

FELLOWSHIP TRAINING PROGRAM  
In  
PAEDIATRIC CARDIOLOGY



At  
The Department of Cardiology  
THE ROYAL CHILDREN'S HOSPITAL  
MELBOURNE, AUSTRALIA

Welcome to the Fellowship Information Booklet for Prospective Cardiology Fellows at The Royal Children's Hospital, Melbourne Australia. We are extremely proud of our Fellowship Program, which has included fellows from all corners of the world. Many of our alumni are now in senior positions in cardiology throughout the world; most continue to keep in touch with us and remember their time at Royal Children's with fondness. We are proud that The Royal Children's Hospital is one of the great Children's Hospitals of the world. We value its standards of care and its multicultural staff. Melbourne is a wonderful city in which to live, it is great for families and is considered by many to be one of the world's most liveable cities. I'm sure that if you come here, you will soon come to agree with this impression.

We hope that you will find this booklet useful as you decide about where you might spend this most important next step of your career.

*Please Note. Whilst great care has been taken to ensure the accuracy of this information, we stress that this booklet is to be used as a guide only and the appropriate people must be contacted for more information. In particular, we advise prospective fellows to contact their nearest Australian Embassy and then, The Department of Immigration and Multicultural Affairs when in Australia. Fellows are also advised to seek independent financial advice and advice concerning personal health cover before departing their home country. The links to external websites should not be considered to represent a relationship between the host site and The Royal Children's Hospital. This booklet does not constitute an offer of fellowship at Royal Children's and does not form any part of a contract between The Fellow and The Hospital.*

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## **The Royal Children's Hospital**

The Royal Children's Hospital (RCH) has been providing outstanding care for Victoria's children and their families for over 140 years.

We are the major specialist paediatric hospital in Victoria and our care extends to children from Tasmania, southern New South Wales and other states around Australia and overseas.

With a passionate, highly skilled and committed staff campus wide of close to 4,000, we provide a full range of clinical services, tertiary care and health promotion and prevention programs for children and young people.

We are the designated state-wide major trauma centre for paediatrics in Victoria and a Nationally Funded Centre for cardiac and liver transplantation.

When it comes to training and research we partner with the very best. Our campus partners the Murdoch Children's Research Institute (MCRI) and The University of Melbourne Department of Paediatrics are on site with the hospital in Parkville. Together, we are committed to improving the health outcomes for children today and in the future.

Established in 1870 and located on our present site at Parkville in Melbourne, Australia since 1963, we are now entering a very exciting time in our history, with the Victorian Government building a brand new hospital right next door to our current site in Parkville. When it opens in late 2011, the new Royal Children's Hospital will provide wonderful, world-class facilities for patients, families and staff.

In 2010–11 the RCH treated 33,560 inpatients. There were 210,956 outpatient clinic appointments and 10,741 children underwent surgery. We had 70,036 children present at our emergency department and approximately 200 children received care in the community every day through RCH@Home.

The RCH has always held a special place in the hearts of all Victorians and in 2010, as testament to our leadership and advocacy role, the RCH was awarded the prestigious Committee for Melbourne 2010 Melbourne Achiever Award, for outstanding contributions to the Melbourne community. Our volunteers were awarded both individual and team awards at this year's Minister for Health Volunteer Awards and the team that successfully separated conjoined twins Krishna and Trishna was recognised with the prestigious RSL ANZAC of the Year Award.

## About the New RCH Project

The new Royal Children's Hospital opened in 2011 right next door to the old site in Parkville, Victoria. It has been purpose built for children and the way we care for them today and into the future.

The new hospital campus brings together six levels of clinical, research and education facilities over 200,000 square metres within the 4.1 hectare site. Inspired by the quality of light, the textures and forms of its parkland setting, the new RCH delivers a patient and family focused healing environment based on the latest evidence and research-based design principles.

The new RCH is:

- More comfortable for sick children, their families and carers, and staff
- Surrounded by parkland with great views and lots of natural light
- Friendly to the environment
- Family-centred including improved accommodation and facilities for parents
- A fun, child-friendly place with lots of interactive indoor and outdoor play areas
- Easier for families and visitors to find their way around.

Other features include:

- More single bed rooms, newborn cots and operating theatres
- Eighty per cent of all patient rooms have views of the park and the building is oriented towards the north, making good use of natural light
- A 2,000 space underground car park (almost twice the existing number), not to mention 500 spaces for bikes
- Additional shops, cafes and other amenities for patients, their families and staff.

## **The Departments of Cardiology and Cardiac Surgery**

The purpose of this department is to ensure that all infants and children with heart defects, or acquiring heart disease during childhood, have access to effective diagnostic and treatment facilities and are given the best possible chance of enjoying a full and healthy life.

