



Health
South Eastern Sydney
Local Health District

Our Ref: T23/63222

Related Ref:
T22/85597

A/Prof Michael Bynevelt
Chief Accreditation Officer
Faculty of Clinical Radiology
The Royal Australian and New Zealand College of Radiologists

Date: 20/09/2023

Dear A/Prof Michael Bynevelt

RE: St George Hospital 9 Month Progress Report

Thank you for your email to Dr Derek Glenn, Dr Kuang Ching Ho and Dr Nicholas Chen on the 5 July 2023 detailing feedback regarding Accreditation of St George Hospital for Clinical Radiology Specialty Training.

St George Hospital (SGH) is committed to improve the training environment for trainees and has worked solidly over the last 9 months to address the recommendations. Over the past 3 months the focus of efforts has been on embedded systems and processes to ensure the diagnostic radiology model supports the supervision and training of radiology trainees whilst also enabling effective communication between trainees and consultants within the department. Key to this has been the development of the Diagnostic Radiology Business Rule as well as establishing a daily training huddle.

We are proud of the positive progress achieved to date and are confident we will continue to improve the experience for our trainees and our overall radiology service.

Please find the following documents attached:

- 3 Month Progress Report
- Supporting evidence

If you have any questions or queries, please do not hesitate to contact Sam Hasan, Medical Imaging Operations Manager on [REDACTED] via email [REDACTED]

Yours Sincerely

Angela Karooz
General Manager
St George Hospital

Director of Medical Services
St George Hospital

CC: Dr Kuan-Ching Ho, Director of Training Radiology St George Hospital
Dr Derek Glenn, Director Radiology St George Hospital
Dr Rajiv Rattan, Branch Education Officer
Dr Liz Silverstone, Network Training Director
Ms Alisha Tamang, Education Support Officer

District Executive Unit
Locked Mail Bag 21
TAREN POINT NSW 2229

P. (02) 9540 7756
E. SESLHD-Mail@health.nsw.gov.au



Accredited Training Site Name: St George Hospital		Progress Report Date: 15 September 2023					
Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
6 Weeks							
31	St George Hospital Director of Training to ensure there is a regular forum where Trainees are consulted regarding departmental decision making that may impact on the training environment (1.4.1). This must commence within 6 weeks.	Director of Training		Trainees asked specifically to provide feedback and consult on a range of changes within the department. Also enabled to raise concerns in regular monthly consultants meetings	ToR for Senior Medical Officer's Committee Meeting. See recommendation 23 Email request for explicit consultation	Complete	
37	St George Hospital Head of Department Face to face supervision, checking and feedback must be a priority. This must be commenced within 6 weeks.	Director of Training		Institution of the the Daily Training Huddle with allocation of supervisor. Development of the Business Rule for the Diagnostic Radiology Model outlining supervision and training expectations	Huddle Agenda Business Rule for Diagnostic Radiology Preliminary Reports Status	Ongoing	
3 Month Actions							
1	St George Hospital to conduct a debrief session within 3 months of the final report with all Clinical Supervisors and trainees to discuss the outcome of the accreditation site visit – evidence to be supplied to support. A follow-up	Director of Training	Operations Manager	Complete 3 Monthly Registrar Forums Held 27 March 2023 Quarterly Registrar	Meeting Minutes Calendar Invitations	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
	meeting with the Clinical Supervisors and Trainees is also required at 6 and 9 months to communicate the progress of the site.			Forums established with ToR			
2	St George Hospital Head of Department to provide evidence that there is a Director of Training available every day, either by increasing the FTE of the current Director of Training or by appointing an additional Director of Training (1.1.1, 1.1.2, 1.4.2, 3.4.1). This must be completed within 3 months.	Head of Department		Complete DoT appointments at 1.00 FTE (40h/w Mon - Thu) Kuan Ho and Nick Chen	Dr Chen commenced 18 April 2023. Letter of appointment	Complete	
3	St George Hospital Head of Department to ensure that there is always a nominated diagnostic consultant on call (1.1.1). This must be completed within 3 months.	Head of Department		Rostering of On-Call Consultant Operations Manager, Undertaking final review of roster for publication	Medical Officer Roster	Complete	
4	St George Hospital Director of Training to ensure all consultants are able to participate in teaching and training and provide documentation of this (1.1.1). This must be completed within 3 months.	Director of Training	Operations Manager	Institution of the Daily Training Huddle with allocation of supervisor. Development of the Business Rule for the Diagnostic Radiology Model outlining supervision and training expectations	Huddle Agenda Business Rule for Diagnostic Radiology	Complete	
5	St George Hospital Director of Training to familiarise the trainee cohort with the Grievance Policy (1.1.2). This must be completed within 3 months.	Director of Training		Complete 3 Monthly Registrar Forums Held 27 March 2023 Quarterly Registrar Forums established with ToR for ongoing review.	Meeting Minutes See recommendation 1.	Complete	



The Royal Australian and New Zealand
College of Radiologists®

Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
6	St George Hospital Director of Training to provide evidence of the monitoring of the wellbeing of the trainees. This must be completed within 3 months.	Director of Training		Complete 3 Monthly Registrar Forums Held 27 March 2023 Quarterly Registrar Forums established with ToR for ongoing review.	Meeting Minutes See recommendation 1.	Complete	
7	The St George Hospital Director of Training to ensure that the trainee rosters comply with the relevant Medical Officer Award (1.1.3). This must be completed within 3 months.	Director of Training		Nil night shifts currently being rostered for trainee's. Operations Manager, undertaking final review of roster for publication to enable ongoing governance process	Medical Officer Roster See recommendation 3	Complete	
8	St George Hospital Director of Training to be provided with time to attend at least one Director of Training Workshop each year (1.2.1, 1.4.2) This must be completed within 3 months.	Director of Training		DoT Kuan Ho Rostered TESL to attend Workshop Oct 2022	K Ho Leave roster	Complete	
9	St George Hospital Director of Training to familiarise themselves with current College policies including (1.2.1, 3.4.2): Performance and Progression, Remediation in Training, Withdrawal from Training and ensure that all consultants working in the department are also familiar with these Policies. This must be completed within 3 months.	Director of Training		Signed policies by K Ho	Notes of Consultants' meeting for 15/3/2023 DoT has signed copies of policies to indicate he has read them.	Complete	
10	St George Hospital Director of Training to provide evidence that they are managing Trainees identified as failing to progress according to the relevant	Director of Training		Performance and Progression Plan in place for 3 trainees. Update undertaken for 2	Progress Plans and Seniors	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
	Policies (1.2.1) This must be completed within 3 months.			trainee (1 on secondment) Meeting held with DoT and Senior Trainees to identify specific training needs. Ongoing progression monitored through Consultants Meeting.	Training Meeting		
11	St George Hospital Director of Training to provide the relevant documentation including an Action Plan for Trainees being monitored under the "Performance and Progression (Clinical Radiology) Policy (1.2.1) This must be completed within 3 months.	Director of Training		Performance and Progression Plan in place for 3 trainees. Update undertaken for 2 trainee (1 on secondment) Meeting held with DoT and Senior Trainees to identify specific training needs	See recommendation 10	Complete	
12	The Director of Training to provide evidence of support mechanisms put in place for trainees being managed under the Performance and Progression (Clinical Radiology) Policy (1.2.2). This must be completed within 3 months.	Director of Training		Wellbeing discussed in in March Trainee forum. Trainee Wellbeing included in the ToR for the JMO Forum.	See recommendation 1 & 10	Complete	
14	St George Hospital Head of Department ensures trainees representation and input into the proposed changes to departmental consultant service provision model (1.4.1) This must be completed within 3 months.	Head of Department	Operations Manager	Trainees asked specifically to provide feedback and consult on a range of changes within the department. Also enabled to raise concerns in regular monthly consultants meetings	ToR for Senior Medical Officer's Committee Meeting. See recommendation 23	Complete	



The Royal Australian and New Zealand
College of Radiologists®

Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
					Email request for explicit consultation		
15	St George Hospital Head of Department to provide evidence of the mandatory protected time for the Director of Training (for approx. 10 trainees, 8 hours total between Director of Trainings each week) to enable him to familiarise himself with the Director of Training role, the relevant RANZCR procedures and policies (1.4.2, 3.4.1). This must be completed within 3 months.	Head of Department		Continuing to Roster DoT Operations Manager, undertaking final review of roster for publication to enable ongoing governance process	Medical Officer Roster See recommendation 3	Complete	
16	St George Hospital Executive to provide a Performance Management Plan regarding high clinical workload, Consultant and Trainee wellbeing and access to education with clearly identified milestones that will be monitored (1.5.1). This must be completed within 3 months.			Detailed Executive Action Plan updated and reviewed.	Executive Action Plan	Complete	
20	St George Hospital Director of Training to ensure all Consultants participate in an education session on the requirements of the new Clinical Radiology Curriculum Learning Program and E-Portfolio requirements (2.2.2). This must be completed within 3 months.	Director of Training		Regular update from DoT in Consultants Meeting	See minutes of Consultants Meeting - Recommendation 23 Evidence of ePortfolio training and distribution of manual.	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
21	St George Hospital Head of Department to address workload and workforce to enable all registrar reports to be checked within 24 hours (2.2.5): This must be completed within 3 months.	Head of Department		Ongoing monitoring of overdue and unreviewed report. Total unreported reports currently (8/9/230) below 500 and only 36 DR preliminary reports unreviewed	Prelim Report extract and breakdown by IR and DR Overdue Reports Graph	Ongoing	
22	St George Hospital Head of Department to ensure Trainees receive feedback on their reports, with face-to-face feedback as per the training Program requirements (minimum 20 half day sessions a year for each trainee) (2.2.5) This must be completed within 3 months.	Head of Department		Institution of the Daily Training Huddle with allocation of supervisor. Development of the Business Rule for the Diagnostic Radiology Model outlining supervision and training expectations	Huddle Agenda Business Rule for Diagnostic Radiology	Ongoing	
24	St George Hospital Director of Training to provide evidence that the Phase 1 Trainees are able to attend external Anatomy and AIT courses (3.1.2) This must be completed within 3 months.	Director of Training		Trainees attended 18 and 19 March 2023	Roster allocation for AIT Training	Complete	
25	St George Hospital Director of Training to provide evidence of onsite tutorials in hours aligned to the Radiodiagnosis Curriculum, with attendance log (3.1.2) This must be completed within 3 months.	Director of Training		Tutorials Rostered and attendance tracked on site in huddle	Email request to ensure LAN training available to 1st Year Trainees Roster of local tutorials	Ongoing	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
					with attendance		
26	St George Hospital Director of Training to provide evidence of participation within the Network formal education program, with attendance log (3.1.2). This must be completed within 3 months.	Director of Training		Quarantine time to attend provided and attendance tracked on site in huddle	LAN Training attendance list	Ongoing	
27	St George Hospital Executive to address the inadequate FTE resources and provide evidence of a minimal recruitment of the additional 6.5 FTE Consultants to ease the high clinical workload to enable adequate access to education, supervision and feedback and improve wellbeing of Trainees (1.1.1, 1.3.1, 2.2.4, 3.2.1, 3.4.1). There must be completed plan for recruitment within 3 months with an HR course of action being implemented.	SGH Executive		Increased VMO capacity to enable additional TEG shifts. One additional VMO consultant commenced. Recruitment evening held rolling advertisement	VMO Appointment Recruitment Event and follow up emails	Ongoing	
32	St George Hospital Director of Training to demonstrate appropriate Trainee involvement regarding decision making including but not limited to rotations and equal Network education access (1.4.1) This must be completed within 3 months.	Director of Training	Operations Manager	Trainees asked specifically to provide feedback and consult on a range of changes within the department. Also enabled to raise concerns in regular monthly consultants meetings	ToR for Senior Medical Officer's Committee Meeting. See recommendation 23 Email request for explicit consultation	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
33	St George Hospital Director of Training to provide evidence of formal teaching in the following (2.1.2): This must be completed within 3 months. a. Doctor Patient Referral; b. Review of Request c. Patient Preparation d. Consent e. Imaging Protocols f. Radiation Safety Protocols g. Shielding Protocols h. Drug administration protocols i. Management of complications j. Infection control k. Management of adverse events l. Report writing m. Communication of results	Director of Training		Training undertaken for all new first year trainees. Mechanism in place via consultants meeting to support planning of new starting trainees.	Roster and email confirmation	Complete	
34	St George Hospital Director of Training to provide evidence that trainees are spending 12-14 hours per week in supervision, training and teaching for example (2.2.1) This must be completed within 3 months.	Director of Training	Operations Manager	Interim Report Drafted with ongoing review. Review of Consultant to Trainee Ratio monitored weekly. Rostering allocations by system complete. Routine review of Trainee Examinations Number Ongoing monitoring through Consultants Meeting.	Interim Report Training Huddle Weekly Supervision Report	Complete	
35	St George Hospital Director of Training Regular onsite tutorials with attendance log. This must be completed within 3 months.	Director of Training	Operations Manager	Tutorials Rostered and attendance tracked on site in huddle	See recommendation 25	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
36	Attendance at Network wide education sessions with attendance log. This must be completed within 3 months.	Director of Training	Operations Manager	Quarantine time to attend provided and attendance tracked on site in huddle	See recommendation 25	Complete	
40	St George Hospital Director of Training to provide evidence that all trainees have successfully completed the Key Conditions Assessment prior to commencing after hours work (3.1.1). This must be completed within 3 months.	Director of Training		Training undertaken for all new first year trainees. Ongoing monitoring through Consultants Meeting.	Roster and email confirmation	Complete	
42	St George Hospital Director of Training to provide evidence of formal teaching in the following (3.1.4, 3.1.5, 3.1.6): This must be completed within 3 months. a. Patient safety training b. Report writing c. Non-Medical Expert roles	Director of Training		Training undertaken for all new first year trainees. Ongoing monitoring through Consultants Meeting.	See recommendation 33	Complete	
43	St George Hospital Director of Training to provide evidence of monthly meetings with the Clinical Supervisors (3.3.1). This must be completed within 3 months.	Director of Training		Mechanism in place via consultants meeting.	Consultants' Meeting minutes - See recommendation 14 and 23	Ongoing	
6 Month Actions							
13	St George Hospital Executive to provide a report and the end of the pilot of the new service model with the outcomes and a plan for the future of training at the St George Hospital (1.3.2) This must be completed within 6 months.	SGH Executive		Interim Report Drafted with ongoing review.	Interim Report	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
17	St George Hospital Head of Department to demonstrate consultant involvement in basic and clinical research. (1.6.2) This must be completed within 6 months.	Head of Department		Raised explicitly in consultants meeting in March. Ongoing monitoring through Consultants Meeting.	See recommendation on 14 Publications from Department	Ongoing	
18	St George Hospital Director of Training to demonstrate trainee access and time allocated to basic and clinical research. (1.6.2) This must be completed within 6 months.	Director of Training		Discussions ongoing regarding the support for research in liaison with SESLHD Research Department	See recommendation on 14	Ongoing	
19	St George Hospital Head of Department to monitor the pilot of the new service provision model and provide the RANZCR accreditation team with regular updates regarding (2.2.2): This must be completed within 6 months. a. Consultant FTE b. Clinical supervisors' hours spent in trainee supervision as part of the TEG program, with a minimum requirement of 1 hour per session or 8 hours per week c. Clinical supervisor participation in TEG d. Trained tutorials delivered on site with attendance e. Delivery of system focused rotations or subspecialty rotations as required in the Training Program f. Trainee study numbers in-hours and out-of-hours	Head of Department		Interim Report Drafted with ongoing review. Review of Consultant to Trainee Ratio monitored weekly. Rostering allocations by system complete. Routine review of Trainee Examinations Number	Interim Report Training Huddle Weekly Supervision Report	Ongoing	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
23	St George Hospital Director of Training to provide evidence of the monthly Consultant meetings with the Clinical Supervisors. (3.3.1) This must be completed within 6 months.	Director of Training		Ongoing monitoring through Consultants Meeting.	Consultants' Meeting minutes	Complete	
28	St George Hospital Director of Training to demonstrate acceptable supervision ratios required to meet Criterion 1.1.1 for Trainees to enable access to education (1.1.1, 1.5.1). This must be completed within 6 months.	Director of Training		Institution of the the Daily Training Huddle with allocation of supervisor. Development of the Business Rule for the Diagnostic Radiology Model outlining supervision and training expectations	Huddle Agenda Business Rule for Diagnostic Radiology	Ongoing	
29	St George Hospital Head of Department to consider appointing additional registrars to enable better coverage of in hours and out of hours workload, recognising that this would require employment of additional consultant FTE to ensure adequate training ration, and would require capacity within the Network to train in subspecialty areas (1.1.3, 1.3.1) or St George Hospital Head of Department to consider alternative methods of covering the afterhours workload, for example outsourcing or additional alternative consultant cover (1.1.3, 1.3.1). This must be completed within 6 months.	Head of Department		Outsourcing of reporting currently being undertaken overnight and on Saturdays	Roster	Ongoing	



The Royal Australian and New Zealand
College of Radiologists®

Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
30	St George Hospital Head of Department provide rosters demonstrating sufficient consultant and registrar staffing to enable safe training 1.3.1. This must be completed within 6 months.	Director of Training		Interim Report Drafted with ongoing review. Review of Consultant to Trainee Ratio monitored weekly. Rostering allocations by system complete. Routine review of Trainee Examinations Number Operations Manager, undertaking final review of roster for publication to enable ongoing governance process	Interim Report Training Huddle Weekly Supervision Report	Complete	
38	St George Hospital Director of Training to provide evidence that all Trainees allocated to St George Hospital have participated in Key Conditions training (3.1.1). This must be completed within 6 months.	Head of Department		Trainees asked specifically to provide feedback and consult on a range of changes within the department. Also enabled to raise concerns in regular monthly consultants meetings	ToR for Senior Medical Officer's Committee Meeting. See recommendation on 23 Email request for explicit consultation	Complete	
39	St George Hospital Director of Training to provide evidence that Key Conditions training is now being offered to all Trainees as a component of their ongoing education (3.1.1).	Director of Training		Institution of the the Daily Training Huddle with allocation of supervisor. Development of the Business Rule for the Diagnostic Radiology Model outlining	Huddle Agenda Business Rule for Diagnostic Radiology Preliminary Reports Status	Ongoing	



The Royal Australian and New Zealand
College of Radiologists®

Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
				supervision and training expectations			
12 Month Actions							
41	St George Hospital Director of Training to provide evidence that System Focused Rotations are being provided at the site (3.1.3). This must be completed within 12 months.	Head of Department		Trainees rostered by system and huddle supervision determined by system and sub speciality interest areas	Roster and Huddle Agenda	Complete	
45	St George Hospital Director of Training to consider how System Focused Rotations can be transitioned to the provision of subspecialty rotations as part of the new Training Program, in particular how this will work with the new consultant service provision model which does not support subspecialist reporting (3.1.3). This must be completed within 12 months.	Director of Training		Trainees rostered by system and huddle supervision determined by system and sub speciality interest areas	Roster and Huddle Agenda	Ongoing	
Overall Site Comments							
<p>St George Hospital (SGH) is committed to improve the training environment for trainees and has worked solidly over the last 9 months to address the recommendations. SGH is working towards sustainable solutions so some recommendations are taking longer than expected but progress is evidenced in this report.</p> <p>In response to the RANZCR recommendations, St George Hospital developed a working party consisting of the General Manager, Director of Medical Services, Deputy DMS, Director of Training, Director of Radiology, Divisional Manager, Radiology Services Manager, Radiology Operations Manager and a trainee representative. This meeting has continued to oversee the improvement in the education and training of junior medical officers.</p> <p>Over the past 3 months the focus of efforts has been on embedded systems and processes to ensure the diagnostic radiology model supports the supervision and training of radiology trainees whilst also enabling effective communication between trainees and consultants within the department. Key to this has been the development of the Diagnostic Radiology Business Rule as well as establishing a daily training huddle.</p> <p>We are proud of the positive progress achieved to date and are confident we will continue to improve the experience for our trainees and our overall radiology service.</p>							

Evidence Contents Page

ITEM No.	DESCRIPTION	RECOMMENDATION No.	PAGE No.
Item 1	Diagnostic Radiology Business Rule	Recommendation 4 Recommendation 22 Recommendation 37	p.17-22
Item 2	Terms of Reference JMO (Registrar) Forum	Recommendation 12	p.23-24
Item 3	Agenda and Minutes JMO (Registrar) Forum	Recommendation 1 Recommendation 5 Recommendation 6	p.25-35
Item 4	Appointment Letter Director of Training	Recommendation 2	p.36-37
Item 5	Medical Imaging Senior Medical Officer and Junior Medical Officer Roster	Recommendation 2 Recommendation 7 Recommendation 15 Recommendation 29 Recommendation 40 Recommendation 41 Recommendation 44	p.38-72
Item 6	K Ho TESL Roster	Recommendation 8	p.73
Item 7	Director of Training Signed Policies	Recommendation 9	p.74-77
Item 8	Senior Medical Officer Committee Meeting (Consultants Meeting) Agenda – March 2023	Recommendation 9	p.78-88
Item 9	Performance Progression Plans	Recommendation 10 Recommendation 11 Recommendation 12	p.89-128
Item 10	Senior Trainee Meeting	Recommendation 10	p.129
Item 11	Diagnostic Radiology Model Interim Report	Recommendation 13 Recommendation 19 Recommendation 30 Recommendation 34	p.130-139
Item 12	Terms of Reference Senior Medical Officer Committee (Consultants Meeting)	Recommendation 14 Recommendation 17 Recommendation 18 Recommendation 31 Recommendation 32 Recommendation 38 Recommendation 39 Recommendation 40 Recommendation 43	p.140-141
Item 13	Consultation Requests to Trainees	Recommendation 14	p.142-144
Item 14	Executive Action Plan	Recommendation 16	p.145-151
Item 15	Publications from Department	Recommendation 17	p.152-156
Item 16	Weekly Average Supervision Ratio Report	Recommendation 19	p.157
Item 17	Trainee Reported Studies (June – September 2023)	Recommendation 19	p.158-162
Item 18	Agenda - Medical Imaging Training Huddle	Recommendation 4 Recommendation 19 Recommendation 22 Recommendation 28 Recommendation 30 Recommendation 34 Recommendation 37 Recommendation 41 Recommendation 44	p.163

ITEM No.	DESCRIPTION	RECOMMENDATION No.	PAGE No.
Item 19	Graph of Overdue Reports	Recommendation 21	p.164
Item 20	Preliminary Reports review	Recommendation 21 Recommendation 37	p.165
Item 21	Agenda and Minutes Senior Medical Officer Committee (Consultants Meeting)	Recommendation 20 Recommendation 23	p.166-174
Item 22	Evidence of training in curriculum and e-portfolio requirements	Recommendation 20	p.175
Item 23	Roster AIT Training	Recommendation 24	p.176
Item 24	Evidence of correspondence regarding tutorials	Recommendation 25	p.177-179
Item 25	Tutorial Attendance Log	Recommendation 25 Recommendation 26 Recommendation 35 Recommendation 36	p.180-182
Item 26	Evidence of consultation	Recommendation 31 Recommendation 32	p.183-190
Item 27	VMO Appointment Letter	Recommendation 27	p.196
Item 28	Recruitment Actions	Recommendation 27	p.197-199
Item 29	Evidence of formal teaching	Recommendation 33 Recommendation 42	p.200-201
Item 30	Evidence of Key Conditions Training	Recommendation 38 Recommendation 39	p.202-204
Item 31	Evidence of Key Conditions Assessment	Recommendation 40	p.205-207

SESLHD BUSINESS RULE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	St George Hospital Diagnostic Radiology Model
TYPE OF DOCUMENT	Business Rule
DOCUMENT NUMBER	SESLHDPR/XXX
DATE OF PUBLICATION	11 August 2023
RISK RATING	Medium
LEVEL OF EVIDENCE	National Standards: Standard 1 – Clinical Governance Standard 5 - Comprehensive Care Standard 6 – Communicating for Safety
REVIEW DATE	August 2024
CONSULTATION	Senior Medical Officers Junior Medical Officers Patient Safety & Clinical Quality Committee
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR	Clinical Director, Medical Imaging, SGH
AUTHOR	Operations Manager, Medical Imaging
POSITION RESPONSIBLE FOR THE DOCUMENT	Operations Manager, Medical Imaging, SGH [REDACTED]
FUNCTIONAL GROUP(S) <i>Document location on SESLHD website</i>	Clinical, Clinical Governance
KEY TERMS	Diagnostic Radiology Reporting Model
SUMMARY <i>Brief summary of the contents of the document</i>	This Business Rule outlines and governs the St George Hospital (SGH) Diagnostic Radiology Reporting Model which separates the professional functions of Radiologists including teaching, engagement and governance and speciality reporting from the bulk time sensitive reporting of examinations to enable improved efficiency in reporting and increase capacity for teaching, engagement, governance and speciality reporting.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

**This Procedure is intellectual property of South Eastern Sydney Local Health District.
Procedure content not to be duplicated.**

Feedback about this document can be sent to SESLHD-Policy@health.nsw.gov.au

SESLHD BUSINESS RULE

St George Hospital Diagnostic Radiology Model

SESLHDBR/XXX

1. POLICY STATEMENT

The Standard 5 Comprehensive Care – Guideline [SESLHDGL/088](#) guides the processes and systems to ensure that patients accessing SESLHD health services receive care that is coordinated and meets their individual as well as ensure that risk of harm to patients is identified and managed through targeted strategies which are documented in the care plan.

The Australian Commission has identified six essential elements for the delivery of comprehensive care. These elements represent different stages or processes that a patient may experience during delivery of care. SESLHD has adopted this model of comprehensive care and all SESLHD facilities will review the delivery of comprehensive care across care settings to ensure alignment of care with the six essential elements.

The first element of clinical assessment and diagnosis requires each facility to;

- Foster a person centred culture in delivering comprehensive care
- Specify and communicate a clear process and the roles and responsibilities for supervision of clinicians
- Provide access to training and education to support clinical assessment activities and diagnostic processes
- Provide systems to capture relevant information for comprehensive care delivery including clinical assessment and diagnosis.

2. BACKGROUND

The St George Hospital Diagnostic Reporting (DR) Model has been developed to ensure that the Medical Imaging Service supports the organisations delivery of comprehensive care.

This is done by separating the professional functions of Radiologists including teaching, engagement and governance and speciality reporting from the bulk time sensitive reporting of examinations to enable improved efficiency in reporting while increasing capacity for teaching, engagement, governance, and speciality reporting.

3. RESPONSIBILITIES

3.1. General

- 3.1.1. All Senior Medical Officers working within the SGH Medical Imaging Department should ensure they are aware of the Diagnostic Reporting (DR) Model in place and the business rule that defines how it is operationalised.
- 3.1.2. Senior Medical Officers participating are either employed as a Staff Specialist in line with the relevant Award or, engaged via a Visiting Medical Officer (VMO) contract at SGH and be remunerated as specified in the VMO service contract.
- 3.1.3. Senior Medical Officers will be rostered to either; the functions of teaching, engagement, governance and speciality reporting “TEGs”/Staff Specialist or volume and time sensitive reporting “Reporting Engine”.

SESLHD BUSINESS RULE

St George Hospital Diagnostic Radiology Model

SESLHDBR/XXX

- 3.1.4. All Senior Medical Officers are required to participate equitably in an “On Call” roster.
- 3.1.5. Administrative days will be rostered for the Director of Training (DOT) and Head of Department (HOD) roles.
- 3.1.6. Senior Medical Officers engaged as VMO’s who wish to participate in the reporting engine component of the model must also concurrently participate in TEGs function.
- 3.1.7. All Senior Medical Officers must notify the roster manager of their availability.
- 3.1.8. Applications to vary the ratio of ‘reporting engine’ to TEG functions can be considered so long the key objectives and functions are maintained for the department.
- 3.1.9. Senior Medical Officers need to be available for the whole period for which they are rostered.
- 3.1.10. Failure to comply with these business rules, as amended from time to time, will result in review of contractual arrangement in place and/or performance management.

3.2. Director of Training

- 3.2.1. The Director of Training (DoT) has overall responsibility for the structure and quality of training in a hospital or department, in line with the College policies and the specific arrangements within their training network.
- 3.2.2. Appointments to the DoT position, must be nominated by their Head of Department, and approved by The Royal Australian and New Zealand College of Radiologists (RANZCR) Clinical Radiology Education and Training Committee (CRETIC).
- 3.2.3. The DoT key responsibilities are outlined in the position description and detailed by [RANZCR](#).
- 3.2.4. The roster manager will ensure that that DoT are rostered protected time to undertake the key responsibilities of the role. During this time DoT should be readily contactable by Junior Medical Officer’s and Administrative Staff.

3.3. Training, Engagement, Governance and Speciality reporting (TEGs) Functions

The Teaching, Engagement, Governance and Specialty reporting function involves many of the key professional activities undertaken by a Senior Medical Officer (Consultant Radiologist) including but not limited to the delivery of teaching and supervision to junior medical officer, consultation and liaison with the multidisciplinary team and patient safety and quality improvement activity.

Without the requirement of time sensitive volume reporting the delivery of TEGs is optimised and the department is enabled to effectively communicate with other clinical teams at SGH, improve the quality of services offered and provide for the future of specialist radiology (Junior Medical Officer training). These functions are vital to the work in a quaternary teaching hospital.

SESLHD BUSINESS RULE

St George Hospital Diagnostic Radiology Model

SESLHDBR/XXX

- 3.3.1. Participants in TEGs functions for staff employed as VMOs will be remunerated as VMOs at the award hourly rate. Modified Fee-for-Services remuneration will not be available when rostered for TEG functions.
- 3.3.2. Participants in TEGs functions for staff employed as Staff Specialist will be remunerated as per the relevant Award.
- 3.3.3. TEGs functions will occur in normal hours (0800 to 1800 hours for staff specialist or 0800 to 1700 hours VMOs) on week days (except public holidays) and will be on site at SGH.
- 3.3.4. TEGs Senior Medical Officers will undertake reporting on examinations with Junior Medical Officers and/or approve preliminary reports to enable effective teaching and supervision.
- 3.3.5. The allocation of supervision to Junior Medical Officer rostered is determined in the training huddle held every weekday. Junior Medical Officers will assign cases for review as agreed in the training huddle.
- 3.3.6. TEGs Senior Medical Officers will be available for consultation with clinical teams, attend clinical meetings and supervise or perform minor procedures when/if the Interventional Radiologist is not available.
- 3.3.7. TEGs Senior Medical Officers are expected to be adequately prepared for MDTs and time to prepare for MDTs will be available during TEG time.
- 3.3.8. Consultants will be monitored in their performance of TEG functions and failure to perform adequately may result in review of contractual arrangement in place and/or performance management. A monitoring mechanism will be developed and may include surveys of referrers and trainees.

3.4. Patient Safety & Quality Improvement

- 3.4.1. All Senior Medical Officers are responsible to ensuring unanticipated findings, which may affect a patient's care, are communicated to the relevant clinical team as per policy.
- 3.4.2. All Senior Medical Officers are required to discuss a report they have drafted with a referrer if/when requested.
- 3.4.3. Where inadequate or inaccurate reports are identified they should be flagged with the original reporter, the Director of Radiology and Operations Manager for review.
- 3.4.4. The TEGs Senior Medical Officers will undertake routine audits of all reports to monitor on accuracy and quality of the reports.
- 3.4.5. Audits are to be tabled in the relevant Clinical Governance meetings within the Department.

SESLHD BUSINESS RULE

St George Hospital Diagnostic Radiology Model

SESLHDBR/XXX

3.5. Reporting Engine

The 'reporting engine' is where the bulk of the diagnostic radiology reporting occurs. The Senior Medical Officers are isolated from other functions so that they can concentrate on reporting and thereby improve reporting efficiency. The objective of the 'reporting engine' is to report all examinations on the same day they are generated and to meeting Turn-Around-Time (TAT) benchmarks, for all modalities, in all locations within SGH.

- 3.5.1. Reporting Engine Senior Medical Officers must be available to be rostered equitably in all 'reporting engine' shifts including, days, evenings, weekends and public holidays.
- 3.5.2. Reporting Engine Senior Medical Officers will be rostered to 'reporting engine' and TEG shifts in proportion to the number of shifts available and the number of VMO contractors to work.
- 3.5.3. Reporting Engine Senior Medical Officers will be only able to report on DR examinations generated during the hours of the shift they are rostered to unless there are overflow unreported examinations.
- 3.5.4. To facilitate registrar training and supervision, examinations generated between 0800 and 1800 hours in the main Medical Imaging department should be available for trainees to draft a preliminary report for review and authorisation by the Senior Medical Officer/s rostered on TEGs.
- 3.5.5. Reporting Engine Senior Medical Officers should only be authorising preliminary report of Junior Medical Officers which have not been assigned to a TEGs Senior Medical Officers.
- 3.5.6. Emergency Department examinations are immediately available to the 'reporting engine'.
- 3.5.7. Reporting Engine Senior Medical Officers in the 'reporting engine' will be responsible to report on all examinations generated during their shift, irrespective of modality or body area. If the Radiologist has difficulty with a report, they should draft a report and then seek second opinion to ensure an accurate report. It is the first Radiologist's responsibility to obtain a second opinion if required.
- 3.5.8. Reporting Engine Senior Medical Officers rostered in the evenings, weekends and public holidays are expected to liaise with radiology Junior Medical Officers and clinical teams where required.
- 3.5.9. 'Reporting engine' shifts will be as follows:

Day	0830 to 1700 hours
Evening	1700 to 2400
Weekend and Public Holidays	0830 to 2400 hours

- 3.5.10. 'Reporting engine' functions may take place remotely.
- 3.5.11. When commencing the 'reporting engine' in the morning, the first priority of the Radiologists will be to report on examinations which occurred during the previous night.

SESLHD BUSINESS RULE

St George Hospital Diagnostic Radiology Model

SESLHDBR/XXX

4. REFERENCES

5. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
11 August 2023	1.1	Draft Version
8 September 2023	1.2	Second Draft following consultation with Senior Medical Officer's, Junior Medical Officers and Nurse Unit Manager and Chief Radiographer.



TERMS OF REFERENCE

Medical Imaging – Junior Medical Officer’s Forum

1. MEMBERSHIP

- Junior Medical Officers (all within the apartment)
- Director of Training
- Head of Department
- Operations Managers

2. OFFICERS IN ATTENDANCE

The committee may request other representatives to attend. Officers in Attendance do not have membership rights.

3. QUORUM REQUIREMENTS

The quorum shall consist of 50% + 1 (this must include either the Head of Department or Director of Training or their delegate)

If the quorum is not reached then the meeting is to be rescheduled to when the majority of members are available. Members should advise the Secretariat if they are unable to attend at least a few days prior to the meeting to ensure the meeting will have the quorum required to proceed.

4. ROLE

The role of the Junior Medical Officer’s forum is to provide an opportunity for JMO’s within the department to meet with the Senior Managers of the Department to identify, discuss and action any issues or concerns facing them as a group.

5. TERMS OF REFERENCE

- **Representation**

- To identify and action relevant training issues from JMOs including;
 - Education and training
 - Industrial issues including workplace flexibility
 - JMO welfare, health and wellbeing

- **Advisory and consultation**

- To provide input on position statements, policies, guidelines and activities related to the education, training, health and welfare of JMOs
- To liaise and consult with internal and external stakeholders on issues related to medical education, training, health and welfare

6. FREQUENCY OF MEETINGS

Quarterly on the third Monday of the month from midday to 1.30pm

7. EXECUTIVE SPONSOR

Head of Department, Medical Imaging

8. SECRETARIAT

Administration Officer, Medical Imaging



TERMS OF REFERENCE

Medical Imaging – Junior Medical Officer’s Forum

9. METHOD OF COMMITTEE EVALUATION

Annual performance review against the Terms of Reference.

10. AUTHOR AND APPROVAL

Date	Revision No	Author	Approval
10/07/2023	1.1	Operations Manager, Medical Imaging	Head of Department, Medical Imaging

Notes from Registrars' Forum

Date: 27 March 2023
Time: 1230 hours (pizza and drinks will be available)
Location: Meeting Room 3
Present: G Kanthan, N Nguyen, D Riwoe, D Lee, J Yap, K Ho, A Manos, p Curtis
Apologies: N Chen, G Yeo, YT Wong, M Vather, K Lau

Agenda

No	Item	RANZCR Recs	Presenter
1.	<p>Tutorials and face to face feedback</p> <p>The registrars indicated that tutorials were occurring with 4 tutorials the week before and 2 before that.</p> <p>It would be helpful if there was a more regular roster so the registrars know when to expect tutorials.</p> <p>KH indicated that registrars should become involved with MDTs, journal club and look at interesting cases.</p>	Multiple	KH
2.	<p>Support for registrars' wellbeing</p> <p>AM discussed information about what is available for support generally in the hospital and the Employee Assistance Program (including counselling around exam preparation). AM stated that the registrars have her contact details and can contact her as needed.</p>	6	Amy Manos
3.	<p>DR Model up-date</p> <p>Two new Radiologists commencing in Reporting Engine in the next week. RE operating on average 3 days per week.</p>	14,31	DG/PC
4.	<p>Night and weekend reporting by Everlight</p> <p>PC indicated that there was a delay in receiving many reports from Everlight.</p>		PC

No	Item	RANZCR Recs	Presenter
	<p>The registrars raised a concern about exams after 5 AM not being sent to Everlight, resulting in a backlog at the beginning of the day. It was stated that stopping sending exams to Everlight at 5 AM was appropriate when the RE was rostered for the day but if not, 7 AM was a more appropriate time.</p>		
5.	<p>Registrar on call at night for approvals</p> <p>The question of having a registrar on call overnight to answer the phone and support the radiographers when a sonographer or MRI radiographer was to be called in. After a prolonged discussion it was agreed for a registrar to be on call provided they were called by the radiographer and a list was developed for clinically appropriate call ins.</p> <p>It was noted that, with the removal of nights it was possible to change the roster for evenings.</p>		PC
6.	<p>RANZCR Grievance Policy (attached)</p> <p>The policy was noted and the trainees encouraged to consult it. It was also noted that there is a hospital grievance policy as well.</p>	5	KH
7.	<p>Registrar attendance at beginning of Consultants' Meeting – to discuss registrar issues.</p> <p>This was noted and registrars to inform PC who will be their nominee.</p>		PC
8.	Other business - nil		PC

The forum closed at 1400 hours.

Next forum – July 2023 - TBA

Registrars' Forum

Date: 13 June 2023

Time: 1200 hours (pizza and drinks will be available)

Location: Meeting Room 3 or Microsoft Teams

Present: Damien Riwoe, Mehr Vather, Joshua Yap, Yuen Ting Wong, David Lee (on line), Kasper Lau, Derek Glenn (HoD), Nick Chen (DoT), Amy Manos (DDMS), Megan Foreshow (SGH Wellness program, on line) and Paul Curtis

Agenda

No	Item	Presenter
1.	<p>Support for registrars' wellbeing (via Teams) SGH has an active wellness program across the hospital, including trainee doctors. It is part of a District program. It is a 3-year strategy with a monthly calendar (see monthly emails). A recent survey revealed the need for more food options on campus and safety and security concerns.</p> <p>In addition, other initiatives will include Schwartz rounds, funding applications and identifying projects. Anyone can suggest projects. For example, the recent 12 x 12 Wellbeing Challenge was successful.</p> <p>The registrars raised the issue of parking. This is a concern across the campus and there are options for afterhours staff to go to the Grey Street car park with a token after 3 PM. Parking was discussed at some length.</p>	<p>Megan Foreshow, SGH Wellbeing Unit and Amy Manos, DDMS</p>
2.	<p>Registrar's concerns</p> <ol style="list-style-type: none"> 1. The issue of providing feedback to ED about consultants rudely requesting urgent tests. It was pointed out that we don't want to be obstructive but asking for the information using the ISBAR acronym is often helpful. Examples with details to be provided to Dr Chen to address with the ED. 2. Poor quality test requests should be referred to Dr Glenn. 3. Providing oral exam results to ED can be difficult. PC to identify the mobile phone number for the admitting officer. To 	Registrars

No	Item	Presenter
	<p>develop a laminated card with relevant phone numbers. PC to action.</p> <p>4. IR shifts – some consultants are good at providing learning opportunities. It is difficult to complete reports and if they are short of nurses, the trainee is required to undertake assisting the consultant, but they often miss what is happening in the case, thus missing learning opportunities. It was noted that the IR fellow will undertake the IR liaison role.</p>	
3.	<p>Tutorial program commencing June 23</p> <p>The registrars expressed concerns about tutorials being random and not enough notice for the registrars to attend.</p> <p>A new program was briefly discussed and the proposed program circulated (see attached). This should address this problem.</p> <p>The junior registrars stated that many of the tutorials were at a higher level than they are at. This was acknowledged but all registrars should be able to learn something from each tutorial.</p>	NC/KH
4.	<p>Feedback on supervision and training</p> <p>It was noted that registrars should send their reports to the TEG/SS persons on shift so that more in depth discussion can occur.</p> <p>The junior registrars expressed concerns regarding after hours MRIs and what should they concentrate on. This was discussed briefly.</p>	NC/KH/PC
5.	<p>Meeting the RANZCR requirements for examination numbers</p> <p>Dr Chen briefly discussed the RANZCR requirements for exams reported on during registrar training. Most will be easily achievable at SGH, except perhaps CT colonography and cardiac CTS. Dr Chen wants the registrars to submit (on a proforma) the number of reports completed by modality each week.</p>	NC

No	Item	Presenter
6.	Dr Model up-date Noted that the Reporting Engine will be functioning some evenings.	DG/PC
8.	Other business Nil	PC

The meeting concluded about 1340 hours.

Next forum – 4 September 2023

Registrars' Forum

Date: 18 September 2023

Time: 1200 hours (pizza and drinks will be available)

Location: Meeting Room 3 (Rad 1 – Tree Room) or Microsoft Teams

[Click here to join the meeting](#)

Meeting ID: 466 985 630 124

Passcode: bBFteV

Agenda

No	Item	Presenter
1.	Presentation on Research	Jordan Maxton
2.	Registrar's concerns	Registrars
3.	Director of Training matters	NC/KH
4.	Feedback on training program and huddles	Registrars
4.	Employee Assistance Program (EAP)	SH/PC
6.	Dr Model up-date	DG/PC/SH
8.	Other business	All

Next Forum – Tuesday, 5 December 2023

Registrars' Forum

Date: 18 September 2023

Time: 1200 hours

Location: Meeting Room 3

Attendees: Drs M Vather, K Lau, G Kanthan, N Nguyen, J Yap, J Thompson, D Lee, K Ho, P Child, P Curtis, Ms S Hassan.

