



The Cardiac Society
of Australia and
New Zealand

on the *pulse*

President's Report 2015

Delivered by A/Professor Andrew MacIsaac

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Inside this issue:

President's
Report

CSANZ Prizes 5 - 7
and Awards

President's 8 - 9
Medal

Highlights 10 - 11
CSANZ 2015

ANZET15 12 - 13
Highlights

Special points of interest:

2016 R T Hall Prize –
Call for Nominations

Clinical Development
Award Reports

CSANZ Paediatric &
Congenital Council
Travelling Fellowship
Reports

It gives me great pleasure to provide the members of the Society with the President's report for 2015.

As I present the report, I'd like to remind you that the objectives of the Society are to promote the highest standards of education, training, research and practice in cardiovascular medicine. This has been exemplified by this Annual Scientific meeting and I would like to extend my congratulations to Gemma Figtree and Eddy Kizana for their fantastic work. Also the ANZET meeting has been an outstanding success and I acknowledge Jim Stewart and the ANZET Organising Committee.

The first issue I'd like to cover is governance. The Board is undertaking a review of the Society's governance. Some years ago, the Society's 24 member governing council was re-badged as the Board when our working groups were formalised into the various craft councils. This made all 24 members of the Board legally responsible for the running of the Society and has not enabled the formation of an effective executive group to deal with the day-to-day issues that often arise between Board meetings as the Society continues to expand. However, we are very mindful that the inclusive, transparent and effective management of the Society over the years has been a hallmark of CSANZ and this has been a significant tribute to our retiring CEO Lynne Portelli, who has so effectively managed the interaction with such a large Board and the Society's various Councils. Advice from the Associations Forum, an association specifically advising Not For Profit organisations on governance matters, has indicated that our current

Board structure is not best practice and is not effective for dealing with all our statutory government requirements. The Board is considering a variety of options and it has not decided what if any change should occur to our current structure. However, I would like the members to consider the option of changing the current inclusive Board to an Executive Council to be charged with maintaining the policies and dealing with issues for the Society. The Council would include a smaller executive group which would in fact be the legal Board and would comprise the President, Past President or President-elect, Treasurer, Secretary and two or three elected Board members. This structure may allow us to deal more effectively with issues that arise with our more expanding demands. It is the intention of the Board to canvass the members with any potential change before any formalised motions are put to the members. However, we want to ensure that the Society remains inclusive, transparent, democratic and efficient in all of its processes.

I'd like to move to other matters concerning governance of the Society and I am pleased to announce that Mark Webster is our new President-elect and will become President of the Society at the next AGM. Congratulations, Mark.

It is probably well known to most of our members that our CEO, Lynne Portelli, has announced her retirement, although we are all in denial. I'll return to Lynne's contribution to the Society later in my presentation, however, I am pleased to announce that Ms Martha McCall has been appointed as the new Executive Officer

of the Cardiac Society. Martha will take up the role in the next few weeks and her presence here today is a testimony to her enthusiasm and she is briefing herself on the tasks and having a hand over from Lynne. Martha comes to us from a senior management role at the University of Sydney.

I'd now like to turn my attention to Australian Cardiac Outcomes Registry (ACOR). The Society continues its work to develop registries to assess the quality of cardiac procedures throughout Australia and New Zealand. Several years ago, the Society formed a stand-alone company of which it is the single shareholder, called ACOR, to run its registry program. ACOR has been awarded funding from the Commonwealth Department of Health and Ageing to run a cardiac devices registry and although it is separate, it is embedded in the cardiac procedures registry that the South Australian Health and Medical Research Institute (SAHMRI) has been commissioned by ACOR to develop. This registry is now up and running. It has the options of both direct data entry through a web-based interface and also accepting the electronic output of other registries or databases. As I mentioned, the first cases have now been entered into ACOR. Of the 135 Australian sites known to be performing PCI or inserting pacemakers or implantable devices, 120 have agreed to-date to participate in the ACOR program. It seems likely that the PCI component will be fully effective shortly and there will be the direct entry of data from hospitals in NSW, Western Australia and Tasmania. In Victoria, Queensland and South Australia there are already existing registries developed in the last few years and in New Zealand there is the ANZACS-QI database. Negotiations are underway to ensure these registries will contribute to ACOR. Jim Cameron is the Chair of ACOR and has put in an enormous effort to get us to this threshold. David Brieger has also been a fantastic Chair of the Steering Committee and has devoted a huge amount of time and energy to this whole process and they both deserve our thanks and congratulations. I'd ask the members when they return home to lobby their individual hospitals to participate in our registries. These registries are not directly aimed at assessing our ability to implant stents or to insert pacemakers but to identify issues

that are affecting the quality of care of our patients and we all know the logistical issues that we face.

Moving on to CPD. Aravinda has covered our CPD program, HeartOne, developed by the CPD Committee, chaired by Richmond Jeremy. The Board has determined that this is to be submitted to the AMC for accreditation and we foresee no obstacles to this happening. Once this occurs, our CPD program will be able to be used to satisfy APRA and the New Zealand Medical Council of continuing professional development for registration purposes. I would urge you all to log into the Cardiac Society website and look at the HeartOne program and see the wonderful resources it provides which will shortly include much of the content of this ASM. It is a significant leap forward from the MOPS and MyCPD programs developed by the College. Discussions have also been held with other specialist societies including the Thoracic Society about them availing themselves of our platform.