The Departments of Cardiology and Cardiac surgery, provide a service for the states of Victoria and Tasmania and the southern part of New South Wales. In addition they provide a tertiary referral service for patients with complex congenital heart disease and for infant cardiac surgery for the states of South Australia and Western Australia and also for the Northern Territory.

The Department also caters for a number of overseas patients from South East Asia. The Departments of Cardiology and Cardiac Surgery enjoy an exceptionally cooperative and constructive working relationship. Joint efforts are an integral part of patient care, teaching, and research.

The surgical department carries out somewhere in excess of six hundred surgical procedures per year. The surgical practice encompasses the full range of palliative and reconstructive procedures, including heart and heart/lung transplants.

The department of cardiology runs approximately 25 outpatient clinics per week in Melbourne, and peripheral clinics in referral centers in Victoria, Tasmania and Southern New South Wales. Approximately 8,000 echocardiograms are carried out annually, including transoesophageal studies. Approximately 500 cardiac catheter procedures are performed each year, including a wide range of interventional procedures. A comprehensive arrhythmia investigation and treatment service, includes Pacemaker Clinic, Holter monitoring, exercise testing, electrophysiology studies and Radiofrequency and Cryo ablation, for the elimination of arrhythmias.

## Cardiology Fellowships

We usually have approximately 6 clinical fellows in the Cardiology Department at any time. Currently there are three funded General Paediatric Cardiology fellowships for General Paediatric Cardiology and three funded sub-specialty fellowships (Cardiac Imaging (Echocardiography and MRI), VAD/Transplant/Pulmonary Hypertension and Electrophysiology). These fellows assume their subspecialty position for half of the week and General Paediatric Cardiology for the other half.

It is important to emphasize that all fellows partake in all aspects of clinical pediatric cardiology and in the on-call roster.

Self funded fellows are welcome and are incorporated into the clinical aspects of The Department. Self funded fellows' training will be tailored to suit the level of trainee and their goals as much as possible.

All fellows in our department should have:

- Excellent organisational and time-management skills
- Resilience and ability to relate to and interact with patients and parents in challenging circumstances.
- High level of integrity and confidentiality.
- Quality-focused, with a systematic approach to work and with attention to detail.
- Able to exercise initiative and demonstrate accountability.

### Qualifications and experience

- MB BS or equivalent.
- Higher degree / diploma equivalent to FRACP.
- Previous paediatric experience up to registrar grade or equivalent, including neonatal medicine.
- Previous work in Paediatric Cardiology is advantageous.

Each Fellow is assigned for a period of 1 month to one of the following clinical attachments. The rostering and allocation is the responsibility of the appointed Senior Fellow.

### Ward Fellow

The ward fellow is the 'senior registrar' for cardiology and cardiac surgery inpatients (approximately 30 patients at any one time). He/she will work with and supervise the one registrar and two residents and who are attached to the cardiology/cardiac surgery services, in collaboration with the cardiac surgical ward fellow. He/she will also perform the echocardiograms on cardiac inpatients and on new admissions. He/she also performs the pre and post op transoesophageal echocardiograms in cardiac theatre and is responsible for the cardiac surgical pre-admissions, discussing the imaging and results of these patients with the on-service consultant. If you are inexperienced in intra-operative TOE/Epicardial echo, then a more senior fellow or the consultant on call will go to theatre with you. A low threshold for involving a consultant cardiologist in decision making in theatre should be maintained. The ward fellow will be responsible for the morning and afternoon ward rounds, supervised by the on-service consultant.

All echocardiograms, ECG and Holter reports performed by the Ward Fellow will be assessed by the on-service consultant at the end of each working day. Appropriate echo training will be provided.

The ward fellow also is in charge of a weekly ward rounds involving all the cardiology consultants presenting briefly every ward patient's diagnosis and major issues.

The ward fellow attends all MET calls for cardiac patients on the cardiology ward and is responsible for handing over key information about the patients to the MET team.

### Consult Fellow

The Department provides an important consultation service for other units within the hospital. Approximately 4-8 consults are requested per day, most commonly from the intensive care, neonatal, emergency, oncology services. The consult fellow is the on-call cardiology fellow for the whole hospital, excluding the cardiology ward. The consult fellow will organise the diagnostic workup of these patients and discuss them with the on-service consultant.