Notes

No	Item
1.	<p>Presentation on Research @ SGH – Dr Jordon Maxton (on-line)</p> <p>Dr Maxton presented on the work of the SGH RMOs Association on research, which has a website to link RMOs undertaking research (Research St George RMOA). The website is in its infancy but they hope to expand it in the future. JMOs needing help with research can ask for help via the website. JMOs are encouraged to record their research projects on the website. Note: it is a public website but there are log-in provisions for additional help. Accounts are free.</p> <p>The site will be featured at the St George & Sutherland Medical Research Foundation Symposium (WELCOME TO SSMRF - St George and Sutherland Medical Research Foundation (stgeorgemrf.com.au)). Dr Maxton to provide details of the next symposium.</p> <p>SH to circulate the details of the research symposium when available.</p>
2.	<p>Registrar's concerns</p> <p>Up-dated on Accreditation SGH has not been informed of another College visit. The third report is due on 20 September. It is understood the report will go to two RANZCR committees and feedback is not expected until mid to late November. Registrars are encouraged to complete their ePortfolio items and let SH know if there is a delay in consultant sign-off.</p> <p>Research Projects Trainees are to complete one project during their training and need to start early due to the need to publish, which can take time. SH indicated she has lots of quality improvement ideas which can be converted into projects (including setting up an audit system on the quality of reports). KH indicated he has been discussing projects with the junior registrars and they have some ideas.</p>

No	Item
	<p>MDT Attendance NN stated that he has been rostered to a new MDT and he thought it was agreed to have more consultant involvement. SH to review. Note: during training there are many MDTs with a Pathologist present required by the College to complete training. These can be difficult to access and trainees are encouraged to take as many opportunities as possible.</p> <p>Exam period in October There will be two weeks with only 2-3 registrars available each day during the exam period.</p>
3.	<p>Director of Training Matters (KH)</p> <p>2024 Registrars Note: following College advice, SGH will be one registrar down in 2024</p> <p>Attendance records for training We need good record keeping for training, both LAN and local. SH stated that the information is collected weekly at the Huddle.</p> <p>Tutorial Plan GK stated that there was to be a plan for tutorials in advance. This does not appear to have happened. It was noted the consultants' roster is only available 4 weeks in advance. It was agreed to develop a 3 month roster based on the curriculum (note: the WAN training plan will be helpful here). ACTION: GK and MV to develop a draft plan within 2 weeks</p>
4.	<p>Feedback on training program and huddles</p> <p>The trainees indicated they like the huddles and the direction it provides. The physical location of the registrars and finding them is still a concern for radiographers and nurses. It was noted that the location of registrars in Ultrasound, MRI and Liaison (CT reporting room) are already fixed unless there is a consultant in those locations. Registrar's location to be monitored.</p> <p>There was a request to publish photos of the registrars to identify who they are. It was agreed that this is a good idea but should also include radiographers and nurses. ACTION: SH to discuss with John Thomas.</p>

No	Item
4.	<p data-bbox="472 269 1042 304">Employee Assistance Program (EAP)</p> <p data-bbox="472 343 1389 529">Trainees were informed that EAP access is free and anonymous and there are a range of services available. (Note: family of staff may use the service as well). It is available at: Employee Assistance Program (EAP) South Eastern Sydney Local Health District (nsw.gov.au)</p> <p data-bbox="472 569 1394 676">It was noted that Med Admin have access to assistance with exam preparation if required. Trainees to inform SH/PC if want to seek this help.</p>
6.	<p data-bbox="472 718 736 752">Dr Model up-date</p> <p data-bbox="472 804 1339 873">Business Rule: St George Hospital Diagnostic Radiology Model</p> <p data-bbox="472 890 1372 999">SH thanked everyone for their feedback on the Business Rule and it had been incorporated. The up-dated document will go to the Consultants' Meeting on Wednesday.</p> <p data-bbox="472 1038 662 1073">Recruitment</p> <p data-bbox="472 1076 1384 1145">There are 2 consultant radiologists who have expressed interest in joining the DR Model.</p> <p data-bbox="472 1185 1083 1220">Reporting Engine Start and Finish times</p> <p data-bbox="472 1222 1397 1331">There is some confusion about the start and finish times for the Reporting Engine. This is clarified in the Business Rule and will need to be circulated when the Business Rule has been finalised.</p>
8.	<p data-bbox="472 1373 707 1408">Other business</p> <p data-bbox="472 1447 624 1482">IR Huddle</p> <p data-bbox="472 1485 1376 1554">Note: the IR Service has commenced a huddle each morning at 0830 hours in the CT control room. IR registrar to attend.</p>

Meeting closure: 1310 hours

Next Forum Tuesday, 5 December 2023

Subject: Registrars' Forum
Location: Meeting room 3 (tree room) and Microsoft Teams Meeting

Start: Mon 18/09/2023 12:00 PM
End: Mon 18/09/2023 1:30 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Paul Curtis (South Eastern Sydney LHD)
Required Attendees: Kasper Lau; Mehr Vather; [REDACTED]; Gowri Kanthan; D Lee; Joshua Yap; Yuen Ting Wong (South Eastern Sydney LHD); Saad Rehan; Sam Hassan (South Eastern Sydney LHD); Nicholas Chen; Kuan Ho (South Eastern Sydney LHD); Derek Glenn (South Eastern Sydney LHD); Jeff Thompson; Mira Kikas (South Eastern Sydney LHD)

Dear all

Due to Registrar Leave on 4 September, we have moved the Registrars' Forum to Monday 18 September at 1200 hours.

Note it will be an in-person event, with pizza, but there is a Microsoft Teams link if needed. We'll circulate an agenda closer to the time.

We will also welcome our new Registrar, Jeffrey Thompson, who will start on that day.

Kind regards

Paul

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 466 985 630 124

Passcode: bBFteV

[Download Teams](#) | [Join on the web](#)

Join with a video conferencing device

jointeams@conference.meet.health.nsw.gov.au

Video Conference ID: 133 936 027 9

[Alternate VTC instructions](#)

Or call in (audio only)

[+61 2 8318 0010,870893608#](tel:+61283180010870893608) Australia, Sydney

Phone Conference ID: 870 893 608#

[Find a local number](#) | [Reset PIN](#)

[Learn More](#) | [Meeting options](#)



The Royal Australian and New Zealand
College of Radiologists*

The Faculty of Clinical Radiology

12 April 2023

Dr Nicholas Junzhong Chen

St George Hospital

Dear Dr Nicholas Chen,

Your Director of Training (DoT) application has been reviewed and your appointment as Co-Director of Training at St George Hospital has been approved on 5 April 2023 for commencement on 5 April 2023.

Congratulations on your appointment. I am confident that your knowledge and experience will be a major asset to the Clinical Radiology Training Program.

Throughout the year there are webinars held that provide information and upskilling opportunities to support you in your role and within the first six months of appointment you are required to complete a Director of Training Induction session. Information about these sessions will be communicated via email and DoT eNewsletters a few weeks before each event. The next available induction sessions will be held on 25 July 2023 and 22 November 2023.

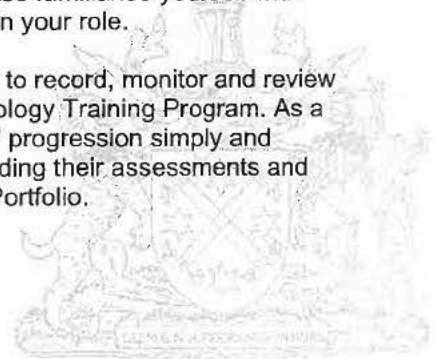
As a Director of Training, you are also required to attend a Director of Training Workshop every twelve months.

The Director of Training (DoT) has overall responsibility for the structure and quality of training in a hospital or department, in line with the College policies and the specific arrangements within their training network. While all specialist staff at an accredited training site have a role to provide supervision, teaching and training for trainees at an appropriate level, the DoT is also responsible for providing trainees with information and feedback on their progress.

DoTs are the College's representatives of training in Clinical Radiology within accredited departments. They have an important role and ideally should have a broad understanding and experience in College activities. They provide liaison between trainees and hospital/department administration regarding matters related to training as well as with Network Training Directors and the College Office. The role of the DoT also encompasses organisation and management, education and human relations.

The Curriculum Learning Outcomes and the Training Program Handbook are the two primary resources that support the Clinical Radiology Training Program. The Learning Outcomes document articulates what is expected of a trainee on their first day of specialist practice and the Training Program Handbook is a comprehensive guide that encompasses every element of the training program from assessment tools and instructions, to policies and guidelines. Please familiarise yourself with these documents, as they provide essential information to support you in your role.

The training program is administered by an ePortfolio System designed to record, monitor and review trainees' activities and assessments as they complete the Clinical Radiology Training Program. As a Director of Training, the system will assist you to manage your trainees' progression simply and efficiently. You will have online access to all your trainee's profiles including their assessments and reviews. Access to the system is through your CPD profile within the ePortfolio.





The Royal Australian and New Zealand
College of Radiologists*

The Faculty of Clinical Radiology

Logging In to the ePortfolio

Go to www.ranzcr.com. On the top right corner, click the link "Member Login". This will take you to the login page of the MyRANZCR. First time users will need to select and follow the "Forgot your password?" instructions the login details are:

- Email: the primary email address registered with the College
- Password: created by user

Enter your email and password and click "Sign In".

Follow the instructions to authenticate your account. Two options are available:

1. Send Code – which will send a 6-digit code to the users associated mobile number
2. Call Me – which will call the user and prompt them to press the pound (#) key

Complete the 2 Factor Authentication via the chosen method to be directed to the Home page of MyRANZCR. On the Home page of MyRANZCR, select "RANZCR ePortfolio".

DoTs are vital to the success of the RANZCR's Clinical Radiology Training Program and the mission of the College. The College is committed to supporting DoTs in all aspects of their role.

If you have any questions, please do not hesitate to contact the Specialty Training team via the contact details provided below:

Shawnney Sargeant

Project Officer, Director of Training Support Specialty Training

Ph: +61 [REDACTED]

Email: [REDACTED]

Yours sincerely

Dr Barry Soans Chief Censor

Faculty of Clinical Radiology



	Mon. May. 29	Tue. May. 30	Wed. May. 31	Thu. Jun. 01	Fri. Jun. 02	Sat. Jun. 03	Sun. Jun. 04
DR Liaison Registrar	Lau	Lau	Vather	Vather	S.Chen		Sunday Registrar: Van Der Walt
IR Registrar	Vather	Vather	Lau	Lau	Vather	IR Consultant On Call: Glenn	IR Consultant On Call: Glenn
Body Registrar	No registrar cover	No registrar cover	No registrar cover	No registrar cover	No registrar cover	DR Consultant On Call: Glenn	DR Consultant On Call: Tan
Neuro/MSK (MRI) Registrar	No registrar cover	No registrar cover	No registrar cover	No registrar cover	No registrar cover		
O&G/Paeds (US) Registrar	No registrar cover	S.Chen	S.Chen	S.Chen	Lau		
Evening Registrar	Van Der Walt	Van Der Walt	Van Der Walt	Van Der Walt	Van Der Walt		
IR Consultant	Lodh	Chour	Lodh Chour	McQuinn	Lodh		
Staff Specialist Consultant	Ho	Chen Bahure	Ho	Chen Abeywickrema			
VMO TEG Consultant	Bhatti						
VMO RE Day Consultant	Tan	Glenn	Bhatti	Zang	Power		Tan
VMO RE Evening Consultant	Power		Zang	Power			Tan
Administration	Ho (DoT)			Chen (DoT) - pm			
Miscellaneous							
BreastScreen		Palmer	Stevenson				
Consultant On-Call (All Week)	SGH IR: Glenn	SGH DR: Mon,Thurs Power Tues Child Wed: Zang Fri,Sat: Glenn Sun: Tan					
Registrar Education Meetings		8-9am WAN teaching Pre-exam Registrars	12-1pm Nuclear Medicine All Registrars	8-9am Dr Silverstone tutorial Vather, Lau, Wong			
Registrar Tutorials	Bhatti	Bahure	Ho	Abeywickrema			
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10:30am Liver Surgical Unit Lodh 12-12:30pm NET Chen 5-6pm Upper GI Glenn	7-8am Colorectal Glenn 9:30-10:30am Infectious Diseases S. Chen 12-1pm Haematology Bahure	7-8am HCC Lodh 1-2pm Neurogeriatrics Ho	7-8am Neurosciences Chen 12:30-1:30pm Respiratory Abeywickrema 4:30-5pm Gastroenterology Glenn	8-9am NET Chen		
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Qurtis Glenn					
Day In Lieu				Balendran	Balendran		
TESL							
Annual Leave							
Sick/FACS Leave	Wong	Wong	Wong	Wong	Wong		

Study/Exam Leave	Yap Lee Kanthan Riwoe	Yap Lee Kanthan Riwoe	Yap Lee Kanthan Riwoe	Yap Lee Kanthan Riwoe	Yap Lee Kanthan Riwoe		
Long Service Leave							
Other Leave	S. Chen (RDO)						
Contact Phone Numbers	Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654			
Leave	Lee-9/6 Riwoe-9/6 Kanthan-9/6 Yap-8/6	Lee-9/6 Riwoe-9/6 Kanthan-9/6 Yap-8/6	Lee-9/6 Riwoe-9/6 Kanthan-9/6 Yap-8/6	Lee-9/6 Riwoe-9/6 Kanthan-9/6 Yap-8/6 Balendran-2/6	Lee-9/6 Riwoe-9/6 Kanthan-9/6 Yap-8/6 Balendran-2/6		

	Mon. Jun. 05	Tue. Jun. 06	Wed. Jun. 07	Thu. Jun. 08	Fri. Jun. 09	Sat. Jun. 10	Sun. Jun. 11
DR Liaison Registrar	Vather	Vather	Lau	Lau	Yap		Sunday Registrar: Riwoe
IR Registrar	Lau	Van Der Walt	Van Der Walt	Van Der Walt	Van Der Walt	IR Consultant On Call: Lodh	IR Consultant On Call: Lodh
Body Registrar	No registrar cover	No registrar cover	No registrar cover	No registrar cover	Wong	DR Consultant On Call: Power	DR Consultant On Call: Power
Neuro/MSK (MRI) Registrar	No registrar cover	No registrar cover	Wong	Wong	Vather		
O&G/Paed (US) Registrar	No registrar cover	Lau	Vather	Vather	Lau		
Evening Registrar	S. Chen	S. Chen	S. Chen	S. Chen	S. Chen		
IR Consultant	Lodh	Chour	Lodh Chour	Whitley	Lodh		
Staff Specialist Consultant		Chen Bahure		Chen			
VMO TEG Consultant							
VMO RE Day Consultant	Tan	Glenn	Bhatti	Zang	Glenn	Power	Power
VMO RE Evening Consultant	Zang		Zang		Power	Power	Power
Administration				Chen (DoT) - pm			
Miscellaneous		Phase 2 OSCERs	Phase 2 OSCERs	Phase 2 OSCERs	Phase 2 OSCERs		
BreastScreen							
Consultant On-Call (All Week)	SGH IR: Lodh	SGH DR: Mon-Wed: Child Thurs: Zang Fri-Sun: Power					
Registrar Education Meetings			8-9am WAN teaching Pre-exam Registrars 12-1pm Nuclear Medicine All Registrars	8-9am Dr Silverstone tutorial Vather, Lau, Wong			
Registrar Tutorials							
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10:30am Liver Surgical Unit Lodh	8:30-9:30am Head & Neck Chen 12-1pm Haematology Van Der Walt 1-2pm O&G Bahure	7-8am HCC Lodh 8-9am Paediatrics Van Der Walt 1-2pm Neurogeriatrics Van Der Walt	7-8am Neurooncology Chen 12:30-1:30pm Respiratory Van Der Walt 4:30-5:30pm Gastroenterology Child	9:30-10:30am SGH Colorectal MDT No Radiologist available		
Non-Clinical Meetings							
Day In Lieu							
TESL	Hb (College Examiner)		Hb (College Examiner)	Balendran	Balendran		
Annual Leave							
Sick/FACS Leave	Wong	Wong					
Study/Exam Leave	Yap Lee Kanthan Riwoe	Yap Lee Kanthan Riwoe	Yap Lee Kanthan Riwoe	Yap Lee Kanthan Riwoe	Lee Kanthan Riwoe		
Long Service Leave	Lim Palmer	Lim	Stevenson		Stevenson		

Other Leave	Van Der Walt (RDO)			Palmer			
Contact Phone Numbers	Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654			
Leave	Lee-9/6 Riwoe-9/6 Kanthan-9/6 Yap-8/6	Lee-9/6 Riwoe-9/6 Kanthan-9/6 Yap-8/6	Lee-9/6 Riwoe-9/6 Kanthan-9/6 Yap-8/6	Lee-9/6 Riwoe-9/6 Kanthan-9/6 Yap-8/6	Lee-9/6 Riwoe-9/6 Kanthan-9/6		

	Mon. Jun. 12	Tue. Jun. 13	Wed. Jun. 14	Thu. Jun. 15	Fri. Jun. 16	Sat. Jun. 17	Sun. Jun. 18
DR Liaison Registrar	King's Birthday	Kanthan	Lee	Kanthan	Lau		Sunday Registrar: Yap
IR Registrar	Public Holiday Registrar: Lee	Van Der Walt	Van Der Walt	Lee	Lee	IR Consultant On Call: Chour	IR Consultant On Call: Chour
Body Registrar	IR Consultant On Call: Whitley	Riwoe Vather	Kanthan Vather	Riwoe Vather	Riwoe Vather	DR Consultant On Call: Child	DR Consultant On Call: Tan
Neuro/MSK (MRI) Registrar	RE Consultant: Tan	Yap Wong	Wong	Wong	Kanthan		
O&G/Paed (US) Registrar	DR Consultant On Call: Tan	Lau	S.Chen Lau	Lau	S.Chen		
Evening Registrar		S.Chen	Yap	Yap	Yap		
IR Consultant		Chour	Lodh Chour	Chour	Lodh		
Staff Specialist Consultant		Chen Bahure	Ho	Chen Abeywickrema			
VMO TEG Consultant					Tan		
VMO RE Day Consultant	Tan	Glenn	Zang	Zang	Child		Tan
VMO RE Evening Consultant	Tan	Power	Power		Zang		Tan
Administration			Ho (DoT)	Chen (DoT) - pm			
Miscellaneous			Farewell Izak				
BreastScreen			Stevenson Riwoe				
Consultant On-Call (All Week)		SGH IR: Chour	SGH DR: Mon: Tan Tues,Wed: Power Thurs: Glenn Fri: Zang Sat: Child Sun: Tan				
Registrar Education Meetings			12-1pm Nuclear Medicine All Registrars 4-5:30pm Dr Wong Paeds All Registrars	8-9am Dr Silverstone tutorial Vather, Lau, Wong			
Registrar Tutorials					Tan		
Clinical Meetings		7-8am Colorectal Glenn 8:30-9:30am Head & Neck Chen 9:30-10:30am Infectious Diseases Riwoe 12-1pm Haematology Bahure	7-8am HCC Chour 1-2pm Neurogeriatrics Kanthan	7-8am Neurosciences Chen 12:30-1:30pm Respiratory Abeywickrema 4:30-5pm Gastroenterology Glenn	8-9am NET Chen		
Non-Clinical Meetings		12-1pm Registrar Forum All Registrars					
Day In Lieu				Balendran	Balendran Wong		
TESL							
Annual Leave							

Sick/FACS Leave				S.Chen (FACS)			
Study/Exam Leave							
Long Service Leave		Lim	Stevenson		Stevenson		
Other Leave		Lee (RDO)		Palmer			
Contact Phone Numbers		Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654		
Leave				Balendran-16/6	Balendran-16/6		

	Mon. Jun. 19	Tue. Jun. 20	Wed. Jun. 21	Thu. Jun. 22	Fri. Jun. 23	Sat. Jun. 24	Sun. Jun. 25
DR Liaison Registrar	Lee	Lau	Lee	Yap	Wong		Sunday Registrar: Kanthan
IR Registrar	Wong	Kanthan	Kanthan	Wong	Kanthan	IR Consultant On Call: Lodh	IR Consultant On Call: Lodh
Body Registrar	No registrar cover	Wong	Wong	No registrar cover	Lee	DR Consultant On Call: Power	DR Consultant On Call: Power
Neuro/MSK (MRI) Registrar	Lau	Lee	Yap	Riwoe	Lau		
O&G/Paeds (US) Registrar	Vather	Vather	Lau	Lau	Yap		
Evening Registrar	Riwoe	Riwoe	Riwoe	Lee	Riwoe		
IR Consultant	Lodh	Chour	Lodh Chour	Whitley	Lodh		
Staff Specialist Consultant	Ho		Ho (all DR)	Chen			
VMO TEG Consultant							
VMO RE Day Consultant	Tan	Glenn	No cover - revert to SS modality reporting - see above	Zang	Power	Power	Power
VMO RE Evening Consultant	Power	Power	Power		Zang	Power	Power
Administration				Chen (DoT) - pm			
Miscellaneous							
BreastScreen							
Consultant On-Call (All Week)	SGH IR: Lodh	SGH DR: Mon-Wed, Sat, Sun: Power Thurs: Child Fri: Zang					
Registrar Education Meetings			8-9am WAN teaching Pre-exam Registrars 12-1pm Nuclear Medicine All Registrars	8-9am Dr Silverstone tutorial Vather, Lau, Wong			
Registrar Tutorials							
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10:30am Liver Surgical Unit Lodh 5-6pm Colorectal Ho	8:30-9:30am Head & Neck Chen 12-1pm Haematology Kanthan	7-8am HCC Lodh 1-2pm Neurogeriatrics Kanthan	7-8am Neuro-Oncology Chen 12:30-12pm Respiratory (ILD) Riwoe 4:30-5pm Gastroenterology Glenn			
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Curtis Glenn	5:30-6:30pm SGH Consultants Meeting All Welcome				
Day In Lieu				Vather (ADO)	Vather (ADO)		
TESL		Bahure (TESL)					
Annual Leave	S.Chen	S.Chen	S.Chen	S.Chen Balendran	S.Chen Balendran		
Sick/FACS Leave	Kanthan	Yap Chen (sick)	Vather	Kanthan			
Study/Exam Leave							

Long Service Leave							
Other Leave	Yap (RDO)						
Contact Phone Numbers	Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654			
Leave	Chen-23/6	Chen-23/6 Bahure-20/6	Chen-23/6	Chen-23/6 Balendran-23/6	Chen-23/6 Balendran-23/6		

	Mon. Jun. 26	Tue. Jun. 27	Wed. Jun. 28	Thu. Jun. 29	Fri. Jun. 30	Sat. Jul. 01	Sun. Jul. 02
DR Liaison Registrar	Yap	Yap	Lau	Kanthan	Wong		Sunday Registrar: S.Chen
IR Registrar	Lee	Lee	Yap	Yap	Yap	IR Consultant On Call: Whitley	IR Consultant On Call: Whitley
Body Registrar	Lau	Kanthan Lau	Kanthan	Lau	Lau	DR Consultant On Call: Child	DR Consultant On Call: Tan
Neuro/MSK (MRI) Registrar	Vather	Vather	Wong	Vather	Vather		
O&G/Paeds (US) Registrar	S.Chen Wong	S.Chen Wong	S.Chen	S.Chen Wong	S.Chen		
Evening Registrar	Riwoe	Riwoe	Lee	Lee	Kanthan		
IR Consultant	Lodh	Chour	Lodh Chour	McQuinn	Lodh		
Staff Specialist Consultant		Bahure	Ho (All DR)				
VMO TEG Consultant			Zang (TEG & helping with DR)				
VMO RE Day Consultant	Tan	Glenn		Zang	Power		Tan
VMO RE Evening Consultant	Zang	Tan	Power	Power			Tan
Administration				Chen (DoT) - pm			
Miscellaneous	5:30pm Angio-CT Launch (ASB)						
BreastScreen			Riwoe				
Consultant On-Call (All Week)	SGH IR: Whitley	SGH DR: Mon: Zang Tues Tan Wed,Thurs: Power Fri,Sat: Child Sun: Tan					
Registrar Education Meetings		8-9am WAN teaching Pre-exam Registrars	12-1pm Nuclear Medicine All Registrars 4-5:30pm Dr Wong Paeds All Registrars	8-9am Dr Silverstone tutorial Vather, Lau, Wong			
Registrar Tutorials			Zang				
Clinical Meetings	8-9am Chest Oncology Child 8:30am-10:30am Liver Surgical Unit Lodh 5-6pm Upper GI Glenn	7-8am Colorectal Glenn 8:30-9:30am Head & Neck Chen 9:30-10:30am Infectious Diseases Kanthan 12-1pm Haematology Bahure	7-8am HCC Lodh 1-2pm Neurogeriatrics Zang	7-8am Neurosciences Chen 12:30-1:30pm Respiratory Kanthan 4:30-5pm Gastroenterology Glenn	8-9am NET Chen		
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Curtis Glenn					
Day In Lieu				Riwoe	Lee Riwoe		
TESL							
Annual Leave		Abeywickrema		Balendran Abeywickrema	Balendran		

Sick/FACS Leave	Hb (Sick)	Chen (sick)	Vather	Chen (sick)			
Study/Exam Leave							
Long Service Leave							
Other Leave	Kanthan (RDO)						
Contact Phone Numbers	Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654			
Leave		Abeywickrema- 27/6		Abeywickrema- 29/6 Balendran-30/6	Balendran-30/6		

	Mon. Jul. 03	Tue. Jul. 04	Wed. Jul. 05	Thu. Jul. 06	Fri. Jul. 07	Sat. Jul. 08	Sun. Jul. 09
DR Liaison Registrar	Wong	Vather Rehan	Lee Rehan	Yap Rehan	Yap Rehan		Sunday Registrar: Kanthan
IR Registrar	Yap	S.Chen	S.Chen	S.Chen	S.Chen	IR Consultant On Call: McQuinn	IR Consultant On Call: McQuinn
Body Registrar	Vather	Yap	Yap Vather	Riwoe Vather	Vather	DR Consultant On Call: Ho	DR Consultant On Call: Ho
Neuro/MSK (MRI) Registrar	Riwoe	Wong	Wong	Wong	Wong		
O&G/Paeds (US) Registrar	Lau	Lee	Lau	Lau	Lee		
Evening Registrar	Kanthan	Kanthan	Kanthan	Lee	Kanthan		
IR Consultant	Lodh	Chour	Lodh Chour	Whitley	Lodh		
Staff Specialist Consultant	Ho		Ho	Balendran	Balendran		
VMO TEG Consultant			Glenn				
VMO RE Day Consultant	Tan	Glenn	Tan	Zang	Child		
VMO RE Evening Consultant	Zang	Tan	Zang				
Administration	Ho (SGH DoT)						
Miscellaneous	Welcome Dr Rehan! (Registrar orientation)		2:30pm-3:30pm RANZCR Accreditation Visit All Registrars				
BreastScreen		Riwoe	Riwoe				
Consultant On-Call (All Week)	SGH IR: McQuinn	SGH DR: Ho					
Registrar Education Meetings			12-1pm Nuclear Medicine All Registrars	8-9am Dr Silverstone tutorial Vather, Lau, Wong, Rehan			
Registrar Tutorials					Yap		
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10am Liver Surgical Unit Lodh	8:30-9:30am Head & Neck Chen 12-1pm Haematology Lee	7-8am HCC Chour 8-9am Paediatrics Glenn 1-2pm Neurogeriatrics Lee	7-8am Neuro- Oncology Chen 12:30-1:30pm Respiratory Balendran 4:30-5pm Gastroenterology Glenn	9:30-10:30am Colorectal Balendran 2-3pm Renal Balendran		
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Curtis Glenn	12-12:30pm ISMI Directors' Meeting Glenn				
Day In Lieu	Lee				Lau		
TESL							
Annual Leave		Chen		Chen			
Sick/FACS Leave		Bahure Lau		Kanthan	Riwoe		
Study/Exam Leave							
Long Service Leave	Lim Palmer	Lim	Stevenson		Stevenson		
Other Leave	S.Chen (RDO)			Palmer			

<p>Contact Phone Numbers</p>	<p>Liaison & After Hours Registrar: 33677</p>	<p>IR Registrar: 33217</p>	<p>Consultants: Contact mobiles via switch</p>	<p>Department: Front Reception 33500 Angiography Suite 33654</p>			
<p>Leave</p>		<p>Chen-4/7</p>		<p>Chen-6/7</p>			

	Mon. Jul. 10	Tue. Jul. 11	Wed. Jul. 12	Thu. Jul. 13	Fri. Jul. 14	Sat. Jul. 15	Sun. Jul. 16
DR Liaison Registrar	Lee	Kanthan	Vather	Lee	Kanthan		Sunday Registrar: Lee
IR Registrar	Riwoe	Riwoe	Riwoe	Riwoe	Riwoe	IR Consultant On Call: Chour	IR Consultant On Call: Chour
Body Registrar	Wong	Lee Wong	Kanthan Wong	Kanthan Wong	Lee Wong	DR Consultant On Call: Glenn	DR Consultant On Call: Tan
Neuro/MSK (MRI) Registrar	Lau Rehan	Lau Rehan	Lau Rehan	Lau Rehan	Lau Rehan		
O&G/Paeds (US) Registrar	S.Chen Vather	S.Chen Vather	S.Chen Lee	S.Chen Vather	Vather		
Evening Registrar	Yap	Yap	Yap	Yap	Yap		
IR Consultant	Lodh	Chour	Lodh Chour	McQuinn	Lodh		
Staff Specialist Consultant	Hb (SGH DoT)	Bahure	Hb	Balendran	Balendran		
VMO TEG Consultant							
VMO RE Day Consultant	Tan	Glenn		Zang			Tan
VMO RE Evening Consultant	Zang	Tan	Zang				Tan
Administration	Hb (DoT)						
Miscellaneous							
BreastScreen							
Consultant On-Call (All Week)	SGH IR: Chour	SGH DR: Mon,Wed: Zang Tues,Thurs-Sat: Glenn Sun: Tan					
Registrar Education Meetings		8-9am WAN teaching Pre-exam Registrars	12-1pm Nuclear Medicine All Registrars 2-3pm Presentation (Rehan) All Registrars 4-5:30pm Dr Wong Paeds All Registrars	8-9am Dr Silverstone tutorial Vather, Lau, Wong, Rehan			
Registrar Tutorials	Lodh	Bahure			Balendran		
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10am Liver Surgical Unit Lodh 5-6pm Upper GI Glenn	7-8am Colorectal Balendran 9:30-10:30am Infectious Diseases Riwoe 12-1pm Haematology Bahure	7-8am HCC Lodh 1-2pm Neurogeriatrics Lee	7-8am Neurosciences Chen 12:30-1:30pm Respiratory Balendran 4:30-5pm: Gastroenterology Glenn	8-9am NET Chen		
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Curtis Glenn					
Day In Lieu							
TESL							
Annual Leave		Chen		Chen			
Sick/FACS Leave					S.Chen		
Study/Exam Leave							

Long Service Leave	Lim Palmer	Lim	Stevenson		Stevenson		
Other Leave	Kanthan (RDO)			Palmer			
Contact Phone Numbers	Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654			
Leave		Chen-11/7		Chen-13/7			

	Mon. Jul. 17	Tue. Jul. 18	Wed. Jul. 19	Thu. Jul. 20	Fri. Jul. 21	Sat. Jul. 22	Sun. Jul. 23
DR Liaison Registrar	Lau	Yap	Lee	Yap	Kanthan		Sunday Registrar: Riwoe
IR Registrar	Riwoe	Riwoe	Riwoe	Riwoe	Riwoe	IR Consultant On Call: Power	IR Consultant On Call: Power
Body Registrar	Yap Rehan	Lau Rehan	Lau Rehan	Lau Rehan	Lau Rehan	DR Consultant On Call: Balendran	DR Consultant On Call: Balendran
Neuro/MSK (MRI) Registrar	Vather	Lee Vather	Yap Vather	Kanthan Vather	Yap Vather		
O&G/Paeds (US) Registrar	S.Chen Wong	S.Chen	S.Chen Wong	Wong	Wong		
Evening Registrar	Kanthan	Kanthan	Kanthan	Lee	Lee		
IR Consultant	Lodh	Chour	Lodh Chour	Whitley	Lodh		
Staff Specialist Consultant	Ho	Chen Bahure		Balendran	Balendran		
VMO TEG Consultant	Power (Roster Admin)	Power					
VMO RE Day Consultant	Tan	Glenn	Child	Zang			Tan
VMO RE Evening Consultant	Power	Power	Power	Power	Tan		Tan
Administration	Power (Roster)	Chen (DoT) - pm					
Miscellaneous		2-3pm Radiology Registrar Training Meeting All Registrars					
BreastScreen							
Consultant On-Call (All Week)	SGH IR: Power	SGH DR: Balendran					
Registrar Education Meetings	2-3pm Presentation (Wong) All Registrars	8-9am WAN teaching Pre-exam Registrars	12-1pm Nuclear Medicine All Registrars	8-9am Dr Silverstone tutorial Vather, Lau, Wong, Rehan			
Registrar Tutorials		Power		Balendran			
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10am Liver Surgical Unit Lodh 5-6pm Colorectal Child	8:30-9:30am Head & Neck Chen 12-1pm Haematology Bahure	7-8am HCC Lodh 1-2pm Neurogeriatrics Yap	7-8am Neuro-Oncology Chen 12:30-2pm Respiratory (ILD) Balendran 4:30-5pm Gastroenterology Glenn	2-3pm Renal Balendran		
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Curtis Glenn	5:30-6:30pm SGH Consultants Meeting				
Day In Lieu		Wong					
TESL							
Annual Leave							
Sick/FACS Leave				S.Chen N Chen (FACS)	S.Chen		
Study/Exam Leave							
Long Service Leave							
Other Leave	Lee (RDO)						

<p>Contact Phone Numbers</p>	<p>Liaison & After Hours Registrar: 33677</p>	<p>IR Registrar: 33217</p>	<p>Consultants: Contact mobiles via switch</p>	<p>Department: Front Reception 33500 Angiography Suite 33654</p>			
	<p>Leave</p>						

	Mon. Jul. 24	Tue. Jul. 25	Wed. Jul. 26	Thu. Jul. 27	Fri. Jul. 28	Sat. Jul. 29	Sun. Jul. 30
DR Liaison Registrar	Kanthan	Wong	Lau	Lee	Vather		Sunday Registrar: Yap
IR Registrar	Lee Rehan	Rehan	Rehan	Rehan	Rehan	IR Consultant On Call: Glenn	IR Consultant On Call: Glenn
Body Registrar	Lau	Kanthan	Vather	Riwoe Vather	Riwoe Yap	DR Consultant On Call: Chen	DR Consultant On Call: Chen
Neuro/MSK (MRI) Registrar	Wong	Riwoe	Lee Wong	Kanthan Wong	Kanthan Wong		
O&G/Paeds (US) Registrar	S.Chen	S.Chen Lau	S.Chen Riwoe	Lau	S.Chen Lau		
Evening Registrar	Yap	Yap	Yap	Yap	Lee		
IR Consultant	Glenn (Urgents only)	Chour	Chour	McQuinn	Glenn (urgents only)		
Staff Specialist Consultant	Ho	Chen Bahure	Ho	Chen Balendran	Balendran		
VMO TEG Consultant			Zang				
VMO RE Day Consultant	Tan	Glenn	Glenn	Zang	Glenn	Power	Power
VMO RE Evening Consultant	Power	Tan	Zang	Zang	Power	Power	Power
Administration	Ho (DoT)	Chen (DoT) - pm		Chen (DoT) - pm			
Miscellaneous							
BreastScreen							
Consultant On-Call (All Week)	SGH IR: Glenn	SGH DR: Chen					
Registrar Education Meetings	2-3pm Presentation (Lau) All Registrars		8-9am WAN teaching Pre-exam Registrars 12-1pm Nuclear Medicine All Registrars 4-5:30pm Dr Wong Paeds All Registrars				
Registrar Tutorials		Bahure	Zang Chour	Balendran			
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10am Liver Surgical Unit Glenn 5-6pm Upper GI Glenn	8:30-9:30am Head & Neck Chen 9:30-10:30am Infectious Diseases Kanthan 12-1pm Haematology Bahure	7-8am HCC Chour 1-2pm Neurogeriatrics Ho	7-8am Neurosciences Chen 12:30-1:30pm Respiratory Balendran 4:30-5pm Gastroenterology Child	8-9am NET Chen		
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Curtis Glenn					
Day In Lieu							
TESL							
Annual Leave	Lodh		Lodh		Lodh		
Sick/FACS Leave	Vather	Vather Lee	Kanthan	S.Chen			
Study/Exam Leave							

Long Service Leave	Lim Palmer	Lim	Stevenson		Stevenson		
Other Leave	Riwoe (RDO)			Palmer			
Contact Phone Numbers	Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654			
Leave	Lodh-24/7		Lodh-26/7		Lodh-28/7		

	Mon. Jul. 31	Tue. Aug. 01	Wed. Aug. 02	Thu. Aug. 03	Fri. Aug. 04	Sat. Aug. 05	Sun. Aug. 06
DR Liaison Registrar	Lee	Wong	Yap	Kanthan	Yap		Sunday Registrar: Kanthan
IR Registrar	Riwoe	Riwoe	Riwoe	Riwoe	Riwoe	IR Consultant On Call: McQuinn	IR Consultant On Call: McQuinn
Body Registrar	Wong Lau	Lau	Lau	Wong Lau	Wong Lau	DR Consultant On Call: Bahure	DR Consultant On Call: Bahure
Neuro/MSK (MRI) Registrar	Vather	Lee Vather	Kanthan Vather	Yap Vather	Vather		
O&G/Paeds (US) Registrar	S. Chen Rehan	S. Chen Rehan	S. Chen Rehan	S. Chen Rehan	S. Chen Rehan		
Evening Registrar	Kanthan	Kanthan	Lee	Lee	Kanthan		
IR Consultant	Chour	Chour	Chour	Whitley	McQuinn		
Staff Specialist Consultant		Chen Bahure Abeywickrema	Ho	Chen Balendran	Balendran		
VMO TEG Consultant							
VMO RE Day Consultant	Tan	Glenn		Zang			Tan
VMO RE Evening Consultant	Zang	Tan					Tan
Administration		Chen (DoT) - pm		Chen (DoT) - pm			
Miscellaneous				3:30-4:30pm Radiology Registrar Training Meeting Senior Registrars			
BreastScreen							
Consultant On-Call (All Week)	SGH IR: Mon: Whitley Tues-Sun: McQuinn	SGH DR: Bahure					
Registrar Education Meetings			8-9am WAN teaching Pre-exam Registrars 12-1pm Nuclear Medicine All Registrars	8-9am Dr Silverstone tutorial Vather, Lau, Wong, Rehan			
Registrar Tutorials	Chour	Abeywickrema		Balendran			
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10am Liver Surgical Unit Glenn	8:30-9:30am Head & Neck Chen 12-1pm Haematology Abeywickrema 1-2pm O&G Bahure	7-8am HCC Chour 8-9am Paediatrics Kanthan 1-2pm Neurogeriatrics Ho	7-8am Neurosciences Chen 12:30-1:30pm Respiratory Balendran 4:30-5pm Gastroenterology Glenn	9:30-10:30am Colorectal MDT Balendran 2-3pm Renal Balendran		
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Curtis Glenn	12-12:30pm ISMI Directors' Meeting Glenn				
Day In Lieu							
TESL							
Annual Leave							
Sick/FACS Leave	Ho (sick)	Yap (FACS)	Wong		Lee		
Study/Exam Leave							

Long Service Leave	Palmer Lim	Lim	Stevenson		Stevenson		
Other Leave	Yap (RDO)			Palmer			
Contact Phone Numbers	Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654			
Leave	Lodh-31/7		Lodh-2/8		Lodh-4/8		

	Mon. Aug. 07	Tue. Aug. 08	Wed. Aug. 09	Thu. Aug. 10	Fri. Aug. 11	Sat. Aug. 12	Sun. Aug. 13
DR Liaison Registrar	Vather	Lau	Yeo	Lee	Rehan		Sunday Registrar: Kanthan
IR Registrar	Wong	Wong	Lau	Lau	Lau	IR Consultant On Call: Chour	IR Consultant On Call: 8am-12pm: Lodh 12pm onwards: Chour
Body Registrar	Yeo	Rehan	Lee	Rehan	Yeo Nguyen	DR Consultant On Call: Child	DR Consultant On Call: Child
Neuro/MSK (MRI) Registrar	Lau	Yeo Lee	Vather	Yeo Vather	Vather		
O&G/Paeds (US) Registrar	Lee	Vather	Wong	Wong	Wong		
Evening Registrar	Nguyen	Nguyen	Nguyen	Nguyen	Lee		
IR Consultant	Lodh	Chour	Lodh Chour	McQuinn	Lodh		
Staff Specialist Consultant	Ho	Chen Bahure	Ho	Chen Balendran	Balendran		
VMO TEG Consultant	Child	Nasreddine					
VMO RE Day Consultant	Tan	Glenn		Zang			
VMO RE Evening Consultant	Power	Power	Zang	Power			
Administration	Ho (DoT)			Chen (DoT) - pm			
Miscellaneous	Term 3 Start Rehan - Radiography attachment	Welcome new VMO - Dr Nasreddine!					
BreastScreen				Kanthan			
Consultant On-Call (All Week)	SGH IR: Mon-Thurs Whitley Fri, 8am-12pm Sun: Lodh Sat, 12pm Sun onwards: Chour	SGH DR: Mon, Tues, Thurs Power Wed, Fri-Sun: Child					
Registrar Education Meetings	1-4pm Key Conditions Assessment Vather, Lau, Wong	8-9am WAN teaching Junior Registrars	4-5:30pm Dr Wong Paeds Junior Registrars	8-9am Dr Silverstone tutorial 1st Year Registrars			
Registrar Tutorials	Child	Chen Nasreddine		Balendran			
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10am Liver Surgical Unit Lodh 5-6pm Upper GI Child	7-8am Colorectal Balendran 8:30-9:30am Head & Neck Chen 9:30-10:30am Infectious Diseases Yeo 12-1pm Haematology Bahure	7-8am HCC Lodh 1-2pm Neurogeriatrics Ho	7-8am Neurosciences Chen 4:30-5pm Gastroenterology Glenn	8:30-9:30am NET Chen		
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Curtis Glenn	12-12:30pm ISMI Directors Meeting Glenn				
Day In Lieu							
TESL							
Annual Leave		Kanthan	Kanthan		Kanthan		

Sick/FACS Leave			Rehan		Chen (sick)		
Study/Exam Leave							
Long Service Leave	Palmer Lim	Lim	Stevenson		Stevenson		
Other Leave	Kanthan (RDO) Yap (Parental)	Yap (Parental)	Yap (Parental)	Yap (Parental) Palmer	Yap (Parental)		
Contact Phone Numbers	Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654			
Leave	Yap-15/9	Kanthan-9/8 Yap-15/9	Kanthan-9/8 Yap-15/9	Yap-15/9	Kanthan-11/8 Yap-15/9		

