MINUTES

Of the Annual General Meeting of The Cardiac Society of Australia and New Zealand held in Meeting Rooms 219 & 220 of the Melbourne Convention and Exhibition Centre on Saturday, 15th August, 2015 at 12.15 pm

Present: A/Prof Andrew MacIsaac (President), Dr Aravinda Thiagalingam (Honorary Secretary), Dr Clara Chow (Honorary Assistant Secretary / Treasurer), Mrs Lynne Portelli (Chief Executive Officer), 84 Members and 24 proxy forms.

Apologies: Dr S Anandaraja (New Zealand), Dr D Baron (NSW), Professor N Bett (QLD), Professor J Chalmers (NSW), Miss H Deek (NSW), Professor R Doughty (New Zealand), Dr R Edwards (NSW), A/Prof C Hamilton-Craig (QLD), Dr J Hayes (QLD), Dr J Humphries (QLD), Dr P Koloth Narayanan (QLD), Dr A Levendel (NSW), Dr M Loughhead (TAS), Dr M Masterson (QLD), Prof I Meredith (VIC), A/Prof R Minson (SA), Mr C Mullany (USA), Dr V Nadurata (VIC), Dr A H Nojoumian (NSW), Professor M O’Rourke (NSW), Dr H Paoloni (NSW), Dr J Richards (NSW), A/Professor D Richards OAM (NSW), Dr P Roberts-Thomson (TAS), Dr P Ruchin (NSW), Dr P Ruygrok (New Zealand), Dr M Ryan (NSW), Dr A Scott (QLD), Dr B Sheridan (VIC), A/Prof W Smith (NZ), Dr A Tan (Singapore), Professor A Tonkin (VIC).

Confirmation of Minutes of Previous Meeting
The Minutes of the previous Annual General Meeting of The Society held in Melbourne on Wednesday, 7th May, 2014, were accepted as a true and accurate record. Moved, Professor Robert Denniss, seconded Dr Leo Mahar. 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:

Firstly, I would like to congratulate the Sydney based Organising and Scientific Committees for organizing such a great conference. Last year’s World Congress of Cardiology was exciting but it’s wonderful to have our meeting back. As you will be aware the ASM was scheduled for Sydney but with the redevelopment of the Sydney convention centre it was hosted in Melbourne. We have final attendee numbers of 2063 making it our best ever. Gemma Figtree has worked tirelessly to make this meeting the best ever. She has introduced a number of innovations to assist future rising stars in the Australasian and international cardiology communities including the addition of mid-career researchers to chair sessions and inviting mid career international speakers.

Eddy Kizana has done a fantastic job of putting together an exciting and cutting edge program that seamlessly combines basic science with the best of clinical research. I have heard numerous
compliments from both local attendees and international faculty as to how much they have learnt at this meeting.

Our society continues to grow with a total of 1933 members including 946 fellows and ordinary members, 327 associates and 650 affiliates.

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. Lynne is retiring from the society which is obviously going to be a huge loss – Andrew will talk on this in further detail in his address.

The Cardiovascular Genetics Council is organizing International clinical cardiovascular genetics conference in Brisbane 25th -27th May 2016. This meeting is a relatively new initiative and has been very well received last year. Abstract submission is open until 16th February so this a great opportunity to attend a new and exciting meeting.

Specialist Training Committee has been chaired by Prof Len Kritharides who has taken on this critical role from Peter Steele.

Allied Health has been chaired by Julie Redfern who is also the national stream leader for allied health at this conference. Allied Health membership in our Society continues to grow.

The Society of cardiac and thoracic surgeons has been represented on the CSANZ board by Dr Trevor Fayers who takes over from Dr Paul Bannon. They will be organizing the ANZCTS annual scientific meeting in Adelaide 15-18th November.

Continuing Education and Recertification Committee in now called Quality and Standards Committee. QSC has been chaired by Prof Derek Chew 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 and they have made a significant contribution to the allied health and nursing streams. We are making changes to facilitate the nursing membership within the society with changes including needing only one nominee.

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. The Scientific Committee introduced a case presentation format for abstracts and this has been a success based on the mini oral presentations that I have personally observed.

The Interventional Council has been chaired by Dr Jim Stewart. In addition to working with Prof 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. ANZET has also been a great success with final numbers of 732.

The EP and Pacing Council is chaired by Prof Andrew McGavigan and they assisted with the remote monitoring rebate for implanted devices which has been granted by Medicare recently.

Professor Richmond Jeremy has been working tirelessly as chair of the CPD committee to both innovate the HeartOne website and seek approval from the Australian Medical Council for HeartOne to be a recognised CPD provider for our members. He has prepared a highly detailed submission which is successful will be a major step forward for the Society as it will allow us to provide our members with one of their major ongoing regulatory requirements.

Professor Rob Denniss has continued to strengthen the Societies journal HLC. The Journal has a new look and a rising impact factor by 22% to 1.48. The inaugural $1000 prize for best review article will
be shared between 2 reviewers. Rob is also planning special edition to celebrate the 25th anniversary of the Journal. Rob has also instituted a mechanism expedited by Elsevier publishing called the similarity index which flags the editorial staff and reviewers when any submitted article has more than 5% similarity with a published article. There have been some submissions with as high as 24% similarity which is obviously an issue.