That brings me to our relationship with the College. I have met with the President of the College, Nick Talley. You are all aware of the issues that exist at the College and the current schism that's developed and their inability to resolve it. Clearly these are issues for the College. However, I think it remains fair to be said that the processes of the College don't seem to have a great relevance for our members and it is not known for the clarity of its processes. It is true however, that the College has tried to re-engage the Society and to-date we have been one of 40 representatives on the Adult Division of Medicine. The College has notified us that they are forming a new College Council and has invited us to be one of its 50 members. As we represent at least 30 per cent of the membership of the College, I do not feel this is adequate representation and a decision ultimately will need to be made as to how much we wish to engage with the College.

Our major interaction with the College is through the STC and advanced training. The College has passed the AMC accreditation to continue to be the provider of training for medical specialties including cardiology. The Chair of the STC, currently Len Kritharides, sits on our Board and clearly the Society has a major input into the training of Advanced Trainees.

I've discussed with the College the training program as it currently exists, under curriculum developed by the Society which is about to be revised. There is no matching of training posts accredited by the STC with workforce needs. Some members are of the opinion that we are producing too many cardiologists but of course there is no data to confirm this. I've asked the College to provide me with workforce information and they've indicated to me that they would be very happy if we'd develop the data for them. As Aravinda has pointed out, there are more than 360 associate members of the Society and the expanding number of trainees has raised concerns about the quality of training and the need to ensure that, as more trainees are trained in more sites, the outstanding quality of cardiology training in the country is maintained. As you are aware, there is currently no formal examination assessing progress through the training program. It is the Society's intention to introduce a formative exam during advanced training to assess trainees' progress. To this end, I and other members of the Board have met with the President and relevant parties of the American College of Cardiology with a view to joining their Fellows and Training program and to implement their examination process for our trainees to guide further training. This would not be a summative exam or an exit exam to determine whether you obtain Fellowship, but more to provide feedback about the adequacy of training matched to our curriculum. We hope to progress this further in meetings later in the month at the European Society of Cardiology meeting in London.

Which brings me to clinical practice. The clinical practice role of the Society continues to grow. We provide advice to the MSAC, the TGA and various government committees and organisations that are now frequently approaching the Society directly for advice. I want to make members aware of several initiatives that could affect practice issues. The first of these, as you should all be aware, is the MBS and remuneration is being reviewed. Luke Galligan is our private practice adviser and he will be attending a forum next week conducted by the AMA about this process. We have been informed that this is not a cost saving manoeuvre and of course the schedule has not been revised since its inception in the mid 1980s

so this is probably about time but does present risk to our members if things do change.

In parallel to this, you may be aware that in the United States a campaign entitled "Choose Wisely" ran two years ago. This campaign was about the inappropriate use of medical investigations, treatments and tests and gained a great deal of traction especially in Congress. This was really aimed at pointing out inappropriate practices which are typically Class 3 indications on various guidelines. Examples on the US Choose Wisely website include: stress testing on asymptomatic individuals who are at low cardiovascular risk; repeated echocardiography on patients detected to have minor valvular lesions who are asymptomatic and have no clinical signs or symptoms; biventricular pacing in people who do not have a bundle branch block and prolonged QRS. The National Prescribing Service in Australia has also initiated a Choose Wisely campaign. We have not been approached directly but the College has and it has initiated a similar initiative called EVOLVE. Aravinda has attended a meeting with the College. The media is very interested and this also may present a significant risk to the Society. I've been approached about a forthcoming Four Corners program that seeks to highlight the inappropriate use of investigations and those of you who listen to the Health Report will know Norman Swan's view on the use of stenting. It may be a difficult problem to manage and if attention is turned to inappropriate use of investigations, it may take the focus away from the Society's great efforts to close the gap in treatment such as the underutilisation of statins after acute coronary syndromes.

David Prior has also been involved in another review process about the diagnostic imaging accreditation system and this is the program all of you involved in medical imaging will know that licenses equipment and sites. He has done a sterling job in negotiating the maintenance of standards and rebates for echocardiography.

We've also continued our close relationship with the National Heart Foundation and their new CEO, Mary Barry. Phil Aylward is leading our revision of the acute coronary syndrome guidelines and I'm led to believe that they will be ready for the consultation process in the near future and will circulate them to our members.

Those of you who read our Journal will be aware that the Australia and New Zealand Society of Cardiac Surgeons feels that it is appropriate to adopt foreign guidelines to guide our practice in Australia which led to an impasse about the development of myocardial vascularisation guidelines. The Society has moved away from guidelines to position statements as we found the NHMRC guidelines on guidelines expensive and difficult to implement. I think it is very important that the Society maintains its role in guidelines and we are very fortunate to have Derek Chew effectively leading our guideline committee.

Queen's Birthday Honours

Peter Fletcher (AM) for significant service to cardiovascular medicine as a clinician and administrator, and to heart health programs and medical education.

Jennifer Johns (AM) for significant service to medicine, particularly cardiology, as a physician, researcher and mentor, and to the not-for-profit sector.

James Tatoulis (AM) for significant service to medicine as a cardiothoracic surgeon, and as an adviser to government.

Deaths

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

Dr John O'Shea (FCSANZ WA), valued member of the Board who died suddenly in March this year. The Society has passed on its deepest condolences to Terri and the whole O'Shea family.

Dr Paul Antoni (FCSANZ VIC), Mrs Jane Banham (Affiliate NZ), Dr Richard Boden AM (Associate NSW), Dr John Campbell-Macdonald (Ordinary NZ), Dr Erwin Dodge (Ordinary VIC), Dr Gordon Mushin (FCSANZ VIC), Dr Oswald (Ozzie) Tofler (Fellow and Life Member WA) Dr Alex Venables (Life Member VIC).