	Mon. Aug. 14	Tue. Aug. 15	Wed. Aug. 16	Thu. Aug. 17	Fri. Aug. 18	Sat. Aug. 19	Sun. Aug. 20
DR Liaison Registrar	Nguyen	Lee	Kanthan	Rehan	Lau		Sunday Registrar: Yeo
IR Registrar	Lau	Lau	Rehan	Wong	Wong	IR Consultant On Call: Glenn	IR Consultant On Call: Glenn
Body Registrar	Vather	Vather	No registrar cover	Lau	Nguyen	DR Consultant On Call: Abeywickrema	DR Consultant On Call: Abeywickrema
Neuro/MSK (MRI) Registrar	Rehan	Rehan	Nguyen	Nguyen	Yeo Rehan		
O&G/Paed (US) Registrar	Lee	Nguyen	Vather	Vather	Vather		
Evening Registrar	Yeo	Yeo	Yeo	Yeo	Lee		
IR Consultant	Lodh	Chour	Lodh Chour	McQuinn	Power (urgents only)		
Staff Specialist Consultant	Ho	Chen Bahure Abeywickrema	Ho Abeywickrema	Balendran	Balendran		
VMO TEG Consultant			Zang		Tan		
VMO RE Day Consultant	Tan	Glenn	Nasreddine	Zang	Power		Tan
VMO RE Evening Consultant	Tan	Tan	Zang	Tan	Tan		Tan
Administration							
Miscellaneous							
BreastScreen					Kanthan		
Consultant On-Call (All Week)	SGH IR: Mon-Wed: Lodh Thu-Sun: Glenn	SGH DR: Abeywickrema					
Registrar Education Meetings	2-3pm Interesting Cases All Registrars	8-9am WAN teaching Junior Registrars	12-1pm Nuclear Medicine Junior Registrars	8-9am Dr Silverstone tutorial 1st Year Registrars			
Registrar Tutorials		Tan	Zang				
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10am Liver Surgical Unit Lodh 5-6pm Colorectal Glenn	8:30-9:30am Head & Neck Chen 12-1pm Haematology Abeywickrema	7-8am HCC Lodh 1-2pm Neurogeriatrics Zang	7-8am Neuro-Oncology Chen 12:30-2pm Respiratory (ILD) Balendran 4:30-5pm Gastroenterology Glenn	2-3pm Renal Balendran		
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Curtis Glenn	5:30-6:30pm SGH Consultants Meeting				
Day In Lieu							
TESL							
Annual Leave		Kanthan		Kanthan			
Sick/FACS Leave	Wong	Wong	Wong Lau Lee	Lee Chen (sick)	Lodh (sick)		
Study/Exam Leave							
Long Service Leave	Palmer Lim	Lim	Stevenson		Stevenson		
Other Leave	Kanthan (RDO) Yap (Parental)	Yap (Parental)	Yap (Parental)	Yap (Parental) Palmer	Yap (Parental)		

Contact Phone Numbers	Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654			
Leave	Yap-15/9	Kanthan-15/8 Yap-15/9	Yap-15/9	Kanthan-17/8 Yap-15/9	Yap-15/9		

	Mon. Aug. 21	Tue. Aug. 22	Wed. Aug. 23	Thu. Aug. 24	Fri. Aug. 25	Sat. Aug. 26	Sun. Aug. 27
DR Liaison Registrar	Lee	Lau	Nguyen	Rehan	Wong		Sunday Registrar: Kanthan
IR Registrar	Vather	Vather	Vather	Vather	Vather	IR Consultant On Call: Chour	IR Consultant On Call: Chour
Body Registrar	Nguyen Lau	Yeo Nguyen	Lau	Lau	Lau	DR Consultant On Call: Child	DR Consultant On Call: Power
Neuro/MSK (MRI) Registrar	Wong	Lee Wong	Wong	Kanthan Wong	Nguyen		
O&G/Paed (US) Registrar	Rehan	Rehan	Rehan	Nguyen	Rehan		
Evening Registrar	Kanthan	Kanthan	Kanthan	Lee	Lee		
IR Consultant	Glenn Chour	Chour	Chour	McQuinn	Lodh		
Staff Specialist Consultant	Ho	Chen Abeywickrema	Ho	Chen Balendran	Balendran		
VMO TEG Consultant	Child		Zang				
VMO RE Day Consultant	Tan	Glenn	Nasreddine	Zang	Power		Power
VMO RE Evening Consultant	Child	Child	Child	Child	Power		Power
Administration	Ho (DoT)			Chen (DoT) - pm			
Miscellaneous							
BreastScreen					Kanthan		
Consultant On-Call (All Week)	SGH IR: Mon-Fri: Whitley Sat, Sun: Chour	SGH DR: Mon-Thurs, Sat: Child Fri, Sun: Power					
Registrar Education Meetings	2-3pm Interesting Cases All Registrars		12-1pm Nuclear Medicine Junior Registrars 4-5:30pm Dr Wong Paeds Junior Registrars	8-9am Dr Silverstone tutorial 1st Year Registrars			
Registrar Tutorials	Child	Abeywickrema	Zang	Chen	Balendran		
Clinical Meetings	8-9am Chest Oncology Child 8:30am-10am Liver Surgical Unit Lodh 5-6pm Upper GI Glenn	7-8am Colorectal Balendran 8:30-9:30am Head & Neck Chen 9:30-10:30am Infectious Diseases Lee 12-1pm Haematology Abeywickrema	7-8am HCC Chour 1-2pm Neurogeriatrics Ho	7-8am Neurosciences Chen 12:30-1:30pm Respiratory Balendran 4:30-5:30pm Gastroenterology Power	8-9am NET Chen		
Non-Clinical Meetings							
Day In Lieu		Bahure					
TESL							
Annual Leave			Yeo	Yeo	Yeo		
Sick/FACS Leave	Lodh (sick)		Lodh (sick) Lee				
Study/Exam Leave							
Long Service Leave							

Other Leave	Yeo (RDO) Yap (Parental)	Yap (Parental)	Yap (Parental)	Yap (Parental)	Yap (Parental)		
Contact Phone Numbers	Liaison & After Hours Registrar: 9113 3677	IR Registrar: 9113 3217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654	SGH Switch: 9113 1111		
Leave	Yap-15/9	Yap-15/9	Yeo-12/9 Yap-15/9	Yeo-12/9 Yap-15/9	Yeo-12/9 Yap-15/9		

	Mon. Aug. 28	Tue. Aug. 29	Wed. Aug. 30	Thu. Aug. 31	Fri. Sep. 01	Sat. Sep. 02	Sun. Sep. 03
DR Liaison Registrar	Lee	Kanthan	Lee	Rehan	Lau		Sunday Registrar: Nguyen
IR Registrar	Wong	Wong	Wong	Wong	Wong	IR Consultant On Call: Whitley	IR Consultant On Call: Whitley
Body Registrar	Rehan	Rehan	No registrar cover	Nguyen	Kanthan	DR Consultant On Call: Power	DR Consultant On Call: Child
Neuro/MSK (MRI) Registrar	Vather	Lee Vather	Rehan	Vather	Vather		
O&G/Paed (US) Registrar	Lau	Lau	Lau	Lau	Nguyen		
Evening Registrar	Nguyen	Nguyen	Nguyen	Lee	Lee		
IR Consultant	Lodh	Chour	Lodh Chour	Whitley	Lodh		
Staff Specialist Consultant	Ho	Abeywickrema Bahure Chen	Ho	Balendran	Balendran		
VMO TEG Consultant		Nasreddine					
VMO RE Day Consultant	Tan	Lim	Nasreddine	Zang	Child	Power	Child
VMO RE Evening Consultant	Zang	Tan	Zang	Child	Power	Power	Child
Administration	Glenn (HbD)	Chen (DoT)					
Miscellaneous							
BreastScreen				Kanthan			
Consultant On-Call (All Week)	SGH IR: Whitley	SGH DR: Mon,Wed: Zang Tues: Tan Thurs: Glenn Fri,Sat: Power Sun: Child					
Registrar Education Meetings	2-3pm Interesting Cases All Registrars		12-1pm Nuclear Medicine Junior Registrars	8-9am Dr Silverstone tutorial 1st Year Registrars			
Registrar Tutorials	Glenn	Nasreddine		Balendran			
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10am Liver Surgical Unit Lodh	8:30-9:30am Head & Neck Chen 12-1pm Haematology Abeywickrema	7-8am HCC Lodh 1-2pm Neurogeriatrics Ho	7-8am Neuro-Oncology Chen 12:30-1:30pm Respiratory Balendran 4:30-5pm Gastroenterology Glenn	9:30-10:30am Colorectal Balendran 2-3pm Renal Balendran		
Non-Clinical Meetings							
Day In Lieu				Chen			
TESL							
Annual Leave	Yeo	Yeo	Yeo	Yeo	Yeo		
Sick/FACS Leave			Kanthan Vather		Rehan		
Study/Exam Leave							
Long Service Leave							
Other Leave	Kanthan (RDO) Yap (Parental)	Yap (Parental)	Yap (Parental)	Yap (Parental)	Yap (Parental)		

64 of 207

Contact Phone Numbers	Liaison & After Hours Registrar: 9113 3677	IR Registrar: 9113 3217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654	SGH Switch: 9113 1111		
Leave	Yeo-12/9 Yap-15/9	Yeo-12/9 Yap-15/9	Yeo-12/9 Yap-15/9	Yeo-12/9 Yap-15/9	Yeo-12/9 Yap-15/9		

	Mon. Sep. 04	Tue. Sep. 05	Wed. Sep. 06	Thu. Sep. 07	Fri. Sep. 08	Sat. Sep. 09	Sun. Sep. 10
DR Liaison Registrar	Lau	Lee	Nguyen	Lee	Lau		Sunday Registrar: Lee
IR Registrar	Rehan	Rehan	Rehan	Nguyen	Rehan	IR Consultant On Call: Lodh	IR Consultant On Call: Lodh
Body Registrar	No registrar cover	Wong	Wong	No registrar cover	No registrar cover	DR Consultant On Call: Glenn	DR Consultant On Call: Glenn
Neuro/MSK (MRI) Registrar	Lee	Lau	Lau	Lau	No registrar cover		
O&G/Paeds (US) Registrar	Wong	Nguyen	Lee	Wong	Nguyen		
Evening Registrar	Kanthan	Kanthan	Kanthan	Kanthan	Lee		
IR Consultant	Lodh	Chour	Lodh Chour	McQuinn	Lodh		
Staff Specialist Consultant	Ho	Chen Abeywickrema		Chen Balendran	Balendran		
VMO TEG Consultant	Power						
VMO RE Day Consultant	Tan	Glenn	Nareddine	Zang	Tan		Tan
VMO RE Evening Consultant		Tan	Zang				Tan
Administration	Ho (DoT)			Chen (DoT) - pm			
Miscellaneous							
BreastScreen					Kanthan		
Consultant On-Call (All Week)	SGH IR: Lodh	SGH DR: Mon, Thurs-Sun: Glenn Tues: Tan Wed: Zang					
Registrar Education Meetings	2-3pm Interesting Cases All Registrars		8-9am WAN teaching Junior Registrars 12-1pm Nuclear Medicine Junior Registrars 4-5:30pm Dr Wong Paeds Junior Registrars	8-9am Dr Silverstone tutorial 1st Year Registrars			
Registrar Tutorials	Power	Abeywickrema		Chen	Balendran		
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10am Liver Surgical Unit Lodh 5-6pm Upper GI Power	7-8am Colorectal Balendran 8:30-9:30am Head & Neck Chen 9:30-10:30am Infectious Diseases Nguyen 12-1pm Haematology Abeywickrema	7-8am HCC Lodh 8-9am Paediatrics Lee 1-2pm Neurogeriatrics Ho	7-8am Neurosciences Chen 12:30-1:30pm Respiratory Balendran 4:30-5pm Gastroenterology Glenn	8-9am NET Chen		
Non-Clinical Meetings							
Day In Lieu				Rehan			
TESL							
Annual Leave	Yeo Vather	Yeo Vather Bahure	Yeo Vather	Yeo Vather	Yeo Vather		

Sick/FACS Leave			Hb (sick)		Wong		
Study/Exam Leave							
Long Service Leave							
Other Leave	Nguyen (RDO) Yap (Parental)	Yap (Parental)	Yap (Parental)	Yap (Parental)	Yap (Parental)		
Contact Phone Numbers	Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654			
Leave	Yeo-12/9 Yap-15/9 Vather-12/9	Yeo-12/9 Yap-15/9 Bahure-5/9 Vather-12/9	Yeo-12/9 Yap-15/9 Vather-12/9	Yeo-12/9 Yap-15/9 Vather-12/9	Yeo-12/9 Yap-15/9 Vather-12/9		

	Mon. Sep. 11	Tue. Sep. 12	Wed. Sep. 13	Thu. Sep. 14	Fri. Sep. 15	Sat. Sep. 16	Sun. Sep. 17
DR Liaison Registrar	Rehan	Lee	Vather	Nguyen	Kanthan		Sunday Registrar: Wong
IR Registrar	Lau	Lau	Lau	Lau	Lau	IR Consultant On Call: Chour	IR Consultant On Call: Chour
Body Registrar	No registrar cover	Kanthan	Yeo Nguyen	No registrar cover	Yeo	DR Consultant On Call: Ho	DR Consultant On Call: Ho
Neuro/MSK (MRI) Registrar	Kanthan	Nguyen	Lee Kanthan	Yeo	Wong		
O&G/Paeds (US) Registrar	Nguyen	Rehan	Rehan	Vather	Nguyen		
Evening Registrar	Wong	Wong	Wong	Wong	Lee		
IR Consultant	Lodh	Chour	Lodh Chour	Lodh Chour	Lodh		
Staff Specialist Consultant	Ho	Chen Abeywickrema	Ho	Balendran	Balendran		
VMO TEG Consultant		Nasreddine					
VMO RE Day Consultant	Tan	Lim	Nasreddine	Zang	Tan	Child	Child
VMO RE Evening Consultant	Zang	Child	Child	Zang	Child	Child	Child
Administration	Glenn (HoD)			Chen (DoT) - pm			
Miscellaneous					Farewell Georgia!		
BreastScreen				Kanthan Lee			
Consultant On-Call (All Week)	SGH IR: Chour	SGH DR: Ho					
Registrar Education Meetings	2-3pm Interesting Cases All Registrars		8-9am WAN teaching Junior Registrars 12-1pm Nuclear Medicine Junior Registrars	8-9am Dr Silverstone tutorial 1st Year Registrars			
Registrar Tutorials	Glenn	Nasreddine	Interesting Cases - Ho		Balendran		
Clinical Meetings	8:30am-10am Liver Surgical Unit Lodh 5-6pm Colorectal Glenn	8:30-9:30am Head & Neck Chen 12-1pm Haematology Abeywickrema	7-8am HCC Lodh Chour 1-2pm Neurogeriatrics Ho	7-8am Neuro- Oncology Chen 12:30-1:30pm Respiratory Balendran	2-3pm Renal Balendran		
Non-Clinical Meetings							
Day In Lieu							
TESL							
Annual Leave	Yeo Vather	Yeo Vather Bahure		Whitley	Vather		
Sick/FACS Leave				Chen	Lau		
Study/Exam Leave				Rehan	Rehan		
Long Service Leave							
Other Leave	Lee (RDO) Yap (Parental)	Yap (Parental)	Yap (Parental)	Yap (Parental)	Yap (Parental)		

<p>Contact Phone Numbers</p>	<p>Liaison & After Hours Registrar: 33677</p>	<p>IR Registrar: 33217</p>	<p>Consultants: Contact mobiles via switch</p>	<p>Department: Front Reception 33500 Angiography Suite 33654</p>			
	<p>Leave</p>	<p>Yeo-12/9 Yap-15/9 Vather-12/9</p>	<p>Yeo-12/9 Yap-15/9 Bahure-12/9 Vather-12/9</p>	<p>Yap-15/9</p>	<p>Yap-15/9 Whitley-14/9 Rehan-29/9</p>	<p>Yap-15/9 Vather-15/9 Rehan-29/9</p>	

	Mon. Sep. 18	Tue. Sep. 19	Wed. Sep. 20	Thu. Sep. 21	Fri. Sep. 22	Sat. Sep. 23	Sun. Sep. 24
DR Liaison Registrar	Nguyen	Vather Thompson	Wong Thompson	Lau Thompson	Kanthan Thompson		Sunday Registrar: Yap
IR Registrar	Lee	Lee	Lee	Nguyen	Lee	IR Consultant On Call: Lohd	IR Consultant On Call: Lohd
Body Registrar	Lau	Kanthan Lau	Lau	Lee	Nguyen	DR Consultant On Call: Chen	DR Consultant On Call: Chen
Neuro/MSK (MRI) Registrar	Kanthan	Nguyen	Kanthan Vather	Vather	Vather		
O&G/Paed (US) Registrar	Vather	Wong	Nguyen	Wong	Wong		
Evening Registrar	Yap	Yap	Yap	Yap	Yap		
IR Consultant	Lodh	Chour	Lodh Chour	McQuinn	Lodh		
Staff Specialist Consultant	Ho	Chen	Ho	Chen Balendran	Balendran		
VMO TEG Consultant	Child		Zang		Tan		
VMO RE Day Consultant	Tan	Glenn	Nareddine	Zang	Power	Power	Power
VMO RE Evening Consultant	Zang	Power	Power	Tan	Power	Power	Power
Administration	Ho (DoT)			Chen (DoT) - pm			
Miscellaneous	Welcome Dr Thompson! (Registrar orientation)						
BreastScreen				Kanthan			
Consultant On-Call (All Week)	SGH IR: Lohd	SGH DR: Chen					
Registrar Education Meetings	2-3pm Interesting Cases All Registrars	8-9am WAN teaching Junior Registrars	8-9am WAN teaching Junior Registrars 12-1pm Nuclear Medicine Junior Registrars 4-5:30pm Dr Wong Paeds Junior Registrars	8-9am Dr Silverstone tutorial 1st Year Registrars			
Registrar Tutorials	Child		Zang	Chen	Tan		
Clinical Meetings	8-9am Chest Oncology Glenn 8:30am-10am Liver Surgical Unit Lodh 5-6pm Upper GI Child	7-8am Colorectal Balendran 8:30-9:30am Head & Neck Chen 9:30-10:30am Infectious Diseases Kanthan 12-1pm Haematology Nguyen	7-8am HCC Lodh 1-2pm Neurogeriatrics Ho	7-8am Neurosciences Chen 12:30-1:30pm Respiratory Balendran 4:30-5pm Gastroenterology Glenn	8-9am NET Chen		
Non-Clinical Meetings	12-1pm Registrar Forum All Registrars		5-6pm SGH Consultants Meeting				
Day In Lieu							
TESL							
Annual Leave		Bahure					

Sick/FACS Leave		Abeywickrema (FACS)					
Study/Exam Leave	Rehan	Rehan	Rehan	Rehan	Rehan Lau		
Long Service Leave							
Other Leave	Wong (RDO)						
Contact Phone Numbers	Liaison & After Hours Registrar: 33677	IR Registrar: 33217	Consultants: Contact mobiles via switch	Department: Front Reception 33500 Angiography Suite 33654			
Leave	Rehan-29/9	Abeywickrema-19/9 Bahure-19/9 Rehan-29/9	Rehan-29/9	Rehan-29/9	Lau-29/9 Rehan-29/9		

	Mon. Oct. 24	Tue. Oct. 25	Wed. Oct. 26	Thu. Oct. 27	Fri. Oct. 28	Sat. Oct. 29	Sun. Oct. 30
DR Liaison Registrar	Teh	Yeo	Kanthan	Huang	Teh	Day/Evening Registrar: Huang	Day/Evening Registrar: Nguyen
ED Registrar						Night Registrar Yeo	Night Registrar Yeo
IR Registrar	Van Der Walt	Van Der Walt	Van Der Walt	Van Der Walt	Van Der Walt	IR Consultant On Call: Lodh	IR Consultant On Call: Lodh
Body Registrar	(Teh, Huang, Yu)	(Yeo, Kanthan, Riwoe)	(Kanthan, Yeo, Huang)	(Huang, Kanthan, Teh)	(Teh, Yu, Huang)	DR Consultant: No Cover	DR Consultant: No Cover
Neuro/MSK (MRI) Registrar	Huang	Kanthan	Yeo	Kanthan	Yu		
O&G/Paed (US) Registrar	Yu	Riwoe	Huang	Teh	Huang		
Evening Registrar	Riwoe	Teh	Teh	Yeo	Nguyen	Huang	Nguyen
Night Registrar	Osborne	Osborne	Osborne	Osborne	Yeo	Yeo	Yeo
Registrar Off-Nights	Nguyen	Nguyen	Nguyen	Nguyen	Osborne	Osborne	Osborne
IR Consultant	Lodh	Chour Glenn	Lodh	McQuinn	Lodh		
Staff Specialist Consultant	Ho	Chen Bahure	Abeywickrema	Modality-based roster - see below	Balendran		
VMO RE Day Consultant	Power	Glenn	Child	Modality-based roster - see below	Child		
DR Staff Specialist				Chen (Screening, US, Breast, Plain Films) Balendran (MRI, Plain Films) Abeywickrema (CT)		No cover - revert to Registrar Reporting	No cover - revert to Registrar Reporting
VMO RE Evening Consultant	No cover - revert to Registrar Reporting	No cover - revert to Registrar Reporting	No cover - revert to Registrar Reporting	No cover - revert to Registrar Reporting	No cover - revert to Registrar Reporting	No cover - revert to Registrar Reporting	No cover - revert to Registrar Reporting
Administration							
Miscellaneous		CTCA info session All registrars	Meeting with Paul Curtis Yeo				
BreastScreen							
Consultant On-Call (All Week)	SGH IR: Lodh	SGH DR: No Cover					
Registrar Education Meetings			12 pm Nuclear Medicine All registrars	8:30 - 9:15 am Interesting cases All registrars			
Registrar Tutorials	Ho	8-9am Glenn Bahure	Abeywickrema		Balendran		
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-12pm Liver Surgical Unit Lodh	8:30-9:30am Head & Neck Chen 12-1pm Haematology Bahure	7-8am HCC Lodh 8-9am Paediatrics Stevenson 1-2pm Neurogeriatrics Yeo	12-1pm Respiratory Balendran 4-5pm Gastroenterology Power	9:30-10:30am Colorectal Balendran 2-3pm Renal Balendran		
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Curtis Glenn	5:30-6:30 SGH Consultants Meeting All IR & DR Consultants Welcome				
Day In Lieu							
TESL			Ho (DoT Workshop)				

Annual Leave	Yeo (ADO) Palmer	Huang (ADO)	Riwoe Whitley	Riwoe	Riwoe		
Sick/FACS Leave							
Study/Exam Leave	Lee	Lee	Lee	Lee	Lee		
Long Service Leave	Lim	Lim	Stevenson		Stevenson		
Other Leave				Palmer			
Contact Phone Numbers	Registrars: Radiology Liaison & After Hours 33677	Registrars: IR 33217 Body 1 33682 Body 2 33683 Neuro/H&N/MSK 33684 O&G/Paeds 33685	Consultants: Glenn 33670 Power 34509 Stevenson 33583 Palmer 33581	Consultants: Chug 34508 Child 34501 Abeywickrema 31355	Department: Front Reception 33500 Angioraphy Suite 33654		
Leave	Lee-14/11 Lim-25/10 Palmer-24/10	Lee-14/11 Lim-25/10	Lee-14/11 Riwoe-28/10 Ho-26/10 Whitley-26/10	Lee-14/11 Riwoe-28/10 Palmer-27/10	Lee-14/11 Riwoe-28/10		



The Royal Australian
and New Zealand
College of Radiologists

REMEDICATION IN TRAINING POLICY

Read by K. Ma (D07)

13.3.23

Name of document and version:
Remediation in Training Policy, Version 1.0

Approved by:
Faculty of Radiation Oncology Council and Faculty of Clinical Radiology Council

Date of approval:
20 August 2021, 30 September 2021

ABN 37 000 029 863
Copyright for this publication rests with The Royal Australian and New Zealand College of Radiologists ®

The Royal Australian and New Zealand College of Radiologists
Level 9, 51 DrUITT Street
Sydney NSW 2000 Australia

New Zealand Office: Floor 6, 142 Lambton Quay, Wellington 6011, New Zealand

Email: ranzcr@ranzcr.edu.au
Website: www.ranzcr.com
Telephone: +61 2 9268 9777

Disclaimer: The information provided in this document is of a general nature only and is not intended as a substitute for medical or legal advice. It is designed to support, not replace, the relationship that exists between a patient and his/her doctor.



The Royal Australian
and New Zealand
College of Radiologists®

WITHDRAWAL FROM TRAINING POLICY

*Revd by K. Ho (DOT)
13-3-23.*

Name of document and version:
Withdrawal from Training Policy, Version 1.0

Approved by:
Faculty of Clinical Radiology Council and Faculty of Radiation Oncology Council

Date of approval:
29 October 2021, 26 November 2021

ABN 37 000 029 863
Copyright for this publication rests with The Royal Australian and New Zealand College of Radiologists ®

The Royal Australian and New Zealand College of Radiologists
Level 9, 51 Drutt Street
Sydney NSW 2000 Australia

New Zealand Office: Floor 6, 142 Lambton Quay, Wellington 6011, New Zealand

Email: ranzcr@ranzcr.com
Website: www.ranzcr.edu.au
Telephone: +61 2 9268 9777

Disclaimer: The information provided in this document is of a general nature only and is not intended as a substitute for medical or legal advice. It is designed to support, not replace, the relationship that exists between a patient and his/her doctor.

**SGH, Radiology Department
Consultants' Meeting
Agenda**

Date: Wednesday, 15 March 2023
Time: 1730 to 1830 hours
Location: Microsoft Teams, [Click here to join the meeting](#)

Meeting ID: 453 272 933 961

Passcode: sjP9fU

If you do not have Microsoft Teams on your computer, you can join from your web browser.

1. Update from the Director of Training

K Ho

- a. Registrar attendance at first 10 minutes of Consultants' meeting to update on registrar issues – supported?
- b. Feedback from the Debrief meeting held on 1 March 2023
- c. Assistance for Registrars not progressing as expected –
 - i. Familiarity with RANZCR Policies on *Performance and Progression, Remediation in Training, Withdrawal from Training* (attached)
 - ii. Support for registrars
- d. Tutorials and feed back to trainees when RE operating

2. Update from the Director of Radiology

D Glenn

- a. Diagnostic Reporting Model
 - i. RE doctors undertaking DR on call
 - ii. Recruitment
- b. Radiology Redevelopment (Stage 3)
- c. Other matters

3. Business without notice

4. **Date of next meeting** – Wednesday 20 April 2023 (school holidays)

**SGH, Radiology Department
Consultants' Meeting
Minutes**

Date: Wednesday, 15 March 2023
Time: 1730 to 1825 hours
Location: Microsoft Teams
Present: Drs G Tan, H Chour, M Power, D Glenn, P Child, N Balendran, P Curtis
Apologies: Dr K Ho

1. Update from the Director of Training

Dr Ho was unwell so Dr Curtis raised the following matters:

- a. Registrar attendance at the first 10 minutes of Consultants' meeting to up-date on registrar issues – supported.
- b. Assistance for Registrars not progressing as expected
 - i. Familiarity with RANZCR Policies on *Performance and Progression, Remediation in Training, Withdrawal from Training* (attached) – a summary PowerPoint presentation to be circulated after the meeting.

Action: P Curtis to circulate PowerPoint presentation

- c. Tutorials and feed back to trainees when the Reporting Engine (RE) is operating – it was stressed that when the RE is operating, teaching, supervision and preparing for meetings should take priority.

2. Update from the Director of Radiology

- a. Diagnostic Reporting Model
 - i. RE doctors undertaking DR on call – Dr Curtis indicated that all consultants should be participating in the on call roster, whether they are VMOs or not. To discuss with VMOs.
 - ii. Recruitment – Two new VMOs will commence in the RE in March. There may be some evening RE shifts possible.

Need to ensure VMOs are available for TEG shifts when there are sufficient numbers of VMOs.

- b. Other matters
 - i. Sutherland – may be incorporating in evening reporting from August.
 - ii. Trainee on call at night from home for approving U/S or MRI examinations – discussed briefly as a possibility because a consultant had been inappropriately rung to approve an Ultrasound examination.
 - iii. Urgent reports and backlog – the consultants were thanked for their contribution to reporting urgent examinations and for reducing the backlog, particularly registrars' preliminary reports.

3. Business without notice

- a. Slow VPN connections – one consultant reported very slow VPN connection speeds at home. This was not the general experience and probably due to the local set up.
- b. Bundling of examinations – the issue of bundling of examinations in Sectra was raised because the VMOs receive a lower payment compared to disaggregated examinations. Consultants to send information to P Curtis to take up with management.

**Action: Consultants to forward information to P Curtis
P Curtis to raise with management**

4. Date of next meeting – Wednesday 20 April 2023

RANZCR Performance Policies

SUMMARY FOR CONSULTANTS

15 MARCH 2023

Overview

- ▶ Three Performance Policies
 - ▶ Performance and Progression Policy
 - ▶ Remediation in Training Policy
 - ▶ Withdrawal from Training Policy
- ▶ Increasing severity of issues
- ▶ Can progress through policies or enter high level policy
- ▶ College informed and receive action plans

Performance & Progression Policy

▶ Purpose

Assist with identification, support and management of trainees who are not performing or progressing at a reasonable rate expected

▶ Identification

- ▶ Trainee self-identifies
- ▶ Performance not met expectations, progress not at expected level, behaviour not reflective of competencies, other circumstances requiring additional support
- ▶ Unsuccessful exam sitting(s)
- ▶ Situation requiring immediate action (eg adverse event, complaints etc)

Performance & Progression Policy (2)

- ▶ Action plan (for 3 months)
 - ▶ Identify issues
 - ▶ Intended measurable outcomes
 - ▶ Action plan goals
 - ▶ Resources/strategies to assist in achieving goals
 - ▶ Responsibilities of:
 - ▶ DoT
 - ▶ Trainee
 - ▶ Department
- ▶ Review – in 6 weeks
- ▶ Max length of action plan is 6 months

Remediation in Training Policy

▶ Purpose

To assist in the support, management & evaluation of trainees not performing or progressing at a reasonable rate expected

▶ Identification

- ▶ Referred from Performance & Progression Policy where agreed action have not been achieved
- ▶ Performance across multiple competencies not met expectation
- ▶ Trainee reviewed on multiple occasions but level continues below expectations
- ▶ Trainee may need targeted intervention to address issues
- ▶ NGC and/or LGC can bypass Performance & Progression Policy

Remediation in Training Policy (2)

- ▶ Remediation plan
 - ▶ Identify issues
 - ▶ Intended measurable outcomes
 - ▶ Remediation plan goals
 - ▶ Resources/strategies to assist in achieving goals
 - ▶ Responsibilities of:
 - ▶ DoT
 - ▶ Trainee
 - ▶ Department
- ▶ Remediation plan approved by Chief Censor
- ▶ Review 6 weekly and max length of remediation plan is 6 months

Withdrawal from Training Policy

▶ Purpose

Allows for voluntary withdrawal or College enforced withdrawal from training (and College Membership)

▶ Categories of Withdrawal

1. Voluntary
2. Competence – trainee unable to sustain a level of performance to progress
3. Compliance – not complying with College (incl DoT) direction or policies
4. Misconduct
5. Capacity – trainee is willing but unable to continue with training

Withdrawal from Training Policy (2)

- ▶ Decision to withdraw can only be made by
 - ▶ Chief Censor and or the appropriate ETC; or
 - ▶ CEO of the College
- ▶ Provide reasonable notice in writing
- ▶ Appeal via the *Reconsideration Review and Appeal of Decisions Policy (for all 3 policies)*



The Royal Australian
and New Zealand
College of Radiologists®

PERFORMANCE AND PROGRESSION POLICY

Name of document and version:
Performance and Progression Policy, Version 1.0

Approved by:
Faculty of Radiation Oncology Council and Faculty of Clinical Radiology Council

Date of approval:
20 August 2021, 30 September 2021

ABN 37 000 029 863
Copyright for this publication rests with The Royal Australian and New Zealand College of Radiologists ®

The Royal Australian and New Zealand College of Radiologists
Level 9, 51 Druitt Street
Sydney NSW 2000 Australia

New Zealand Office: Floor 6, 142 Lambton Quay, Wellington 6011, New Zealand

Email: ranzcr@ranzcr.com
Website: www.ranzcr.edu.au
Telephone: +61 2 9268 9777

Disclaimer: The information provided in this document is of a general nature only and is not intended as a substitute for medical or legal advice. It is designed to support, not replace, the relationship that exists between a patient and his/her doctor.

TABLE OF CONTENTS

1. Introduction	4
2. Action Plan Process	7
3. Reconsideration, Review and Appeal of Decisions	11
4. Related Policies	11
5. Appendices	11

About the College

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a not-for-profit professional organisation for clinical radiologists and radiation oncologists in Australia, New Zealand, and Singapore. RANZCR is a membership organisation led by clinicians who are elected by the membership, with oversight from a Board of Directors.

We are the leaders in medical imaging and cancer care. We enable the best practice of clinical radiology, radiation oncology and associated subspecialty areas through engagement, education, and advocacy; and by supporting clinical excellence. Our Fellows play a critical role in the diagnosis and monitoring of disease, provide interventional treatments and targeted treatments for cancer.

Our evidence-based culture focuses on best practice outcomes for patients and equity of access to high quality care, underpinned by an attitude of compassion and empathy. As an organisation we are committed to diversity and inclusion, and to the training and professional development of our Fellows and Trainees throughout their career. We are dedicated to enhancing the health outcomes of Māori, Aboriginal and Torres Strait Islander peoples and to increasing their participation in the professions of clinical radiology and radiation oncology by ensuring our educational programs support best outcomes for them. This includes a commitment to cultural safety in our organisation, for staff and members.

Purpose

To enable the safe and appropriate use of clinical radiology and radiation oncology to optimise health outcomes for our patients and society.

Values

Our leadership values underpin all that we do and embody our focus on quality patient outcomes:

Integrity

We maintain the confidence and trust of our stakeholders through our honesty, transparency, and authenticity.

Accountability

We take responsibility for all our actions, behaviours, performance, commitments, and decisions.

Inclusivity

We foster an inclusive workplace and clinical environments for people in Australia and New Zealand.

Innovation

We constantly strive to reimagine excellence in everything we do.

Code of Ethics

The Code defines the values and principles that underpin the best practice of clinical radiology and radiation oncology and makes explicit the standards of ethical conduct the College expects of its members.

1. INTRODUCTION

1.1 Approval and Commencement

This policy:

- (a) Commences operation on 1 February 2022.
- (b) Replaces the Performance and Progression (Clinical Radiology) Policy, Version 1.0 which will cease operation on 31 January 2022.
- (c) Replaces the Performance and Progression Policy (Radiation Oncology), Version 1.0 which will cease operation on 31 January 2022.

1.2 Background and Objectives

The College sets the standards of training and practice in Clinical Radiology and Radiation Oncology in Australia and New Zealand.

The identification, support and management of trainees who are not performing and/or progressing at a rate reasonably expected of trainees is integral to maintaining the high standard of training and ensuring that the training programs produce highly skilled, competent and safety-conscious Clinical Radiologists and Radiation Oncologists.

The supervision of trainees should encompass the monitoring and guidance of a trainee's personal, professional and educational development.

It is generally agreed that from time to time, trainees experience some difficulties during their training years. There are a number of issues that can impact on a trainee's performance and/or progression in the training programs. Some difficulties encompass mental health and lifestyle issues which can be disruptive to a trainee's performance and/or progression in the training programs. In these instances, it may be appropriate for a Clinical Supervisor or Director of Training to encourage a trainee to seek pastoral care or professional support (e.g. with a GP, psychologist, psychiatrist etc.). Adopting a holistic view of the trainee (i.e. by being aware of workplace stressors, a trainee's personal support at home, a trainee's rosters, their leave, their afterhours commitments etc.) is paramount to identifying and addressing the performance and/or progression based issues faced by a trainee. Most issues, when appropriately identified and managed, can be resolved with the support of Clinical Supervisors and Directors of Training working with the trainee.

The following principles underpin this policy:

- (a) the early identification of issues associated with a trainee's performance and/or progression;
- (b) issues of patient and personal safety take precedence over all other issues;
- (c) fair and equitable treatment of trainees at all times; and
- (d) confidentiality is to be maintained.

This policy does not directly apply to those situations where a trainee is exhibiting notifiable conduct as defined by the relevant authority (i.e. the Australian Health Practitioner Regulation Agency (Ahpra) or the Medical Council of New Zealand (MCNZ)). In those circumstances, there exists an obligation to report the matter to the relevant authority. In the event of notifiable conduct, the College will be guided by conditions or undertakings (if any) stipulated by the relevant authority in determining whether the process outlined under this policy should be implemented.

1.3 Purpose

This Performance and Progression Policy is designed to assist the College, its staff, members and Fellows in the identification, support and management of Clinical Radiology or Radiation Oncology trainees who are not performing and/or progressing at a rate reasonably expected of a trainee within the Clinical Radiology Training Program or the Radiation Oncology Training Program.

1.4 Scope

This policy:

- (a) Applies from 1 February 2022 to all trainees undertaking training within the Clinical Radiology Training Program or the Radiation Oncology Training Program, irrespective of the date they commenced their training.
- (b) Prescribes the framework to be used to manage, monitor and assess a trainee where there are issues or concerns about their:
 - level of performance *during* training ('performance') and/or
 - rate of progression *through* training ('progression')

which have arisen:

- during training (e.g. through the assessment process),
- through unsuccessful examination sittings, or
- as a result of an adverse event or other circumstances.

To the extent that there are any inconsistencies between this Policy and the Appendices or the Handbooks, this Policy prevails.

1.5 Definitions

In this Performance and Progression Policy:

Accredited Training Time means the duration of time a trainee is required to accrue in an accredited training position in order to complete all Clinical Radiology Training Program requirements or Radiation Oncology Training Program requirements

Action Plan means a plan collaboratively prepared by the trainee and their Director/s of Training (DoT/s) which identifies the proposed goals to be achieved, the timeframes associated with meeting the goals and the responsibilities of the parties involved in facilitating the action plan. The purpose of the action plan is to address issues associated with a trainee's performance and/or progression

Action Plan Meeting means a meeting between a trainee and their Director/s of Training (DoT/s) with specific reference to a trainee's performance and/or progression

Action Plan Period means the duration of time that an Action Plan will be set for. This duration of time must comply with Part 2 of this policy

Action Plan Process means the process outlined under Part 2 of this policy

Agreed Action Plan means an Action Plan that has been discussed by a trainee and their Director/s of Training (DoT/s) and has been agreed to by both these parties

Assessment means an activity used to gauge a trainee's progression through the Clinical Radiology Training Program or the Radiation Oncology Training Program and/or their competency against the requirements of the Clinical Radiology Training Program or Radiation Oncology Training Program. Note: for the purpose of this Policy, the term 'assessment' is distinct to the term 'examination'

Chief Censor means the clinician appointed under the Faculty By-laws to oversee all aspects of training and assessment conducted as part of the Clinical Radiology Training Program or the Radiation Oncology Training Program

Clinical Supervisor means any consultant radiologist or radiation oncologist at a College-accredited training site who is involved in teaching, assessment and/or feedback

Clinical Supervisor Appraisal (radiation oncology) means the process whereby the Clinical Supervisor considers the trainees' performance and the feedback the trainee has received whilst completing learning experiences and assessments over the previous period. If required, the Clinical Supervisor may identify issues that need to be raised with the Director/s of Training

College means The Royal Australian and New Zealand College of Radiologists

Difficulty means any circumstances which detrimentally impact on a trainee's level of performance and/or rate of progression through training. Such circumstances may include an adverse event, extrinsic factors, competence issues, lifestyle issues, psychological issues and/or the work environment

Director of Training (DoT) means the clinician/s appointed by the College, with overall responsibility for the structure and quality of training in a College-accredited training site in line with College policies and the specific arrangements within their training network. The Director of Training is also responsible for providing trainees with information and feedback on their progress

DoT Review means the process whereby the Director/s of Training (DoT/s) and the trainee jointly evaluate a trainee's progress with learning and assessment requirements for the phase of training or the training program

DoT Review meeting means a meeting whereby the Director/s of Training (DoT/s) and the trainee jointly evaluate a trainee's progress with learning and assessment requirements for the phase of training or the training program

e-Portfolio System or e-Portfolio means the online system which serves the purpose of managing a trainees' assessments and progression in the Clinical Radiology Training Program and Radiation Oncology Training Program

Examination means a form of assessment as defined in the College's Examination Policies

Fellow means a College member admitted to Fellowship of the Royal Australian and New Zealand College of Radiologists

Head of Department (HoD) means the person responsible for the administrative running of a clinical radiology or radiation oncology hospital department or practice

Local Governance Committee (LGC) means the governing body responsible for oversight of network training operation in a local area network, resolution of local issues and development of the network training program

Member means a member of the College as specified under the RANZCR Articles of Association

Multi-source Feedback (MSF) means a tool to assist with the evaluation of communication skills, team work, professionalism and management/administrative skills

Network Governance Committee (NGC) means the governing body responsible for oversight of training network operation, resolution of local issues and development of the network training program

Network Training Director (NTD)/ Training Network Director (TND) means the person responsible for providing coordination of, and leadership to the Network and is a central point of contact to the College and health jurisdictions regarding training delivery matters in that Network

Performance (during training) means the level of performance of a trainee as measured against the level of performance reasonably required of a trainee to progress through their training as expected by the College

Progression (through training) means the rate a trainee (whose performance *during training* is at the required level) will progress through their training in the time reasonably allowed by the College for a trainee to complete their specialist training

Revised Action Plan means an agreed action plan that has been reviewed and extended beyond its initial three-month duration

Trainee means a College member actively participating in either the Clinical Radiology Training Program or the Radiation Oncology Training Program and is considered a student member under the RANZCR Articles of Association

Training Site means an organisation that actively engages and is responsible and accountable for the delivery of training in Clinical Radiology or Radiation Oncology. These organisations may be public or private entities who are accredited by the College and are required to follow the relevant training curriculum and accreditation standards as set out by the College

2. ACTION PLAN PROCESS

2.1 Identification of Trainees to be Managed under this Policy

Trainees may be managed under this Policy in the following circumstances:

- (a) a trainee self-identifies as being required to be supported under this Policy and initiates communication with their DoT/s to be managed under this Policy;
- (b) a trainee's:
 - (i) performance has not met the expectations of the College; and/or
 - (ii) progress has been reviewed and found to be at a level less than that expected by the College; and/or
 - (iii) behaviour is not reflective of the competencies (including 'intrinsic roles') outlined within the Clinical Radiology Curriculum Learning Outcomes or the Radiation Oncology Learning Outcomes; and/or
 - (iv) circumstances are such that they may need additional support to assist in their performance and/or progress with training;
 as identified during a DoT Review meeting (or in Radiation Oncology, as a result of a Clinical Supervisor Appraisal meeting);
- (c) where a trainee's underperformance and/or progression through training is associated with unsuccessful exam sitting(s);
- (d) where a situation arises related to a trainee's performance and requires immediate action, outside of the DoT Review process (or in Radiation Oncology, outside of a Clinical Supervisor Appraisal meeting). For example, an adverse event, multiple patient or colleague complaints or a specific incident.

Please note: Where a situation arises related to a trainee's performance, a DoT/s through discussion with the NGC and/or LGC, can escalate a trainee directly to the Remediation in Training Policy thereby by-passing the Performance and Progression Policy. This decision can only be made if both the DoT/s and the NGC and/or LGC agree that escalation to the remediation pathway is an appropriate course of action, noting that this agreement must be documented in writing. Such a situation which would warrant escalation to the remediation pathway would usually be of a serious nature, for example, behaviour that could lead to an allegation of misconduct or performance which raises serious concerns for patient safety.

2.2 Trainee Participation in the Action Plan Process

- (a) Trainees must participate in the action plan process as required under this policy.
- (b) Trainees who refuse to participate or do not engage in completing the action plan process will be referred to the Chief Censor for consideration of withdrawal from the Clinical Radiology Training Program or the Radiation Oncology Training Program.

Refer to the Withdrawal from Training Policy for further information.

