MINUTES

Of the Annual General Meeting of The Cardiac Society of Australia and New Zealand held in Meeting Rooms 109 & 110 of the Melbourne Convention and Exhibition Centre on Wednesday, 7th May, 2014 commencing at 12.30 pm

Present: Prof Richmond Jeremy (President), Dr Aravinda Thiagalingam (Honorary Secretary), Dr Clara Chow (Honorary Assistant Secretary / Treasurer), Mrs Lynne Portelli (Chief Executive Officer), 63 Members and 19 proxy forms.

Apologies: Dr K Alford (NSW), A/Prof J Amerena (VIC), Professor N Bett (QLD), A/Prof D Eccleston (VIC), Prof M Jelinek (VIC), Dr S Lockwood (VIC), Dr T K Mau (QLD), Professor I Meredith (VIC), Dr V Nadurata (VIC), Professor M F O’Rourke (NSW), Dr J O’Shea (WA), Professor P A Phillips (SA), Dr J Ram (QLD), A/Prof D A B Richards (NSW), Dr P Roberts-Thomson (TAS), Dr J Robinson (WA), Dr J Rogers (NSW), Dr A Whelan (WA) and Dr K V Woollard (WA)

Confirmation of Minutes of Previous Meeting
The Minutes of the previous Annual General Meeting of The Society held in Gold Coast on Saturday, 10th August, 2013, were accepted as a true and accurate record. Moved, Dr Michael Loughhead, seconded Prof Harvey White. Carried unanimously.

Business Arising from the Minutes
There was no business arising from the Minutes that was not addressed in the agenda.

Honorary Secretary’s Report
Dr Thiagalingam delivered the following report:

Thank you for finding the AGM and my apologies that it was not included in the printed program. Hasn’t this been a great conference – definitely different but in a good way. I have really enjoyed learning about the different challenges that cardiovascular professionals are facing across the world. For example, I attended a fascinating session looking at tobacco control strategies across the world which included talks from Uruguay, Indonesia and Jamaica. I was struck by the challenges they face when there is less regulation of the tobacco industry and closer links between the tobacco industry and government. For example in Jamaica the tobacco industry supplies and repairs a lot of the motorbikes and other vehicles for the police. However, I was also impressed with energy and enthusiasm shown at a grassroots level for example with student marches in Indonesia to lead a boycott of the Tobacco industry conference.

Firstly, I would like to congratulate the Organising Committee of the World Heart Foundation for organizing such a great conference. Professor David Prior has been pivotal as the interface between the Cardiac Society and the World Heart Foundation and has worked tirelessly to make this collaboration as success. Registrations have been strong.
The role of the secretary is to facilitate communication between the different committees of the Society and this is made considerably easier by the high professional standards of Society CEO Lynne Portelli and her staff.

As you will probably be aware next year’s ASM was scheduled for Sydney but with the redevelopment of the Sydney convention centre will instead be held in Melbourne but still organized from Sydney. It will be back to a standard Cardiac Society ASM format and timing will be held from the 12th to the 16th of August.

The Cardiovascular Genetics Council is organizing an Inherited Cardiovascular Genetics meeting in Brisbane in August 2014. This will include a 3 hour session on Genetics for Dummies for those of us who have been left behind on this avalanche of new information on genetic techniques to hopefully catch up a bit.

Specialist Training committee has been chaired by Peter Steele who will be stepping down and we are seeking a suitably qualified replacement. Having worked with Peter for a number of years I can’t imagine who would be suitably qualified to replace him given the energy and enthusiasm he has shown to this very important role. I would like to thank him for all of his hard work.

The RACP has been seeking to change the structure of training committees including cardiology. This has caused some concern and negotiations are still underway with the College about these structural changes. There have also been changes to the recognition of prior learning framework which broaden the eligibility which the STC has discussed to formulate a response.

Allied Health has been chaired by Julie Redfern and has been active reviewing content for the WCC meeting. The group will also assist in putting together content for the new CPD website to improve the utility of our CPD offering to allied health members.

