On the PULSE

The official newsletter of the Cardiac Society of Australia and New Zealand

IN THIS ISSUE

SPOTLIGHT ON

PICSA PROFESSIONALS IN CARDIAC SCIENCES AUSTRALIA

CSANZ 70 1952 - 2022

Volume 35 , No 1 April 2022

Promoting diversity in cardiology

Editorial by Prof Stephen Nicholls with Prof Clara Chow and Katharine McBride

In this newsletter I'm joined by CSANZ President Clara Chow and CSANZ Diversity Committee member Katharine McBride. We wanted to write about the need for our society to take a greater stance toward increasing diversity in our workforce.

The core values of the Cardiac Society of Australia and New Zealand (CSANZ) include fostering equity, diversity and inclusiveness. The CSANZ Board is committed to cultivating a membership and leadership that reflects the diversity of the Australian and New Zealand populations our members serve and to creating a culture that embraces these values across all CSANZ activities.

We know that health outcomes of cardiovascular patients and populations are improved by clinicians able to respond to and meet the unique needs of that individual, taking into consideration their gender, ethnic background, cultural heritage, and other dimensions of diversity. A workforce that reflects our community is fundamental in being able to respond to this need, ensuring this is inclusive and with equitable opportunities for all members is critical.

One of the key challenges we face is how to attract more women into the cardiology profession. In Australia and New Zealand only 15% of cardiologists are female and cardiology has the lowest number of female trainees compared to the other medical specialties [1,2,3]. Furthermore, there are disparities in NHMRC grant funding success between female and male researchers [4].

As a professional society, we need to provide equitable opportunities across our diverse membership for members to rise to leadership, engage in the Society's activities, and influence change.

It is not only gender diversity in our workforce that needs addressing. Having a strong Aboriginal, and Torres Strait Islander, Māori, and Pasifika workforce is a priority in order to improve access to care and health outcomes for these populations. Work is currently underway on an Indigenous Health Strategy for the Society that will set out key priorities and actions in areas such as workforce, leadership, engagement and evidence-based care.

In celebration of International Women's Day last month, this issue of *On the Pulse* showcases women spanning cardiology professions in Australia and New Zealand with diverse backgrounds, and varied experiences. They share their career journeys, challenges and thoughts on diversity and inclusion. We hope you find their stories inspiring.

The theme of the 2022 CSANZ Annual Scientific Meeting at the Gold Coast is Heart Health for All and sessions will focus on achieving heart health equity, whether by ethnicity, gender, socioeconomic or rurality. This theme is particularly timely and we are looking forward to coming together in-person as a community, to reconnect and to meet new colleagues.

As we reflect on the 70th anniversary of the establishment of the CSANZ this year, we celebrate the diversity of professions which make now up the Society. In fact, non-physicians comprise more than 30% of the CSANZ membership. However, there is much more to be done to shape an inclusive and diverse cardiovascular community in order to increase engagement and to improve heart health outcomes for all over the next 70 years.

[1] Burgess S, Shaw E, Ellenberger K, Thomas L, Grines C, Zaman S. Women in medicine. J Am Coll Cardiol 2018;72:2663–7.
[2] Burgess S, Shaw E, Zaman S. Women in cardiology: the underwhelming rate of change. Circulation 2019;139:1001–2.
[3] Burgess S, Shaw E, Ellenberger KA, Segan L, Vlachadis Castles A, Biswas S, et al. Gender equity within medical specialties of Australia and New Zealand: cardiology's outlier status. Intern Med J 2020;50:412–9.
[4] Else, H. Outcry as men win outsize share of Australian medical-research funding Nature (News) 26 Nov 2021.

NEW FELLOWS AND MEMBERS

The Society extends a warm welcome to all new Fellows and Members admitted to the Cardiac Society of Australia and New Zealand from January 2022 to 5 April 2022.

