

HR-UK

Heart Rhythm UK



# NEWS

Summer 2009

## President's Letter

The summer months are noted for increasingly frenetic activity for many on HRUK council as we prepare for the Heart Rhythm Congress. I do hope all of you have the dates for this event in your diaries (18 – 21<sup>st</sup> October 2009), again to be held in Birmingham. It is one of the highlights of the year for all of us involved in the clinical care of heart rhythm problems. It represents a show case for our activity, an opportunity to exchange ideas and a very important opportunity for education. Hopefully it is also a forum for new initiatives, and the development of new friendship and collaborations.



**HRC2009**

**18th – 21st October 2009**

Hilton Birmingham Metropole Hotel, Birmingham, UK

*Education  
Technology  
Diversity*

[www.hearhythmcongress.com](http://www.hearhythmcongress.com)

We participate in many other meetings throughout the year but I think it is just worth mentioning the British Cardiovascular Society Annual Conference and Exhibition for 2009. It was held in London and attracted more attendees than last year. This was the first year HRUK was able to dedicate a whole day to sessions on arrhythmias. There were plenary sessions on atrial fibrillation, discussions on managing an arrhythmia service and a particularly well attended session on devices. In my view this is an important development because it allows us an opportunity to address many clinicians involved in arrhythmia care who do not attend the Heart Rhythm Congress. Let's hope many will be inspired to attend both congresses.

You will be aware there was a recent election for new council members and as every year we say goodbye to some very valued servants of HRUK and welcome new council members. John Morgan finished his stint as Treasurer and now goes on to commit more time to his involvement with ESC/EHRA. John has left the finances of HRUK in very good order and I particularly am very grateful to him for his efforts and support not only in the financial business of HRUK but also in developing new policy. I hope his new position in the European arrhythmia world will help cement closer ties between our organisations.

Congratulations are due to Richard Schilling who has been elected as the new treasurer and I know that the finances of the group will remain in very capable hands. We also welcome Angela Griffiths as Arrhythmia Nurse Representative on council and Tim Betts as the Interventional Electrophysiology Representative.

The process of the recent election was not as successful and satisfactory as the election in 2008 – the number of votes cast was significantly lower this year. We were trying out a new system that uses email to send out voting papers. This had been used by other Affiliate Groups and is designed to make more efficient use of our income (ie your money). We will ensure that the next election is handled better.

For those of you who read the last newsletter you will know that we have established an administration liaison between the HRUK office at BCS and the administrative office at Arrhythmia Alliance. The increasing workload that HRUK council entails has meant that the administrative workload has increased and we needed more administrative support. I appreciate that this means that sometimes HRUK business appears to come from AA offices – I hope you will understand the reasoning behind this and will bear with us while we smooth out our administrative liaison. It will bring greater efficiencies.

Last and perhaps most importantly most of you will be aware of the Modernising Scientific Careers consultation. So say this is an important issue is underplaying the issue by several orders of magnitude. The clinical care of cardiac patients has changed enormously over the last 30 years and one of the most fundamental changes has been the way in which physiologists have been more centrally involved, perhaps in arrhythmia care more than many branches of cardiology. The career structure needs addressing, although many of us feel that the MSC consultation document does not get it right. Later in this newsletter Donna Elliott-Rotgans discusses the important issues of statutory regulation for cardiac physiologists and I urge you to read it.

I look forward to seeing you in Birmingham in October.

**Edward Rowland**  
**President**

# HRUK Council ~ July 2009

## Officers

<b>Dr Edward Rowland</b>	<b>President</b>  Consultant Cardiologist, The Heart Hospital, London
<b>To be appointed 2010</b>	<b>President Elect</b>
<b>Dr Michael Gammage</b>	<b>Honorary Secretary</b> (Also HRUK SAC Representative, HRUK Exam Committee Member and Scientific Director, Heart Rhythm Congress 2009)  Reader in Cardiovascular Medicine, The Medical School, University of Birmingham
<b>Dr Richard Schilling</b>	<b>Treasurer</b>  Consultant Cardiologist, St Bartholomew's and Royal London Hospital and Honorary Senior Lecturer, Queen Mary's University of London
<b>Dr Derek Connelly</b>	<b>Past President</b>  Consultant Cardiologist, Glasgow Royal Infirmary

