



Our Ref: T23/85114
Related Ref: T23/72392

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

Date: 15/12/2023

Dear A/Prof Michael Bynevelt

RE: St George Hospital 12 Month Progress Report

The Medical Imaging Department at St George Hospital (SGH) has continued to improve the training experience for Radiology trainees, building on the improvements demonstrated in the 9-month progress report. There is continued focus and efforts to embed systems and processes to ensure the Diagnostic Radiology model supports the supervision and training of Radiology Trainees, and enables effective communication between trainees and consultants within the department.

A key component to ensuring this effective communication within the department has been the implementation of the daily morning huddle, which is attended by all Consultants and trainees in the department, supported by the Operations Manager, Medical Imaging and the Chief Radiographer. This provides an opportunity to identify who is available within the department and to allow trainees to identify supervision and educational opportunities.

SGH has made further progress in aligning tutorials to the Clinical Radiology Curriculum Learning Outcomes, and prioritised efforts to support and enable completion of ePortfolios by trainees. Following advice from the Royal Australian and New Zealand College of Radiologists (the College), SGH has ensured that onsite tutorials occur three times per week, with all Consultants now participating in the tutorial schedule. The timing and topics of the tutorials are discussed at the morning huddle, as well as the multidisciplinary meetings, to ensure joint understanding of the educational activities occurring that day. There has been significant progress in aligning the tutorials with the learning objectives outlined by the College, and this will continue to remain a focus. Each trainee has met with the Operations Manager, Medical Imaging to develop a plan to address outstanding Work Based Assessments (WBAs), and communication of dedicated time to complete these has been incorporated into the huddle. SGH has also arranged for an ePortfolio training session to occur with the College to ensure there are no barriers to the successful completion and submission of the WBAs.

SGH continues to prioritise Teaching, Education and Governance (TEG) within the department. These dedicated shifts allow trainees uninterrupted access to supervising Consultants who are able to focus their attention on the trainees, without the responsibility of contemporaneous reporting. This model is unique to SGH and allows trainees to seek advice, guidance, teaching and support from a Consultant at any point during the day. Where possible, additional Consultants are rostered to these shifts to increase the unfettered access of trainees to Consultants. SGH has continued to reinforce that supervision of trainees is a priority within the department, and that all Consultants must actively participate in the supervision and education of the trainees. The site has therefore requested that contemporaneous reporting be undertaken on site where possible to enable face to face feedback to trainees, which has been taken up by the Consultant cohort.

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The redistribution of the high-volume reporting needs of the site has significantly reduced the reporting burden on the trainees, and allowed greater time for exposure to educational activities. The number of after hours shifts now undertaken by trainees at SGH are limited to weekday evening shifts and Sunday day shift, with these shifts supported by a Consultant who is responsible for the bulk of the reporting burden. SGH is pleased to have limited outstanding trainee reports, monitors preliminary drafted reports regularly with guidelines for review within 48 hours. This significant improvement in the turnaround time for verification of trainee reports supports trainees to engage in self-directed adult learning, by reviewing their verified reports in an appropriate timeframe and seeking additional feedback from the Consultant when desired.

SGH will support a reduced trainee cohort in the new clinical year (by a reduction of up to 4 trainees), commencing 5 February 2024, allowing greater access to supervision and education for the remaining trainees. Preparation for this reduction, and to minimise the impact of the reduced numbers on the trainee cohort, includes recruitment to unaccredited positions to support operational service delivery. This will enable the accredited trainees to focus and prioritise experiential learning in line with the Curriculum Learning Outcomes.

Following the resignation of Dr Nicholas Chen, Director of Training, expressions of interest were sought from current Consultants at SGH. There have been multiple responses from current Visiting Medical Officers who wish to take on this role, and SGH is working to progress this, with the support from the College. SGH is confident that there will be a successful applicant who will be an engaged and competent Director of Training.

Please find enclosed the 12-month progress report for the St George Hospital (SGH). While SGH acknowledges receipt of feedback to the 9 month Progress Report and additional recommendations within the 11 December correspondence by the Clinical Radiology Education and Training Committee (CRETC) the 12 month progress report does not address this specifically due to the short timeframe. SGH will further consider this additional feedback in due course, noting the request for an additional report due 16 February 2024.

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



Dr Heidi Boss
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



Accredited Training Site Name:	St George Hospital	Progress Report Date:	11 December 2023
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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	Operations Manager	<p>Quarterly trainee forums continue and additional meetings are scheduled as required to enable trainee consultation.</p> <p>Consultation is also sought in writing enabling trainees to provide feedback in writing if that is their preference.</p> <p>Trainees also have representation to items in the regular monthly consultants meetings with dedicated Agenda item.</p>	Evidence Item 1, 2 & 6	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	Operations Manager	Daily Training Huddle continues with allocation of supervisors. During the month of October we had on average 3.3 Consultants Radiologists on site each weekday increasing to 3.6 in November.	Evidence Item 5	Ongoing	



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Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
				Additionally in November on site contemporaneous reporting is encouraged wherever possible to enable face to face feedback.			
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 meeting with the Clinical Supervisors and Trainees is also required at 6 and 9 months to communicate the progress of the site.	Director of Training	Operations Manager	Quarterly trainee forums continue and additional meetings are scheduled as required to enable trainee consultation.	Evidence Item 1 & 2 See previous reports for additional evidence.	Complete	
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	Head of Department	Following resignation of Dr Chen, EOI circulated to internal staff. Discussion undertaken with RANZCR regarding appointment to VMO undertaken. Position advertised with a closing date of 14 January 2024.	Evidence Item 3, 4 & 5	In progress	
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	Operations Manager	Rostering of On-Call Consultant Operations Manager, Undertaking final review of roster for publication	Evidence Item 5	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
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	<p>Daily Training Huddle continues with allocation of supervisors.</p> <p>Tutorials continue to improve with 26 tutorials delivered in October and November or on average 3 tutorials per week.</p> <p>Additional planning for 2024 tutorial schedule based around curriculum with allocations to all consultants within the department.</p>	Evidence Item 5, 12 & 13	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		Regular updates are provided to trainees in the registrar forum and links to access RANZCR handbook is included in the Trainee Orientation Manual.	Evidence Item 1 & 10	Complete	
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		<p>Quarterly trainee forums continue and with regular information on how to access employee assistance services.</p> <p>Additional meetings are arranged as required with a variety of</p>	Evidence Item 1 & 2	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
				opportunities to provide feedback.			
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	Evidence Item 5	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		Network Education Support Officer provided presentation slides from the DoT workshop shared with DoTs. Dr Ho and incoming DoT will have scheduling for 2024 workshops and participation in LAN DoT planning sessions.	Evidence Item 7	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 DoT	Refer to 9 month progress report	Complete	



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Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
10	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.	Director of Training		Performance and Progression Plan in place for 3 trainees. Update undertaken in September 2023 for 2 trainees. Forms deidentified in 9 month progress support to maintain trainee confidentiality. (1 trainee currently on rotation)	Refer to 9 month progress report	Complete	
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 in September 2023 for 2 trainees. Forms deidentified in 9 month progress support to maintain trainee confidentiality. (1 trainee currently on rotation)	Refer to 9 month progress report	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		Performance and Progression Plan in place for 3 trainees. Update undertaken in September 2023 for 2 trainees. Forms deidentified in 9 month progress support to maintain trainee confidentiality. (1 trainee currently on rotation)	Refer to 9 month progress report	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
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	<p>Quarterly trainee forums continue and additional meetings are scheduled as required to enable trainee consultation.</p> <p>Trainees also to raise concerns in regular monthly consultants meetings with dedicated Agenda item.</p> <p>Trainees consulted via email on specific issues.</p>	Evidence Item 1, 2 & 6	Complete	
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		<p>Continuing to Roster DoT administrative time no contemporaneous reporting responsibilities are allocated during rostered administrative time to enable protected DoT time.</p> <p>Operations Manager, undertaking final review of roster for publication to enable ongoing governance.</p> <p>Review of DoT Position Description signed during Performance Development Review.</p>	Evidence Item 5 & 11	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
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.	Hospital Executive	Operations Manager	Detailed Executive Action Plan updated and reviewed. Fortnightly Executive working group ongoing to review and monitor implemented changes and track progression.	See previous reports for additional evidence.	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 Additional on-site training arranged.	Evidence Item 6 & 8 See previous reports for additional evidence.	Complete	
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		Timely review of reporting continues with ongoing monitoring of overdue and preliminary status reporting.	Evidence Item 9 & 10 See previous reports for additional evidence.	Complete	
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		Daily Training Huddle continues with allocation of supervisors for provision of feedback. During the month of October we had on average 3.3 Consultants Radiologists on site each weekday increasing to 3.6 in November.	Evidence Item 5 See previous reports for additional evidence.	Ongoing	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
				Additionally in November on site contemporaneous reporting is encouraged wherever possible to enable face to face feedback.			
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	Refer to 9 month progress report	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 continue to improve with 26 tutorials delivered in October and November or on average 3 tutorials per week. Additionally Trainee led, journal club and interesting cases has been reinvigorated in October 2023. Additional planning for 2024 tutorial schedule based around curriculum with allocations to all consultants within the department.	Evidence Item 12 & 13	Ongoing	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
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 through network LAN	Evidence Item 5	Complete	
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 has resulted in improved coverage and rostering of TEG shifts. Continued rolling advertisement of VMO positions.	Evidence Item 5 & 14	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	Quarterly trainee forums continue and additional meetings are scheduled as required to enable trainee consultation. Trainees also to raise concerns in regular monthly consultants meetings with dedicated Agenda item.	Evidence Item 1, 2 & 6	Complete	
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;	Director of Training		Training undertaken for mid year intake of first year trainees	Evidence Item 15	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
	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						
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	Consultant to Trainee Ratio monitored weekly. Daily Training Huddle with allocation of supervisors remains with implementation of on site reporting for contemporaneous reporting consultants to enable face to face feedback.	Evidence Item 16 See previous reports for additional evidence.	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	Daily Training Huddle continues with allocation of supervisors. Tutorials continue to improve with 26 tutorials delivered in October and November or on average 3 tutorials per week.	Evidence Item 12 See previous reports for additional evidence.	Complete	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
				Additional planning for 2024 tutorial schedule based around curriculum with allocations to all consultants within the department.			
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 through network LAN	Evidence Item 5 See previous reports for additional	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 four first year trainees. Two trainees commenced during mid year intake not yet rostered to overnight.	Evidence Item 5 See previous reports for additional evidence.	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 mid year intake of first year trainees	Evidence Item 15 See previous reports for additional	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		Consultants meetings continue with routine DoT Agenda item	Evidence Item 6	Ongoing	



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Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
44	St George Hospital Director of Training to provide evidence of rostered clinical time for Clinical Supervisor to enable one on one feedback and workplace based assessment sessions with Trainees. This must be	Director of Training		Discussed in registrar forums and huddles regularly. Protected time to undertake WBA supported and gap analysis with trainees meeting with the Operations Manager individually and develop a plan to address outstanding WBAs		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	Operations Manager	Interim Report Drafted with ongoing review.	Refer to 9 month progress report	Complete	
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.	Evidence Item 6 See previous reports for additional	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		Ongoing discussions regarding the support for research in liason with SESLHD Research Department	Evidence Item 1 See previous reports for additional	Ongoing	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
19	<p>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.</p> <p>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</p>	Head of Department	Operations Manager	<p>Interim Report Drafted with ongoing review. Review of Consultant to Trainee Ratio monitored weekly.</p> <p>Rostering allocations by system complete.</p> <p>Routine review of Trainee Examinations Number</p>	<p>Evidence Item 16</p> <p>See previous reports for additional</p>	Ongoing	
23	<p>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.</p>	Director of Training	Operations Manager	Ongoing monitoring through Consultants Meeting.	Evidence Item 6	Complete	
28	<p>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.</p>	Director of Training	Operations Manager	Review of Consultant to Trainee Ratio monitored weekly.	Evidence Item 16	Ongoing	



Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
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	Operations Manager	Outsourcing of reporting currently being undertaken overnight. Recruitment to unaccredited positions commenced.	Evidence Item 5 & 17	Ongoing	
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		Review of Consultant to Trainee Ratio monitored weekly. Operations Manager, undertaking final review of roster for publication to enable ongoing governance process	Evidence Item 5 & 16	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		Key conditions training undertaken for 4 first year trainees	Refer to 9 month progress report	Complete	



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Criterion Rec No.	Recommendation Detail	Accountable Representative	Responsible Representative	Progress Update	Supporting Evidence	Status	RANZCR Review (INTERNAL COLLEGE USE)
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		Key conditions training undertaken for 4 first year trainees	Refer to 9 month progress report	Complete	
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	Evidence Item 5	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	Evidence Item 5	Ongoing	
Overall Site Comments							
<p>SGH has built on the improvements demonstrated in the 9-month progress continued focus of efforts to 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.</p> <p>SGH is working towards sustainable solutions, so some recommendations are taking longer than expected but progress is evidenced in this report. During November 2023 the site has moved to support and encourage on site contemporaneous reporting to enable face to face feedback. The site has made further progress in aligning tutorials to the Clinical Radiology Curriculum Learning Outcomes and prioritised efforts to support and enable completion of ePortfolios by trainees.</p> <p>With the completion of training for one trainee, notification of imminent departure of two trainees and pending outcome following an appeal to a Consideration of Special Circumstances for another trainee, SGH is planning for a reduced trainee cohort in the new clinical year, commencing February 2024. Preparation for this reduction includes recruitment to unaccredited positions to support operational service delivery and enable remaining accredited trainee focus and prioritisation of experiential learning in line with the Curriculum Learning Outcomes</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

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Item 3	Expression of Interest Co-Director of Training	Recommendation 2	p.28-34
Item 4	Advertisement requisition Co-Director of Training	Recommendation 2	p.35-51
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Item 11	Signed Position Description – Director of Training	Recommendation 15	p.124-127
Item 12	Tutorial Summary September to December 2023	Recommendation 25 & 35	p.128-132
Item 13	Tutorial Curriculum with assigned consultants	Recommendation 25	p.133-134
Item 14	Advertisement requisition Consultant Radiologist	Recommendation 27	p.135-151
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Item 18	Trainee ePortfolio update	Recommendation 44	p.158-160

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 Collegeto 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>Employee Assistance Program (EAP)</p> <p>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>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>Dr Model up-date</p> <p>Business Rule: St George Hospital Diagnostic Radiology Model</p> <p>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>Recruitment</p> <p>There are 2 consultant radiologists who have expressed interest in joining the DR Model.</p> <p>Reporting Engine Start and Finish times</p> <p>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>Other business</p> <p>IR Huddle</p> <p>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

From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [D Lee](#); [Damien Riwoe \(South Eastern Sydney LHD\)](#); [REDACTED] [Gowri Kanthan \(South Eastern Sydney LHD\)](#); [Joshua Daniel En Ci Yap \(South Eastern Sydney LHD\)](#); [REDACTED]; [Kin Sing Lau \(South Eastern Sydney LHD\)](#); [REDACTED]; [Kit Lee \(South Eastern Sydney LHD\)](#); [Mehr Vather \(South Eastern Sydney LHD\)](#); [Nicholas Nguyen \(South Eastern Sydney LHD\)](#); [REDACTED] [Saad Rehan \(South Eastern Sydney LHD\)](#); [REDACTED]; [Yuen Ting Wong \(South Eastern Sydney LHD\)](#); [Jeff Thompson](#); [Jeffrey Thompson \(South Eastern Sydney LHD\)](#)
Cc: [Amy Manos \(South Eastern Sydney LHD\)](#); [Derek Glenn \(South Eastern Sydney LHD\)](#)
Subject: RANZCR Training St George
Date: Thursday, 19 October 2023 10:00:00 AM

Dear Radiology Trainees,

Following on from the meeting that was held with the representatives from the RANZCR training team I would first and foremost like to apologise for any distress this may have caused. As noted, I had reached out to the College on a number of occasions in the previous week to understand the aims and purpose of the meeting to enable all of you to better prepare for the meeting and think through any specific questions you may have to enable the meeting to be as productive as possible. Both myself and Amy Manos, A Director Medical Services are disappointed that this was not the case but would like to assure you all that we both are available should you have any further queries.

I would also like to remind you all that Employee Assistance Program (EAP) services are available to access confidential and independent support to assist you through this time. I have linked their intranet page with further details below
http://seslhdweb.seslhd.health.nsw.gov.au/EAP_SESLHD/default.asp.

I will shortly be sending through a calendar invitation for a follow up meeting, to clarify the departments next steps and enable you all to bring any questions or queries you may have to both myself and Amy. You can email these through earlier if you prefer to myself directly as well.

As I have previously noted, the Hospital executive and I will endeavour to provide as much information as transparently as possible throughout this process to enable and support your training in radiology.

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: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [D Lee; Damien Riwoe \(South Eastern Sydney LHD\); \[REDACTED\] Gowri Kanthan \(South Eastern Sydney LHD\); Joshua Daniel En Ci Yap \(South Eastern Sydney LHD\); \[REDACTED\] Kin Sing Lau \(South Eastern Sydney LHD\); \[REDACTED\]; Kit Lee \(South Eastern Sydney LHD\); Mehr Vather \(South Eastern Sydney LHD\); Nicholas Nguyen \(South Eastern Sydney LHD\); \[REDACTED\]; Saad Rehan \(South Eastern Sydney LHD\); \[REDACTED\]; \[REDACTED\]; Yuen Ting Wong \(South Eastern Sydney LHD\); Jeff Thompson; Jeffrey Thompson \(South Eastern Sydney LHD\); Amy Manos \(South Eastern Sydney LHD\); Derek Glenn \(South Eastern Sydney LHD\)](#)
Cc: [Hayley Smithwick \(South Eastern Sydney LHD\); Heidi Boss \(South Eastern Sydney LHD\)](#)
Subject: RANZCR Accreditation - College
Start: Monday, 23 October 2023 11:00:00 AM
End: Monday, 23 October 2023 12:00:00 PM
Location: Microsoft Teams Meeting; / Radiology Conference Room 3
Attachments: [image001.jpg](#)
[image002.jpg](#)

Hi All,

Following on from the meeting that was held with the representatives from the RANZCR training team on Monday 16 October, this meeting has been scheduled to enable and facilitate any questions you may have in relation to your training and/or employment. We will also provide clarification of the departments current progress through the accreditation process and confirm next steps.

As mentioned, should you have any questions you can also email these through earlier if you prefer to myself directly as well.

Thanks and happy to discuss further.

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_N2EwOWQ4M2MfYThhNi00MzU1LTJjODItZDA1MzEyMDIyMWZm%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: 478 953 897 592
 Passcode: VTcHN5

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+61 2 8318 0010,,309625252# <tel:+61283180010,,309625252#> Australia, Sydney

Phone Conference ID: 309 625 252#

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Sam Hassan
 Operations Manager, Medical Imaging | St George Hospital

Gray Street, Kogarah
 Tel (02) 9113 3569 | Mob 0456 679 073 | Samah.Hassan@health.nsw.gov.au <<mailto:Samah.Hassan@health.nsw.gov.au>>

From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [D Lee](#); [REDACTED]; [Gowri Kanthan \(South Eastern Sydney LHD\)](#); [Joshua Daniel En Ci Yap \(South Eastern Sydney LHD\)](#); [REDACTED]; [Kin Sing Lau \(South Eastern Sydney LHD\)](#); [REDACTED]; [Kit Lee \(South Eastern Sydney LHD\)](#); [Mehr Vather \(South Eastern Sydney LHD\)](#); [Nicholas Nguyen \(South Eastern Sydney LHD\)](#); nicholas.v.nguyen@gmail.com; [Saad Rehan \(South Eastern Sydney LHD\)](#); [REDACTED]; [Yuen Ting Wong \(South Eastern Sydney LHD\)](#); [Jeffrey Thompson \(South Eastern Sydney LHD\)](#); [Alexander Kirwan \(South Eastern Sydney LHD\)](#)
Cc: [Heidi Boss \(South Eastern Sydney LHD\)](#)
Subject: RANZCR Accreditation Feedback
Start: Tuesday, 14 November 2023 9:00:00 AM
End: Tuesday, 14 November 2023 9:30:00 AM
Location: Radiology Conference Room 3
Attachments: [image001.jpg](#)
[image002.jpg](#)

Hi All,

The St George and District Director's of Medical Services met with RANZCR Accreditation team alongside a representative from the Ministry of Health.

Following this meeting we would like to provide an opportunity to feedback from the discussion and clarify the next steps and timeline for the department to demonstrate its compliance with RANZCR Accreditation.

I am aware that some may be sitting examinations so I will also provide an update separately later in the week so as to not disrupt exam prep.

Thanks and happy to discuss further if required.

Sam Hassan
Operations Manager, Medical Imaging | St George Hospital

Gray Street, Kogarah
Tel (02) [REDACTED] | Mob [REDACTED] | [REDACTED] [REDACTED]

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Video Conference ID: 131 980 524 0

Alternate VTC instructions <https://conference.meet.health.nsw.gov.au/teams/?conf=1319805240&ivr=jointeams&d=conference.meet.health.nsw.gov.au&test=test_call&prefix=teams.>

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+61 2 8318 0010,,36762065# <tel:+61283180010,,36762065#> Australia, Sydney

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From: [Alisha Tamang - SVHNS](#)
To: [Sam Hassan \(South Eastern Sydney LHD\)](#)
Subject: RE: Term 1 2024 - Rotations
Date: Wednesday, 13 December 2023 9:01:02 AM

Hi Sam,

I released the rotations mid-2023 and have not provided any updates on it post that. However as you are aware recently there has been movement of trainees in the LAN so I have had to make few updates to the rotations. I am yet to release that as I am waiting for Liz to get back to me (She is on leave until tomorrow).

As soon as I hear from Liz I will send the updated rotations through to all.

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, 12 December 2023 6:40 PM
To: Alisha Tamang - SVHNS <[REDACTED]>
Subject: Term 1 2024 - Rotations

Hi Alisha,

I know we spoke about this when you were on premise back on the 21st of November but I just had a follow up query regarding Term 1 rotations for 2024.

As per your advice I had feedback to trainees that Term 1 rotations would remain as is as they had been endorsed by the LAN Governance Committee.

I would just like to confirm whether you have confirmed their rotations and provided this advice in writing?

If so can you kindly fwd on. Thanks in advance for your assistance.

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

Gray Street, Kogarah

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



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From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Sanjeeva Abeywickrema \(South Eastern Sydney LHD\)](#); [Nalayini Balendran](#); [Nicholas Chen](#); [Peter Child](#); [T Ho](#); [esther lim](#); [Suhrid Lodh \(South Eastern Sydney LHD\)](#); [Alex McQuinn](#); [justin720](#); [REDACTED]; [Sarita Bahure \(Sydney LHD\)](#); [Mohamed Nasreddine \(Western Sydney LHD\)](#); [Mark Power](#)
Cc: [Hayley Smithwick \(South Eastern Sydney LHD\)](#); [Derek Glenn \(South Eastern Sydney LHD\)](#)
Subject: Expression of Interest - Co-Director of Training
Date: Monday, 6 November 2023 5:20:00 PM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[EOI - Co-Director of Training - St George Medical Imaging.pdf](#)
[Clinical Radiology Director of Training - Position Description.pdf](#)

Dear Consultant Radiologists,

A professional development opportunity for an experienced Senior Medical Officer within the St George Hospital Radiology Department exists to take on the role of Co - Director of Training (DoT). Attached is an Expression of Interest outlining the key responsibilities and selection criteria for the role. The position description defined by Royal Australian and New Zealand College of Radiologists (RANZCR) is also included for reference.

This position can be applied for directly by submitting an expression of interest statement demonstrating how you meet the essential criteria by **COB 10 November 2023** to Sam Hassan, Operations Manager, Medical Imaging.

Please feel free to contact me should you wish to discuss this further either by phone on 0456 679 076 or via email.

Sam Hassan

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

Gray Street, Kogarah

Tel (02) [REDACTED]

| Mob [REDACTED]



From: [Caro Napier](#)
To: [Heidi Boss \(South Eastern Sydney LHD\)](#); [Erin Matheson \(South Eastern Sydney LHD\)](#)
Cc: [Sam Hassan \(South Eastern Sydney LHD\)](#)
Subject: RE: RANZCR: St George Hospital Follow-up
Date: Friday, 24 November 2023 4:12:30 PM
Attachments: [image001.png](#)
[image002.png](#)

You don't often get email from caro.napier@ranzcr.edu.au. [Learn why this is important](#)

Dear Heidi, Sam and Erin

Happy Friday!

Just wanted to send a quick note to let you know that my colleague Julian Hewet Le Forestier will be reaching out to you directly to assist with facilitating some ePortfolio sessions for the consultants and trainees as previously suggested.

Erin - You should also receive an email from Shawnney Sargeant later today to finalise the meeting regarding the DoT criteria.

These topics are both outside of my remit, so I won't be involved in the meetings but as always please feel free to reach out if you have any questions. If I can't assist, I'll direct you to the appropriate people.

Have a lovely weekend.

Kind Regards

Caro Napier | Program Officer Training Accreditation | Specialty Training Unit

The Royal Australian and New Zealand College of Radiologists

Level 9, 51 Drutt Street, Sydney 2000 NSW

T: +61 [REDACTED] | E: [REDACTED] | W: www.ranzcr.com

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RANZCR acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

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HAVE YOU COMPLETED YOURS?**

The Royal Australian and New Zealand College of Radiologists

FIND OUT MORE >>

From: Heidi Boss (South Eastern Sydney LHD) <[REDACTED]>

Sent: Thursday, 23 November 2023 10:06 AM

To: Accreditation <accreditation@ranzcr.edu.au>; Erin Matheson (South Eastern Sydney LHD)

<[REDACTED]>

Cc: Sam Hassan (South Eastern Sydney LHD) [REDACTED]

Subject: RE: RANZCR: St George Hospital Follow-up

Erin

Would you please send some suggested dates and times to Caro for Sam Hassan & I to have a Teams catch-up with RANZCR about DoT appointments?

Thanks,

Heidi

Dr Heidi Boss

Director Medical Services and Clinical Governance

St George Hospital

Level 4, James Laws House, Gray Street, Kogarah, NSW 2217

Tel (02) [REDACTED]

From: Accreditation <accreditation@ranzcr.edu.au>

Sent: Thursday, November 23, 2023 9:43 AM

To: Heidi Boss (South Eastern Sydney LHD) [REDACTED]

Cc: Accreditation <accreditation@ranzcr.edu.au>

Subject: RE: RANZCR: St George Hospital Follow-up

Dear Heidi

Thank you for your email and my apologies for the delay in reply.

I have asked the Training Team to check on the rotations and will let you know as soon as I have feedback.

Have a lovely day

Kind Regards

Caro Napier | Program Officer Training Accreditation | Specialty Training Unit

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From: Heidi Boss (South Eastern Sydney LHD) [REDACTED]

Sent: Wednesday, 15 November 2023 12:09 PM

To: Accreditation <accreditation@ranzcr.edu.au>

Cc: Accreditation <accreditation@ranzcr.edu.au>

Subject: RE: RANZCR: St George Hospital Follow-up

Hi Caro

That's a great suggestion and I will add that to our plan. (We are writing a plan for the next month so everyone can be on the same page – including a gap analysis for each trainee regarding WBAs so they can create with us a tailored plan to address over the coming weeks).

Also, the trainees asked yesterday whether their rotations would still be on hold. I wasn't aware this had been discussed but this was apparently something Liz Silverstone had indicated was put on hold pending the decision from CRETC. Is that correct?

Heidi

Dr Heidi Boss

Director Medical Services and Clinical Governance

St George Hospital

Level 4, James Laws House, Gray Street, Kogarah, NSW 2217

Tel (02) [REDACTED]

From: Accreditation <accreditation@ranzcr.edu.au>

Sent: Wednesday, November 15, 2023 8:00 AM

To: Heidi Boss (South Eastern Sydney LHD) <[REDACTED]>

Cc: Accreditation <accreditation@ranzcr.edu.au>

Subject: RE: RANZCR: St George Hospital Follow-up

Dear Heidi

Thank you for the update and you are most welcome.

I'm glad to hear that positive conversations are taking place and that the trainees are feeling more at ease. I look forward to seeing some movement on ePortfolio and working closely with your team over the next few months to review the pending requirements and solutions. I am also happy to arrange for our training team to do a tips and tricks session on ePortfolio for the consultants and trainees if that would be helpful.

I will send through feedback from last weeks CRETC meeting as soon as I am able. I need to wait for the meeting minutes to be released but hope to have something to you before the end of the month. In the meantime, please feel free to reach out if you have any questions.

Kind Regards

Caro Napier | Program Officer Training Accreditation | Specialty Training Unit

The Royal Australian and New Zealand College of Radiologists

Level 9, 51 Druiitt Street, Sydney 2000 NSW

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HAVE YOU COMPLETED YOURS?**

The Royal Australian and New Zealand College of Radiologists

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From: Heidi Boss (South Eastern Sydney LHD) <[REDACTED]>

Sent: Tuesday, 14 November 2023 6:11 PM

To: Accreditation <accreditation@ranzcr.edu.au>

Cc: Accreditation <accreditation@ranzcr.edu.au>

Subject: RE: RANZCR: St George Hospital Follow-up

Thanks Caro

And thanks again for all the support you have given us. We genuinely feel supported by you in trying to improve things.

