate**

(g) Council Officer representing Adult Congenital Heart Disease

(h) Council Officer representing Paediatricians with expertise in Cardiology

(i) Two additional Council Officers

##### BCCA's Objectives

The advancement of health and education in all aspects of congenital cardiac diseases in particular by:

- Promoting the study and care of the foetus and child with heart diseases and the adult with congenital heart disease in the United Kingdom and Republic of Ireland
- Promoting and distribute study data pertaining to these problems and their prevention
- Promoting research in congenital cardiology and to publish the useful results of such research, and
- The improvement of knowledge of professionals, the public and the patients and their families through scientific and educational meetings

##### Thoughts

- Clinical research
- Governance/risk
  - Evidence based practice
  - Consent/procedure based
  - Guidelines/care pathways/variations in care
- Parent and patient participation
- Clinical challenges
  - Conduits and valves
- Personnel challenges
  - Congenital cardiac surgeons
    - Particularly for ACHD

- ACHD physicians
- Nurses

What should be the vision of BCCA?

- Let us know what you think the BCCA priorities should be-give up to 10 suggestions.

AND

- Clinical research. What are the main clinical questions that we could address?

Following this meeting, a communication will be sent to BCCA members asking for their suggestions for 10 priorities and up to 5 clinical research ideas, so they can then be considered at the next council meeting in February 2018.

## **6. Honorary Secretary's Report (Mike Burch)**

- BCCA Annual Meeting 2017

Thanks to sponsorship this year's meeting will make a profit.

- Expression of interest to host BCCA Annual Meeting 2020

2 expressions of interest were received by the deadline of 27 October 2017 (Guy's and St Thomas' NHS Foundation Trust – Evelina London Children's Hospital and St Thomas' Hospital and Birmingham). On reflection as there was no immediate need to select the host centre by today's meeting, council agreed yesterday that the deadline would be extended to 31 January 2018, which would also allow other centres an opportunity to apply just in case they had missed out on applying when originally advertised. Applications will then be discussed at the February council meeting.

- New BCCA members for ratification

10 new members have been proposed and seconded, all of whom were ratified. The new members come from a range of different backgrounds and highlight the increasing breadth of the organisation.

- Dr Nada Riadh Abdulkareem, Ordinary, ST4, Royal Cornwall Hospital
- Dr Reza Ashrafi, Ordinary, ST7 Bristol Heart Institute
- Mr Conal Austin, Ordinary, Consultant Cardiac Surgeon, Evelina London Children's Hospital
- Dr Michael Bowes, Ordinary, Paediatric Cardiology Consultant, Alder Hey Children's Hospital
- Dr Blanche Cupido, Corresponding, Consultant Cardiologist, Groote Schuur Hospital, Cape Town
- Ms Afsaneh Dalili-Yazdi, Ordinary, Senior Lecturer in MSC Surgical Care Practice Anglia Ruskin University
- Mrs Linda Griffiths, Ordinary, ACHD Nurse Specialist, Manchester Royal Infirmary
- Dr Reginald Raganathan Iruthayanathan, Ordinary, Locum Consultant Paediatric Cardiologist, John Radcliffe Hospital
- Dr Oana Muntean, Ordinary, Consultant Paediatrician, Conquest Hospital
- Dr Jamie Wood, Ordinary, ST6, Royal Hospital for Sick Children, Glasgow

- Madeleine Steel Travel Fellowship

This year's recipient is Dr Henry Chubb, SpR Great Ormond Street Hospital, who applied for support for further sub-specialty training in Interventional Electrophysiology (EP) at the Lucile Packard Children's Hospital in Stanford, CA, USA as a Post-Doctoral Research Fellow and Senior Electrophysiology Fellow.

The Steels have mentioned interest in further research funding. This will be something that Dr Babu-Narayan as the new Scientific Secretary can discuss further with the Steel family.

## 6. Treasurer's Report (Satish Adwani)

### Total membership as of 9 November 2017

Total **334**

Breakdown by the 4 membership categories:

- Ordinary	292
- Commercial	1
- Corresponding	28
- Retired	13

Breakdown by profession:

Consultants	255
Non consultants	53
Nursing Staff	28
Physiologists	14
Pharmacist	1
Researcher cardiac morphology	1
Counsellor	1
Psychologist	1
Commercial member	1

9 new membership applications have been received to date for approval and ratification at tomorrow's Business Meeting. Should we be expanding the membership and encourage other specialists to join the BCCA? eg. cardiac anaesthetists, cardiac intensivists, structural intervention specialists, inherited heart defects specialists.