FELLOWS

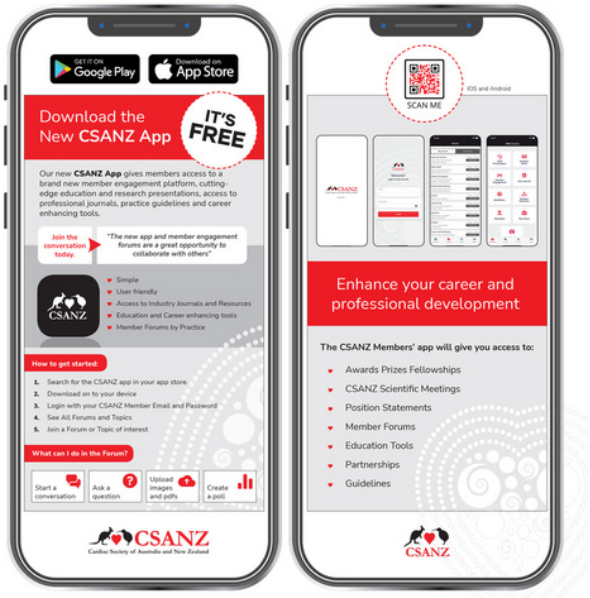
Dr Amir Faour (NSW), Dr Himawan Fernando (VIC), Dr Augustine Mugwagwa (QLD), Dr Eng-Lee Ooi (SA) Dr John Riskallah (NSW), Prof Michael Vallely (OS)

MEMBERS

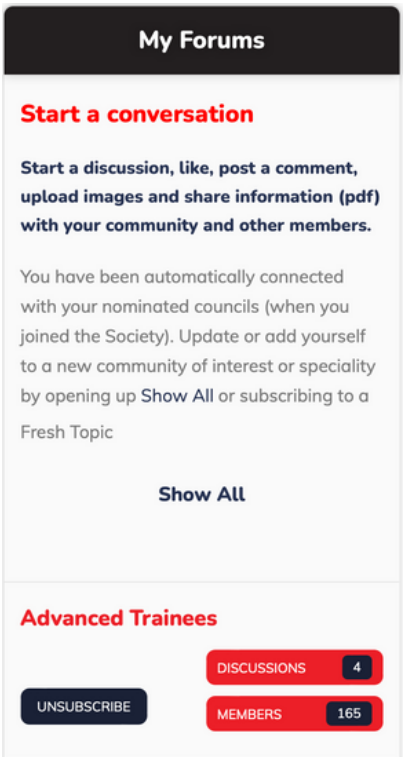
Dr Judy Al-Ahmad (NSW), Dr Mikhail Alexander (WA), Dr Glenden Aprile (QLD), Ms Suzanne Avis (NSW), Mr Ashvin Bandodkar (NSW), Mrs Lisa Caddis (NZ), Ms Simran Chand (NSW), Ms Jacqueline Colgan (NSW), Dr Nicholas D'Elia (VIC), Miss Asmita Dalal (VIC), Ms Carla Duarte (VIC), Miss Briella Egberts (SA), Dr Jack Evans (NSW), Mr Angus Fung (NSW), Prof Elizabeth Halcomb (NSW), Ms Taylor Harkness (NSW), Miss Arielle Hsu (NSW), Mr Henry (Jen-Hou) Hsu (NSW), Dr Gavin Huangfu (WA), Mr Timothy Hutchinson (NSW), Mrs Michelle Iadanza (SA), Mrs Jenna Keepa (NZ), Dr Adeel Khoja (SA), Dr Jiwon Kim (VIC), Miss Madeline Komninos (NSW), Dr Timothy Kwan (NSW), Dr Zachary Laksman (OS), Dr Jeffrey Lewis (NSW), Miss Larissa Lloyd (NSW) Miss Bridget McIlraith (NZ), Miss Deborah Manandi (NSW), Dr Christina Mew (QLD), Mr Joshua Moon (NZ), Mr Matthew Moore (NZ), Miss Sophia Morris (NZ), Dr Julia Moosmann (NZ), Ms Maisarah Mydin (VIC), Mrs Dima Nasrawi (QLD), Ms Katie Nesbitt (SA), Dr Giulia Peacock (WA), Miss Genevieve Phipps (QLD), Dr Jennifer Roberts (NZ), Dr Timothy Scully (VIC), Dr Nicholas Seton (QLD), Dr Ben Shepherd (NZ), Mr Dhnanjay Soundappan (NSW), Mrs Rachael Stiles (NZ), Dr Jia Yong Tan (SA), Ms Tina Thomas (NZ), Dr Matthew Twining (QLD), Dr Michael Tierney (NSW), Dr Denise van der Linde (NZ), Ms Charlotte Verrall (NSW).