I will look through all of this and share with the leadership group at SGH – because we are all invested in improving our training (not just limited to the leadership team in Radiology).

For your information we held a session with our trainees this morning to give them some feedback around the process and timeframe between now and March. They were incredibly grateful for that and said information had significantly eased their anxiety. As we mentioned last week, the message they heard in October at that meeting was that SGH was going to lose accreditation in November and they all needed to find jobs elsewhere, which they again said today was incredibly stressful for them. So I was able to explain to them the actual intention of that meeting (as Brendan explained). So they were very reassured by that, specifically that RANZCR were not telling them they needed to find alternate jobs ASAP to continue their accredited training. I reinforced that both RANZCR and SGH were primarily concerned for their individual wellbeing and training needs, and of course if any of them wanted to have conversations about jobs elsewhere before the end of their contracts we would 100% support them.

I was also able to reinforce to them the importance of getting their WBAs completed and entered into ePortfolio as well as their six monthly DOT reviews. They indicated what I suspected – more have

been done than ePortfolio reflects – but they now better understand that unless it is recorded in ePortfolio it is not actually completed. We talked about the strategies we thought would help them and they gave a few as well, but ultimately we are all on the same page now around the importance. Tomorrow I will likewise meet with the Consultant group and give similar feedback to them.

Thanks again.

Heidi

Dr Heidi Boss

Director Medical Services and Clinical Governance

St George Hospital

Level 4, James Laws House, Gray Street, Kogarah, NSW 2217

Tel (02) [REDACTED] | [REDACTED]

From: Accreditation <accreditation@ranzcr.edu.au>

Sent: Monday, November 13, 2023 3:45 PM

To: Heidi Boss (South Eastern Sydney LHD) <[REDACTED]>

Cc: Accreditation <accreditation@ranzcr.edu.au>

Subject: RANZCR: St George Hospital Follow-up

Dear Heidi

I hope that you had a good weekend.

It was lovely seeing you last week, thank you for coming to meet at our office.

I just wanted to send you a quick follow up with the breakdown of ePortfolio requirements that I promised to share with you. Please see the attached excel sheet which contains a breakdown of all the trainee ePortfolio requirements with a summary. I've also attached a copy of the Learning Outcomes and Handbook which provides detailed information on the requirements as well as a few additional documents that I thought you may find helpful:

- 2023 Phase 2 Written Exam Results
- 2023 Phase 1 Exam Results
- 20211220 Clinical Radiology Clinical Supervisor Position Description
- 20220121 Clinical Radiology Director of Training Role Description
- RANZCR CR Learning Outcomes_MAR23
- 21072023 Clinical Radiology Handbook v 2.3 Published July 2023

The HoD, DoT's and Clinical Supervisors should be aware of these requirements already but please let me know if you would like me to schedule a meeting to go through the spreadsheet or any of the attachments with you.

Have a lovely afternoon.

Kind Regards

Caro Napier | Program Officer Training Accreditation | Specialty Training Unit

The Royal Australian and New Zealand College of Radiologists

Level 9, 51 Druitt Street, Sydney 2000 NSW

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The Royal Australian and New Zealand College of Radiologists

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STG - Visiting Medical Officer - Radiology - Director of Training - 0 hours - quinquennium (REQ453028)

Status
Open

Recruiter
South Eastern Sydney, SMDO

Department
SES STG Critical Care & Radiology
Medical Radiology 188643

Status Details
Sourcing

Job Owner
Cawley, Michele

Primary Location
Kogarah > Gray Street, Kogarah, 2217 >
Sydney

Recruitment Type
Senior Recruitment

Hired Candidates
0 out of 2

Position Structure

Role Details

Method To Fill Reason for Filling
 Senior Medical and Vacant Position
 Dental Officers

Requisition ID
 REQ453028

PD Title
 SESLHD - Visiting Medical Officer - Standardised PD

Number to be Hired Vacant FTE
 2 0

Role Title (Advertising Title)
 STG - Visiting Medical Officer - Radiology - Director of Training - 0 hours - quinquennium

Position / Role
 Visiting Medical Off...617537

Award
 Not Applicable

Award (for Correspondence)
 Not Applicable

Position Classification
 Visiting Medical Off

Grade Classification
 Not Applicable

Hours per Week ANZSCO
 0 253917 Diagnostic
 and Interventional
 Radiologist

Financial
 Delegation
 As per Delegation
 Manual

NPC Required WWCC Required Aged Care Check
 Yes Yes No

Vaccination Gender Specific Identified Role
 Category Role No
 A Not Specified

Targeted Role
 Not Applicable

Conditional Offers To Be Made
 No

Registration Board
 Medical Board of
 Australia

Additional
 Registration Boards

Profile

Employment Status
Sessional

Assignment Category
CW - Visiting Medical Officer

Position Category
Visiting Medical Officer

Location Negotiable
No

Hiring Manager
Heidi Boss

Position Reporting To
Snr Staff Specialist Scheme D...512478

Senior Executive Level Standard
Not Applicable

Mandatory fields for Correspondence, Offer & Onboarding - Needed before Posting

Agency Logo (for Correspondence) - HEADER

SESLHD -

Legal Employer
South Eastern Sydney Local Health District

Worker Location
St George Hospital

LHD New Hire Checklist URL
SESLHD - http://seslhdweb.seslhd.health.nsw.gov.au/ODL_SESLHD/documents/orientation/2023/CorporateOrientationChecklist.pdf

LHD Onboarding URL
SESLHD - <https://www.seslhd.health.nsw.gov.au/services-clinics/directory/careers-seslhd>

Position Description URL
<https://ocxz.cit.health.nsw.gov.au/excluded-apps/XXRecRequisitionPD-context-root/faces/XXRecRequisitionPDPG?xxJobId=REQ453028>

Network Access URL
SESLHD - http://seslhnweb/HealthICT/Service_Support/Account_Management/default.asp

Contact Details for ALL Candidate Correspondence (Employee and External Applicants)

Contact Full Name	Contact Email Address
Dr Heidi Boss	heidi.boss@health.nsw.gov.au

Owners

Recruiter
South Eastern Sydney, SMDO

Job Owner
Cawley, Michele

DAO
Karooz, Angela

Convenor
Boss, Heidi

Financials

Pay Basis
Total

Salary Year / Grade Step
Default

Structure

Organisation

Level 1	NSW Health
Level 2	South Eastern Sydney Local Health District
Level 3	SES OCE SESLHD Executive Unit 182000
Level 4	SES Operations Program Management Office SESLHD 182056
Level 5	SES STG Executive Management & Support Services Executive Directors Unit 161159
Level 6	SES STG Critical Care & Radiology Medical Radiology 188643

Primary Location

Region	Sydney
City / Town	Kogarah
Facility	Gray Street, Kogarah, 2217

Job Field

Job Category	Specialist Medical & Dental Practitioner
Job Classification	Specialist
Department	20065 - SES STG Critical Care & Radiology Medical Radiology 188643
PD Template	PD017498 - Visiting Medical Officer - Standardised PD

Process

User Group

User Group
South Eastern Sydney LHD

Candidate Selection Workflow

Candidate Selection Workflow
Simplified Selection Workflow

Extend more offers than positions available

No

Automatically reject all submissions when the requisition is filled

No

Automatically reject all submissions when the requisition is canceled

No

Position Description

Role Purpose

The vision for South Eastern Sydney Local Health District (SESLHD) is 'exceptional care, healthier lives'. SESLHD is committed to enabling our community to be healthy and well, and to providing the best possible compassionate care when people need it.

The specialist will provide expert medical assessment and management of patients within the department/service.

Our staff strive to provide excellence in healthcare and uphold a high standard of care for all patients, families, carers and visitors to our facilities.

At the core of our organisation is a set of values - Collaboration, Openness, Respect and Empowerment.

SESLHD covers nine Local Government Areas from Sydney's Central Business District to the Royal National Park and has a culturally and linguistically diverse population of over 930,000 people, which includes highly urbanised areas of eastern Sydney, southern Sydney and industrialised areas around Port Botany.

SESLHD covers urban and suburban communities and manages eight public hospitals and one public nursing home:

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- Prince of Wales Hospital
- Royal Hospital for Women
- St George Hospital
- Sutherland Hospital
- Sydney/Sydney Eye Hospital
- War Memorial Hospital (third schedule with Uniting Care)
- Gower Wilson Memorial
- Garrawarra Centre

SESLHD also operates 28 Child and Family Health Centres, 12 Community Health Centres and nine Oral Health Clinics; providing prevention, early intervention and community-based treatment, palliative care and rehabilitation services.

Drug and Alcohol, Mental Health, Breast screening, HIV/AIDS, Public Health, Women's Health, Youth Health, Sexual Health, Imaging and Pathology services are provided at a number of facilities across SESLHD.

The primary location of this position may be varied as agreed with the Director of Clinical Services and as approved by MDAAC to other facilities in SESLHD.

Key Accountabilities

CLINICAL

Provide an accountable and high standard of specialist patient care including consultation services.

Liaise and interact effectively with all staff.

Ensure detailed treatment plans are in place to support timely management of patients. Ensure a high standard of clinical record documentation including completion of all clinical records (including medication charts) to reflect clinical decisions and optimise data collection.

Participate fully in the on call roster in accordance with clinical privileges.

Participate actively in research activities in Department.

Participate in the provision of services within other District facilities if credentialed.

LEADERSHIP

Model and encourage a culture of active listening, continuous learning and leadership, which values high levels of constructive feedback and exposure to new experiences.

Promote a sense of purpose and build a shared sense of direction within the unit.

Encourage others to strive for ongoing improvement.

Demonstrate professionalism to support a culture of accountability and integrity.

Model ethical practices, standards and systems and reinforce their use.

CLINICAL GOVERNANCE, QUALITY IMPROVEMENT & PATIENT SAFETY

Participate in the management and governance of the department,

morbidity and mortality meetings and other Quality Programs to enhance patient safety.

Comply with LHD and facility clinical governance policies and patient safety programs as varied from time to time.

Ensure effective clinical handover processes in accordance with facility/LHD guidelines.

Participate in peer review and other Continuing Medical Education activities consistent with Department, College and AHPRA requirements to maintain professional standards.

Ensure compliance with the Australian Commission on Safety and Quality in Healthcare standards as relevant.

EDUCATION & TRAINING

Responsible for the supervision of all junior medical staff under direction.

Delegate graded duties to junior staff according to their knowledge, skills and abilities.

Participate in teaching and training at all levels of postgraduate multidisciplinary education where required by the Facility and Head of Department/Service Director in line with HETI, LHD and College training requirements.

PERFORMANCE MANAGEMENT

Participate in LHD Performance Development Programs and undertake an annual performance review.

Demonstrate competency within the clinical privileges granted by the LHD.

OTHER DUTIES

Attend, participate and support administrative meetings as required by the Department or Director Clinical Services.

Abide by the NSW Health Code of Conduct, and all NSW Health, LHD and facility/service policies and procedures relevant to the position.

Key Challenges

- Challenges Provision of clinical care consistent with the duties of the Position practising in the specialty. Delivery of medical services within performance benchmarks, expenditure and revenue targets as relevant to the role.
- Decision Making Consistent with the duties of a Consultant practising in the specialty in accordance with approved Clinical Privileges and the Delegations of the LHD.
- Communication Head of Department Other staff within the multidisciplinary team and department/service Patients, family and carers Other hospital and District departments Hospital Executive Relevant committees and working groups as required

"You're working with"

Key Internal Relationships

Who

To be discussed upon commencement in the position

Why

To be discussed upon commencement in the position

External Stakeholders

Public Sector Executive Role - Relationships at Ministerial Level

Essential Requirements

- All staff are required to complete and submit a Pre-employment Health Declaration Form
- Dependant on position applied for you will need to complete/provide a Working with Children Check (WWCC), National Police Check (NPC) and/or Aged Care Check
- As a leader you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others when making decisions that may impact upon the health, safety and welfare of those in the workplace.

Other Requirements

- Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the organisational values through demonstrated behaviours and interactions with patients/clients/employees
- Recruit, coach, mentor, and performance develop staff, to develop the capabilities of the team to undertake changing roles, responsibilities and to provide for succession within the unit

Selection Criteria

1. Registration or eligible for registration with Medical Board of Australia (AHPRA). Candidate to provide on application AHPRA Registration Number.
2. Fellowship of the Royal Australian and New Zealand College of Radiologists and/or equivalent specialist recognition as provided for by the Health Insurance Act 1973 and the relevant Award/Determination. Minimum of two years full time or three years part time in a teaching Clinical Radiology Department.
3. Evidence of continuing medical education and self-monitoring/audit practices consistent with the scope of practice requirements of the position.

4. Proven capacity and/or experience in the provision of effective high quality service in the specialty, demonstrated through successful clinical practice in an environment appropriate to the requirements of the position including evidence of participation in quality improvement activities relevant to the specialty.
5. Demonstrated commitment to teaching with experience in teaching both undergraduate and post graduate students and other staff of the hospital.
6. Demonstrate the skills and attitudes appropriate as a senior Medical Practitioner including modelling a high standard of professional behaviour to junior medical and dental staff.
7. Demonstrated ability to work effectively and harmoniously with medical and other health services colleagues as part of a multi-disciplinary health care team and demonstrated ability to communicate effectively with patients, colleagues, and staff and to work as an effective member of the clinical team across multiple sites. Demonstrated commitment to provision of a high standard of clinical care in the public sector setting.
8. Demonstrated experience in and commitment to research relevant to the role and needs of the Department.

Advertising Content

External Description

Help tips! Use the below structure and format to create your advertisement. Make sure you delete content that is not required. To get ideas on content and making the most of your ad - access the resource library Steps to adding an image:1) copy of the URL from the image library2) click on the image icon below3) paste the URL4) adjust the size: click on the lock ratio icon to remove any other dimensions, add in "100%" into the width section Note: adjusting the size is critical to make sure the image displays correctly on both PC and mobile devices.

Contact Name - External
Heidi Boss

Contact Email - External
Heidi.Boss@health.nsw.gov.au

Description - External

Employment Type: Visiting Medical Officer
Position Classification: Visiting Medical Off
Hours Per Week: 0
Requisition ID: REQ453028

A professional development opportunity for an experienced Senior Medical Officer within the St George Hospital Radiology Department exists to take on the role of the Co-Director of Training (DoT). The Director of Training position has overall responsibility for the structure and quality of training in a hospital or department, in line with the Royal Australian and New Zealand College of Radiologists (RANZCR) policies and the specific arrangements within the local area network.

The DoT is responsible for the planning, delivery, and evaluation of the training program at the facility by delivering the following outcomes:

- Develop, coordinate and promote a structured, high quality training program for accredited radiology trainees with the facility.
- Support a formal orientation program which is designed and evaluated to ensure the intern is ready to commence safe, supervised practice.
- Ensure and support constructive training program review, assessment, and feedback processes to inform program improvement and innovation.
- Oversee the policies, procedures and allocation of resources that contribute to the training program.
- Liaise and attend meetings with relevant groups and individuals to promote and enhance the training and education of trainees.

The vision for South Eastern Sydney Local Health District (SESLHD) is 'exceptional care, healthier lives'. SESLHD is committed to enabling our community to be healthy and well, and to providing the best possible compassionate care when people need it.

The specialist will provide expert medical assessment and management of patients within the department/service.

Our staff strive to provide excellence in healthcare and uphold a high standard of care for all patients, families, carers and visitors to our facilities.

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SESLHD also operates 28 Child and Family Health Centres, 12 Community Health Centres and nine Oral Health Clinics; providing prevention, early intervention and community-based treatment, palliative care and rehabilitation services.

Drug and Alcohol, Mental Health, Breast screening, HIV/AIDS, Public Health, Women's Health, Youth Health, Sexual Health, Imaging and Pathology services are provided at a number of facilities across SESLHD.

The primary location of this position may be varied as agreed with the Director of Clinical Services and as approved by MDAAC to other facilities in SESLHD.

Employment of a temporary visa holder may only occur if no suitable permanent resident or citizen of Australia has been identified for this position following suitable labour market testing.

All NSW Health workers are required to have completed a primary course of a COVID-19 vaccine which has been approved or recognised by the Therapeutics Goods Administration (TGA). Additionally, Category A workers are required to receive a booster dose three months after completing the primary course of COVID-19 vaccinations. New applicants must have completed the vaccination course prior to commencement with NSW Health, or provide an approved medical contraindication certificate (IM011 immunisation medical exemption form) certifying the worker cannot have any approved COVID-19 vaccines available in NSW.

Acceptable proof of vaccination is the Australian Immunisation Register (AIR) Immunisation History Statement or AIR COVID-19 Digital Certificate. Booster doses are highly recommended for all health care workers who have completed the primary course of COVID-19 vaccinations.

SESLHD is committed to creating a workplace that reflects the diversity of our community. This will help ensure our employees, our patients and their carers, feel supported. We encourage people from different backgrounds to apply.

Support for Aboriginal and Torres Strait Islander candidates

We welcome applications from Aboriginal and Torres Strait Islander candidates and we have an Aboriginal Employment Consultant that can provide support. If you have any questions or would like guidance on the recruitment process, please contact the SESLHD Aboriginal Employment Team via email to: SESLHD-AboriginalWorkforce@health.nsw.gov.au

Qualifications - External

All applications must include a demonstration of your ability to meet each of the selection criteria in order to progress through the recruitment process.

1. Registration or eligible for registration with Medical Board of Australia (AHPRA). Candidate to provide on application AHPRA Registration Number.
2. Fellowship of the Royal Australian and New Zealand College of Radiologists and/or equivalent specialist recognition as provided for by the Health Insurance Act 1973 and the relevant Award/Determination. Minimum of two years full time or three years part time in a teaching Clinical Radiology Department.
3. Evidence of continuing medical education and self-monitoring/audit practices consistent with the scope of practice requirements of the position.
4. Proven capacity and/or experience in the provision of effective high quality service in the specialty, demonstrated through successful clinical practice in an environment appropriate to the requirements of the position including evidence of participation in quality improvement activities relevant to the specialty.
5. Demonstrated commitment to teaching with experience in teaching both undergraduate and post graduate students and other staff of the hospital.
6. Demonstrate the skills and attitudes appropriate as a senior Medical Practitioner including modelling a high standard of professional behaviour to junior medical staff.
7. Demonstrated ability to work effectively and harmoniously with medical and other health services colleagues as part of a multi-disciplinary health care team and demonstrated ability to communicate effectively with patients, colleagues, and staff and to work as an effective member of the clinical team across multiple sites. Demonstrated commitment to provision of a high standard of clinical care in the public sector setting.
8. Demonstrated experience in and commitment to research relevant to the role and needs of the Department.

This is a Category A position. All Category A applicants must read and understand NSW Health Policy PD2023_022. Successful applicants to the role must provide vaccination history and pathology as part of the application documentation and be certified as compliant before employment can commence.

Please return a completed Medical Practice History Declaration with your application.

Need more information?

1) [Click here for the Position Description and SESLHD Expected Standards](#)

2) [Find out more about applying for this position](#)

For role related queries or questions contact Heidi Boss on Heidi.Boss@health.nsw.gov.au

Applications Close: 14 January 2024

Internal Description

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Heidi Boss

Contact Email - Internal

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Position Classification: Visiting Medical Off

Hours Per Week: 0

Requisition ID: REQ453028

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Acceptable proof of vaccination is the Australian Immunisation Register (AIR) Immunisation History Statement or AIR COVID-19 Digital Certificate. Booster doses are highly recommended for all health care workers who have completed the primary course of COVID-19 vaccinations.

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Qualifications - Internal

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6. Demonstrate the skills and attitudes appropriate as a senior Medical Practitioner including modelling a high standard of professional behaviour to junior medical staff.
7. Demonstrated ability to work effectively and harmoniously with medical and other health services colleagues as part of a multi-disciplinary health care team and demonstrated ability to communicate effectively with patients, colleagues, and staff

and to work as an effective member of the clinical team across multiple sites. Demonstrated commitment to provision of a high standard of clinical care in the public sector setting.

8. Demonstrated experience in and commitment to research relevant to the role and needs of the Department.

This is a Category A position. All Category A applicants must read and understand NSW Health Policy PD2023_022. Successful applicants to the role must provide vaccination history and pathology as part of the application documentation and be certified as compliant before employment can commence.

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Applications Close: 14 January 2024

Questionnaires

Eligibility Questions

Questions	Answer	Result
<p>1. All NSW Health workers are required to have 2 doses of a COVID-19 vaccine (1 dose of Janssen COVID-19 vaccine acceptable) for clinical and non-clinical positions. You will be required to provide a record of your current COVID-19 vaccination status as part of the recruitment and onboarding process. Please select your current COVID-19 vaccination status below:</p> <p>Global, Code: NSWH_COVID19_VACSTATUS_v4 , Type: Single Answer , Visible by: All Candidates</p>	I have received 2 doses of a TGA approved or recognised COVID-19 vaccine and can provide evidence of vaccination	The Candidate Passes
	I do not intend to be vaccinated for COVID-19	To Be Verified
	I am unable to receive a COVID-19 vaccine due to a medical contraindication. I will provide the required evidence stipulated in the Policy and understand there is a process for application and acceptance	To Be Verified

Questions

Question	Answer	Required/Asset	Weight	(Int.)	(Ext.)
<p>1. I have authority to be in possession of, prescribe, supply, dispense and/or administer Schedule 4 and/or Schedule 8 substances under the provisions of the Poisons and Therapeutic Goods legislation.</p> <p>Global, Code: AUTHORITY_TO_PRESCRIBE_QUESTION_1 , Type: Single Answer , Visible by: All Candidates</p>	Yes	—	0	(0%)	(0%)
	No	—	0	(0%)	(0%)
<p>2. Do you have any restrictions on your authority to be in possession of, prescribe, supply, dispense and/or administer Schedule 4 and/or Schedule 8 substances under the provisions of the Poisons and Therapeutic Goods legislation?</p> <p>Global, Code: AUTHORITY_TO_PRESCRIBE_QUESTION_2 , Type: Single Answer , Visible by: All Candidates</p>	I have no restrictions on my authority.	—	0	(0%)	(0%)
	I have a restriction/restrictions on my authority.	—	0	(0%)	(0%)
	I have no authority.	—	0	(0%)	(0%)
<p>3. Registration or eligible for registration with Medical Board of Australia (AHPRA). Candidate to provide on application AHPRA Registration Number.</p> <p>Local, Code: SC_REQ453028_3 , Type: Text Answer , Visible by: All Candidates</p>					
<p>4. Fellowship of the Royal Australian and New Zealand College of Radiologists and/or equivalent specialist recognition as provided for by the Health Insurance Act 1973 and the relevant Award/Determination. Minimum of two years full time or three years part time in a teaching Clinical Radiology Department.</p> <p>Local, Code: SC_REQ453028_4 , Type: Text Answer , Visible by: All Candidates</p>					

<p>5. Evidence of continuing medical education and self-monitoring/audit practices consistent with the scope of practice requirements of the position.</p> <p>Local, Code: SC_REQ453028_5 , Type: Text Answer , Visible by: All Candidates</p>
<p>6. Proven capacity and/or experience in the provision of effective high quality service in the specialty, demonstrated through successful clinical practice in an environment appropriate to the requirements of the position including evidence of participation in quality improvement activities relevant to the specialty.</p> <p>Local, Code: SC_REQ453028_6 , Type: Text Answer , Visible by: All Candidates</p>
<p>7. Demonstrated commitment to teaching with experience in teaching both undergraduate and post graduate students and other staff of the hospital.</p> <p>Local, Code: SC_REQ453028_7 , Type: Text Answer , Visible by: All Candidates</p>
<p>8. Demonstrate the skills and attitudes appropriate as a senior Medical Practitioner including modelling a high standard of professional behaviour to junior medical and dental staff.</p> <p>Local, Code: SC_REQ453028_8 , Type: Text Answer , Visible by: All Candidates</p>
<p>9. Demonstrated ability to work effectively and harmoniously with medical and other health services colleagues as part of a multi-disciplinary health care team and demonstrated ability to communicate effectively with patients, colleagues, and staff and to work as an effective member of the clinical team across multiple sites. Demonstrated commitment to provision of a high standard of clinical care in the public sector setting.</p> <p>Local, Code: SC_REQ453028_9 , Type: Text Answer , Visible by: All Candidates</p>
<p>10. Demonstrated experience in and commitment to research relevant to the role and needs of the Department.</p> <p>Local, Code: SC_REQ453028_10 , Type: Text Answer , Visible by: All Candidates</p>

	Int. Cand. Weight	Ext. Cand. Weight	
Total for Competencies and Questions:	0	0	(0%)

This requisition uses 0 of the 0 questions from the corresponding prescreening model.

Job Demands

Physical Demands

Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials

Frequent

Sitting - remaining in a seated position to perform tasks

Frequent

Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes

Infrequent

Kneeling - remaining in a kneeling posture to perform tasks

Infrequent

Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps

Infrequent

Lifting / Carrying - Heavy lifting & carrying: 16kg & above

Infrequent

Head / Neck Postures - Holding head in a position other than neutral (facing forward)

Infrequent

Work at Heights - Using ladders, footstools, scaffolding, or other objects to perform work

Not Applicable

Sensory Demands

Sight - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens

Constant

Taste - Use of taste is an integral part of work performance e.g. Food preparation

Not Applicable

Psychosocial Demands

Distressed People - e.g. Emergency or grief situations

Frequent

Restraining - involvement in physical containment of patients / clients

Occasional

Environmental Demands

Standing - remaining standing without moving about to perform tasks

Frequent

Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks

Occasional

Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks

Infrequent

Lifting / Carrying - Light lifting & carrying: 0-9kg

Infrequent

Reaching - Arms fully extended forward or raised above shoulder

Infrequent

Hand & Arm Movements - Repetitive movements of hands and arms

Infrequent

Driving - Operating any motor powered vehicle

Not Applicable

Hearing - Use of hearing is an integral part of work performance e.g. Telephone enquiries

Constant

Touch - Use of touch is an integral part of work performance

Frequent

Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness

Occasional

Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies

Frequent

Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes

Frequent

Trunk Twisting - Turning from the waist while sitting or standing to perform tasks

Occasional

Leg/Foot Movement - Use of leg and/or foot to operate machinery

Infrequent

Lifting / Carrying - Moderate lifting & carrying: 10-15kg

Infrequent

Pushing / Pulling / Restraining - Using force to hold / restrain or move objects toward or away from the body

Infrequent

Grasping / Fine Manipulation - Gripping, holding, clasping with fingers or hands

Infrequent

Smell - Use of smell is an integral part of work performance e.g. Working with chemicals

Occasional

Unpredictable People - e.g. Dementia, mental illness, head injuries

Occasional

Dust - Exposure to atmospheric dust Infrequent	Gases - Working with explosive or flammable gases requiring precautionary measures Not Applicable	Fumes - Exposure to noxious or toxic fumes Not Applicable
Liquids - Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE Not Applicable	Hazardous Substances - e.g. Dry chemicals, glues Not Applicable	Noise - Environmental / background noise necessitates people raise their voice to be heard Infrequent
Inadequate Lighting - Risk of trips, falls or eyestrain Infrequent	Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight Not Applicable	Extreme Temperatures - Environmental temperatures are less than 15c or more than 35c Infrequent
Confined Spaces - areas where only one egress (escape route) exists Infrequent	Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground Infrequent	Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls Not Applicable
Working at Heights - Ladders / stepladders / scaffolding are required to perform tasks Not Applicable	Biological Hazards - e.g. exposure to body fluids, bacteria, infectious diseases Occasional	

Date	Junior Medical Officers – Accredited Trainees							Consultants – VMO / Staff Specialists						Total hours of trainee Supervision (approximate)	Total Consultant Shift
	Liaison	IR	Body	Neuro/MSK	O&G/Peads	Evening	Total Trainees	IR	Training Engagement Governance and Subspecialty	Contemporaneous Reporting Morning (0800 – 1700)	Contemporaneous Reporting Evening (1700 – 2400)	Administration	Consultant on Call		
1/09/2023	Lau	Wong	Kanthan	Vather	Nguyen	Lee	6	Lohd	Balendran	Child	Power		Mon, Thur-Sun – Glenn Tue: Tan Wed: Zang	4	18
2/09/2023						0	0			Power	Power			2	
3/09/2023	Nguyen						1			Child	Child			2	
4/09/2023	Lau	Rehan		Lee	Wong	Kanthan	5	Lohd	Power	Tan		Ho (DoT)	Mon-Sun Ho	4	25
5/09/2023	Lee	Rehan	Wong	Lau	Nguyen	Kanthan	6	Chour	Chen Abeywickrema	Glenn	Tan			5	26
6/09/2023	Nguyen	Rehan	Wong	Lau	Lee	Kanthan	6	Lohd Chour		Nasreddine	Zang			4	18
7/09/2023	Lee	Rehan		Lau	Wong	Kanthan	5	McQuinn	Balendran	Zang		Chen (DoT)		4	25
8/09/2023	Lau	Rehan			Nguyen	Lee	4	Lohd	Balendran	Tan				3	17
9/09/2023							0								
10/09/2023	Lee						1			Tan	Tan			2	
11/09/2023	Rehan	Lau		Kanthan	Nguyen	Wong	5	Lohd	Ho	Tan	Zang	Glenn(HoD)		5	18
12/09/2023	Lee	Lau	Kanthan	Nguyen	Rehan	Wong	6	Chour	Chen Aberwickrema Nasreddine	Lim	Child	Glenn	Mon-Sun Chen	6	34
13/09/2023	Vather	Lau	Yeo Nguyen	Lee Kanthan	Rehan	Wong	7	Lohd Chour	Ho	Nasreddine	Child			5	26
14/09/2023	Nguyen	Lau		Yeo	Vather	Wong	5	Lohd Chour	Balendran	Zang	Zang	Chen (DoT)		6	34
15/09/2023	Wong	Lau		Yeo	Nguyen	Lee	5	Lohd	Balendran	Tan	Child			4	18
16/09/2023							0			Child	Child			2	
17/09/2023	Wong						1			Child	Child			2	
18/09/2023	Nguyen	Lee	Lau	Kanthan	Vather	Yap	6	Lohd	Child	Tan	Zang	Glenn Ho (DoT)		Mon-Sun Glenn	6
19/09/2023	Vather Thompson	Lau	Kanthan	Nguyen	Wong	Yap	7	Chour	Chen	Glenn	Power		4		18
20/09/2023	Wong Thompson	Lee	Lau	Kanthan Vather	Nguyen	Yap	8	Lohd Chour	Ho Zang	Nasreddine	Power		6		36
21/09/2023	Lau Thompson	Nguyen	Lee	Vather	Wong	Yap	7	Lohd	Balendran	Zang	Tan	Chen (DoT)	5		26