2.3 Action Plan Meeting

- (a) Trainees must attend an action plan meeting with their DoT/s at a time mutually convenient to the DoT/s and Trainee. Please note in lieu of a face to face meeting, an action plan meeting can occur by video conference.
- (b) In addition to the DoT/s, a Clinical Supervisor may attend an action plan meeting (if applicable).
- (c) A trainee may wish to arrange for a support person to also attend the action plan meeting. The support person must not be a legal advocate and cannot otherwise advocate for the trainee.
- (d) An action plan meeting may occur in conjunction with, or immediately after, a DoT Review meeting.
- (e) If the action plan meeting is to occur subsequent to a DoT Review meeting, it should occur within seven calendar days of the DoT Review meeting and no later than 14 calendar days following the DoT Review meeting.
- (f) The purpose of an action plan meeting convened under this section is for the DoT/s and the trainee to:
 - (i) consider any barriers to performance and progression in the Clinical Radiology Training Program or the Radiation Oncology Training Program (including underlying factors which are impacting on performance and/or progression if applicable; for further information refer to Appendix A);
 - (ii) determine strategies to improve the trainee's performance and progression through training and explore what may be required of the:
 - i. trainee, and
 - ii. training site;
 - (iii) discuss and agree on the intended measurable outcomes and goals that will be outlined in the action plan;
 - (iv) record the agreed intended measurable outcomes and goals via the action plan;
 - (v) discuss the responsibilities of the trainee, the responsibilities of the DoT/s and/or Clinical Supervisor/s and the responsibilities of the department under the action plan (as applicable); and

- (vi) schedule a follow up meeting/s to monitor and assess the trainee's progress with achieving goals outlined in the action plan.

2.4 Action Plan

- (a) Action plans for trainees identified under section 2.1 are developed to improve the trainee's performance associated with one or more of the following:
 - (i) a particular competency (including an intrinsic role/s) which has been highlighted as requiring improvement;
 - (ii) specific work-based assessments;
 - (iii) structured learning activities;
 - (iv) examination preparation (see section 2.1(c));
 - (v) any other requirement of the Clinical Radiology Training Program or Radiation Oncology Training Program.
- (b) The DoT/s and the trainee must collaboratively devise the action plan during the action plan meeting. Refer to Appendix B for the Action Plan Template.
- (c) The action plan must be agreed to by both the trainee and the DoT/s i.e. 'agreed action plan'. Refer to section 2.2 regarding 'trainee participation in the action plan process'.
- (d) Agreed action plans, and any subsequent revisions, must be submitted to the College by the DoT/s after the appropriate action plan meeting for record keeping and audit purposes.
- (e) Irrespective of whether or not the NTD/TND is already aware of an agreed action plan or any subsequent revisions, the NTD/TND is to be notified of agreed action plans, and any subsequent revisions by the DoT/s within 10 business days following the appropriate action plan meeting.
- (f) The duration of an agreed action plan is to be set at three months.
- (g) Trainees must attend a follow up meeting scheduled with their DoT/s at the six-week point from the commencement date of the agreed action plan to discuss their progress and achievement of the goals outlined in the agreed action plan.
- (h) Should a DoT with identified responsibilities under an agreed action plan be on leave and therefore unable to facilitate 'follow up meetings' with a trainee in accordance with Part 2 of this Policy, a suitable nominee (who must either be a co-DoT in circumstances where a co-DoT is present or be a Clinical Supervisor nominated by the DoT) is required to facilitate 'follow up meetings'.
- (i) Trainees' performance and progression will be monitored and assessed through the following:
 - (i) completion of goals documented on the agreed action plan;
 - (ii) completion of, performance on, and progress with training requirements as logged in the trainee's e-Portfolio;
 - (iii) follow up meeting notes, which document the trainee's engagement with the agreed action plan;
 - (iv) Clinical Supervisor Appraisals (Radiation Oncology only) and/or DoT Reviews which have occurred during the agreed action plan period;
 - (v) any other documents or reports of which the trainee is aware.
- (j) A trainee's accredited training time will continue to accrue while they are completing an agreed action plan.
- (k) Trainees may still register and sit for examinations during an action plan period.

- (l) Within the Radiation Oncology Training Program only, trainees are unable to submit a request for a Portfolio review (for the purpose of determining phase progression) or progress to Phase 2 of training or be eligible for Fellowship if they are currently completing an action plan.
- (m) Should a rotation to a different site/s within a network be considered appropriate for a trainee on an action plan period, or should a trainee wish to change networks while on an action plan period, the DoT/s from the existing training site will be responsible for ensuring an appropriate handover (including but not limited to communication of the progress of the action plan) with the DoT/s at the new training site the trainee is rotating to.

2.5 Agreed Action Plan Outcomes

- (a) Within the Radiation Oncology Training Program only, trainees who have achieved all goals in the agreed action plan at the time of the follow up meeting (i.e. held at the six-week point from the commencement date of the agreed action plan), and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
- (b) Trainees who have achieved all goals in the agreed action plan at the three-month point from the commencement date of the agreed action plan, and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
- (c) If any goal on the agreed action plan has not been achieved at the three-month point from the commencement date of the agreed action plan, the DoT/s may determine that the agreed action plan will be revised and the action plan extended for an additional three-month period.
 - (i) If this occurs, the DoT/s and the trainee will prepare a revised action plan.
 - (ii) Under a revised action plan, the trainee must attend a follow up meeting scheduled with their DoT/s at the six-week point from the extension date of the agreed action plan to discuss their progress and achievement of the goals outlined in the agreed action plan.
 - (iii) Trainees who have achieved the goals in the revised action plan at the follow up meeting (i.e. held at the six-week point from the extension date of the agreed action plan), and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
 - (iv) Trainees who have achieved the goals in the revised action plan at the at the three month point from the extension date of the agreed action plan, and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
- (d) If the trainee has not fulfilled their responsibilities as outlined in the initial or revised action plan (as applicable), or additional performance issues are raised during the initial or revised action plan period (as applicable), a DoT/s in discussion with the NGC and/or LGC, may determine that the trainee must be referred for remediation under the **Remediation in Training Policy**. Note: the discussion between a DoT/s and the NGC and/or LGC must be documented in writing.
- (e) Action plans must not exceed a total of six months. If the goals on the agreed and/or revised action plan have not been achieved at the six-month point from the commencement date of the agreed action plan, a DoT/s in discussion with the NGC and/or LGC will refer the trainee for remediation under the **Remediation in Training Policy**. Note: the discussion between a DoT/s and the NGC and/or LGC must be documented in writing.

- (f) The trainee's DoT/s will be responsible for overseeing the implementation and completion of an action plan.

3. RECONSIDERATION, REVIEW AND APPEAL OF DECISIONS

Trainees seeking a reconsideration of decisions relating to performance and progression can do so in accordance with the Reconsideration, Review and Appeal of Decisions Policy.

Refer to the Reconsideration Review and Appeal of Decisions Policy for further information.

It is intended that both the trainee and the College will substantively follow and satisfy the requirements of this Policy. However, it is recognised that in some circumstances, or otherwise for good reason or inadvertence, the strict requirements of this Policy are not or cannot be followed. The failure to comply with the strict requirements of this Policy shall not constitute grounds for Reconsideration, Review or Appeal under the Reconsideration, Review and Appeal of Decisions Policy.

4. RELATED POLICIES

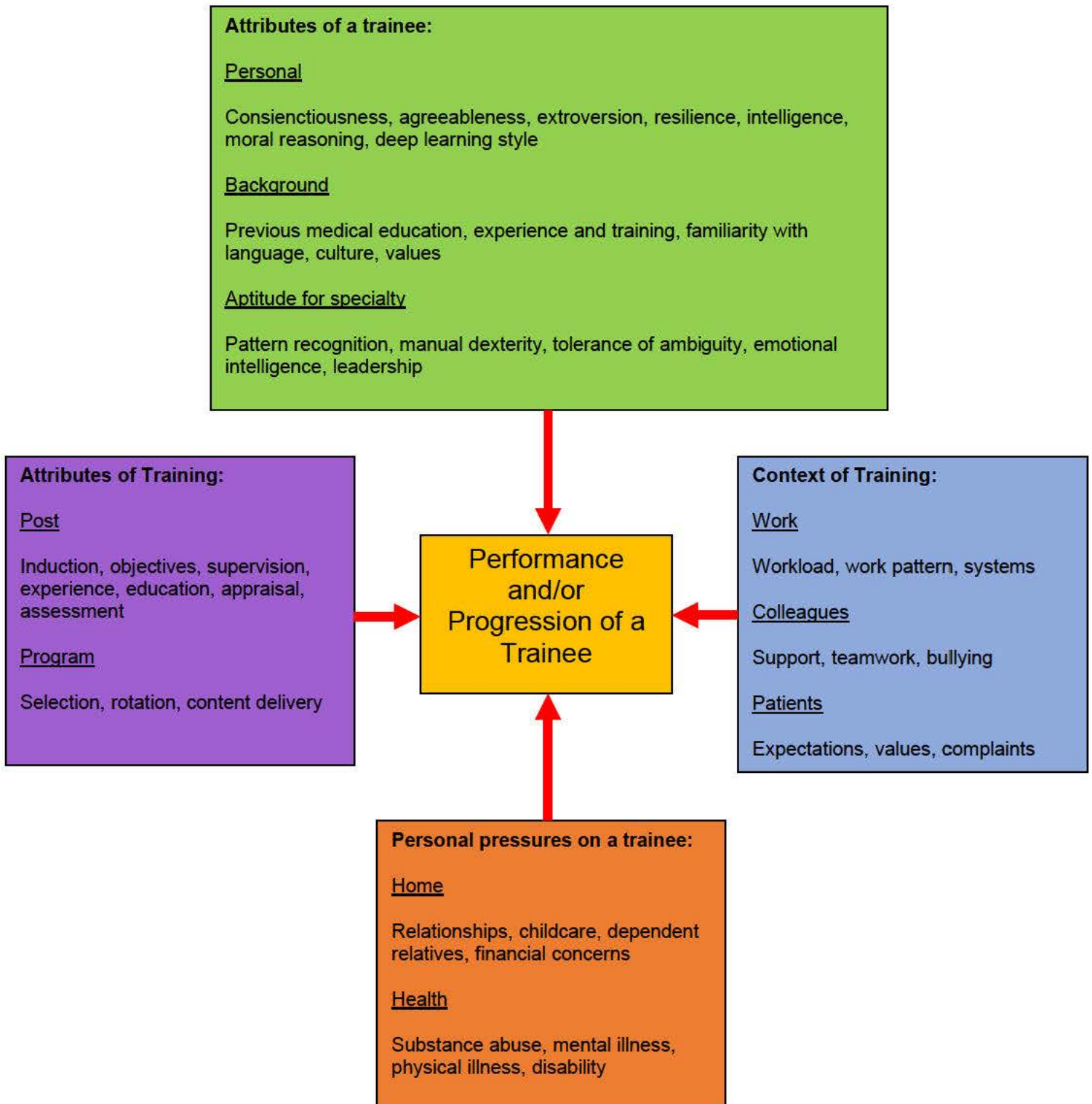
- Remediation in Training (Clinical Radiology) Policy
- Withdrawal from Training (Clinical Radiology) Policy
- Reconsideration, Review and Appeal of Decisions Policy

These policies can be downloaded from the College website.

5. APPENDICES

- A. Factors Impacting on the Performance and/or Progression of Trainees
- B. Action Plan Template
- C. Performance and Progression Policy Flowchart

Appendix A – Factors Impacting on the Performance and/or Progression of Trainees



*Adopted from Long, Andrew. Trainees in Difficulty. Archives of Disease in Childhood. 2009 March 26; Volume 94(7): 492-496.

Appendix B – Action Plan Template

Action Plans are to be submitted via CRTraining@ranzcr.edu.au (for Clinical Radiology) or ROTraining@ranzcr.edu.au (for Radiation Oncology).

An Action Plan is initially set for three months. A follow up meeting is scheduled at the six-week point from the commencement date of the plan. If the goals are achieved at the three-month point, the trainee returns to training as usual. The action plan is an opportunity for closer monitoring of a trainee in order assist them to improve performance or enhance progress.

Trainee Name:	Dr 1	DoT/s Name/s:	Kuan Ho
Training Start Date:		Phase of Training:	
Date of Meeting:	15/02/23, up-dated 13/9/23	Time Meeting Started:	1500
Training Site/Venue:	SGH Radiology Office	Time Meeting Ended:	
Action Plan commencement date:	27/02/2023	Action Plan anticipated completion date:	
Meeting Attendees (name and position; please include any Clinical Supervisor names if in attendance):	Dr Gowrie Kanthan, Trainee Dr Kuan Ho, Director of Training, SGH Dr Paul Curtis, Radiology Operations Manager		

Effective Action Plans contain SMART goals:

- | | |
|---------------------|--|
| S pecific | Goals should be as specific as possible so it is clear what the trainee needs to do. |
| M easurable | Goals should be worded so that both the DoT/s and the trainee (or a third party) know when task or activity has been completed. |
| A chieveable | The goal could pose a challenge for the trainee, though it needs to be attainable. Goals need to be within the trainee's control to achieve. |
| R ealistic | Goals should be realistic within the trainee's schedule and appropriate for the trainee's demonstrated level of competence. |
| T ime based | Each goal should indicate the time by which it must be completed. A goal could be set to be achieved in three months or within a shorter term, but the related goal set should be completed before the follow up meeting to ensure the trainee is on track. Frequency of an activity could also be daily, weekly or fortnightly. |

Example: The goal 'Complete more work-based assessments' is not specific, measurable, or time based. The goal could be improved to 'Complete at least four work-based assessments in the next three months' and/or 'Complete two Communication Tools Assessments on different scenarios before the follow up meeting'.

Also consider resources which would help the trainee or any other planning aspects that need to be addressed to assist in completion of goals.

Identified issue/s (and sources of Identification if required, e.g. MSF, observations of performance etc.):
 Failure to pass examinations - 4 stations in Part 2 viva exams remain (Neuro, musculoskeletal, abdomen and breast). Next exams in June 2023

Some medical issues in 2022 prevented Gowrie sitting exams. These issues are exacerbated in winter.

The trainee is studying a lot and would like more tutorials and more exam practice (simulating exam condition). More rostered time in Breastscreen would also help.

It was agreed that he is able to attend relevant tutorials at other hospitals provided he lets staff know at SGH when he is leaving and expected return time.

Intended Measurable Outcome/s:

1. Exam practice once per fortnight
2. Tutorials twice per week (preferable on days that the Reporting Engine is operating). Scheduled and protected time but subject to consultant availability.
3. More shifts in MRI.

Action Plan Goals:

To pass all four stations at the viva examination in June 2023

Up-date 130923:

No real change from the previous meeting. Workload is more manageable than the previous time. He is having more shifts in MRI (about 2 per week) and had more time in Brest-screen.

Trainee wants more tutorials, though acknowledges they have increased since previously. Discussed the trainee ask for more tutorials when there are sufficient consultants in the hospital.

The trainee is discussing with the College when he will sit the exams. He is hoping to do it in 2024. The trainee will be leaving St George Hospital in February 2024. The trainee's position will be filled from that time.

The trainee indicated that there has been some stress associated with his failing the exams and access to the Employee Assistance Scheme (EAP) was discussed. Information to be provided.

Resources/strategies to assist in achieving the goal/s (including to address underlying factors which are impacting on performance and/or progression):

On RE days quarantine time for study and tutorials - aim for 2 hours per day

Outsourcing night and 50% of weekend reporting of examinations.

Trainee Responsibilities:

To notify staff when on quarantined study time or away from SGH

DoT and/or Clinical Supervisor Responsibilities (make explicit where the responsibilities are those of a DoT or a Clinical Supervisor as applicable):

Facilitate tutorials and exam practice sessions

Be available for further discussions as required.

Departmental Responsibilities:

Outsourcing night and 50% of weekend reporting of examinations.

130923 Up-date:

Make more tutorials available.

Provide information on the EAP.

Trainee Verification:

- I confirm that I have been involved in the development of my action plan
- I confirm that I will adhere to my responsibilities as outlined under my action plan
- I will to the best of my ability, endeavor to achieve the goals outline in my action plan

Comments from Trainee:

Signature: _____

Date: _____

Director of Training Verification:

- I confirm that I have been involved in the development of this action plan
- I confirm that I will adhere to my responsibilities as outlined under this action plan
- I confirm that I am responsible for overseeing the implementation and completion of this action plan

Comments from Director of Training:

Signature: _____

Date: _____

Follow Up Meeting Date: _____

Additional Director of Training or Clinical Supervisor (if applicable) Verification:

- I confirm that I will adhere to my responsibilities as outlined under this action plan
- I confirm that I am responsible for overseeing the implementation and completion of this action plan (only select if applicable)

Comments from additional Director of Training or Clinical Supervisor (if applicable):

Signature: _____

Date: _____

Head of Department Verification:

- I confirm that I will adhere to my responsibilities (i.e. ensuring departmental responsibilities are met) as outlined under this action plan
- I confirm that I am responsible for overseeing the implementation and completion of this action plan (only select if applicable)

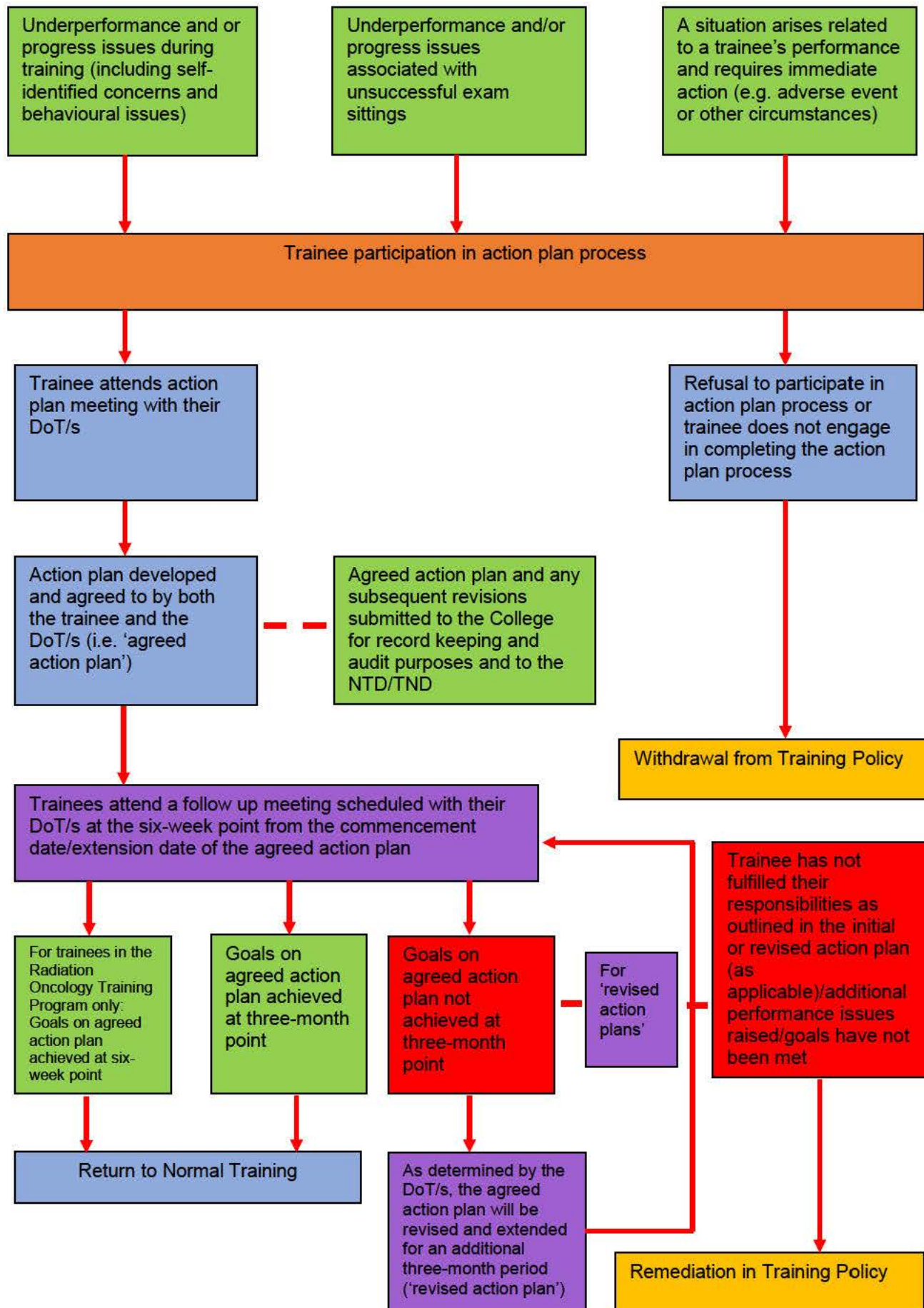
Comments from Head of Department (if applicable):

Name: _____

Date: _____

Signature: _____

Appendix C - Performance and Progression Policy Flowchart





The Royal Australian
and New Zealand
College of Radiologists®

PERFORMANCE AND PROGRESSION POLICY

Name of document and version:
Performance and Progression Policy, Version 1.0

Approved by:
Faculty of Radiation Oncology Council and Faculty of Clinical Radiology Council

Date of approval:
20 August 2021, 30 September 2021

ABN 37 000 029 863
Copyright for this publication rests with The Royal Australian and New Zealand College of Radiologists ®

The Royal Australian and New Zealand College of Radiologists
Level 9, 51 Druiitt Street
Sydney NSW 2000 Australia

New Zealand Office: Floor 6, 142 Lambton Quay, Wellington 6011, New Zealand

Email: ranzcr@ranzcr.com
Website: www.ranzcr.edu.au
Telephone: +61 2 9268 9777

Disclaimer: The information provided in this document is of a general nature only and is not intended as a substitute for medical or legal advice. It is designed to support, not replace, the relationship that exists between a patient and his/her doctor.

TABLE OF CONTENTS

1. Introduction	4
2. Action Plan Process	7
3. Reconsideration, Review and Appeal of Decisions	11
4. Related Policies	11
5. Appendices	11

About the College

The Royal Australian and New Zealand College of Radiologists (RANZCR) is a not-for-profit professional organisation for clinical radiologists and radiation oncologists in Australia, New Zealand, and Singapore. RANZCR is a membership organisation led by clinicians who are elected by the membership, with oversight from a Board of Directors.

We are the leaders in medical imaging and cancer care. We enable the best practice of clinical radiology, radiation oncology and associated subspecialty areas through engagement, education, and advocacy; and by supporting clinical excellence. Our Fellows play a critical role in the diagnosis and monitoring of disease, provide interventional treatments and targeted treatments for cancer.

Our evidence-based culture focuses on best practice outcomes for patients and equity of access to high quality care, underpinned by an attitude of compassion and empathy. As an organisation we are committed to diversity and inclusion, and to the training and professional development of our Fellows and Trainees throughout their career. We are dedicated to enhancing the health outcomes of Māori, Aboriginal and Torres Strait Islander peoples and to increasing their participation in the professions of clinical radiology and radiation oncology by ensuring our educational programs support best outcomes for them. This includes a commitment to cultural safety in our organisation, for staff and members.

Purpose

To enable the safe and appropriate use of clinical radiology and radiation oncology to optimise health outcomes for our patients and society.

Values

Our leadership values underpin all that we do and embody our focus on quality patient outcomes:

Integrity

We maintain the confidence and trust of our stakeholders through our honesty, transparency, and authenticity.

Accountability

We take responsibility for all our actions, behaviours, performance, commitments, and decisions.

Inclusivity

We foster an inclusive workplace and clinical environments for people in Australia and New Zealand.

Innovation

We constantly strive to reimagine excellence in everything we do.

Code of Ethics

The Code defines the values and principles that underpin the best practice of clinical radiology and radiation oncology and makes explicit the standards of ethical conduct the College expects of its members.

1. INTRODUCTION

1.1 Approval and Commencement

This policy:

- (a) Commences operation on 1 February 2022.
- (b) Replaces the Performance and Progression (Clinical Radiology) Policy, Version 1.0 which will cease operation on 31 January 2022.
- (c) Replaces the Performance and Progression Policy (Radiation Oncology), Version 1.0 which will cease operation on 31 January 2022.

1.2 Background and Objectives

The College sets the standards of training and practice in Clinical Radiology and Radiation Oncology in Australia and New Zealand.

The identification, support and management of trainees who are not performing and/or progressing at a rate reasonably expected of trainees is integral to maintaining the high standard of training and ensuring that the training programs produce highly skilled, competent and safety-conscious Clinical Radiologists and Radiation Oncologists.

The supervision of trainees should encompass the monitoring and guidance of a trainee's personal, professional and educational development.

It is generally agreed that from time to time, trainees experience some difficulties during their training years. There are a number of issues that can impact on a trainee's performance and/or progression in the training programs. Some difficulties encompass mental health and lifestyle issues which can be disruptive to a trainee's performance and/or progression in the training programs. In these instances, it may be appropriate for a Clinical Supervisor or Director of Training to encourage a trainee to seek pastoral care or professional support (e.g. with a GP, psychologist, psychiatrist etc.). Adopting a holistic view of the trainee (i.e. by being aware of workplace stressors, a trainee's personal support at home, a trainee's rosters, their leave, their afterhours commitments etc.) is paramount to identifying and addressing the performance and/or progression based issues faced by a trainee. Most issues, when appropriately identified and managed, can be resolved with the support of Clinical Supervisors and Directors of Training working with the trainee.

The following principles underpin this policy:

- (a) the early identification of issues associated with a trainee's performance and/or progression;
- (b) issues of patient and personal safety take precedence over all other issues;
- (c) fair and equitable treatment of trainees at all times; and
- (d) confidentiality is to be maintained.

This policy does not directly apply to those situations where a trainee is exhibiting notifiable conduct as defined by the relevant authority (i.e. the Australian Health Practitioner Regulation Agency (Ahpra) or the Medical Council of New Zealand (MCNZ)). In those circumstances, there exists an obligation to report the matter to the relevant authority. In the event of notifiable conduct, the College will be guided by conditions or undertakings (if any) stipulated by the relevant authority in determining whether the process outlined under this policy should be implemented.

1.3 Purpose

This Performance and Progression Policy is designed to assist the College, its staff, members and Fellows in the identification, support and management of Clinical Radiology or Radiation Oncology trainees who are not performing and/or progressing at a rate reasonably expected of a trainee within the Clinical Radiology Training Program or the Radiation Oncology Training Program.

1.4 Scope

This policy:

- (a) Applies from 1 February 2022 to all trainees undertaking training within the Clinical Radiology Training Program or the Radiation Oncology Training Program, irrespective of the date they commenced their training.
- (b) Prescribes the framework to be used to manage, monitor and assess a trainee where there are issues or concerns about their:
 - level of performance *during* training ('performance') and/or
 - rate of progression *through* training ('progression')

which have arisen:

- during training (e.g. through the assessment process),
- through unsuccessful examination sittings, or
- as a result of an adverse event or other circumstances.

To the extent that there are any inconsistencies between this Policy and the Appendices or the Handbooks, this Policy prevails.

1.5 Definitions

In this Performance and Progression Policy:

Accredited Training Time means the duration of time a trainee is required to accrue in an accredited training position in order to complete all Clinical Radiology Training Program requirements or Radiation Oncology Training Program requirements

Action Plan means a plan collaboratively prepared by the trainee and their Director/s of Training (DoT/s) which identifies the proposed goals to be achieved, the timeframes associated with meeting the goals and the responsibilities of the parties involved in facilitating the action plan. The purpose of the action plan is to address issues associated with a trainee's performance and/or progression

Action Plan Meeting means a meeting between a trainee and their Director/s of Training (DoT/s) with specific reference to a trainee's performance and/or progression

Action Plan Period means the duration of time that an Action Plan will be set for. This duration of time must comply with Part 2 of this policy

Action Plan Process means the process outlined under Part 2 of this policy

Agreed Action Plan means an Action Plan that has been discussed by a trainee and their Director/s of Training (DoT/s) and has been agreed to by both these parties

Assessment means an activity used to gauge a trainee's progression through the Clinical Radiology Training Program or the Radiation Oncology Training Program and/or their competency against the requirements of the Clinical Radiology Training Program or Radiation Oncology Training Program. Note: for the purpose of this Policy, the term 'assessment' is distinct to the term 'examination'

Chief Censor means the clinician appointed under the Faculty By-laws to oversee all aspects of training and assessment conducted as part of the Clinical Radiology Training Program or the Radiation Oncology Training Program

Clinical Supervisor means any consultant radiologist or radiation oncologist at a College-accredited training site who is involved in teaching, assessment and/or feedback

Clinical Supervisor Appraisal (radiation oncology) means the process whereby the Clinical Supervisor considers the trainees' performance and the feedback the trainee has received whilst completing learning experiences and assessments over the previous period. If required, the Clinical Supervisor may identify issues that need to be raised with the Director/s of Training

College means The Royal Australian and New Zealand College of Radiologists

Difficulty means any circumstances which detrimentally impact on a trainee's level of performance and/or rate of progression through training. Such circumstances may include an adverse event, extrinsic factors, competence issues, lifestyle issues, psychological issues and/or the work environment

Director of Training (DoT) means the clinician/s appointed by the College, with overall responsibility for the structure and quality of training in a College-accredited training site in line with College policies and the specific arrangements within their training network. The Director of Training is also responsible for providing trainees with information and feedback on their progress

DoT Review means the process whereby the Director/s of Training (DoT/s) and the trainee jointly evaluate a trainee's progress with learning and assessment requirements for the phase of training or the training program

DoT Review meeting means a meeting whereby the Director/s of Training (DoT/s) and the trainee jointly evaluate a trainee's progress with learning and assessment requirements for the phase of training or the training program

e-Portfolio System or e-Portfolio means the online system which serves the purpose of managing a trainees' assessments and progression in the Clinical Radiology Training Program and Radiation Oncology Training Program

Examination means a form of assessment as defined in the College's Examination Policies

Fellow means a College member admitted to Fellowship of the Royal Australian and New Zealand College of Radiologists

Head of Department (HoD) means the person responsible for the administrative running of a clinical radiology or radiation oncology hospital department or practice

Local Governance Committee (LGC) means the governing body responsible for oversight of network training operation in a local area network, resolution of local issues and development of the network training program

Member means a member of the College as specified under the RANZCR Articles of Association

Multi-source Feedback (MSF) means a tool to assist with the evaluation of communication skills, team work, professionalism and management/administrative skills

Network Governance Committee (NGC) means the governing body responsible for oversight of training network operation, resolution of local issues and development of the network training program

Network Training Director (NTD)/ Training Network Director (TND) means the person responsible for providing coordination of, and leadership to the Network and is a central point of contact to the College and health jurisdictions regarding training delivery matters in that Network

Performance (during training) means the level of performance of a trainee as measured against the level of performance reasonably required of a trainee to progress through their training as expected by the College

Progression (through training) means the rate a trainee (whose performance *during training* is at the required level) will progress through their training in the time reasonably allowed by the College for a trainee to complete their specialist training

Revised Action Plan means an agreed action plan that has been reviewed and extended beyond its initial three-month duration

Trainee means a College member actively participating in either the Clinical Radiology Training Program or the Radiation Oncology Training Program and is considered a student member under the RANZCR Articles of Association

Training Site means an organisation that actively engages and is responsible and accountable for the delivery of training in Clinical Radiology or Radiation Oncology. These organisations may be public or private entities who are accredited by the College and are required to follow the relevant training curriculum and accreditation standards as set out by the College

2. ACTION PLAN PROCESS

2.1 Identification of Trainees to be Managed under this Policy

Trainees may be managed under this Policy in the following circumstances:

- (a) a trainee self-identifies as being required to be supported under this Policy and initiates communication with their DoT/s to be managed under this Policy;
- (b) a trainee's:
 - (i) performance has not met the expectations of the College; and/or
 - (ii) progress has been reviewed and found to be at a level less than that expected by the College; and/or
 - (iii) behaviour is not reflective of the competencies (including 'intrinsic roles') outlined within the Clinical Radiology Curriculum Learning Outcomes or the Radiation Oncology Learning Outcomes; and/or
 - (iv) circumstances are such that they may need additional support to assist in their performance and/or progress with training;
 as identified during a DoT Review meeting (or in Radiation Oncology, as a result of a Clinical Supervisor Appraisal meeting);
- (c) where a trainee's underperformance and/or progression through training is associated with unsuccessful exam sitting(s);
- (d) where a situation arises related to a trainee's performance and requires immediate action, outside of the DoT Review process (or in Radiation Oncology, outside of a Clinical Supervisor Appraisal meeting). For example, an adverse event, multiple patient or colleague complaints or a specific incident.

Please note: Where a situation arises related to a trainee's performance, a DoT/s through discussion with the NGC and/or LGC, can escalate a trainee directly to the Remediation in Training Policy thereby by-passing the Performance and Progression Policy. This decision can only be made if both the DoT/s and the NGC and/or LGC agree that escalation to the remediation pathway is an appropriate course of action, noting that this agreement must be documented in writing. Such a situation which would warrant escalation to the remediation pathway would usually be of a serious nature, for example, behaviour that could lead to an allegation of misconduct or performance which raises serious concerns for patient safety.

2.2 Trainee Participation in the Action Plan Process

- (a) Trainees must participate in the action plan process as required under this policy.
- (b) Trainees who refuse to participate or do not engage in completing the action plan process will be referred to the Chief Censor for consideration of withdrawal from the Clinical Radiology Training Program or the Radiation Oncology Training Program.

Refer to the Withdrawal from Training Policy for further information.

2.3 Action Plan Meeting

- (a) Trainees must attend an action plan meeting with their DoT/s at a time mutually convenient to the DoT/s and Trainee. Please note in lieu of a face to face meeting, an action plan meeting can occur by video conference.
- (b) In addition to the DoT/s, a Clinical Supervisor may attend an action plan meeting (if applicable).
- (c) A trainee may wish to arrange for a support person to also attend the action plan meeting. The support person must not be a legal advocate and cannot otherwise advocate for the trainee.
- (d) An action plan meeting may occur in conjunction with, or immediately after, a DoT Review meeting.
- (e) If the action plan meeting is to occur subsequent to a DoT Review meeting, it should occur within seven calendar days of the DoT Review meeting and no later than 14 calendar days following the DoT Review meeting.
- (f) The purpose of an action plan meeting convened under this section is for the DoT/s and the trainee to:
 - (i) consider any barriers to performance and progression in the Clinical Radiology Training Program or the Radiation Oncology Training Program (including underlying factors which are impacting on performance and/or progression if applicable; for further information refer to Appendix A);
 - (ii) determine strategies to improve the trainee's performance and progression through training and explore what may be required of the:
 - i. trainee, and
 - ii. training site;
 - (iii) discuss and agree on the intended measurable outcomes and goals that will be outlined in the action plan;
 - (iv) record the agreed intended measurable outcomes and goals via the action plan;
 - (v) discuss the responsibilities of the trainee, the responsibilities of the DoT/s and/or Clinical Supervisor/s and the responsibilities of the department under the action plan (as applicable); and

- (vi) schedule a follow up meeting/s to monitor and assess the trainee's progress with achieving goals outlined in the action plan.

2.4 Action Plan

- (a) Action plans for trainees identified under section 2.1 are developed to improve the trainee's performance associated with one or more of the following:
 - (i) a particular competency (including an intrinsic role/s) which has been highlighted as requiring improvement;
 - (ii) specific work-based assessments;
 - (iii) structured learning activities;
 - (iv) examination preparation (see section 2.1(c));
 - (v) any other requirement of the Clinical Radiology Training Program or Radiation Oncology Training Program.
- (b) The DoT/s and the trainee must collaboratively devise the action plan during the action plan meeting. Refer to Appendix B for the Action Plan Template.
- (c) The action plan must be agreed to by both the trainee and the DoT/s i.e. 'agreed action plan'. Refer to section 2.2 regarding 'trainee participation in the action plan process'.
- (d) Agreed action plans, and any subsequent revisions, must be submitted to the College by the DoT/s after the appropriate action plan meeting for record keeping and audit purposes.
- (e) Irrespective of whether or not the NTD/TND is already aware of an agreed action plan or any subsequent revisions, the NTD/TND is to be notified of agreed action plans, and any subsequent revisions by the DoT/s within 10 business days following the appropriate action plan meeting.
- (f) The duration of an agreed action plan is to be set at three months.
- (g) Trainees must attend a follow up meeting scheduled with their DoT/s at the six-week point from the commencement date of the agreed action plan to discuss their progress and achievement of the goals outlined in the agreed action plan.
- (h) Should a DoT with identified responsibilities under an agreed action plan be on leave and therefore unable to facilitate 'follow up meetings' with a trainee in accordance with Part 2 of this Policy, a suitable nominee (who must either be a co-DoT in circumstances where a co-DoT is present or be a Clinical Supervisor nominated by the DoT) is required to facilitate 'follow up meetings'.
- (i) Trainees' performance and progression will be monitored and assessed through the following:
 - (i) completion of goals documented on the agreed action plan;
 - (ii) completion of, performance on, and progress with training requirements as logged in the trainee's e-Portfolio;
 - (iii) follow up meeting notes, which document the trainee's engagement with the agreed action plan;
 - (iv) Clinical Supervisor Appraisals (Radiation Oncology only) and/or DoT Reviews which have occurred during the agreed action plan period;
 - (v) any other documents or reports of which the trainee is aware.
- (j) A trainee's accredited training time will continue to accrue while they are completing an agreed action plan.
- (k) Trainees may still register and sit for examinations during an action plan period.

- (l) Within the Radiation Oncology Training Program only, trainees are unable to submit a request for a Portfolio review (for the purpose of determining phase progression) or progress to Phase 2 of training or be eligible for Fellowship if they are currently completing an action plan.
- (m) Should a rotation to a different site/s within a network be considered appropriate for a trainee on an action plan period, or should a trainee wish to change networks while on an action plan period, the DoT/s from the existing training site will be responsible for ensuring an appropriate handover (including but not limited to communication of the progress of the action plan) with the DoT/s at the new training site the trainee is rotating to.

2.5 Agreed Action Plan Outcomes

- (a) Within the Radiation Oncology Training Program only, trainees who have achieved all goals in the agreed action plan at the time of the follow up meeting (i.e. held at the six-week point from the commencement date of the agreed action plan), and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
- (b) Trainees who have achieved all goals in the agreed action plan at the three-month point from the commencement date of the agreed action plan, and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
- (c) If any goal on the agreed action plan has not been achieved at the three-month point from the commencement date of the agreed action plan, the DoT/s may determine that the agreed action plan will be revised and the action plan extended for an additional three-month period.
 - (i) If this occurs, the DoT/s and the trainee will prepare a revised action plan.
 - (ii) Under a revised action plan, the trainee must attend a follow up meeting scheduled with their DoT/s at the six-week point from the extension date of the agreed action plan to discuss their progress and achievement of the goals outlined in the agreed action plan.
 - (iii) Trainees who have achieved the goals in the revised action plan at the follow up meeting (i.e. held at the six-week point from the extension date of the agreed action plan), and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
 - (iv) Trainees who have achieved the goals in the revised action plan at the at the three month point from the extension date of the agreed action plan, and whose performance has been reviewed and assessed as meeting the expectations of the College, can proceed as usual with their training.
- (d) If the trainee has not fulfilled their responsibilities as outlined in the initial or revised action plan (as applicable), or additional performance issues are raised during the initial or revised action plan period (as applicable), a DoT/s in discussion with the NGC and/or LGC, may determine that the trainee must be referred for remediation under the **Remediation in Training Policy**. Note: the discussion between a DoT/s and the NGC and/or LGC must be documented in writing.
- (e) Action plans must not exceed a total of six months. If the goals on the agreed and/or revised action plan have not been achieved at the six-month point from the commencement date of the agreed action plan, a DoT/s in discussion with the NGC and/or LGC will refer the trainee for remediation under the **Remediation in Training Policy**. Note: the discussion between a DoT/s and the NGC and/or LGC must be documented in writing.

- (f) The trainee's DoT/s will be responsible for overseeing the implementation and completion of an action plan.

3. RECONSIDERATION, REVIEW AND APPEAL OF DECISIONS

Trainees seeking a reconsideration of decisions relating to performance and progression can do so in accordance with the Reconsideration, Review and Appeal of Decisions Policy.

Refer to the Reconsideration Review and Appeal of Decisions Policy for further information.

It is intended that both the trainee and the College will substantively follow and satisfy the requirements of this Policy. However, it is recognised that in some circumstances, or otherwise for good reason or inadvertence, the strict requirements of this Policy are not or cannot be followed. The failure to comply with the strict requirements of this Policy shall not constitute grounds for Reconsideration, Review or Appeal under the Reconsideration, Review and Appeal of Decisions Policy.

4. RELATED POLICIES

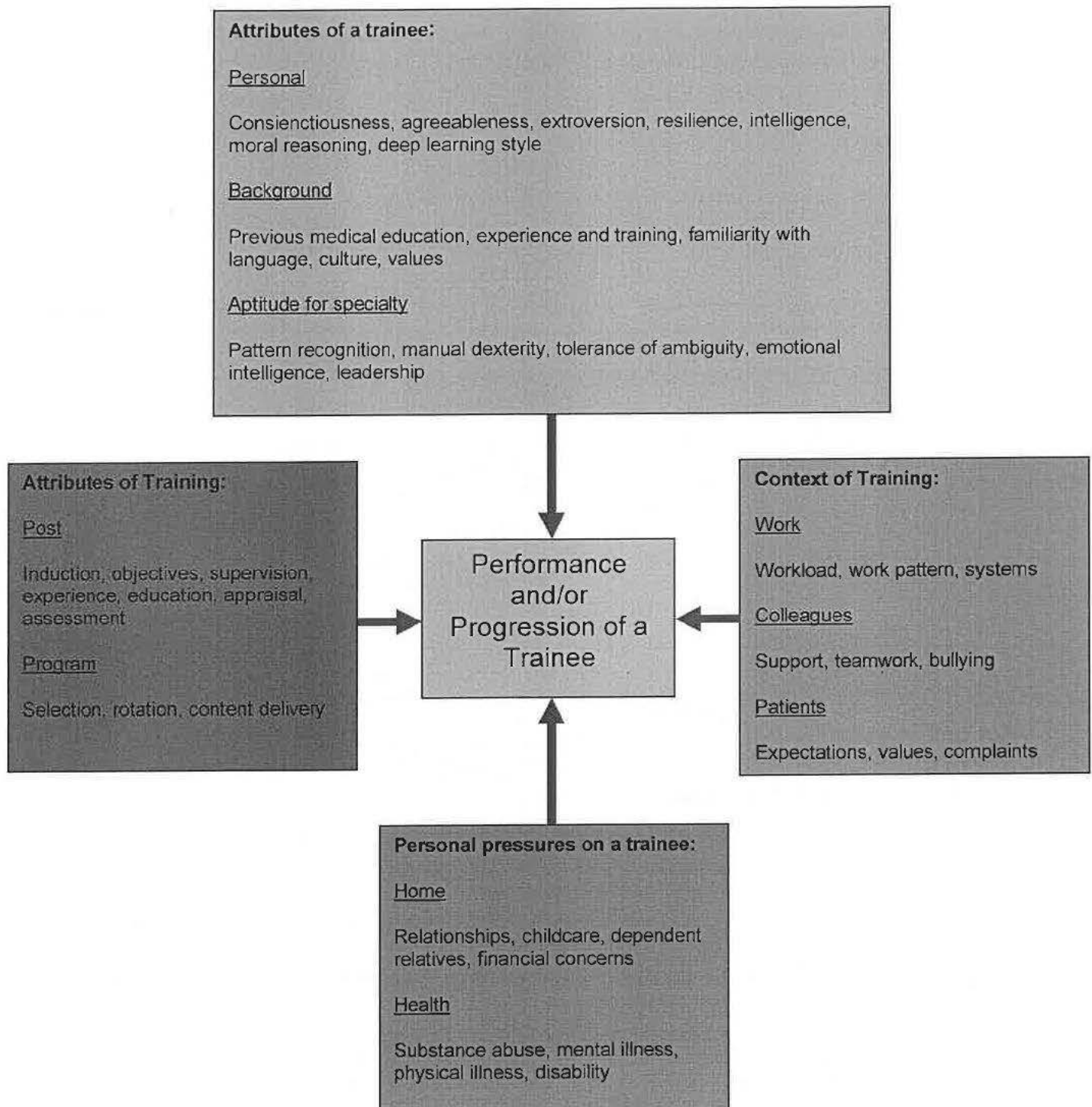
- Remediation in Training (Clinical Radiology) Policy
- Withdrawal from Training (Clinical Radiology) Policy
- Reconsideration, Review and Appeal of Decisions Policy

These policies can be downloaded from the College website.