The Society of cardiac and thoracic surgeons has been represented on the CSANZ board by Dr Paul Bannon. They will be organizing the ANZCTS annual scientific meeting in the Gold coast 8-12 November. There is ongoing collaboration and discussion on the development of guidelines for new techniques such as TAVR.

Continuing Education and Recertification Committee. CERC has been chaired by Prof Andrew MacIsaac and has been busy reviewing a variety of guidelines and also reviewing the process by which guidelines will be formulated for Australia and New Zealand.

The Nursing Council has been chaired by Robyn Gallagher. The Nursing Council is busy working on competency documents for nursing and is represented on the taskforce for secondary prevention.

The Paediatric council has been chaired by Dr Rob Justo and have assisted in getting new PDA and VSD item numbers through MSAC – these are no awaiting government to put them into the schedule.

John O’Shea is the Clinical Practice Advisor and has been reviewing the Australian commission on clinical standards for treatment of Acute Coronary Syndrome.

The scientific committee has been chaired by Prof Jon Kalman and has assisted with the scientific programs of the ASM, abstract grading and selection of named lecturers. We will be introducing a case present as a new abstract class for the next ASM. The intention is that these should have a clear educational benefit and we anticipate that these will be popular as mini-oral presentations.

The interventional council has been chaired by Jim Steward who replaced Andrew MacIsaac. In addition to working with Ian Meredith on ANZET they have worked on guidelines and position statements for performance of PCI and collaborated with the surgeons on the TAVI document.
The EP and Pacing council was chaired by Andrew McGavigan and have been working on an MSAC application for subcutaneous ICDs. There is ongoing work trying to get appropriate funding for AF ablation procedures which is a difficult negotiation between the health funds and private hospitals.

Professor Rob Denniss has continued to strengthen the Societies journal HLC. The journal has a new look and there are lots of submissions – currently tracking at 700 for 2014 compared with 610 in 2013. Just a reminder that there is a $1000 prize for best review article. Rob is also planning special editions including editions on Genetics, Prevention and Geriatric Cardiology.

Professional and Ethical Standards Committee (PESC) has be chaired by Prof John Atherton and has continued to review applications for membership of the Society.

Hopefully you will have had a chance to see the new Society website which includes a fully functioning CPD system which looks fantastic. Richmond Jeremy will update you further on the progress with CPD and registries.

And that concludes my report and I open the floor for any questions from the Membership. *There were no questions from the floor.*

**Honorary Treasurer’s Report**

Members were asked to note that the financial year of the CSANZ is 01 / 05 / 2013 to 30 / 04 / 2014. As a result, the audited financial statement is not yet available as the audit is still being conducted. There will be an Extraordinary General Meeting held in August. The audit and associated documents will be available at that time.

Dr Clara Chow gave the following report:

Good afternoon. I’m new in the job this year and it has been a steep learning curve trying to make sense of the books and catch up on the financial position of the Society. I would like to thank Lynne, Richmond and Aravinda for helping me to understand it all.

There are two main accounts. The Operating Account, and this is for the year May 2013 to April 2014, shows total income of $1.3 million with the main income items being $691k from the ASM. That looks quite large but that is because about $130k was additional surplus from the previous ASM which was paid a little late and therefore fell into this financial year. Subscriptions are $482K. Overall expenses are about $1.3 million and the main items are salaries of $336k, a contribution to ACOR (Australasian Cardiac Outcomes Registry) of $250k, the Journal at $191k, rent of $162K, expenses related to this meeting currently sitting at $50k, research scholarships, awards and prizes of $248k, insurance of $28k and CPD of $23k. The net amount in this account is $3.6k.

The Educational Account has income of $290k made up primarily of a donation from the CSANZ Trust in the amount of $250k. Educational expenses for the year are sitting at $278k which is comprised of the Indigenous Scholarship at $70k, other research scholarships at $64k, travelling fellowships at $53k, CPD expenses of $23k and ASM prizes of $14k, other prizes and scholarships at $48k (RT Hall Prize, Clinical Development Awards and the CSL valued at $30k which finished this year). The net amount in this account is $11.5k.