Life Membership

This year the Board recognised the contributions of **Richmond Jeremy** to the work and vision of the Society by awarding him Life Membership. Richmond has worked tirelessly on establishing the Society's CPD program, HeartOne.

Prizes and Scholarships

The following prizes and scholarships have been awarded throughout the year and also at the 2015 Annual Scientific Meeting:

2015 CSANZ Research Scholarship

- **Miss Karice Hyun**, The George Institute for Global Health, Sydney, NSW
- **Dr Anthony Pisaniello**, South Australian Health and Medical Research Institute, Adelaide, SA

The CSANZ Travel Grants

To attend the **ESC Congress** in Barcelona, Spain, 30 August - 3 September, 2014, were awarded to:

- **Dr Maria Brosnan**, St Vincent's Hospital, Melbourne, VIC (McCredie / Wilcken recipient)
- **Ms Nicole Lowres**, University of Sydney, Concord Repatriation General Hospital, NSW
- **Ms Lee Nedkoff**, The University of Western Australia, Perth, WA
- **Mr Nathan Procter**, The Queen Elizabeth Hospital, The University of Adelaide, SA

To attend the **ESC Congress** in London, UK, 29 August - 2 September, 2015, were awarded to

- **Dr Quan Huynh**, Menzies Institute for Medical Research, University of Tasmania, TAS (McCredie/Wilcken recipient)
- **Dr Tom Wang**, Green Lane Cardiovascular Service, Auckland City Hospital, New Zealand
- **Dr Bhupesh Pathik**, Royal Melbourne Hospital and Flinders Medical Centre, VIC

To attend the **AHA** meeting in Chicago, Illinois, 15-19 November, 2014, were awarded to:

- **Dr Tin Kyaw**, Baker IDI Heart and Diabetes Institute, Melbourne, VIC (McCredie/Wilcken recipient)

- **Dr Narelle Berry**, Flinders University, Adelaide, SA
- **Miss Cher-Rin Chong**, The Queen Elizabeth Hospital, Adelaide, SA

To attend the **ACC** meeting in San Diego, California, 14-16 March, 2015, were awarded to:

- **Dr Rajeev Kumar Pathak**, Centre for Heart Rhythm Disorders, University of Adelaide and Royal Adelaide Hospital, SA (McCredie/Wilcken recipient)
- **Dr Mark Nolan**, Menzies Institute for Medical Research and University of Tasmania, Royal Hobart Hospital, TAS.
- **Dr Joseph Chiha**, Westmead Hospital and the University of Sydney, NSW

CSANZ Affiliate Clinical Development Awards

Nursing:

- **Caleb Ferguson**, University of Technology, Sydney, NSW
- **Deborah Wright**, The Queen Elizabeth Hospital, Adelaide, SA
- **Bernadette Hoffmann**, Lyell McEwin Hospital, SA

Non-Nursing:

- **Stephen Woodruffe**, Ipswich Cardiac Rehabilitation Service, QLD
- **Joanna Sweeting**, Centenary Institute, Sydney, NSW

Thank you to reviewers:

Thanks to the many judges who assist, not only at the ASM, 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.

Affiliate Nursing Prize

Susie Cartledge, Monash University, Melbourne

Do cardiac rehabilitation programs offer cardiopulmonary resuscitation training in Australia and New Zealand



2015 Affiliate Nursing Prize Finalists
Susie Cartledge (Winner), Rob Zecchin,
Antonio Tiberio and Kai Jin



Quan Huynh
2015 Allied Health Prize Winner

Allied Health Affiliate Prize

Quan Huynh, Menzies Institute for Medical Research, Tasmania

Prediction of 30-day heart failure readmissions and death

Judges: Ben Freedman, Lee Nedkoff and Sam Sears

Ralph Reader Prize - Basic Science Section

Jun Yuan, The Heart Research Institute, Camperdown, NSW

Fenofibrate rescues diabetes-related impairment of ischaemia-mediated angiogenesis by a PPAR α independent pathway.



Jun Yuan
Ralph Reader Prize - Basic Science Section

Ralph Reader Prize - Clinical Science Section

Rajeev Kumar Pathak, Centre for Heart Rhythm Disorders, University of Adelaide, SA

Aggressive Risk factor REduction STudy: implications for the substrate for Atrial Fibrillation (ARREST-AF Substrate Study)



Rajeev Kumar Pathak
Ralph Reader Prize - Clinical Science Section



Prash Sanders
2015 R T Hall Prize

R T Hall Prize

Prash Sanders, Royal Adelaide Hospital, for establishing a widely recognised academic department of cardiac electrophysiology with basic research and translated this to clinical practise. Some of this has been novel and has had a considerable effect of change in practice in the management of atrial fibrillation. He has trained many clinicians and research personnel and has an international reputation as a leader in his field.

Heart Lung and Circulation (HLC): Best Review Prize (2015)

The inaugural winners of Heart Lung and Circulation's early career award for the best review published in print in the Journal in the preceding calendar year are **Dr Adam Lee** (narrative review) and **Dr Anil Pandit** (systematic review). A further Certificate of Commendation was awarded to **Dr Dilshani Jayawardene**.

For details of the winning papers, all finalists and next year's prize, visit [the website](#).



Robert Denniss (Editor-in-Chief, HLC)
presenting Best Review Prize to Adam Lee

President's Medal

A/Prof Andrew MacIsaac was joined on stage at the AGM by past Presidents present for the awarding of the President's Medal: Professor Richmond Jeremy, Dr Jim Cameron, Dr David Hunt, Professor Terry Campbell, Professor Harvey White, Professor Michael Jelinek, Professor Peter Thompson and Dr Leo Maher.