5. APPENDICES

- A. Factors Impacting on the Performance and/or Progression of Trainees
- B. Action Plan Template
- C. Performance and Progression Policy Flowchart

Appendix A – Factors Impacting on the Performance and/or Progression of Trainees



*Adopted from Long, Andrew. Trainees in Difficulty. Archives of Disease in Childhood. 2009 March 26; Volume 94(7): 492-496.

Appendix B – Action Plan Template

Action Plans are to be submitted via CRTraining@ranzcr.edu.au (for Clinical Radiology) or ROTraining@ranzcr.edu.au (for Radiation Oncology).

An Action Plan is initially set for three months. A follow up meeting is scheduled at the six-week point from the commencement date of the plan. If the goals are achieved at the three-month point, the trainee returns to training as usual. The action plan is an opportunity for closer monitoring of a trainee in order assist them to improve performance or enhance progress.

Trainee Name:	Dr 2	DoT/s Name/s:	Dr Kuan Ho
Training Start Date:	October 2020	Phase of Training:	Phase 1
Date of Meeting:	6/3/2023, Up-dated 13/9/23	Time Meeting Started:	1600 hours
Training Site/Venue:	St George Hospital	Time Meeting Ended:	1640 hours
Action Plan commencement date:	20/3/23	Action Plan anticipated completion date:	20/4/2023
Meeting Attendees (name and position; please include any Clinical Supervisor names if in attendance):	Dr Paul Curtis, Radiology Operations Manager		

Effective Action Plans contain SMART goals:

- | | |
|---------------------|--|
| S pecific | Goals should be as specific as possible so it is clear what the trainee needs to do. |
| M easurable | Goals should be worded so that both the DoT/s and the trainee (or a third party) know when task or activity has been completed. |
| A chieveable | The goal could pose a challenge for the trainee, though it needs to be attainable. Goals need to be within the trainee's control to achieve. |
| R ealistic | Goals should be realistic within the trainee's schedule and appropriate for the trainee's demonstrated level of competence. |
| T ime based | Each goal should indicate the time by which it must be completed. A goal could be set to be achieved in three months or within a shorter term, but the related goal set should be completed before the follow up meeting to ensure the trainee is on track. Frequency of an activity could also be daily, weekly or fortnightly. |

Example: The goal 'Complete more work-based assessments' is not specific, measurable, or time based. The goal could be improved to 'Complete at least four work-based assessments in the next three months' and/or 'Complete two Communication Tools Assessments on different scenarios before the follow up meeting'.

Also consider resources which would help the trainee or any other planning aspects that need to be addressed to assist in completion of goals.

Identified issue/s (and sources of Identification if required, e.g. MSF, observations of performance etc.):

Failure to pass Part 1 Anatomy examinations (4 attempts)

High workload and managing study time, particularly when working nights or weekends. (Note this will reduce with outsourcing of nights and 50% of weekends.)

On days when the Reporting Engine is not operating, it can be difficult due to workload and the need to teach the new junior registrars.

Intended Measurable Outcome/s:

To pass the Anatomy examination on 20 April 2023

Up-date 13/9/23:

The trainee has applied for special consideration for another attempt at the Anatomy exam. He has not yet heard from the College. If granted another sitting at the exam then his contract will need to be extended until the end of Term 2, 2024.

He has commenced studying but hopes to sit in 2024. The trainee indicated he did not need any further assistance from the hospital at this time.

The trainee said he was disappointed with failing the exam but is OK now. Access to the Employee Assistance Scheme (EAP) was discussed. Information to be provided.

Action Plan Goals:

Explore the option of studying with other Phase 1 trainees.

Coaching on exam preparation - to explore what is available from St George Hospital executive.

Trainee to check for on-line courses.

Review complex anatomy that he failed last time.

Practice exam format quizzes

Hospital to explore the purchase of suitable textbooks (eg Shaw)

Resources/strategies to assist in achieving the goal/s (including to address underlying factors which are impacting on performance and/or progression):

Explore the purchase of suitable textbooks (eg Shaw).

Investigate coaching options.

Trainee Responsibilities:

Continue study and don't give up

Explore option to study with other Phase 1 trainees

Check out on-line courses

DoT and/or Clinical Supervisor Responsibilities (make explicit where the responsibilities are those of a DoT or a Clinical Supervisor as applicable):

Support trainee where can

Departmental Responsibilities:

Delay weekend shifts until after exam - speak to Dr D Lee (rosters)

Trainee Verification:

- I confirm that I have been involved in the development of my action plan
- I confirm that I will adhere to my responsibilities as outlined under my action plan
- I will to the best of my ability, endeavor to achieve the goals outline in my action plan

Comments from Trainee:

Signature: _____

Date: _____

Director of Training Verification:

- I confirm that I have been involved in the development of this action plan
- I confirm that I will adhere to my responsibilities as outlined under this action plan
- I confirm that I am responsible for overseeing the implementation and completion of this action plan

Comments from Director of Training:

--

Signature: _____

Date: _____

Follow Up Meeting Date: _____

Additional Director of Training or Clinical Supervisor (if applicable) Verification:

- I confirm that I will adhere to my responsibilities as outlined under this action plan
- I confirm that I am responsible for overseeing the implementation and completion of this action plan (only select if applicable)

Comments from additional Director of Training or Clinical Supervisor (if applicable):

--

Signature: _____

Date: _____

Head of Department Verification:

- I confirm that I will adhere to my responsibilities (i.e. ensuring departmental responsibilities are met) as outlined under this action plan
- I confirm that I am responsible for overseeing the implementation and completion of this action plan (only select if applicable)

Comments from Head of Department (if applicable):

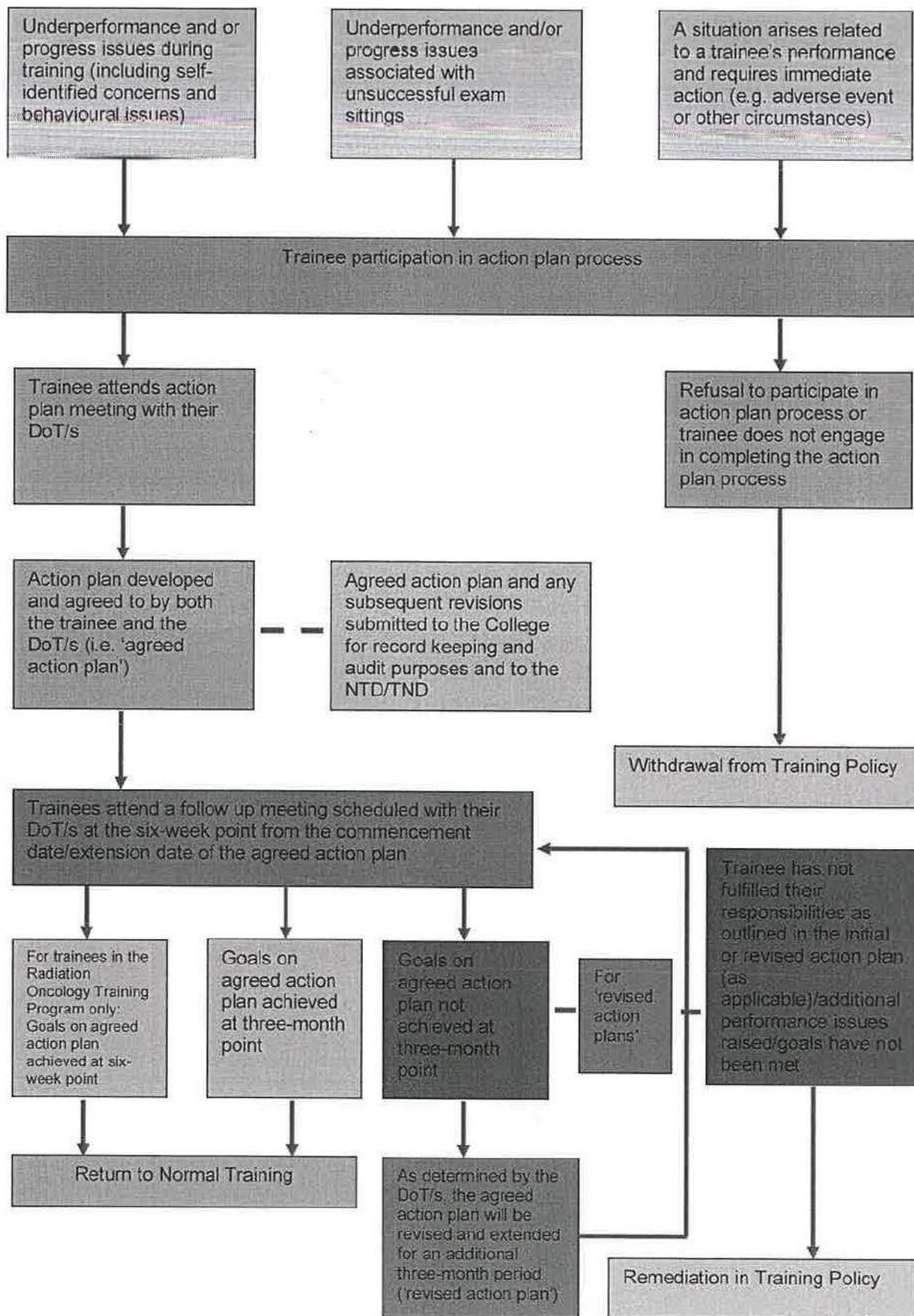
--

Name: _____

Date: _____

Signature: _____

Appendix C - Performance and Progression Policy Flowchart



From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Gowri Kanthan \(South Eastern Sydney LHD\)](#); [REDACTED]; [D Lee; Damien Riwoe \(South Eastern Sydney LHD\)](#); [REDACTED]; [Joshua Daniel En Ci Yap \(South Eastern Sydney LHD\)](#); [Nicholas Chen \(South Eastern Sydney LHD\)](#)
Subject: Senior Trainees - Training and Supervision Planning Session
Start: Thursday, 3 August 2023 3:30:00 PM
End: Thursday, 3 August 2023 4:00:00 PM
Location: Microsoft Teams Meeting; / Rad Conference Room 3
Attachments: [image001.jpg](#)
[image002.jpg](#)

Hi All,

As discussed am scheduling in some time to discuss specific training and supervision for the senior registrars.

Some of the initial feedback included supervision on relevant regions as well as rostering to support additional exposure to relevant regions but more than welcome to consider other suggestions.

Microsoft Teams meeting

Join on your computer, mobile app or room device

Click here to join the meeting <https://teams.microsoft.com/l/meetup-join/19%3ameeting_NjRlMjk1NzEtZDRjYS00MGU0LWIyOGYtZWVhMzdjYmYzYmNl%40thread.v2/0?context=%7b%22Tid%22%3a%22a687a7bf-02db-43df-bcbb-e7a8bda611a2%22%2c%22Oid%22%3a%22628d1009-c09f-48f6-ab7c-ba882ec61533%22%7d>

Meeting ID: 473 468 647 446
 Passcode: aXnGmA

Download Teams <<https://www.microsoft.com/en-us/microsoft-teams/download-app>> | Join on the web <<https://www.microsoft.com/microsoft-teams/join-a-meeting>>

Join with a video conferencing device

jointeams@conference.meet.health.nsw.gov.au <<mailto:jointeams@conference.meet.health.nsw.gov.au>>

Video Conference ID: 132 894 213 4

Alternate VTC instructions <https://conference.meet.health.nsw.gov.au/teams/?conf=1328942134&ivr=jointeams&d=conference.meet.health.nsw.gov.au&test=test_call&prefix=teams.>

Or call in (audio only)

+61 2 8318 0010,,854114364# <<tel:+61283180010,,854114364#>> Australia, Sydney

Phone Conference ID: 854 114 364#

Find a local number <<https://dialin.teams.microsoft.com/4c465f1e-8baf-4b34-b14e-76178d10e9a9?id=854114364>> | Reset PIN <<https://dialin.teams.microsoft.com/usp/pstnconferencing>>

Learn More <<https://aka.ms/JoinTeamsMeeting>> | Meeting options <https://teams.microsoft.com/meetingOptions/?organizerId=628d1009-c09f-48f6-ab7c-ba882ec61533&tenantId=a687a7bf-02db-43df-bcbb-e7a8bda611a2&threadId=19_meeting_NjRlMjk1NzEtZDRjYS00MGU0LWIyOGYtZWVhMzdjYmYzYmNl@thread.v2&messageId=0&language=en-US>

Sam Hassan
 Operations Manager, Medical Imaging | St George Hospital

Gray Street, Kogarah
 Te [REDACTED] | Mob [REDACTED] [REDACTED]

Diagnostic Radiology Reporting Model – Interim Report

September 2023

Purpose

This Interim Report details implementation progress of the Diagnostic Reporting (DR) Model at St George Hospital from September/October 2022 to August 2023. Key objectives of the DR Model include:

- To address outstanding overdue reports and sustain a Turn Around Time of less than 2 hours for the Emergency Department moving forward
- To improve the training and supervision of registrars
- To improve attendance at Multi-Disciplinary Team and other clinicopathological meetings
- To facilitate consultant and trainee participation in quality improvement and research activities

Background &

In January 2022, there were just over half of the number of specialist Radiologists (6.45 FTE against an employment target of 11.9) needed to report on examinations produced by the St George Hospital (SGH) Medical Imaging Department, despite active recruitment over the prior 3-years. Consequently, a high number of unreported examinations (4581) and unapproved registrar preliminary reports (7407) had accumulated (total 11,988). This was a significant risk to patient safety that resulted in a number of near miss incidents across various subspecialties. In addition, it was difficult to meeting teaching and supervision requirements of registrars, which resulted in a temporary downgrading of SGH radiology registrar training status¹.

A number of options were reviewed including continuing with the staff specialist model, outsourcing much of SGH medical imaging examinations to external providers and a new model of service delivery.

The novel model, called the Diagnostic Reporting (DR) Model, was chosen, in which Radiologists are employed as VMOs, and included the separation of bulk reporting, carried out by a dedicate team, called the 'Reporting Engine' (RE), from the other Radiologist professional functions called "Training, Engagement and Governance" (TEG) functions. Radiologists engaged in the model are required to engage in both aspects of the service.

TEG functions include teaching and supervision of registrars, attendance at MDTs, undertaking procedures, consultation with clinical teams, quality improvement activities and peer review. Radiologists are required to be on site when rostered to TEG.

In the 'Reporting Engine' Radiologists are quarantined to report on examinations only, thereby increasing efficiency. They are paid on a piece rate for this work, increasing the potential remuneration. Radiologists are also able to work off-site in the Reporting Engine.

The benefits of the model are:

- Greater efficiency of the reporting engine will ensure that overdue and un-approved examinations will be eliminated.
- Increased remuneration will facilitate the recruitment of more radiologists.
- The TEG role will improve registrar training and supervision, support for MDTs, quality improvement initiatives and communication with other clinical departments.

¹ Source: Brief to the Chief Executive, DR modified sessional model v2, 18 January 2022.

- Improved communications with other clinical departments who prefer to have reports produced by Radiologists they know and can talk to, as opposed to an externally contracted service.

DR Model Implementation

The Diagnostic Radiology Reporting Model (DR Model) commenced operation in October 2022. As designed in the DR Model, the bulk of examinations and scans produced are reported by a separate team in a quarantined environment called the Reporting Engine. The other professional responsibilities of Radiologists such as training and supervising registrars, attending meetings including Multi-Disciplinary Team (MDT) meetings, consultation with treating teams, research etc, are undertaken by another team, called the Training, Engagement and Governance (TEG) functions.

In addition, while working in the Reporting Engine Radiologists are paid on a per examination reported basis to provide more incentive to speedily report. However, when undertaking TEG functions, they are paid on a VMO hourly rate . Radiologists participating in the Reporting Engine are also expected to undertake regular TEG functions (though staffing has permitted limited TEG shifts until August 2023).

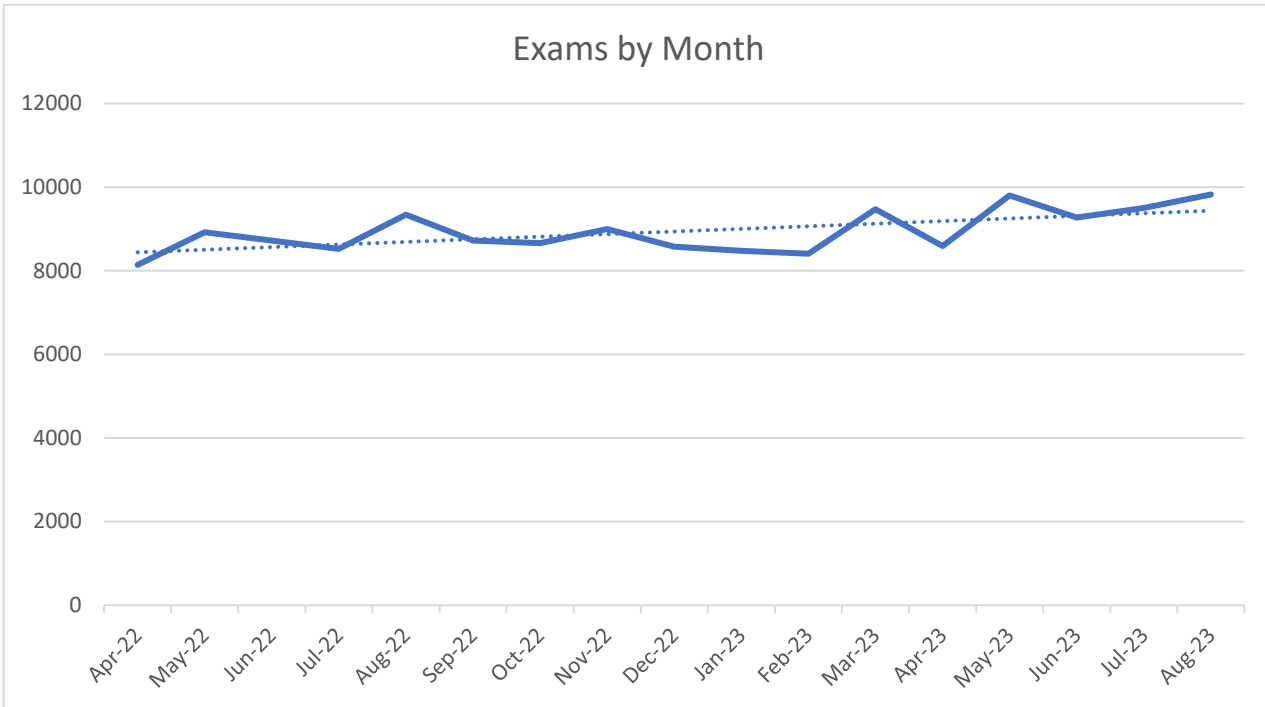
Initially, four Radiologists Visiting Medical Officers (VMOs) were employed to undertake the Reporting Engine functions, which has been operational on average 3.7 days per week (Graph 7). Following recruitment action, there are now 7 VMO Radiologists participating in the Reporting Engine. The initial cohort were SGH Staff Specialist who converted to VMOs to undertake the Reporting Engine and the additional VMOs are a mixture of new recruits and conversions of SGH Staff Specialists. Three new VMOs have been recruited to the DR Model. In addition, there are six Staff Specialist Radiologists who have been providing the TEG functions and reporting when the Reporting Engine is not operational.

Activity in the Medical Imaging Department, St George Hospital (SGH)

Over the past 12 months the number of examinations has had some volatility, however, has been increasing in 2023 (Graph 1). In the last 12 months, the highest number of examinations produced occurred in May 2023.

Graph 1² Examinations produced per month at MID, SGH

² Source: all activity and reporting data was sourced from the Sectra PACS system.

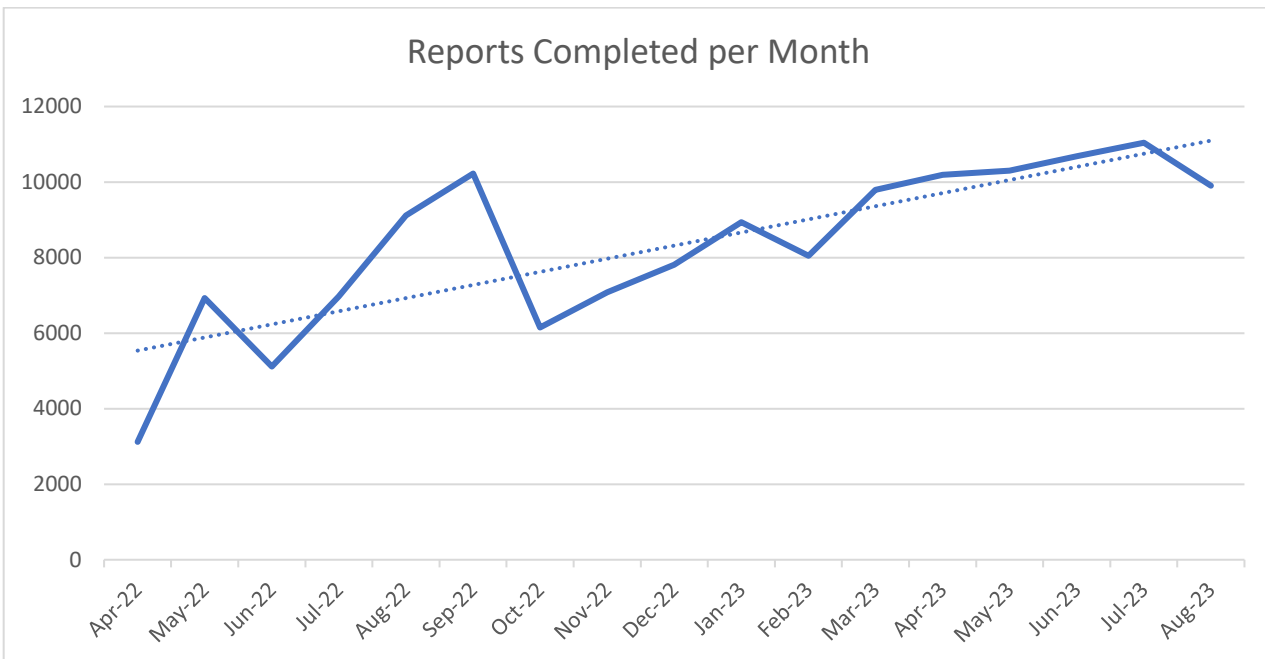


The total number examinations produced for the financial year 2022/23 was 104,443.

Reports completed by month

There has been an increase in the number of reports completed by specialist Radiologist since the Reporting Engine commenced in September/October 2022 (Graph 2). When the average number of reports completed per month for May to July 2022 is compared with the number reported from March to August 2023 there has been a 62% increase in the number of reports completed. This equates to an additional 4,012 reports completed per month.

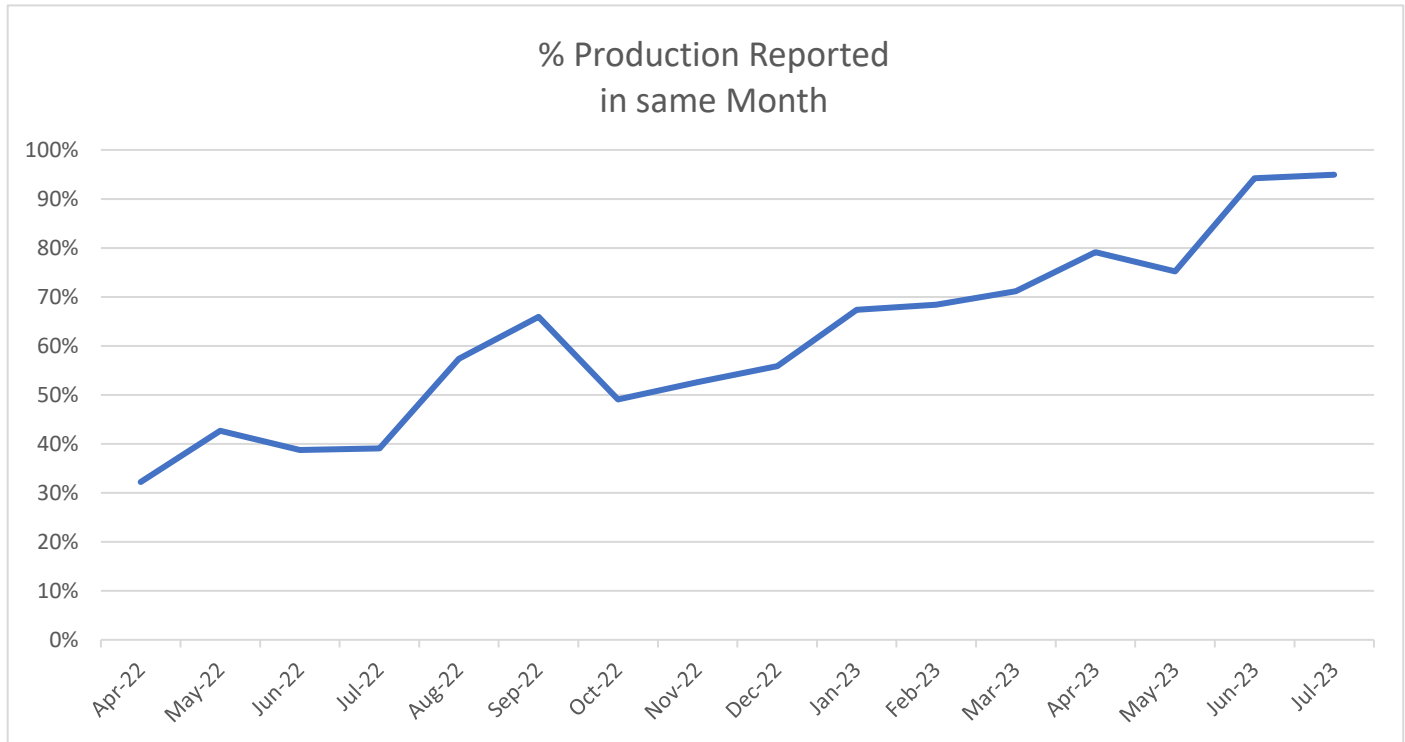
Graph 2 Number of reports completed per month (DR Model only)



Note: the data in the graph above is exclusive of reporting by external providers.

Furthermore, the proportion of examinations produced which have had a report completed in the same month has increased from about 40% in May to July 2022 to 75% in May 2023 (Graph 3). The increase in the proportion of reports completed has continued and in August 2023 97.9% of 9,630 examinations were reported in the same month. Of these, 729 (7.6%) were reported by an external contractor providing reporting night and some weekend reporting.

Graph 3 Proportion of reports produced and reported in the same month

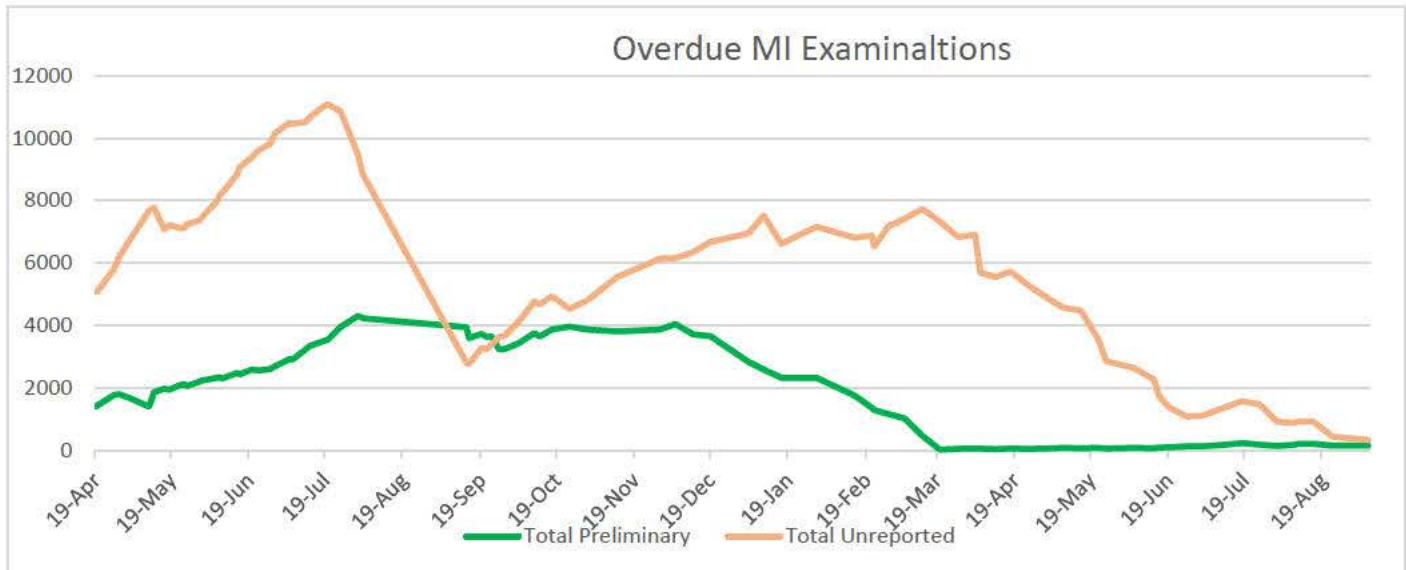


While staffing for the Reporting Engine has been marginal until March 2023, there has been an improvement in the timely reporting of examinations produced.

Overdue Reports

Due to a shortage of Radiologists at SGH (a national problem) there has been a backlog in reporting with high numbers of overdue unreported examinations and unauthorised registrar preliminary reports. This is significant risk to patient care and safety. If the examination is unreported, this is no formal report for the clinical team to view. Unauthorised preliminary reports by the trainee registrars have a report available but it has not been checked by a specialist and therefore may contain errors.

Graph 4 Overdue examination reports since April 2022



The reduction in Unreported examinations (orange line) in July and August was due to many examinations being sent to external agencies to report. However, the external agencies only accepted non-chargeable examinations and when they were exhausted only small numbers were able to be sent to them weekly. In addition, the external agencies would not authorise registrar preliminary reports.

Implementation of the Reporting Engine has resulted in most of the reduction in the overdue reports (unreported and unauthorised preliminary reports) since January 2023. The reduction in registrar preliminary reports was exclusively due to the Reporting Engine VMOs.

Table 1 shows the distribution of unreported examinations as of 6 September 2023.

Table 1 Number of unreported examinations by modality)

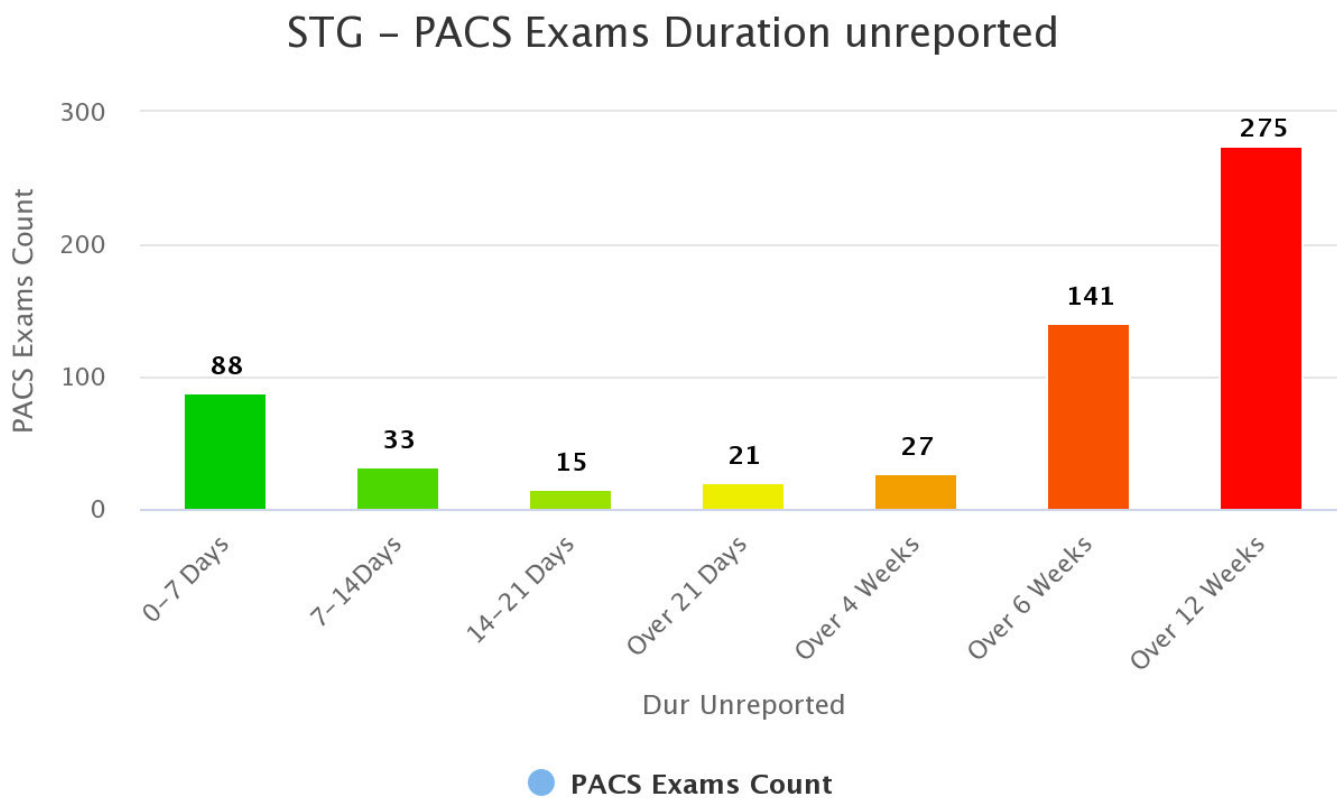
Modality	Number	Modality	Number
Plain X-Ray	48	Mobile X-ray	12
Computed Tomography	101	MRI	104
Ultrasound	41	Operating theatre X-ray	25
Mammogram	5	Total	336

The number of unauthorised registrar Preliminary Reports was 152, mainly CTs (80). However, most of these were related to procedures and only 36 were diagnostic reports.

Duration of overdue reports

While the number of unreported and unapproved examinations have declined significantly, 89% of examinations are delayed more than 4 weeks (Graph 5).

Graph 5 Overdue reports by month exam undertaken (15 June 2023)

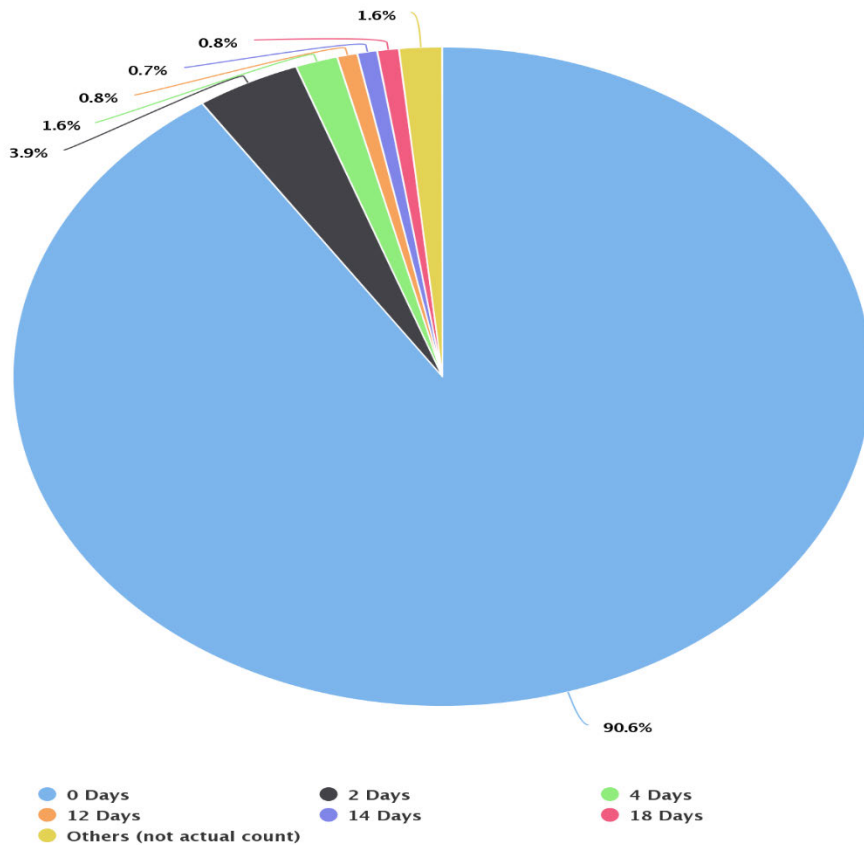


Report Turn-Around-Time (TAT)

Over the last 3 months the Turn-Around-Time for CTs has been 98.1% less than 6 hours (aided by overnight and Saturday reporting by an external provider) and 98.1% in one day for Ultrasound. However only 90.6% of X-Rays and Mobile X-Rays were completed within 1 day (see graph 6). Reporting TAT for other modalities is not currently available.

Graph 6 X-ray & Mobile Turn-Around-Time

DR/CR Complete to Report TAT – Rolling 3 Months



Reporting Quality Assurance

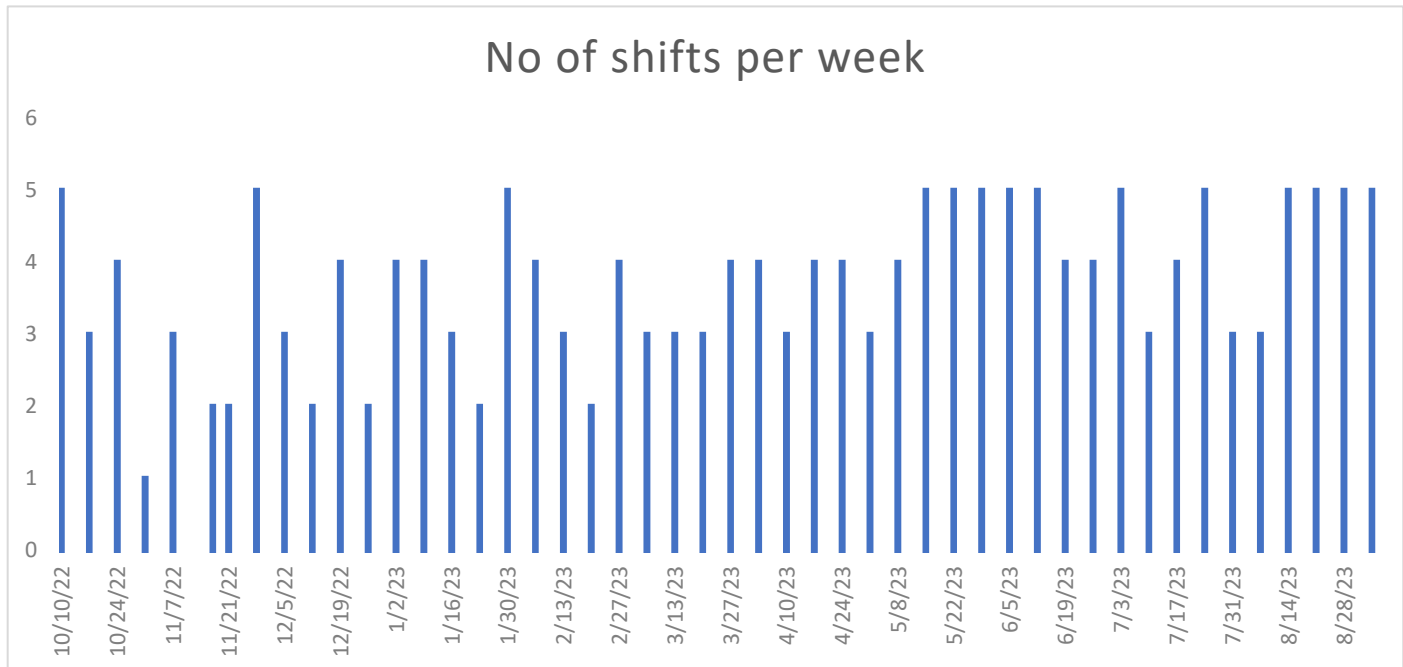
A process to peer review the quality of reports by all Radiologists (Reporting Engine and TEG) is being developed. A small trail of 10 reports has been attempted with further work on the tool required. Peer review will be integrated into the functions of TEG with reporting through the department Safety and Quality processes. In addition, feedback is received about reports from MDTs and other sources and, currently, the Director of Radiology reviews this feedback.

Reporting Engine Shifts

From 10 October 2022 to the end of August 2023, there has been an average of 3.7 Reporting Engine shifts rostered each week (Graph 7). If the period March to August 2023 is reviewed the Reporting Engine operated an average of 4.1 days per week. From August 2023, the Reporting Engine is operating from 0800 to 2200 hours each weekday and some weekends. Prior to that the Reporting Engine only operated from 0800 to 1700 hours.

Graph 7³ Number of RE shifts rostered each week

³ Source: St George Hospital Radiology Rosters.



In addition, there have been an average of 30 (10-hour) TEG/SS⁴ shifts rostered between March and August 2023 (). As the number of VMOs rises more TEG shifts can be rostered. The result has been a significant improvement in the training and supervision of radiology trainees (registrars), with an increase in the number of tutorials and opportunities for supervision.

Table 2 Number of rostered TEG/Staff Specialist Shifts by month

Month	TEG/SS Hours rostered (10 hour shifts)
March	36
April (public and school holidays)	24
May	38
June	17
July (School holidays)	27
August	40

Quantitative TEG Outcomes

Multi-Disciplinary Team Meetings (MDT) preparation and attendance

The SGH Radiology Department provides input to more than 25 MDTs over a month. The distribution of MDT sessions is complicated because they occur at different frequencies. Some are

⁴ TEG/SS shifts are educations, supervision, meetings and other function shifts staffed by VMOs on TEG shifts or Staff Specialists (SS).

weekly, every 2 weeks, some every 3 weeks, some every 4 weeks or monthly and others occur 3 out of 4 weeks. So each week there are varying numbers of MDTs to attend. Radiologists at SGH have attended most MDTs but have often had to prepare in their own time. The DR Model does allow for the preparation for MDTs during work hours, though that is not always possible due to late identification of cases. The number of MDTs rostered is indicated in Table 3.

Table 3 Number of MDTs attended by month

Month	Total number of MDTs attended	Number attended by registrars
March	57	6
April	44	6
May	56	6
June	38	9
July	49	5
August	56	3

Training Sessions

There has been an increase in the number of training sessions for registrars had increased as the numbers of VMOs have increased. However, the number has been impacted over the last three months by public holidays, school holidays and RANZCR Part 1 and Part 2 examinations. There was no point in scheduling training sessions of the bulk of the registrars are away for exam study. The number of tutorials that are recorded as being held was 7 for April and May. This data does not include the time the three junior registrars were attending Key Conditions training at Liverpool Hospital (four days) and LAN 3 online training (12 hour-long sessions).