## Subgroup Representatives

<b>Dr Nick Linker</b>	<b>Doctor to represent Devices subgroup</b> (Also Chair of the HRUK Exam Committee and Programme Director, Heart Rhythm Congress 2009)  Consultant Cardiologist, James Cook University Hospital
<b>Dr Neil Sulke</b>	<b>Doctor to represent Devices subgroup</b>  Consultant Cardiologist, Eastbourne District General Hospital
<b>Dr Derick Todd</b>	<b>Doctor to represent Interventional EP Subgroup</b>  Consultant Electrophysiologist, Liverpool Heart and Chest Hospital
<b>Dr Tim Betts</b>	<b>Doctor to represent Interventional EP Subgroup</b>  Consultant Cardiologist and Electrophysiologist, John Radcliffe Hospital, Oxford

<b>Sue Jones</b>	<b>Physiologist to represent Physiologist subgroup</b> (Also HRUK Exam Committee Member)  Pacing and ICD Services Manager, St George's Hospital, London
<b>Carole Joyce</b>	<b>Physiologist to represent Physiologist subgroup</b> (Also HRUK Exam Committee Member)  Senior Chief Cardiac Physiologist, Bradford Royal Infirmary
<b>Donna Elliott-Rotgans</b>	<b>Physiologist to represent Physiologist subgroup</b> (Also SCST Representative and HRUK Exam Committee Member)  Cardiology Service Manager, The Heart Hospital, London
<b>Emma Shepherd</b>	<b>Physiologist to represent Physiologist subgroup</b> (Also HRUK Exam Committee Member)  Chief Clinical Physiologist in Cardiac Rhythm management, Belfast City Hospital
<b>Nicola Meldrum</b>	<b>Arrhythmia Nurse Specialist Subgroup Representative</b> (Also HRUK Exam Committee Member)  ICD Nurse Specialist, John Radcliffe Hospital, Oxford
<b>Angela Griffiths</b>	<b>Arrhythmia Nurse Specialist Subgroup Representative</b> (Also HRUK Exam Committee Member)  Arrhythmia Nurse Specialist, John Radcliffe Hospital, Oxford

**Non-voting members of council (co-opted/observer status)**

<b>Trudie Lobban</b>	Co-opted patient group representative from Arrhythmia Alliance (Chair, Heart Rhythm Congress Business Committee)
<b>Anne Jolly</b>	Co-opted patient group representative from Heart Care Partnership (UK)
<b>Dr Robert Huggett</b>	BJCA Representative (SpR Cardiology, Northern General Hospital, Sheffield)
<b>Pierre Chauvineau</b>	Observer from industry (Medtronic)
<b>To be appointed</b>	Co-opted representative from Department of Health (Programme Manager, Arrhythmia and Sudden Cardiac Death Vascular Programme)
<b>Dr Susanne Ludgate</b>	Observer from MHRA (Clinical Director, Devices)
<b>Celina Cundy</b>	Observer from MHRA (Senior Medical Device Specialist - Biosciences & Implants Unit)
<b>Dr Christopher Brittain</b>	Observer from MHRA (Senior Medical Advisor)

# IMPORTANT INFORMATION!!!

## Update on Statutory Regulation for Cardiac Physiologists

Some of you may be aware that the Registration Council for Clinical Physiologists (RCCP) has made significant progress this year in lobbying Parliament to expedite statutory regulation. This is essential to not only recognise the vital contribution of physiologists to cardiology and allow their role to be developed and extended, but is also tremendously important in safeguarding the thousands of patients currently treated by cardiac physiologists.

Following discussions between RCCP and the Department of Health, provisional dates were set as part of the timeline for the Section 60 Order, which needs to be laid down in both the UK and Scottish Parliament, before a transfer of the voluntary register to the Healthcare Professions Council (HPC) register can take place. Although the Department of Health have yet to confirm this in writing, it is likely this process will begin in autumn this year.