22/09/2023	Thompson	Lee	Nguyen	Vather	Wong	Yap	5	Lohd	Balendran	Power	Power			4	18
23/09/2023							0			Power	Power			2	
24/09/2023	Yap						1			Power	Power			2	
25/09/2023	Thompson	Nguyen	Wong	Kanthan	Lee	Vather	6	Lohd	Ho Nasreddine	Tan		Glenn(HoD)	Mon-Sun Glenn	5	25
26/09/2023	Kanthan	Nguyen	Thompson	Yap	Wong	Vather	6	Chour	Chen Abeywickrema	Lim	Tan	Glenn		6	26
27/09/2023	Wong	Lee	Yap	Kanthan Thompson	Nguyen	Vather	7	Lohd Chour	Ho Zang	Nasreddine	Zang			6	34
28/09/2023	Yap	Nguyen		Kanthan	Thompson	Vather	5	Whitley	Balendran	Zang		Chen (DoT)		4	25
29/09/2023	Yap	Nguyen		Vather	Kanthan	Lee	5	Lohd	Balendran Tan	Nasreddine				4	25
30/09/2023														0	
1/10/2023	Vather						1			Tan	Tan			2	
2/10/2023	Kanthan						1			Child	Child		Mon-Sun Glenn	2	
3/10/2023	Vather	Lee			Nguyen	Yap	4	Chour	Chen Bahure	Glenn	Power			5	26
4/10/2023	Kanthan	Lee		Nguyen	Vather	Yap	5	Lohd Chour	Ho Lim	Nasreddine	Child			6	34
5/10/2023	Nguyen	Lee			Vather	Yap	4	McQuinn	Balendran	Zang	Child	Chen(DoT)		5	26
6/10/2023	Kanthan	Lee		Nguyen	Vather	Yap	5	Lohd	Balendran	Child	Zang			4	18
7/10/2023							0				Power	Power		2	
8/10/2023	Yap						1				Power	Power		2	
9/10/2023	Lee	Kanthan			Nguyen	Vather	4	Lohd	Ho Lim	Power		Glenn	Mon- Glenn Tues, Sat Power Wed Zang Thursday Child Frid, Sun Tan	5	25
10/10/2023	Yap	Kanthan		Lee	Nguyen	Vather	5	Chour	Bahure Abeywickrema	Lim	Power	Glenn		6	26
11/10/2023	Lee	Kanthan		Yap	Nguyen	Vather	5	Lohd Power	Ho	Zang	Zang			5	26
12/10/2023	Nguyen	Kanthan			Nguyen	Vather	4	Whitley	Balendran	Zang		Chen(DoT)		4	25
13/10/2023	Yap	Kanthan		Vather	Nguyen	Lee	5	Lohd	Balendran	Power	Tan			4	18
14/10/2023							0							0	
15/10/2023	Vather						1			Tan	Tan			2	
16/10/2023	Lau	Yap	Lee Wong	Kanthan Thompson	Rehan	Nguyen	8	Lohd	Ho Child	Tan	Tan		Mon,Tue,T hu Tan Wed Zang Fri-Sun Power	5	26
17/10/2023	Thompson	Yap	Wong	Kanthan Nguyen	Rehan	Lau	7	Chour	Chen Bahure Abeywickrema	Glenn	Tan			6	34
18/10/2023	Nguyen	Yap	Wong	Kanthan Thompson	Rehan	Lau	7	Lohd Power	Zang	Power	Zang	Ho (DoT)		6	34

19/10/2023	Wong	Yap		Thompson	Rehan	Lau	5	McQuinn	Chen	Zang	Tan			4	18	
20/10/2023	Thompson	Yap		Wong	Rehan	Lau	5	Lohd	Tan	Power	Power			4	18	
21/10/2023							0			Power	Power			2		
22/10/2023	Lau						1			Power	Power			2		
23/10/2023	Rehan	Vather	Thompson	Yap Kanthan	Wong	Nguyen	7	Lohd	Ho Lim	Tan	Power	Glenn (HoD)	Mon-Sun Balendran	6	26	
24/10/2023	Thompson	Vather	Kanthan Nguyen	Yap Rehan	Lau	Wong	8	Chour	Chen Bahure Abeywickrema Nasreddine	Lim	Child	Glenn		8	42	
25/10/2023	Lau	Vather	Kanthan Thompson	Yap Rehan	Nguyen	Wong	8	Lohd Power	Zang	Nasreddine	Power			5	26	
26/10/2023	Yap	Vather	Thompson	Nguyen Rehan	Lau	Wong	7	Whitley	Balendran	Zang	Child	Chen(DoT)		5	26	
27/10/2023	Nguyen	Thompson			Lau	Wong	4	Lohd	Balendran	Child	Tan			4	18	
28/10/2023							0			Zang	Zang			2		
29/10/2023	Wong						1			Tan	Tan			2		
30/10/2023	Lau	Thompson	Rehan	Yap Wong	Vather	Nguyen	7	Lohd	Power	Tan	Power	Ho (DoT) Glenn		Mon Power Tue,Fri, Sun Tan Wed Zang Thursday Child Sat Glenn	6	26
31/10/2023	Rehan	Thompson	Nguyen	Yap	Vather	Lau	6	Chour	Chen Bahure Abeywickrema	Glenn	Tan				6	34
1/11/2023	Nguyen	Thomas	Rehan	Nguyen	Vather	Lau	6	Lohd Chour	Ho	Nasreddine	Zang		5		26	
2/11/2023	Wong	Thomas	Nguyen	Yap	Vather	Lau	6	McQuinn	Balendran	Zang	Child	Chen(DoT)	5		26	
3/11/2023	Vather	Wong			Nguyen	Lau	4	Lohd	Balendran	Child	Tan		4		18	
4/11/2023							0			Glenn	Tan		2			
5/11/2023	Lau						1			Glenn	Tan		2			
6/11/2023	Wong	Rehan	Lau	Vather	Kirwan Thompson	Nguyen	7	Lohd	Ho	Tan	Child	Glenn(Hod)	Mon, Fri- Sun Child Tue-Thu Power		5	18
7/11/2023	Thomas	Rehan	Wong	Kanthan	Kirwan Vather	Nguyen	7	Chour	Chen Bahure Nasreddine	Lim	Power	Glenn			7	34
8/11/2023	Lau	Rehan	Vather	Kanthan	Kirwan Thompson	Nguyen	7	Lohd Power	Ho	Nasreddine	Power			5	26	
9/11/2023	Vather	Rehan	Wong Lau	Kanthan	Thompson	Nguyen	7	Whitley	Balendran	Zang	Power	Chen(DoT)		5	26	
10/11/2023	Kirwan	Rehan	Wong	Lau	Thompson	Nguyen	6	Lohd	Balendran	Power	Child			4	18	
11/11/2023	Wong						1			Child	Child			2		
12/11/2023	Nguyen						1			Child	Child			2		
13/11/2023	Vather	Lau	Thomspen	Kanthan	Wong	Kirwan	7	Lohd	Ho	Power	Power	Glenn		5	18	

					Rehan								Mon,Tue, Fri-Sun Power Wed,Thu Child			
14/11/2023	Nguyen	Lau	Kanthan Thompson	Vather	Wong Rehan	Kirwan	8	Chour	Chen Bahure	Abeywickre ma	Nasreddi ne				5	26
15/11/2023	Kanthan	Lau	Nguyen Thompson	Vather	Wong Rehan	Kirwan	8	Lohd Chour	Zang	Nasreddine	Child	Ho(DoT)			6	34
16/11/2023	Nguyen	Lau	Thompson	Lee	Wong Rehan	Kirwan	7	McQuinn	Chen Balendran	Zang	Child				5	26
17/11/2023	Lee	Lau	Thompson	Kanthan Nguyen	Wong	Kirwan	7	Lohd	Balendran	Abeywickre ma	Power				4	18
18/11/2023	Lee						1			Power	Power				2	
19/11/2023	Lau						1			Power	Power			2		
20/11/2023	Lee	Wong	Rehan	Vather Thompson	Kirwan	Nguyen	7	Lohd		Lim	Child		Mon-Thu Child Fri Power Sat Zang Sun Power	3	10	
21/11/2023	Kanthan	Wong	Lee Rehan	Vather	Kirwan Thompson	Nguyen	8	Chour	Chen Bahure Nasreddine	Lim	Child	Glenn			7	34
22/11/2023	Thompson	Wong	Lee Rehan	Vather Kanthan	Kirwan	Nguyen	8	Lohd Chour	Zang	Nasreddine	Child				5	26
23/11/2023	Rehan	Wong	Nguyen	Vather	Kirwan Thompson	Lee	7	Whitley	Chen Balendran	Lim Zang	Child				6	27
24/11/2023	Vather	Wong	Rehan	Nguyen	Thompson	Lee	6	Lohd	Balendran	Power Child	Power				5	19
25/11/2023	Kirwan						1			Zang	Zang				2	
26/11/2023	Nguyen						1			Power	Power			2		
27/11/2023	Kirwan	Wong	Vather	Rehan	Thompson Lau	Lee	7	Lohd	Power Glenn	Lim	Zang	Ho (DoT)	Mon Zang Tues,Sun Tan Wed-Fri Child Sat Glenn	6	34	
28/11/2023	Rehan	Wong	Nguyen Vather	Lee	Kirwan Thompson	Lau	8	Chour	Abeywickrema	Glenn	Tan				4	18
29/11/2023	Nguyen	Kirwan	Lau Vather	Rehan Kanthan	Wong Thompson	Lee	9	Lohd Chour		Nasreddine	Child				4	18
30/11/2023	Vather	Kirwan	Nguyen	Kanthan Rehan	Wong Thompson	Lee	8	McQuinn	Chen Balendran	Zang	Child				5	26
1/12/2023	Kanthan	Kirwan	Vather	Nguyen Rehan	Wong Thompson	Lau	8	McQuinn	Balendran	Power Child	Child				5	19
2/12/2023	Kanthan						1			Glenn	Glenn				2	
3/12/2023	Kirwan						1			Tan	Tan			2		
4/12/2023	Rehan	Thompson	Vather	Lau	Nguyen	Wong	6	Lohd	Ho	Power Tan	Zang	Glenn (HoD)	Mon, Wed Zang Thu Power Fri,Sun Child Sat	6	19	
5/12/2023	Nguyen	Thompson	Vather Rehan	Kanthan	Kirwan	Wong	6	Chour	Bahure Nasreddine Abeywickrema	Lim	Tan	Glenn			7	34
6/12/2023	Kanthan	Thompson	Kirwan	Nguyen	Vather Lau	Wong	6	Lohd Chour	Ho	Nasreddine	Zang				5	26
7/12/2023	Lau	Thompson	Rehan	Kanthan	Kirwan	Wong	6	Whitley	Chen	Zang	Power				5	26

									Balendran				Abeywickrema			
8/12/2023	Vather	Thompson	Rehan	Kirwan	Lau	Wong	6	Lohd	Balendran	Power Child	Child				5	19
9/12/2023	Vather						1			Abeywickrema	Abeywickrema				2	
10/12/2023	Wong						1			Child	Child				2	

Consultant Responsibilities:

Radiologist Shift	Supervision/Education of Trainees		Reporting					Tutorials	MDT Meetings
	Yes/No	Hours dedicated to trainees	MRI	CT	U/S	Plain Films	Procedures		
Interventional Radiology	Yes	8 hours supervision to Trainee in IR					Yes	Yes	Yes
Training, Engagement, Governance and Subspecialty	Yes	8 hours dedicated supervision to all on-site trainees						Yes	Yes
Contemporaneous Reporting Morning (0800 - 1700)	Yes	~ 1 hour, provide feedback to trainees on verified reports either in person or by phone or email by 1600	Yes	Yes	Yes	Yes			
Contemporaneous Reporting Evening (1700 - 2400)	Yes	Up to 1 hr (depending on volume of registrar reports to be verified in this period), provide feedback to trainees on verified reports by email	Yes	Yes	Yes	Yes			
Administration	Yes	Up to 8 hours						Yes	

Medical Imaging Meeting

Agenda

Senior Medical Officer's Committee Meeting
 Medical Imaging, St George Hospital
 South Eastern Sydney Local Health District
 Wednesday 15 November 2023
 17:30 – 18:30

Radiology conference Room 3 / Microsoft Teams

ITEM NO.	DESCRIPTION	ACTION	PERSON RESPONSIBLE	PAGE NO
1	Introductions and Attendance	For noting	All	-
3	Terms of Reference	For discussion	All	-
2	Minutes and Actions arising from previous meeting	For discussion	All	-
3	Radiology Trainee Feedback	For discussion	M Vather	-
4	Update Director Medical Services & Clinical Governance	For discussion	H Boss	-
5	Director of Training Update			
5.1	More structured training program (TEGs/SS). Feedback on: i. Daily training huddle ii. Rostered tutorials iii. Daily supervision and Work-Based Assessments	For discussion	K Ho	-
5.2	QI/research – progress	For discussion	K Ho	-
5	Department Update			
5.1	Diagnostic Reporting Model Update	For update	SH/DG	-
5.3	Redevlopment Update	For update	SH/DG	-
6	Other Items			
6.1	Radiation License	For update	SH	-
6	Business Without Notice			
7	Next Meeting: 20 December 2023 17:30 – 18:30pm Conference Room 3 / Microsoft Teams			



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

Medical Imaging Meeting
Minutes

Senior Medical Officer's Committee Meeting
 Medical Imaging, St George Hospital
 South Eastern Sydney Local Health District
 Wednesday 25 October 2023
 17:30 – 18:30

Radiology conference Room 3 / Microsoft Teams

ITEM NO.	DESCRIPTION
1	<p>Attendees</p> <p>Joshua Yap Johnson Zang Alex McQuinn Derek Glenn Peter Child Mark Power Nalayini Balendran Mohamed Nasreddine Gabriel Tan Sanjee Aberwickrema Kuan Ho Suhrid Lohd Sam Hassan</p>
3	<p>Terms of Reference</p> <p>Draft terms of reference for the committee meeting were review and discussed.</p> <p>ACTION: Committee members to review terms of reference and provide comments and feedback to Sam Hassan by 13 Nov 2023</p>
2	<p>Minutes and Actions arising from previous meeting</p> <p>Minutes from meeting scheduled 20 September were noted.</p>
3	<p>Radiology Trainee Feedback – Joshua Yap</p> <ul style="list-style-type: none"> • Huddles – these have been helpful in assisting with the supervision issue. Trainees know where to send their reports. • It was advised that tutorials could focus on first year's as seniors are either on leave preparing for exams or rotating. • Update also noted that fluro procedures are now assigned to the trainee rostered on body and the O&G reg will cover ultrasound only. This is to support the consolidated screening sessions and enable improved sonographer attachments time. • Update regarding a lack of cases available for discussion at M&M following with Mehr coordinating following Josh's rotation • Josh indicated that he will be seconded to PoW for Term 4, 2023 and Term 1, 2024. A year 4 registrar will be seconded in to SGH from PoW (Dr Alex Kirwin).

Medical Imaging Meeting

ITEM NO.	DESCRIPTION						
	<p>ACTION: Consultants to send through any M&M cases to Mehr by 15 November 2023</p> <p>ACTION: Sam Hassan to investigate if a secra folder can be created to enable easier catalog of M&M, QA and Interesting Cases.</p>						
4	<p>Director of Training Update</p> <ul style="list-style-type: none"> • Kuan Ho provided an update regarding training noting no significant change from previous onth and awaiting advice from RANZCR • Kuan Ho noted that work based assessments were up to date in review 2 weeks ago and advise some assessments for Josh Yap have been circulated today. 						
5	<p>Director of Radiology Update</p> <table border="1" data-bbox="232 706 1526 1141"> <tr> <td data-bbox="232 706 337 862">5.1</td> <td data-bbox="337 706 1526 862"> <p>Diagnostic Reporting Model Update</p> <ul style="list-style-type: none"> • Derek Glenn provided an update on the progress of the diagnostic radiology reporting model noting reduced reliance of everlight in outsourcing reporting requirements • Sam Hassan noted intereim report on model had been drafted and would be circulated once endorsed </td> </tr> <tr> <td data-bbox="232 862 337 1048">5.2</td> <td data-bbox="337 862 1526 1048"> <p>Changes to Overnight Reporting and Use of Everlight</p> <ul style="list-style-type: none"> • Sam Hassan provided an update regarding the changes in the utalisation of everlight for overnight reporting. It was noted that radiographers would commence sending reports to everlight from 23:00 through till 05:30 • Trainees have been rostred back on Saturdays to help support this change but not changes have been made to timing of evening shift to enable participation in tutorials </td> </tr> <tr> <td data-bbox="232 1048 337 1141">5.3</td> <td data-bbox="337 1048 1526 1141"> <p>Redevlopment Update</p> <ul style="list-style-type: none"> • Updated provided regarding the redevelopment of the Kensington street precinct by Derek Glenn noting specification of major equipment process commenced </td> </tr> </table>	5.1	<p>Diagnostic Reporting Model Update</p> <ul style="list-style-type: none"> • Derek Glenn provided an update on the progress of the diagnostic radiology reporting model noting reduced reliance of everlight in outsourcing reporting requirements • Sam Hassan noted intereim report on model had been drafted and would be circulated once endorsed 	5.2	<p>Changes to Overnight Reporting and Use of Everlight</p> <ul style="list-style-type: none"> • Sam Hassan provided an update regarding the changes in the utalisation of everlight for overnight reporting. It was noted that radiographers would commence sending reports to everlight from 23:00 through till 05:30 • Trainees have been rostred back on Saturdays to help support this change but not changes have been made to timing of evening shift to enable participation in tutorials 	5.3	<p>Redevlopment Update</p> <ul style="list-style-type: none"> • Updated provided regarding the redevelopment of the Kensington street precinct by Derek Glenn noting specification of major equipment process commenced
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5.2	<p>Changes to Overnight Reporting and Use of Everlight</p> <ul style="list-style-type: none"> • Sam Hassan provided an update regarding the changes in the utalisation of everlight for overnight reporting. It was noted that radiographers would commence sending reports to everlight from 23:00 through till 05:30 • Trainees have been rostred back on Saturdays to help support this change but not changes have been made to timing of evening shift to enable participation in tutorials 						
5.3	<p>Redevlopment Update</p> <ul style="list-style-type: none"> • Updated provided regarding the redevelopment of the Kensington street precinct by Derek Glenn noting specification of major equipment process commenced 						
6	<p>Other Items</p>						
6.1	<p>Obstetric Morphology Report</p> <ul style="list-style-type: none"> • Update provided regarding sonographer requirements within Obstetric Morphology Reports community discharge 						
6	<p>Business Without Notice</p> <ul style="list-style-type: none"> • S Hassan provided an updated regarding the RANZCR accreditation noting escalation to District and Ministry support for liaison with the college following inappropriate communication with trainees from network LAN • S Hassan provided updated regarding lower activity holiday period noting further work being done by nursing and radiography workforce to confirm resourcing allocation during that period. • 						
7	<p>Next Meeting: 15 November 2023 17:30 – 18:30pm Conference Room 3 / Microsoft Teams</p>						

Radiology Training Program

Curriculum Focused Teaching Program

MODALITY	TOPIC	PRESENTER
Paediatrics	1. Neuro (Paediatric)	
	2. Spine (Paediatric)	
	3. Head and Neck (Paediatric)	
	4. Cardiothoracic (Paediatric)	
	5. GI, Liver, GB, Pancreas and Biliary (Paediatric)	
	6. Renal, Spleen, Testis and Peritoneum (Paediatric)	
	7. MSK Non Neoplastic (Paediatric)	
	8. MSK Neoplastic (Paediatric)	
Obstetrics and Gynaecology	9. Fetal Brain	
	10. Fetal Spine, Head and Neck	
	11. Fetal Chest, Abdomen and MSK	
	12. Pregnancy First Trimester, Chromosomal Disorders and Multifetus Gestation	
	13. Vagina, Cervix and Uterus	
	14. Ovary and Fallopian tube and Broad Ligament	
Neurology	15. Placenta and Umbilical Cord, Gestational infections, Maternal conditions and fetal well being assessment	
	1. Neuro1- General/clinical conditions, Congenital malformations, Cystic Lesions and Trauma	
	2. Neuro2- Cerebrovascular Category 1	
	3. Neuro3- Cerebrovascular Category 2/3	
	4. Neuro4- Infection/Inflammation	
	5. Neuro5- Demyelinating, Neurodegenerative, Toxic and Metabolic	
	6. Neuro6- Neoplastic Category 1	
	7. Neuro7- Neoplastic Category 2/3	
8. Neuro8- Pituitary Gland, Skull, Miscellaneous		
Spine	1. Spine1- Congenital/developmental, Cysts	
	2. Spine2- Trauma	
	3. Spine3- Vascular Conditions, Infection/Inflammation	
	4. Spine4- Spondyloarthropathies, Demyelination, Degeneration, Metabolic	
	5. Spine5- Neoplasia and Miscellaneous	
Head and Neck	1. HN1- Nasal Cavity, Nasopharynx, Paranasal sinuses	
	2. HN2- Base of Skull	
	3. HN3- Oral Cavity, floor of mouth, sublingual space, Oro and Hypopharynx, Larynx, Trachea	
	4. HN4- Salivary Glands, Associated ducts, Dental	
	5. HN5- Ear and Temporal Bone	
	6. HN6- Neck- Skin, soft tissue and Lymph nodes	
	7. HN7- Thyroid and Parathyroid	
	8. HN8- Orbit	
Cardiothoracic	1. Cardiothoracic1- Trauma	
	2. Cardiothoracic2- Conductive airway conditions	
	3. Cardiothoracic3- Infection/Inflammation	
	4. Cardiothoracic4- Diffuse Lung Disease	
	5. Cardiothoracic5- Toxic Conditions, Vascular Pulmonary Conditions	
	6. Cardiothoracic6- Airway and Pulmonary Neoplastic conditions	
	7. Cardiothoracic7- Pleural, Diaphragm and Chest wall conditions, Heart and Pericardial conditions	
	8. Cardiothoracic8- Mediastinum and Major Blood Vessel Conditions	
GI, Liver, GB, Pancreas and Biliary	1. GLGPB1- GI Haemorrhage	
	2. GLGPB2- Oesophagus and Stomach	
	3. GLGPB3- Small Intestine	
	4. GLGPB4- Large Intestine	
	5. GLGPB5- Rectum and Anus	
	6. GLGPB6- Liver- Non Neoplastic	
	7. GLGPB7- Liver- Neoplastic	
	8. GLGPB8- Biliary System	
	9. GLGPB9- Pancreas- Non Neoplastic	
	10. GLGPB10- Pancreas	
Renal, Spleen, Testis, Peritoneum	1. RSTP1- Kidney and Upper Urinary Tract	
	2. RSTP2- Lower Urinary tract and Penis	
	3. RSTP3- Scrotum, Testis, Epididymis, Hernias	
	4. RSTP4- Prostate	
	5. RSTP5- Adrenal Gland and Spleen	
	6. RSTP6- Peritoneum DR RYAN CHOI	
	7. RSTP7- Retroperitoneum	

Breast	1. Breast1- Developmental, Inflammation	
	2. Breast2- Benign Epithelial Lesions	
	3. Breast3- Lobular Neoplasia	
	4. Breast4- Intraductal Proliferative and Intraductal Papillary lesions	
	5. Breast5- Epithelial, Mesenchymal and Fibroepithelial lesions	
	6. Breast 6- Other Malignant Tumours	
	7. Breast 7- Miscellaneous (Benign Breast Calcifications)	
	8. Breast 8- Post procedure changes	

Musculoskeletal Non Neoplastic	1. MSKNonNeo1- Congenital and Developmental Conditions	
	2. MSKNonNeo2- Trauma	
	3. MSKNonNeo3- Vascular and Haematological Conditions, Infection and Inflammation	
	4. MSKNonNeo4- Non-Infective Spondyloarthropathies and Inflammatory conditions	
	5. MSKNonNeo5- Degenerative conditions	
	6. MSKNonNeo6- Toxic/Metabolic Conditions	
	7. MSKNonNeo7- Upper Limb Conditions- Shoulder	
	8. MSKNonNeo8- Upper Limb Conditions- Elbow and Wrist	
	9. MSKNonNeo9- Lower Limb Conditions- Hip	
	10. MSKNonNeo10- Lower Limb Conditions- Knee	
	11. MSKNonNeo11- Lower Limb Conditions- Ankle and Foot	

Musculoskeletal Neoplastic	1. MSKNeoplastic1- Category 1 MSK Neoplasms as per curriculum document	
	2. MSKNeoplastic2- Category 2 and 3 MSK neoplasms as per curriculum document	

Medical Imaging Meeting

Agenda

Senior Medical Officer's Committee Meeting
 Medical Imaging, St George Hospital
 South Eastern Sydney Local Health District
 Wednesday 25 October 2023
 17:30 – 18:30

Radiology conference Room 3 / Microsoft Teams

ITEM NO.	DESCRIPTION	ACTION	PERSON RESPONSIBLE	PAGE NO
1	Introductions and Attendance	For noting	All	-
3	Terms of Reference	For discussion	All	p.2-3
2	Minutes and Actions arising from previous meeting	For discussion	All	p.4-5
3	Radiology Trainee Feedback	For discussion	J Yap	-
4	Director of Training Update			
4.1	More structured training program (TEG/SS). Feedback on: i. Daily training huddle ii. Rostered tutorials iii. Daily supervision and Work-Based Assessments	For discussion	K Ho/ N Chen/S H	-
4.2	QI/research – progress	For discussion	K Ho/ N Chen/	-
4.3	Other Matters	For discussion	K Ho/ N Chen/	-
5	Director of Radiology Update			
5.1	Diagnostic Reporting Model Update	For update	SH/DG	-
5.2	Changes to Overnight Reporting and Use of Everlight	For update	SH	-
5.3	Redevleopment Update	For update	SH/DG	-
6	Other Items			
6.1	Obstetric Morphology Report	For update	SH	p.6
6	Business Without Notice			
7	Next Meeting: 15 November 2023 17:30 – 18:30pm Conference Room 3 / Microsoft Teams			



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

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

Date: Wednesday, 20 September 2023
Time: 1730 to 1830 hours
Location: Microsoft Teams
Present: K Ho, G Tan, P Child, J Yap (first 10 minutes), N Balendran, M Power, D Glenn, S Lodh, S Hassan, P Curtis
Apologies: S Bahure, S Abeywickrema, J Zang

1. August meeting notes: Noted

2. Registrar issues (J Yap)

- a. Huddles – these have been helpful in assisting with the supervision issue. Trainees know where to send their reports.
- b. On call – junior registrars are starting on the on-call roster after completing Key Conditions assessment. They are finding the workload challenging. It should be noted that the Reporting Engine is operating many evenings and the registrar should contact the RE Radiologist for assistance.
- c. Low registrar numbers during the first two weeks of October due to college exams.
- d. Tutorial roster – improved. Now is the time to focus tutorials for the trainees sitting Part 2 exams.
- e. Dr Yap indicated that he will be seconded to PoW for Term 4, 2023 and Term 1, 2024. He has asked Dr Vather to look after the registrar roster, but he will help. A year 4 registrar will be seconded in to SGH from PoW (Dr Alex Kirwin).

3. Update from the Director of Radiology

a. Diagnostic Reporting Model

i. Business Rule - St George Hospital Diagnostic Radiology Model

Ms Hassan thanked the Radiologists for their input so far. Input will be received from registrar, radiographer and nursing staff. Dr Glenn indicated that this is a refinement of arrangements from the beginning of the Model. The next item to solve is subspecialty reporting on a more regular basis.

The document was discussed at length, including key responsibilities, HoD and DoT administration time, TEGs supervision of registrars and meetings, timing of shifts (see below) and the huddle. The business rule will be presented at the Patient Safety and Clinical Quality Committee on 26 September

Action: Comments to S Hassan by 25 September 2023.