Professional and Ethical Standards Committee (PESC) has been chaired by A/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. Our President, A/Prof Andrew MacIsaac will update you further on the progress with CPD, registries and changes to the societies governance.

And that concludes my report and I open the floor for any questions from the membership.

There were no questions from the floor.

The President thanked the Honorary Secretary.

Honorary Treasurer's Report

Dr Clara Chow spoke to the audit for the financial year 01/05/2014 to 30/04/2015.

There are two main accounts. The Operating Account which had, for the year ending 30 April 2015, a total income of $1,396k. This is a slight increase compared to the previous year. The ASM income was slightly less but still very good $ 611k compared to $694k for the previous year. The subscription income was $567k which was an increase on the previous year and was due to an increase in subscriptions fees.

In terms of the Operating Account, expenses totalled $1.293M and net was $85k. Our main outgoings were salaries, rent, website costs, Heart Foundation contribution, insurance and a contribution to the CPD development program of $38k.

Our other main account is the Educational Account and income was $261k, made up primarily of a donation from the CSANZ Trust of $228k this year compared to $250k last year. Education expenses were $204k compared to $269k. It is noted that not all committed outgoings were paid by 30 April and the indigenous scholarship was not awarded this year. The main educational expenses for the year included research and other scholarships of $140k and travelling scholarships of $38k. There are issues around timing but there is a positive net of $79k in the Education Account.

Overall financial position of the Society as at 30 April 2015:
Total assets: $2,653k
Total liabilities: $1,348k
Net: +$1,305k

There is a secure financial position overall and a net for the Society. The balance has been stable over the past 12 months. Future risks include decreased ASM income and while the operational account is dependent on the ASM, it has been the priority of the Board to improve stability by looking at this more carefully.

President thanked the Honorary Treasurer.

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 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 asymptomatical 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.

That concludes my report and I open the floor to any questions from the membership.

The following questions were raised by members:

1. In regard to the restructure of the Board, would the Cardiac Society consider having a representative from each of the Councils?
Response by the President:
I think that if we form this Executive, it would need to be very inclusive. One of the issues we face is that all members of the Board are legally responsible for the actions of the Society. If we went to a smaller Executive we would need to ensure that there was no separation from the greater Council and didn’t disenfranchise people that would give the opportunity to bring in more people into the discussion. By removing a lot of items from the agenda that the Board currently has to deal with, there will be more space for strategic discussions. I think it is essential that we have input and suggestions for how the structure can be improved. The last thing we want to do is to develop a parallel College with a huge management and bureaucracy and a divorce of leadership from the real needs of the members.

2. What is the Board’s position on advocacy for cardiovascular research funding?

Response by the President:
One of the objectives of the Society is to promote research. We are aware of an alliance that is developing to lobby for research funding, the Australian Cardiovascular Alliance, and we are very supportive of that initiative. We have not been formally approached by the group, however, when we do we will respond very positively.

HONOURS
We congratulate the following members who have been honoured:

Queen’s Birthday Honours
Peter Fletcher (AM) for significant service to cardiovascular medicine as a clinician and administrator, and to heart 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 I note the passing of the following Members:

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).

Presentation to the ASM Organisers

- Gemma Figtree, Convenor
- Eddy Kizana, Programme Chair
- Livia Hool, President of the ISHR
- Tom Buckley, Multidisciplinary
2015 Prizes, Scholarships and other awards

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

### The CSANZ Travel Grants

To attend the ESC Congress in Barcelona, Spain, 30 August – 3 September 2014

**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

**Dr Quan Huynh**
Menzies Institute for Medical Research, University of Tasmania, TAS

**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

**Dr Tin Kyaw**
Baker IDI Heart and Diabetes Institute, Melbourne (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, South Australia

**Non-Nursing:**

**Stephen Woodruffe**
Ipswich Cardiac Rehabilitation Service, QLD

**Joanna Sweeting**
Centenary Institute, Sydney, NSW
Affiliate Nursing Prize

Susie Cartledge, Monash University, Melbourne

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

Judges: Jenny Deague, David Thompson and Deborah Wright

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, New South Wales

Fenofibrate rescues diabetes-related impairment of ischaemia-mediated angiogenesis by a PPARα independent pathway

Ralph Reader Prize - Clinical Science Section

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

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

Judges were: John Beltrame, Joe Hung, Silvia Prior, John Ormiston, Mark Webster and Rukshen Weerasooriya
**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. It is with pleasure that I present him with the 2015 RT Hall Prize.

**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.

The meeting responded by acclamation.

**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 and also on developing the many procedural documents and website modifications involved in the programme. It is my pleasure to present him with Life Membership of the Society in recognition of his many achievements.

**President’s Medal**

The President was joined on stage 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, Dr 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-Boyce 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 Janiero.
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.

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, and soon to be four, grandchildren. 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.