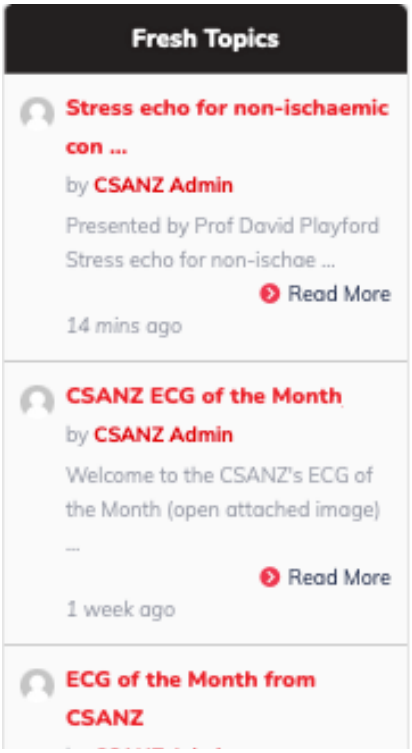
GO TO THE CSANZ FORUM DISCUSSION

Download the New **CSANZ App**



CSANZ
Cardiac Society of Australia and New Zealand





Women in Cardiology

Prof Sarah Fairley, Consultant Interventional Cardiologist, NZ
Incoming Chair, CSANZ NZ Interventional Working Group

I graduated from Queens University Belfast in 2002 and completed my cardiology training in Belfast in 2014 during which time I also completed a PhD. I was fortunate to be trained by the indomitable duo of Drs Colm Hanratty and Simon Walsh, and that's when my interest in complex and CTO PCI was ignited. In 2014, I began an 18-month Interventional Fellowship at Wellington Hospital, NZ. I've been working as a Consultant Cardiologist at Wellington ever since. My interests are in complex / CTO PCI, intravascular imaging, obstetric cardiology and the wider issue of healthcare inequity.

I 'chose' cardiology as it is such a diverse specialty with a broad scope in clinical and procedural practice. Interventional cardiology really appealed to me due to its practical nature - we are fortunate to be able to offer patients life-saving and quality-of-life improving procedures. There are no differences in the 'ability' to be an interventional cardiologist with respect to gender. Decision-making, trouble-shooting, communication, empathy and manual dexterity are skills that are not gender-specific. I have never been treated differently by work colleagues or patients because I am female. I would encourage any cardiology trainee to consider interventional cardiology as a career, whatever their gender.

Our healthcare workforce should be as diverse and representative as the patients we care for. My goal and hope for the future is that we no longer need to have discussions about inclusion and diversity in our workforce and that all patients receive equitable healthcare regardless of race, gender and culture.

My tips for any trainee who is considering a career in interventional cardiology are mostly things that I have observed and learnt along the way. Choose your sub-specialty based on the area that intrigues and interests you the most. Continual learning is so important; keep asking questions and reciprocate your learning by passing knowledge on to someone else. Be a role model by modelling 'good' behavior; treat others as you would wish to be treated.

Finding a "buddy' in the cath lab is really important, particularly at the start of your career when you may need some support with complex decision-making and procedures. Find a good mentor, someone who you relate to, respect, trust and value the opinion of. My personal mentors during my career have all been male colleagues and they have provided me with pragmatic and honest feedback, opportunity and support. Good communication with colleagues and patients is vital and the essence of what we do as doctors. Difficult days will happen, so have a network of colleagues to debrief with.

Collaborate with colleagues in other centres both locally and internationally. Meetings are really good opportunities to consider things from an alternative perspective and keep updated with new technology and practice. Balance your workload, get involved in projects, audits, research etc., but always remember the importance of life-work balance; sometimes you have to say "no" to things.

