



Firstly, thank you to NZHPA for supporting me to attend the 74th ASM of the CSANZ, held in Sydney in August 2026 ([Proram](#)). The CSANZ ASM provides an opportunity for networking and collaboration opportunities. The Scientific Program includes Named Lectures and concurrent sessions presented by world-renowned speakers across all cardiology themes, including imaging, electrophysiology, genetics, heart failure, prevention, special populations, and digital health.

The 2026 ASM is the first time a pharmacist was named the International Named Lecturer for Allied Health – Professor Ross Tsuyuki. We were also privileged to be able to invite Ross and his wife (pharmacist Dr Margaret Ackman) to speak to their models of care at our Cardiology Pharmacist Roundtable meeting.

Cardiology Pharmacist Roundtable Meeting

This was our third consecutive meeting, of which 24 delegates attended. Chaired by Anthea Gregan and Dr Joshua Bennetts, the meeting agenda was packed and included a case study on Digoxin in Myocardial Infarction (Garth Birdsey), Health Economics in Cardiology Care (Dr Adam Livori). Prof Ross Tsuyuki and Dr Margaret Ackman also shared the scopes of pharmacists from a Canadian perspective to enable delegates to compare with our Australasian standards of practice. Feedback was positive and delegates were keen on future Cardiology Pharmacist Roundtable meetings as part of next year's CSANZ ASM.



Image 1: Delegates at the Cardiology Pharmacist Roundtable meeting, 06 August 2026

Other highlights of the ASM include:

Kempson Maddox Lecture: Screaming into the Void: Cardiovascular Inequity in Australia and Aotearoa.

Professor Alex Brown

We were privileged to hear Prof Alex share his work on the Kanyini Vascular Collaboration (MJA 2009) to further describe CVD risk management in Indigenous primary health care, specifically adherence to CVD risk screening and alignment with guideline recommendations. The results show that substantial prescribing gaps were encountered across all CVD risk categories, even for those at high risk. Findings also suggest screening issues do not identify all at-risk individuals, “guideline gaps,” and a need for guideline adherence, which may address some of the gaps in practice.

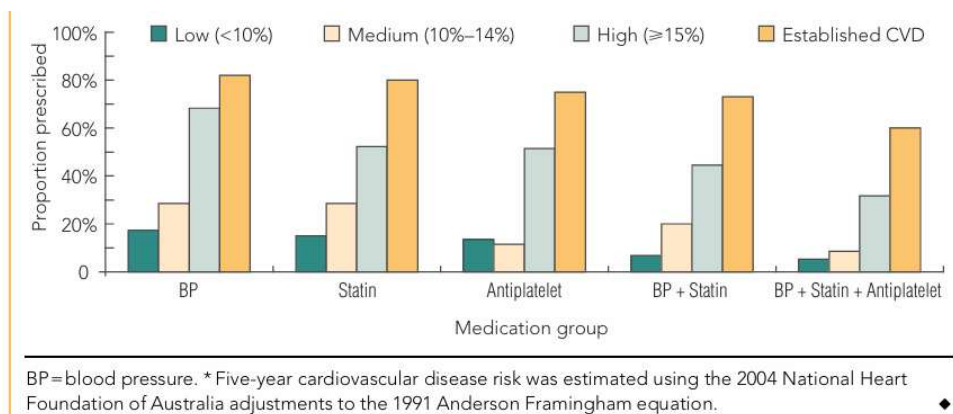


Image 2: Prescribing of major cardiovascular medication groups by absolute cardiovascular disease risk category.

A lecture ending with a standing ovation, Prof Alex highlighted that deficiencies exist across the health system leading to suboptimal management and challenged the audience to “do better” to improve Indigenous vascular health.

Innovation, without Fragmentation: Designing Cardiovascular Care Around Patients, not Silos. Professor Cathleen Biga

Prof Cathleen discussed how sub-specialty clinics help improve patient outcomes, however the siloed approach to care often leads to challenges with confusion, miscommunication, and healthcare delivery that becomes more fragmented. It is becoming increasingly recognized that coordinated cardiovascular care with MDTs can overcome these challenges. Seamless care leads to better outcomes because they are coordinated, personalized, timely, evidence-based, and equitable. This invited a discussion between the panel and audience about whether patient care should be patient-centered or patient-directed.

Pharmacists: Prescribing, Preventing. Improving Cardiometabolic Risk Management in the Community. Professor Ross Tsuyuki

Prof Ross provided a Canadian perspective on the positive impact of pharmacist prescribing or prescription adaptation on improving CVD management in community pharmacies (R_xEACH study, J Am Coll Cardiol 2016). This study evaluated the effectiveness of a community pharmacy-based prescribing intervention in 723 patients with high CVD risk. The results of this study showcase that pharmacists with an expanded scope of practice significantly improved CVD events by improving risk factors (smoking, hypertension, HbA1c) using a patient-individualized approach. A theatre room with high attendance, Ross’ lecture further puts the spotlight on the pharmacy profession as trusted members of the healthcare team who can improve healthcare outcomes using a patient-directed approach.

Overall, another successful meeting for CSANZ, in which we look forward to the CSANZ ASM being held in Auckland next year. Again, thank you to NZHPA for your support.

Johanna Lim

Health NZ Te Whatu Ora Te Matau a Māui Hawke’s Bay

Johanna.lim@hbdhb.gov.nz