There was a discussion about night on-call cover. It was suggested that the evening Reporting Engine Radiologist cover nights and they may log in early to report on un-reported exams.

- ii. Times to send reports to Everlight each night

1. 2200 → 2400 hours and after 0600 hours - to send exams to the overnight person. Agreed.

b. Radiology Redevelopment (Stage 3) – nil new.

4. Update from the Director of Training

a. Dr Ho stated that there was not a lot to report. It was mainly a work in progress. The 9-month progress report has been submitted to the College

b. Daily training huddle –
Going well

c. QI/research

The junior registrars have ideas for research projects and they are formulating them through background reading and discussion. They will finalise when they have completed the Part 1 examinations. At least one project will need access to good computer capability and software. It would be good to involve the hospital Director of Research and partner with UNSW.

It was noted that portfolios will be established for specialists depending on their interests and one should be QI/Research. There is a need to set up a structure in the department going forward.

5. Other matters

a. Bundling of studies

A separate meeting with relevant consultants will be held after this meeting.

b. Renal Transplant Reporting Protocol
Noted

c. Rectal Cancer MRI Protocols

Dr Balendran indicated new protocols were being trialled. Specific templates for synoptic reports are to be used.

6. Business without notice

Dr Glenn indicated that the department is seeking to replace the Canon CT in the Main Department and the specifications of the flagship systems for the main providers are being examined in detail. Due diligence is required. Dr Nasreddine indicated he has had some experience in assisting with the purchase of a CT machine for Westmead.

7. Meeting closure

1835 hours

8. Date of next meeting:

Wednesday 25 October 2023

From: [Karen Newell \(South Eastern Sydney LHD\)](#)
To: [Derek Glenn \(South Eastern Sydney LHD\)](#)
Cc: [Sam Hassan \(South Eastern Sydney LHD\)](#); [John Thomas \(South Eastern Sydney LHD\)](#); [Dianne Bateman \(South Eastern Sydney LHD\)](#); [Emma Flanagan \(South Eastern Sydney LHD\)](#)
Subject: Obstetric Morphology Report
Date: Wednesday, 13 September 2023 10:31:48 AM
Attachments: [Obstet checklist.pdf](#)

Hi Derek

I've had a few calls regarding the ultrasound obstetric morphology reports. Mostly the calls are about including things that are normal but not made it to the radiology report. When an obstetric patient is reviewed by a midwife in clinic after their morphology scan, there is a checklist that needs to be completed by the midwife during their visit. If these items on the checklist are not in the radiology report, then the patient needs to be reviewed by a registrar to be cleared. I have attached the Midwife Morphology Review Checklist sent to me by Emma Flanagan who runs the Midwifery Group Practice at SGH. If the following could be included on the reports, please.

- Cervix length
- Placental position
- Position of cord insertion into placenta
- Foetal heart rate
- 3VC present
- Liquor volume, deepest vertical pocket

These things are also on the sonographers write up sheets.

Thanks

Karen

Medical Imaging Meeting

Minutes

Senior Medical Officer's Committee Meeting
 Medical Imaging, St George Hospital
 South Eastern Sydney Local Health District
 Wednesday 15 November 2023
 17:30 – 18:30
 Radiology conference Room 3 / Microsoft Teams

ITEM NO.	DESCRIPTION
1	<p>Attendance</p> <p>Sam Hassan Derek Glenn Johnson Zang Kuan Ho Nalayini Balendran Mark Power Mohamed Nasreddine Suhrid Lohd</p> <p>Guests</p> <p>Heidi Boss Mehr Vather</p>
2	<p>Terms of Reference</p> <p>Noted</p>
3	<p>Minutes and Actions arising from previous meeting</p> <p>Draft minutes from meeting scheduled 25 October were endorsed noting three actions from meeting have been completed.</p>
4	<p>Radiology Trainee Feedback – Mehr Vather</p> <ul style="list-style-type: none"> • Update provided regarding the changes in roster allocation with fluoro procedures assigned to the trainee rostered on body and the O&G reg will cover ultrasound only. Feedback on this change was positive noting it has enable improved sonographer attachments time. • Huddles – these have been helpful in assisting with the supervision issue. Trainees know where to send their reports. • Request for any M&M cases to be sent for collation prior to the planned meeting in November.
5	<p>Update Director Medical Services & Clinical Governance</p> <ul style="list-style-type: none"> • Update provided by Dr Heidi Boss, Director of Medical Services and Clinical Governance regarding SGH RANZCR Accreditation. • Dr Heidi Boss noted that the Hospital Executive alongside representation from the Ministry of Health Medical Workforce team met with RANZCR to clarify accreditation status on Thursday 10 December 2023. • During this meeting RANZCR indicated that while there were substantial improvements in the delivery of training seen over the past 3 months this had not translated and there were significant gaps in the completion of Work Based Assessments and DoT Reviews for trainees. • It was advised that RANZCR have extended SGH accreditation status to March 2024 to enable the department to demonstrate some further improvements in training.

Medical Imaging Meeting

ITEM NO.	DESCRIPTION
	<ul style="list-style-type: none"> Discussion was undertaken with reference to the methodology RANZCR utilises to determine its required training ratio.
6	Director of Training Update <ul style="list-style-type: none"> Dr Kuan Ho provided an update regarding training noting no significant change from previous month and indicated as far as he was aware that work based assessments were up to date. Discussion was undertaken around the potential discrepancy in portfolio reports Sam Hassan noted that N Chen resigned from the position of Director of Training, his tenure in the position was acknowledged, noting an expression of interest currently advertised for the position.
5	Department Update
5.1	Diagnostic Reporting Model Update <ul style="list-style-type: none"> Dr Derek Glenn provided an update on the progress of the diagnostic radiology reporting model noting reduced reliance of everlight in outsourcing reporting requirements Sam Hassan noted interim report on model had been drafted and would be circulated once endorsed
5.2	Redevleopment Update <ul style="list-style-type: none"> Updated provided regarding the redevelopment of the Kensington street precinct by Derek Glenn noting specification of major equipment process commenced Discussion occurred around the strategic direction of Interventional Radiology and required resourcing from both a facility and workforce perspective.
6	Other Items
6.1	Radiation License <ul style="list-style-type: none"> Update provided noting requirements to provide radiation license for upcoming NATA accreditation.
6	Business Without Notice <ul style="list-style-type: none"> Sam Hassan noted tutorial topic guide provided in the papers to assist in better mapping tutorials to RANZCR curriculum. ACTION: Consultants to identify 5 preferred topic areas and advise by COB Monday 4 December .
7	Next Meeting: 20 December 2023 17:30 – 18:30pm Conference Room 3 / Microsoft Teams

RADIOLOGY NETWORK LAN 3

LAN 3 - Local Governance Committee Meeting 26 October 2023 (5:30pm – 6:30pm)

Location: Teleconference

ATTENDEES	
LAN 3 Admin	LIVERPOOL HOSPITAL
X Elizabeth Silverstone – LAN 3 NTD (Chair)	X Preeta Philip – LH HoD
X Alisha Tamang- Lan 3 NESO	X Osman Shady – LH co-DoT
X Suraj Gandha – Business Manager	Elise Cumin – LH co-DoT
RANZCR	
	BANKSTOWN HOSPITAL
	Tarek Bhuiyan – Bankstown HoD
	Diana Tran – Bankstown Co-DoT
	Kim-son Nguyen – Bankstown Co-DoT
HETI	CAMPBELLTOWN HOSPITAL
Noel Young – HETI	Sacha Kobilski – Campbelltown HoD
	Minh Xuan Truong – Campbelltown DoT
TRAINEE REPS	ST GEORGE HOSPITAL
X Alexander Kirwan (POW – 4 th year) – trainee rep	Derek Glenn – STG HoD
OTHER	X Kuan-Ching Ho – STG co-DoT
X Mark Bassett- Director Medical Imaging Services- ISLHD	Nicholas Chen- STG co-DoT
X Sam Hassan- STG Operations Manager, MID	WOLLONGONG HOSPITAL
	X Peter Child –TWH DoT
	Karen Fullard- TWH Co-Dot
	Peter Turner –TWH District manager MID
	PRINCE OF WALES HOSPITAL
	X Daniel Moses – POW HoD
	Georges Hazan – POW co-DoT
	Geoffrey Peretz - POW co-DoT
	ST VINCENT'S HOSPITAL
	X Yael Barnett – STV HoD
	Fiona Leung – STV co-DoT
	X Duy Nguyen – STV co-DoT
	BATHURST HOSPITAL
	Sam McCormack- District wide DoT
	CANBERRA HOSPITAL
	X Catherine Hayter- TCH Co-DoT
	Jade Lee- TCH Co-DoT

ACTION SUMMARY			
Item	Person	Action	Notes
1	All DoTs	To advise their availability from Mid-November to Early January for planning progression meeting to NESO	
2	NTD/NESO	To contact speakers to know their opinions on doing a KC session for mid-year intakes	
3	All Sites	To review the budget document for approval	

Items for LGC member's information

ITEM NO.	DESCRIPTION																					
1.	<p><u>Annual Recruitment</u></p> <p>7 positions recruited. 3 positions to be advertised for STV.</p> <p>New trainees as below:</p> <table border="1" data-bbox="450 785 1138 1048"> <tbody> <tr> <td>Liverpool</td> <td>Sudarshan</td> <td>Ravi</td> </tr> <tr> <td>Liverpool</td> <td>Eric</td> <td>Cho</td> </tr> <tr> <td>Liverpool</td> <td>Benjamin</td> <td>Xie</td> </tr> <tr> <td>Liverpool</td> <td>Michael</td> <td>Hunter</td> </tr> <tr> <td>Prince of Wales</td> <td>Alon</td> <td>Taylor</td> </tr> <tr> <td>St Vincent's</td> <td>Mahsa</td> <td>Afaghi</td> </tr> <tr> <td>St Vincent's</td> <td>Jay</td> <td>Gajera</td> </tr> </tbody> </table>	Liverpool	Sudarshan	Ravi	Liverpool	Eric	Cho	Liverpool	Benjamin	Xie	Liverpool	Michael	Hunter	Prince of Wales	Alon	Taylor	St Vincent's	Mahsa	Afaghi	St Vincent's	Jay	Gajera
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St Vincent's	Mahsa	Afaghi																				
St Vincent's	Jay	Gajera																				

ITEM NO.	DESCRIPTION	Notes
1.	<p><u>Introduction</u></p> <ul style="list-style-type: none"> • Meeting to be recorded • Acknowledgment of Country • Attendance and apologies: Dr Elise Cumin, Dr Fiona Leung, Dr Georges Hazan, Dr Geoffrey Peretz, Dr Tarek Bhuiyan • Conflict of Interest – declaration: None 	
2.	<p><u>Minutes from prior LGC Meeting –</u></p> <ul style="list-style-type: none"> • For Approval: Suraj approved it, Alex seconded it • <i>Business arising from prior Minutes: None</i> 	
3.	<p><u>LAN 3 Budget Update</u></p> <p>Suraj will provide update on LAN 3 budget</p> <ol style="list-style-type: none"> 1. Suraj provided budget update for 2024 (attachment provided separately) 2. All sites are requested to review the budget document for approval. Any questions/concerns can be directed to Alisha/Suraj 3. Funds from Rural site and Canberra are in the trust fund and can be used as Education fund 4. Preeti asked if there has been any decisions on how the education funds are used 5. NTD advised it is not yet decided and she would like input from everyone. NTD will send out emails to all LGC members to share ideas on how to utilise the education funds and then a meeting or a forum will be created to discuss these ideas. <p>Action:</p> <ul style="list-style-type: none"> • All Sites to review the budget document for approval and advise Alisha/Suraj of any issues • All sites requested to share ideas on how to utilise the education funds 	
4.	<p><u>LAN 3 trainee representatives' reports:</u></p> <p><u>Alexander Kirwan:</u></p> <ol style="list-style-type: none"> 1. Alex advised trainees are worried about meeting the Experiential Training Requirements as not all sites offer similar specialty and exposure 2. There was some apprehension regarding the new exam format however trainees are getting used to it and are getting comfortable with it 3. Alex raised that getting Mammo and O&G is still a struggle for trainees and are worried they cannot meet these requirements by end of training 4. NTD asked why there is lack of O&G exposure to POW trainees as RWH is next door. Alex advised that the RWH is run by O&G and not radiology thus trainees only get minimal exposures there and can only go as observers which is not the best way to get O&G training. 5. NTD advised she will look into further options to increase O&G and Mammo exposures for LAN 3 sites 6. Alex stated that across the state are struggling meeting the Mammo requirements 7. NTD asked about Paeds exposures at POW and how are they keeping up with it. Alex advised there is a shortage in paed radiologists at POW and the FTE has not increased much. However he said there is some positive changes to it. He advised the four STG trainees can get half term of paed experience at POW in 2024 as per the rotations. Getting full term of paed is difficult still as they are expected to contribute to the afterhours as well as get annual leave so the exposure is short to the required 12 weeks. 	



Health
Illawarra Shoalhaven
Local Health District



Health
South Eastern Sydney
Local Health District



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5. **LAN 3 site reports:**

Each home site to provide updates on their:

- Site's improvements/challenges and Accreditation
- Trainee progress, trainees in difficulty
- Education/training and ideas for improving LAN-wide education.

1. **ACT:**

Cathy advised the rural site linkage with Dubbo and Bathurst has been great and trainees have given positive feedbacks. Two trainees are leaving to go interstate so currently vacancy is being advertised. Four trainees have re-sat the recent Part 1 sitting 2 2023 for Anatomy. There are more junior trainees so it has been very bottom heavy and harder to get the 50 US signed off. There have been anxiety issue among regs and have had to be referred to GP and Psychologists.

Preeta asked about Paeds at ACT. Cathy advised they get paeds at the hospital and have paeds radiologists so trainee get paeds exposure throughout their 5 year training time. Preeta asked if they offer paeds rotations. Cathy advised it is difficult due to paeds exposure being staggered so 3 month time of only paeds cannot be fully guaranteed and also costs and accommodation issues.

2. **Bathurst/Orange:**

No representative at the meeting

3. **LH/BH/CBH:**

Preeta advised one trainee is taking longer to pass part 2 exams however is not necessarily trainee in difficulty. All Part 1 exams have received passed results, Part 2 exams have received mixed results. 4 new recruits for 2024 and 2 positions are vacant however unaccredited reg will be recruited due to the paeds blockage.

4. **POW/SCH:**

Alex presented on behalf of POW. All trainees did well in part 2 exams, one resat part 1 exams. Site is preparing to link with private site Spectrum to increase options for sub specialty training as well as increase trainee numbers subject to positive accreditation result.

5. **STG:**

Kuan advised STG is still awaiting their accreditation verdict. Difficulty in recruiting senior staff. Regs are getting proper tutorials and teaching on site. 3 trainees in difficulty currently on remediation pathway. One trainee has exhausted exam attempts for Part 1 exams and will be exiting the program. Another trainee has deferred the part 2 exams to 2024 and another one will finish their contract end of 2023 clinical and is not being renewed. Sam added via chat that 4 trainees have sat Part 1 in 2nd sitting and 1 is sitting OSCERs in Nov. Consultant coverage improving over time and site averaging 3 tutorials per week, reinvigoration of journal club and interesting cases and continued monitoring supervision ratio weekly (in hours) with trainees.

6. **STV:**

Duy advised all trainees passed the exams they have sat. No trainee in difficulty.

7. **TWH:**

Peter advised they are trying to get another registrar position at TWH and are working on it. Trainees accredited and unaccredited have been enjoying their time at TWH.

6. **Paediatric training update- Daniel Moses and Preeta Phillip**

- Preeta gave update on behalf of the paediatric working group on paediatric training proposal
- They would like to try the hub and spoke model in which 12 weeks of rotation is split into 2 rotations of 6 weeks where trainees get half of the training at the hub site and half at the spoke site. So hub site is the major Paediatric training sites such as CHW and POW. Spoke sites are the sites who get community

paeds.

- **This is in proposal and is awaiting approval from the College. Once approved the working group will reach out to sites to volunteer in becoming spoke sites.**
- **Preeta advised Daniel is working on putting cases on PACs on training**
- **Daniel stated he has put it across and awaiting feedback on it**
- **Preeta advised they are looking at establishing a paediatric radiology fellowship and is different to traditional fellowships where trainees complete last 6 months as an SSR in paeds and then further 6 months as post RANZCR fellowship**
- **NTD thanked Daniel for helping get the Sectra to be accessible to STV trainees so they can access the paediatric training files**
- **Kuan asked if STG can get access as well. Daniel advised there is a "LAN 3 teams" group and everyone should be a member. He has advised to reach out to him if anyone is not a member and would like to be one.**
- **NTD asked if there are any cases in the library and Daniel advised it has one case as of now and he is working on getting more to be uploaded. He has also encouraged all trainees to become a member.**
- **Preeta added that there should be one representative from each site taking responsibility in generating new cases so it is shared amongst all and everyone is contributing and it is easier to keep track of progress.**
- **Daniel advised he is working on developing the curriculum to cover category 1 and 2 and would like one person to be the main curator so each case is provisional until reviewed/approved before publishing**

7. Trainee Status updates:

- For everyone's noting so we can get overview of where our trainees are and flag anyone struggling

Site	First Name	Surname	Yr	Training Start	R T4	O&G	Paeds	Part 1	Part 2 written	Part 2 Vivas	Phase	Progression Due
LH	Cecil	Chen	5	4-Feb-2019		C	C	P	P	P	3	Late Nov 2023
LH	Kutayba	Adam	5	4-Feb-2019		C	C	P	P	P	3	Late Nov 2023
LH	Martin	Doss	5	4-Feb-2019		C	C	P	P	P	3	Late Nov 2023
LH	Shah Rukh	Shaikh	5	4-Feb-2019		C	C	P	P	P	2	Now
LH	Sean	Sweeney-Knapp	4	4-Jun-2019		In-House	C	P	P	P	2	Early 2024
LH	Cheng Hong	Yeo	4	2-Feb-2020		In-House	C	P	P1MCQ1, FCR2	5	2	Post passing exam
LH	Sameer	Dave	4	2-Feb-2020		In-House	C	P	P	P	2	Late 2023
LH	Jasjit	Walia	3	1-Feb-2021		In-House	C	P	P2, FCR1MCQ1		2	Late 2024
LH	Danny	Hyun	3	1-Feb-2021		In-House	C	P	P	2024 S1	2	late 2024
LH	Hashim	Noori	2	7-Feb-2022		In-House	C	P	2024 S1	2025 S1	2	Late 2024
LH	Paul	Balamon	2	7-Feb-2022		In-House	2024	P	2024 S1	2024 S2	2	Late 2025
LH	Sammy	Le	2	7-Feb-2022	CHW	In-House	2024	P	2024 S1	2025 S1	2	Late 2025
LH	Chris	Yu	1	6-Feb-2023		In-House	2025	P	2025 S1	2026 S1	1	Late 2024
LH	Mustafa	Ridha	1	6-Feb-2023		In-House	2024	P	2025 S1	2026 S1	1	Late 2024
LH	Nimisha	Manek	1	6-Feb-2023		In-House	2025	P	2026 S1	2026 S2	2	Late 2024
LH	Sameer	Mahajan	1	6-Feb-2023		In-House	2025	P	2025 S1	2025 S2	1	Late 2024
POW	Henry	Zhao	5	4-Feb-2019		C	C	P	P	P	3	Late Nov 2023
POW	Fiona	Lau	4	1-Feb-2020		C	In-House	P	P	4	2	Early 2024
POW	Alexander	Kirwan	4	2-Feb-2020	STG	75% C Term 4	In-House	P	P	P	2	Late 2023
POW	Georgina	Aberdein	4	26-Sep-2022		C	In-House	P	P	2	2	Late 2024
POW	Jesse	Ende	4	3-Aug-2020		C	C	P	P	P	2	Late 2023
POW	Charles	Osborne	3	2-Nov-2020		C	In-House	P	2024 S1		2	Late 2024
POW	Ian	Teng	3	1-Feb-2021		C	In-House	P	P	2023 S2	2	Late 2024
POW	Meydene	Ong	3	1-Feb-2021		C	In-House	P	P	2023 S2	2	Late 2024
POW	Nicole	Khor	3	1-Feb-2021		C	In-House	P	P	2023 S2	2	Late 2024
POW	Hugo	Reynolds	3	6-Feb-2023		50% C	In-House	P	2024 S1		2	Late 2024



POW	Konrad	Schultz	2	7-Feb-2022	TWH	C	In-House	P	2024 S2		2	Late 2024
POW	Daniel	Yeo	2	7-Feb-2022		C	In-House	P	2024 S2		2	Late 2025
POW	Karan	Singh	1	6-Feb-2023		2024	In-House	P	2025 S1		1	Late 2024
POW	Sasha	Martin	1	6-Feb-2023		2024	In-House	F1, AIT			1	Late 2024
POW	Kurt	Daley	1	7-Aug-2023		2025	In-House	2023 S2	2025		1	Early 2025
STG	David	Lee	5	11-Jul-2016		In-House	C	P	P	3	2	Post passing exam
STG	Damien	Riwoe	5	6-Feb-2017	Bathurst	In-House	C	P	F	2	2	Post passing exam
STG	Gowri	Kanthan	5	1-Feb-2016		C	C	P	P	P	2	Post passing exam
STG	Georgia	Yeo	5	14-Aug-2017		C	C	P	P	4	2	Now
STG	Joshua	Yap	4	2-Feb-2020		In-House	C	P	P	P	3	Late 2024
STG	Nicholas	Nguyen	3	1-Feb-2021		In-House	2025	F5,ANAT			1	Post passing exam
STG	Kasper	Lau	1	6-Feb-2023		In-House	2024	F1			1	Late 2024
STG	Mehr	Vather	1	6-Feb-2023		In-House	2024	P	2025 S1		1	Late 2024
STG	Yuen Ting	Wong	1	6-Feb-2023		In-House	2024	F1, AIT			1	Late 2024
STG	Saad	Rehan	1	3-Jul-2023		In-house	2024	2023 S2			1	Early 2025
STG	Jeffrey	Thompson	1	18-Sep-2023		In-house	2025	2023 S2			1	Mid 2025
STV	Jacqueline	Lubomski	5	5-Feb-2018		C	C	P	P	P	2	Late 2023
STV	Shiv	Aggarwala	5	4-Feb-2019		C	C	P	P	P	3	Late Nov 2023
STV	Sonal	Sachdev	5	15-Apr-2019		C	C	P	P	P	2	Now
STV	George	Sidhom	5	12-Aug-2019	POW	C	C	P	P	P	2	Now
STV	Joanna	Kao	4	3-Aug-2020		C	C	P	P	2023 S2	2	Late 2024
STV	Ruilin	Jin	3	1-Feb-2021		C	C	P	P1		2	Late 2024
STV	Simon	Chen	2	7-Feb-2022		C	2024	P	2024 S1		1	Mid/late 2023
STV	Nikeith	John	1	19-Sep-2022		2024	2024	P	2025 S1		1	Late 2024
STV	Jack	Huang	1	6-Feb-2023		2024	2025	P	2025 S1		1	Late 2024
STV	Marissa	LEWIS	1	2-Oct-2023		2025	2026	2023 S2			1	Late 2025
TCH	Phil	Hingley	5	4-Feb-2019				P	P		3	Late Nov 2023
TCH	Geetha	Guduguntla	5	27-May-2019				P	P		3	Early 2024
TCH	Marie	Mansfield	4	1-Jun-2019				P	P	2023 S2	2	Early 2024
TCH	Abigail	Ng	4	18-Nov-2019				P	P1W2	1	2	Early 2024
TCH	Vladimir	Kiselev	3	1-Feb-2021				P	P1		2	Late 2024
TCH	Jiawen	Ma	3	8-Feb-2021				P	P1		2	Late 2024



TCH	Mike	Van Alphen	3	4-Mar-2021				P	P1		2	Late 2024
TCH	Andrew	Holmes	2	1-Feb-2021				P	P1		2	Late 2024
TCH	Hayley	Collins	2	7-Feb-2022				P	2024 S2		2	Late 2025
TCH	Himasha	Nanayakkara	2	7-Feb-2022				P	P1		2	Late 2025
TCH	Shiwei	Huang	2	7-Feb-2022				P	2024 S1		2	Late 2025
TCH	Jason	Sczepanski	2	6-Jun-2022				P	P1		1	Early 2024
TCH	Lachlan	Kerr	1	22-Nov-2022				P	2024 S2		1	Mid/Late 2024
TCH	Harrison	Slockee	1	6-Feb-2023				F1, ANAT			1	Late 2024
TCH	Kathryn	McKeon	1	6-Feb-2023				F1, ANAT	2025 S1		1	Late 2024
TCH	Michael	J young	1	6-Feb-2023				F1, ANAT			1	Late 2024
TCH	Peter	Ikeuchi	1	6-Feb-2023				F1, ANAT	2025 S1		1	Late 2024
TCH	Tebogo	Jabane	1	6-Feb-2023				2023 S2	2025 S2		1	Late 2024
TCH	Juan	Quesada Ramirez	1	7-Aug-2023				2023 S2			1	Mid 2025

8.	<p><u>Rotations:</u></p> <ul style="list-style-type: none"> • 2024 rotations have been finalised and distributed. • This may need to be updated if STG loses accreditation <p>1. NESO noted the Rotations for 2024 have been distributed however if STG loses accreditation this may need to be updated</p>	
9.	<p><u>E-portfolio</u></p> <ul style="list-style-type: none"> • All sites to encourage trainees completing training this clinical year to be ready to progress by late-November • Completion of training progression meeting for phase 3 trainees to be organised in early December • DoTs please advise your availability from Mid-November to Early January for planning progression meeting <p>1. NESO advised trainees completing training in 2023 need to be ready to progress to completion by late November. Application to progress can be submitted from 4 Dec onwards</p> <p>2. NESO requested all DoTs to provide their availability from Mid-November to Early January for planning progression meeting</p> <p>Action:</p> <ul style="list-style-type: none"> • All DoTs to advise their availability from Mid-November to Early January for planning progression meeting to NESO 	
10.	<p><u>Key Conditions (KC) for mid-year intake trainees:</u></p> <ul style="list-style-type: none"> • The LAN wide KC tutorials are done yearly in Apr-May for all new trainees (Feb starters) • Currently there are 6 mid-year intake trainees across LAN 3 • Are speakers willing to participate in a second round of KC tutorials? • There is option to record the KC tutorials given that presenters consent to it. <p>1. NESO noted above and asked sites if they are willing to do KC tutorials for mid-year intake trainees</p> <p>2. Preeta said LH does KC in a block and does not recruit any trainee out of cycle</p> <p>3. Duy said STV has midyear intake trainees and it is hard for them to wait for the main KC tutorials which is only done once a year. This delays their contribution to out of hours roster and pressures the senior regs</p> <p>4. NTD noted it is a bigger issue for the smaller sites with more pressure on the senior regs</p> <p>5. Duy also advised the KC tutorials are time consuming to prepare and can run for long time so it hard to get speakers to provide their time</p> <p>6. NESO advised LAN 1 does a 1 or 2 days full day session and asked everyone on their thoughts on it</p> <p>7. Duy liked the idea and would like to explore it</p> <p>Action:</p> <ul style="list-style-type: none"> • NTD and NESO to contact speakers to know their opinions on doing a session for mid-year intakes 	
8.	<p><u>RANZCR workshops and webinar:</u></p> <ul style="list-style-type: none"> • The RANZCR DoT Workshop updates (Scheduled 18th Oct 2023) <p>1. NESO advised the presentation slides from the DoT workshop has been shared with all DoTs so anyone who could not attend can review the topics discussed. The focus was around exam format, scoring and resources.</p> <p>2. NESO has extracted and shared exam information discussed at the workshop with the trainees as well</p>	

9.	<p><u>NTD report:</u></p> <ul style="list-style-type: none"> • Progress on education and training • Future direction and projects • Education budget <ol style="list-style-type: none"> 1. NTD noted there are prototyped Phase 1 anatomy mock exams on Detected-X platform and contents are created by exceptional and enthusiastic pre-radiology candidates in their areas of interests. There are more contents in progress. Main goal is to create exams that can be scored. 2. The plan to add Phase 2 components is in progress. The project is of no cost currently. 3. Collaboration on education between sites have been useful. 4. NTD would like to enhance the LAN 3 website and get more photos of the team out there. This is a project in progress. 5. Preeta also stated there is a Woman's Imaging Working group working on the Woman's and O&G training and is under progress and will provide updates in due time.
10.	<p><u>Other Business:</u></p> <ol style="list-style-type: none"> 1. Preeta provided update on the recent NSW Branch Scientific Meet held on 9th of September 2023 2. Event was also organised for trainees to present their Part 2 presentations 3. Paediatric radiologists were invited to speak 4. 18 registrars did their part 1 and 2 presentation and were judged by panel of 4 judges, the winner registrar was selected to go to the RANZCR ASM in Oct 2023 as a NSW representative and received monetary prizes by GCG global healthcare 5. Sameer Dave, Kutayba Adam and Zoe Clayton-Smith won the 1st 2nd and 3rd prize respectively. 6. A three part competition was also held for trainees with the winner being selected to go to the RSNA as sponsored by GCG global healthcare with 27 participants 7. Sean Sweeney Knapp won the competition and is going to RSNA in 2023 8. The event was a great success and Preeta recommends these events need to be organised often to increase trainees morale 9. NTD thanked Preeta for organising the event 10. Alex asked what would happen with the trainees if STG loses accreditation. NTD advised she is exploring into options for relocation however nothing can be said now as the College has not provided any verdicts on anything and some information may be received post the CRETC in November. 11. Peter asked as TWH is linked with STG how it will affect them. NTD advised TWH will need to be linked with another LAN 3 site if STG loses accreditation. 12. Mark asked which site it would be. NTD advised it is not decided. Logistically it will be easy to link with STV however all sites who volunteer to link with TWH will need to be assessed.