The current balance in the BCCA bank account is as follows:

• Treasurers Account	25275.39
• CIO Treasurers Account	6000.00
• Business bank instant account	49774.95

Total 81050.34

### Comparison with previous years:

- Nov 2016

Total: £98,171.31

- Nov 2015

Total: £85,312.02

- Nov 2014

Total: £80,690.01

- Nov 2013

Total: £70,313.64

Monies in the account in 2017 have dropped significantly compared to 2016 which can be attributed to the BCS Service Level Agreement for administrative services provided. This was not invoiced for in the previous year so 2 years worth have instead been paid for this year (£23,872.80 which works out at approximately £12k per year). Furthermore, need to account for ERS's services with running the council elections (invoice awaited but expected to be approx. £1,000) and the accountant's work in preparing the BCCA's end of year accounts (approx. £700).

### Income

Monies generated from membership subscription payments just about breaks even when factor in the BCS administrative charge. There has been previous discussion about increasing the BCCA membership

subscription fee for consultant level members from £35.00 to £50.00. Council have agreed to the increase. Next ensued a motion was moved that the subscription fee for consultant level members should increase from £35.00 to £50.00 as of 1 January 2018 – this was carried by a show of hands at the AGM.

### CIO Status

BCCA's CIO status requires BCCA to be making use of its monies in line with its objects:

- To promote the study and care of the fetus and child with heart diseases and the adult with congenital heart disease in the United Kingdom and Republic of Ireland
- To promote and distribute study data pertaining to these problems and their prevention.
- To promote research in congenital cardiology
- The improvement of knowledge of professionals, the public and the patients and their families through scientific and educational meetings

### Other issues

- Should we approve national courses and offer BCCA members a 10% discount to encourage membership?

- The British Adult Congenital Cardiac Nurse Association (BACCNA) has formally requested affiliation with the BCCA. Council have given their agreement. This was subsequently ratified at today's Business Meeting.

## **7. SAC Paediatric Cardiology chair's report (Alan Magee – Outgoing SAC Chair)**

National training survey: compared to last year, Leeds and Newcastle have improved a lot with green flags. Birmingham, Great Ormond Street, Southampton, Bristol and Leicester all have red flags.

Recruitment:

- HEE Wessex
- 13 NTN positions available
- 43 applicants, 5 ineligible
- 18 shortlisted
- Interviews RCPCH 31/3/17

Learning points:

- Needs to better communication between training centres and RT regarding start dates
- Start date can be any time from changeover date until beginning of next recruitment round.
- 6<sup>th</sup> year national recruitment with no challenges to process

KBA:

This happens at the end of ST6 and is administered by Vinay Bhole, Birmingham.

SPIN Module:

- Based on PECSIG curriculum 2012 endorsed by BCCA and RCPCH-12 month duration
- Can be in either SSC or CCC but at least 6 months in SSC
- Formal echo accreditation encouraged EACVI
- Prospective approval preferred must include some indication of how competencies will be maintained after module completed

Professor Simpson raised the issue about neonatologists having a lack of echo training and whether BCCA should have a role. As mentioned earlier, under Incoming President's item, BCCA members will be asked for their suggestions on council's priorities.

## 8. SAC Adult Congenital Cardiology representative's report (Aisling Carroll)

The length of training remains the same (2 years at ST6 and 7).

The ACHD curriculum will be changing to a 'competencies in practice'.

ACHD curriculum changes:

- Update to ACHD Specialty training – modular
- Main change-minimum standard for adult cardiology trainees
- Dedicated two-week clinical attachment in a specialist surgical centre
- As early as possible during ST3-5 to allow time to explore options for sub-specialty training
- Alternative – sub-specialty clinics/ ward rounds
- ACHD core checklist – upload to e-portfolio

Online ACHD training course: this is available via the BCS website [http://www.bcs.com/pages/page\\_box\\_contents.asp?navcatID=31&PageID=770](http://www.bcs.com/pages/page_box_contents.asp?navcatID=31&PageID=770)

BCS Training Committee: A very productive meeting (focus on ACHD) took place on 19 May 2017. One of the main concerns highlighted was late exposure to ACHD training. There was a suggestion that trainees should have a checklist.