In August 2023, there were 13 training events (tutorials, feedback and supervision sessions and specific sessions for Year 1 trainees. There was an average of 3.5 attendees per session (range 2 to 5 attendees). Note: during this period of the 9 trainees there were between 3 and 5 trainees on evenings, leave or seconded to another hospital and not always replaced.

Cost of the DR Model

The cost of the DR Model, Reporting Engine for the financial year 2022/23 was \$3.5 million. However, the Reporting Engine expenditure include addressing some of the back log in overdue reports, with an estimate of \$287,000

The cost of Staff Specialists was \$519,000

In addition, in the 22/23 financial year \$887,000 was expended with two external contractors for reduce the number of overdue reports and undertake night and some weekend reporting.

For 2023/24 financial year the estimated cost, based on 5% growth in examinations and the Reporting Engine operating 24 hours per day, is \$4.9 million.

The DR Model appears more expensive than a Staff Specialist model at \$2.5 million (11.9 FTE with a minimum income of \$213,000). However, to attract Staff Specialists a Level 5 income of \$497,000 is required so the true cost would be significantly higher and closer to the DR Model costs.

Conclusion

Since its commencement in October 2022, the DR Model has significantly reduced the overdue and unauthorised registrar examination reports and increased the time available for the training and supervision of registrars and other functions. This trend is continuing as the number of VMOs increases and the characterisation of the TEG/SS functions improves.

Furthermore, the morale of registrars⁵ and consultants has also increased with improved training and supervision and the removal of the pressure of reporting.

Next Steps

1. Continue to recruit to DR model to provide at least a 0800 to 2400 hour service and possible 24/24 service.
2. Refine and embed quality assurance measures to both arms of the model (Reporting Engine & TEG)
3. Explore opportunities to build in subspeciality reporting pathways
4. Formal evaluation of the DR Model after 12 months
5. Plan to move the model to a 'business as usual' status by appointing the VMOs for the remainder of this quinquennium.

⁵ Outsourcing of night and Saturday reporting has assisted with improving the registrars' lot.



TERMS OF REFERENCE

Medical Imaging – Senior Medical Officer’s Committee Meeting

1. MEMBERSHIP

- Senior Medical Officer’s (All)
- Directors of Training
- Head of Department
- Operations Managers
- Junior Medical Officer Representative

2. OFFICERS IN ATTENDANCE

The committee may request other representatives to attend. Officers in Attendance do not have membership rights.

3. QUORUM REQUIREMENTS

The quorum shall consist of 50% + 1 (this must include either the Head of Department or their delegate)

If the quorum is not reached then the meeting is to be rescheduled to when the majority of members are available. Members should advise the Secretariat if they are unable to attend at least a few days prior to the meeting to ensure the meeting will have the quorum required to proceed.

4. ROLE

The primary purpose of the Senior Medical Officer’s Committee is to provide a forum for Senior Medical Officer’s clinical engagement in governance and stewardship of Medical Imaging Department. The Committee provides a structure for consultation with, and involvement of, Senior Medical Officer’s in management decisions impacting on the Medical Imaging Department and a forum for information sharing and providing feedback to staff via members of the Committee on issues affecting the Medical Imaging Department

5. TERMS OF REFERENCE

- Oversee the strategic and operational activities of Medical Imaging Department.
- Monitor service performance to ensure the provision of high quality and efficient services.
- Monitor and review the delivery of training and education of medical officers in the Medical Imaging Department
- Provide evidence-based best practice clinical expertise, direction and advice to the Medical Imaging management team in relation to Medical Imaging service delivery.
- Foster clinical practice improvement, innovation and transformation in relation to Medical Imaging services; specifically, standards, planning, workforce, quality, research and clinical information systems.
- Facilitate and support the implementation of all relevant policies, procedures, guidelines and business rules.
- Facilitate effective engagement and communications with staff and service providers.



TERMS OF REFERENCE

Medical Imaging – Senior Medical Officer’s Committee Meeting

6. FREQUENCY OF MEETINGS

Monthly, on the Third Wednesday of each month from 5.30pm

7. EXECUTIVE SPONSOR

Head of Department, Medical Imaging

8. SECRETARIAT

Operations Manager, Medical Imaging

9. METHOD OF COMMITTEE EVALUATION

Annual performance review against the Terms of Reference.

10. AUTHOR AND APPROVAL

Date	Revision No	Author	Approval
10/07/2023	1.1	Operations Manager, Medical Imaging	Head of Department, Medical Imaging

From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Kin Sing Lau \(South Eastern Sydney LHD\)](#); [Mehr Vather \(South Eastern Sydney LHD\)](#); [Nicholas Nguyen \(South Eastern Sydney LHD\)](#); [Gowri Kanthan \(South Eastern Sydney LHD\)](#); [Damien Riwoe \(South Eastern Sydney LHD\)](#); [Joshua Daniel Fn Ci Yap \(South Eastern Sydney LHD\)](#); [Georgia Yeo \(South Eastern Sydney LHD\)](#); [Yuen Ting Wong \(South Eastern Sydney LHD\)](#); [Saad Rehan \(South Eastern Sydney LHD\)](#); [D Lee \(South Eastern Sydney LHD\)](#); [Yuen Ting Wong \(South Eastern Sydney LHD\)](#)
Cc: [Derek Glenn \(South Eastern Sydney LHD\)](#); [Nicholas Chen \(South Eastern Sydney LHD\)](#); [Kuan Ho \(South Eastern Sydney LHD\)](#)
Subject: Trainee engagement with MDT's
Date: Monday, 28 August 2023 1:27:00 PM

Hi All,

Further to the discussion we had in the huddle last week and some feedback received from trainees. The department will look at rostering/assigning an MDT for a period of 6-8 weeks and then rotated. This will provide you all with the opportunity engage meaningfully in the MDT in a supported fashion with the supervision of a consultant.

Please note that the consultants will still remain assigned to MDT's and across the 6-8 week period and your role as Trainees would be to attend that specific MDT's liaise with the relevant consultant, support preparation and ultimately present cases to the meeting (of course in a graded fashion across the allocated period). The structure may vary from consultant to consultant and rotating this should provide you all with exposure to a variety of speciality areas and presenting styles.

Please let me know if you have any concerns or suggestions with what is proposed above by **COB 4 September 2023** and once implemented, we will of course have opportunity to review. Thanks all and happy to discuss further if required.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

[Redacted] | Mob [Redacted] | [Redacted]



Health
South Eastern Sydney
Local Health District



From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Kin Sing Lau \(South Eastern Sydney LHD\)](#); [Mehr Vather \(South Eastern Sydney LHD\)](#); [Nicholas Nguyen \(South Eastern Sydney LHD\)](#); [Gowri Kanthan \(South Eastern Sydney LHD\)](#); [Damien Riwoe \(South Eastern Sydney LHD\)](#); [Joshua Daniel Fn Ci Yap \(South Eastern Sydney LHD\)](#); [Georgia Yeo \(South Eastern Sydney LHD\)](#); [Yuen Ting Wong \(South Eastern Sydney LHD\)](#); [Saad Rehan \(South Eastern Sydney LHD\)](#); [\[REDACTED\]](#) [Yuen Ting Wong \(South Eastern Sydney LHD\)](#)
Subject: RE: St George Radiology Training Huddle
Date: Friday, 25 August 2023 11:02:00 AM
Attachments: [Business Rule - SGH Diagnostic Radiology Model - Draft August 2023.doc](#)

Morning All,

Following our discussion at this morning's huddle I have attached the draft business rule SGH Diagnostic Radiology Model for your review and comment.

Please note that consultants have already commence providing feedback on this document and raised some of the items that were discussed in today's huddle.

All feedback will be considered and a final draft will then be formed for endorsement and operationalisation

Kindly send through any feedback or comments in track changes by **COB Friday 1 September 2023**.

Thanks in advance and do not hesitate to contact me should you require any further information.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel. [REDACTED] | Mob. [REDACTED] | [REDACTED]



Health
 South Eastern Sydney
 Local Health District



From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Kin Sing Lau \(South Eastern Sydney LHD\)](#); [Mehr Vather \(South Eastern Sydney LHD\)](#); [Nicholas Nguyen \(South Eastern Sydney LHD\)](#); [Gowri Kanthan \(South Eastern Sydney LHD\)](#); [Damien Riwoe \(South Eastern Sydney LHD\)](#); [Joshua Daniel Fn Ci Yap \(South Eastern Sydney LHD\)](#); [Georgia Yeo \(South Eastern Sydney LHD\)](#); [Yuen Ting Wong \(South Eastern Sydney LHD\)](#); [Saad Rehan \(South Eastern Sydney LHD\)](#); [REDACTED]
[REDACTED] [Yuen Ting Wong \(South Eastern Sydney LHD\)](#); [REDACTED]
Cc: [Derek Glenn \(South Eastern Sydney LHD\)](#); [Paul Curtis \(South Eastern Sydney LHD\)](#)
Subject: St George Radiology Training Huddle
Date: Thursday, 20 July 2023 4:18:00 PM

Hi All,

It was great to meet with you earlier this week and hear some of your feedback and suggestions on how to improve training and supervision across the service following the feedback received from the RANZCR visit in June.

One key strategy was to establish a training huddle and I can confirm that this will place daily (Monday-Friday) at 9am in the radiology tutorial room three. The training huddle will commence from Monday 24 July 2023, and will initially include rostered registrars, Staff Specialist Consultants and VMO TEG consultants.

The huddle is intended to be an informal 15 minute communication touchpoint to coordinate the days training and confirm;

- Allocation of supervisor for the day (if there is more than one TEG/Staff Specialist Consultant rostered)
- Formal tutorial scheduled for the day
- Supervision of procedures
- Communication and escalation pathways

Once established the huddle will also provide a forum to feedback and escalate any concerns, questions, ideas or suggestions and I would welcome any suggestions on how it could be enhanced.

I will send out a confirmation of this shortly thanks and happy to discuss further if required.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel [REDACTED] | Mob [REDACTED] | [REDACTED]



Health
South Eastern Sydney
Local Health District



Recommendation No	Theme	Issue Detailed	Responsible Officer	Due Date	Progress Update - April 2023	Progress Update - Sept 2023	Supporting Evidence	Status	Actions Required
ST GEORGE HOSPITAL ACTION PLAN									
Recommendation No	Theme	Issue Detailed	Responsible Officer	Due Date	Progress Update - April 2023	Progress Update - Sept 2023	Supporting Evidence	Status	Actions Required
1	Miscellaneous	St George Hospital to conduct a debrief session within 3 months of the final report with all Clinical Supervisors and trainees to discuss the outcome of the accreditation site visit – evidence to be supplied to support. A follow-up meeting with the Clinical Supervisors and Trainees is also required at 6 and 9 months to communicate the progress of the site.	PC	3 Months - March 2023	A:Schedule team meeting Scheduled for 1 March	Complete 3 Monthly Registrar Forums Held 27 March 2023 Quarterly Registrar Forums established with ToR	Meeting Minutes Calendar Invitations	Complete	
2	Director of Training	St George Hospital Head of Department to provide evidence that there is a Director of Training available every day, either by increasing the FTE of the current Director of Training or by appointing an additional Director of Training (1.1.1, 1.1.2, 1.4.2, 3.4.1). This must be completed within 3 months.	MD/ DG/ GY/ KH	3 Months - March 2023	Appoint 2 nd Director Training - to cover Tuesday, Thursday & Fridays, Look to pastoral care to support In progress - Discussions being held with relevant persons. Finalise discussion by 20/2/23	Complete DoT appointments at 1.00 FTE (40h/w Mon - Thu) Kuan Ho and Nick Chen	Dr Chen commenced 18 April 2023. Letter of appointment Roster	Complete	
3	Workforce	St George Hospital Head of Department to ensure that there is always a nominated diagnostic consultant on call (1.1.1). This must be completed within 3 months.	DG/ PC/ AM	3 Months - March 2023	A:PC review non allocation diagnostic consult o/c. Process needs clear articulation of consultant available and contactable TEG/SS expectations document to be developed. To be discussed at consultants' meeting (15/2) From the week starting 4/7/22 to 18/12/22 a radiologist was on call for diagnostic reporting 54% of the time. Awaiting data for 2023.	Rostering of On-Call Consultant Operations Manager, Undertaking final review of roster for publication	See recommendation 2 (Roster)	Complete	
4	Teaching and Training	St George Hospital Director of Training to ensure all consultants are able to participate in teaching and training and provide documentation of this (1.1.1). This must be completed within 3 months.	KH/ LS	3 Months - March 2023		Institution of the Daily Training Huddle with allocation of supervisor. Development of the Business Rule for the Diagnostic Radiology Model outlining supervision and training expectations	Huddle Agenda Business Rule for Diagnostic Radiology	Complete	
5	Non- Performing Trainees	St George Hospital Director of Training to familiarise the trainee cohort with the Grievance Policy (1.1.2). This must be completed within 3 months.	AM/ Snr Reg/KHo	3 Months - March 2023	A:Schedule regular review for easy escalation to exec Schedule registrar forum in March (following exams)	Complete 3 Monthly Registrar Forums Held 27 March 2023 Quarterly Registrar Forums established with ToR for ongoing review.	Meeting Minutes See recommendation 1.	Complete	
6	Non- Performing Trainees	St George Hospital Director of Training to provide evidence of the monitoring of the wellbeing of the trainees. This must be completed within 3 months.	AM/ Snr Reg/KHo	3 Months - March 2023	A:Schedule regular review for easy escalation to exec	Complete 3 Monthly Registrar Forums Held 27 March 2023 Quarterly Registrar Forums established with ToR for ongoing review.	Meeting Minutes See recommendation 1.	Complete	

Recommendation No	Theme	Issue Detailed	Responsible Officer	Due Date	Progress Update - April 2023	Progress Update - Sept 2023	Supporting Evidence	Status	Actions Required
7	Workforce	The St George Hospital Director of Training to ensure that the trainee rosters comply with the relevant Medical Officer Award (1.1.3). This must be completed within 3 months.	PC	3 Months - March 2023	Issue is for some night shifts registrars may be rostered for 13 days/nights straight. To be addressed with night shift Brief see Rec 29	Nil night shifts currently being rostered for trainee's. Operations Manager, undertaking final review of roster for publication to enable ongoing governance process	See recommendation 2 (Roster)	Complete	
8	Director of Training	St George Hospital Director of Training to be provided with time to attend at least one Director of Training Workshop each year (1.2.1, 1.4.2) This must be completed within 3 months.		3 Months - March 2023	Director of Training to provide evidence of workshop attendance. Dr Ho attended in October 2022	DoT Kuan Ho Rostered TESL to attend Workshop Oct 2022	K Ho Leave roster	Complete	
9	Director of Training	St George Hospital Director of Training to familiarise themselves with current College policies including (1.2.1, 3.4.2): Performance and Progression, Remediation in Training, Withdrawal from Training and ensure that all consultants working in the department are also familiar with these Policies. This must be completed within 3 months.	KHo	3 Months - March 2023	A: Expectation document, contractual requirement to meet expectations of role For Consultants' meeting Schedule a separate meeting and send out information in advance	Signed policies by K Ho	Notes of Consultants' meeting for 15/3/2023 DoT has signed copies of policies to indicate he has read them.	Complete	
10	Non- Performing Trainees	St George Hospital Director of Training to provide evidence that they are managing Trainees identified as failing to progress according to the relevant Policies (1.2.1) This must be completed within 3 months.	KHo	3 Months - March 2023	Identify registrars failing to progress and determine what they need to assist them. Seek assistance from Radiologist who can mentor and train registrars.	Performance and Progression Plan in place for 3 trainees. Update undertaken for 2 trainee (1 on secondment) Meeting held with DoT and Senior Trainees to identify specific training needs. Ongoing progression monitored through Consultants Meeting.	Progress Plans and Seniors Training Meeting	Complete	
11	Non- Performing Trainees	St George Hospital Director of Training to provide the relevant documentation including an Action Plan for Trainees being monitored under the "Performance and Progression (Clinical Radiology) Policy (1.2.1) This must be completed within 3 months.	KHo	3 Months - March 2023	Action plans to be developed for relevant registrars	Performance and Progression Plan in place for 3 trainees. Update undertaken for 2 trainee (1 on secondment) Meeting held with DoT and Senior Trainees to identify specific training needs	See recommendation 10	Complete	
12	Non- Performing Trainees	The Director of Training to provide evidence of support mechanisms put in place for trainees being managed under the Performance and Progression (Clinical Radiology) Policy (1.2.2). This must be completed within 3 months.	K Ho/AM	3 Months - March 2023	Pastoral care actions to be documented. Discuss pastoral care at Debrief on 1 March 2023. To set up a regular program for 12 months. Are we able to provide EAP or counselling report to improve exam confidence?	Wellbeing discussed in in March Trainee forum. Trainee Wellbeing included in the ToR for the JMO Forum.	See recommendation 1 & 10	Complete	
13	Miscellaneous	St George Hospital Executive to provide a report and the end of the pilot of the new service model with the outcomes and a plan for the future of training at the St George Hospital (1.3.2) This must be completed within 6 months.	HS/ PC	6 Months - June 2023	-Provide interim report at 6 months	Interim Report Drafted with ongoing review.	Interim Report	Complete	

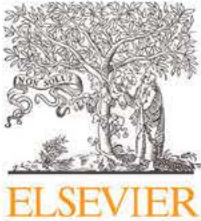
Recommendation No	Theme	Issue Detailed	Responsible Officer	Due Date	Progress Update - April 2023	Progress Update - Sept 2023	Supporting Evidence	Status	Actions Required
14	Registrar Consultation	St George Hospital Head of Department ensures trainees representation and input into the proposed changes to departmental consultant service provision model (1.4.1) This must be completed within 3 months.	DG/ PC/ AM	3 Months - March 2023	Act-Provide evidence of meetings consultation undertaken Act-Provide further corros on service models in next reg meeting. To be addressed at Registrar's forum in March –	Trainees asked specifically to provide feedback and consult on a range of changes within the department. Also enabled to raise concerns in regular monthly consultants meetings	ToR for Senior Medical Officer's Committee Meeting. See recommendation 23 Email request for explicit consultation	Complete	
15	Director of Training	St George Hospital Head of Department to provide evidence of the mandatory protected time for the Director of Training (for approx. 10 trainees, 8 hours total between Director of Trainings each week) to enable him to familiarise himself with the Director of Training role, the relevant RANZCR procedures and policies (1.4.2, 3.4.1). This must be completed within 3 months.	DG/ PC	3 Months - March 2023	Provide evidence of 8 hours quarantine time. Join accountability from wider team	Continuing to Roster DoT Operations Manager, undertaking final review of roster for publication to enable ongoing governance process	See recommendation 2 (Roster)	Complete	
16	Miscellaneous	St George Hospital Executive to provide a Performance Management Plan regarding high clinical workload, Consultant and Trainee wellbeing and access to education with clearly identified milestones that will be monitored (1.5.1). This must be completed within 3 months.	HS	3 Months - March 2023	Discuss evidence displayed through reporting doc	Detailed action plan updated and reviewed.	Action Plan	Complete	
17	Teaching and Training	St George Hospital Head of Department to demonstrate consultant involvement in basic and clinical research. (1.6.2) This must be completed within 6 months.	KHo	6 Months - June 2023	-To raise at consultants' meeting	Raised explicitly in consultants meeting in March. Ongoing monitoring through Consultants Meeting.	See recommendation 14 Publications from Department	Ongoing	
18	Teaching and Training	St George Hospital Director of Training to demonstrate trainee access and time allocated to basic and clinical research. (1.6.2) This must be completed within 6 months.	KHo	6 Months - June 2023	Portfolios to be arranged for each registrar and research to be included	Discussions ongoing regarding the support for research in liason with SESLHD Research Department	See recommendation 14	Ongoing	Ongoing discussion regarding consultant portfolios Registrar forum research presentation
19	Miscellaneous	St George Hospital Head of Department to monitor the pilot of the new service provision model and provide the RANZCR accreditation team with regular updates regarding (2.2.2): This must be completed within 6 months. a. Consultant FTE b. Clinical supervisors' hours spent in trainee supervision as part of the TEG program, with a minimum requirement of 1 hour per session or 8 hours per week c. Clinical supervisor participation in TEG d. Traineed tutorials delivered on site with attendance e. Delivery of system focused rotations or subspecialty rotations as required in the Training Program f. Trainee study numbers in-hours and out-of-hours	DG/PC	6 Months - June 2023	To commence in April	Interim Report Drafted with ongoing review. Review of Consultant to Trainee Ratio monitored weekly. Rostering allocations by system complete. Routine review of Trainee Examinations Number	Interim Report Training Huddle Weekly Supervision Report	Ongoing	Trainee Reporting Extracts

Recommendation No	Theme	Issue Detailed	Responsible Officer	Due Date	Progress Update - April 2023	Progress Update - Sept 2023	Supporting Evidence	Status	Actions Required
20	Teaching and Training	St George Hospital Director of Training to ensure all Consultants participate in an education session on the requirements of the new Clinical Radiology Curriculum Learning Program and E-Portfolio requirements (2.2.2). This must be completed within 3 months.	K. Ho	3 Months - March 2023	No specific training available from RANZCR for clinical supervisors. Consultants reminded of RANZCR DoT induction webinar on 8/3/23. Unclear what further action available.	Regular update from DoT in Consultants Meeting	See minutes of Consultants Meeting - Recommendation 23	Complete	
21	Workforce	St George Hospital Head of Department to address workload and workforce to enable all registrar reports to be checked within 24 hours (2.2.5): This must be completed within 3 months.	D. Glenn	3 Months - March 2023	Provide tracking of position applicants, interviews etc. Overdue registrar preliminary reports @ 2383 (25/1). Has decreased. Monitoring Overdue preliminary registrar reports at 19/4 = 54.	Ongoing monitoring of overdue and unrevised report. Total unreported reports currently (8/9/230) below 500 and only 36 DR preliminary reports unreviewed	Prelim Report extract and breakdown by IR and DR Overdue Reports Graph	Ongoing	
22	Feedback and Supervision	St George Hospital Head of Department to ensure Trainees receive feedback on their reports, with face-to-face feedback as per the training Program requirements (minimum 20 half day sessions a year for each trainee) (2.2.5) This must be completed within 3 months.	D. Glenn	3 Months - March 2023	Registrars to be rostered with consultant side by side. To build into the roster. Suggested at Consultants' meeting that RE Radiologists can ring Registrars and give feedback on what they have sent to the consultants Need for at least 1 hour's feedback to be provided when RE operating raised at combined meeting, Feedback sessions planned for when the Reporting Engine is functioning. Co-reporting commenced.	Institution of the the Daily Training Huddle with allocation of supervisor. Development of the Business Rule for the Diagnostic Radiology Model outlining supervision and training expectations	Huddle Agenda Business Rule for Diagnostic Radiology	Ongoing	
23	Feedback and Supervision	St George Hospital Director of Training to provide evidence of the monthly Consultant meetings with the Clinical Supervisors. (3.3.1) This must be completed within 6 months.	PC	6 Months - June 2023	Trainee issues raised at monthly consultants' meeting as a standing agenda item	Ongoing monitoring through Consultants Meeting.	Consultants' Meeting minutes	Complete	
24	Teaching and Training	St George Hospital Director of Training to provide evidence that the Phase 1 Trainees are able to attend external Anatomy and AIT courses (3.1.2) This must be completed within 3 months.	K. Ho	3 Months - March 2023	To request details from LAN 3 staff LAN 3 Info: Physics tutorials will be held face to face at PoW each Tuesday from 14 Feb to 4 April. New trainees are in attendance. HETI Radiology e-Applied Imaging Technology (AIT) course for exam preparation to be held on 4 & 5 March. All three new trainees are registered to attend the AIT course. Anatomy course on 18 & 19 March. All 3 new trainees registered	Trainees attended 18 and 19 March 2023	Roster allocation for AIT Training	Complete	
25	Teaching and Training	St George Hospital Director of Training to provide evidence of onsite tutorials in hours aligned to the Radiodiagnosis Curriculum, with attendance log (3.1.2) This must be completed within 3 months.	K. Ho	3 Months - March 2023	Tutorial numbers increased since Sept 2022 Discuss with LAN 3 how to structure tutorials & collect data LAN 3 Info: attendance report received. Needs some analysis	Tutorials Rostered and attendance tracked on site in huddle	Email request to ensure LAN training available to 1st Year Trainees Roster of local tutorials with attendance	Ongoing	

Recommendation No	Theme	Issue Detailed	Responsible Officer	Due Date	Progress Update - April 2023	Progress Update - Sept 2023	Supporting Evidence	Status	Actions Required
26	Teaching and Training	St George Hospital Director of Training to provide evidence of participation within the Network formal education program, with attendance log (3.1.2). This must be completed within 3 months.	K. Ho	3 Months - March 2023	Network data – how to record who attends LAN 3 Info: attendance report received. Needs some analysis Trinees to upload attendance information to LAN system	Quarntined time to attend provided and attendance tracked on site in huddle	LAN Training attendance list	Ongoing	
27	Workforce	St George Hospital Executive to address the inadequate FTE resources and provide evidence of a minimal recruitment of the additional 6.5 FTE Consultants to ease the high clinical workload to enable adequate access to education, supervision and feedback and improve wellbeing of Trainees (1.1.1, 1.3.1, 2.2.4, 3.2.1, 3.4.1). There must be completed plan for recruitment within 3 months with an HR course of action being implemented.	A. Karooz	3 Months - March 2023	2 new VMOs interviewed. To determine how many hours a week they will work. Recruitment processes in progress. Rolling advert until 28 May and looking to target NZ Radiologists	Increased VMO capacity to enable additional TEG shifts. One additional Vmo consultant commenced. Recruitment evening held rolling advertisement	VMO Appointment Recruitment Event and follow up emails	Ongoing	
28	Feedback and Supervision	St George Hospital Director of Training to demonstrate acceptable supervision ratios required to meet Criterion 1.1.1 for Trainees to enable access to education (1.1.1, 1.5.1). This must be completed within 6 months.	K. Ho	6 Months - June 2023	To commence in April 2023	Institution of the the Daily Training Huddle with allocation of supervisor. Development of the Business Rule for the Diagnostic Radiology Model outlining supervision and training expectations	Huddle Agenda Business Rule for Diagnostic Radiology	Ongoing	
29	Workforce	St George Hospital Head of Department to consider appointing additional registrars to enable better coverage of in hours and out of hours workload, recognising that this would require employment of additional consultant FTE to ensure adequate training ration, and would require capacity within the Network to train in subspecialty areas (1.1.3, 1.3.1) or St George Hospital Head of Department to consider alternative methods of covering the afterhours workload, for example outsourcing or additional alternative consultant cover (1.1.3, 1.3.1). This must be completed within 6 months.	D. Glenn	6 Months - June 2023	Brief in preparation for outsourcing nights and some weekends. Outsourcing of night reporting commenced 15 March and Saturdays from 15 April.	Outsourcing of reporting currently being undertaken overnight and on Saturdays	Roster	Ongoing	
30	Workforce	St George Hospital Head of Department provide rosters demonstrating sufficient consultant and registrar staffing to enable safe training 1.3.1. This must be completed within 6 months.	D. Glenn	6 Months - June 2023	To commence in April	Interim Report Drafted with ongoing review. Review of Consultant to Trainee Ratio monitored weekly. Rostering allocations by system complete. Routine review of Trainee Examinations Number Operations Manager, undertaking final review of roster for publication to enable ongoing governance process	Interim Report Training Huddle Weekly Supervision Report	Complete	

Recommendation No	Theme	Issue Detailed	Responsible Officer	Due Date	Progress Update - April 2023	Progress Update - Sept 2023	Supporting Evidence	Status	Actions Required
31	Registrar Consultation	St George Hospital Director of Training to ensure there is a regular forum where Trainees are consulted regarding departmental decision making that may impact on the training environment (1.4.1). This must commence within 6 weeks.	K. Ho	6 Weeks - February 2023	To address in registrar forum in March	Trainees asked specifically to provide feedback and consult on a range of changes within the department. Also enabled to raise concerns in regular monthly consultants meetings	ToR for Senior Medical Officer's Committee Meeting. See recommendation 23 Email request for explicit consultation	Complete	
32	Registrar Consultation	St George Hospital Director of Training to demonstrate appropriate Trainee involvement regarding decision making including but not limited to rotations and equal Network education access (1.4.1) This must be completed within 3 months.	K. Ho	3 Months - March 2023	LAN 3 issue	Trainees asked specifically to provide feedback and consult on a range of changes within the department. Also enabled to raise concerns in regular monthly consultants meetings	ToR for Senior Medical Officer's Committee Meeting. See recommendation 23 Email request for explicit consultation	Complete	
33	Teaching and Training	St George Hospital Director of Training to provide evidence of formal teaching in the following (2.1.2); This must be completed within 3 months. a. DoctorPatient Referra; b. Review of Request c. Patient Preparaton d. Consent e. Imaging Protocols f. Radiation Safety Protocols g. Shieldign Protocols h. Drug administration protocols i. Management of complications j. Infection control k. Management of adverse events l. Report writing m. Communication of results	K. Ho/PC	3 Months - March 2023	In progress Note: Due to trainee study and other leave unable to complete tutorials.	Training undertaken for all new first year trainees. Mechanism in place via consultants meeting to support planning of newstarting trainees Saad Rehan and Jeffery Thompson upon commencement.	Roster and email confirmation	Complete	
34	Feedback and Supervision	St George Hospital Director of Training to provide evidence that trainees are spending 12-14 hours per week in supervision, training and teaching for example (2.2.1) This must be completed within 3 months.	KHo	3 Months - March 2023	See Recs 22	Interim Report Drafted with ongoing review. Review of Consultant to Trainee Ratio monitored weekly. Rostering allocations by system complete. Routine review of Trainee Examinations Number Ongoing moniotoring through Consultants Meeting.	Interim Report Training Huddle Weekly Supervision Report	Complete	
35	Teaching and Training	St George Hospital Director of Training Regular onsite tutorials with attendance log. This must be completed within 3 months.	KHo	3 Months - March 2023	See Rec 25	Tutorials Rostered and attendance tracked on site in huddle	See recommendation 25	Complete	
36	Teaching and Training	Attendance at Network wide education sessions with attendance log. This must be completed within 3 months.	KHo	3 Months - March 2023	See Rec 26	Quartined time to attend provided and attendance tracked on site in huddle	See recommendation 25	Complete	

Recommendation No	Theme	Issue Detailed	Responsible Officer	Due Date	Progress Update - April 2023	Progress Update - Sept 2023	Supporting Evidence	Status	Actions Required
37	Feedback and Supervision	St George Hospital Head of Department Face to face supervision, checking and feedback must be a priority. This must be commenced within 6 weeks.	KHo	6 Weeks - February 2023	See Recs 4, 22, 30, 34 Discussed and emphasised at Consultants' & Registrars' meeting on 1/3/23. Expectations clarified with consultants; process established on days where Training Engagement & Governance (TEG) function is operational (on average 3 days per week).	Institution of the the Daily Training Huddle with allocation of supervisor. Development of the Business Rule for the Diagnostic Radiology Model outlining supervision and training expectations	Huddle Agenda Business Rule for Diagnostic Radiology Preliminary Reports Status	Ongoing	
38	Teaching and Training	St George Hospital Director of Training to provide evidence that all Trainees allocated to St George Hospital have participated in Key Conditions training (3.1.1). This must be completed within 6 months.	KHo	6 Months - June 2023	Key Conditions training commences after Part 1 exams in April. Training available in Liverpool from 26 April to 1 May. LAN 3 training in May.	Training undertaken for all new first year trainees. Ongoing monitoring through Consultants Meeting.	Attendance and roster	Complete	
39	Teaching and Training	St George Hospital Director of Training to provide evidence that Key Conditions training is now being offered to all Trainees as a component of their ongoing education (3.1.1). This must be completed within 6 months.	KHo	6 Months - June 2023	See Rec 38	Training undertaken for all new first year trainees. Ongoing monitoring through Consultants Meeting.	See recommendation 38	Complete	
40	Teaching and Training	St George Hospital Director of Training to provide evidence that all trainees have successfully completed the Key Conditions Assessment prior to commencing after hours work (3.1.1). This must be completed within 3 months.	KHo	3 Months - March 2023	See Rec 38. Not relevant until trainees pass Exams	Training undertaken for all new first year trainees. Ongoing monitoring through Consultants Meeting.	Roster and email confirmation	Complete	
41	Workforce	St George Hospital Director of Training to provide evidence that System Focused Rotations are being provided at the site (3.1.3). This must be completed within 12 months.	DG	12 Months - September 2023	Consultants rostered by modality and not system. Difficult to change with current staffing TEG functions	Trainees rostered by system and huddle supervision determined by system and sub speciality interest areas	Roster and Huddle Agenda	Complete	
42	Teaching and Training	St George Hospital Director of Training to provide evidence of formal teaching in the following (3.1.4, 3.1.5, 3.1.6): This must be completed within 3 months. a. Patient safety training b. Report writing c. Non-Medical Expert roles	K. Ho	3 Months - March 2023	See Rec 33	Training undertaken for all new first year trainees. Ongoing monitoring through Consultants Meeting.	See recommendation 33	Complete	
43	Feedback and Supervision	St George Hospital Director of Training to provide evidence of monthly meetings with the Clinical Supervisors (3.3.1). This must be completed within 3 months.	K. Ho	3 Months - March 2023	Part of consultants' meeting	Mechanism in place via consultants meeting.	Consultants' Meeting minutes - See recommendation 14 and 23	Ongoing	
45	Workforce	St George Hospital Director of Training to consider how System Focused Rotations can be transitioned to the provision of subspecialty rotations as part of the new Training Program, in particular how this will work with the new consultant service provision model which does not support subspecialist reporting (3.1.3). This must be completed within 12 months.	K. Ho	12 Months - September 2023	See Rec 41	Trainees rostered by system and huddle supervision determined by system and sub speciality interest areas	Roster and Huddle Agenda	Ongoing	

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/radcr

Case Report

Long term survival after multiple microwave ablations for colorectal cancer lung metastases: A case report [☆]

Victoria T. Y Lee^a, Yueh-Hsin Lin^a, Derek Glenn, MD^b, Suhrid Lodh, MD^c,
David L. Morris, MD^{a,d,*}

^a Department of Medicine, University of New South Wales, Sydney, NSW 2052, Australia

^b Department of Radiology, St George Hospital, Sydney, NSW 2217, Australia

^c Department of Interventional Radiology, St George Hospital, Sydney, NSW 2217, Australia

^d Department of Surgery, St George Hospital, Sydney, NSW 2217, Australia

ARTICLE INFO

Article history:

Received 9 March 2022

Accepted 13 March 2022

Keywords:

Pulmonary microwave ablation

Colorectal cancer

Pulmonary metastases

Long term prognosis

ABSTRACT

Colorectal cancer is one of the leading causes of cancer-associated morbidity and mortality in the world, with lower survival rates when metastases are present. We present a case of a 69-year-old man, diagnosed with metastatic rectal cancer to the lungs in 2015. Over the course of 5 years, he was treated with 4 microwave ablation procedures to both his lungs. Despite this, he does not have any local recurrence or any symptoms since he was first diagnosed 7 years ago. This case highlights the potential for microwave ablation to be used for curative intent in pulmonary metastases in colorectal cancer as an alternative to more invasive and complex procedures such as metastasectomies or lung resection, as well as the benefit of using microwave ablation for disease control to improve patients' quality of life.

© 2022 Published by Elsevier Inc. on behalf of University of Washington.

This is an open access article under the CC BY-NC-ND license

(<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

Introduction

Colorectal cancer (CRC) is one of the leading causes of cancer-associated morbidity and mortality in the world [1]. Despite the evidence of a 90% 5-year survival rate when CRC is diagnosed at an early stage, more than 60% of cases are diagnosed when the cancer has already metastasized [2]. Recurrence after surgery is major reason for both morbidity and mortality,

with lung metastases being the most common site of extra-abdominal metastases from CRC [2]. Therapeutic advances in patients with metastatic CRC have been associated with prolonged survival rates. In 1965, Thomford et al. [3] reported principles for resection of lung lesions, and these have been accepted as an appropriate therapy by most surgeons [4].

Although resection of solitary lung metastases has been accepted by physicians, resection of multiple or bilateral lesions remains controversial, and the role of repeated resection for recurrent pulmonary metastasis has not been

[☆] Competing Interests: None.

* Corresponding author

E-mail address: david.morris@unsw.edu.au (D.L. Morris).

<https://doi.org/10.1016/j.radcr.2022.03.059>

1930-0433/© 2022 Published by Elsevier Inc. on behalf of University of Washington. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

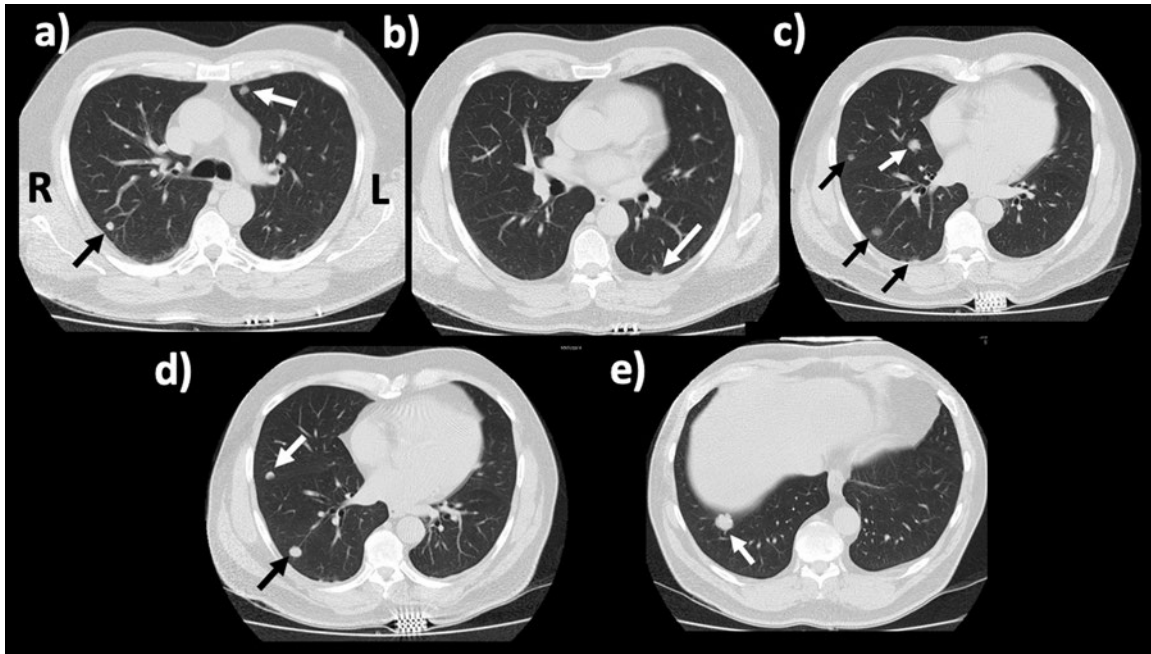


Fig. 1 – CT guided tissue ablation performed on June 23, 2017. (A-E) Multiple lung lesions, from superior to inferior. A total of 8 metastases were targeted by microwave ablation using a 20-cm 14-gauge Covidien system.

well defined [5]. Studies have shown that an increasing number of metastases predicted higher rates of recurrence [6]. Pulmonary resection has the risk of respiratory function compensation, hence comprehensive pre-operative planning is important in weighing the potential benefits to harm for the patient [7]. Lung ablation for metastatic colorectal cancer was first described in 2003 by a team of doctors in Australia [8]. Procedures are done under CT guidance, and are quick and often without complications. Lung ablations are generally preferred over pulmonary metastasectomy and lobectomy due to lower rates of morbidity and better local tumor control [9].

To the best of our knowledge, patients with solitary pulmonary metastases have a better prognosis than those affected by multiple lesions. On the contrary, this present case involves multiple pulmonary metastases secondary to colorectal cancer with survival of more than 6 years post multiple pulmonary ablations to both lungs. The role of number of lesions and recurrence of lesions in prognosis is less well established, and hence this case may be of interest.

Case report

A 69-year-old man presented with 12 months of changes in bowel movements and a positive fecal occult blood test. Subsequent follow-up colonoscopy revealed a rectal tumor, and the patient was diagnosed with T3N2a (stage IIIB) rectal cancer, moderately differentiated mucinous adenocarcinoma in November 2015. He was treated with 5 weeks of radiation therapy in February 2016, before undergoing an antineoplastic

resection in March 2016. Between July and December 2016, he received 9 cycles of chemotherapy.

In April 2017, a biopsy of a right mid-zone lung nodule was taken after incidental finding of a suspicious lesion noted on a follow-up scan. The pathology report revealed malignant glandular structures with goblet cells lined by tall columnar malignant cells associated with mucinous secretions. Immunohistochemistry confirmed CEA consistent with metastatic colorectal adenocarcinoma. A subsequent positron emission topography (PET) scan was performed, showing uptake in a total of 5 lesions across both lungs – 1 in the right upper lobe, 2 in the right middle lobe, 1 in the right lower lobe, and 1 in the left upper lobe. All of these lesions had increased in size and/or metabolism since the last PET scan in June 2016, but there was no evidence of local recurrence or metastatic adenopathy. At this point, a multidisciplinary team decision was made against a right pneumonectomy due to the number of lesions present, and the patient was booked for ablation. The patient underwent a first microwave ablation (MWA) procedure in June 2017 (Fig. 1). A total of 8 metastases across both lungs were targeted by microwave ablation using a 20-cm 14-gauge Covidien system. The multiple treatments in the right lung precipitated a right pneumothorax which was treated by placement of a 14-French non-self-retaining Thal-quick intercostal drain.

In March the following year, we found an untreated lesion within the lateral segment of the right middle lobe which had increased in size from 4mm previously to 10 mm, and a decision to retreat was made. A second MWA was performed in March 2018 (Fig. 2). The initially selected lesion laterally in the middle lobe was targeted first at 75 watts for 90 seconds. The lesion at the right lung base appeared to be a local recurrence of a previously treated lesion, and was targeted second, at 100

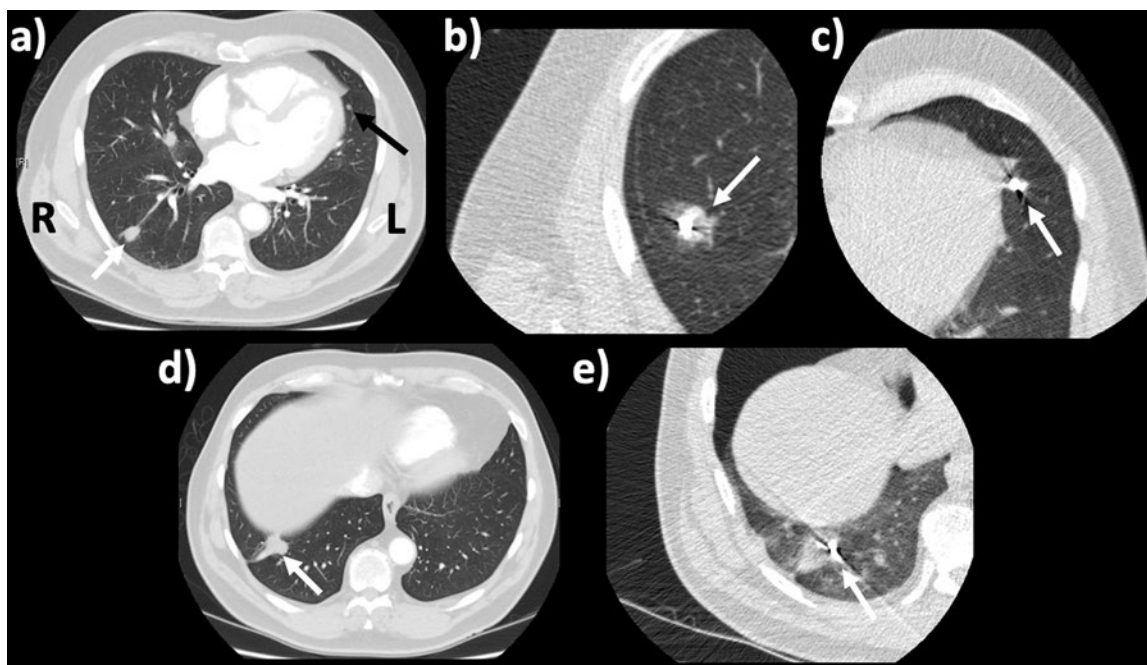


Fig. 2 – CT guided microwave ablation performed on March 28, 2018. (A) Pulmonary lesions located at the lateral middle lobe and the left upper lobe near the cardiac apex. (B) Right middle lobe lesion received 75 watts for 90 seconds. (C) Lesion near the cardiac apex received 45 watts for 90 seconds. (D) Right lung base lesion appears to be local recurrence. (E) Right lung base lesion targeted with 100 watts for 3.5 minutes.