Once the legislative process begins, it is unclear how and when HPC will take over control of what is now the voluntary register. Grand-parenting arrangements and the cost they will attract have yet to be agreed. This will almost certainly impact those staff who are not yet registered and who have not trained and qualified via the current recognised training pathway.

Given the lack of clarity and the enormous amount at stake, formal guidance to executive board level of all NHS Trusts regarding registration of clinical physiologists is imminent. This may place restrictions on the autonomy of staff who are not yet registered, and thus could have severe implications for the departments in which they are employed.

**It is crucial that all staff who are not registered with RCCP apply as soon as possible. Applications can take up to 6 months to process.**

There are three options available:

1. Those who have recently completed the BSc (Hons) in Clinical Physiology at a recognised Higher Educational Institute should complete the 'short' application form. This can be downloaded from <http://www.rccp.co.uk/>.
2. Those who have not completed the above but who have been practising for more than 6 years and can provide evidence of suitable academic and professional qualifications must complete the full application form, taking care to document and give evidence of training and CPD. This is also available from the RCCP website.
3. Those who have not been practicing for 6 years should seek advice regarding supplementary education to enable them to register. This may include completion of the cardiology block modules for the BSc. Those with minimal experience may be required to complete the full BSc but are likely to gain direct entry into the second year.

**Although staff may be tempted to wait until they have 6 years' experience before applying, I strongly urge you not to do so. A lot can happen in this time. You run the risk of not being able to register with RCCP, therefore transfer to HPC will not be automatic and registration may be expensive. Once regulation is statutory if you are not registered you will have a limited time in which to rectify the position if you wish to continue practising.**

Further advice for those who are unsure of their status is available from:

- Jacqui Howard, RCCP Registrar ([jacqui.howard@chesterfieldroyal.nhs.uk](mailto:jacqui.howard@chesterfieldroyal.nhs.uk))
- Jean May, Cardiology Representative to RCCP ([member@mayj41.fsnet.co.uk](mailto:member@mayj41.fsnet.co.uk))

Further information is available on the RCCP website: <http://www.rccp.co.uk/>

**Donna Elliott-Rotgans, HRUK / SCST Council Representative**



# HRC2009

18th – 21st October 2009

Hilton Birmingham Metropole Hotel, Birmingham, UK

Education  
Technology  
Diversity

[www.heartrhythmcongress.com](http://www.heartrhythmcongress.com)

HRC is the largest of its kind in the UK and provides an invaluable opportunity for members of the medical, allied professional and industry communities to network and increase their own and others' knowledge of heart rhythm disorders.

Building on the last year's success, the following sessions are planned for HRC 2009:

### **Sunday 18<sup>th</sup> October – Patients' Day**

Arrhythmia Alliance ♥ Atrial Fibrillation Association ♥ STARS

In addition to these patient group meetings, there will also be the HRUK Certificate of Accreditation Course – Core Section.

### **Monday 19<sup>th</sup> October**

HRUK Certificate of Accreditation Course – Devices ♥ Advanced Devices ♥ AFA Symposium ♥ Hands-on Session ♥ Heart Rhythm Trainees ♥ Moderated Posters ♥ Oral Abstracts ♥ Pre-Recorded Cases ♥ STARS Syncope Session

### **Tuesday 20<sup>th</sup> October**

Advanced EP ♥ Allied Professionals ♥ Arrhythmia Surgery ♥ Basic Sciences ♥ Genetics ♥ NHS Improvement - Heart ♥ Paediatric EP ♥ PCCS ♥ Young Investigators

### **Wednesday 21<sup>st</sup> October**

HRUK Certificate of Accreditation Course – EP ♥ Advanced Devices ♥ Advanced EP ♥ Cases & Traces ♥ Oral Abstracts

## **Online Registration is now open!**

### **Want to save up to £60?**

## **Register now to get the special Early Bird discount\***

To view the Programme, find out about the venue & accommodation plus much more, visit our website at

**[www.heartrhythmcongress.com](http://www.heartrhythmcongress.com)**

\*Early bird rate applies to 3 day delegate passes only. Discount available until 31 July 2009.