Most importantly, don't lose sight of the patient at the centre of all your decision-making and planning.

Balancing two roles as an interventional cardiologist and a parent is very possible with organisation and support. A good support network is vital with local and reliable childcare and understanding colleagues when parental responsibilities take priority.

I'm very privileged to be appointed as incoming Chair of the NZ Interventional Working Group this year. We continue to have disparate rates of rheumatic heart disease and huge discrepancies in healthcare outcomes in New Zealand, particularly in our Māori and Pasifika communities. I will continue to drive for equitable healthcare outcomes for our patients in New Zealand and am excited to see what the future holds.

Dr Julee McDonagh, Registered Nurse and Lecturer, University of Newcastle School of Nursing and Midwifery.
Proud descendant of the Cabrogal Clan of the Dharug First Nations people.

I am an experienced cardiovascular nurse who has recently joined the CSANZ Cardiovascular Nursing Council Executive committee. I first discovered my love of cardiology while working as a nursing student in a coronary care unit in a regional NSW hospital. I was fascinated with all things cardiac and made my mind up back then to pursue a career in cardiac nursing.

After graduating with my Bachelor of Nursing in 2009, I spent two years working at Manly Hospital, before I saw a job advertised in the coronary care unit at St Vincent's Hospital, Sydney. I applied and thankfully got the job. Working at St Vincent's opened my eyes to advanced heart failure management and gave me first-hand experience caring for a range of different people requiring complex intervention, including LVADs and heart transplantation.

In 2014, I moved into a clinical research role, working on a large heart failure trial, which started the next phase of my cardiology career and gave me a passion for research. After 12-months in my clinical research role, I enrolled in my PhD undertaking a project focusing on frailty assessment in people with heart failure at St Vincent's Hospital.

Making the shift from clinical nursing to higher degree research is not an easy pathway. There are limited support systems in place for experienced nurses wishing to undertake higher degree research. It is difficult to receive a scholarship to undertake PhD studies when you don't come through the traditional honours to PhD pathway. Initially I continued to work clinically on the weekends and evenings to financially support myself. I was lucky to later be awarded funding from the NSW Ministry of Health PhD scholarship program and the University of Technology, Sydney, which allowed me to complete my studies.

It took me 6 years to finish my PhD thesis, including taking 12 months of maternity leave to have my first child, which added an extra layer of complexity to my completion goal, and showed me what family/work/life balance really was! Nevertheless, on 31st March 2021, I finally pressed the send button and submitted my thesis. I was already working in a full-time academic role at this stage at the University of Newcastle, Central Coast Campus, so after my thesis submission, I was straight back into my teaching and research commitments. My PhD was awarded in November last year.

I have recently joined the CSANZ Cardiovascular Nursing Council Executive committee. I am looking forward to working with the Executive to promote and advocate for the important role cardiovascular nurses play in CSANZ and the wider community and I am extremely honoured to be one of two First Nations representatives on the Council Executive.

My hope for the future is that there are more support systems put in place for experienced nurses wishing to undertake and lead cardiovascular research. Nurses have a wide variety of highly specialised clinical and research skills and are brilliant patient/consumer advocates, and we deserve a seat at the table.

Individually, I look forward to continuing my program of research focusing on frailty and multimorbidity in people with cardiovascular disease. I am also committed to improving outcomes for Aboriginal and Torres Strait Islander people who experience disproportionate rates of cardiovascular disease.

In the short term, I am excited to be able to attend the CSANZ annual meeting in August, my first face-to-face meeting since 2018!

Women in Cardiology (cont'd)

Ms Katharine McBride, PhD Candidate at University of South Australia and Senior Implementation Project Officer at SAHMRI
2021 Indigenous Health Prize winner at the CSANZ ASM.

I am a woman with Scottish and English heritage living on Kaurna country, a mum and an ECR with a focus in cardiovascular in/equities. In virtually all of my career experiences I have worked within a team that brings diversity – in gender, cultural background, experiences, discipline and skillset. For me, diversity brings innovation, creativity and the development of a new space.

