

# Women in Cardiology

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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.