# Call for cases HRC 2009

## – Chairs: Dr Sabine Ernst / Dr Derick Todd

We are looking for interesting EP / Device cases for the Cases & Traces session on Wednesday 21st October at HRC.

The best 5 cases submitted will be selected for presentation during the Cases & Traces session at HRC.

Please submit an overview of your intended case with the interesting ECGs / electrograms / images to Dr Derick Todd ([dtodd@doctors.org.uk](mailto:dtodd@doctors.org.uk)).

The closing date is **Friday 7th August 2009**. Any submissions to Dr Derick Todd after this date will not be considered.

For further details of the HRC 2009 Scientific Programme please visit

[www.heartrhythmcongress.com](http://www.heartrhythmcongress.com)

On behalf of the HRC Organising Committee:

Dr Michael Gammage

Dr Nick Linker

Mrs Trudie Lobban



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# HRUK Certificate of Accreditation

The following successful candidates have recently received their certificates and had their logbooks returned:

Justin Adams	Steven Little
Nadine Balicki	Ruth Naylor
James Battye	Sarah Ross
Gowan Beddoes	Margaret Stephenson
Zaire Bergonia	Carly Taylor
Tahira Bibi	Gerard Taylor
Charlotte Cole	Kathlynn Waddington
Claire Horsley	Richard Walters
Victoria Humphries	

If you have not yet received confirmation of your logbook result, please do bear with us, and you will be informed as soon as possible. If you have any further enquiries, please contact Azeem Ahmad, Affiliates Coordinator, Tel: 020 7380 1918, Email: [hruk@bcs.com](mailto:hruk@bcs.com)

HRUK will also be running pre-exam courses again during this year's Heart Rhythm Congress, 18 - 21 October 2009, Hilton Birmingham Metropole. Details as below:

## **Sunday 18<sup>th</sup> October**

HRUK Certificate of Accreditation Course – Core Section

## **Monday 19<sup>th</sup> October**

HRUK Certificate of Accreditation Course – Devices

## **Wednesday 21<sup>st</sup> October**

HRUK Certificate of Accreditation Course – EP

The provisional date of next year's exam is 19<sup>th</sup> February 2010 and I hope to confirm this by the end of September. The exam will take place in 3 venues next year (London, Manchester and Belfast) and again specific details will be confirmed at a later date.

This year's exam was felt to be more difficult by many candidates than previous years. We are aiming to make the exam at a similar standard to the IBHRE exam as this is what has been requested by the allied professional groups. We also introduced further logbooks specifically aimed at SpRs to be more in line with their training; this is aimed at all SpRs rather than those who are sub-specialising in EP or devices who should consider the IBHRE examination or the EHRA accreditation.

Next year we expect to have a robust question setting and validation process in place to ensure better quality questions. We will then review the logbook process. However, we have also been asked to raise the passmark for the exam in line with the increase in standard, to be more representative of a higher level qualification.

The format of the exam and logbook are likely to remain the same as work is ongoing with EHRA to produce a European-wide accreditation system.

**Nick Linker**  
**Chair of the Examination Committee**

# Atrioventricular Nodal Reentrant Tachycardia (AVRT) Study Day

The AVRT Study Day was held on Friday 12th June 2009 at The Møller Centre in Cambridge. The day was endorsed by HRUK and the Arrhythmia Alliance, and was hosted by Papworth Hospital.

Although AVRT is one of the more common heart rhythm disorders, it is also one of the least well understood. This made for an excellent day of high quality presentations and debate. The morning sessions covered cardiac anatomy, differential diagnosis in the EP lab, cryoablation, and “pearls & pitfalls.” The afternoon was dedicated to more difficult areas, and included talks and discussion on ablation in the young and old, left-sided and atypical AVRT, and case presentations. The UK results of AVRT ablation from CCAD were also presented.