A/Prof MacIsaac addressed the meeting: It is not every year that we award the President's Medal. The President's Medal is awarded for outstanding service to the Cardiac Society and there have been few recipients. This year the President's Medal is awarded to Lynne Portelli.

I want to say a few words about Lynne and I am sure the past Presidents here would have their own thoughts as would you here in the room. What can you say about a woman who is the heart and soul of the Cardiac Society? I didn't realise until today that my first Cardiac Society ASM was also Lynne's at the Hilton Hotel in 1988. Lynne has worked at the Cardiac Society for the past 27 years and it is amazing that she seems younger than when she joined. Lynne joined the Society between the presidencies of Sir Brian Barratt-Boyes and Lou Bernstein and tells me that she had to undergo a two and a half hour interview by Peter Fletcher which included a test in typing, accuracy, communication and spelling. She told him this was too much and he should just

give her the job. Lynne was appointed as Secretary of the Cardiac Society and went to the Society's office, then located at the RACP at 147 Macquarie Street.

You may be surprised to know that little has changed at the College since that time and even then Lynne had to contend with leaking pipes, dodgy wiring and faulty telephone systems. She had to walk through a storeroom to get to her office and wasn't allowed to turn the heater on in winter because it would short out the whole building!

At the time Lynne joined the Society there were 70 members and there are now 2000. She has attended every scientific meeting since 1988, she has attended four world congresses including two here in Australia as well as in Dubai and Rio de Janeiro.

What can be said about Lynne? I would say briefly that Lynne is an outstanding judge of character, in fact, she is quite deadly. She does this in such a way that you don't even know you are being sized-up. She is renowned for her efficiency, she has a great nose for success, she has wonderful attention to detail and has made numerous Presidents of the Society look good. I am sure we would all testify to that.



**Lynne Portelli awarded the President's Medal
by Andrew MacIsaac**

When Lynne first started working at our Society she was the only one, the Secretary. In 2008, she single-handedly took over the cardiology matching process and suddenly became a mentor to all the cardiology trainees in the country. They were amazed to phone someone who sounded warm and friendly and gave them advice and seemed interested in the success of their careers and their applications and she fostered those people through the Society.

As I've said, Lynne has been our heart and soul. We wish her all the best in her retirement so that she can spend more time with Jeff, her husband, who is here today. We've all heard stories of her three children and her three plus one grandchildren, that means there is about to be four. She will be greatly missed by us all.

In recognition of Lynne's outstanding service to the Cardiac Society, I'd like to present her with the President's Medal.

The meeting responded by acclamation.

Mrs Lynne Portelli addressed the meeting: I was at a talk the other night given by Chris Semsarian and he described what you look for in a good mentor. He said that a good mentor was somebody who challenges you to do things you think you're not capable of, that they always have their eye on the bigger picture and that they are your number one fan. In 1988, that's what I found in all of you: a mentor and certainly a number one fan. It has meant that every day of my working life I have felt valued by all of you and that is a wonderful gift that you give to people - to make them feel valued. That the job that they do, no matter how unimportant it might seem in the big scheme of things, that it has made a difference to you.

I thank my family: my husband Jeff who never complains about how late I get home, my children who reorganised their lives around me, who didn't get married in May because I had a World Congress. But you can see behind me the reasons why I look so good because they have all been so very kind and generous as you all have and I thank you so much for this wonderful honour.



Lynne Portelli responding in front of the current and past Presidents, Andrew MacIsaac, Jim Cameron, Leo Mahar, Peter Thompson, David Hunt, Terry Campbell, Harvey White, Michael Jelinek and Richmond Jeremy

CSANZ ASM 2015 Highlights



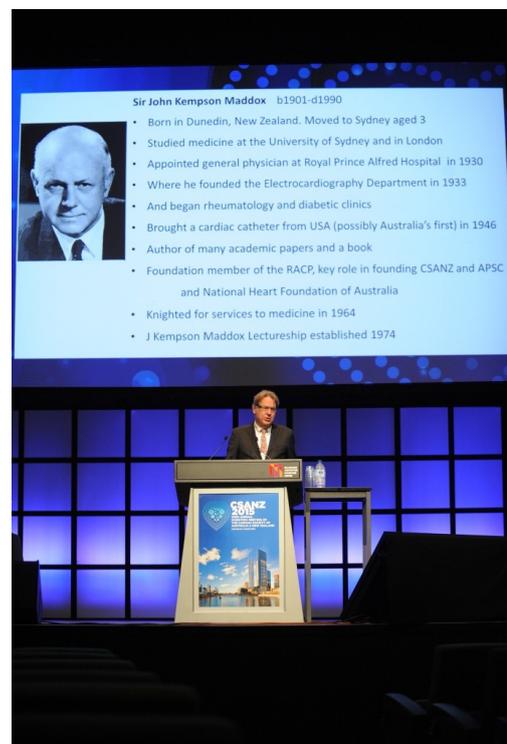
Welcome to Country



**Gemma Figtree, Convenor
opens the CSANZ 2015 ASM**



**Silvia Priori
delivers the R T Hall Lecture**



**John Ormison
delivers the
Kempson Maddox Lecturer**



**Mark Webster
with the Victor Chang Lecturer
David Taggart**

CSANZ ASM 2015 Highlights



David Thompson
Cardiovascular Nursing Lecturer
*Cardiovascular Nursing:
Florence to Melbourne*