Overall, the balance has been stable over the last 12 months. There are some future potential risks. We remain uncertain of the outcome of this Congress and there may, as a result, be a possible deficit due to the income from the Congress being less than what we usually make. There is an increase in societal activities already planned for the coming year, including ACOR, the CME programme introduction.
The operating and educational account can draw on Society assets for the short term. There may, however, be the need to increase annual subscriptions, but this is dependent on us knowing what is happening with the financial aspects of the Congress. I raise it as a possible issue.

It has been highlighted that the operational income is dependent on the ASM profits and this has been identified by the Board as a point to address. Improving the stability of this by making the operation account less reliant on ASM profits will be a priority of the Board in the coming year.

I thank you and open to the floor for questions. There were no questions from the floor.

President’s Report

It gives me great pleasure to present the President’s Report for 2014 and, firstly, I would like to acknowledge this Congress. We have had just over 6000 registrants, we have had 280 invited speakers, 550 talks and 1100 abstracts. There was a time when we thought we would get less than 5000 delegates and it caused some sleepless nights … but that has not happened and we are pleased with the outcome. There have been a number of people who have played an instrumental part in this, including members of the Organising Committee and I am going to embarrass them terribly and ask James Cameron, Lea Delbridge, Linda Worrall-Carter, Andrew MacIsaac and David Prior to come to the stage so that we can acknowledge them properly for the work they have done. Jon Kalman unfortunately is unable to join us today as he has had to leave to attend the Heart Rhythm Society meeting, but we also acknowledge Jon’s efforts in delivering the Congress. These meetings do not happen by themselves. They happen by the work, effort and sleepless nights of many dedicated individuals. Prof Jeremy presented each with a plaque commemorating the Congress. Those present responded by acclamation. This Congress did not happen without David Prior. I cannot underestimate the debt we owe David for making this meeting happen and I, personally, am profoundly grateful.

A/Prof David Prior addressed the meeting: this whole process has gone through three Presidents of the Society. The initial impetus to take this on came through Leo Mahar, then Jim Cameron was very supportive in terms of getting the bid for this Congress together and I would like to especially thank Richmond, who was then handed this meeting and has worked tirelessly being incredibly supportive and has made a huge contribution to this meeting. I am most grateful and thank him very much for that.

Prof Jeremy continued his report: On your seats you will notice there are some flyers and some of them are about ACOR and some are about CPD. There are three things I want to talk about substantively. One is ACOR - the Australasian Cardiac Outcomes Registry, the other is Continuing Professional Development (CPD) and the third is international relations.

After considerable development and negotiation, the contracts for the delivery of the Australasian Cardiac Outcomes Registry have been signed and delivered with the South Australian Health and Medical Research Institute (SAHMRI) in Adelaide. David Brieger is Chair of the Steering Committee and has already had contact with a dozen initial sites around the country who have expressed interest in participation. The data sets and data library have been developed. Most importantly, in key discussions with existing registries such as the VCOR registry, we have established the principles for a “plug and play” compatibility. The same for the New Zealand registry which is already up and running. So we should be in a situation by the end of the year, where ACOR, after this lead time, is a functioning reality for the recording of outcomes in patients undergoing coronary interventions. It will shortly be followed by electrophysiological interventions and structural interventions. Most importantly, the structure of the ACOR database is to be established in such a way that satellite databases can be plugged in. That would include things like devices registries, heart failure registries and genetic cardiac disease registries. It will be possible to track episodes of care across the country for individual patients through the ACOR registries. No other facility in the country can do that. In discussions with the Department of Health, who are, of course, concerned at monitoring care for
individuals of Aboriginal and Torres Strait Islander background, particularly when those individuals move between jurisdictions and between states, there is enormous interest in being able to use information, appropriately, from the ACOR registries to look at the outcomes in that particular population of patients. Many of you will be aware that the Commonwealth Government put out a tender for conduct of a registry and recall system in high risk medical devices. This was driven by the adverse events with silicone breast implants and the registry was initially deemed to be for cardiac devices and for breast implants. It was to function in much the same way that the bone and joint registry functions. We put in a tender for that at very short notice, we were short listed, we did a telephone final wrap up interview with the Department of Health Tender Committee in February and we were advised that we would be notified by the end of February. There has been no notification since. I have enquired of the Department and their response was “everyone will know when everyone will know”. Given the current Budgetary situation in the Commonwealth of Australia, it is our expectation that this has been held up on a Minister’s or senior official’s desk awaiting the outcome of the Budget and whether there is money to run it or not. I would note that our electrophysiological colleagues are already effectively running a device monitoring follow-up registry for implantable devices and we have had discussions about how we work with that with ACOR. I believe that that forms a very solid foundation should the Commonwealth returns and wishes to pursue doing this.