We were delighted by the fantastic attendance, with over 80 delegates attending from centres all over the UK. Half of the audience were doctors with the remainder split between cardiac physiologists and nurses. The feedback from the attendees was very positive, with high scores for content, presentation and organisation. The enthusiasm of the speakers was commented on by many, and ensured that the lecture theatre remained full right up until the end of the day – not a bad achievement for a Friday afternoon when it is sunny and 24°C outside!

We would very much like to thank the speakers for their superb talks. Thanks must also go to Anne Scott from Papworth Hospital and Biosense Webster for their kind sponsorship of the day.

Given the high level of interest out there, we are hopeful that similar days can be held in the future. Watch this space!

Organisers - Tim Betts, Simon Fynn, Derick Todd

**Dr Simon Fynn**  
**Consultant Cardiologist & Electrophysiologist, Papworth Hospital**

## MHRA Update

In early June the MHRA issued a Medical Device Alert addressing the risk of failure of certain Medtronic Sigma and Kappa pacemakers. This followed voluntary worldwide field action by the Company in May this year, in which they extended a previous field action of 2005 involving approximately 1700 Sigma pacemakers in the UK at risk of failure. Unfortunately there is no way to predict which of the affected pacemakers will fail and so the advice has been to consider elective pacemaker replacement in pacing dependent patients. Medtronic has confirmed that the problem currently affects an estimated 2% of all Sigma or Kappa pacemakers which are still implanted, and they are continuing to track the performance of the more reliable production lots to ensure that these remains at an acceptable level. The MHRA continues to be in close liaison with the manufacturer, receiving regular up-dates to help monitor whether the scope of this field action should need to be further extended at any time in the future. As always, we are grateful for all related adverse incident reports to be sent to us online, and we continue to update our cardiology-related MHRA information at [www.mhra.gov.uk/cardiology](http://www.mhra.gov.uk/cardiology)

**Dr Christopher Brittain MBBS BSc MRCOphth**  
**Ms Hazel Randall**

# Pacemaking Programming Pre/Post Op

We are getting more and more enquiries about managing patients with implanted devices during hospital admissions for surgical procedures and other treatments. This is already placing a considerable workload on device follow-up clinics which are already stretched to their limits.

There is a very comprehensive document which was written by the MHRA and HRUK which provides "Guidelines for Peri-operative Management of Patients with Implanted Pacemakers and ICD's" which was published in 2006. This can be downloaded from the MHRA website at <http://www.mhra.gov.uk/home/groups/dts-bi/documents/websiteresources/con2023451.pdf> and will also be posted on the HRUK website shortly and will help anyone having to deal with this situation.

We at HRUK will also look at updating this and providing an addendum to this document which will include other aspects of dealing with these patients to include radiotherapy treatment and other potential sources of problems.

In the meantime we would be interested to find out if anyone has written local protocols which might be useful to share.

**Sue Jones**  
HRUK Council Physiologist representative

## ABHI Code of Practice

Dear HRUK community

As the chair of the CRM subgroup at ABHI and on behalf of our members I wanted to ensure that everyone of you are aware of the updated ABHI code of conduct that all the CRM companies have agreed to support. It is a very important document guiding the way the medical devices community practices business. Please take a moment to go through it. (See page 11 for further details)

The Association of British Healthcare Industries (ABHI) is the lead trade association for the UK medical systems and devices industry. It has around 200 corporate members whose output is about 80% of the industry total of about £6bn. The industry is a net exporter and more than 50,000 people are employed directly or indirectly in the UK. ABHI's membership includes several Special Interest Sections and four sectoral trade associations which in turn have a further 400 members.

Best Regards

**Pierre Chauvineau**  
ABHI - Chair of the CRM Sis



## **The ABHI Code of Business Practice**

### **A key document for medical device companies and their customers**

Back in 2005 ABHI\* recommended to its members that they conform to the Eucomed Code of Business Practice which had just been updated; Eucomed is the voice of the medical technology industry in Europe. Until that time there had been a number of codes in place in the UK medical devices industry but these had tended to be for particular product sectors and previous attempts to write a document for the whole industry had foundered. With the publication of Eucomed's code, for the first time there was a text that was broadly accepted by companies and which could apply in different member states. It has been developed against the background of the need for increased demonstration of compliance with ethical principles in business as part of the way in which companies operate and present their public face.