**Livia Hool, President ISHR,
Mark Cooper, Basic Science Lecturer
and Jon Kalman, Chair CSANZ
Scientific Committee**



**Gerard Wilkins, Mark Simmonds,
Andrew MacIsaac and Ron Dick
enjoying the President's Reception**



**CSANZ Board Members
Clara Chow, Len Kritharides and
Aravinda Thiagalingam**



**Eddy Kizana, Sal Pepe
and Gemma Figtree**



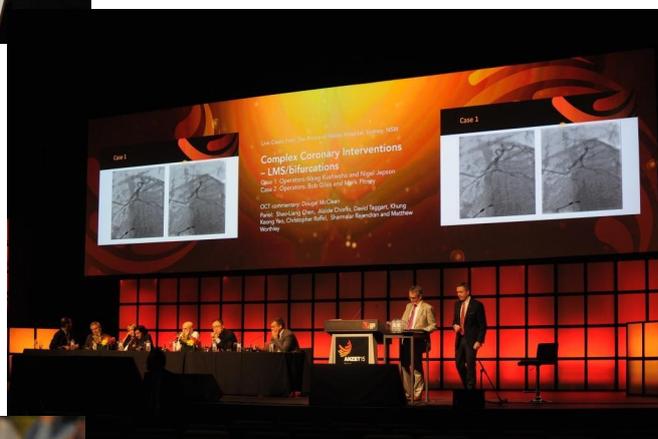
**Lynne Portelli, Jan Cameron,
Catriona Jennings and Jodie Ingles**

ANZET15 Highlights



Ian Meredith and Jim Stewart open ANZET15

Live Case from Prince of Wales Hospital, Sydney



Audience enjoying the Live Cases

Live Case from St Paul's Hospital, Vancouver, Canada



ANZET15 Highlights



**Michael Haude
Louis Bernstein Lecturer**



**David Brieger with an
ACOR Update**



**Enjoying the Great Gatsby
Gala Dinner**



**Michael Haude with Elizabeth Shaw, ANZET Fellows' Prize Winner,
with Rav Bhindi and ANZET Fellows' Prize Finalists,
Jerrett Lau and Edward Dansen**



Congratulations to the ISHR Student Investigator Finalists

(L-R) My-Nhan Nguyen, Yow Keat Tham, Antonia Raaijmakers (winner) and Sing-Young Chen



Brendan Ma receiving his award from Dr Jim Bell and Prof Livia Hool



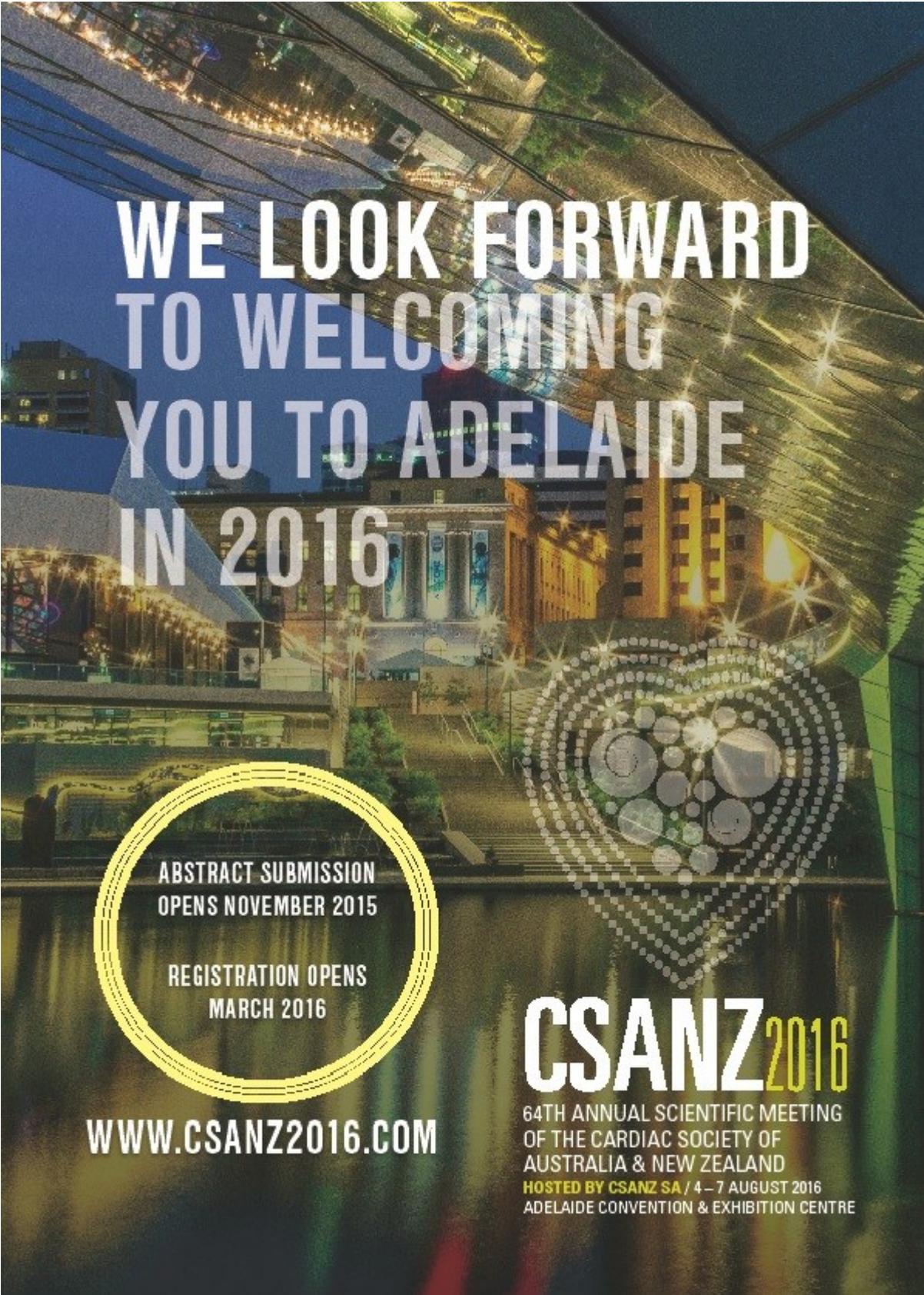
Sarah Heywood being presented with her award from A/Prof Julie McMullen