The next flyer on your seat is CPD. That is to let you know that HeartOne is “live”. You can go to the Cardiac Society website www.csanz.edu.au which now, if it is not, should certainly be your homepage not Nine MSN please ..... if you log in, you can go to CPD and there you will find a number of things. Firstly, you will find the capacity to update your own personal information, you can also pay your accounts online, but much more importantly you will find content and the CPD diary. The content has over 300 videos and there will be many more loaded in the not too distant future, there are over 1100 documents, there are posters and abstracts from recent meetings, there are clinical cases, images and clinical problem solving, clinical modules and questionnaires being developed and our work in the next six months is particularly and intensively to build those up as part of self assessment. All of that is there. We know who you are, so when you log on, if you have identified particular areas of interest when you complete your subscription, they will come up as priority areas with the latest content and the latest challenges in those areas on your home screen. Furthermore, when you complete modules and you press “Finish”, it is automatically recorded in your CPD diary. You can generate a CPD report as a PDF file and print it whenever you like. Everything that MOPS does, in terms of going to conferences, etc. We can do. You can enter the same activities, the same things, have the same summaries. We just do it better. So all of that is there. All of the content is there, it is now functional. It is going to enormously expand in its content in the next six to twelve months. There is another area of very major expansion through CardioSource that I am going to talk about in just a minute. So I urge you to change your home screen and move to the CSANZ website because it does take us a step beyond where we have ever been before.

Following a query from the floor relating to whether this was in addition to the CPD required by the Royal Australasian College of Physicians, Prof Jeremy responded that this is a good segway to one of the things I was going to cover. At present, we are all required to complete MOPS and then go to AHPRA and say we have done MOPS. Our next port of call is the Australian Medical Council and the New Zealand Medical Council to say that we have a system which is better than MOPS, it does everything and more than what MOPS currently does. We want your recognition. The next steps are that we go to the AMC and the regulatory body in New Zealand which also needs to be satisfied, the New Zealand Medical Council. We go through the proper processes with both regulatory bodies with the guidance of our New Zealand colleagues as to how best to approach that. Both regulatory bodies need to be satisfied as to the quality and usability of the programme. I do not believe that we will have any trouble satisfying that, but we have to go through that process.

A word about international relations, which is now a standing item on the Board agenda. This is something which has been new in the last few years. I have had, over the last twelve months, a number of meetings with representatives of the European Society of Cardiology and the American
College of Cardiology. I was at the Assembly of International Governors at the ACC in Washington this year. It is fair to say that the level of conversation and engagement with both of those bodies has enormously changed in the last twelve months. The conversations are now very much ones about interdigitation, sharing and raising the profile of CSANZ rather than just us being cannon fodder for the subscription fees of international societies. The sorts of things that we are now working on doing include joint sessions at the scientific meetings of each society, co-badged with that society and CSANZ. Indeed, I was at one with ACC recently, but there are some things which need to be addressed to improve that. Free registrations for young cardiologists and trainees at the ESC meeting along with a dedicated programme for them. Reduced registration at ACC meetings. Standard representation on guideline committees where people have appropriate expertise, so instead of all of the guideline writing committees being very Euro centric and north American centric, they are much more open to relevant expertise from Australia and New Zealand, increased representation on the governance of both international bodies. Shared work on practice quality and appropriateness criteria. I am going to a meeting with the ESC later this year in December on that very topic because that is one of the next big “cabs off the rank”. And the potential for cross accreditation and cross recognition of CME.