It was agreed that earlier exposure to ACHD is preferable – end ST3/early ST4 and difficulty accessing ACHD training – training leads in ACHD specialist centres should to speak to TPDs to discuss what is working, what are the challenges and how access can be improved.

The Brooker Award: this grant is given to competition winners on a topic of their choosing around adult congenital heart disease. Designed to encourage medical students to have a career in ACHD. Expenses (up to 500 pounds) and will involve spending two weeks at an ACHD Specialist Centre alongside expert cardiologists learning about ACHD. Next year's competition will be open to all medical students. Further information can be found by contacting the Somerville Foundation ([admin@thesf.org.uk](mailto:admin@thesf.org.uk)).

## 9. NCHDA (Rodney Franklin)

### NICOR and HQIP

NICOR moving to new HQIP with new contract centred at St Barts from July 1<sup>st</sup> 2017 with 30% cut in funding for the 6 audits. This has led to a large reduction in staffing, impacting analyst support, and the administration of all NICOR Audit Steering Committee meetings.

### NCHDA Site Validation visits

Modified visits are near completion. The lack of funding from HQIP has meant that NICOR support is via Skype link whilst visiting clinician is at centre being validated. This has worked well. Two centres have still to be covered (Leeds: Frances Bu'Lock has volunteered and Belfast on 28 November – a volunteer is required (**Post meeting update:** Alan Magee kindly undertook this). The centres are paying approximately £2,700 (+ VAT) to NICOR and covering external clinician travel costs. Unsure what will happen next year?

### NCHDA 2013-16 report: UK & RoI

Still unclear on when the report will be published. It is currently with Simon Stevens, NHSE CEO. New ONS contract but no release for research as yet.

### NCHDA 2014-17 analyses: UK & RoI

This will begin early in 2018 following validation visits. This will include Activity Algorithm taking account of NHSE allowable procedures, PRAiS2 analysis and a new Specific Procedure algorithm with approximately 85 procedures in total. Outlier process will therefore begin, if required, late January 2018.

Due to lack of analytical support, an in depth analysis of ACHD data which was planned to use the STS STAT risk adjustment methodology, will not be possible this year. It is planned that successful fetal diagnoses will be analysed to include HLHS and TGA+IVS specific regional rates when compared to procedures for these lesions undertaken in infancy.

#### 2017-18 data submission

- Waiting for web front end to replace Lotus Notes
- Virtually no data submitted: different dataset
- Final testing – go live early December
- Lotus Notes fully replaced 2018-19: Qreg5 (Swedeheart)

#### Fetal database

The Fetal dataset has been rolled out after extensive testing thanks to Anna Seale and John Stickley. All centres have been invited to sign up with data entry expected to be largely by fetal cardiologists or fetal cardiac specialist nurses, with help from database managers.

#### Any further questions/comments?

Dr John Thomson raised concern about CCAD/NICOR and the inability to have access to validated data that is reliable. Feel that BCCA and SCTS should take back data submitted to NICOR. In the past, feel that NCHDA data has been used for political means.

### **10. Scientific Secretary's Report (Mike Burch)**

- Update on Sponsorship scheme for overseas cardiologists and cardiac surgeons [Muhammad Walayat]  
This year's recipient is Dr Tran Cong Bao Phung, Consultant Paediatric and Fetal Cardiologist, Children's Hospital, Ho Chi Minh City, Vietnam. The UK sponsor is Dr Oliver Stumper, Birmingham Children's Hospital. Dr Phung is attending this year's BCCA Annual Meeting.

Funding of the scheme has been guaranteed for another 5 years.

Applications for 2018 will be advertised in the spring.

### **11. BCCA Annual Meeting 2018 (Rafael Guerrero/Caroline Jones)**

Save the date: 14-15 November 2018, ACC Liverpool, King's Dock, Liverpool Waterfront. Conference secretariat: CFS Events

### **12. AOB**

As there was no further business, the meeting closed at 19.38.