My work for the past 10 years has focused on defining and identifying approaches to overcome inequities in cardiovascular health experienced by Aboriginal and Torres Strait Islander people and communities. This agenda has spanned research, policy and practice and brought together research disciplines and methods. I came to the field with a personal interest in cardiovascular health, a drive to address inequities and a focus on reform through policy, after completing a Bachelor of Health Sciences and Masters in Health Economics and Policy.

My first gig was under Vicki Wade at the Heart Foundation, documenting the organisation's advocacy work in Aboriginal and Torres Strait Islander health. I then worked on a Heart Foundation project exploring differentials in access to revascularisation. Since then, I've been privileged to undertake a program of work under the stewardship of Professor Alex Brown. Within an Aboriginal-led space, I have been guided and trained in ways of doing research right way with Aboriginal and Torres Strait Islander communities, of intercultural partnership, and of challenging the constructs of health, wellness and disease.

Whilst developing a South Australian response to Better Cardiac Care for Aboriginal and Torres Strait Islander people, we identified with community the high premature morbidity and mortality due to cardiovascular disease experienced by Aboriginal women. This community-defined priority became the basis of my doctoral program: to explore what was driving this burden and to understand what can keep Aboriginal women's hearts strong. Throughout the PhD, I have been involved in research translation to policy and practice. It has meant delivery of benefit to communities, for me it has meant staying connected and engaged and is making my transition out of the PhD easier.

In 2018, two years into my PhD, I gave birth to my son. Over the last 3 years I have juggled toys, PhD and a return to broader research and policy work. Working with communities and Aboriginal health services, my baby travelled everywhere with me. His presence became another point of connection with women, part of my story to share. The stories, the connections and the strength shown by the women I work with are making me the mother I am. He travelled with me to Aotearoa to the Indigenous Cardiovascular Health Conference at 7 months old, a relatively quiet participant in the back row.

We often talk about supporting and enabling inclusion. As a mum often going it alone, I've found simple things can present hurdles: how could I possibly demonstrate full-time student status when doing a PhD with a baby; is it ok to take a 7 month old to an overseas conference; do I book that zoom meeting on my 'day off' with Peter Rabbit in the background (or, even better, when the toddler decides it must be watched whilst sitting on my shoulders)? Fortunately, my hurdles were only ever superficial and mostly perceived.

For many, the hurdles are real. We need to understand from those who face them what they are, and how the path can be cleared. Some have already jumped them and we need their leadership to guide our actions. If we do this, we will be stronger as a collective and have greater knowledge and perspective as individuals. We will also, inevitably, improve the way we meet the needs of those who need our care to keep their hearts strong.

Ms Miriam Norman, Senior Cardiac Device Specialist, Royal Hobart Hospital

I am a cardiac physiologist specialising in cardiac devices and echocardiography. Passionate about education, promoting better visibility and regulation of the cardiac physiology profession.
I joined Professionals in Cardiac Sciences Australia (PiCSA) as a board member after realising that Australia requires qualification and registration for my role in echo (where someone else checks my work) but does not have any requirements for my role with devices (where my work is not necessarily checked, and where a mistake can kill someone). Still not fixed, but we've made a lot of progress.
At University, I wanted to be a scientist who could communicate. Within a week of starting Science/Law I discovered this would turn me into a lawyer with a bit of science, rather than a scientist with a bit of law, so I ditched law.

I was initially refused access to human physiology because I wasn't a med student, the science students had to fight our way in. I fell in love with physiology, especially the process of trying to make it make sense and be explainable. My honours degree in physiology was followed by unemployment then waitressing, as my home state had no idea what to do with a science physiology graduate. With no bridge between the university and hospitals, healthcare science jobs went either to nurses, interstate graduates with clinical experience, or to those completely unqualified who learned on the job. *This problem persists.*

I knew I wanted to teach physiology to adults, I received a scholarship for a teaching qualification, but was told I wouldn't be allowed to teach physiology because I wasn't a nurse. I had to find another pathway. I travelled to Queensland to undertake a vocational qualification in clinical physiology. The course included a hospital placement where I chose to specialise in cardiac physiology. I funded this by working part time as a musician with the Royal Australian Navy (still there, a great counterbalance to my science career). The post graduate course gave me a sense of professional identity as a healthcare scientist, enabling me to find a job in cardiac physiology back in Tasmania, and eventually training in echo and pacing.