In our discussions with the ACC yesterday, we are very close to be able to organise access to CardioSource for all Fellows of the Cardiac Society of Australia and New Zealand, which, of course, can then contribute to your CME and work on cross representation. We also are looking at working on joint access to formative assessment tools for our trainees with feedback and benchmarking. The workload which Peter Steele and the Specialty Training Committee bears was mentioned earlier. This is not a light undertaking. It is very very hard to organise so any help we can get will be greatly appreciated. We have not forgotten the Asia Pacific. We have had conversations with representatives from a group of cardiologists in Singapore and we are exploring the possibility of joint sessions in Singapore in 2015 and they having joint sessions here. There is a great deal of interest now in building international linkages. Clearly we need to tread carefully. Clearly we need to balance all the players to the benefit of the Society but anything we can do that raises the profile of cardiology in Australia and New Zealand internationally, anything that we can do that opens up opportunity, particularly for our younger cardiologists and trainees, we should grab with both hands. And that is what we are going.

It now gives me great pleasure to announce the following prizes and scholarships which have been awarded throughout the year and also at the Congress:

**2014 CSANZ Research Scholarship**

**Dr Betty Raman**  
University of Adelaide

**Dr Jonathon Fanning**  
Prince Charles Hospital, Chermside

**Dr Ravi Kiran Munnur**  
Monash University, Melbourne

**The CSANZ Travel Grants**

To attend the AHA meeting in Dallas, Texas, 16-20 November, 2013

**Dr Elizabeth Robertson**  
RPA Sydney, NSW (McCredie / Wilcken recipient)

**Dr Jordan Fulcher**  
RPA Sydney, NSW

**Miss Cher-Rin Chong**  
The Queen Elizabeth Hospital, Adelaide, SA

**Miss Saifei Liu**  
The Queen Elizabeth Hospital, Adelaide, SA

The Travel Grants to attend the ACC meeting in Washington, 29-31 March, 2014, were awarded to:

**Dr Melissa Leung**  
Liverpool Hospital, NSW (McCredie/Wilcken recipient)

**Dr Ingrid Hopper**  
Monash University, Melbourne
CSANZ Affiliate Clinical Development Awards

Nursing:
Catherine Moore  The Prince Charles Hospital, QLD
Debbie Chappell  Waikato District Health Board, NZ
Tom Donoghue  Capital & Coast District HB, Wellington NZ

Non-Nursing:
Cher-Rin Chong  The Queen Elizabeth Hospital, Adelaide
Steven Faddy  Ambulance Service of NSW, Sydney

Affiliate Nursing Prize

Jane Hannah, Auckland District Health Board, New Zealand

The use of a continuous subcutaneous infusion of Frusemide (CSI-F) in patients with decompensated heart failure.

Judges: Angela Kucia, Robyn Clark and David Colquhoun

Allied Health Affiliate Prize

Tina Habota, Australian Catholic University, Melbourne, Victoria

Prospective memory in chronic heart failure

Judges: Tom Briffa, Andrew Maiorana and Gillian Whalley

Ralph Reader Prize - Basic Science Section

Calvin Hsieh, Westmead Hospital, New South Wales

Ventricular tachycardia reentrant circuits arise early after myocardial infarction and are amenable to cure with radiofrequency ablation: Validation in a chronic ovine model

Ralph Reader Prize - Clinical Science Section

Joint award to:

Michael Wong, Royal Melbourne Hospital, Victoria

Influence of the Long Interdialytic Break on the Incidence of Serious Arrhythmias and Sudden Cardiac Death in Patients with Chronic Kidney Disease (CKD) undergoing Haemodialysis

and

David Peiris, George Institute for Global Health, Sydney, New South Wales
Effect Of A Multi-Faceted Quality Improvement Intervention To Improve Cardiovascular Disease Risk Identification And Management In Australian Primary Health Care: The Torpedo Cluster-Randomised Trial

Judges were: Phil Aylward, John Atherton, Christian Hamilton Craig, Andrew McGavigan and Marc Pfeffer.