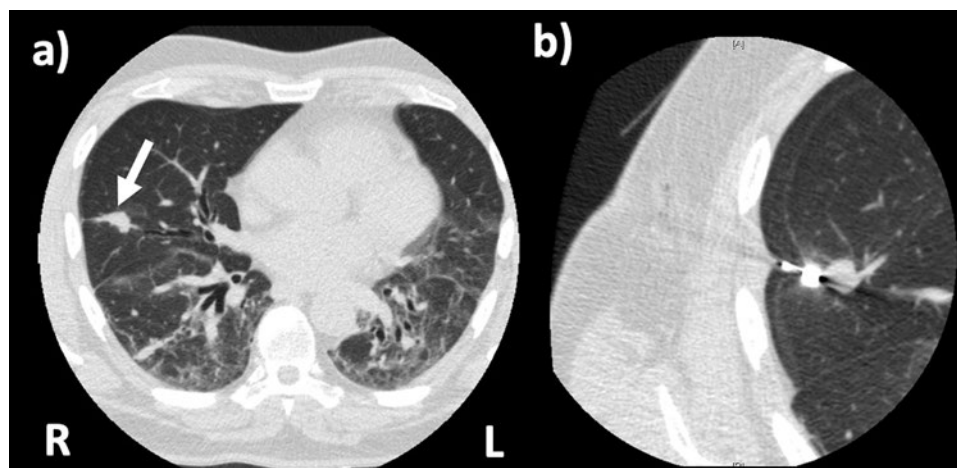


Fig. 3 – CT guided microwave ablation performed on December 5, 2018. (A) Right middle lobe lesion. (B) Right middle lobe lesion targeted with 75 watts for 7 minutes to achieve a 3 cm destruction zone.

watts for 3.5 minutes. A third lesion in the left upper lobe near the cardiac apex was targeted third, at 45 watts for 90 seconds. In December 2018, the lesion in the right middle lobe had increased in size again, and the patient was planned for another ablation (Fig. 3). Seventy-five watts was applied for 7 minutes to achieve a 3 cm destruction zone and a single right middle lobe lesion was ablated.

The patient had a resection of the left upper lobe wedge of lung in November 2021. The pathology report noted a malignant mass with morphology that was compatible with

metastatic adenocarcinoma that was a primary colorectal. The mass was completely excised.

A follow-up scan done in January 2022 revealed increase in size of a right lung lesion. The patient subsequently underwent another MWA procedure to a lesion in the right middle lobe in February 2022 (Fig. 4). The lesion was treated with 100W for 5 minutes inferiorly and 100W for 3 minutes superiorly. 80W for 40 seconds was performed for tract ablation.

In total, the patient had 4 MWA procedures across 5 years that targeted 14 lesions. Despite this, he did not have any

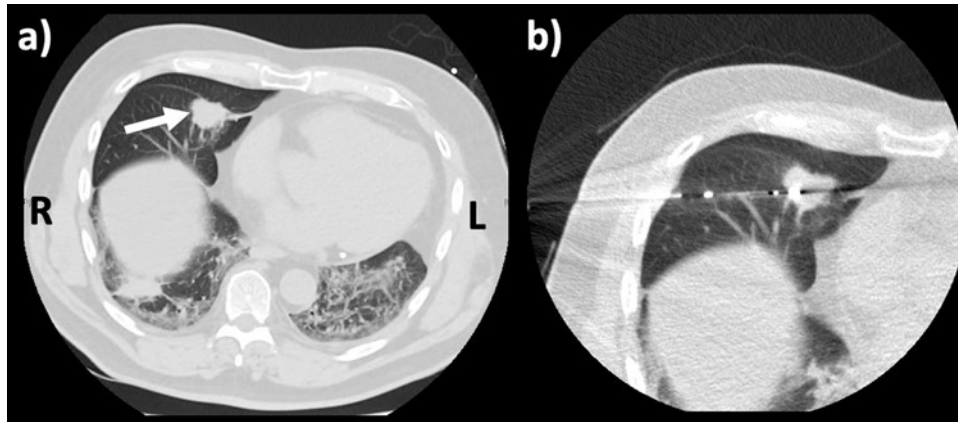


Fig. 4 – Microwave ablation performed on February 2, 2022. (A) Right lung base pulmonary nodule. (B) Right lung base lesion targeted with 100 watts for 5 minutes inferiorly, 10 watts for 3 minutes superiorly and 80 watts for 40 seconds for tract ablation.

local recurrence since he was first diagnosed with rectal cancer 7 years ago. He currently has no symptoms, including respiratory symptoms, and has a good quality of life.

Discussion

Local recurrence of pulmonary metastases from CRC after pulmonary metastectomy is a crucial problem during follow-up, and the indication for operation is controversial. In our study, we reported a case of a 69-year-old man with an ongoing 6-year survival post colorectal cancer diagnosis, complicated by multiple pulmonary metastases that was treated with multiple MWA procedures. This case highlights the potential for MWA to be used for curative intent in pulmonary metastases in CRC, as well as the benefit of using MWA for disease control. Despite recurring pulmonary metastases, the patient's condition did not decline further, and the MWA treatments seemed to have played a part in this.

This is a unique case which shows multiple pulmonary metastases without extrapulmonary lesions, which is uncommon as CRC metastases usually develop first in the liver, then in the lungs, and subsequently in other sites [10]. Despite the fact that pulmonary metastases are often surgically incurable, surgical resection has been accepted as the only radical treatment available, and benefits have been shown in cases where metastases confined in lungs were treated with a complete resection [11]. Others have suggested that better prognosis is dependent on the aggressiveness of the tumor. For example, synchronous lung nodules are known for having significantly lower survival rate than metachronous lesions, given that metachronous lung metastases benefit more from pulmonary lung resections [7,12]. Patients with solitary metastasis are also more likely to benefit more from pulmonary resection than those with multiple pulmonary metastases [10]. However, several studies have suggested that there is no significant association between prognosis and number and size of metastatic pulmonary lesions [13].

The low mortality and morbidity rate from surgical pulmonary resection, combined with the lack of other effective

therapies justify surgical management in patients with primary CRC, and pulmonary metastases [12]. Studies reported that the 5-year survival for patients who underwent a second thoracotomy was around 30% to 50%, whereas the median survival length was less than 5 months with a survival rate of less than 5% for patients who did not receive any treatment [5,7]. However, recurrence rate is still as high as 68% after pulmonary metastasectomy, with the remaining lung tissues often being the sites of recurrence [7]. Surgical resection of pulmonary metastases from CRC is a safe and feasible approach, but only 24% of patients with metachronous lung-only metastases were managed with a curative intent [14]. Despite this, it is appropriate to evaluate the prognostic factors for this population, as general criteria for pulmonary metastasectomy in CRC have not been consensually established [14].

Improving long-term survival whilst also ensuring quality of life is the ultimate goal of cancer treatment. Ablation therapy is another therapeutic option in patients with unresectable metastatic disease. Compared to surgical pulmonary metastasectomy, percutaneous radiofrequency ablation (RFA) has proven to provide potential higher survival benefit and lower morbidity and mortality for patients with CRC [15]. RFA is the predominant and most frequently used method among ablation techniques [16]. Recently, there is growing evidence supporting the use of MWA for its minimally invasive techniques and effectiveness in eradicating unresectable pulmonary metastases [17]. Animal models have shown better ablative results with MWA as compared to RFA in terms of width and regularity of ablation zones, higher rate of complete ablation and tumor control, less susceptibility to the “heat sink effect” and diminished thermal conductivity of ventilated lungs, which are essential for ablating larger lesions with uniform ablation zones with adequate margins [15–17]. Additionally, MWA has shorter ablation times, and larger ablation zones than RFA [17].

Theoretically, although MWA is better than RFA, the treatment efficacies of the 2 approaches remain questionable. Meta-analysis of clinical outcomes after RFA and MWA for lung cancer and pulmonary metastases shows RFA is associated with longer survival than MWA, and patients with pulmonary metastases showed better survival after RFA com-

pared with MWA-treated patients [16]. However, other studies have observed that there is increased chance of survival among MWA-treated CRC patients with small pulmonary metastases size that are equal to or less than 3 centimetres [18,19]. Although the current data seems promising, there are limited research regarding the use of MWA in treating CRC lung metastases, and the absence of controlled trials has resulted in the limited interpretation of the gain for patients [20,21].

Conclusion

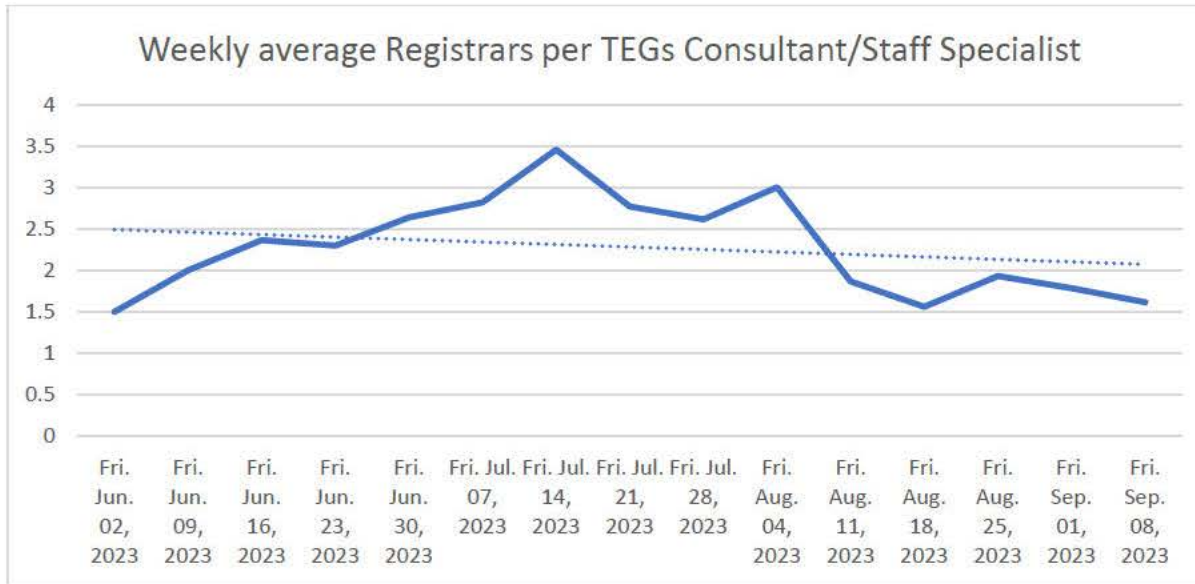
In conclusion, the presented case shows optimized outcomes for patients with repeated MWA in treating multiple pulmonary metastases secondary to CRC. Early screening and advanced CT scans have been recognized as the cornerstone of a successful outcome by allowing early detection of lung metastases from CRC and evaluating the number and size of the nodules. This may improve diagnostic accuracy for therapy planning in a timely manner. As MWA is an up-and-coming treatment modality with a growing body of evidence showing potential benefits, further research with large randomized controlled trials could facilitate better clinical outcomes for pulmonary metastases from CRC.

Patient consent

Written, informed consent was obtained from the patient.

REFERENCES

- [1] Siegel RL, Miller KD, Jemal A. Cancer statistics, 2018. *CA Cancer J Clin* 2018;68:7–30.
- [2] Brenner H, Kloor M, Pox C. Colorectal cancer. *Lancet* 2014;383:1490–502.
- [3] Thomford NR, Woolner LB, Clagett OT. The surgical treatment of metastatic tumors in the lungs. *J Thorac Cardiovasc Surg* 1965;49:357–63.
- [4] Sundermeyer ML, Meropol NJ, Rogatko A, Wang H, Cohen SJ. Changing patterns of bone and brain metastases in patients with colorectal cancer. *Clin Colorectal Cancer* 2005;5:108–13.
- [5] Rena O. Pulmonary resection for metastases from colorectal cancer: factors influencing prognosis. Twenty-year experience. *Eur J Cardiothorac Surg* 2002;21:906–12.
- [6] Blackmon SH. Predictors of recurrent pulmonary metastases and survival after pulmonary metastasectomy for colorectal cancer. *Ann Thorac Surg* 2012;94:1802–9.
- [7] Inoue M. Benefits of surgery for patients with pulmonary metastases from colorectal carcinoma. *Ann Thorac Surg* 2004;78:238–44.
- [8] Steinke K, King J, Glenn D, Morris DL. Radiologic appearance and complications of percutaneous computed tomography-guided radiofrequency-ablated pulmonary metastases from colorectal carcinoma. *J Comput Assist Tomogr* 2003;27:750–7.
- [9] Kurilova I. Microwave ablation in the management of colorectal cancer pulmonary metastases. *Cardiovasc Interventi Radiol* 2018;41:1530–44.
- [10] Mityr E. Epidemiology, management and prognosis of colorectal cancer with lung metastases: a 30-year population-based study. *Gut* 2010;59:1383–8.
- [11] Ihn MH. Curative resection for metachronous pulmonary metastases from colorectal cancer: analysis of survival rates and prognostic factors. *Cancer Res Treat* 2017;49:104.
- [12] Rama N, Monteiro A, Bernardo JE, Eugénio L, Antunes MJ. Lung metastases from colorectal cancer: surgical resection and prognostic factors. *Eur J Cardiothorac Surg* 2009;35:444–9.
- [13] Iizasa T. Prediction of prognosis and surgical indications for pulmonary metastasectomy from colorectal cancer. *Ann Thorac Surg* 2006;82:254–60.
- [14] King J. Percutaneous radiofrequency ablation of pulmonary metastases in patients with colorectal cancer. *Br J Surg* 2004;91:217–23.
- [15] Lyons N, Pathak S, Daniels IR, Spiers A, Smart NJ. Percutaneous management of pulmonary metastases arising from colorectal cancer; a systematic review. *Eur J Surg Oncol* 2015;41:1447–55.
- [16] Yuan Z, Wang Y, Zhang J, Zheng J, Li W. A meta-analysis of clinical outcomes after radiofrequency ablation and microwave ablation for lung cancer and pulmonary metastases. *J Am Coll Radiol* 2019;16:302–14.
- [17] Ferguson CD, Luis CR, Steinke K. Safety and efficacy of microwave ablation for medically inoperable colorectal pulmonary metastases: Single-centre experience. *J Med Imaging Radiat Oncol* 2017;61:243–9.
- [18] Cheng G. The safety and efficacy of microwave ablation for the treatment of CRC pulmonary metastases. *Int J Hyperther* 2018;34:486–91.
- [19] Matsui Y. Long-term survival following percutaneous radiofrequency ablation of colorectal lung metastases. *J Vasc Interv Radiol* 2015;26:303–10.
- [20] Belfiore G. Patients' survival in lung malignancies treated by microwave ablation: our experience on 56 patients. *Eur J Radiol* 2013;82:177–81.
- [21] Vogl TJ. Microwave ablation therapy: clinical utility in treatment of pulmonary metastases. *Radiology* 2011;261:643–51.



Week ending	Fri. Jun. 02, 2023	Fri. Jun. 09, 2023	Fri. Jun. 16, 2023	Fri. Jun. 23, 2023	Fri. Jun. 30, 2023	Fri. Jul. 07, 2023	Fri. Jul. 14, 2023	Fri. Jul. 21, 2023	Fri. Jul. 28, 2023	Fri. Aug. 04, 2023	Fri. Aug. 11, 2023	Fri. Aug. 18, 2023	Fri. Aug. 25, 2023	Fri. Sep. 01, 2023	Fri. Sep. 08, 2023
Weekly average Registrars per TEB/SS consultant	1.5	2	2.4	2.3	2.6	2.8	3.5	2.8	2.6	3.0	1.9	1.6	1.9	1.8	1.6

Trainee Reported Studies (June – September 2023)

Kin Sing Lau

Count of Examination ID	Column Labels							Grand Total	
	CR	CT	DX	MR	RF	US	XA		
12 AM		2		1			1	4	
1 AM		4						4	
2 AM		3						3	
3 AM		2						2	
4 AM		3						3	
5 AM		2						2	
6 AM		3	2	4				9	
7 AM		5	1	99			1	106	
8 AM		19	30	8	1	1	19	1	79
9 AM		79	38	17		8	39		181
10 AM		54	59	9	2	8	37	1	170
11 AM		28	50	2	1	6	38		125
12 PM		40	47	1		2	37		127
1 PM		30	66	1	2	1	18		118
2 PM		13	41			1	34		89
3 PM		31	54	1			22		108
4 PM		10	12	1		1	8		32
5 PM			3						3
11 PM							1		1
Grand Total		328	403	144	6	28	255	2	1166

David Lee

Count of Examination ID	Column Labels							Grand Total	
	CR	CT	DX	MR	RF	US	XA		
1 AM			1				1	2	
7 AM		1	6	2				9	
8 AM		3	8		1	1	3	16	
9 AM		6	9	1	1		4	21	
10 AM		11	19	1	1	2	4	38	
11 AM		12	20	3	1	1	4	1	42
12 PM		13	21		2		4		40
1 PM		6	24		1	1	1	1	34
2 PM		18	21	1		1	4		45
3 PM		15	35			1	4		55
4 PM		7	32	1		1	5		46

5 PM	9	62	1			1		73
6 PM	2	61	1	2		1		67
7 PM	5	48				1		54
8 PM	6	37						43
9 PM	4	18						22
10 PM						2		2
Grand Total	118	422	11	9	8	39	2	609

Gowri Kanthan

Count of Examination ID Row Labels	Column Labels						Grand Total	
	CR		CT	MR	RF	US		
12 AM			2				2	
1 AM			2				2	
4 AM			4				4	
7 AM				2			2	
8 AM			5	5	4	2	16	
9 AM			21	25	14	2	62	
10 AM			18	35	12	2	67	
11 AM			22	33	13	1	10	79
12 PM			23	34	16		4	77
1 PM			30	45	14		2	91
2 PM			28	64	17	1	4	114
3 PM			29	63	7	1	4	104
4 PM			30	74	6		5	115
5 PM			9	112	4		2	127
6 PM			5	95	6			106
7 PM			3	52	3		3	61
8 PM			12	61				73
9 PM			17	37			2	56
10 PM			2	1				3
11 PM			11					11
Grand Total			273	738	116	3	42	1172

Mehr Vather

Count of Examination ID Row Labels	Column Labels						Grand Total	
	CR		CT	DX	MR	RF	US	
12 AM			2					2
2 AM			2	3				5
3 AM			2					2
4 AM			2					2
5 AM			1		1			2
6 AM				3	1			4
7 AM			1	2	12			15

8 AM	11	23	2	1		10	47
9 AM	27	28	3		3	19	80
10 AM	17	42	2		4	15	80
11 AM	9	31	2			20	62
12 PM	12	21			3	16	52
1 PM	8	39	2			13	62
2 PM	12	26	1		1	9	49
3 PM	8	20				14	42
4 PM	8	9			1	4	22
5 PM		1					1
9 PM		1					1
10 PM	14						14
11 PM	10	1	2				13
Grand Total	146	250	28	1	12	120	557

Nick Nguyen

Count of Examination ID	Column Labels							Grand Total
Row Labels	CR	CT	DX	MR	RF	US	XA	Grand Total
5 AM		1						1
6 AM			1					1
7 AM		1	10					11
8 AM		1	6	4		6		17
9 AM		3	12	1	1	9		26
10 AM		13	8	1	5	12		39
11 AM		10	18	2	4	25		59
12 PM		7	12	1	4	14		38
1 PM		1	27	2	2	1	9	42
2 PM		4	25			6	1	36
3 PM		9	30			10		49
4 PM		3	38			3		44
5 PM		47						47
6 PM		33						33
7 PM		5	24			1		30
8 PM		17						17
9 PM		8						8
Grand Total	56	307	22	2	15	95	1	498

Yuen Ting Wong (YT)

Count of Examination ID	Column Labels							Grand Total
Row Labels	CR	CT	DX	MR	RF	US	XA	Grand Total

12 AM	3							3
1 AM	1					1		2
2 AM	2							2
3 AM	1							1
4 AM	1							1
5 AM	2							2
6 AM		1						1
7 AM	4	8	19					31
8 AM	20	19	2			8		49
9 AM	35	28	3			14		80
10 AM	30	19	2	1	5	7	1	65
11 AM	21	30	4		4	10	2	71
12 PM	14	20			3	23	4	64
1 PM	13	28	1		1	11	1	55
2 PM	7	24			3	13		47
3 PM	15	23	1		1	7		47
4 PM	5	25	1		1	8		40
5 PM	1	15						16
6 PM	1	15						16
7 PM	1	19				1		21
8 PM		8				1		9
9 PM		5				1		6
10 PM	1							1
11 PM	3							3
Grand Total	181	287	33	1	18	105	8	633

Saad Rehan

Count of Examination ID	Column Labels						Grand Total
	CR	CT	DX	RF	US	XA	
12 AM	2		2				4
1 AM	3						3
4 AM	1						1
5 AM	1						1
6 AM	1	1					2
7 AM	2	2	1				5
8 AM	8	2			6		16
9 AM	39	12		2	17		70
10 AM	27	14		3	10	1	55
11 AM	25	12		3	13		53

12 PM	9	12		1	13		35
1 PM	5	10	1	1	2		19
2 PM	16	12	1	1	8		38
3 PM	9	9			4		22
4 PM	4	1					5
Grand Total	152	87	5	11	73	1	329

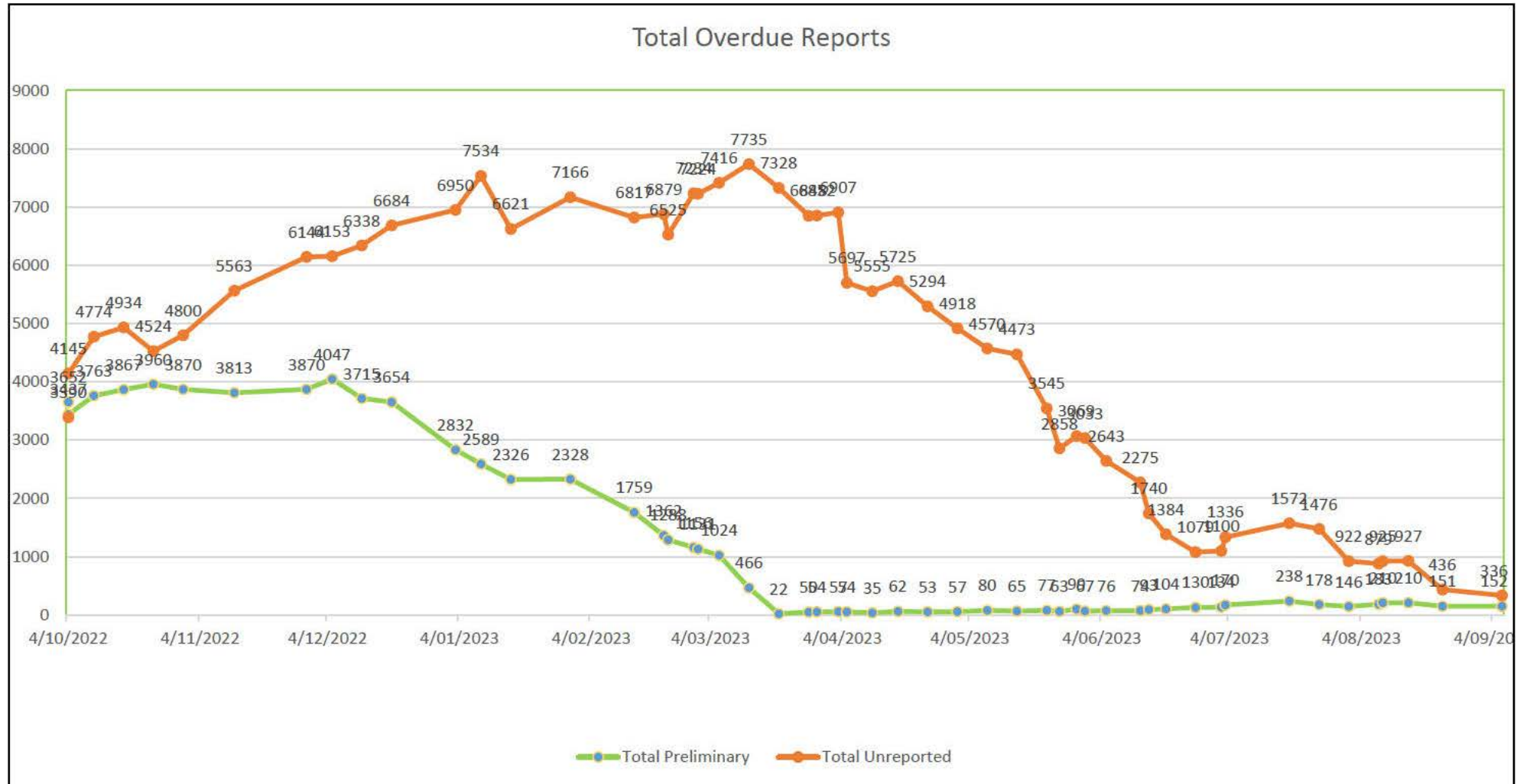
Medical Imaging Training Huddle

Agenda

Medical Imaging, St George Hospital
South Eastern Sydney Local Health District
Daily Monday - Friday
09:00 – 09:15am
Radiology Conference Room 1

ITEM No.	DESCRIPTION	ACTION	PAGE No
1	Attendance and Absence	For noting	-
2	Items/actions arising from previous day	For discussion	-
3	Standing Items		
3.1	Trainee Allocations	For discussion	-
3.2	Consultant Allocation Teaching Engagement Governance / Staff Specialist Interventional Radiology Reporting Engine	For discussion	-
3.3	Reporting Supervision	For discussion	-
3.4	Procedure Supervision	For discussion	-
3.5	Tutorials	For discussion	
3.6	Multidisciplinary Team Meetings	For discussion	
4	Business Without Notice		
5	Next Meeting: Daily Monday - Friday		

Graph of Overdue Reports at SGH from 4 October 2022 to 6 September 2023



**Rec 21 - Procedure Related Outstanding Preliminary Reports 6 Sept
2023**

Count of Medical record number	Column Labels		Grand Total
	No	Yes	
CR	8		8
CT	16	64	80
DX	2		2
MR	5		5
RF	1	12	13
US	4	40	44
Grand Total	36	116	152

% procedure related **76%**

**SGH, Radiology Department
Consultants' Meeting
Agenda**

Date: Wednesday, 16 August 2023
Time: 1730 to 1830 hours
Location: Microsoft Teams, [Click here to join the meeting](#)

Meeting ID: 446 193 263 136

Passcode: ApyNQo

If you do not have Microsoft Teams on your computer, you can join from your web browser.

- | | |
|--|-----------------------------|
| 1. July meeting notes: | Attached |
| 2. Registrar issues (first 10 minutes) | G Yeo |
| 3. Update from the Director of Training | K Ho/ N Chen/PC/SH |
| <ul style="list-style-type: none"> a. More structured training program (TEG/SS). Feedback on: <ul style="list-style-type: none"> i. Daily training huddle ii. Rostered tutorials iii. Daily supervision and Work based assessments iv. Reporting on delivered training b. QI/research – progress? c. Up-date on registrar recruitment d. Updated on Exams – what should we focus training on? e. Registrars on evening and weekend shifts – level of support required? f. Other matters | |
| 4. Update from the Director of Radiology | D Glenn |
| <ul style="list-style-type: none"> a. Diagnostic Reporting Model <ul style="list-style-type: none"> i. Recruitment – 1 Radiologist commenced in RE ii. Business Rule - St George Hospital Diagnostic Radiology Model iii. Discussing RE reports with referring clinicians iv. Quality of reports v. Subspecialty reporting b. Radiology Redevelopment (Stage 3) c. NATA accreditation in December 2023 <ul style="list-style-type: none"> i. Radiation Licences | |
| 5. Other matters | |
| <ul style="list-style-type: none"> a. Bundling of studies - up-date b. Influenza vaccinations c. Screening Procedures d. Switchboard calls | |
| 6. Business without notice | All consultants |
| 7. Date of next meeting: | Wednesday 20 September 2023 |

SGH, Radiology Department
Consultants' Meeting
Agenda

Date: Wednesday, 19 July 2023
Time: 1730 to 1830 hours
Location: Microsoft Teams, [Click here to join the meeting](#)
Meeting ID: 445 234 732 492
Passcode: PywPgq

If you do not have Microsoft Teams on your computer, you can join from your web browser.

- 1. Welcome to Ms Sam Hassan, Operations Manager, Medical Imaging**
- 2. June meeting notes:** **Attached**
- 3. Registrar issues (first 10 minutes)** **J Yap**
- 4. Update from the Director of Training** **K Ho/ N Chen/PC/SH**
 - a. Feedback from RANZCR accreditation visit 5 July
 - b. More structured training program – TEG/SS
 - i. Daily training huddle
 - ii. Rostered tutorials
 - iii. Daily supervision and Work based assessments
 - iv. Reporting on delivered training
 - c. QI/research need to make some progress
 - d. Other matters
- 5. Update from the Director of Radiology** **D Glenn**
 - a. Diagnostic Reporting Model
 - i. Recruitment – 1 new applicant and one possible.
 - ii. Recruitment function for senior registrars on 25 July
 - iii. TEG/Staff Specialist expectations and reporting
 - b. Radiology Redevelopment (Stage 3)
- 6. Other matters**
 - a. Reporting on approved MRI studies
 - b. Bundling of studies
- 7. Business without notice** **All consultants**
- 8. Date of next meeting:** Wednesday 16 August 2023

**SGH, Radiology Department
Consultants' Meeting
Notes**

Date: Wednesday, 16 August 2023
Time: 1730 to 1830 hours
Location: Microsoft Teams
Present: Drs G Yeo, N Balendran, P Child, K Ho, M Power, G Tan, D Glenn, M Nasreddine, P Curtis, Ms S Hassan
Apologies: Dr N Chen

July meeting notes: Noted

1. Registrar issues

Dr Yeo raised two issues

- a. When will the "Interesting Cases" sessions commence. It was reported the first one was on Monday 14 August and they will continue monthly.
- b. The rostering of registrars to MDTs needs to be more organised to meet College requirements. It was suggested that registrars can spend a block of time on a particular MDT for continuity and then rotate. This was supported.

2. Update from the Director of Training

- a. More structured training program (TEG/SS). Feedback on:
 - i. Daily training huddle – Ms Hassan indicated that this is a work in progress by is going well. An agenda has been developed to improve consistency. Identifying locations for reporting and who is sending what reports to whom has been helpful.
 - ii. Rostered tutorials – a record is being kept of who is attending tutorials
 - iii. Daily supervision and Work based assessments – these involve all consultants and will be coordinated at the daily huddle
 - iv. Reporting on delivered training – due 20 September
- b. QI/research – again this involves everyone and as topics come up they should be flagged. Note the registrars have a responsibility to find topics that interest them.
- c. Up-date on registrar recruitment – Dr Jeffrey Thompson will commence in mid September (replacing Dr Yeo). Main interview round is 21 and 22 August looking for one person next year. A Wollongong registrar Dr Hershil x x has an interview. Dr Ho left at this point (1750 hours)
- d. Updated on Exams – what should we focus training on? Not discussed
- e. Registrars on evening and weekend shifts – level of support required – Three registrars have undertaken the Key Conditions assessment. Results pending. The junior registrars will be buddied with senior registrars for three shifts.

3. Update from the Director of Radiology

- a. Dr Glenn reported that the huddle has been a "triumph" with more contact between the consultants and registrars. He stated that all hands are required to keep SGH as a registrar training site. It is within our capacity moving forward.

- b. Diagnostic Reporting Model
 - i. Recruitment
One Radiologist commenced in RE (Dr Mohamed Nasreddine)
 - ii. Business Rule - St George Hospital Diagnostic Radiology Model
The Business Rule is to ensure good governance for the Dr Model – comments to S Hassan within one week.
Action: Consultants to comment on the Business Rule by 25 August 2023.
 - iii. Discussing RE reports with referring clinicians
 - iv. Quality of reports
 - v. Subspecialty reporting
 - c. Radiology Redevelopment (Stage 3)
 - d. NATA accreditation in December 2023 **S Hassan**
 - i. Radiation Licences
- 4. Other matters**
- a. Bundling of studies - up-date
 - b. Influenza vaccinations **S Hassan**
 - c. Screening Procedures **N Chen**
 - d. Switchboard calls **N Balendren**
- 5. Business without notice** **All consultants**
- 6. Date of next meeting:** Wednesday 20 September 2023

SGH, Radiology Department

Consultants' Meeting

Agenda

Date: Wednesday, 19 July 2023

Time: 1730 to 1827 hours

Location: Microsoft Teams,

Present: Drs. A McQuinn, J Zang, G Tan, N Balendran, D Glenn, H Chour, P Child, S Abeywikrema, M Power, P Curtis, Ms S Hassan.

Apologies: S Lodh, J Whitley,

1. **Welcome to Ms Sam Hassan, Operations Manager, Medical Imaging**

Dr Glenn welcomed the new operations manager to the meeting.

1. **June meeting notes:**

The notes of the June 2023 meeting were acknowledged. There was no meeting in July due to a lack of a quorum.

2. **Registrar issues**

No registrar was available for the meeting.

3. **Update from the Director of Training**

No DOT was present at the meeting so Dr Curtis and Ms Hassan provided some information:

1. Feedback from RANZCR accreditation visit 5 July

An informal visit was made by Dr Michael Byneveldt, Chairman of Accreditation, RANZCR and two staff members. They said they have not seen a lot of improvement in registrar training and supervision and were concerned with the number of consultants available to the trainees and with the lack of structure around training and supervision. SGH has until the September report to improve matters.

It was noted that trainees were not sending their reports to consultants undertaking the TEG/SS role. This will be raised at the daily huddle (see below). Supervisors can use the chat function in Sectra to give feedback to registrars. There is lots of material in the backlog exams for registrars to report against and receive feedback on.

The gap in O&G training and consultants to undertake the Paediatrics MDT was noted.

Dr Balendran indicated that she has been working with the junior registrars and helping them with their work.

2. More structured training program – TEG/SS

i. Daily training huddle

This will occur every workday at 0900 hours and all available consultants and registrars are to attend to ensure training and supervision program is known and understood by all concerned.

- ii. Tutorials will be rostered
 - iii. Daily supervision and work-based assessments
Primarily to be undertaken by the TEG/SS consultants
 - iv. Reporting on delivered training
Data collection to be improved
3. QI/research need to make some progress
Dr Ho said to be working on this.

4. Update from the Director of Radiology

1. Diagnostic Reporting Model
 - i. Recruitment
One new applicant, Dr Nasreddine, will commence in mid-August. The other possible applicant has gone elsewhere.
 - ii. Recruitment function for senior registrars on 25 July 2023.
[**Editorial note:** 7 trainees attended the function on-line and Ms Hassan has followed them up after the meeting. Awaiting further contact.]
 - iii. TEG/Staff Specialist expectations and reporting
There was a general discussion about TEG/SS functions. Dr Glenn indicated that if RE Radiologist has a scan about which they are not comfortable with, they should frame a report but also send it to a subspecialty expert for a second report. Both reports stand and are fully remunerated. A list of consultants and their sub-specialty expertise/interest needs to be formulated. It may include Randwick Radiologists in the future.
 - iv. The Sutherland Hospital
Dr Glenn and Partners will no longer be supplying services to TSH which should result in more on-site attendance by Radiologists. It was noted that Dr Glenn has been requested to support TSH reporting for a further 6 weeks but this should not impact on the SGH roster.

There was a brief discussion about SGH IR service supporting TSH. No details available.
2. Radiology Redevelopment (Stage 3)
Dr Glenn gave a brief summary

5. Other matters

1. Reporting MRI studies
There was some confusion about reporting urgent MRI studies in the evening. Should they be sent to Everlight? Yes, there is the facility to refer urgent MRIs to Everlight but if the RE is operational in the evening it should be referred to them. If

there are problems let, Dr Glenn know.

2. Bundling of studies

It was noted the administration is reviewing. It is difficult due to the nature of the state-wide build of Sectra. It was noted that some of the negative effects are:

- i. Difficult for sub-specialty opinions
- ii. Decreases the number of exam undertaken – statistics incorrect
- iii. Workflow issues – some parts of the study may be missed
- iv. Safety issue – prior studies do not come up in automatic prior exams process

6. Business without notice

1. Advances Visualisation Simulation – discussions about the best product to use at SGH

2. Backlog of unreported and unapproved exams
Many of these are IR consultations and procedures that need to be finished off.
Need to discuss how this can be achieved.

The meeting closed at 1827 hours.

Date of next meeting: Wednesday 16 August 2023

SGH, Radiology Department

Consultants' Meeting

Notes

Date: Wednesday, 20 June 2023
 Time: 1740
 Location: Microsoft Teams,
 Present: Drs Suhrid Lodh, Mark Power, Gabe Tan, Derek Glenn, Sanjee Abeywickrema, Kuan Ho, Peter Child, Paul Curtis

1. **May meeting:**

No meeting due to a lack of a quorum

2. **Registrar issues** (first 10 minutes)

Dr Lee was unable to attend at short notice

3. **Update from the Director of Training**

a. RANZCR accreditation visit on 5 July in afternoon
 Noted

b. Program for Tutorials and other training activities when RE operating.
 The need to roster and tighten up on this was expressed. It was noted that it was difficult to find the registrars at times and did they have a WhatsApp group (Yes).

Action: PC to circulate a list of registrars and contact details.

[Editorial note: the Director is to arrange for tutorials to be rostered]

c. Report to College
 No feedback from March report. June 20 report has been sent

d. Survey of registrars re training and supervision
 Only two responses so far. **Action: PC to send reminders**

e. QI/research
 The need to make progress was discussed. SL indicated that there were projects with lots of data in IR (eg IV filter surveillance, prostate embolization)
Action: KH to discuss with registrars and liaise with consultants.

4. Update from the Director of Radiology

- a. Diagnostic Reporting Model
 - i. Recruitment
1 new applicant and one possible – Noted
 - ii. Recruitment function for senior registrars on 25 July
Noted
 - iii. TEG/Staff Specialist activities – all need to participate
The plan to build-in sub-specialty reporting into the DR Model and checking the quality of the reports was discussed. SL reported that there were some cases of missed pseudo-aneurysms and there are concerns regarding the quality of Everlight reporting after hours. We should aim to maintain the standard of care we want to deliver. DG indicated that if a Radiologist finds an error, they should send their findings to the original author and to DG.
- b. Radiology Redevelopment (Stage 3)
DG up-dated attendees on latest developments including:
 - i. OR1 angio/CT suite commissioned
 - ii. Acute Care Imaging Suite with a CT, CR and US. These can back up the ED machines and are located immediately below ICU. SGH will soon have 5 operational CTs in Radiology.
- c. Other matters
 - i. Duty intensivist phone number **0460 298 297** - Noted

5. Business without notice

- a. M&M meetings
Currently there is one meeting for both DR and IR. They need to be separated to develop robust processes.
- b. Voice recognition software (Nuance)
Much improved from the previous software but some attendees indicated there are some issues with some commands and it picks up mouse clicks.
Action: Consultants to contact Sectra if you have issues.
- c. Sonoreview
This is a work in progress and is slowly improving in ISLHD. To come to SGH but consultants need to read the reports carefully.

The meeting ended at 1625 hours

Date of next meeting – Wednesday 19 July 2023

From: [Paul Curtis \(South Eastern Sydney LHD\)](#)
To: yhgabrieltan@gmail.com; [Suhrid Lodh \(South Eastern Sydney LHD\)](#); [Alex McQuinn](#); [Henora Chour](#); [Sarita Bahure \(Sydney LHD\)](#); [esther lim](#); [Paul Curtis](#); [justin720](#); [Mark Power](#); [Nalayini Balendran](#); [Amanda Palmer \(South Eastern Sydney LHD\)](#); [Derek Glenn \(South Eastern Sydney LHD\)](#); [Peter Child \(South Eastern Sydney LHD\)](#); [Julie Stevenson](#); [Sanjeeva Abeywickrema \(South Eastern Sydney LHD\)](#); [Kuan Ho \(South Eastern Sydney LHD\)](#)
Subject: Consultants' meeting
Date: Wednesday, 15 March 2023 6:29:00 PM
Attachments: [RANZCR Performance Policies .pptx](#)
[image001.png](#)
[image002.png](#)

Dear all

PowerPoint summary of RANZCR policies on underperforming trainees as discussed.

Paul

Dr Paul Curtis
Radiology Operations Manager
Radiology Department | **St George Hospital**
Gray Street, Kogarah NSW Australia 2217
Tel: +61 2 9113 3569 | Fax: +61 2 9113 3980 | Mob: 0432 035 020
Paul.Curtis@health.nsw.gov.au
www.health.nsw.gov.au

I am now working Monday to Wednesday each week. If you need something urgent please call me on my mobile.



	Mon. Mar. 13	Tue. Mar. 14	Wed. Mar. 15	Thu. Mar. 16	Fri. Mar. 17	Sat. Mar. 18	Sun. Mar. 19
Consultant On-Call (All Week)	SGH IR. Lodh	SGH DR. Bahure					
Registrar Education Meetings		7-8am AIT Vather, Lau & Wong 8-9am WAN teaching Schultz, Nguyen	12-1pm Nuclear Medicine All Registrars				
Registrar Tutorials		Bahure			Balendran		
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-11am Peritonectomy Unit MDT Lodh	8-9am NET Chen 12-1pm Haematology Bahure	7-8am HCC Lodh 1-2pm Neurogeriatrics Ho	7-8am Neuro- Oncology Chen 12:30-2pm Respiratory (ILD) Abeywickrema 4:30-5pm Gastroenterology Glenn	9:30-10:30am Colorectal MDT Balendran 2-3pm Renal Balendran		
Non-Clinical Meetings		1-2pm SGH Review Meeting with Paul Curtis Glenn	5:30-6:30pm SGH Consultants Meeting All IR & DR Consultants Welcome				

From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Alisha Tamang - SVHNS](#)
Cc: [Redacted] [Saad Rehan \(South Eastern Sydney LHD\)](#)
Subject: RE: LAN Training Schedule Term 2 and 3
Date: Tuesday, 15 August 2023 5:47:00 PM

Perfect – thanks!