From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: ["Julian Hewet Le Forestier"](#); [Derek Glenn \(South Eastern Sydney LHD\)](#); [Erin Matheson \(South Eastern Sydney LHD\)](#); [T Ho](#); [Heidi Boss \(South Eastern Sydney LHD\)](#)
Cc: [Wendy Frazer](#); [Autumn Saunders](#)
Subject: RE: RANZCR ePortfolio Site Visit - St George
Date: Monday, 11 December 2023 6:32:49 PM

Hi Julian,

Thanks so much for the response I have included this in a calendar invite and circulated across the department.

Look forward to catching up next week – in the interim if there is anything else I can assist with in terms of prep please let me know.

Sam Hassan

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

Gray Street, Kogarah

Tel (02) [REDACTED]



Health
South Eastern Sydney
Local Health District



From: Julian Hewet Le Forestier [REDACTED]
Sent: Monday, December 11, 2023 1:50 PM
To: Sam Hassan (South Eastern Sydney LHD) [REDACTED]; Derek Glenn (South Eastern Sydney LHD) [REDACTED]; Erin Matheson (South Eastern Sydney LHD) [REDACTED]; T Ho [REDACTED]; Heidi Boss (South Eastern Sydney LHD) [REDACTED]
Cc: Wendy Frazer [REDACTED]; Autumn Saunders [REDACTED]
Subject: RE: RANZCR ePortfolio Site Visit - St George

Hi Sam,

I hope you had a great weekend!

Please find below the link to the Teams meeting for the session next Monday. If you could please circulate this invitation to the department to ensure they can join online if they are able to, as well as have access to the recording of the session for later use that would be greatly appreciated.

Thanks! See you next week.

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 444 391 930 792

Passcode: gVs75L

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

Or call in (audio only)

[+61 2 8318 0024,,886197523#](#) Australia, Sydney

Phone Conference ID: 886 197 523#

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

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

Kind Regards,
Julian

Julian Hewet-le Forestier | Senior Program Officer – ePortfolio Development and Support | Specialty Training Unit

The Royal Australian and New Zealand College of Radiologists

Level 9, 51 Drutt Street, Sydney 2000 NSW

E: julian.hewetleforestier@ranzcr.edu.au | W: www.ranzcr.edu.au | T: (02) 9268 9769

From: Julian Hewet Le Forestier

Sent: Friday, December 1, 2023 5:13 PM

To: Sam Hassan (South Eastern Sydney LHD) <Samah.Hassan@health.nsw.gov.au>; Derek Glenn (South Eastern Sydney LHD) <Derek.Glenn@health.nsw.gov.au>; T Ho <obelai2005@yahoo.com>; Heidi Boss (South Eastern Sydney LHD) <Heidi.Boss@health.nsw.gov.au>; Erin Matheson (South Eastern Sydney LHD) <Erin.Matheson@health.nsw.gov.au>

Cc: Wendy Frazer <Wendy.Frazer@ranzcr.edu.au>; Autumn Saunders <autumn.saunders@ranzcr.edu.au>

Subject: RE: RANZCR ePortfolio Site Visit - St George

Hi Sam,

Thank you for your email.

We would be happy to lock in 12-1pm on Monday the 18th for the session.

Thank you for confirming the use of the conference room with the items listed being available. We will aim to arrive at least 20 minutes early prior to 12pm to allow time to set up on the desktop and log into the ePortfolio to be able to perform the presentation.

We are more than happy to help and provide the session and we hope that it will be valuable for those in attendance!

I will organise a Teams meeting early next week and forward you the invitation. If you could please distribute the link to the meeting to the department that would be greatly appreciated. We will also record the session so that those who cannot attend can review at their leisure.

Thanks again for all your help to facilitate this session, Sam.

Have a great weekend.

Kind Regards,
Julian

Julian Hewet-le Forestier | Senior Program Officer – ePortfolio Development and Support | Specialty Training Unit

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

E: [REDACTED] | W: www.ranzcr.edu.au | T: [REDACTED]

From: Sam Hassan (South Eastern Sydney LHD) [REDACTED]
Sent: Friday, December 1, 2023 4:25 PM
To: Julian Hewet Le Forestier [REDACTED]; Derek Glenn (South Eastern Sydney LHD) [REDACTED] T Ho [REDACTED] Heidi Boss (South Eastern Sydney LHD) [REDACTED]; Erin Matheson (South Eastern Sydney LHD) [REDACTED]
Cc: Wendy Frazer [REDACTED]; Autumn Saunders [REDACTED]
Subject: RE: RANZCR ePortfolio Site Visit - St George

Hi Julian,

Thanks for your response. In terms of timing, I think early afternoon would be preferable perhaps between midday and 1pm?

We have a conference room which I will book once timing is confirmed that fits up to 15 with a projector and access to a desktop for internet connectivity, so the below requirements can all be facilitated.

Thanks again for the offer and prompt response with assistance and support, it is very much appreciated.

Happy to discuss further should you require any further information.

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

Gray Street, Kogarah

Tel (02) [REDACTED]



Health
South Eastern Sydney
Local Health District



From: Julian Hewet Le Forestier <[REDACTED]>
Sent: Thursday, November 30, 2023 5:25 PM
To: Sam Hassan (South Eastern Sydney LHD) <[REDACTED]>; Derek Glenn (South Eastern Sydney LHD) <[REDACTED]>; T Ho <[REDACTED]>; Heidi Boss (South Eastern Sydney LHD) <[REDACTED]>; Erin Matheson (South Eastern Sydney LHD) <[REDACTED]>
Cc: Wendy Frazer <[REDACTED]>; Autumn Saunders <[REDACTED]>
Subject: RE: RANZCR ePortfolio Site Visit - St George

Hi Sam,

Thank you for providing these dates.

Monday the 18th would suit us well, so happy to lock in this date especially if this would help to maximise the availability of trainees and consultants to attend.

As for time, when would suit the department best to hold the session? We are happy to work around the best available time for all attendees.

Also, in regard to what would be needed from our end for us to deliver the session, please see below a list of requirements:

- Meeting room with enough room for all attendees.
- Projector – If we can plug our own laptop into the projector this would be best.
- Lapel microphone – This would only be needed if the number of attendees exceeds 10-15 people or if the room is quite large.
- A login to the hospital's internet network
 - We can hotspot off a mobile network as a backup, so this is less critical but would be very useful.

Thanks for helping us organise the session, Sam. Very much looking forward to meeting you and the team at the session.

Kind Regards,
Julian

Julian Hewet-le Forestier | Senior Program Officer – ePortfolio Development and Support | Specialty Training Unit

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

E: [REDACTED] | W: www.ranzcr.edu.au | T: [REDACTED]

From: Sam Hassan (South Eastern Sydney LHD) <[REDACTED]>
Sent: Thursday, November 30, 2023 4:55 PM
To: Julian Hewet Le Forestier <[REDACTED]>; Derek Glenn (South Eastern Sydney LHD) <[REDACTED]>; T Ho <[REDACTED]>; Heidi Boss (South Eastern Sydney LHD) <[REDACTED]>; Erin Matheson (South Eastern Sydney LHD) <[REDACTED]>
Cc: Wendy Frazer <[REDACTED]>; Autumn Saunders <[REDACTED]>
Subject: RE: RANZCR ePortfolio Site Visit - St George

Hi Julian,

Following further discussion and review is it possible to arrange this for the following week either Monday 18th or Tuesday 19th of December?

If this is not possible I could also propose some alternative dates in the New Year.

Again, appreciate the offer and the department would like to maximise availability of trainees and consultants to attend the session.

Sam Hassan

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



Health
South Eastern Sydney
Local Health District



From: Sam Hassan (South Eastern Sydney LHD)
Sent: Monday, November 27, 2023 4:27 PM
To: 'Julian Hewet Le Forestier' <[REDACTED]> Derek Glenn (South Eastern Sydney LHD) <[REDACTED]>; T Ho <[REDACTED]>; Heidi Boss (South Eastern Sydney LHD) <[REDACTED]>; Erin Matheson (South Eastern Sydney LHD) <[REDACTED]>
Cc: Wendy Frazer <[REDACTED]>; Autumn Saunders <[REDACTED]>
Subject: RE: RANZCR ePortfolio Site Visit - St George

Hi Julian,

Thank you for reaching out and providing some potential dates to arrange an ePortfolio training session for both trainees and consultants.

An hour tutorial session as described below would be incredibly useful to provide any required training/refresher updates to both trainees and consultants within the department.

At this stage it is likely Tuesday 12 December that would be most suitable but, I will confirm this by Friday 1 December.

Thanks again and look forward to meeting with you.

Sam Hassan

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

Gray Street, Kogarah

Tel (02) [REDACTED]



Health
South Eastern Sydney
Local Health District



From: Julian Hewet Le Forestier [REDACTED] >
Sent: Friday, November 24, 2023 4:50 PM
To: Derek Glenn (South Eastern Sydney LHD) <[REDACTED]>; T Ho <[REDACTED]>; Heidi Boss (South Eastern Sydney LHD) <[REDACTED]>; Sam Hassan (South Eastern Sydney LHD) <[REDACTED]>; Erin Matheson (South Eastern Sydney LHD) <[REDACTED]>
Cc: Wendy Frazer <[REDACTED]>; Autumn Saunders <[REDACTED]>
Subject: RANZCR ePortfolio Site Visit - St George

You don't often get email from [REDACTED]. [Learn why this is important](#)

Dear Dr Boss, Dr Glynn, Dr Ho, Mr Hassan and Ms Matheson,

I hope this email finds you well.

My name is Julian Hewet-le Forestier, and I am the Senior Program Officer responsible for the Royal Australian and New Zealand College of Radiologist's Training ePortfolio platform.

I am emailing you today to open conversations regarding the possibility of an in person visit to the St George Radiology Department. Through conversations with the College's Accreditation team, we have heard that the Radiology Department at St George maybe interested in some ePortfolio training. In attendance would be myself and my colleagues Wendy Frazer (Head - Training Programs and Curriculum) and Autumn Saunders (Program Officer - Curriculum Development).

We are thinking of a 1-hour training session on the best usage of the ePortfolio platform, as well as provide trainees / clinical supervisors and DoTs the opportunity to ask us questions.

This visit would be separate from any Accreditation visits and is solely for the purposes of providing upskilling on our ePortfolio and Training Program.

If the department at St George would find this useful and would like us to make a visit, here are some prospective dates that would suit us. If none of these dates are suitable, we are more than

happy to work around the availability of the department.

Our dates are:

- Thursday 7 December
- Tuesday 12 December
- Friday 15 December

Thank you for your consideration, if you have any further questions, please let me know.

Kind Regards,
Julian

**Julian Hewet-le Forestier | Senior Program Officer – ePortfolio Development and Support |
Specialty Training Unit**

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

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Rec 21 - Preliminary Reports 15 December 2023

Row Labels	Count of Examination ID
CR	6
CT	94
DX	2
MR	6
US	70
Grand Total	178



St George Hospital Radiology Registrar Manual

[Section 1: First-day schedule for new Registrars](#)

[Section 2: Definitions](#)

[Section 3: Consultants](#)

[Section 4: Communication](#)

[Section 5: Tutorials and meetings](#)

[Section 6: Intradepartmental rotations and responsibilities](#)

[Section 7: Approvals and triaging](#)

[Section 8: CT protocols](#)

[Section 9: After hours \(on call\)](#)

[Section 10: Management of complications](#)

[Section 11: Report writing](#)

[Section 12: Leave](#)

[Section 13: Fluoroscopic and interventional radiology procedures guidelines](#)

- Informed consent
- Barium swallows
- Defaecograms
- Swallows/enemas/cystograms
- Dr Glenn's YouTube tutorials
- Commonly used equipment for imaging-guided drainages/biopsies and PICC lines

[Section 14: General advice and resources](#)

Section 1: First-day schedule for new Registrars

0830

- Meet a designated senior Registrar in the Radiology Department CT reporting room for a tour of the department
- Lockers are provided in the new Radiology area if required

0900

- Go to Medical Workforce for paperwork and IT access
- Your hospital computer login is also your login for Citrix and eMR/PowerChart

0930

- If required, go to the parking office at the bottom of Belgrave St Metro car park and apply for a permit
- Note that on Monday each week at 0700, you can obtain a 5-day permit at the Belgrave St office; there are limited numbers and they will sell out so get in early
- Free street parking is also available around President Ave (15 minutes walk away)

1000

- Get a staff ID badge and security access card from Security - ensure you also have MRI access

1100

- Meet with radiology service manager John Thomas
- Collect a TLD (radiation dose monitor) from the senior radiographer Tom Kolotas

1130

- Meet with senior radiographer Mark Goddard and PACS administrator Mark Whitehouse to set up the PACS user interface
- You will be given a login for Sectra and Karisma

1230

- Lunch - feel free to check out the local restaurants

1330

- Login to Sectra/Karisma and familiarise yourself with the system; the DR Liaison Registrar can guide you through this process
- Ensure you have access to "Findmyshift" and the Google Drive SGHR roster
- Shadow a senior Registrar or Consultant
- Spend some time watching procedures and familiarising yourself with the fluoroscopic and ultrasound machines between cases

1700

- Home time (make sure you "restart" your computer before you leave)

Section 2: Definitions

The Medical Imaging Department at St George Hospital (SGH) provides comprehensive medical imaging services to both adult and paediatric inpatients and outpatients at SGH and other satellite hospitals/clinics.

Head of Department (HoD)

Dr Derek Glenn has been the Head of Department at SGH Radiology since 1990 and is the longest-serving Head of Department in NSW. He is a jack of all trades and is highly skilled in both DR and IR. He is the innovator of the new VMO reporting model at SGH.

Director of Training (DoT)

Our DoT and “supervisor” is Dr Kuan-Ching Ho (on site Mondays and Wednesdays) He is also available via text/email. Discuss your college requirements with him regularly and ensure you stay up to date with the work-based assessments, DoT reviews, and requirements specific to your phase of training.

Network Director of Training

Dr Liz Silverstone is the Network Director, based at St Vincent’s Hospital. She works closely with the Network Education Support Officer Alisha Tamang, who will occasionally work on-site at SGH.

Staff Specialist Consultants

The Staff Specialist Consultants are Diagnostic Radiologists on the floor and are responsible for giving tutorials, answering diagnostic questions, supervising diagnostic fluoroscopic procedures, running MDTs, and helping with your RANZCR educational requirements e.g. work-based assessments. These Consultants also often work on the MRI list but are not under pressure to provide a diagnostic “service provision”. You send your reports primarily to them (unless it is outside their field of expertise) particularly if you go through a scan with them in person.

VMO Consultants - Reporting Engine (RE) and Training, Engagement, and Governance (TEG) Consultants

The VMO Consultants are part of a model unique to SGH. They are diagnostic Radiologists rostered to either an RE or TEG shift. The RE Consultant works offsite from 0800-1600 during the day and 1600-2400 during the evening, and is responsible for reporting all the diagnostic studies during their shift, aiming to provide contemporaneous reporting while relieving the reporting load from the Registrars. You can also send your preliminary reports to them (e.g. if it is outside the Staff Specialist Consultant’s field of expertise) and direct specific diagnostic questions to them. The TEG Consultant takes on similar roles to a Staff Specialist Consultant in giving tutorials, answering diagnostic questions, running MDTs, etc.

Section 3: Consultants

Staff Specialist Consultants

- **Kuan-Ching (Thomas) Ho:** specialty interests in neuroradiology, MSK, and chest
- **Nicholas Chen:** specialty interests in neuroradiology
- **Nalayini Balendran:** specialty interests in MSK and body
- **Sarita Bahure:** specialty interests in O&G, breast and oncology

VMO (RE/TEG) Consultants

- **Derek Glenn:** when scheduled on a TEG shift, tends to teach on Tuesday mornings 0800-0900 in Conference Room 3
- **Mark Power**
- **Peter Child**
- **John Lim**
- **Sanjeeva Abeywickrema**
- **Yan Hao (Gabriel) Tan**
- **Johnson (Jun-Liang) Zang**
- **Mohamed Nasreddine**

IR Consultants

- **Suhrid Lodh:** Director of Interventional Radiology at SGH
- **Henora Chour**
- **Justin Whitley**
- **Alex McQuinn**

Consultants are usually readily contactable via the Sectra chat feature.

Section 4: Communication

SGH Medical Imaging Department

The address is: Burt Nielson Wing, Ground Level, St George Hospital, Gray St, Kogarah NSW 2217. Entry is via the Kensington St entrance. Phone numbers are on the following page.

Findmyshift

The SGH Radiology Registrar roster, called “SGH Radiology”, can be found online at www.findmyshift.com or on the App Store. Each Registrar will be allocated a personal login at the commencement of their time at SGH. Let a senior Registrar know if you are unable to access this.

WhatsApp

Download the “WhatsApp” application on your mobile from the App Store. You will be added to the WhatsApp Registrar and DoT groups on your first day which will be used for general communication, handover, and updates for tutorial changes or cancellations. The WhatsApp Registrar group is also used for communication during the day or for assistance after hours. Note that no patient-identifiable messages should be sent via WhatsApp.

MyBeeper

This app can also be downloaded to your phone and set up using the SGH settings. This app can be used to send and receive patient-related information. You can find and call or message doctors within SGH on this app.

LanPage

Each computer has the “LanPage” app where you can insert a pager number and send a typed message. To page from a desk phone, dial 611 and follow the prompts.

DR Liaison phone

The main contact for our department for referring clinicians and other radiology staff is the DR Liaison Registrar on extension 33677 (or 0419020424). This phone is contactable 7 days a week during the day. It is carried during the day by the DR Liaison Registrar from 0830-1400, then the Evening Registrar from 1400-2200, as well as the Weekend Registrars from 0830-2200. The phone should be placed on the charger in the CT reporting room by the Evening Registrar at the end of their shift. We are fortunate to have no night shifts. During these times, the on-site Radiographer will be the first point of contact.

IR phone

The IR phone on extension 33217 (or 0409212102) is carried by the IR Registrar on weekdays from 0830-1700. The phone should be placed on the charger in the angio reporting room by the IR Registrar at the end of their shift.

You may use the DR Liaison and IR phones to text with referrers however phone calls are generally preferred as texts may not be checked.

USEFUL NUMBERS

STG prefix: 911 (remove this to dial the extension on any hospital landline)

Switchboard: 91131111 (or dial 9 on any hospital landline)

Radiology front desk: 91133570

Radiology NUM (Kara): 91133664

Radiology services manager (John Thomas): 91132498

Radiology PACS administrator (Mark Whitehouse): 91132364, 0404804217

General radiographers: 91133565

Nurse x-ray weekend: 91133566

CT radiographers: 91132048

CT radiographers 2: 91132101

MRI radiographers: 91133655

MRI nurse: 91133656

MRI fax: 91133652

Sonographers: 91131149

US nurse: 91133879

Screening/fluoroscopy: 91133651

Angio radiographer: 91133654

IR secretary: 91133650

Everlight: 1800 705 402 (SGH hospital code 956)

ED CT: 91134645

ED admitting officer: 91133176, 91131245

Nurse navigator: 91134053

ED nurse in charge: 91131665

Acute Hall 1: 91131670

Acute Hall 2: 91131516

Short Stay: 91131630

Fast Track: 91131689

Resus front triage: 91131680

ICU reception: 91133227

ICU outreach Registrar: 0448152475

Duty anaesthetist: *8009

Theatre nurse in charge: page 111

Pathology/microbiology: 91133319

To dial an outside number, add a "0" before the number.

Section 5: Tutorials and meetings

SGH aims to provide sufficient teaching to its Registrars, either in the form of case-based tutorials or with structured curriculum-based teaching (case-based or didactic). All tutorials and meetings are outlined in the “Findmyshift” roster.

RANZCR requires its Registrars to undertake teaching and tutorials in a protected environment, free from disruption, to maximise learning. In order to achieve this, at the commencement of the session, a Registrar will be allocated to take all phone calls, thus maximising the learning experience for the other Registrars.

In order of preference, this should be:

1. The post-Phase 2 exams Registrar
2. The most junior non-Phase 2 candidate Registrar (can be present at the session but have the phone on silent)

Tutorial Schedule

Tutorials should run daily for an hour. The Staff Specialist or TEG Consultants are rostered to give tutorials each day. The tutorial times are arranged during the morning huddle, and often happens around 1400 in the main conference room but may vary. The LAN tutorial form must be filled in after the tutorial:

https://docs.google.com/forms/d/e/1FAIpQLSdUGzTA06v5awWZam_wrPW4VRaiNg0wFYVQv-KNKiMkWx8c-Q/

LAN Key Conditions Tutorials

LAN 3 Consultants conduct Key Conditions Tutorials for 1st year Registrars that run from 0800-0900 on Zoom over 3 weeks after the April Phase 1 exams. You will receive further information closer to this time and are expected to attend.

WAN Tutorials

These are arranged and coordinated by the respective network education support officers (NESOs) of each LAN for pre-Phase 2 exam Registrars only and are held weekly on Zoom from 0800-0900, usually alternating Tuesdays and Wednesdays. These are almost exclusively in case-based PowerPoint format. 3rd year Registrars get put in the hot seat to answer questions.

Nuclear Medicine Tutorials

These are held in the Nuclear Medicine Department on Wednesdays from 1200-1300 and are run by A/Prof Patrick Butler, the Director of Nuclear Medicine at SGH. Complimentary lunch is often provided.

Chris Wong Paediatric Tutorials

Chris Wong is a paediatric/IR Radiologist from Campbelltown Hospital/I-MED/Sydney Adventist Hospital who runs Zoom tutorials on Wednesdays fortnightly for Phase 2 NSW Registrars. Ensure your full name, year, and hospital is visible. The calendar is found here: <https://calendar.google.com/calendar/embed?src=fh1a6aouvke4lqeh803a0r2gos%40group.calendar.google.com&ctz=Australia%2FSydney>

Interesting Cases / Journal Club / Education Meeting

All Registrars are to attend no matter their training year. Registrars present journal articles or other contemporary topics, and are also encouraged to collate interesting cases during the week to share with their colleagues. The Staff Specialist or TEG Consultant will also attend. This time may also be used to complete the Critically Appraised Topics (CAT) college requirements.

Radiology/clinical MDT Meetings

These meetings can be found on the "Findmyshift" roster. These meetings are highly educational, and Registrars are encouraged to attend as many as they can, particularly the O&G meeting at 1300 on the first Tuesday of each month, and the paediatrics meeting at 0800 on the first Wednesday of each month. Involvement in MDTs is a particular college requirement as per the RANZCR Handbook and the ePortfolio system. The ID and Neurogeriatrics meetings are run by Registrars. Registrars are encouraged to contact the Consultant rostered to the MDT to access location details.

Morbidity and Mortality Meeting

This runs every 2 months on Tuesday 0800-0900, and offer a discussion of DR and IR cases for learning. A nominated Registrar is tasked with putting together the cases which are provided by the Consultants. Another Registrar will take the minutes.

Registrar Forum

This runs once a quarter, and is a forum where all the Registrars, the DoT, Sam Hassan (Operations Manager: 0456679073), and Dr Amy Manos (Medical Admin Registrar: 0407886377) convene to update on departmental changes and gather feedback to improve the training program at SGH. Complimentary lunch is often provided.

Training Huddle

This runs every weekday 0900-0915 in Conference Room 3. It is an informal touchpoint to coordinate the day, confirm supervisor allocation, procedures supervision, tutorials, and expectations for the day.

RANZCR Tutorials

Online tutorials can be found in the RANZCR Presentation Library at <https://webcast.ranzcr.com/> which includes the Centralised Learning Program, e-Portfolio tutorials, examination info, and more.

Section 6: Intradepartmental rotations and responsibilities

The weekday shift hours are from 0830-1700. Daily intradepartmental hybrid systems/modality-based rotations are listed via “Findmyshift”. X-rays and CTs are split among registrars, whereas ultrasounds and MRIs are allocated to a specific registrar.

You will be assigned to one of the following shifts:

- DR Liaison
- IR
- Body (fluoro)
- Neuro/MSK (MRI)
- O&G/Paeds (ultrasound)

You may be the only Registrar for that shift unless there is a full roster (8 Day Registrars + 1 Evening Registrar), in which case two Registrars will be allocated to O&G/Paeds (ultrasound), Body (fluoro), and Neuro/MSK (MRI) in that order. If there are two Registrars allocated to a shift, they should divide the work according to skill capabilities while giving junior Registrars an opportunity to learn (e.g. seniors report MRI, juniors report ED scans). Senior Registrars should also aim to “buddy” with the junior Registrar to go through scans together.

Senior (Phase 3) Registrars are required to complete systems-focused rotation and may therefore be rostered to subspecialty-based reporting (Neuro, Body, MSK, IR) depending on interest and availability. Junior Registrars will typically be rostered to O&G/Paeds (ultrasound) to help them complete their sonographer logbook. If you are a rotating Registrar and have a particular interest in IR, it is recommended you let the rostering senior Registrar know so an effort will be made to give you some training time in this area.

Expectations on Reporting Engine days

If there is a RE Consultant on a given day, the registrars are not expected to clear the reporting list, instead, they are required to discuss the reporting expectations of the day with the Staff Specialist or TEG Consultant (e.g. focusing on a particular modality such as MRI, or a particular body system). You should also focus on completing your RANZCR experiential training requirements (i.e. 10,000 x-rays, 5000 CTs, and 750 MRIs by the end of Phase 3). Depending on the stage of training, the Registrar should first attempt to interpret a study themselves, then discuss it with the relevant Staff Specialist or TEG Consultant, then report it and send it to that Consultant.

If you are doing any procedures, you must go through your list with the IR Consultant in the morning to see what level of supervision is required.

You should also be using this time to complete your RANZCR work-based assessments:

- Reporting assessments: 10 every 6 months (can be completed by any Consultant)

- Performed ultrasounds: 50 general by the end of Phase 1; 50 O&G and 50 paed by the end of Phase 3
- Fluoroscopic procedures: 50 general and 50 paed by the end of Phase 3
- IR procedures: 100 by the end of Phase 3
- MDTs: assist the Staff Specialist / TEG Consultant in running it or run it yourself

Registrars are also expected to attend any tutorials or MDTs for that day, as well as participate in any research (including critically appraised topics (CATs) or quality improvement activities) as directed by the DoT. Senior registrars are also encouraged to give tutorials to the junior registrars.

Registrars are not required to stay back after 1700 even if the list is not cleared as the RE Consultant will eventually clear it after hours.

Expectations on Non-Reporting Engine days

If there is no RE Consultant, the Registrars must clear the reporting list, sending all studies to the Staff Specialist Consultant(s) as indicated on the roster. The daytime Registrars must ensure that the daytime work (all CTs, ultrasounds and MRIs from 0830-1645) is completed prior to finishing. This may mean that if a particular shift is less busy, they need to help out their more busy colleagues to ensure everybody gets to leave on time at the same time. This will be achieved in conjunction with the Staff Specialist Consultant (who will typically be reporting MRIs).

There are allocated reporting lists in Sectra. Generally, when reporting, you should prioritise Emergency, ICU, Inpatient, then Outpatient scans. While not ideal, outpatient CT scans may be left if the department is short-staffed and no RE Consultant is available. CT and ultrasound reports are also generally prioritised over MRI and x-rays.

Registrars may have to stay back overtime to finish their list, and if you do so, you can claim it at <http://stafflink.hss.health.nsw.gov.au> or on the NSW Health UROC App. The "Health Agency" is "South Eastern Sydney LHD" and the "Facility" is "SESLHD Medical Imaging". Consultant approval is not required.

All your work should be checked and signed off by the Consultants before the end of the day.