The consult fellow receives all external phone calls (other hospitals, other physicians and families) and discusses the issues with the consultant on service. He/she attends daily to the morning rounds in ICU, Neonatal ward and any other ward where the cardiology team has been involved with inpatients. He/she is responsible for following these patients and organizing the outpatient appointments if necessary. Patients with non-urgent problems should be seen in the outpatient clinic, rather than through a ward consult. The consult fellow is responsible for adding and updating the consult list on a daily basis so that it is available after hours by the on-call fellow and consultant. New referrals should be seen with a consult sheet and discussed with the on call consultant

at the evening meeting or sooner if urgent cases arise. Admissions under cardiology to intensive care should be seen as soon as possible after arrival by the consult fellow. This fellow is also responsible for organizing urgent transfers from other hospitals and admissions from the emergency department, after prior discussion with the on-call consultant. After reviewing a patient in the emergency department, the consult fellow needs to inform the treating doctor about the admission or management plan, document this on the patient's notes, inform the cardiology consultant on call and inform the ward fellow and ward AUM if the patient needs admission to hospital. All echocardiograms, ECG and Holter reports performed by the Consult Fellow will be reviewed by the on-service consultant at the end of each working day. More urgent reviews will be performed during the day as appropriate. The consult fellow is also in charge of a weekly ward round in ICU and Neonatal wards involving all the cardiology consultants presenting briefly every cardiac patient's diagnosis and major issues.

### Catheter Fellow

Approximately half of our cardiac catheterisation procedures are therapeutic. We perform an extensive range of therapeutic procedures including valvuloplasty, balloon dilatation of coarctation, device/coil closure of P.D.A., A.S.D. and stent implantation. The cath fellow is responsible for the diagnostic work-up and preparation of the cath patients. These data are presented before the procedure at our cardiac catheterisation meeting. The catheterisation fellow is responsible of ensuring that adequate pre catheter imaging is available and has been reviewed. The cath fellow will then assist the consultant cardiologist in performing the procedure, attending to the cath lab 15 minutes before the start of each case and let the anaesthetic staff that the case is ready to proceed. Before the patient is anesthetized, the catheterization fellow is responsible to do the consent form check list with the patient's parents and identity confirmation prior to the procedure.

After the procedure, the catheterization fellow is responsible for the post procedural care (ensuring that the patient is transferred safely to recovery/ICU, groin care and dressing and informing the ward/ICU doctors/fellow about the procedure, findings, complications and management plan), post intervention studies and for reporting the procedure and findings. He/she is responsible for the discharge summaries post procedures and organizing medical follow up.

The cath fellow also presents the patient's history and findings at the combined cardiology-cardiac surgery case conference. The catheter fellow is responsible for conducting the catheterisation audit every 6 months.

## Outpatient Clinic Fellow

The outpatient Fellow attends the hospital's cardiology outpatient clinics, where he/she assists the consultants with seeing and assessing new patients, formulating treatment plans and reviewing old patients in the outpatient setting. He/she will discuss all patients with their cardiologist, who will always see the patients and their families personally before they leave the clinic. Letters to the referring practitioner and copies to other interested practitioners (including the family GP) will be dictated for all patients, using the format recommended by the department director.

The outpatient fellow is also responsible for the medical supervision of exercise tests and for triaging new referrals for the cardiology outpatient clinic on a daily basis, according to the standardized triage guidelines.

The outpatient clinic fellow also attends the fetal ultrasound clinic once a week at the Royal Women's Hospital.

Additional to the four General Cardiology Clinic attachments, there are 3 sub-specialty fellows:

- Cardiomyopathy / VAD / transplant / pulmonary hypertension fellow
  - This fellow assists with these subspecialty clinics and with the management of these patients on the ward. The fellow is supervised by A/Prof Robert Weintraub and A/Prof Michael Cheung. This is a split position and this fellow will also assume one of the above roles for half the week, alternating with the imaging and electrophysiology fellow.
- Cardiology Imaging Fellow
  - This fellow is responsible for attending MRI sessions and reporting on cardiac MRI. He/she also attends a fetal ultrasound clinic once a week at the Royal Women's Hospital. This fellow is supervised by A/Prof Michael Cheung and Dr Bryn Jones. This is a split position and this fellow will also assume one of the clinical roles for half the week, alternating with the VAD and EP fellows.
- Electrophysiology fellow
  - This fellow assists at invasive electrophysiology procedures and attends subspecialty arrhythmia clinics. He/she is also responsible for the discharge summaries post EP procedures and organizing medical follow up. This fellow is supervised by A/Prof Andrew Davis and Dr Andreas Pflaumer. The EP fellow

also assumes general fellow responsibilities for half the week, alternating with the Imaging and VAD fellows.

#### General Responsibilities of fellows:

All fellows are involved in an on-call roster, being on-call approximately once a week and one weekend in 5-6 weeks. The on call fellow starts his/her on call at 5 pm every day, attends the afternoon ward and ICU rounds and is responsible for echo requests, transoesophageal echocardiograms and consults until 8:15 the following day. The on-call fellow is responsible for the appropriate hand over of new referrals received whilst on call to the ward and consult fellows as well as organizing the follow up of these patients if necessary and admissions after discussion with the on-call consultant. The on call roster and monthly rotating attachments are organized three-monthly by the senior fellow.