In April 2008 ABHI made compliance with the code a condition of membership; previously it had simply been commended to members. This was a key step on a compliance journey that will see companies take a progressively more active approach to compliance.

The code itself is divided into a number of sections. Firstly, there are Specific Policies covering such areas as quality and regulatory compliance, interactions with healthcare professionals, advertising and promotion, and so on. Secondly, there is a more detailed appendix giving guidelines on interaction with healthcare professionals, followed by a Q&A section designed to assist companies interpret the guidelines. Finally, there are guidelines on competition law, including 'Dos and Don'ts' and a section on exchanging data and information.

A key issue with any code of practice is enforcement. Under the ABHI code, any company, healthcare professional, other organisation or individual is able to lodge a complaint with the association which will then take various steps to try to resolve the matter. Where there is a dispute between two companies, the first step for ABHI is to encourage them to engage in a conciliation process. If this is unsuccessful the complaint would be referred on to the Chairman of the ABHI Code of Business Practice Enforcement Panel and from there it could be dealt with by a meeting of the Panel itself. The Enforcement Panel comprises fully independent members with healthcare and business backgrounds as well as some lay representatives. The chairman and vice-chairman are a retired lawyer and practising QC respectively. The panel's operations are independent of ABHI although it can call upon the association's secretariat for advice if necessary.

The code is a 'living document' and is subject to periodic revision and other sections may be added in the future. As the code develops, so will the breadth of ABHI's activities in relation to it. There is an active process of promotion to key stakeholders such as the royal colleges in order to gain recognition of the code and its purpose. There will be periodic meetings to give companies the opportunity to keep up to date with any revisions to the document. Third party training organisations will be involved giving companies the option of outsourcing their training needs. Finally, there will probably be a desire from device companies to have some sort of logo or trademark that they can use on their documentation to demonstrate compliance with the code. These are ongoing issues that are part of the process of getting the ABHI code used and recognised by industry and the wider healthcare community, hopefully to the benefit of all.

Copies of the ABHI Code of Business Practice are available to download from the ABHI website: [www.abhi.org.uk/multimedia/code\\_of\\_practice/documents/abhi\\_cobp - february 2009.pdf](http://www.abhi.org.uk/multimedia/code_of_practice/documents/abhi_cobp_-_february_2009.pdf).

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## **Register Today for the Arrhythmia Alliance Wales Meeting Barceló Cardiff Angel Hotel - 10th September 2009**

This meeting, in partnership with the Cardiac Networks Co-ordinating Group, is intended for GPs, Clinicians, Cardiac Networks, Arrhythmia Nurses, Physiologists, Industry Members, Charitable Organisations and Patient Groups.

09.30 Registration

10.00 Atrial Fibrillation - The Patients Perspective Jo Jerrome

10.15 An update on the work of the Arrhythmia Alliance Trudie Lobban

10.30 AF and Stroke Prevention Dr Hamsaraj Shetty

11.00 Break

### **Screening and management of AF in Primary Care**

11.30 A GP Perspective Dr Armon Daniels  
(GP Clinical Lead SE Wales Cardiac Network)

11.45 The contribution of Arrhythmia Nurses Ms Michelle Bennett & Ms Erica Longster BHF  
Arrhythmia Nurses, Betsi Cadwalladr NHS Trust

12.00 An Educationalist Perspective Ms Wendy Churchouse  
Heart Failure Clinical Lecturer, Education for Health

12.15 Lunch

13.15 Role of Pacing in the Management of AF patients Dr Rob Bleasdale  
Consultant Cardiologist, Cwm Taf NHS Trust

13.45 Perioperative anticoagulation management of AF patients undergoing non cardiac surgery Dr Peter O'Callaghan  
Consultant Cardiologist, Cardiff & Vale NHS Trust