SHIFT RESPONSIBILITIES

DR Liaison

- Hold the DR Liaison phone, sit in the CT reporting room
- Take calls regarding DR scan approvals, DR fluoroscopic/screening procedures, and imaging interpretation
 - For calls about unreported scans from prior days, pass the message on via Sectra chat (or refer the team) to the RE Consultant (or Staff Specialist Consultant if no RE Consultant is available)

- Triage and protocol DR scan requests and DR fluoroscopic procedures on Karisma (see sections [7](#) and [8](#))
- Assist the radiographers with any protocol queries
- Sign for CT/MRI contrast (the nurses will come to find you)
- Check CTCA ECGs and write metoprolol scripts (typically 50mg night before + 50mg day of procedure)
- Perform ultrasound-guided cannulas (if unsuccessful after two attempts, escalate to senior registrar or consultant)
- Perform CT colonographies
- Manage any acute radiology conditions including contrast reactions or extravasation
- Teach any medical students rotating to the department
- Consent IR procedures if the IR Registrar is scrubbed (see [section 13](#))
- No reporting responsibilities prior to 1400, but must help with the list (typically the Body list) after 1400; the other above responsibilities will be taken over by the Evening Registrar from 1400 (make sure you hand over any urgent after hours scans that have been approved, particularly MRI)

IR

- Hold the IR phone, sit in the CT reporting room
- Take calls regarding ultrasound, CT, angio, and IR fluoroscopic/screening (line-related) procedures and protocol these in conjunction with the IR Consultant and the IR secretary or the sonographers
 - Protocolling and booking is done on Karisma (see [section 7](#))
- Protocol any outpatient ultrasound or CT-guided procedures from the Radiology Front Desk (they will typically come and find you) in conjunction with the relevant IR Consultant
- Consent CT and angio procedures for the day (see [section 13](#))
- Perform procedures independently or scrub in with the IR Consultant (discuss with the IR Consultant what they would like you to do)
 - If you're about to be scrubbed in for a procedure, get the radiographer to hold the phone and take a message for you to follow up later - if it's an urgent request the DR Liaison Registrar will be the backup
- Manage any post-procedural patient issues, e.g. reviewing a CXR for pneumothorax post-biopsy, managing pain/bleeding, etc.
- No reporting responsibilities

Body (fluoro)

- Report all body CT, then all body x-rays (from 1645 the previous day to 1645 the current day) if time permits (in conjunction with the RE Consultant if available)
 - CT: CTPA, CT Chest, HRCT, CT KUB, CTAP, CT angiogram abdomen, CT CAP, staging scans, etc.
 - X-ray: CXR, AXR
- Consent and perform all diagnostic fluoroscopic studies (e.g. swallows, enemas, cystograms, proctograms)

Neuroradiology/MSK (MRI)

- Sit in the MRI reporting room
- Report all neuro, head and neck, and MSK CT, as well as all MRIs if possible (in conjunction with the Staff Specialist Consultant or RE Consultant if available), then x-rays (from 1645 the previous day to 1645 the current day) if time permits
 - Neuro
 - CT: brain, angiogram neck/COW, venogram, neck
 - MRI: brain, spine, head and neck
 - X-ray: skull, OPG
 - MSK
 - CT: limbs, pelvis, CT angiogram lower limb run-off
 - MRI: limbs, brachial plexus
 - X-ray: limbs, pelvis
 - Other MRI: MRCP, liver, enteroclysis, rectum, prostate, pelvis, paediatric

O&G/Paediatrics (ultrasound)

- Sit in the ultrasound reporting room
- Report all ultrasounds including abdominal, Dopplers, obstetric, female pelvis, and paediatric (16 years and under) (in conjunction with the RE Consultant if available)
- Consent and perform all ultrasound-guided procedures

Registrars should endeavour to help each other out, particularly when the department is short-staffed and busy. If a Registrar repeatedly fails to meet expectations, they will be escalated to the DoT for review.

Registrar procedure allocation

As above, all line-related fluoroscopic and ultrasound-guided procedures are consented and performed by the O&G/Paediatrics (ultrasound) Registrar. These include “line”-o’grams, ultrasound-guided drains, biopsies and injections.

All CT-guided and angio/fluoroscopic line procedures are consented and performed by the IR Registrar. These include CT-guided drains, biopsies and injections, Portacath/vascath insertions and removals, PICC line insertions, and tube exchanges/removals.

All procedures must be discussed with the IR Consultant prior to performing and sent to them after (except fluoroscopic procedures and biopsies/hookwires of breast masses which are discussed with or performed by the Staff Specialist Consultant).

Phase 2 rotation requirements

By the end of Phase 2, you would have been rotated to the required 8 weeks (40 work days) of O&G, the required 12 weeks (60 work days) of IR, and the required 4 weeks (20 work days) of Nuclear Medicine via the weekly tutorials. You will also be rotated to the required 8 weeks (40 work days) of BreastScreen. Paediatric training is typically undertaken at Prince of Wales Hospital.

Section 7: Approvals and triaging

Sectra

You will be shown how to log in to Sectra on your first day. This software is used to view the reporting list, view images, create reports, and communicate with Consultants and other Registrars.

Karisma

Karisma is used by the DR Liaison, Evening, Weekend, Public Holiday and IR Registrar to receive, protocol, and book new studies. Everything under “Reporting User” is protocolled by the Registrar.

APPROVALS (EXCLUDING OVERNIGHT)

Generally, all inpatient CT and some ultrasound scans require Registrar approval. ED Consultants can approve CT scans from ED during the day and the senior ED Registrar can approve non-complex CT scans overnight. Ultrasound scans are generally approved by the sonographers. MRIs only need Registrar approval if they are urgent (same day).

Approving CT scans

1. The clinician orders the CT scan on eMR/PowerChart
2. They then call the DR Liaison Registrar if the scan is urgent, or required to be performed within 24 hours
3. The DR Liaison or Evening Registrar then “receives, protocols, and approves” the scan on Karisma; this process is best explained in person

The DR Liaison Registrar should also go through the requests in the “Reporting User” or “Pending Approvals” section in Karisma and protocol all CT scans. Non-urgent scans (e.g. staging or progress scans) are typically protocolled for “next available” or “this week”. Try not to approve anything for the evening or on the weekend unless you are working that shift.

Approving ultrasound scans

1. The clinician orders the ultrasound scan on eMR/PowerChart
2. They then call the sonographer if the scan is urgent or required to be performed within 24 hours
3. The sonographer then “receives, protocols, and approves” the scan on Karisma.
4. If the sonographer thinks the request is inappropriate, they will make a note on Karisma and push it to the DR Liaison Registrar under “Reporting User”
5. The DR Liaison Registrar will review the request and allocate a Category if it is appropriate (see below), and push it back to “Sonographer” if it is a same day scan or to “Clerical” if it is non-urgent

Approving MRI scans

1. The clinician orders the MRI on eMR/PowerChart
2. They then call the MRI Radiographer directly to book in a next available time
3. If the scan is urgent, they will call the DR Liaison Registrar who will assess the indication - make sure you ask the team to put in an MRI safety form on eMR
4. The DR Liaison Registrar will call the MRI Radiographer to let them know the scan is approved (they are on site from 0800-2000)
5. No Karisma protocolling is required

Approving DR fluoroscopic procedures

1. The clinician orders the DR fluoroscopic procedure on eMR/PowerChart
2. They then call the DR Liaison Registrar to discuss the case
3. The DR Liaison Registrar checks that the procedure is appropriate, clarifies the urgency, and records the clinician's details
4. The DR Liaison Registrar then discusses the case with the Staff Specialist Consultant (unless it is a simple barium swallow, then discussion is generally not required)
5. Once approved by the Consultant, the DR Liaison Registrar protocols it on Karisma, calls the front desk to book the procedure into the diary, and lets the team know that it has been approved
6. If it is a same-day procedure, the DR Liaison Registrar must also hand over the details to the Body (fluoro) Registrar who will perform the procedure

Approving ultrasound, CT, angio, and IR (line-related) fluoroscopic procedures

1. The clinician orders the procedure on eMR/PowerChart
2. They then call the IR Registrar to discuss the case
3. The IR Registrar checks that the procedure is appropriate (by reviewing the latest imaging and asking the IR referral questions below), clarifies the urgency, and records the clinician's details
4. The IR Registrar then discusses the case with the IR Consultant
5. Once approved by the Consultant, the IR Registrar protocols it on Karisma, lets the sonographers/fluoro/IR radiographers know to book it in the diary (or the IR secretary if a CT/angio procedure is to be performed on a different day or is on the elective GA list - she will liaise with anaesthetics), and lets the team know that it has been approved
6. If it is a same-day ultrasound procedure, the DR Liaison Registrar must also hand over the details to the O&G/Paediatrics (ultrasound) Registrar who will perform the procedure

If no IR Registrar is available, the DR Liaison Registrar should take on this role of approving IR procedures.

APPROVALS (OVERNIGHT)

While not directly relevant to the Registrars as there will be none on site, this section is provided here for your information.

Approving overnight CT scans

ED CT scans are already protocolled by the radiographers. The process for inpatient CT scan approvals during these times is:

1. The treating ward doctor orders the scan on eMR. This is typically a:
 - CTPA following a clinical review/rapid response
 - CTPA+AP for an unstable post-peritonectomy patient
 - CT CAP for fever of unknown origin or any infectious concerns
 - CT angio/perfusion for ?stroke
2. The senior ward doctor calls the CT radiographer on 33565/34645
3. The CT radiographer will approve and protocol it for:
 - Same day: if it is one of the above scenarios or if it is clinically reasonable
 - Next available: if the patient is stable, staging scans, non-urgent MSK
4. The scan will be sent to Everlight for reporting

The radiographer will direct any queries about image interpretation to the Everlight number (also difficult x-rays e.g. PICC line confirmation will be sent to Everlight at the request of the treating doctor).

Approving overnight ultrasound scans

During these times, the senior ED or ward fellow/Consultant will call the sonographer directly for urgent ultrasounds. If there is any doubt, the DR Consultant on call will be involved via a Consultant-Consultant call.

Appropriate ultrasound requests overnight are:

- Testicular torsion
- Ovarian torsion
- Pregnant woman with pain/bleeding ?ectopic
- Paediatric patient ?appendicitis
- Paediatric patient ?intussusception

Appropriate ultrasound requests on the weekend are:

- All above conditions
- ?cholecystitis
- Fetal well-being
- Paediatric patient ?septic hip

Ultrasound requests not to be approved after hours:

- Most ?DVTs
- Renal/liver for deranged function
- MSK ultrasounds

The process for approving ultrasounds during these times is:

1. The ordering doctor has to check this list to see if their condition is appropriate (perhaps via the ED radiographer)
2. If the request is appropriate, the most senior ED doctor calls the on-call sonographer DIRECTLY (bypassing the ED radiographer)
3. The on-call sonographer takes the request, performs the scan, and releases the images and sonographer report
4. The ultrasound will be sent to Everlight for reporting only if the specialty team specifically requests it (after they have reviewed the images and sonographer's report)

Approving overnight MRI scans

The process for approving MRIs during these times is:

1. The condition must be either:
 - ?cord compression/cauda equina syndrome
 - Pregnant woman with acute brain ?bleed ?thrombosis etc.
2. The neurology/neurosurgical registrar calls the MRI radiographer DIRECTLY (bypassing the ED radiographer) ONLY AFTER the following steps have taken place:
 - MRI order placed on eMR
 - Patient MRI safety form sent
 - IV access in place
 - eGFR obtained
 - Sedation issues addressed
3. The ED/neurology/neurosurgical doctor will physically come to MRI to sign for gadolinium administration
4. The MRI will be sent to Everlight for reporting only if the ordering doctor specifically requests it (after they have reviewed the images)

TRIAGING

CT triaging

The inpatient team will place an order on eMR and should provide relevant clinical information as to why the scan is indicated. Your role is to confirm the necessity of the scan, ensure it is the most appropriate study to provide the information requested and provide information as to when this scan should be performed.

Teams will only call the DR Liaison/Evening Registrar for approvals if the scan is urgent or required to be performed within 24 hours. This should be approved on Karisma for "today" or "next available" (this means today if there is a slot before 1700 or if not then the next working day).

For all other non-urgent scans, teams are not required to call, and the DR Liaison Registrar must protocol the scan on Karisma for "next available", "this week", or a specific day (e.g. staging or progress scans). Try not to approve anything for the evening or on the weekend

unless you are working that shift. If there is an inappropriate request, the DR Liaison Registrar should call the team and educate them on how to appropriately order scans. If you are not sure about the protocol, see [section 8](#), or please ask one of the senior Registrars, a Consultant, or even one of our senior radiographers.

https://radiologyacrossborders.org/diagnostic_imaging_pathways/imaging-pathways is also a good resource.

Ultrasound triaging

The sonographers will usually triage their list as appropriate but if the request is inappropriate, they will defer to you to decide if the scan is necessary (check the “Reporting User” section on Karisma - they will leave a note). Outpatient scans requested for a specific date should be discussed with the sonographers.

To triage an ultrasound, allocate a Category:

- **Category 1:** Time-critical scan to be performed within 4 hours, e.g. testicular/ovarian torsion, ruptured ectopics. You should inform the sonographers that you have approved a category 1 to ensure someone will be available.
- **Category 2:** To be performed the same day, e.g. scan that will significantly alter management and cannot wait until tomorrow.
- **Category 3:** Today or tomorrow. Depending on the number of sonographers and amount of pending requests, e.g. DVT studies.
- **Category 4:** Non-urgent, e.g. DDH studies.

All non-urgent scans can be approved as “next available” or for a certain day (e.g. non-urgent scans on Sunday can be approved for Monday/Tuesday, etc.). Teams should be encouraged to obtain an ultrasound as an outpatient if it is not relevant to their admission. Patients must be fasted for 4 hours for an abdominal ultrasound and have a full bladder for a pelvic ultrasound.

MRI triaging

MRI approvals are generally next available and are protocolled directly by the MRI Radiographers. The DR Liaison / after hours Registrar will only get involved with emergency/urgent (same day) MRI requests. On weekends and public holidays, the MRI team need to be called in if an MRI is approved by the Registrar. Junior Registrars should discuss the case with the Staff Specialist / on-call Consultant as someone will need to report this scan once complete.

DR fluoroscopic triaging

Fluoroscopic approvals are usually next available and will depend on the bookings for that day. Fluoroscopy days are Tuesdays to Thursdays.

Procedure triaging

The DR Liaison, IR, or after hours Registrar (see above for the division of responsibilities) needs to discuss all procedures with the IR Consultant (or Staff Specialist Consultant for DR fluoroscopic or breast biopsy procedures) prior to approving. When booking in a time, try not to book more than 4 procedures in a given day.

How to take an IR referral

Basic details

- What is the patient's name, age, and MRN?
- Who is the requesting consultant?
- What is the procedure?
- Why is the procedure indicated, what will it achieve for the patient, and what is the risk/benefit of not doing it?
- Where is the relevant imaging, and do we have access to it? If not, can the team help us get access to it?
- Can the patient consent? Are they NESB?
- Will they need antibiotic cover?

Bleeding risk

- What is the serum platelet level and INR? Generally platelets >50, INR <1.5
- Are they on heparin or any NOACs? Can these be stopped if needed?
 - A comprehensive guide to managing bleeding risk and cessation of anticoagulation can be found on the wall in the CT reporting room or here: [https://www.jvir.org/article/S1051-0443\(19\)30407-5/pdf](https://www.jvir.org/article/S1051-0443(19)30407-5/pdf) (see tables 3 and 6)

Sedation

- Will sedation be required, and if so, does the patient have sedation risks?
- If the patient requires anaesthetics (e.g. acutely unwell), can this be arranged?
- Is the patient fasted if sedation is required?

Positioning

- Can the patient lie supine/prone for the duration of the procedure?

Anaesthetics

If the procedure will require sedation or GA by anaesthetics, this is the booking process:

- If approved by the IR Consultant to be done on the elective GA list, give the details to the IR secretary. They will find a space for the case and email the anaesthetics department with the booking.
- If it is an urgent/non-elective case, ask the team to organise anaesthetics. They will need to do the following:
 - Page the theatre nurse on 111 to discuss the case with them for the "emergency anaesthetics list"
 - They will ask for patient details, location, procedural Consultant, and category (usually immediate / within 24 hours)
 - Call the "duty anaesthetist" on *8009. They will ask for similar details.

Once they have done these two things, the case is on the "emergency list" and anaesthetics will contact the angio Radiographer (or vice versa) when there is availability. Also inform the angio radiographer of the case, as they will track the case and patient.

Section 8: CT protocols

Head

- **Brain non-contrast:** acute pathology (bleed, stroke, lesion, shunt)
- **Brain contrast:** neoplasm, infection (done after non-con brain)
- **Angiogram COW:** thrombosis, aneurysm, stenosis, AVM
- **Venogram:** thrombosis
- **Perfusion:** stroke (usually within 24 hours of symptom onset)
- **Orbit contrast:** infection, inflammation, neoplasms
- **Facial bones:** trauma
- **Sinuses:** usually non-con (sinusitis/neoplasms, bony erosions/lesions)
- **PTB:** hearing loss, trauma, otitis media, mastoiditis

Neck

- **Non-contrast:** not really any good reason to do, perhaps only for foreign bodies
- **Contrast (arterial):** trauma, vascular malformations
- **Contrast (venous):** standard neck protocol (infection, inflammation, neoplasms)
- **Parathyroid (4D):** non-con, arterial and venous phase for parathyroid adenoma/hyperplasia/carcinoma

Chest

- **Non-contrast:** follow up nodules, COVID
- **HRCT:** non-con, includes additional expiratory and prone sequences (interstitial pathology including ILD, cysts, air trapping, micronodules, bronchiectasis)
- **Contrast (pulmonary arterial) (CTPA):** PE
- **Contrast (arterial):** acute aortic syndrome (needs to be gated), trauma, infection, mediastinal mass
- **CTCA:** low/moderate risk coronary artery disease (if HR >65 the patient needs metoprolol (50mg day of procedure, additional 50mg night before if >75kg), also 300mcg sublingual GTN given on table)

Abdomen/pelvis

- **Non-contrast/KUB:** urolithiasis, obstructive uropathy
- **Contrast (early arterial):** 15-25 sec, vascular pathology (dissection, aneurysms, thrombosis, vasculitis)
- **Contrast (late arterial/corticomedullary):** 30-40 sec, pancreas, hypervascular liver/splenic lesions, renal cortex
- **Contrast (portal venous):** 70 sec, default single-phase protocol to assess abdominal organs
- **Contrast (delayed/excretory):** 5-10 minutes, to assess renal collecting system and bladder
- **IVP:** non-con, nephrogenic (85-120 sec), and excretory phases (haematuria, urothelial neoplasm, stricture)

- **Mesenteric angiogram:** non-con, arterial and portal venous/delayed phases (GI bleed, ischaemia, mesenteric vascular pathology)
- **Quad phase:** non-con, late arterial, portal venous, delayed (2-5 minutes) phases (liver lesions, particularly HCC/cholangiocarcinoma)
- **Adrenal:** non-con, then portal venous and delayed (15 minute) phases if not lipid density on the non-con (looking for washout)
- **Rectal contrast:** 14mL gastrografin in 500mL water
- **Cholangiogram:** biliscopin (not iodinated contrast) is given to look for biliary filling defects, strictures or leaks (bilirubin must be 7-21 for adequate biliary contrast excretion)
- **Sinogram:** non-con and portal venous phases, the team should come down and administer the contrast themselves, the dose is 5mL of omnipaque 350 in 100mL saline (1:50)
- **Cystogram:** non-con and portal venous phases, you will have connect the catheter to the contrast bag and fill the bladder to as much as the patient can tolerate, the dose is 20mL of omnipaque 350 in 500mL saline (1:40)
- **Colonography:** after unsuccessful conventional colonoscopy (patients must be bowel-prepped, a rectal tube is inserted for bowel distension), non-con study

Musculoskeletal

- **Non-contrast:** trauma, degenerative disease, neoplasms, pre-op planning
- **Contrast:** infection, neoplasms
- **Angiogram lower limb runoff:** lower limb arterial disease (aneurysm, dissection, PVD, trauma)
- **Dual energy:** gout (urate crystals are green)

Whole body

- **Polytrauma:** non-contrast brain and cervical spine, arterial chest to mid abdomen, portal venous abdomen and pelvis (can include a delayed phase if concerned about renal injury)
- **Sepsis of unknown origin:** arterial chest, portal venous abdomen and pelvis
- **Staging:** arterial chest, portal venous abdomen and pelvis (may include a pre and post-contrast brain and venous contrast neck)
- **Skeletal survey:** non-con, looking for lytic lesions in multiple myeloma

Contraindications to IV iodinated contrast

- Previous adverse reaction to Ioscan
- History of anaphylaxis or other severe allergic reaction to iodine or iodine-containing contrast media
- Pregnancy

Take precautions when giving IV iodinated contrast

- Dehydration (being a hypotonic solution)
- Hyperthyroidism
- Bland nodular goitre
- Fluid restrictions (Ioscan is to be recorded on patients' fluid balance chart)
- Aspiration risk
- Asthma
- Breast feeding patients
- Use with caution in infants and young children

Do not give oral contrast in

- Trauma patients
- Suspected mesenteric bleed / PR bleed
- Suspected abdominal bleed
- Suspected ischemia bowel
- Suspected renal colic
- Suspected AAA

Give oral contrast in

- Patients who have undergone previous abdominal surgery (laparotomy, laparoscopy, bowel resection, peritonectomy)
- Staging scans
- Patients unable to have IV contrast due to previous IV contrast reaction or renal impairment
- Patients with a low BMI (suggested underweight BMI is under 18.5)

Notes on contrast agents

- <https://www.ranzcr.com/college/document-library/ranzcr-iodinated-contrast-guidelines>
- <https://www.ranzcr.com/college/document-library/notes-on-radiographic-contrast-agents-rad-part-i-exam-ait>

Section 9: After hours (on call)

New Registrars will join the on-call roster after 6 months of full-time training. They are expected to have attended the Key Conditions tutorials and completed the Key Conditions Assessment, and should have reported a wide range of these conditions during their first 6 months of training. They are also encouraged to familiarise themselves with these conditions in their own time, such as going through The Royal Melbourne Hospital Radiopaedia playlists (at the bottom of this article <https://radiopaedia.org/articles/ranzcr-key-conditions-assessment>).

There is a diagnostic Consultant and an interventional Consultant on call every day. Where the specific diagnostic Consultant is not listed due to staffing shortages, all diagnostic studies are sent to Derek Glenn and Mark Power (50/50), and these Consultants can also be contacted for Consultant input where required.

Any interventional radiology referrals should be directed to the IR Consultant on call on the roster.

Evening shift (1400-2230)

The Evening Registrar collects the DR Liaison phone (33677) from the DR Liaison Registrar at 1400. They take over the DR Liaison Registrar responsibilities (in [section 6](#)) and should help their colleagues out with reporting between 1400-1645 if able, but should not have to be completing daytime work after 1645. They are responsible for reporting all CTs, ultrasounds, and urgent MRIs performed from 1645-2200. X-rays are to be reported if time allows.

All reports are sent to the Staff Specialist or RE Consultant until 1600 and then afterwards to the Evening RE Consultant (or the RE Consultant for the next day if no Evening RE Consultant is available).

The DR Liaison phone is then placed on the charger in the CT reporting room for the next day's DR Liaison Registrar to collect.

Weekend / public holiday shifts (0830-2230)

Report all CTs, ultrasounds, and urgent MRIs until 2200. X-rays are to be reported if time allows. Send all reports until 1200 to the DR Consultant on call. Any studies performed after midday are sent to the Monday/next day RE Consultant. You will get a rostered day off (RDO) following a 14 hour shift if you would otherwise have to come into work.

Overnight (2200-0830)

Urgent CTs, ultrasounds, and MRIs are sent to Everlight teleradiology for reporting (see [section 7](#)). Non-urgent scans will be left for the day team to report at the start of their shift.

After hours ultrasound

There is an after hours sonographer on call for time-critical scans only. While certain ultrasounds are not considered emergencies they may not be able to wait until Monday and so once you approve a scan, the sonographer will usually come in sometime in the late morning/early afternoon to perform it.

After hours MRI

MRI studies requested after hours on weekdays (outside of the usual 0800-2000 hours), on weekends or public holidays should be discussed with the DR Consultant on call. Once the scan is performed, it should first be reviewed by the after hours Registrar, and as needed, consultation with the rostered DR Consultant on call can be undertaken. A provisional report should then be made by the Registrar and sent to the RE Consultant rostered on the following day.

Previously scheduled (non-emergent) MRI studies performed after hours or on the weekend will be reported by the Staff Specialist Consultant during the week, and are not the responsibility of the after hours Registrar.

Section 10: Management of complications

Contrast nephropathy prevention

- If eGFR 45-60, prehydrate with oral fluids
- If eGFR 30-45, prehydrate with normal saline 3mL/kg/hr 1 hour before and posthydrate with 1mL/kg/hr for 6 hours after
- If eGFR <30, needs renal consult

Anaphylaxis

- The anaphylaxis kit is in the bottom of all our emergency trolleys - includes needles, syringes, nebuliser mask, ventolin, hydrocortisone, water for injection, adrenaline 1:1000 in 1mg/1mL vials (500mcg dose = 0.5mL)
- Any ONE of these signs and symptoms indicates the presence of anaphylaxis
 - Difficult or noisy breathing, wheeze, persistent cough
 - Swelling of tongue/throat or throat tightness
 - Difficulty talking or hoarse voice
 - Persistent dizziness or collapse
 - Pale and floppy (young children)
- Get someone to call for help on 2222
- FIRST LINE TREATMENT: **0.5mL adrenaline 1:1000 IMI** lateral thigh - this requires a medical officer to give the order. May be given every 5 minutes PRN x3 doses
- For nebuliser adrenaline, give 5mL adrenaline 1:1000 amp x5 doses
- For more information, see:
 - <https://www.nps.org.au/australian-prescriber/articles/anaphylaxis-emergency-management-for-health-professionals>

Steroid loading for allergies

- Give PO prednisone 50mg 13 hours prior then 1 hour prior OR
- IV hydrocortisone 200mg 5 hours prior then 1 hour prior
- AND an antihistamine (e.g. loratidine, cetirizine or diphenhydramine) 1 hour prior

Contrast extravasation

- Ice pack and elevation to reduce swelling and pain
- If over 100mL, get plastic surgery involved
- Notify treating team
- Observe for 2 hours and monitor for further symptoms – increased swelling, pain, skin changes, neurovascular compromise

Tension pneumothorax

- May require needle thoracostomy
- Place a 14 or 16 gauge needle into the second intercostal space (at the upper edge of the rib) in the midclavicular line for urgent decompression
- Place a chest drain ASAP

Section 11: Report writing

Report writing is an art and a nuanced skill that you will hone over time. Different SGH Consultants like different things, and everyone eventually develops their own personal style, however it is generally good practice to include these headings in bold:

- **Clinical history** - usually copied from the eMR request
- **Technique** - list the modality/projections/phases/sequences
- **Comparison** - list any prior imaging you use for comparison, and indicate where any outside scans are sourced from
- **Findings** - list your findings in this order:
 - **1. Pertinent abnormality and relevant negatives**
 - Local effects and related findings
 - Distant effects and related findings
 - **2. Irrelevant positives** (including incidentals - bury them if appropriate)
 - **3. Irrelevant negatives**
 - General tips:
 - Use a systematic search/reporting pattern every time
 - Keep findings short and to the point
 - Avoid overusing passive/hedging language like “there appears to be”, “there could be”, “possible”, “noted”
 - Avoid interpretation (leave it for the conclusion/impression)
 - For complex scans, organise your findings under subheadings, e.g. “Chest, Abdomen/pelvis, Bones” (in trauma) or “Primary, Lymph nodes, Metastases, Other findings” (in staging scans)
- **Conclusion/impression** - don’t restate the findings, but synthesise them into concise sentences that give your diagnosis/differentials and recommendations, organise it into a numbered list if appropriate

See this article for further details: <https://pubs.rsna.org/doi/full/10.1148/rq.2020200020>

Once you complete your report, proofread it at least once to look for dictation errors, then send it to the Consultant under “Preliminary” (or “Review” if you are uncertain). Reports can be sent to either the Staff Specialist (check their preference with them when you start each morning) or RE Consultant.

Templates

Sectra has a “templates” function that can be handy for formatting (such as to automate the above headings), for common normal studies (e.g. CT brain), or for ultrasounds (e.g. obstetrics).

Urgent findings

Make sure you call the treating team to inform them of any urgent/critical findings (key conditions) and document that you have done this in the report.

Section 12: Leave

Sick leave

If you are too unwell to come to work, post it into the SGH DoT WhatsApp group as soon as possible so shift rearrangements can be made for the day. You must then notify the Medical Payroll Manager Michelle Robinson via email at michelle.robinson3@health.gov.au and cc sghrosters@gmail.com. If 3 or more consecutive days of sick leave are required, the NSW Health [Leave Application Form](#) must be completed and sent to Michelle along with a medical certificate. Anyone who does not follow this process will have their leave-taking investigated.

If you are unable to come in for an after hours shift, you must find a replacement Registrar to fill in that shift. If you are unsuccessful, escalate this to the SGH DoT WhatsApp group. If you contract COVID-19, let the SGH DoT WhatsApp group know and isolate at home for the next 7 days.

Exam leave

We are very fortunate at SGH to have an established system of supporting candidates through preparation and exams. We currently have generous leave provisions as follows:

- Phase 1 and Phase 2 first attempt: up to 4 weeks off full-time prior to sitting
 - 4 weeks prior to the Phase 1 exams (2 weeks each for anatomy and AIT, typically 1st year)
 - 4 weeks prior to the Pathology exam (typically 2nd/3rd year)
 - 4 weeks prior to the Clinical Radiology exam (typically 3rd/4th year)
 - 4 weeks prior to OSCERs (typically 4th year)
- Any subsequent attempts: 2 weeks

This leave does not include the day of the exam.

During these times, most Registrars will spend some time within the department attending exam-specific tutorials and doing exam-specific study.