Every fellow is expected to attend to the weekly combined cardiac surgery – cardiology conference and may present the required information for planning for either surgical or catheter intervention, including history and investigations. These joint conferences involve the presence of several of the surgical and cardiological team and numerous cardiac surgical and cardiology fellows and other staff with a lively discussion concerning many management issues and abundant feedback to the cardiology fellows.

All fellows are required to familiarize themselves with processes and protocols of the echocardiography machines and processes. Orientation will be arranged by the Head Technologist and for fellow new to cardiology a period of supervised echo training will be arranged.

#### Teaching

There is one fellow responsible for organizing the teaching sessions every year. There are normally five teaching sessions during the week, including echo meetings every Tuesday, surgical teaching every Wednesday morning, formal and informal journal clubs and cardiac morphology sessions. There are also teaching sessions on varied topics varying from cardiac physiology, arrhythmias, imaging and hemodynamics.

#### Research

We consider that experience in research is an essential component of fellowship training in cardiology. Thus, in addition to their patient care responsibilities, fellows are expected to become involved in a clinical research project under the guidance of one of the consultant staff.

## **Visas, Medical Registration, English Language Testing and Police Checks.**

Once it appears likely that you may join our program it is vital that you devote considerable effort to satisfy the administrative requirements with respect to visa and medical registration as a medical practitioner. Even if a prospective Fellow achieves the required standard for English language testing at the first attempt, the subsequent administrative steps will take at least 6 months and usually longer.

It is important to contact The Junior Medical Staff Department early in the negotiations in order to guide you through the process. Ms Sally Watson is the contact person and is extremely helpful.

Her email address is: [Sally.Watson@rch.org.au](mailto:Sally.Watson@rch.org.au)

The general principle which we would emphasise is to work through the process as advised by Lynne and respond to each request as quickly as possible.

While more detailed information and guidance will be provided by Lynne, the following general information outlines some of the principles.

### 1. English Language Testing

Clear communication is not only vital for patient safety and the highest standard in professional medical care, but is also important if your training goals are to be achieved. International Medical Graduates (IMG) who are appointed to Clinical posts at RCH are required to take an English language test (IELTS) and achieve all band scores 7. If you are from a country where English is the native language, you will be exempt from testing if you provide copies of your secondary education certificates. Please note test results are only valid for two years from the test date. English language testing can take considerable time and we would advise prospective Fellows to make arrangements for this as soon as practicable.

For more information go to <http://www.ielts.org>

### 2. Medical Registration Application

Before we can start the visa process, we need to get approval from the Australian Health Practitioner Registration Agency (AHPRA). A Certificate of Good Standing from your current Medical Council/Board which states you have no legal action against you will need to accompany the application form. You also need to provide evidence of Internship which is the first year you practiced medicine after completing your degree. A letter from the hospital where you worked for this period will suffice if you do not have a certificate.

For further information please visit <http://www.ahpra.gov.au/>

### 3. Visa information

Once we have Medical Registration approval for you, Lynne will apply to DIMIA (Department of Immigration & Indigenous Affairs) for your Visa. It is compulsory that you seek for Medical health insurance before you apply for the visa, unless you have Medicare rights. For more information please go to <http://www.immi.gov.au/>

### 4. Health Check

You will need to arrange a health check, which includes a medical and radiological examination, and tests for HIV/AIDS, Hepatitis B and Hepatitis C. You will also be advised what checks are required for the family members included in your visa application.

### 5. Penal Clearance (Police Clearance/Criminal Records Check)

You are also required to apply for a Penal Clearance (Criminal record Check/Police Clearance certificate). It is important to note that you provide a current penal clearance from where you have resided over the past 5 years. This is not a visa requirement, it is a RCH requirement. If you need to obtain more than one certificate, please ensure you do as the visa application will not be submitted without these.

### Once you arrive to RCH

The Hospital organises an Orientation session for every new junior medical staff starting at RCH providing information about the hospital, identification, accessing patient information, Clara, Synapse, Leave entitlements, etc. For more information, please visit

[http://www.rch.org.au/jms/getting\\_a\\_job\\_orientation/Orientation\\_Information\\_for\\_Junior\\_Doctors\\_new\\_to\\_RCH/#ann](http://www.rch.org.au/jms/getting_a_job_orientation/Orientation_Information_for_Junior_Doctors_new_to_RCH/#ann)

or

[http://www.rch.org.au/jms/getting\\_a\\_job\\_orientation/Advice\\_for\\_Overseas\\_Trained\\_Doctors\\_International\\_Medical\\_Graduates\\_IMGs/](http://www.rch.org.au/jms/getting_a_job_orientation/Advice_for_Overseas_Trained_Doctors_International_Medical_Graduates_IMGs/)