I was accepted into med school but I turned it down and continued training as a Cardiac Physiologist. For me, I wanted to be able to be both good at my job and have freedom to step in and out of the work force for family responsibilities, without jeopardising my career. Parenting skills have helped me a lot. I think that my contribution as a cardiac physiologist is meaningful, rewarding and needed.

When our senior cardiac device physiologist retired suddenly, I found myself viewed as the resident "authority" on pacing. Tasmania at that time had no electrophysiologist, nobody local who could tell me if I knew enough or not, I thought I had better get credentialed. Initially failing the online IBHRE practice exam, only motivated me to study harder. With no one local to teach me, I learned from Ellenbogen, Wilkoff, Hayes, Friedman, Levine and other textbook authors (all male) and was astonished to come 3rd worldwide in the IBHRE cardiac device exam in 2012. A tremendous boost to my confidence. The Heart Rhythm Society head-hunted me to help prepare online educational material for doctors and allied health professionals preparing for future IBHRE exams.

Whether male or female I think that we can only really achieve anything by practicing the art of selective neglect. Every day we have to choose what we are going to fail at. I don't even try to do it all: I rely on others, tolerate doing some tasks poorly (or less) to achieve other tasks. It's a juggle: for some balls to stay in the air we must drop others, or, give them to somebody else to carry for a bit. Anything else is impossible.

I love my job and get to do plenty of teaching. I regularly present and write educational material as part of my job and as a member of PiCSA. I recently helped CSANZ prepare a guideline document for cardiac device follow-up in Australia. There is so much yet to learn, and so many opportunities to support my profession and to improve patient outcomes, it is a very exciting journey.

Education Day: Wednesday 11 May 2022 - Cardiac genetics for beginners

Introductory program in inherited cardiovascular conditions

for cardiologists, trainees and allied health

Day One: Thursday 12 May 2022 - Scientific Program

Conference Dinner on the Rooftop

Included in your registration

Day Two: Friday 13 May 2022 - Scientific Program

International speakers, oral and poster presentations discussion panels and workshops

REGISTER NOW!

iccgconference.com

2022 CSANZ Research Scholarship Winners Rebecca Raeside and Thomas Meredith

Congratulations to Rebecca Raeside, PhD Candidate, Research Officer at the University of Sydney

Rebecca's Project : Health4Me Randomised Controlled Trial (RCT): primary prevention of cardiovascular disease among young people.

The Project Synopsis:
The current picture of young peoples' health in Australia is alarming with escalating health risks such as poor diet, physical inactivity, increased screen time and poor mental health becoming widely prevalent. These health risks can lead to chronic health problems such as heart disease in adulthood. Australia's 3.3 million teenagers have little support to manage these health risks and accessible, engaging programs that support a healthy lifestyle are urgently needed. My innovative Health4Me program will strive to solve this problem. We know that text message healthy lifestyle programs in adults have improved health outcomes and resulted in positive behaviour change. Over the next 3 years, I will lead a research project that will develop and test an engaging healthy lifestyle program for teenagers using text messages, a method through which they communicate every day. I will work with teenagers to co-create the Health4Me program using an established process. I will test how effective Health4Me is in a randomised clinical trial (330 teenagers) and evaluate if the program improves physical and mental health outcomes, whether it is acceptable and engaging and if the program can be embedded into the Australian healthcare system. If it helps, it can be scaled up to deliver to teenagers throughout Australia to improve health outcomes.