Leave request process (including ADOs, annual, study, FACS, parental leave)

1. Check the "SGHR" Google Drive roster to see if your requested leave date is available. If you don't have access, ask the DoT or a senior registrar.
 - "First come first serve" basis
 - No more than 2 Registrars on leave including during exam periods to ensure adequate staffing of the department and minimise stress on your colleagues who are not on leave
 - The only exceptions to the "no more than 2" policy are:
 - i. Academic reasons (exams, exam preparation courses, etc.)
 - ii. Compassionate grounds (e.g. FACS)

- If you feel you have a valid reason to be allocated leave on a day where there are already 2 Registrars away, you must communicate this with the DoT and rostering Registrar
- 2. Fill in the NSW Health [Leave Application Form](#) and get it signed off by the DoT
- 3. Once approved, email the dates with the completed leave form to: sghrosters@gmail.com and michelle.robinson3@health.gov.au.
- 4. The Registrar responsible for rostering will then add your leave to the SGHR and term rosters

If you would like to arrange a shift swap with another Registrar, contact them. If you both agree to the swap, email the dates of the shift swap to: sghrosters@gmail.com, michelle.robinson3@health.gov.au, and cc the Registrar with whom you are swapping. Until this process is complete, the swap has not been arranged.

Leave for rotating Registrars

Registrars rotating to SGH from other hospitals within the network can take one week of annual leave and 3 ADOs, which aligns with leave policies for other sites within the network. Additional leave for education, courses, exams, etc. will need to be approved by the DoT.

Maximum leave per calendar year

As per the RANZCR Handbook:

- Maximum 10 weeks (50 work days) per year (regardless of how much leave you may have accumulated prior to commencing your SGH Registrar position)
- Maximum 6 weeks (30 work days) of consecutive leave (including all eligible leave entitlements: study leave, annual leave, etc.)

This is to comply with the college requirements, but also to be fair to your colleagues and ensure that everyone has fair access to an adequate amount of leave each year. The DoT will be monitoring this as part of the approval process.

Interrupted training

The RANZCR Handbook states that when a Registrar takes more than 6 weeks of consecutive leave (e.g. parental/FACS leave, for health reasons, or full-time research) it is deemed "Interrupted Training", which can be extended for up to 12 months.

This period of interrupted training must be discussed and approved by the DoT 14 days prior to the commencement of the interruption (where possible). See the RANZCR Handbook for further details.

Non-consecutive leave

Registrars who take non-consecutive leave in excess of 10 weeks in any 12-month rotation may have this training time unaccredited by the DoT if they believe that the amount of non-consecutive leave has had a detrimental impact on the Registrar's performance. The DoT will then advise the College via email.

Section 13: Fluoroscopic and IR procedures guidelines

INFORMED CONSENT

1. Know in detail what the procedure specifically involves
 - Know the indication
 - Review clinical history and latest imaging
 - Review patient blood tests (platelets, INR, renal function) and any relevant medication, particularly anticoagulation
 - Know the approach (puncture site), how invasive/painful/long the procedure is, and sedation requirements
 - If you are unsure, talk to the supervising consultant
2. Check that it is the right patient: name, date of birth, MRN
3. Check if an interpreter or substitute consent is required (such as a paediatric patient or patient lacking capacity)
4. Write the name of the procedure on the consent form avoiding acronyms
5. Introduce yourself to the patient and establish rapport
6. Patient interview
 - Do they know what procedure they are having?
 - Do they have any bleeding risk factors? Anticoagulation, coagulopathy
 - Do they have a contrast or sedation allergy?
 - Are they fasted (if sedation is required)?
7. Explain the procedure to the patient in non-jargon language including benefits and complications/side effects, expected outcomes, who will be performing the procedure
 - Typical complications are pain, bleeding, infection, injury to other organs, pneumothorax, haemoptysis
 - Also consider radiation risk if applicable
8. Ask if they have any questions or concerns
9. Get them to sign and print their name on the consent form
10. Verbal consent may be accepted for minor procedures, e.g. cannula insertion

See RANZCR document for more details.

<https://www.ranzcr.com/college/document-library/medical-imaging-informed-consent-guidelines>

BARIUM SWALLOW

These are general guidelines and each swallow will be guided by the clinical details. The Staff Specialist Consultants may have slight variations in how they perform swallows and therefore if you have not worked with a particular consultant previously ask them how they do it.



Single contrast swallow for assessing:

- Dysphagia (difficulty swallowing)
- Odynophagia (painful swallowing)
- Globus (sensation of a lump in the throat)
- Retrosternal discomfort
- Evaluation of masses, vascular rings/slings, strictures, or aberrant anatomy
- Evaluation of esophageal motility

At the start of the exam explain to the patient that they will need to take a mouthful of contrast and hold it in their mouth. You will then count down 3, 2, 1, swallow (for example) at which point they should try and swallow the contrast in one bolus. This is then repeated in various positions while images are obtained.

Sequences:

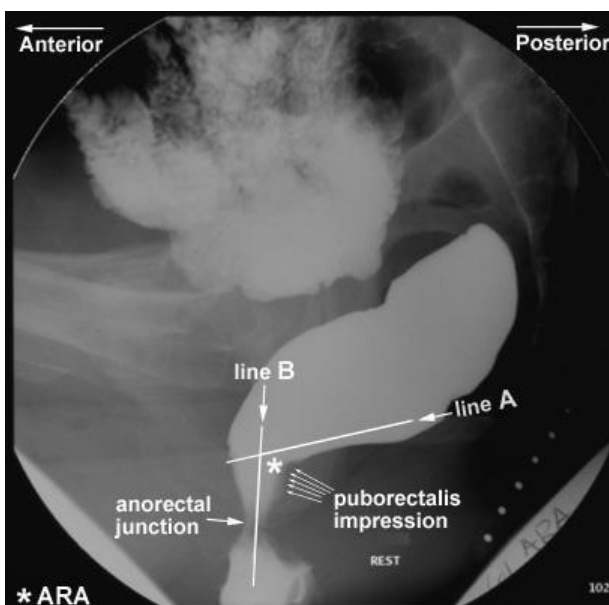
Remember to cone in to only expose the areas that will provide useful information.

- 1) Lateral neck to assess for laryngeal penetration/aspiration (4/sec).



- 2) Coned in AP view of the oesophagus (2/sec).
- 3) Lateral/oblique view of the mid and distal oesophagus and lower oesophageal sphincter (2/sec). Satisfactory positioning should separate the oesophagus from the spine and prevent the fundus from overlying the gastroesophageal junction. You may have to follow the contrast down if unable to capture in one frame.
- 4) Lower oesophageal sphincter opening (2/sec or single images) if required.
- 5) Erect lateral marshmallow swallow: the patient should swallow small cut up pieces of barium-coated marshmallow without chewing (1/sec).
- 6) Single erect image of opacified small bowel.
- 7) Lie the patient prone and perform at least one swallow as before to assess for oesophageal motility. Place the patient in the right anterior oblique (RAO) position to offset the oesophagus from the spine. The patient's right arm is placed alongside the body, with the left knee flexed.
- 8) Reflux manoeuvres: Turn the patient onto their left side and then onto their back, so that barium pools in the gastric fundus. The gastroesophageal junction is then observed fluoroscopically as the patient slowly turns to the right and elicits Gastro-oesophageal reflux. Straight leg raising, Valsalva manoeuvre or drinking water can also elicit the reflux.

DEFAECOGRAMS (PROCTOGRAMS)



A specialty at SGH. Used to assess the mechanics of defaecation and anatomy and function of the pelvic floor as well as identify abnormalities such as rectoceles or internal mucosal prolapses.

The nursing staff will fill the patient's rectum with a mixture of barium and porridge. The patient will then sit on a plastic tub awaiting your arrival.

Sequences:

The patient should be lined up with femoral heads overlapping and coned in to include the anterior sacrum. An image should be taken for each:

- 1) Cough
- 2) Strain
- 3) Valsalva
- 4) Evacuation: Instruct the patient they need to evacuate their bowels as normal, take images early, mid and post evacuation depending on how successfully the patient empties their rectum. If the patient is unable to evacuate the contrast it may be worth asking them to attempt again in the privacy of an adjoining toilet and then obtaining a final image after this has occurred as the "post evacuation" image.

GASTROGRAFIN SWALLOWS/ENEMAS/CYSTOGRAMS

At SGH these studies are generally performed to assess for leak after surgery or trauma. This can be a focused study however attention should be paid to the clinical history, type of operation performed and any previous imaging.

If assessing for a contrast leak CONTROL images must always be taken in at least 2 planes prior to administering contrast.



INTERVENTIONAL PROCEDURES

You are not expected to know how to perform procedures when you first start, however it is helpful to have at least seen or be familiar with the equipment before someone teaches you. You will eventually be performing these autonomously.

Dr Derek Glenn's online videos:

<http://www.youtube.com/channel/UCVIMC3w0M67w1iPLiNplalw>

Start by watching the gallbladder fossa drainage.

IR Equipment:

CT or ultrasound guided drainages

- 1) 8.5F all-purpose locking pigtail drain



- 2) Dilators: 6F and 8F



- 3) Entry needle: depending on length required either 18G arterial needle (6cm) or if more length required 18G Chiba needle 10/15/20cm



- 4) Bentson wire



- 5) Scalpel
- 6) 25G sharp local anaesthetic (lignocaine 1%) and drawing up needle
- 7) 3 way tap
- 8) Suture and stat-lock

CT or ultrasound guided biopsies

Bard core biopsy system with coaxial entry needle (18G for most biopsies).



PICC Lines

The PowerPICC comes in a set with entry needle, wire, sheath, PICC line etc. Try and get familiar with this kit. We do not perform a large volume of these, as there is a “vascular access” team at SGH who will perform the vast majority of these.



Section 14: General advice and resources

St George Hospital Radiology is a busy department and you will be autonomous most of the time with little direct supervision. It is not a place where you will be constantly spoon-fed, therefore the onus is on you to seek help and advice from Consultants and senior Registrars/Radiographers to learn and grow your skills as a diagnostic and basic interventional Radiologist. These people are more than often happy to impart their knowledge and skills to you, you just need to ask.

The vast majority of your learning and knowledge will come from you taking the initiative to report as much and as widely as possible, as well as your own self-study, and you should be reading/watching Radiology resources in your own time. The more you put in, the more you will get out, and the easier the job will be, particularly when you graduate as a Consultant. This attitude also heavily applies to exam study.

The department is friendly, and it is important that you contribute to building a culture of collaboration, openness, respect and empowerment. Come to work on time, be responsible, reliable, and a competent team player who is good to work with. Be assertive but don't be an ass. Word travels far. This department will be your home for the next 5 years, so the culture you build is the culture you will get to enjoy.

Resources

Our institutional department provides the following useful paid subscriptions for you. See John Thomas early in your time here to get access:

- Radiopaedia All Access Pass
- IMAIOS e-Anatomy Full Access
- StatDx and RadPrimer Full Access
- [HETI Radiology Pathology modules](http://myhealthlearning.health.nsw.gov.au/) in <http://myhealthlearning.health.nsw.gov.au/>

Also check out the [RadioGraphics articles](#), [Sally Ayesa's blog](#) for further advice, and <https://bit.ly/foamrad> for a ton of free resources.

RANZCR Training Program Handbook and Learning Outcomes

The [Handbook](#) on the RANZCR website details training requirements and information that you will need to become familiar with. The [Learning Outcomes](#) contains the clinical syllabus for key conditions, anatomy, AIT, pathology and clinical radiology.

ePortfolio

Make sure you regularly check the requirements on ePortfolio to ensure a smooth transition through the different Phases of the program: <https://eportfolio.myranzcr.com/>.

Further information needed?

If you have any further questions please speak to a senior Registrar or contact the Director of Training, Dr Kuan Ho (0481286168 or obelai2005@yahoo.com).



The Royal Australian and New Zealand College of Radiologists

ROLE AND RESPONSIBILITIES OF A CLINICAL RADIOLOGY DIRECTOR OF TRAINING

The role and responsibilities for the Director of Training is summarised below.

Preamble

The Royal Australian and New Zealand College of Radiologists (RANZCR) recognises that clinical and educational supervision of accredited trainees is a vital role in the successful training of future Clinical Radiologists (CRs). Training and supervision of individual trainees is undertaken by Directors of Training (DoTs) and Clinical Supervisors (CS).

Trainees will seek education opportunities to meet their learning needs and will request feedback from DoTs and CSs informally, during learning activities and whilst using work-based assessment tools. Trainees will action and respond to feedback suggestions to improve their performance. DoTs monitor performance and progression through the training program using the College's e-Portfolio System. The Local Governance Committee (LGC) is then responsible for determining whether trainees are ready to progress from Phase 1 to Phase 2 and Phase 2 to Phase 3 of the training program and are eligible to apply for Fellowship.

Primary Purpose of Position

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.

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 Branch Education Officers and the College Office.

The role of the DoT also encompasses organisation and management, education, and human relations.

Appointment of Directors of Training

To be appointed as a DoT, Fellows must be nominated by their Heads/Directors of Department and approved by Clinical Radiology Education and Training Committee (CRETc).

- The DoT shall not be the Head of Department or administratively responsible for its functioning unless the circumstances are exceptional.

In hospitals with a large number of trainees, the CRETc may approve more than one DoT, with a recommendation of 10 trainees per DoT.

In sites which only take trainees on short rotation (e.g. less than one month) a formal DoT is not mandatory, however there must be a radiologist on site who accepts responsibility for trainees and liaises with the DoT at the fully accredited site.

- The DoT will be appointed for a three-year term, with an optional second term. An extension to the term can be granted in extenuating circumstances.
- A DoT is required to hold a position within the department of minimum of 0.5FTE unless otherwise approved by the CRE-1C.

Qualifications and Skills:

A DoT must:

- Be a Fellow of RANZCR or an Education Affiliate of RANZCR.
- Have consultant experience in a teaching Clinical Radiology Department for a minimum of two years full time or three years part time

It is essential that DoTs have:

- Demonstrated commitment to teaching and training.
Good interpersonal skills and the ability to communicate effectively with trainees, other medical staff and patients.
Ability to contribute to planning and delivery of an effective training program at the training site level.
Other requirements as determined by the CRETC.

Responsibilities:

In conjunction with the Head of Department the DoT will be expected to:

1. Within the first six months of appointment, complete Director of Training induction sessions, including:
 - Overview of the CR Training Program
 - Work-Based Assessment
 - Director of Training Reviews
2. Complete regular DoT upskilling sessions as requested, including all mandatory sessions.
3. Be familiar with and have current knowledge of the Clinical Radiology Learning Outcomes, Training Program Handbook, policies and procedures, and relevant jurisdictional policy directives.
4. Support and facilitate trainees to develop the breadth of competencies as detailed in the Clinical Radiology Learning Outcomes.
5. With the assistance of senior members of the specialist staff of an accredited Department, provide trainees with orientation prior to commencement of duties.
6. Conduct an initial meeting with the trainee within the first two weeks of training at the training site.
7. Manage implementation of the training rotation and educational opportunities in order to ensure that the program of training is:
 - Consistent with the training requirements
 - Appropriate for the stage of training

- Appropriate to the trainees needs
8. Supervise the professional education and clinical training of trainees (including ethical issues, career guidance, self-education etc.) and work with the Network Training Director (NTD) to ensure trainees have appropriate access to relevant training opportunities (e.g. breast imaging, paediatrics, nuclear medicine, obstetrics and gynaecology).
 9. Monitor the Trainee's progress by personal observation, feedback and discussion with delegation of these responsibilities to clinical supervisors where appropriate.
 10. Review and approve trainee requests for part-time and/or interrupted training.
 11. Facilitate the trainee's attendance at the network education program and site-based education activities such as tutorials and courses
 12. Encourage trainees to attend relevant in-hospital education teaching and learning activities such as, clinical radiology and multidisciplinary meetings, morbidity and mortality meetings, grand rounds etc.
 13. Ensure that trainees have opportunities to complete Work-Based Assessments and engage in regular feedback conversations.
 14. Ensure that each trainee receives adequate supervision and face-to-face discussion regarding clinical practice with their clinical supervisors.
 15. Seek feedback from CSs and other clinical teachers on trainee performance.
 16. Conduct DoT Reviews with trainees every six months, providing feedback on what the trainee is doing well and guiding trainees on their progress with training program requirements specified for each phase of training.
 17. Identify trainees who are experiencing difficulty and require additional support
 18. Initiate action plan meetings and remediation plan meetings with trainees and prepare plans when required and communicate to the NTD and College as outlined in the relevant policies.
 19. Facilitate the provision of counselling and information regarding career development for the future.
 20. Meet regularly with their Head of Department and other Clinical Supervisors to discuss issues related to training. This meeting is recommended once a month and could be incorporated into monthly consultant meetings.
 21. Participate in workshops on supervision and the DoT role, provided by the College from time to time.
 22. Participate in trainee selection as per College guidelines and agreed process of department or institution.
 23. Assist in the scheduled accreditation review of the training site and provide relevant documentation as required.
 24. Complete the Annual Clinical Radiology Training Census and notify the Network Governance Committee if the training site is no longer meeting accreditation standards.
 25. Attend (in person or via video teleconference) Network/ Local Governance Committee meetings and represent the views of their training site.

Approved by the CRETC 1 October 2021 and ratified by the FCR Council 29 October 2021

A handwritten signature in black ink, consisting of a large, stylized loop followed by the letters 'KJ'.

Date of session	Presenter - last name	Topic	Type of session	KANTHAN, Gowri	LEE, David	REHAN, Saad	RIMWEE, Dantien	NGUYEN, Nicholas	YAP, Joshua	YEO Georgia	VATHER, Mehr	LAU, Kasper	WONG, Yuen Ting	KIRWAN, Alex	THOMPSON, Jeff	Attendance per tutorial
18/09/2023	Child		Case based tutorials	Y	Y				Y		Y	Y			Y	5
20/09/2023	Zang		Case based tutorials	Y				Y			Y	Y	Y		Y	5
22/09/2023	Tan		Case based tutorials					Y			Y		Y		Y	4
25/09/2023	Nasreddine	<ul style="list-style-type: none"> Neuro - Coracoclavicular tubers - Lymphangiomyomatosis (LAM) - Renal Angiomyolipoma - Skull base anatomy + peri neural spread into trigeminal nerve of SCC 	Case based tutorials	Y									Y		Y	3
26/09/2023	Nasreddine	<ul style="list-style-type: none"> - Calcaneous fracture with intra-articular involvement - Undisplaced supracondylar fracture (Elbow fracture cannot be excluded on forearm X-ray. Needs to ask for dedicated elbow X-ray) - Avascular necrosis of the femoral head - Aneurysmal bone cyst (with Fluid fluid level on CT) - Trauma patient lumbar spine - Purge lumbar facet joint (hint: widen lumbosacral IV space) & Fracture of S1 articular process - CT and MRI of the Right hip septic arthritis in a skeletal immature patient with multiple collections in Gen right pelvic muscles. OM of the pubic symphysis and right inferior pubic ramus with pathological fracture - CT and MRI of extraforaminal right L4/5 disc protrusion compressing the right L4 nerve root (protrusion - the base is wider than herniation). Ddx nerve sheath tumour and neurofibroma - CT and MRI vertebral OM + discs with Inferior endplate + superior endplate destruction (Need to be exclude epidural abscess and paravertebral abscess) - Amyloid arthropathy - MRI Bankhart lesion of Glenoid labium - Mass compression right brachial plexus 	Case based tutorials	Y	Y								Y		Y	4
26/09/2023	Abeywickrema	<ul style="list-style-type: none"> - US shoulder anatomy - US Mild subdeltoid bursitis - US partial thickness partial width supraspinatus tear - US full thickness partial width supraspinatus tear with tendonopathy and bursitis 	Case based tutorials	Y	Y				Y		Y		Y		Y	6
27/09/2023	Zang	<ul style="list-style-type: none"> - [] Frieberg's infraction - [] Sphenoid wing dysplasia (NF1) - [] Osteoid osteoma sclerosis - [] Tuberculous dactylitis - [] Osteochondroma - [] Maisonneuve fracture of fibula - [] Sprengel's Deformity of scapula - [] Klippel-Feil syndrome - [] CT Sacral insufficiency fractures, Honda sign - [] X-ray Fracture based of proximal phalanx thumb on ulnar side (Skiier's thumb) 	Case based tutorials	Y				Y	Y				Y		Y	5

		<ul style="list-style-type: none"> - [] X-ray Osgood Schlater with Sinding Larsen Johansson - [] X-ray - Unicameral bone cysts (UBC) at proximal humerus , fallen fragment sign - [] MRI - Parsonage-Turner syndrome (PTS) - [] MRI - tennis elbow - [] MRI glomus of tendon sheath - [] X-ray psudogout hand, hook like osteophytes of 2nd and 3rd head of MCP 																
29/09/2023	Tan	<ul style="list-style-type: none"> Pneumothorax Salter Harris III # R MCA infarct from R caro◊d occlusion LLL pneumonia Bilat maxillary fractures, mandible fracture (compound) with TMJ # disloca◊on Doppler - what to look for in thrombus Sigmoid diver◊culi◊s ans appendici◊z Paraumbolical hernia with loops of small bowel and features of incarceration◊on. Acetabulum and sacral fractures in a trauma pt 	Case based tutorials	Y						Y		Y					3	
4/10/2023	Lim	<ul style="list-style-type: none"> Pneumothorax Salter Harris III # R MCA infarct from R caro◊d occlusion LLL pneumonia Bilat maxillary fractures, mandible fracture (compound) with TMJ # disloca◊on Doppler - what to look for in thrombus Sigmoid diver◊culi◊s ans appendici◊z Paraumbolical hernia with loops of small bowel and features of incarceration◊on. Acetabulum and sacral fractures in a trauma pt 	Case based tutorials - mixed	Y				Y			Y						3	
6/10/2023	Balendran	<ul style="list-style-type: none"> Avulsion # and features of bone tumor Mul◊ple brain lesions - Mets Shoulder # disloca◊on Caecal cancer with PMP Lung lesions and ddx 	Case based tutorials - mixed	Y				Y			Y						3	
9/10/2023	Lim	Mixed Cases	Case based tutorials - mixed	Y	Y			Y										3
10/10/2023	Aberwickrema	Shoulder MSK	Case based tutorials - MSK	Y	Y			Y	Y			Y						5
11/10/2023	Bahure	Breast	Case based tutorials - Breast	Y	Y				Y									3
16/10/2023	Child	<ul style="list-style-type: none"> - [] Sickle cell disease CTAP vertebral manifesta◊on - H shape vertebrae - [] CXR and CT chest Lung sarcoidosis with medias◊nal LN calcifica◊on - [] CXR pectus excavatum, right heart boarder silhou◊ng sign - [] Hand X-ray gout - [] CTB Pericallosal lipoma - [] Forearm X-ray Monteggia fracture - [] CXR and CT chest Le◊lingular consolida◊on - [] CXR perforated Toxic mega colon(rigler sign) 	Case based tutorial - Mixed	Y	Y								Y	Y		Y	5	
17/10/2023	Aberwickrema	<ul style="list-style-type: none"> -Luxa◊o erecta- inferior shoulder disloca◊on(XR pre and post reduc◊on) -Gout superimposed on degenera◊ve changes - (hand X-ray) -Posterior malleolar fracture - (Ankle x-ray) -Inferior patellar fracture with avulsion- (knee x-ray and mri in child) -Shoulder AC joint injury - clavicular periosteal sleeve avulsion - (MRI 12 year old boy) -Reversible cerebral vasoconstric◊on syndrome - (30 F CTA/CT Brain adult) 	Case based tutorial - MSK	Y		Y				Y				Y		Y	5	

		-40 F Ct Brain + MR Oligodendroglioma															
20/10/2023	Tan	- [] CTPA PE no right heart strain - [] CXR and CT chest RUL lung mass with necrotic center vs lung abscess - [] CXR and CT chest, renal failure Pt with Metastatic pulmonary calcifications (MPC) - [] CTAP epiploic appendages - [] CTAP spigelian hernia - [] CTAP mucinous sigmoid cancer with contained perf - [] CTAP acute appendicitis with contained perf - [] CTAP colorectal cancer with LBO and liver Mets - [] CTAP krukensberg	Case Based tutorial - first year			Y							Y	Y		Y	4
23/10/2023	Lim	- [] CXR Bronchiectasis - [] CXR Pectus excavatum - [] CXR asbestos exposure pleural calcifications - [] CXR RUL pneumonia - [] CTAP acute appendicitis - [] CTAP acute appendicitis with perf - [] CT pelvis insufficient fracture sacral ala - [] CTB acute on chronic subdural haematoma B9+B11- [] CXR Bronchiectasis - [] CXR Pectus excavatum - [] CXR asbestos exposure pleural calcifications - [] CXR RUL pneumonia - [] CTAP acute appendicitis - [] CTAP acute appendicitis with perf - [] CT pelvis insufficient fracture sacral ala - [] CTB acute on chronic subdural haematoma - [] CTB acute subdural haematoma with mass effect - [] MRI B transient global amnesia - [] CTB acute subdural haematoma with mass effect - [] MRI B transient global amnesia	Case based tutorial - Mixed	Y		Y			Y				Y			Y	5
24/10/2023	Nasreddine	CT abdomen/pelvis:Anastomotic dehiscence of bowel in post surgical patient CT abdomen/pelvis:Duodenal perforation secondary to peptic ulcer CT abdomen/pelvis:Gastric perforation secondary to peptic ulcer disease CT abdomen/pelvis:Intussusception secondary to small bowel mass CT abdomen/pelvis:Pyelonephritis CT abdomen/pelvis:Caecal volvulus	Case Based Tutorials - Abdo	Y		Y			Y				Y			Y	5
24/10/2023	Aberwickrema	MSK	Practical demonstration of Ultrasound	Y		Y			Y	Y			Y	Y		Y	7
25/10/2023	Facilitated with Dr Ho	Reflection and Peer Supervision	Journal Club	Y		Y			Y	Y			Y	Y		Y	7
27/10/2023	Balendran	First Year focussed Supervision	Case based tutorial - Mixed			Y							Y	Y		Y	4
25/10/2023	Zang	Ectopic thyroid Nasopharyngeal carcinoma and associations Transient global amnesia Large subdural haematoma with mass effect and uncal herniation and duret haemorrhage TB Orbital mass - orbital hemangioma Aberrant ICA in middle ear	Case Based Tutorials	Y		Y			Y				Y	Y	Y	Y	7

		M1 MCA occlusion Subacute cord degeneration Ruptured intracranial dermoid cyst PRES syndrome Ruptured ICA aneurysm														
25/10/2023	Zang/Ho	Journal Club	Trainee Journal Presentations	Y		Y		Y			Y	Y	Y		Y	7
30/10/2023	Power	Sigmoid volvulus Caecal volvulus Hepatic hemangioma Coeliac artery compression syndrome RCC in young patient (VHL syndrome) Left common iliac vein thrombus (May-thurner syndrome)	Case Based Tutorials			Y		Y			Y	Y	Y		Y	6
31/10/2023	Aberwickrema	MSK	Practical demonstration of Ultrasound			Y		Y	Y			Y				4
3/11/2023	Balendran	Principles of liver MRI and lesions	Case Based Tutorials	Y		Y		Y			Y		Y		Y	1
7/11/2023	Nasreddine	Abdo AXR SBO, CTAP terminal ileum obstruction and dilated appendix secondary to caecal mass CTAP LBO (with dilated small bowel, competent ileocecal valve) secondary to sigmoid mass (Apple core sign) CTAP cecal volvulus CTAP closed loop small bowel obstruction	Case Based Tutorials	Y	Y	Y					Y	Y	Y		Y	5
15/11/2023	Johnson	CT B and angiogram - right vertebral artery occlusion CT aortogram - type A dissection CT neck - left palatine tonsillitis with retropharyngeal abscess X-ray and CT foot - triplane fracture US and CT abdo - Merkel diverticuli AXR - pneumatosis AXR - rigglers sign AXR and CTAP - gallstone ileus X-ray thoracic spine, CT thoracic spine and MRI spine - Pot's disease CT - L1 carotid spondylolysis fracture with syndesmophytes	Case Based Tutorials	Y	Y	Y					Y			Y	Y	7
16/11/2023		Interesting Cases	Reg Led Learning					Y			Y		Y	Y	Y	5
21/11/2023	Bahure	Prostate	Case Based Tutorials	Y	Y	Y		Y			Y			Y	Y	6
21/11/2023	Nasreddine	Neuro	Case Based Tutorials		Y	Y					Y				Y	6
22/11/2023	Zang	Mixed Cases	Case Based Tutorials			Y		Y			Y	Y		Y	Y	5
23/11/2023		Interesting Cases	Reg Led Learning			Y		Y			Y			Y	Y	5
27/1/2023	Power	MSK	Case Based Tutorials	Y		Y		Y			Y	Y				6
4/12/2023	Ho / Glenn	Journal Club	Trainee Journal Presentations	Y		Y		Y			Y	Y				6
4/12/2023	Glenn	Neuro - Luxury perfusion x3, cerebral cortical hamartoma	Case Based Tutorials	Y		Y		Y			Y			Y		4
5/12/2023	Aberwickrema	Mixed Cases	Case Based Tutorials			Y					Y			Y		4

5/12/2023	Nasreddine	Chest	Case Based Tutorials	Y		Y					Y					4
8/12/2023	Balendran	Liver	Case Based Tutorials			Y					Y					2
8/12/2023		Interesting Cases	Reg Led Learning			Y					Y	Y			Y	4

