Dear Colleagues,

The Cardiac Society of Australia and New Zealand (CSANZ) is delighted to report its profile and activities to the Japanese Circulation Society. In addition, the CSANZ values highly the development of a closer relationship between our societies.

The CSANZ represents cardiologists, trainee cardiologists, cardiothoracic surgeons, cardiovascular nurses, technicians, researchers and scientists in both Australia and New Zealand. Membership numbers 1,923, of whom approximately 1,200 are cardiologists (Figure 1).

The predominant interests of the CSANZ relate to education, training and research, with a view to improving the care of cardiovascular patients.

The structure of the Society is that of a limited company, which is a not-for-profit organization and includes a Board of Directors with voted members from each state and also representatives of committees and councils (Figure 2).

The CSANZ has a number of committees:

1. Subspecialty Training Committee in Cardiology, which supervises the training of cardiologists in a 3-year program that is completed after 3 years of basic physician training. Certification of cardiologists is by the Royal Australasian College of Physicians, and supervision of training is predominantly by cardiologists working under the leadership and administration of the Subspecialty Training Committee.

2. Scientific Committee, which supervises the running of the Annual Scientific Meeting, as well as administration
of the process of nomination for lectureships and prizes within the Society. The Scientific Committee also overviews the allocation of a number of Research Fellowships granted annually. Some of the major prizes include the R. T. Hall Prize, the Ralph Reader Prize, the CSANZ/ISHR Student Investigator Award, the Affiliate Nursing Prize, the Allied Health Affiliate Prize, Travelling Fellowships to the AHA, ACC and ESC scientific meetings and research scholarships.

An important issue that has developed recently is joint educational activities and presentations with fellow colleges and societies such as the American College of Cardiology, the Asian Pacific Society, and Royal Australasian College of Physicians, and with a number of subspecialty groups such as the Thoracic Society of Australia and New Zealand.

Each year the Society organises a Scientific Meeting including symposia, workshops and free communications. This meeting attracts around 2,000 delegates and has, as part of the program, a number of prestigious lectureships. These include, the R. T. Hall Lecturer, which is usually given by an eminent international speaker, the Kempson Maddox Lecturer, who must be an eminent Australian or New Zealander who has made a distinguished contribution to medicine, the Victor Chang Memorial Lecturer, instituted to honour the contributions of the late Dr Victor Chang to cardiothoracic surgery, the Basic Science Lecturer, the Gaston Bauer Lecturer (hypertension topic) and the Cardiovascular Nursing Lecturer.

3. Professional and Ethical Standards Committee, which overviews and administers the system of Fellowships. We predominantly have 3 categories of membership, the first being Fellowship, which is bestowed on cardiologists who have completed their training and are in a mature practice situation. The second category is that of Associate, which is usually for trainee cardiologists and medical practitioners who have an interest in cardiovascular medicine. Our third category is that of Affiliate for cardiovascular nurses, non-medical researchers, and cardiovascular technicians. All these groups are very active within the Society and are highly valued.

4. Continuing Education and Recertification Committee, which overviews the process of development and review of clinical guidelines.

All the Committees work exceptionally hard and are the “engine room” of the Society.
The Society also includes a number of Councils, representing the different subspecialty groups within the Society, such as the Imaging Council, Interventional Council and Electrophysiology Council, as well as many other council groups. These groups contain members who have common practice interests and provide valuable advice to the Society about practice issues. We have a very active Cardiovascular Nursing Council, which provides an important support and complimentary role to the cardiology role.

The CSANZ, together with the Australian and New Zealand Society of Cardiothoracic Surgeons, jointly owns and administers a very high quality journal, *Heart, Lung and Circulation*, which is now a monthly publication that includes many contributions from local groups, but also international groups, particularly the Asia-Pacific region.

The current major initiatives of the CSANZ are:

1. Development of an Australasian Cardiac Outcomes Registry, which will initially be a quality registry undertaking logging and outcomes for cardiovascular procedures performed by Australia and New Zealand cardiologists. This will be a web-based system, along the lines of the British and US registries, and will include collection of comorbidity data to allow for risk adjustment. This registry is currently in the process of development and is intended to commence shortly.

2. Development of an online continuing professional development program, which will include both local and international content, including interactive online teaching programs.


The CSANZ also undertakes representations on behalf of its membership to government on a wide range of issues, including practice issues and quality care improvement issues.

We welcome further joint collaborations with the Japanese Circulation Society.

James Cameron, MD
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Cardiac Society of Australia and New Zealand
(University of Queensland)

Circulation Journal

International Associate Editor

Henry Krum, MD, PhD
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On behalf of the Japanese Circulation Society, I deeply appreciate the great contribution of the Australian cardiologists to the *Circulation Journal*.

Hiroaki Shimokawa, MD, PhD
Editor-in-Chief
*Circulation Journal*