Congratulations to Dr Thomas Meredith,
Victor Chang Cardiac Research Institute, UNSW

Tom's Project : Improving therapeutic decision making in aortic valve stenosis

The Project Synopsis:
Aortic stenosis is the most common heart valve disease. It is characterised by a complex interplay between the aortic valve and the heart muscle (ventricular) function, making diagnosis and treatment timing challenging. Although replacement of the aortic valve has improved the prognosis of this condition, the current recommendations for the timing of replacement are associated with a highly advanced disease state and oftentimes sub-clinical heart muscle dysfunction, which is not only likely irreversible, but also portends a worse prognosis. It is possible that there may be a significant advantage to aortic valve intervention prior to the end-stage disease state which currently forms the basis for guideline recommendations. In the proposed doctoral research, we aim to better predict the response to therapy in aortic stenosis and identify factors associated with a favourable response to aortic valve intervention, such that we can help individualise treatment for patients and improve survival.

HELD IN CONJUNCTION WITH

16th Annual
Australia & New Zealand
Endovascular Therapies Meeting

Friday 12 August – Sunday 14 August 2022
Gold Coast Convention and Exhibition Centre
www.anzet.com.au

ANZET22

#CSANZ2022 #ANZET22

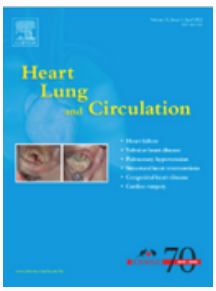
CSANZ 70 1952 - 2022

ISHR
International Society for Heart Research

Heart, Lung and Circulation
The TOP 10 article downloads for 2022

(Click on the article text below)

1. *Myocarditis, Pericarditis and Cardiomyopathy After COVID-19 Vaccination*
2. *Takotsubo Cardiomyopathy After mRNA COVID-19 Vaccination*
3. Update on the Diagnosis and Management of Brugada Syndrome
4. *National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the Prevention, Detection, and Management of Heart Failure in Australia 2018*
5. *National Heart Foundation of Australia & Cardiac Society of Australia and New Zealand: Australian Clinical Guidelines for the Management of Acute Coronary Syndromes 2016*
6. *Management of People With a Fontan Circulation: a Cardiac Society of Australia and New Zealand Position statement*
7. *Echocardiographic Manifestations in COVID-19: A Review*
8. *Integrated Guidance for Enhancing the Care of Familial Hypercholesterolaemia in Australia*
9. *An Introduction to Writing Narrative and Systematic Reviews — Tasks, Tips and Traps for Aspiring Authors*
10. *SARS-CoV-2 Infection and Cardiovascular Disease: COVID-19 Heart*



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April 2022 Volume 31 Issue 4

HOT OFF THE PRESS

Emergency Department Assessment of Suspected Acute Coronary Syndrome Using the IMPACT Pathway in Aboriginal and Torres Strait Islander People
Authors: Cullen, L et al Published: 22 March 2022

Prediction of Pacemaker Requirement in Patients With Unexplained Syncope: The DROP Score
Authors: Xiaoman Xiao, et al
Published: March 31, 2022

SPOTLIGHT ON

PROFESSIONALS in CARDIAC SCIENCES AUSTRALIA Inc.

PiCSA

PiCSA is the peak representative body for Cardiac Physiologists in Australia. It is with great pleasure that we introduce our organisation and provide an update about the current state of the Cardiac Physiology profession.

Cardiac Physiologists are healthcare science professionals who play a critical role in diagnosing and treating heart disease. You can find us working in hospitals and heart clinics, performing a professional role across five distinct modalities:

ECG (12-lead ECGs, Holter Monitors, Stress ECGs, Tilt Tests etc)
Cath Lab | Echocardiography | Cardiac Devices | Electrophysiology

PiCSA is similar to the Society of Cardiopulmonary Technology (the SCT) in New Zealand. Our mission, vision and values can be found at www.picsa.org.au.

> "We believe that excellence in patient care cannot be obtained without excellence in the Cardiac Science workforce."

Whilst PiCSA is primarily an organisation for Cardiac Physiologists, we also have membership options for other health professionals who wish to access our educational content, stay informed, and contribute to our progress. We also invite formal collaboration and affiliation with like-minded organisations.

MEET THE BOARD

(pictured above from left to right) Dean Metwally (Chair), Miriam Norman, Jenny Fong, Tina Hetherington, Leah Giles, Sam Burgoyne.