**ISHR Student Award**

Laura Bienvenu, the University of Melbourne, Melbourne, Victoria

Cardiomyocute mineralocorticoid receptor signalling reduces cardiac functional recovery post-ischemia/reperfusion

**R T Hall Prize**

Karlheinz Peter, Baker IDI Heart & Diabetes Institute, is an outstanding clinician scientist, particularly as an interventional cardiologist. His research work is both innovative and practical in its implications and is centred on preventing and optimising treatment of myocardial infarction (MI). Professor Peter has impressive results in imaging thrombotic, atherosclerotic and inflammatory diseases using innovative and ground breaking approaches. His expertise with recombinant antibody fragments is internationally recognised and is relevant to new and novel drug discovery in the antibody field. His work is of undeniable international standing and is a very significant contribution to the field of clinical cardiology and basic cardiovascular research. It is with great pleasure that I present him with the 2014 RT Hall Prize.

**Life Membership**

This year the Board recognised the contributions of Jim Cameron to the work and vision of the Society by awarding him Life Membership. Jim initiated and worked on many policy documents and procedural documents for the Society and was a driving force in establishing ACOR. None of us should underestimate the fact that ACOR would not exist without the hard work and dedication which Jim devoted to its establishment. Working with him at every stage has just been an absolute pleasure and he has, in so many ways, contributed to the benefits of the Society and all of us as Members. It is my pleasure to present him with Life Membership of the Society in recognition of his many achievements.

**Distinguished Service Award**

This is the inaugural award and goes to an individual who has contributed to this Society for over twenty years. That person is Leo Mahar. He was Chair of the Interventional Council from 1992 to 1994, served on the Cardiac Society Board 2001 to 2007, he was Chair of the Continuing Education and Recertification Committee from 2004 until 2008, President of the Society from 2008 until 2010, and served until recently on the CSANZ Finance Committee and the Board of Trustees of the CSANZ Education Trust. It is my enormous pleasure to make this presentation today to Leo.

**Australia Day Honours**

David Celemajer (AM) for his distinguished service to medicine, as a clinician and researcher, to improved medical diagnostic methods, and to the promotion of heart health, particularly in children and young adults.
Thank you to reviewers:
I would like to take this opportunity to extend thanks to the many judges who assist, not only at this meeting, but in assessing the various scholarships and travel grants which are awarded throughout the year. They do a wonderful job and the Board is extremely grateful for their time and contribution.

DEATHS

It is with deep regret that I note the passing of the following Members:

Dr A J Barnett (Life VIC), Dr J Campbell-Macdonald (Ordinary NZ), Dr D S P Dickson (Associate NZ), Dr John McCleanor (Associate NZ), Dr E Schiller ( Ordinary NSW) and Mr G R Stirling (Life VIC).

Prof Jeremy continued: I would like to thank the Board who have been both supportive and effective in the many dealings and issues it has had to address. I would also like to thank Lynne Portelli, Christine Boyle, Anne Mar and Stephanie Johnston who have all filled in in an extraordinary number of roles, to ensure the best outcome and to get the job done. It comes down to “why would you do this?” It is because of the friendships. The Board works extraordinarily hard for the good of the Society and it is fantastic to work with them all.

That brings me to the conclusion of my report. I open my report up to the floor for questions. There were no questions from the floor.

Prof Jeremy introduced the President Elect, A/Prof Andrew MacIsaac, to the meeting. A/Prof MacIsaac thanked Prof Jeremy noting that he had been an outstanding President of the Society. One only has to reflect upon his report and the great breadth and detail of the work which has been accomplished under his Presidency to appreciate how effective he has been. I am sure that you have many other games and applications which you like using, but I am sure you will be astounded when you see what Richmond has created with HeartOne. It is going to be a great legacy for the Society for many years to come. The care and attention he has shown, his knowledge of education, his interest in training and the welfare of the Members, can be encapsulated in that one programme, but as you have heard, it extends to all of his activities throughout the Society. The energy and time has spent attending numerous Government meetings, travelling internationally, representing the Society and constantly being available ... and sometimes, I think he types the replies to my emails before I have even sent them to him! We all owe Richmond a great debt of gratitude and we wish him all the very for the future. (A/Prof MacIsaac presented Prof Jeremy with a plaque commemorating his Presidency).

The meeting responded by acclamation.

Andrew MacIsaac
President

Aravinda Thiagalingam
Honorary Secretary

15th August 2015