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel [Redacted] | Mob [Redacted] | [Redacted]



Health
South Eastern Sydney
Local Health District



From: Alisha Tamang - SVHNS <[Redacted]>
Sent: Tuesday, August 15, 2023 4:55 PM
To: Sam Hassan (South Eastern Sydney LHD) <[Redacted]>
Cc: [Redacted]; Saad Rehan (South Eastern Sydney LHD) <[Redacted]>
Subject: RE: LAN Training Schedule Term 2 and 3

Hi Sam,

My apologies, I had missed him as I only sent it to the Feb starters. I have added him to the list as an observer. He will get invites for the upcoming sessions.

Thank you

Kind regards,

Alisha Tamang | Network Education Training Manager | **Radiology Training Network (LAN 3)**
Encompassing Liverpool, Prince of Wales, St George and St Vincent's

St Vincent's Health Network | 390 Victoria Street Darlinghurst NSW 2010

T +61 [Redacted] M [Redacted] (Personal)



Mon	Tues	Wed	Thurs	Fri
✓	WFH	WFH	✓	✓

MS Teams reachable while working from home.

From: Sam Hassan (South Eastern Sydney LHD) [Redacted]
Sent: Tuesday, 15 August 2023 4:44 PM
To: Alisha Tamang - SVHNS <[Redacted]>
Cc: [Redacted] [Saad Rehan \(South Eastern Sydney LHD\)](#)
[Redacted]
Subject: RE: LAN Training Schedule Term 2 and 3

Hi Alisha,

Hope your well, Saad has feedback that he has not yet received any invitation to observe network WAN training.

Can you kindly review and confirm whether he has received an invite for upcoming sessions. Thanks in advance for your assistance.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel (02) [redacted] | Mob [redacted] | [redacted]



Health
South Eastern Sydney
Local Health District



From: Alisha Tamang - SVHNS <[redacted]>
Sent: Wednesday, August 9, 2023 8:56 AM
To: Sam Hassan (South Eastern Sydney LHD) <[redacted]>
Subject: RE: LAN Training Schedule Term 2 and 3

Hi Sam,

I have added the others as observers and sent the invite for the upcoming session.

Thank you

Kind regards,

Alisha Tamang | Network Education Training Manager | **Radiology Training Network (LAN 3)**
Encompassing Liverpool, Prince of Wales, St George and St Vincent's

St Vincent's Health Network | 390 Victoria Street Darlinghurst NSW 2010

T +61 [redacted]



Health
South Western Sydney
Local Health District



Health
South Eastern Sydney
Local Health District



Health
Illawarra Shoalhaven
Local Health District



Health
Western NSW
Local Health District

Mon	Tues	Wed	Thurs	Fri
✓	WFH	WFH	✓	✓

MS Teams reachable while working from home.

From: Sam Hassan (South Eastern Sydney LHD) <[redacted]>
Sent: Tuesday, 8 August 2023 4:42 PM
To: Alisha Tamang - SVHNS <[redacted]>
Subject: RE: LAN Training Schedule Term 2 and 3

Hi Alisha,

Yes it would be useful to extend this opportunity to the other year 1 trainee's as the anecdotal feedback is that first year trainees on other sites have had access to attend.

Thanks in advance for your assistance.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel (02) [REDACTED]

| Mob [REDACTED]



Health
South Eastern Sydney
Local Health District



This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

This email and any attachments to it (the "Email") is confidential and is for the use only of the intended recipient, and may not be duplicated or used by any other party without the express consent of the sender. If you are not the intended recipient of the Email, please notify the sender immediately by return email, delete the Email, and do not copy, print, retransmit, store or act in reliance on the Email. St Vincent's Health Australia ("SVHA") does not guarantee that the Email is free from errors, viruses or interference. Emails to and from SVHA or its related entities may be scanned and filtered in locations outside Australia

Session Type	Date of session	Presenter - last name	Type of session (optional)	KANTHAN, Gowri	LEE, David	REHAN, Saad	RIWOE, Damien	NGUYEN, Nicholas	YAP, Joshua	YEO Georgia	VATHER Mehr	LAU, Kasper	WONG, Yuen Ting	Attendance per tutorial
SGH Local	1/08/2023	Abeywickrema	Case based tutorials	Y		Y					Y		Y	4
WAN	2/08/2023	Warner	Case based tutorials											0
SGH Local	3/08/2023	Balendran	Feedback and supervision			Y					Y	Y	Y	4
SGH Local	7/08/2023	Child	Case based tutorials			Y		Y			Y	Y	Y	5
SGH Local	7/08/2023	Ho	Exam								Y	Y	Y	3
WAN	8/08/2023	Jayachandra	Network teaching											0
SGH Local	8/08/2023	Nasreddine	Case based tutorials			Y		Y			Y	Y		4
WAN	15/08/2023	Leung	Network teaching											0
SGH Local	15/08/2023	Tan	Case based tutorials											0
SGH Local	16/08/2023	Zang	Case based tutorials	Y				y						2
SGH Local	18/08/2023	Balendran	Feedback and supervision			Y		y			Y	Y	Y	5
SGH Local	21/08/2023	Child	Case based tutorials			Y		y				Y	Y	4
SGH Local	22/08/2023	Abeywickrema	Case based tutorials		Y	Y		y				Y	Y	5
WAN	23/08/2023	Jayachandra	Network teaching					y						1
SGH Local	23/08/2023	Zang	Case based tutorials			Y		y				Y	Y	4
WAN	24/08/2023	Silverstone	1s Year Reg Tut										Y	1
SGH Local	28/08/2023	Glenn	Case based tutorials			Y					Y	Y	Y	4
SGH Local	29/08/2023	Nasreddine	Case based tutorials	Y		Y					Y	Y	Y	5
WAN	31/08/2023	Silverstone	1s Year Reg Tut										Y	1

SGH Local	31/08/2023	Balendran	Feedback and supervision									Y	Y	2
SGH Local	4/09/2023	Power	Case based tutorials		Y	Y						Y	Y	4
WAN	6/09/2023	Prelog	Network teaching											0
SGH Local	5/09/2023	Abeywickrema	Case based tutorials		Y							Y	Y	3
WAN	7/09/2023	Silverstone	1s Year Reg Tut										Y	1
SGH Local	11/09/2023	Glenn	Case based tutorials	Y					Y					2
WAN	12/09/2023	Stephenson	Network teaching						Y					1
SGH Local	12/09/2023	Nasreddine	Case based tutorials	Y					Y					2
SGH Local	13/09/2023	Ho	Interesting Cases	Y					Y		Y			3

on leave/seconded/rostered evening

Session Type	Date of session	Presenter - last name	Topic	Type of session (optional)	CHEN, Simon	KANTHA N, Gowri	LEE, David	REHAN, Saad	RIWOE, Damien	NGUYEN, Nicholas	YAP, Joshua	YEO Georgan	VATHE R Mehr	LAU, Kaspe r	WONG, Yuen Ting	Attendance per tutorial
SGH Local	13/06/2023	Bahure	O&G	Case based tutorials	Y								Y	Y	Y	4
SGH Local	18/07/2023	Power		Case based tutorials	Y			Y					Y	Y		4
SGH Local	20/07/2023	Balendra n	Key Conditions	Case based reviews	Y								Y	Y	Y	4
SGH Local	25/07/2023	Bahure		Case based tutorials	Y			Y						Y	Y	4
WAN	26/07/2023	Phadke	Hip MRI	Pre-Exam Teaching	Y	Y										2
SGH Local	26/07/2023	Chour		Case based tutorials	Y			Y					Y	Y	Y	5
SGH Local	26/07/2023	Zang	MSK	Case based tutorials	Y		Y						Y	Y	Y	5
SGH Local	27/07/2023	Balendra n	Key Conditions	Case based reviews	Y								Y		Y	3
SGH Local	31/07/2023	Chour		Case based reviews	Y								Y		Y	3

on leave/seconded/rostered evening

From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Kin Sing Lau \(South Eastern Sydney LHD\)](#)
Subject: RE: St George Radiology Training Huddle
Date: Monday, 28 August 2023 12:43:00 PM

Hi Kasper,

Thanks for your email– this will be incorporated with all of the feedback received into the final document.

With reference to the Senior registrars being rostered to the reporting engine, I think this was proposed when the model was initiated but agree it requires additional consideration and information.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel (02) [REDACTED]

| Mob [REDACTED]



Health
South Eastern Sydney
Local Health District



From: Kin Sing Lau (South Eastern Sydney LHD) <[REDACTED]>
Sent: Monday, August 28, 2023 8:02 AM
To: Sam Hassan (South Eastern Sydney LHD) <[REDACTED]>
Subject: Re: St George Radiology Training Huddle

Hi Sam,

Adding to my point in 3.3.4, we are also encouraged to follow the sonographers while on ultrasound shifts and understand the techniques and images of ultrasound (sonographer attachment is a college requirement) and this rule might add onto the list pressure and make this activity difficult to happen.

Kind regards

Kasper

From: Kin Sing Lau (South Eastern Sydney LHD) <[REDACTED]>
Sent: Monday, August 28, 2023 07:45
To: Sam Hassan (South Eastern Sydney LHD) <[REDACTED]>
Subject: Re: St George Radiology Training Huddle

Hi Sam,

I have some questions regarding the business rule:

- on 3.2.5 it mentions senior registrar to be rostered on reporting engine. What does that shift entail and would the pay be the same as the registrar award or will there be a modified fee-for-services remuneration if the registrar is rostered on the reporting engine

shift?

-Regarding the TEG role, on 3.3 it mentions that TEG consultants will be undertaking Tier A procedures in ultrasound, screening, and CT, meaning if we are rostered on ultrasound. Should we ask the TEG consultants to supervise us for ultrasound and fluoro procedures including vascath insertion/nephrostomy/PICC line removal?

-On 3.3.4. I dont think there should be a set period of time for the RE consultants before they can report the scans as the workloads vary each day and also vary between different times of the day. Sometimes in the morning there might be no scan left on the list whereas in the afternoon there might be more scans. In addition, reporting speed of registrars vary with seniors being quicker than the juniors. I think the RE should be allowed to assess the department workload and the registrars reporting speed and adjust this period of time at their own discretion. With Dr Sarita Bahure we are also asked to sit next to her and attempt to report some MRIs and this protocol might not allow such activities to happen due to the list pressure. Also can this period of time not applied in the last hour of the shift i.e 4pm for the day shifts and 9pm for the evening shifts to ensure the registrars be able to leave on time (my understanding is one of the feedbacks from previous cohort is that they need to stay very late in order to clear the list).

-Would there be a specific time frame for the TEG consultant to sign off trainees reports as well such as 3 hours time limit and after this time the reports will be sent to RE automatically even if the scan findings were discussed with the staff specialists? This can ensure any critical missed findings or inaccurate findings on the preliminary report be communicated to the referring teams in a timely manner.

Kind regards

Kasper

From: Sam Hassan (South Eastern Sydney LHD) <[REDACTED]>
Sent: Friday, August 25, 2023 11:02
To: Kin Sing Lau (South Eastern Sydney LHD) <[REDACTED].au>; Mehr Vather (South Eastern Sydney LHD) <[REDACTED].au>; Nicholas Nguyen (South Eastern Sydney LHD) <[REDACTED]>; Gowri Kanthan (South Eastern Sydney LHD) <[REDACTED]>; Damien Riwoe (South Eastern Sydney LHD) <[REDACTED]>; Joshua Daniel En Ci Yap (South Eastern Sydney LHD) <[REDACTED]>; Georgia Yeo (South Eastern Sydney LHD) <[REDACTED]>; Yuen Ting Wong (South Eastern Sydney LHD) <[REDACTED]>; Saad Rehan (South Eastern Sydney LHD) <[REDACTED]>; [REDACTED] <[REDACTED]>; D Lee <[REDACTED]>; [REDACTED] <[REDACTED]>; Yuen Ting Wong (South Eastern Sydney LHD) <[REDACTED]>

[REDACTED]

Subject: RE: St George Radiology Training Huddle

Morning All,

Following our discussion at this morning's huddle I have attached the draft business rule SGH Diagnostic Radiology Model for your review and comment.

Please note that consultants have already commence providing feedback on this document and raised some of the items that were discussed in today's huddle.

All feedback will be considered and a final draft will then be formed for endorsement and operationalisation

Kindly send through any feedback or comments in track changes by **COB Friday 1 September 2023**.

Thanks in advance and do not hesitate to contact me should you require any further information.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel (02) [REDACTED]

| Mob. [REDACTED]



Health
South Eastern Sydney
Local Health District



From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Kin Sing Lau \(South Eastern Sydney LHD\)](#); [Mehr Vather \(South Eastern Sydney LHD\)](#); [Nicholas Nguyen \(South Eastern Sydney LHD\)](#); [Gowri Kanthan \(South Eastern Sydney LHD\)](#); [Damien Riwoe \(South Eastern Sydney LHD\)](#); [Joshua Daniel Fn Ci Yap \(South Eastern Sydney LHD\)](#); [Georgia Yeo \(South Eastern Sydney LHD\)](#); [Yuen Ting Wong \(South Eastern Sydney LHD\)](#); [Saad Rehan \(South Eastern Sydney LHD\)](#); [REDACTED]
Cc: [Derek Glenn \(South Eastern Sydney LHD\)](#); [Nicholas Chen \(South Eastern Sydney LHD\)](#); [Kuan Ho \(South Eastern Sydney LHD\)](#)
Subject: Trainee engagement with MDT's
Date: Monday, 28 August 2023 1:27:00 PM

Hi All,

Further to the discussion we had in the huddle last week and some feedback received from trainees. The department will look at rostering/assigning an MDT for a period of 6-8 weeks and then rotated. This will provide you all with the opportunity engage meaningfully in the MDT in a supported fashion with the supervision of a consultant.

Please note that the consultants will still remain assigned to MDT's and across the 6-8 week period and your role as Trainees would be to attend that specific MDT's liaise with the relevant consultant, support preparation and ultimately present cases to the meeting (of course in a graded fashion across the allocated period). The structure may vary from consultant to consultant and rotating this should provide you all with exposure to a variety of speciality areas and presenting styles.

Please let me know if you have any concerns or suggestions with what is proposed above by **COB 4 September 2023** and once implemented, we will of course have opportunity to review. Thanks all and happy to discuss further if required.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel (02) [REDACTED]

| Mob [REDACTED]



Health
South Eastern Sydney
Local Health District



From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Paul Curtis \(South Eastern Sydney LHD\)](#); [Derek Glenn \(South Eastern Sydney LHD\)](#); [Sanjeeva Abeywickrema \(South Eastern Sydney LHD\)](#); [Nalayini Balendran](#); [Nicholas Chen](#); [Peter Child](#); [T Ho](#); [esther lim](#); [Suhrid Lodh \(South Eastern Sydney LHD\)](#); [Alex McQuinn](#); [Amanda Palmer \(South Eastern Sydney LHD\)](#); [Mark Power](#); [Julie Stevenson](#); [REDACTED]; [Sarita Bahure \(Sydney LHD\)](#); [Mohamed Nasreddine \(Western Sydney LHD\)](#)
Cc: [Hayley Smithwick \(South Eastern Sydney LHD\)](#)
Subject: Business Rule - SGH Diagnostic Radiology Model
Date: Thursday, 17 August 2023 8:58:00 AM
Attachments: [Business Rule - SGH Diagnostic Radiology Model - Draft August 2023.doc](#)

Morning All,

As discussed in the Consultants meeting yesterday, please find attached the draft Business Rule for the SGH Diagnostic Radiology Model for your comment.

Kindly send through any feedback or comments in track changes by **COB Thursday 24 August 2023**.

Comments will then be incorporated into the final draft for endorsement and operationalisation.

Thanks in advance and do not hesitate to contact me should you require any further information.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel (02) [REDACTED]

| Mob [REDACTED]



Health
South Eastern Sydney
Local Health District



From: Paul Curtis (South Eastern Sydney LHD) <[REDACTED]>
Sent: Tuesday, August 15, 2023 4:46 PM
To: Derek Glenn (South Eastern Sydney LHD) <[REDACTED]>; Sanjeeva Abeywickrema (South Eastern Sydney LHD) <[REDACTED]>; Nalayini Balendran <[REDACTED]>; Nicholas Chen <[REDACTED]>; Peter Child <[REDACTED]>; T Ho <[REDACTED]>; esther lim <[REDACTED]>; Suhrid Lodh (South Eastern Sydney LHD) <[REDACTED]>; Alex McQuinn <[REDACTED]>; Amanda Palmer (South Eastern Sydney LHD) <[REDACTED]>; Mark Power <[REDACTED]>; Julie Stevenson <[REDACTED]>; justin720 <[REDACTED]>; Sarita Bahure (Sydney LHD) <[REDACTED]>; Sam Hassan (South Eastern Sydney LHD) <[REDACTED]>; Mohamed Nasreddine (Western Sydney LHD) <[REDACTED]>
Cc: Joshua Yap <[REDACTED]>; Georgia L Yeo <[REDACTED]>
Subject: Consultants' Meeting Agenda and papers

Dear all

Please see the agenda and papers for tomorrow's meeting at 1730 hours via Microsoft Teams

Kind regards

Paul

From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Kin Sing Lau \(South Eastern Sydney LHD\)](#); [Mehr Vather \(South Eastern Sydney LHD\)](#); [Nicholas Nguyen \(South Eastern Sydney LHD\)](#); [Gowri Kanthan \(South Eastern Sydney LHD\)](#); [Damien Riwoe \(South Eastern Sydney LHD\)](#); [Joshua Daniel Fn Ci Yap \(South Eastern Sydney LHD\)](#); [Georgia Yeo \(South Eastern Sydney LHD\)](#); [Yuen Ting Wong \(South Eastern Sydney LHD\)](#); [Saad Rehan \(South Eastern Sydney LHD\)](#); [D Lee \(South Eastern Sydney LHD\)](#); [Yuen Ting Wong \(South Eastern Sydney LHD\)](#)
Subject: RE: St George Radiology Training Huddle
Date: Friday, 25 August 2023 11:02:00 AM
Attachments: [Business Rule - SGH Diagnostic Radiology Model - Draft August 2023.doc](#)

Morning All,

Following our discussion at this morning's huddle I have attached the draft business rule SGH Diagnostic Radiology Model for your review and comment.

Please note that consultants have already commence providing feedback on this document and raised some of the items that were discussed in today's huddle.

All feedback will be considered and a final draft will then be formed for endorsement and operationalisation

Kindly send through any feedback or comments in track changes by **COB Friday 1 September 2023**.

Thanks in advance and do not hesitate to contact me should you require any further information.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel. [REDACTED] | Mob. [REDACTED] | [REDACTED]



Health
 South Eastern Sydney
 Local Health District



From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Kin Sing Lau \(South Eastern Sydney LHD\)](#); [Mehr Vather \(South Eastern Sydney LHD\)](#); [Nicholas Nguyen \(South Eastern Sydney LHD\)](#); [Gowri Kanthan \(South Eastern Sydney LHD\)](#); [Damien Riwoe \(South Eastern Sydney LHD\)](#); [Joshua Daniel Fn Ci Yap \(South Eastern Sydney LHD\)](#); [Georgia Yeo \(South Eastern Sydney LHD\)](#); [Yuen Ting Wong \(South Eastern Sydney LHD\)](#); [Saad Rehan \(South Eastern Sydney LHD\)](#); [REDACTED];
 [REDACTED]; [D Lee](#); [REDACTED];
 [REDACTED]; [Yuen Ting Wong \(South Eastern Sydney LHD\)](#); [REDACTED];
 [REDACTED];
Cc: [Derek Glenn \(South Eastern Sydney LHD\)](#); [Paul Curtis \(South Eastern Sydney LHD\)](#)
Subject: St George Radiology Training Huddle
Date: Thursday, 20 July 2023 4:18:00 PM

Hi All,

It was great to meet with you earlier this week and hear some of your feedback and suggestions on how to improve training and supervision across the service following the feedback received from the RANZCR visit in June.

One key strategy was to establish a training huddle and I can confirm that this will place daily (Monday-Friday) at 9am in the radiology tutorial room three. The training huddle will commence from Monday 24 July 2023, and will initially include rostered registrars, Staff Specialist Consultants and VMO TEG consultants.

The huddle is intended to be an informal 15 minute communication touchpoint to coordinate the days training and confirm;

- Allocation of supervisor for the day (if there is more than one TEG/Staff Specialist Consultant rostered)
- Formal tutorial scheduled for the day
- Supervision of procedures
- Communication and escalation pathways

Once established the huddle will also provide a forum to feedback and escalate any concerns, questions, ideas or suggestions and I would welcome any suggestions on how it could be enhanced.

I will send out a confirmation of this shortly thanks and happy to discuss further if required.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel [REDACTED] | Mob [REDACTED] | [REDACTED]



Health
 South Eastern Sydney
 Local Health District



From: [Alisha Tamang - SVHNS](#)
To: [Paul Curtis \(South Eastern Sydney LHD\)](#); [Nicholas Chen](#)
Cc: [T Ho](#); [Elizabeth Jane Silverstone](#)
Subject: RE: OSCERs result
Date: Monday, 10 July 2023 2:42:50 PM
Attachments: [image003.jpg](#)

Hi All,

I spoke with Nick about the rotation arrangements and he is agreeable to not rotate to POW. So David Lee will be rotating to POW in term 3 2023 instead.

I will send an email to the workforce team shortly.

Thank you

Kind regards,

Alisha Tamang | Network Education Training Manager | **Radiology Training Network (LAN 3)**
 Encompassing Liverpool, Prince of Wales, St George and St Vincent's

St Vincent's Health Network | 390 Victoria Street Darlinghurst NSW 2010

T + [REDACTED] [REDACTED]

Updated logo



Mon	Tues	Wed	Thurs	Fri
✓	WFH	✓	✓	✓

MS Teams reachable while working from home.

From: Paul Curtis (South Eastern Sydney LHD) <[REDACTED]>
Sent: Monday, 10 July 2023 1:11 PM
To: Nicholas Chen <[REDACTED]>
Cc: T Ho <[REDACTED]> Alisha Tamang - SVHNS <[REDACTED]>; Elizabeth Jane Silverstone <[REDACTED]>
Subject: RE: OSCERs result

Dear all

As I understand it, Nick N had approached Derek with the request about approaching the College for another turn at the exams.

Secondly, the renewal of Nick's contract is both a training and a hospital issue and both sides need to be involved.

Kind regards

Paul

From: Nicholas Chen [[mailto:\[REDACTED\]](mailto:[REDACTED])]
Sent: Saturday, 8 July 2023 9:32 AM
To: Paul Curtis (South Eastern Sydney LHD) <[REDACTED]>
Cc: T Ho <[REDACTED]>; Alisha Tamang - SVHNS <[REDACTED]>; Elizabeth

Jane Silverstone [REDACTED]

Subject: Re: OSCERs result

Thanks for your reply Paul.

I would also like to point out that Nick Nguyen's renewal or appeal should be purely a Training issue. Not sure why the Director feels a need to personally intervene.

This is contrary to what I was promised when I was asked to assume this role.

Nick

On Sat, Jul 8, 2023 at 9:28 AM Paul Curtis (South Eastern Sydney LHD)

[REDACTED] wrote:

Dear all

I agree with Nick, provided Nick Nguyen is agreeable. Who should talk to him?

Paul

On 8 Jul 2023, at 09:03, Nicholas Chen [REDACTED] wrote:

To be honest, I think whether Derek pushes to extend Nick and is successful should have no consequence on the rotation.

Nick can just stay at St George if he stays whilst David goes to POW. Going to POW will not help Nick pass Part 1 whereas it might help David.

Nick

On Fri, Jul 7, 2023 at 6:46 PM Kuan-Ching Ho [REDACTED] wrote:

I remember David was previously fighting with Josh to be rostered out for one spot next year? We can give this one to him and make it square . Provided Nick Nguyen is ok with that arrangement. Derek wants to write a letter to college asking for another chance for him and planning to reemploy him till end of term 3, which sort of makes things a bit tricky to plan actually.

On 7 Jul 2023, at 12:57 pm, Alisha Tamang - SVHNS [REDACTED] wrote:

Thanks Nick, I agree. @Kuan can you please advise if you agree with the same?

Thank you

Kind regards,

Alisha Tamang | Network Education Training Manager | **Radiology Training Network (LAN 3)**
Encompassing Liverpool, Prince of Wales, St George and St Vincent's

St Vincent's Health Network | 390 Victoria Street Darlinghurst NSW 2010

T +61 [redacted]

<image001.jpg>

Mon	Tues	Wed	Thurs	Fri
✓	WFH	✓	✓	✓

MS Teams reachable while working from home.

From: Nicholas Chen [redacted] >
Sent: Friday, 7 July 2023 10:09 AM
To: Alisha Tamang - SVHNS <[redacted]>
Cc: Kuan-Ching Ho <[redacted]>; Paul Curtis (South Eastern Sydney LHD) <[redacted]>; Elizabeth Jane Silverstone <[redacted]>
Subject: Re: FW: OSCERs result

Hello Alisha,

I do think that is a good idea. He might get breast tutes in POW as well.

Nick

On Fri, Jul 7, 2023 at 10:05 AM Alisha Tamang - SVHNS <[redacted]> wrote:

Hi All,

David has sent me the below request. Nicholas Nguyen is meant to go to POW next term.

I would like to get your thoughts on sending David next term to POW instead of Nicholas. Joshua Yap has also asked to let him know asap for roster purposes.

Thank you

Kind regards,

Alisha Tamang | Network Education Training Manager | **Radiology Training Network (LAN 3)**
Encompassing Liverpool, Prince of Wales, St George and St Vincent's

St Vincent's Health Network | 390 Victoria Street Darlinghurst NSW 2010

T +61 [redacted]

<image002.jpg>

Mon	Tues	Wed	Thurs	Fri

✓	WFH	✓	✓	✓
---	-----	---	---	---

MS Teams reachable while working from home.

From: D Lee <[REDACTED]>
Sent: Thursday, 6 July 2023 2:38 PM
To: Alisha Tamang - SVHNS <[REDACTED]>
Cc: Elizabeth Jane Silverstone <[REDACTED]>
Subject: Re: OSCERs result

Hi Alisha,

I have failed Paed, MSK and breast.

Would it be possible to organise a paediatric rotation prior to my next sitting to help improve my chances of passing?

Please let me know if this is possible or not.

Thanks,
David

On Mon, 3 Jul 2023 at 10:50 am, Alisha Tamang - SVHNS <[REDACTED]> wrote:

Hi All,

Can you please let me know your OSCERs result.

Thank you

Kind regards,

Alisha Tamang | Network Education Training Manager | **Radiology Training Network (LAN 3)**

St Vincent's Health Network | [390 Victoria Street Darlinghurst NSW 2010](#)

T +61 [REDACTED]

<image003.png>

Mon	Tues	Wed	Thurs	Fri
✓	WFH	✓	✓	✓

MS Teams reachable while working from home.

This email and any attachments to it (the "Email") is confidential and is for the use only of the intended recipient, and may not be duplicated or used by any other party without the express consent of the sender. If you are not the intended recipient of the Email, please notify the sender immediately by return email, delete the Email, and do not copy, print, retransmit, store or act in reliance on the Email. St Vincent's Health Australia ("SVHA") does not guarantee that the Email is free from errors, viruses or interference. Emails to and from SVHA or its related entities may be scanned and

filtered in locations outside Australia

This email and any attachments to it (the "Email") is confidential and is for the use only of the intended recipient, and may not be duplicated or used by any other party without the express consent of the sender. If you are not the intended recipient of the Email, please notify the sender immediately by return email, delete the Email, and do not copy, print, retransmit, store or act in reliance on the Email. St Vincent's Health Australia ("SVHA") does not guarantee that the Email is free from errors, viruses or interference. Emails to and from SVHA or its related entities may be scanned and filtered in locations outside Australia

This email and any attachments to it (the "Email") is confidential and is for the use only of the intended recipient, and may not be duplicated or used by any other party without the express consent of the sender. If you are not the intended recipient of the Email, please notify the sender immediately by return email, delete the Email, and do not copy, print, retransmit, store or act in reliance on the Email. St Vincent's Health Australia ("SVHA") does not guarantee that the Email is free from errors, viruses or interference. Emails to and from SVHA or its related entities may be scanned and filtered in locations outside Australia

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

This email and any attachments to it (the "Email") is confidential and is for the use only of the intended recipient, and may not be duplicated or used by any other party without the express consent of the sender. If you are not the intended recipient of the Email, please notify the sender immediately by return email, delete the Email, and do not copy, print, retransmit, store or act in reliance on the Email. St Vincent's Health Australia ("SVHA") does not guarantee that the Email is free from errors, viruses or interference. Emails to and from SVHA or its related entities may be scanned and filtered in locations outside Australia



Health
South Eastern Sydney
Local Health Network

MEMO

St George Hospital and Community Health Services
Director of Medical Services
Gray Street Kogarah NSW 2217
Ph: (02) 9113 2224

From: Director Medical Services
Medical Administration

Date: 17 July 2023

Subject: Dr Mohamed Ahmad Ramadan NASREDDINE

I am writing to advise you that Dr Nasreddine has been appointed at St George Hospital as a Visiting Medical Officer in Radiology Department.

The following details regarding Dr Nasreddine's appointment are listed for your information.

TITLE, SURNAME, OTHER NAMES: Dr. NASREDDINE, Mohamed Ahmad Ramadan

LOCUM/PERMANENT: VMO - Temporary

APPOINTMENT: ✓ St George Hospital

COMMENCEMENT DATE: 17 July 2023

END DATE: 16 July 2024

MEDICAL REGISTRATION: MED0001186402

PROVIDER NO.: **2394561A**

MAILING ADDRESS: Radiology Department
St George Hospital
Gray Street
Kogarah NSW 2217

DEPARTMENT/SPECIALITY: Radiology Department

COST CENTRE: 188643

PHONE/MOBILE: 0402 305 645

ADMITTING MEDICAL OFFICER: No

ABLE TO GENERATE OWN WAITING LIST:

Director Medical Services
St George Hospital
Phone 9113 2224

SGH MEDICAL IMAGING

OPEN EVENING INVITATION

NEW WAYS OF WORKING

25 JULY 2023 – 1730hrs

ST GEORGE HOSPITAL, RADIOLOGY
CONFERENCE ROOM 1 *

OR

ONLINE via Microsoft Teams

[Click here to join the meeting](#)

Meeting ID: 438 623 302 870

Passcode: XJFx8c

OVERVIEW OF EVENING

- New ways of working presentation
- What this means for you
- Tour of department – latest MRI machine

✓ Innovative and flexible ways of working in a Quaternary Teaching Hospital Radiology Department

- Be a part of building a new department
- Experience unique ways of working Dedicated reporting engine shifts

✓ Rostered time to spend in education and support of registrars, quality improvement and research

✓ Interesting casemix

- Subspecialty reporting
- Collaboration with clinicians through complex MDTs

✓ Competitive remuneration

✓ Better work-life balance

*Entry via Gray Street

Light refreshments provided.

RSVP by 24/7 to Paul.Curtis@health.nsw.gov.au

197 of 207



St George Hospital Medical Imaging New Ways of Working: Diagnostic Reporting Model

The Diagnostic Reporting Model is an innovative approach to diagnostic radiology reporting pioneered at St George Hospital and is composed of two components:

Reporting Engine (RE)

The bulk of diagnostic reporting is undertaken by radiologists in a quarantined arrangement where reporting is undertaken in an environment with fewer interruptions to improve efficiency. This may occur off-site and is remunerated on a fee-for-service model, enabling an income commensurate with the amount of reporting undertaken. It is anticipated that reporting will occur from 0800 to 2400 hours each day, with possible night reporting if there is interest.

Training, Engagement and Governance (TEG) functions

Other Radiologist professional functions, such as training and supervision of registrars, participation in MDTs, consultation with clinical teams and quality improvement and research initiatives, are undertaken on-site and are remunerated on a VMO hourly rate. There is no pressure to report on the bulk of examinations produced in the Department resulting in more time for TEG functions. Sub-specialty reporting is being developed as we recruit more Radiologists.

Participation in both components is required (though a TEG only option may be considered). The benefits of the Model are increased remuneration, dedicated time to participate in TEG functions, interesting casemix in a complex quaternary teaching hospital and a better work/life balance.

The Medical Imaging Department includes four CT scanners, DR/CR general X-ray Rooms, two MRI scanners, Angiography Suite, five Ultrasounds, a fluoroscopy room and a dedicated CT/angiography suite in the operating theatres. The Department also provides reporting for a dedicated CR and CT rooms in the Emergency Department.

From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Paul Curtis \(South Eastern Sydney LHD\)](#)
Subject: FW: SGH - MI News Ways of Working Open Event
Date: Tuesday, 1 August 2023 9:18:00 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[SGH Diagnostic Radiology Model - Flyer.pdf](#)

Morning Paul,

Just and FYI – I reached out to all the attendee’s of the recruiting forum late last week.

Attached is the flyer I tweaked – thanks and happy to chat further if required.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel (02) [REDACTED] | Mob [REDACTED]



From: Sam Hassan (South Eastern Sydney LHD)
Sent: Thursday, July 27, 2023 12:20 PM
To: Sean Sweeney-Knapp (South Western Sydney LHD)
[REDACTED]
Subject: SGH - MI News Ways of Working Open Event

Dear Sean,

I wanted to thank you for taking the time to attend the open event outlining our new ways of working within the St George Hospital Medical Imaging Department.

I have attached a small flyer with some additional information regarding the model and would be more than happy to answer any additional questions you may have, additionally I’ve included a [link](#) to the current advertisement with further information including the position description.

Thanks again and do not hesitate to contact me for any information.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel (02) [REDACTED] | Mob [REDACTED] | [REDACTED]



	Mon. Apr. 24	Tue. Apr. 25	Wed. Apr. 26	Thu. Apr. 27	Fri. Apr. 28	Sat. Apr. 29	Sun. Apr. 30
BreastScreen			Stevenson Yap	Yap			
Consultant On-Call (All Week)	SGH IR: Lodh SGH DR: Balendran						
Registrar Education Meetings			9:00am-4:00pm LVH Key Conditions Training Vather, Lau, Wong 12-1pm Nuclear Medicine All Registrars	9:00am-4:00pm LVH Key Conditions Training Vather, Lau, Wong	9:00am-11:30am LVH Key Conditions Training Vather, Lau, Wong 2-3pm Junior Reg Orientation (Yap) Vather, Lau, Wong		
Registrar Tutorials	Ho		Tan		10:00am- 11:00am Balendran		
Clinical Meetings	12-12:30pm NET 8-9am Chest Oncology Abeywickrema 8:30am-10am Liver Surgical Unit Lodh 5-6pm Colorectal Glenn		7-8am HCC Chour 1-2pm Neurogeriatrics Tan	7-8am Neuro- Oncology Chen 12:30-1:30pm Respiratory Balendran 4:30-5pm Gastroenterology Glenn	2-3pm Renal Balendran		

Paul Curtis (South Eastern Sydney LHD)

From: Kuan-Ching Ho <[REDACTED]>
Sent: Monday, 1 May 2023 9:38 AM
To: Joshua Yap
Cc: Paul Curtis (South Eastern Sydney LHD); Nicholas Chen
Subject: Re: Emailing: Teaching evidence.docx

Excellent work Joshua.
Much appreciated

> On 29 Apr 2023, at 8:56 pm, Joshua Yap <[REDACTED]> wrote:

>

> Hi Paul,

>

> I went through the allocated topics with the juniors yesterday as shown on the Findmyshift roster. I've also attached the updated registrar manual that contains those topics along with a lot of other orientation information.

>

> Kind Regards,

> Joshua Yap

>

> <St George Hospital Radiology Registrar Manual - May 2023.pdf>

>

>

>> On 20 Mar 2023, at 11:54 am, Paul Curtis (South Eastern Sydney LHD) <[REDACTED]> wrote:

>>

>>

>> Your message is ready to be sent with the following file or link attachments:

>>

>> Teaching evidence.docx

>>

>>

>> Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

>>

>> This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

>>

>> Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

> <Teaching evidence.docx>

>

	Mon. May. 08	Tue. May. 09	Wed. May. 10	Thu. May. 11	Fri. May. 12	Sat. May. 13	Sun. May. 14
Administration				Chen (DoT) - pm			
Miscellaneous	Term 2 Start Welcome Dr Simon Chen! Yap - NM	Yap - NM					
BreastScreen		Palmer	Stevenson				
Consultant On-Call (All Week)	SGH IR: Power	SGH DR: Power					
Registrar Education Meetings	8-9am Key Conditions Vather, Lau, Wong		8-9am Key Conditions Vather, Lau, Wong 8-9am WAN teaching Phase 2 Registrars 12-1pm Nuclear Medicine All Registrars	8-9am Key Conditions Vather, Lau, Wong	8-9am Key Conditions Vather, Lau, Wong		
Registrar Tutorials				Balendran			
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10:30am Liver Surgical Unit Glenn	8:30-9:30am Head & Neck Chen 12-1pm Haematology Abeywickrema	7-8am HCC Lodh 1-2pm Neurogeriatrics Ho	12:30-1:30pm Respiratory Riwoe 4:30-5:30pm Gastroenterology Power	9:30-10:30am Colorectal Balendran		

Mon. May. 15 Tue. May. 16 Wed. May. 17 Thu. May. 18 Fri. May. 19 Sat. May. 20 Sun. May. 21

Administration	Ho (DoT)			Chen (DoT) - pm			
Miscellaneous							
BreastScreen		Palmer	Stevenson				
Consultant On-Call (All Week)	SGH IR: Mon-Fri: Lodh Sat, Sun: McQuinn	SGH DR: Abeywickrema					
Registrar Education Meetings	8-9am Key Conditions Vather, Lau, Wong	8-9am Key Conditions - Abdomen (Power) Vather, Lau, Wong 8-9am WAN teaching Pre-exam Registrars	8-9am Key Conditions Vather, Lau, Wong 12-1pm Nuclear Medicine All Registrars	8-9am Key Conditions Vather, Lau, Wong	8-9am Key Conditions Vather, Lau, Wong		
Registrar Tutorials		Glenn	Ho	Power	Balendran		
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10:30am Liver Surgical Unit Lodh 5-6pm Upper GI Power	7-8am Colorectal Balendran 8:30-9:30am Head & Neck Chen 9:30-10:30am Infectious Diseases Lee 12-1pm Haematology Glenn	7-8am HCC Lodh 1-2pm Neurogeriatrics Ho 5:30-6:30pm SGH Consultants Meeting All Consultants Welcome	7-8am Neurosciences Chen 4:30-5pm Gastroenterology Power	8:30-9:30am NET Chen		

KEY CONDITIONS TRAINING ATTENDANCE

Site	First Name	Surname	Head & Neck (02/05/23)	Chest imaging Part 1 (04/05/23)	Obstetric & Gynaecologic imaging Part 1-Dr Fiona Leung (04/05/23)	Neuroimaging (08/05/23)	Musculoskeletal imaging - Spinal fracture/dislocati on & injuries (10/05/23)	Paediatric imaging (11/05/23)	Obstetric & gynaecologic imaging - Part 2 (12/05/23)	Haemorrhage (15/05/23)	Abdominal imaging (16/05/23)	Musculoskeletal imaging (19/05/23)	Vascular and interventional radiology (22/05/23)	Chest imaging - Part 2 (26/05/23)
STG	Kasper	Lau												
STG	Mehr	Vather												
STG	Yuen Ting	Wong												

204 of 207

Document 16
T23/39581

From: [Kuan-Ching Ho](#)
To: [Sam Hassan \(South Eastern Sydney LHD\)](#)
Cc: [Kuan Ho \(South Eastern Sydney LHD\)](#); [Nicholas Chen \(South Eastern Sydney LHD\)](#); [Paul Curtis \(South Eastern Sydney LHD\)](#); [Derek Glenn \(South Eastern Sydney LHD\)](#)
Subject: Re: Outcome of Key Conditions Assessment
Date: Tuesday, 5 September 2023 10:20:58 PM

Hi Sam, I have included the key conditions result in the DOT assessment for Kasper and YT. Since I did not do Mehr dot assessment, I can't see if it was included.

If not, we can check Alisha if we can just do an addendum.

Thanks for following up

On 5 Sep 2023, at 12:44 pm, Sam Hassan (South Eastern Sydney LHD) <[REDACTED]> wrote:

<!--[if !supportAnnotations]--><!--[endif]-->
 Hi Kuan,

I am just following up on the below query I had sent a couple of weeks ago now. Following discussion the trainees have advised that they have passed their Key Conditions Assessment.

I would just like to confirm that this has been updated in the RANZCR online learning platform.

Thanks in advance for your assistance.

Sam Hassan
 Operations Manager, Medical Imaging | **St George Hospital**
 Gray Street, Kogarah
 Tel (02) [REDACTED] Mob [REDACTED]

<image001.jpg>

<image002.jpg>

From: Sam Hassan (South Eastern Sydney LHD)
Sent: Friday, August 25, 2023 1:36 PM
To: Kuan Ho (South Eastern Sydney LHD) <[REDACTED]>; Nicholas Chen (South Eastern Sydney LHD) <[REDACTED]>; T Ho [REDACTED]
Cc: Paul Curtis (South Eastern Sydney LHD) <[REDACTED]>; Derek Glenn (South Eastern Sydney LHD) <[REDACTED]>
Subject: Outcome of Key Conditions Assessment

Hi Kuan,

I was just following up to confirm the outcome of the Key Conditions Assessment that occurred almost 3 weeks ago.

Can you confirm the outcome for Mahr, Kasper and YT and has this feedback been provided back to them.

Please do not hesitate to contact me should you wish to discuss further.

Sam Hassan

Operations Manager, Medical Imaging | **St George Hospital**

Gray Street, Kogarah

Tel (02) [REDACTED] | Mob [REDACTED] |

<image001.jpg>

<image002.jpg>

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Mon. Aug. 07 Tue. Aug. 08 Wed. Aug. 09 Thu. Aug. 10 Fri. Aug. 11 Sat. Aug. 12 Sun. Aug. 13

VMO RE Evening Consultant	Power	Power	Zang	Power			
Administration	Ho (DoT)			Chen (DoT) - pm			
Miscellaneous	Term 3 Start Rehan - Radiography attachment	Welcome new VMO - Dr Nasreddine!					
BreastScreen				Kanthan			
Consultant On-Call (All Week)	SGH IR: Mon-Thurs: Whitley Fri,8am-12pm Sun: Lodh Sat,12pm Sun onwards: Chour	SGH DR: Mon,Tues,Thurs: Power Wed,Fri-Sun: Child					
Registrar Education Meetings	1-4pm Key Conditions Assessment Vather, Lau, Wong	8-9am WAN teaching Junior Registrars	4-5:30pm Dr Wong Paeds Junior Registrars	8-9am Dr Silverstone tutorial 1st Year Registrars			
Registrar Tutorials	Child	Chen Nasreddine		Balendran			
Clinical Meetings	8-9am Chest Oncology Abeywickrema 8:30am-10am Liver Surgical Unit Lodh 5-6pm Upper GI Child	7-8am Colorectal Balendran 8:30-9:30am Head & Neck Chen 9:30-10:30am Infectious Diseases Yeo 12-1pm Haematology Bahure	7-8am HCC Lodh 1-2pm Neurogeriatrics Ho	7-8am Neurosciences Chen 4:30-5pm Gastroenterology Glenn	8:30-9:30am NET Chen		