CSANZ Board August 2015



Front row (L-R): Rob Denniss, Jim Stewart, Lynne Portelli, Julie Redfern, Joseph Hung, Tom Gentles, Len Kritharides, Clara Chow

Back row (L-R): John Atherton, Jon Kalman, Andrew MacIsaac, David Prior, Richmond Jeremy, Mark Simmonds, Stephen Nicholls, Luke Galligan, Andrew McGavigan, Mark Webster, David Brieger



WE LOOK FORWARD TO WELCOMING YOU TO ADELAIDE IN 2016

ABSTRACT SUBMISSION
OPENS NOVEMBER 2015

REGISTRATION OPENS
MARCH 2016

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CSANZ 2016

64TH ANNUAL SCIENTIFIC MEETING
OF THE CARDIAC SOCIETY OF
AUSTRALIA & NEW ZEALAND

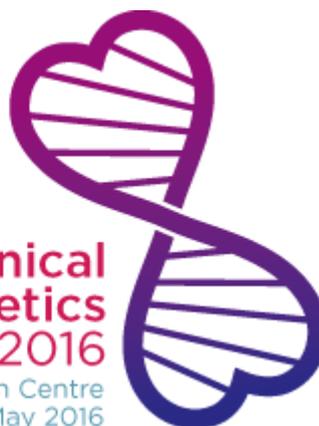
HOSTED BY CSANZ SA / 4 – 7 AUGUST 2016
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**International Clinical
Cardiovascular Genetics
Conference 2016**

Brisbane Convention and Exhibition Centre
25 - 27 May 2016



www.iccgconference.com



R T Hall Prize 2016

Call for Nominations

Nominations are invited for the 2016 R T Hall Prize of the Cardiac Society of Australia and New Zealand (CSANZ). The Prize is the most prestigious research award of the CSANZ and recognises the achievements of senior and established investigators. The Prize is awarded in open competition and is directed towards recognition of sustained and outstanding research achievement.

CONDITIONS:

- The R T Hall Prize will be awarded to **an individual investigator** for a coherent body of work, which advances knowledge of the cardiovascular system and its diseases. In exceptional circumstances, the Prize may be awarded to a small group for an outstanding contribution in the field of cardiology. The work must have been published in a scientific journal or journals. Work published in book-form and thesis, which have been accepted for higher degrees, may also be submitted.
- The investigator **MUST** be a Member of The CSANZ and the work must have been substantially undertaken in Australia or New Zealand.
- Submissions for the R T Hall Prize will consist of a nominating letter by a Member of The Society plus copies of the published manuscript(s), as well as, confirmation from the nominee(s) that they wish to be considered for the Prize.
- The R T Hall Prize will be decided by the Board after review by the Scientific Committee.
- The winner of the R T Hall Prize will be announced at the Annual General Meeting of The Society.
- The value of the R T Hall Prize will be \$10,000.

Submissions should be forwarded to the Honorary Secretary, The Cardiac Society of Australia and New Zealand, Suite 601, Level 6, 1 Castlereagh Street, Sydney NSW 2000.

Closing date:

5 pm Wednesday, 4 November 2015

The Society reserves the right not to proceed with an appointment for any reason. Applicants requiring further information are requested to contact the CSANZ at info@csanz.edu.au

Please note: If email confirmation of receipt of the nomination is not received within 1 week of submission, please contact the CSANZ at info@csanz.edu.au

Affiliate Clinical Development Award Report

I would like to thank the CSANZ for the Affiliate Clinical Development Award which enabled me to attend the 2015 CSANZ Annual Scientific Meeting in Melbourne. This was an excellent opportunity for me to present my own research and to learn from world-renowned researchers.

As a PhD student with a science background, my goal in attending this conference was to increase my exposure to the clinical aspects of genetic heart disease and research methods used in the field. It was a privilege to hear international speakers such as Dr. Silvia Priori and Dr. Samuel Sears addressing the genetics and clinical/psychological aspects of the diseases on which my own research is based.

In addition to benefiting from listening to other speakers, this conference allowed me the opportunity to present my own research looking at physical activity behaviours in individuals with hypertrophic cardiomyopathy. This was an invaluable experience and was the first time I had presented my current research to a large audience.

Once again, I would like to thank the CSANZ for the provision of this award and the opportunity it afforded me to learn more about genetic heart diseases, particularly the clinical aspects, and to interact with other individuals with similar research interests.

Joanna Sweeting
Centenary Institute, Sydney



Joanna Sweeting presenting at the CSANZ2015

Affiliate Clinical Development Award Report

Recently I had the opportunity to attend the CSANZ Annual Scientific Meeting held in Melbourne. This was the culmination of a very big week of professional development and networking for me having attended the Australian Cardiovascular Health and Rehabilitation Association (ACRA) Meeting earlier in the week. The ACRA meeting was my last as President of the association, a position held for the past two years.