Cardiac Physiologists are highly skilled and **in short supply** all over Australia.

To support the current and future workforce, here are a few goals/projects that PiCSA is working on:

- Making our **career pathways** visible, accessible, and attractive to the highest calibre of students.
- Building a **culture of excellence and professional pride**, including promoting visibility and cooperation under a uniform national title.
- Providing **support, advocacy and a representative voice** in the workplace via advising and assisting Cardiac Physiologists, employers, unions, universities, and other professional organisations.
- **Educating** Cardiac Physiologists through our quarterly newsletter, monthly online education evenings and online education portal. We also promote and support events presented by affiliated associations.
- Establishing **scholarships** for courses and conferences.
- Encouraging **registration and maintenance of continuing professional development** of Cardiac Physiologists with the Australian Council of Clinical Physiologists (The ACCP - www.theaccp.org.au) and/or the Australian Sonographer Accreditation Registry (ASAR).
- Conducting and collating **Census** data on the Cardiac Physiologist profession.
- Writing **Position Statements and Defining Competency Standards** which promote excellence in our profession.

Is Cardiac Physiology a Regulated Profession?

Cardiac Physiologists are not currently eligible for AHPRA accreditation; however, we are a self-regulated profession with publicly visible registration and associated education and CPD requirements.

- **ECG, Cath Lab, Cardiac Devices** and/or Electrophysiology registration is voluntarily available through the ACCP
- Echo registration remains with the ASAR, which was initially also a voluntary registry. Some Cardiac Physiologists work in multiple modalities and are encouraged to join both registries.

ABOUT THE ACCP

The Australian Council of Clinical Physiologists is similar to the Clinical Physiologist Registration Board (CPRB) in NZ and the Registration Council for Clinical Physiologists (RCCP) in the UK. It was established with the collaborative support of several professional associations (namely PiCSA, ANTA, ASTA and ANZSRS for cardiac, neuro, sleep and respiratory healthcare scientists).

theaccp.org.au

Eventually, we expect that registration will become mandatory for all Cardiac Physiologists. In the meantime, employer support of registration will greatly improve quality and safety. PiCSA recommends stating "eligible for registration with the ACCP" as a job requirement.

For comments and enquiries, please contact Dean Metwally at chair@picsa.org.au

NOTES FOR THE DIARY 2022

(Blue - Australia / NZ Meetings Green - International Meetings)

April

27 - 30 April : International Society for Heart Lung Transplantation (ISHLT)

May

6 - 8 May : World Congress of Echocardiography 2022
11 - 13 May : International Clinical Cardiovascular Genetics Conference
21 - 24 May : ESC Heart Failure Meeting
22 - 23 May : ESC EuroHeartCare Congress

June

4 - 5 June : International 4 Corners of Cardiology Meeting 2022
22 June : CSANZ NZ ASM 2022
24 - 26 June : ASCI 2022 – Asian Society of Cardiovascular Imaging

July

2-3 July : HEART - Higher Education in CARdiology Training Course

August

11 - 14 August : CSANZ ASM 2022
12 - 14 August : ANZET 2022
26 - 29 August : ESC Congress 2022

September

30 Sept - 3 Oct : HFSA 2022 Heart Failure Scientific Meeting

October

17 - 19 October : 20th Echo Australia Conference

November

5 - 7 Nov: AHA 2022
16 - 19 Nov: 3SCTS 2022 - Tri-Society Cardiac & Thoracic Symposium

On the Pulse Magazine

For information regarding submissions for *On the Pulse* please email us: info@csanz.edu.au

Stephen Nicholls
Editor

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Matthew Worthley, SA
Dominica Zentner, VIC
David Cross, QLD
James Rankin, WA
Nathan Dwyer, TAS
Selwyn Wong, NZ

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Nigel Jepson, Secretary

NZ Michael Williams, Chair
Mayanna Lund, Treasurer

QLD Sandhir Prasad, Chair
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Cardiac Society of Australia and New Zealand

The Cardiac Society of Australia and New Zealand
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