14.15 Who should be referred for AF ablation and what is the long-term outcome?

14.45 How will we manage AF in 2010 – Dronedrone? Dr Mark Anderson  
Consultant Cardiologist, AMB NHS Trust

**Visit [www.heartrhythmcharity.org.uk](http://www.heartrhythmcharity.org.uk) and select  
Regional Meetings to download a Registration Form  
or email [events@stars.org.uk](mailto:events@stars.org.uk)**

# Dates For Your Diary

- **Thursday 10<sup>th</sup> September 2009**

**Arrhythmia Alliance Wales Meeting** – please see page 12 for further details or visit: <http://www.heartrhythmcharity.org.uk/>

- **Saturday 29<sup>th</sup> August – Wednesday 2<sup>nd</sup> September 2009**

**ESC Congress 2009**

Barcelona, Spain

For further details, please go to:

<http://www.escardio.org/congresses/esc-2009/Pages/welcome.aspx>

- **Thursday 24<sup>th</sup> – Friday 25<sup>th</sup> September 2009**

**Europe AF 2009**

London Hilton Metropole Centre

For further details, please go to:

<http://www.europeaf.com/>

- **Wednesday 14<sup>th</sup> October 2009**

**Pri-Med Clinical Insight – Best Practice in Cardiology**

QE11 Conference Centre, London

For further details, please go to:

<http://www.pri-medupdates.co.uk/meetings/london/cardiology/autumn09>

- **Sunday 18<sup>th</sup> – Wednesday 21<sup>st</sup> October 2009**

**Heart Rhythm Congress 2009**

Hilton Birmingham Metropole

For further details, please go to:

<http://www.heartrhythmcongress.com/>

- **Saturday 2<sup>4th</sup> October 2009**

**SADS UK Annual Conference 2009**

Royal College of Physicians, London

Further details will be made available in due course at:

<http://www.sadsuk.org/Home/tabid/36/Default.aspx>

- **Friday 27<sup>th</sup> November 2009**

**BJCA Annual Conference 2009**

Hilton Coventry Hotel

For further information, please contact Millbrook Medical Conferences Ltd,

Tel: 01455 552 559, Fax: 01455 050 098, Email:

[info@millbrookconferences.co.uk](mailto:info@millbrookconferences.co.uk)

# Welcome To New Members

We are delighted to welcome the following new and returning Members, who have joined HRUK/BPEG in recent months.

Viki Carpenter  
Anna Dinsdale  
Mark O'Neill

Neil Price  
Gary Wright

## Miscellaneous

The PHG Foundation (Foundation for Genomics and Population Health) and supported by an expert working group of cardiologists, geneticists, commissioners, managers and representatives from patient groups and charities, have recently published a report '*Heart to Heart: Inherited Cardiovascular Conditions Services. A Needs Assessment and Service Review*'.

The working group was convened to assess the need for inherited cardiovascular services, survey current provision and make recommendations on future service requirements to meet the needs identified.

Copies of the full report and summary can be downloaded from the PHG Foundation website: <http://www.phgfoundation.org/> and will also be made available on the HRUK website in due course <http://www.hruk.org.uk/>.

## HRUK Contact Details

If you know of a colleague who would like to join HRUK or have any membership administration enquiries, please contact:

Elizabeth Breen  
HRUK Administrator  
PO Box 3697  
Stratford-Upon-Avon  
Warwickshire  
CV37 8YL

Email: [hruk@hruk.org.uk](mailto:hruk@hruk.org.uk) Tel: 01789 451 831

Our application form can also be downloaded from our website:  
<http://www.hruk.org.uk/html/membership.html>

**Just a reminder, if your contact details (esp. email as most communications from HRUK are carried out electronically) have changed, it is important to inform HRUK ([hruk@hruk.org.uk](mailto:hruk@hruk.org.uk)) as soon as possible, so we can amend your records on our central membership database, to ensure that you still receive communications from us.**

If you wish to contact HRUK on any other matter please contact:

Azeem Ahmad  
Affiliates Coordinator  
British Cardiovascular Society  
9 Fitzroy Square  
London  
W1T 5HW

Email: [hruk@bcs.com](mailto:hruk@bcs.com)  
Fax: 020 7388 0903

Tel: 020 7380 1918 / 020 7383 3887