The CSANZ 2015 was only the second Cardiac Society meeting that I have attended and I was pleased by the variety of streams to attend and the quality of the speakers. My attendance at the meeting commenced with the Secondary Prevention symposium organised by the Secondary Prevention Alliance, a collaborative of CSANZ, ACRA, the National Heart Foundation and other organisations. The symposium was a well organised event, bringing together national and international speakers, including WHF President Elect, David Wood, to discuss the future of cardiovascular disease prevention and rehabilitation.

I was fortunate to be invited to present during this symposium, on behalf of ACRA. Over the past two years I have led a writing group to develop the ACRA Core Components of CVD Secondary Prevention and Cardiac Rehabilitation, which was published in *Heart, Lung and Circulation* earlier this year. This paper highlighted five core components for effective service delivery; 1) Equity and access to services, 2) Assessment and short term monitoring, 3) Recovery and long term maintenance, 4) Lifestyle/behavioural modification and medication adherence, and 5) Evaluation and quality improvement. Work

continues on this project to expand this statement.

The over-riding theme from this symposium was the need for ongoing national collaboration to develop national guidelines/ recommendations for secondary prevention. As someone with a keen interest in this subject area, I look forward to future developments.

The CSANZ meeting as a whole was a fantastic experience to meet with colleagues from across the country, to share ideas and experiences from our respective backgrounds. I particularly enjoyed the presentations in the Multidisciplinary stream and have taken away great information that can be applied in my workplace.

Thank you to the CSANZ 2015 organisers for the opportunity to attend. I look forward to attending many more events in the future.

Stephen Woodruffe
ACRA Immediate Past President
Accredited Exercise Physiologist,
Ipswich Heart Health Service, QLD



Affiliate Clinical Development Award Report



I had the pleasure of attending the Annual Scientific Meeting (ASM) of the Cardiac Society of Australia and New Zealand (CSANZ) in Melbourne on 13-16 August 2015.

The pre ASM meetings afforded me the opportunity to attend the Cardiology Prevention Symposium and I was interested to learn that atrial fibrillation (AF) was being recognised as a new disease category warranting referral to Cardiac Rehabilitation Services (CRS) in attempting to address the risk factors prevalent in AF. Also of interest was the World Health Organisations recommendation for more comprehensive CRS programs to address lifestyle changes as part of secondary prevention in acute coronary syndromes (ACS). The highlight of the Cardiovascular Nurses Council (CNC) symposium was the presentation by Catriona Jennings from the United Kingdom who discussed the role of nurses in clinical guideline implementation. The European Society of Cardiology (ESC) Council on Cardiovascular Nursing and Allied Professions (CCNAP) has developed and published a core curriculum for nurses which can be used as a learning framework to guide nurse education. They have also developed a web based training package to guide nurses and allied health professionals in the use of evidence based guidelines in the workplace. This has provided a valuable resource for the CSANZ CNC who are currently looking at the development of similar competencies for nurses working within the cardiovascular health sector in Australia and New Zealand.

Of particular interest was the work presented by Jeron Hendriks on AF clinics utilising an integrated care approach. This involved a collaborative model of nurse-led care in consultation with a cardiologist. Outcomes from this model of care showed greater compliance with evidence based guidelines and cost effectiveness, in comparison to usual care by cardiologist alone.

Poster presentations on outcomes of rapid access cardiology clinics (RACC) in the management of intermediate risk ACS provided valuable evidence on care in both the hospital and ambulatory care settings. Endpoints for representations, readmissions and mortality reported favourable outcomes. There was also evidence to support reduced waiting times to ambulatory care appointments and unnecessary invasive testing in this cohort of patients utilising the RACC. Also valuable was the research findings from the Queensland Accelerated Chest pain Risk Evaluation (ACRE) Project which evaluated a 2h accelerated diagnostic protocol in the management of patients presenting to Queensland hospital emergency departments (ED) with low risk chest pain. Results from this study reported reduction in hospital length of stay (LOS), reduction in ED LOS and reduction in hospital admissions for this cohort.

Considering the increase in the burden of AF and chest pain presentations to EDs and hospitals on a global scale, these research findings are valuable in considering models of care in managing patients with AF or possible cardiac chest pain.

I would like to acknowledge the CSANZ Affiliate Clinical Development Award in supporting my attendance at this meeting. I would encourage CSANZ affiliate members to take the opportunity to apply for the development award in the future and enjoy the many opportunities the meeting provides in enhancing access to current research and clinical practice issues and networking opportunities with colleagues both nationally and internationally.

Deborah Wright, Clinical Practice Consultant, The Queen Elizabeth Hospital, Adelaide

Affiliate Clinical Development Award Report

I am always inspired after attending CSANZ, and 2015 lived up to my expectations!

I hit the ground running, with a presentation at the Heart Failure council meeting, where I had the pleasure of sharing some of my PhD study findings, exploring the use of anticoagulation in individuals with heart failure and concomitant atrial fibrillation. It was exciting to hear of updates from the NSW Heart Failure snapshot, and the progress being made with national heart failure snapshots in the near future. I had the pleasure and privilege of attending the inaugural 'CSANZ Rising Stars' dinner, where tabletop mentorship insights from the experts were invaluable.

2015 provided me with the opportunity to co-chair a session on 'living with heart disease' alongside Prof Chris Semsarian. The nursing prize session was awarded to Susie Cartledge (PhD Candidate) for her stellar work on CPR Training in the Cardiac Rehab setting. As always, the background twitter chat of #CSANZ2015, provided great insights into updates from other scientific sessions and social activities.

I would like to thank and acknowledge the Cardiac Society of Australia and New Zealand Clinical Development Award for supporting my attendance to this years CSANZ ASM.

Caleb Ferguson
University of Technology Sydney



Some of the Centre for Cardiovascular & Chronic Care Team, UTS, at CSANZ2015

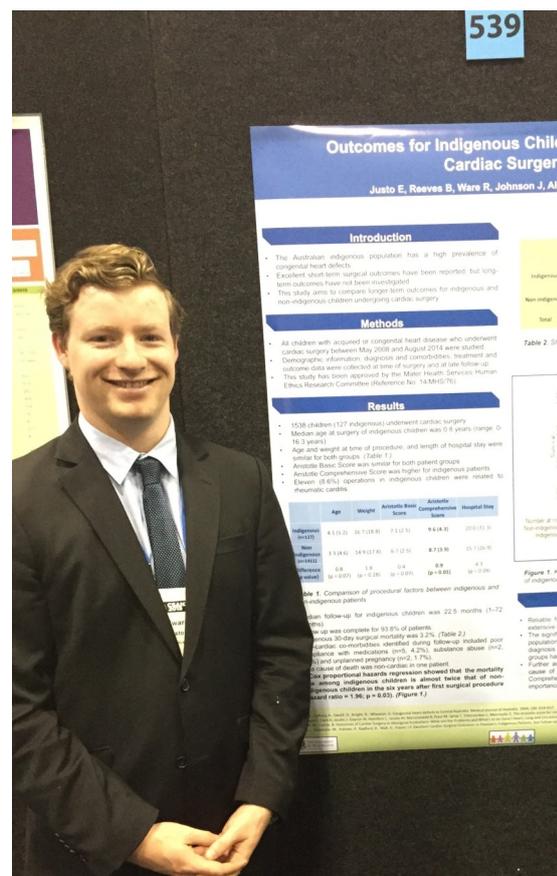
Paediatric & Congenital Council Travelling Fellowship Report

Edward Justo, University of Queensland, received a 2015 CSANZ Paediatric & Congenital Council Travelling Fellowship to attend the recent CSANZ ASM in Melbourne.

I would like to sincerely thank the Cardiac Society of Australia and New Zealand for their support in attending the 63rd Scientific Meeting of the Society in Melbourne through the Travelling Fellowship. As a second year medical student at the University of Queensland, the conference massively broadened my perspective of cardiology and indeed medicine as a whole. Having only attended the AMSA Student Convention before, a conference on the scale of CSANZ 2015 was something to behold, not only in size but in the merit of work and collaboration that was on display. From the RT Hall Lecture delivered by Dr. Silvia Priori on the future of genetic therapy in the treatment of congenital arrhythmias, to the masses of innovation being touted around the trade show, the entire experience was amazing. Whilst I may still be a way off practising myself, the thoroughness of the hundreds of posters, mini-presentations and panel discussions has inspired me to reach this level of professionalism and passion within my own research and further medical study.

My research came in the form of a poster on long term surgical outcomes of indigenous children following paediatric cardiac procedures, and presenting for the first time was also fairly daunting at such a conference. However, the structure of the event, as a wine and cheese night, made it exceedingly pleasant

and indeed gave the evening a highly collaborative feel, where I was able to have multiple discussions with other students, junior doctors and consultants about my research as well as their own, giving me an opportunity to form connections which should prove lasting. The weekend as a whole was a wonderful experience and has greatly informed my medical career going forward and as such I cannot thank the Cardiac Society of Australia and New Zealand enough.



Paediatric & Congenital Council Travelling Fellowship Report



Pavitha Naidu, Cardiology Department, Royal Melbourne Hospital, also received a 2015 CSANZ Paediatric & Congenital Council Travelling Fellowship to attend the recent CSANZ ASM in Melbourne.

I attended the Cardiac Society of Australia and New Zealand conference held in Melbourne this year. It was inspiring and motivating to listen to leading clinicians and experts who provided updates on the latest advances in cardiology. The highlights for me were the congenital cardiac sessions, which dealt with some complex topics in adult congenital heart

disease. This is a growing field in cardiology as more patients now survive to adulthood and one where I have a keen interest in.

The cardiac imaging symposiums, especially the presentations on the latest in cardiac CT research were also very interesting, describing novel non-invasive methods to assess coronary plaques and their functional significance.

It was great to see the display of research work by colleagues from all around the country, in the form of posters and oral presentations. The mini-oral sessions were very well organised and a wide range of research topics were presented. I gave a mini-oral presentation on the causes of mortality in adults with congenital heart disease. The work undertaken so far at our institution was well-received and there were a number of new ideas generated from the discussion.

Overall, it was a great experience and I would like to thank the Cardiac Society of Australia and New Zealand for awarding me the Paediatric and Congenital Council Travelling Fellowship.



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Forthcoming Meetings

NORTH AMERICA

AHA2015

7 - 11 November, 2015

Orlando, Florida

www.scientificsessions.americanheart.org/

ACC16

2 - 4 April, 2016

Chicago, Illinois

www.cardiosource.org/acc

EUROPE

ESC Congress 2016

27 - 31 August, 2016

Rome, Italy

www.escardio.org

ASIA PACIFIC

8th APHRS Scientific Sessions

19 - 22 November, 2015

Melbourne, Australia

www.aphrs2015.com

International Clinical Cardiovascular Genetics Conference 2016

25 - 27 May 2016

Brisbane, Queensland

www.iccgconference.com

Email: iccg@tcc.co.nz

CSANZ2016

4 - 7 August, 2016

Adelaide, South Australia

Contact details:

The Conference Company

Phone: 64 9 360 1240

www.csanz.edu.au

ANZET16

2 - 4 August, 2016

Adelaide, South Australia

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meetings and events can be viewed
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