St George Hospital Tutorial Curriculum 2024 Jan-Jun

BODY SYSTEM	TOPIC	PRESENTER
Paediatrics	Neuro (Paediatric)	GLENN
	Spine (Paediatric)	GLENN
	Head and Neck (Paediatric)	GLENN

BODY SYSTEM	TOPIC	PRESENTER
Obstetrics and Gynaecology	Fetal Brain	JOHNSON
	Fetal Spine, Head and Neck	GLENN
	Fetal Chest, Abdomen and MSK	GLENN

BODY SYSTEM	TOPIC	PRESENTER
Neurology	Neuro1- General/clinical conditions, Congenital malformations, Cystic Lesions and Trauma	CHEN
	Neuro2- Cerebrovascular Category 1	CHEN
	Neuro3- Cerebrovascular Category 2/3	CHEN

BODY SYSTEM	TOPIC	PRESENTER
Spine	Spine1- Congenital/developmental, Cysts	CHILD
	Spine2- Trauma	CHILD

BODY SYSTEM	TOPIC	PRESENTER
Head and Neck	HN1- Nasal Cavity, Nasopharynx, Paranasal sinuses	CHEN
	HN2- Base of Skull	CHEN

BODY SYSTEM	TOPIC	PRESENTER
Cardiothoracic	Cardiothoracic1- Trauma	CHILD
	Cardiothoracic2- Conductive airway conditions	CHILD
	Cardiothoracic4- Diffuse Lung Disease	ZANG

BODY SYSTEM	TOPIC	PRESENTER
GI, Liver, GB, Pancreas and Biliary	GLGPB1- GI Haemorrhage	POWER
	GLGPB2- Oesophagus and Stomach	TAN
	GLGPB3- Small Intestine	POWER
	GLGPB4- Large Intestine	TAN
	GLGPB6- Liver- Non Neoplastic	BALENDRAN
	GLGPB7- Liver- Neoplastic	POWER
	GLGPB8- Biliary System	POWER
	GLGPB9- Pancreas- Non Neoplastic	TAN
	GLGPB10- Pancreas	TAN

BODY SYSTEM	TOPIC	PRESENTER
Renal, Spleen, Testis, Peritoneum	RSTP3- Scrotum, Testis, Epididymis, Hernias	BALENDRAN
	RSTP5- Adrenal Gland and Spleen	BALENDRAN
	RSTP6- Peritoneum	BALENDRAN

BODY SYSTEM	TOPIC	PRESENTER
Breast	Breast1- Developmental, Inflammation	BAHURE
	Breast2- Benign Epithelial Lesions	BAHURE
	Breast1- Developmental, Inflammation	BAHURE
	Breast 6- Other Malignant Tumours	BAHURE
	Breast 7- Miscellaneous (Benign Breast Calcifications)	BAHURE
	Breast 8- Post procedure changes	BAHURE

BODY SYSTEM	TOPIC	PRESENTER
Musculoskeletal Non Neoplastic	MSKNonNeo1- Congenital and Developmental Conditions	ABEYWICKREMA
	MSKNonNeo2- Trauma	ZANG
	MSKNonNeo3- Vascular and Haematological Conditions, Infection and Inflammation	HO
	MSKNonNeo4- Non-Infective Spondyloarthropathies and Inflammatory conditions	HO
	MSKNonNeo5- Degenerative conditions	HO
	MSKNonNeo6- Toxic/Metabolic Conditions	HO
	MSKNonNeo7- Upper Limb Conditions- Shoulder	ABEYWICKREMA
	MSKNonNeo8- Upper Limb Conditions- Elbow and Wrist	ABEYWICKREMA
	MSKNonNeo9- Lower Limb Conditions- Hip	ABEYWICKREMA
	MSKNonNeo10- Lower Limb Conditions- Knee	ZANG
	MSKNonNeo11- Lower Limb Conditions- Ankle and Foot	ABEYWICKREMA

St George Hospital - VMO - Radiology - TPT - 12 month position (REQ369933)

Status
Open

Recruiter
August, Jeremy

Department
SES STG Critical Care & Radiology
Medical Radiology 188643

Status Details
Sourcing

Job Owner
Cawley, Michele

Primary Location
Kogarah > Gray Street, Kogarah, 2217 >
Sydney

Recruitment Type
Senior Recruitment

Hired Candidates
0 out of 10

Position Structure

Role Details

Method To Fill Reason for Filling

Senior Medical and New Position

Dental Officers

Requisition ID

REQ369933

PD Title

SESLHD - Visiting Medical Officer - Standardised PD

Number to be Hired Vacant FTE

10 0

Role Title (Advertising Title)

St George Hospital - VMO - Radiology - TPT - 12 month position

Position / Role

Visiting Medical Off...617537

Award

Not Applicable

Award (for Correspondence)

Not Applicable

Position Classification

Visiting Medical Off

Grade Classification

Not Applicable

Hours per Week

20 ANZSCO
253917 Diagnostic
and Interventional
Radiologist

Financial

Delegation

As per Delegation

Manual

NPC Required

Yes

WWCC Required

Yes

Aged Care Check

No

Vaccination

Category

A

Gender Specific

Role

Not Specified

Identified Role

No

Targeted Role

Not Applicable

Conditional Offers To Be Made

No

Registration Board

Medical Board of

Australia

Additional

Registration Boards

Profile

Employment Status
Sessional

Assignment Category
CW - Visiting Medical Officer

Position Category
Visiting Medical Officer

Location Negotiable
No

Hiring Manager
Heidi Boss

Position Reporting To
Snr Staff Specialist Scheme D...512478

Senior Executive Level Standard
Not Applicable

Mandatory fields for Correspondence, Offer & Onboarding - Needed before Posting

Agency Logo (for Correspondence) - HEADER

SESLHD -

Legal Employer
South Eastern Sydney Local Health District

Worker Location
St George Hospital

LHD New Hire Checklist URL
SESLHD - http://seslhdweb.seslhd.health.nsw.gov.au/ODL_SESLHD/documents/orientation/2023/CorporateOrientationChecklist.pdf

LHD Onboarding URL
SESLHD - <https://www.seslhd.health.nsw.gov.au/services-clinics/directory/careers-seslhd>

Position Description URL
<https://ocxz.cit.health.nsw.gov.au/excluded-apps/XXRecRequisitionPD-context-root/faces/XXRecRequisitionPDPG?xxJobId=REQ369933>

Network Access URL
SESLHD - http://seslhnweb/HealthICT/Service_Support/Account_Management/default.asp

Contact Details for ALL Candidate Correspondence (Employee and External Applicants)

Contact Full Name	Contact Email Address
Dr Heidi Boss	heidi.boss@health.nsw.gov.au

Owners

Recruiter
August, Jeremy Oliver-Tane

Job Owner
Cawley, Michele

DAO
Karooz, Angela

Convenor
Boss, Heidi

Financials

Pay Basis
Total

Salary Year / Grade Step
Default

Structure

Organisation

Level 1	NSW Health
Level 2	South Eastern Sydney Local Health District
Level 3	SES OCE SESLHD Executive Unit 182000
Level 4	SES Operations Program Management Office SESLHD 182056
Level 5	SES STG Executive Management & Support Services Executive Directors Unit 161159
Level 6	SES STG Critical Care & Radiology Medical Radiology 188643

Primary Location

Region	Sydney
City / Town	Kogarah
Facility	Gray Street, Kogarah, 2217

Job Field

Job Category	Specialist Medical & Dental Practitioner
Job Classification	Specialist
Department	20065 - SES STG Critical Care & Radiology Medical Radiology 188643
PD Template	PD017498 - Visiting Medical Officer - Standardised PD

Process

User Group

User Group
South Eastern Sydney LHD

Candidate Selection Workflow

Candidate Selection Workflow
Simplified Selection Workflow

Extend more offers than positions available
No

Automatically reject all submissions when the requisition is filled
No

Automatically reject all submissions when the requisition is canceled
No

Position Description

Role Purpose

St George Hospital - VMO - Radiology - TPT - 12 month position

The vision for South Eastern Sydney Local Health District (SESLHD) is 'exceptional care, healthier lives'. SESLHD is committed to enabling our community to be healthy and well, and to providing the best possible compassionate care when people need it.

Our staff strive to provide excellence in healthcare and uphold a high standard of care for all patients, families, carers and visitors to our facilities.

At the core of our organisation is a set of values - Collaboration, Openness, Respect and Empowerment.

SESLHD covers nine Local Government Areas from Sydney's Central Business District to the Royal National Park and has a culturally and linguistically diverse population of over 930,000 people, which includes highly urbanised areas of eastern Sydney, southern Sydney and industrialised areas around Port Botany.

SESLHD covers urban and suburban communities and manages eight public hospitals and one public nursing home:

- Calvary Healthcare Sydney (third schedule with Little Company of Mary Health Care)
- Prince of Wales Hospital
- Royal Hospital for Women
- St George Hospital
- Sutherland Hospital
- Sydney/Sydney Eye Hospital
- War Memorial Hospital (third schedule with Uniting Care)
- Gower Wilson Memorial
- Garrawarra Centre

SESLHD also operates 28 Child and Family Health Centres, 12 Community Health Centres and nine Oral Health Clinics; providing prevention, early intervention and community-based treatment, palliative care and rehabilitation services.

Drug and Alcohol, Mental Health, Breast screening, HIV/AIDS, Public Health, Women's Health, Youth Health, Sexual Health, Imaging and Pathology services are provided at a number of facilities across SESLHD.

The primary location of this position may be varied as agreed with the Director of Clinical Services and as approved by MDAAC to other facilities in SESLHD.

Key Accountabilities

CLINICAL

Provide an accountable and high standard of specialist patient care including consultation services.

Liaise and interact effectively with all staff.

Ensure detailed treatment plans are in place to support timely management of patients. Ensure a high standard of clinical record documentation including completion of all clinical records (including medication charts) to reflect clinical decisions and optimise data collection.

Participate fully in the on call roster in accordance with clinical privileges.

Participate actively in research activities in Department.

Participate in the provision of services within other District facilities if credentialed.

LEADERSHIP

Model and encourage a culture of active listening, continuous learning and leadership, which values high levels of constructive feedback and exposure to new experiences.

Promote a sense of purpose and build a shared sense of direction within the unit.

Encourage others to strive for ongoing improvement.

Demonstrate professionalism to support a culture of accountability and integrity.

Model ethical practices, standards and systems and reinforce their use.

CLINICAL GOVERNANCE, QUALITY IMPROVEMENT & PATIENT SAFETY

Participate in the management and governance of the department,

morbidity and mortality meetings and other Quality Programs to enhance patient safety.

Comply with LHD and facility clinical governance policies and patient safety programs as varied from time to time.

Ensure effective clinical handover processes in accordance with facility/LHD guidelines.

Participate in peer review and other Continuing Medical Education activities consistent with Department, College and AHPRA requirements to maintain professional standards.

Ensure compliance with the Australian Commission on Safety and Quality in Healthcare standards as relevant.

EDUCATION & TRAINING

Responsible for the supervision of all junior medical staff under direction.

Delegate graded duties to junior staff according to their knowledge, skills and abilities.

Participate in teaching and training at all levels of postgraduate multidisciplinary education where required by the Facility and Head of Department/Service Director in line with HETI, LHD and College training requirements.

PERFORMANCE MANAGEMENT

Participate in LHD Performance Development Programs and undertake an annual performance review.

Demonstrate competency within the clinical privileges granted by the LHD.

OTHER DUTIES

Attend, participate and support administrative meetings as required by the Department or Director Clinical Services.

Abide by the NSW Health Code of Conduct, and all NSW Health, LHD and facility/service policies and procedures relevant to the position.

Key Challenges

- Challenges Provision of clinical care consistent with the duties of the Position practising in the specialty. Delivery of medical services within performance benchmarks, expenditure and revenue targets as relevant to the role.
- Decision Making Consistent with the duties of a Consultant practising in the specialty in accordance with approved Clinical Privileges and the Delegations of the LHD.
- Communication Head of Department Other staff within the multidisciplinary team and department/service Patients, family and carers Other hospital and District departments Hospital Executive Relevant committees and working groups as required.

"You're working with"

Key Internal Relationships

Who

To be discussed upon commencement in the position

Why

To be discussed upon commencement in the position

External Stakeholders

Public Sector Executive Role - Relationships at Ministerial Level

Essential Requirements

- All staff are required to complete and submit a Pre-employment Health Declaration Form
- Dependant on position applied for you will need to complete/provide a Working with Children Check (WWCC), National Police Check (NPC) and/or Aged Care Check
- As a leader you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others when making decisions that may impact upon the health, safety and welfare of those in the workplace.

Other Requirements

- Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the organisational values through demonstrated behaviours and interactions with patients/clients/employees
- Recruit, coach, mentor, and performance develop staff, to develop the capabilities of the team to undertake changing roles, responsibilities and to provide for succession within the unit.

Selection Criteria

1. Registration or eligible for registration with Medical Board of Australia (AHPRA). Candidate to provide on application AHPRA Registration Number.
2. Fellowship of the Royal Australian and New Zealand College of Radiologists and/or equivalent specialist recognition as provided for by the Health Insurance Act 1973 and the relevant Award/Determination.
3. Evidence of continuing medical education and self-monitoring/audit practices consistent with the scope of practice requirements of the position.

4. Proven capacity and/or experience in the provision of effective high quality service in the specialty, demonstrated through successful clinical practice in an environment appropriate to the requirements of the position including evidence of participation in quality improvement activities relevant to the specialty.
5. Demonstrated commitment to teaching with experience in teaching both undergraduate and post graduate students and other staff of the hospital.
6. Demonstrate the skills and attitudes appropriate as a senior Medical Practitioner including modelling a high standard of professional behaviour to junior medical and dental staff.
7. Demonstrated ability to work effectively and harmoniously with medical and other health services colleagues as part of a multi-disciplinary health care team and demonstrated ability to communicate effectively with patients, colleagues, and staff and to work as an effective member of the clinical team across multiple sites. Demonstrated commitment to provision of a high standard of clinical care in the public sector setting.
8. Demonstrated experience in and commitment to research relevant to the role and needs of the Department.

Advertising Content

External Description

Help tips! Use the below structure and format to create your advertisement. Make sure you delete content that is not required. To get ideas on content and making the most of your ad - access the resource library Steps to adding an image:1) copy of the URL from the image library2) click on the image icon below3) paste the URL4) adjust the size: click on the lock ratio icon to remove any other dimensions, add in "100%" into the width section Note: adjusting the size is critical to make sure the image displays correctly on both PC and mobile devices.

Contact Name - External

Heidi Boss

Contact Email - External

Heidi.Boss@health.nsw.gov.au

Description - External

Employment Type: Visiting Medical Officer
 Position Classification: Visiting Medical Officer
 Hours Per Week: 20
 Requisition ID: REQ369933

The vision for South Eastern Sydney Local Health District (SESLHD) is 'exceptional care, healthier lives'. SESLHD is committed to enabling our community to be healthy and well, and to providing the best possible compassionate care when people need it.

St George Hospital is undertaking a 12 month trial of an innovative approach to diagnostic radiology reporting. The bulk of the image reporting will occur in a separate 'reporting engine'. Distinct shifts have been developed to accommodate other Radiologist functions (such as training and supervision of registrars, MDT attendance, consultation with clinical teams, quality improvement, research etc). These shifts are called Training, Engagement and Governance (TEG) shifts.

Remuneration in 'reporting engine' shifts will be a fee-for-service type model and TEG functions will be sessional (hourly) remuneration. Participation in both aspects of the service will be required. Successful applicants will benefit from increased remuneration, dedicated time to participate in TEG functions and a better work/life balance.

The 'reporting engine' will involve Radiologist's reporting on ED and other examinations from 0800 to 2400 hours each day (2 shifts) with remuneration commensurate with the number of examinations reported and their complexity. It is planned to undertake reporting between 12 midnight and 8am when feasible and if you wish to participate. 'Reporting engine' shifts may occur off site.

Radiologists will also be required to participate, on site, in the TEG functions, in which training and supervision of registrars, participation in MDTs, consultation with clinical teams and quality improvement initiatives are undertaken.

Radiologists will be expected to participate in the departmental on-call rosters. Experience in multiple radiology subspecialties is highly desirable.

The successful applicant would be experienced in all aspects of their radiology subspecialty including advanced diagnostic procedures, basic interventional procedures and participation in clinic-radiology meetings.

The Department of Medical Imaging includes two CT scanners, DR/CR general X-ray rooms, one 3T MRI scanner (increasing to two scanners in 2023), Angiography Suite, five Ultrasounds and a fluoroscopy room. The department provides reporting for a dedicated CR and CT room in the Emergency Department (to be doubled with the next phase of redevelopment).

Our staff strive to provide excellence in healthcare and uphold a high standard of care for all patients, families, carers and visitors to our facilities.

At the core of our organisation is a set of values - Collaboration, Openness, Respect and Empowerment.

SESLHD covers nine Local Government Areas from Sydney's Central Business District to the Royal National Park and has a culturally and linguistically diverse population of over 930,000 people, which includes highly urbanised areas of eastern Sydney, southern Sydney and industrialised areas around Port Botany.

SESLHD covers urban and suburban communities and manages eight public hospitals and one public nursing home:

- Calvary Healthcare Sydney (third schedule with Little Company of Mary Health Care)
- Prince of Wales Hospital
- Royal Hospital for Women
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- Garrawarra Centre

SESLHD also operates 28 Child and Family Health Centres, 12 Community Health Centres and nine Oral Health Clinics; providing prevention, early intervention and community-based treatment, palliative care and rehabilitation services.

Drug and Alcohol, Mental Health, Breast screening, HIV/AIDS, Public Health, Women's Health, Youth Health, Sexual Health, Imaging and Pathology services are provided at a number of facilities across SESLHD.

The primary location of this position may be varied as agreed with the Director of Clinical Services and as approved by MDAAC to other facilities in SESLHD.

Employment of a temporary visa holder may only occur if no suitable permanent resident or citizen of Australia has been identified for this position following suitable labour market testing.

All NSW Health workers are required to have completed a primary course of a COVID-19 vaccine which has been approved or recognised by the Therapeutics Goods Administration (TGA). Additionally, Category A workers are required to receive a booster dose three months after completing the primary course of COVID-19 vaccinations. New applicants must have completed the vaccination course prior to commencement with NSW Health, or provide an approved medical contraindication certificate (IM011 immunisation medical exemption form) certifying the worker cannot have any approved COVID-19 vaccines available in NSW.

Acceptable proof of vaccination is the Australian Immunisation Register (AIR) Immunisation History Statement or AIR COVID-19 Digital Certificate. Booster doses are highly recommended for all health care workers who have completed the primary course of COVID-19 vaccinations.

SESLHD is committed to creating a workplace that reflects the diversity of our community. This will help ensure our employees, our patients and their carers, feel supported. We encourage people from different backgrounds to apply. Support for Aboriginal and Torres Strait Islander candidates

We welcome applications from Aboriginal and Torres Strait Islander candidates and we have an Aboriginal Employment Consultant that can provide support. If you have any questions or would like guidance on the recruitment process, please contact the SESLHD Aboriginal Employment Team via email to: SESLHD-AboriginalWorkforce@health.nsw.gov.au

Qualifications - External

Selection Criteria

1. Registration or eligible for registration with Medical Board of Australia (AHPRA). Candidate to provide on application AHPRA Registration Number.
2. Fellowship of the Royal Australian and New Zealand College of Radiologists and/or equivalent specialist recognition as provided for by the Health Insurance Act 1973 and the relevant Award/Determination.
3. Evidence of continuing medical education and self-monitoring/audit practices consistent with the scope of practice requirements of the position.
4. Proven capacity and/or experience in the provision of effective high quality service in the specialty, demonstrated through successful clinical practice in an environment appropriate to the requirements of the position including evidence of participation in quality improvement activities relevant to the specialty.
5. Demonstrated commitment to teaching with experience in teaching both undergraduate and post graduate students and other staff of the hospital.
6. Demonstrate the skills and attitudes appropriate as a senior Medical Practitioner including modelling a high standard of professional behaviour to junior medical staff.
7. Demonstrated ability to work effectively and harmoniously with medical and other health services colleagues as part of a multi-disciplinary health care team and demonstrated ability to communicate effectively with patients, colleagues, and staff and to work as an effective member of the clinical team across multiple sites. Demonstrated commitment to provision of a high standard of clinical care in the public sector setting.
8. Demonstrated experience in and commitment to research relevant to the role and needs of the Department.

This is a Category A position. All Category A applicants must read and understand NSW Health Policy PD2022_030. Successful applicants to the role must provide vaccination history and pathology as part of the application documentation and be certified as compliant before employment can commence.

Please return a completed Medical Practice History Declaration with your application.

Need more information?

1) Click here for the Position Description and SESLHD Expected Standards

2) Find out more about applying for this position

For role related queries or questions contact Heidi Boss on Heidi.Boss@health.nsw.gov.au

Applications Close: 9 March 2024

Internal Description

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Contact Name - Internal

Heidi Boss

Contact Email - Internal

Heidi.Boss@health.nsw.gov.au

Description - Internal

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Position Classification: Visiting Medical Officer

Hours Per Week: 20

Requisition ID: REQ369933

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Qualifications - Internal

Selection Criteria

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3. Evidence of continuing medical education and self-monitoring/audit practices consistent with the scope of practice requirements of the position.
4. Proven capacity and/or experience in the provision of effective high quality service in the specialty, demonstrated through successful clinical practice in an environment appropriate to the requirements of the position including evidence of participation in quality improvement activities relevant to the specialty.

5. Demonstrated commitment to teaching with experience in teaching both undergraduate and post graduate students and other staff of the hospital.
6. Demonstrate the skills and attitudes appropriate as a senior Medical Practitioner including modelling a high standard of professional behaviour to junior medical staff.
7. Demonstrated ability to work effectively and harmoniously with medical and other health services colleagues as part of a multi-disciplinary health care team and demonstrated ability to communicate effectively with patients, colleagues, and staff and to work as an effective member of the clinical team across multiple sites. Demonstrated commitment to provision of a high standard of clinical care in the public sector setting.
8. Demonstrated experience in and commitment to research relevant to the role and needs of the Department.

This is a Category A position. All Category A applicants must read and understand NSW Health Policy PD2022_030. Successful applicants to the role must provide vaccination history and pathology as part of the application documentation and be certified as compliant before employment can commence.

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For role related queries or questions contact Heidi Boss on Heidi.Boss@health.nsw.gov.au

Applications Close: 9 March 2024

Questionnaires

Eligibility Questions

Questions	Answer	Result
<p>1. All NSW Health workers are required to have 2 doses of a COVID-19 vaccine (1 dose of Janssen COVID-19 vaccine acceptable) for clinical and non-clinical positions. You will be required to provide a record of your current COVID-19 vaccination status as part of the recruitment and onboarding process. Please select your current COVID-19 vaccination status below:</p> <p>Global, Code: NSW_H_COVID19_VACSTATUS_v4 , Type: Single Answer , Visible by: All Candidates</p>	I have received 2 doses of a TGA approved or recognised COVID-19 vaccine and can provide evidence of vaccination	The Candidate Passes
	I do not intend to be vaccinated for COVID-19	To Be Verified
	I am unable to receive a COVID-19 vaccine due to a medical contraindication. I will provide the required evidence stipulated in the Policy and understand there is a process for application and acceptance	To Be Verified

Questions

Question	Answer	Required/Asset	Weight	(Int.)	(Ext.)
<p>1. I have authority to be in possession of, prescribe, supply, dispense and/or administer Schedule 4 and/or Schedule 8 substances under the provisions of the Poisons and Therapeutic Goods legislation.</p> <p>Global, Code: AUTHORITY_TO_PRESCRIBE_QUESTION_1 , Type: Single Answer , Visible by: All Candidates</p>	Yes	—	0	(0%)	(0%)
	No	—	0	(0%)	(0%)
<p>2. Do you have any restrictions on your authority to be in possession of, prescribe, supply, dispense and/or administer Schedule 4 and/or Schedule 8 substances under the provisions of the Poisons and Therapeutic Goods legislation?</p> <p>Global, Code: AUTHORITY_TO_PRESCRIBE_QUESTION_2 , Type: Single Answer , Visible by: All Candidates</p>	I have no restrictions on my authority.	—	0	(0%)	(0%)
	I have a restriction/restrictions on my authority.	—	0	(0%)	(0%)
	I have no authority.	—	0	(0%)	(0%)
<p>3. Registration or eligible for registration with Medical Board of Australia (AHPRA). Candidate to provide on application AHPRA Registration Number.</p> <p>Local, Code: SC_REQ369933_3 , Type: Text Answer , Visible by: All Candidates</p>					
<p>4. Fellowship of the Royal Australian and New Zealand College of Radiologists and/or equivalent specialist recognition as provided for by the Health Insurance Act 1973 and the relevant Award/Determination.</p> <p>Local, Code: SC_REQ369933_4 , Type: Text Answer , Visible by: All Candidates</p>					

<p>5. Evidence of continuing medical education and self-monitoring/audit practices consistent with the scope of practice requirements of the position.</p> <p>Local, Code: SC_REQ369933_5 , Type: Text Answer , Visible by: All Candidates</p>
<p>6. Proven capacity and/or experience in the provision of effective high quality service in the specialty, demonstrated through successful clinical practice in an environment appropriate to the requirements of the position including evidence of participation in quality improvement activities relevant to the specialty.</p> <p>Local, Code: SC_REQ369933_6 , Type: Text Answer , Visible by: All Candidates</p>
<p>7. Demonstrated commitment to teaching with experience in teaching both undergraduate and post graduate students and other staff of the hospital.</p> <p>Local, Code: SC_REQ369933_7 , Type: Text Answer , Visible by: All Candidates</p>
<p>8. Demonstrate the skills and attitudes appropriate as a senior Medical Practitioner including modelling a high standard of professional behaviour to junior medical and dental staff.</p> <p>Local, Code: SC_REQ369933_8 , Type: Text Answer , Visible by: All Candidates</p>
<p>9. Demonstrated ability to work effectively and harmoniously with medical and other health services colleagues as part of a multi-disciplinary health care team and demonstrated ability to communicate effectively with patients, colleagues, and staff and to work as an effective member of the clinical team across multiple sites. Demonstrated commitment to provision of a high standard of clinical care in the public sector setting.</p> <p>Local, Code: SC_REQ369933_9 , Type: Text Answer , Visible by: All Candidates</p>
<p>10. Demonstrated experience in and commitment to research relevant to the role and needs of the Department.</p> <p>Local, Code: SC_REQ369933_10 , Type: Text Answer , Visible by: All Candidates</p>

	Int. Cand. Weight	Ext. Cand. Weight	
Total for Competencies and Questions:	0	0	(0%)

This requisition uses 0 of the 0 questions from the corresponding prescreening model.

Job Demands

Physical Demands

Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials

Frequent

Sitting - remaining in a seated position to perform tasks

Frequent

Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes

Infrequent

Kneeling - remaining in a kneeling posture to perform tasks

Infrequent

Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps

Infrequent

Lifting / Carrying - Heavy lifting & carrying: 16kg & above

Infrequent

Head / Neck Postures - Holding head in a position other than neutral (facing forward)

Infrequent

Work at Heights - Using ladders, footstools, scaffolding, or other objects to perform work

Not Applicable

Sensory Demands

Sight - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens

Constant

Taste - Use of taste is an integral part of work performance e.g. Food preparation

Not Applicable

Psychosocial Demands

Distressed People - e.g. Emergency or grief situations

Frequent

Restraining - involvement in physical containment of patients / clients

Occasional

Environmental Demands

Standing - remaining standing without moving about to perform tasks

Frequent

Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks

Occasional

Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks

Infrequent

Lifting / Carrying - Light lifting & carrying: 0-9kg

Infrequent

Reaching - Arms fully extended forward or raised above shoulder

Infrequent

Hand & Arm Movements - Repetitive movements of hands and arms

Infrequent

Driving - Operating any motor powered vehicle

Not Applicable

Hearing - Use of hearing is an integral part of work performance e.g. Telephone enquiries

Constant

Touch - Use of touch is an integral part of work performance

Frequent

Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness

Occasional

Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies

Frequent

Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes

Frequent

Trunk Twisting - Turning from the waist while sitting or standing to perform tasks

Occasional

Leg/Foot Movement - Use of leg and/or foot to operate machinery

Infrequent

Lifting / Carrying - Moderate lifting & carrying: 10-15kg

Infrequent

Pushing / Pulling / Restraining - Using force to hold / restrain or move objects toward or away from the body

Infrequent

Grasping / Fine Manipulation - Gripping, holding, clasping with fingers or hands

Infrequent

Smell - Use of smell is an integral part of work performance e.g. Working with chemicals

Occasional

Unpredictable People - e.g. Dementia, mental illness, head injuries

Occasional

Dust - Exposure to atmospheric dust Infrequent	Gases - Working with explosive or flammable gases requiring precautionary measures Not Applicable	Fumes - Exposure to noxious or toxic fumes Not Applicable
Liquids - Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE Not Applicable	Hazardous Substances - e.g. Dry chemicals, glues Not Applicable	Noise - Environmental / background noise necessitates people raise their voice to be heard Infrequent
Inadequate Lighting - Risk of trips, falls or eyestrain Infrequent	Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight Not Applicable	Extreme Temperatures - Environmental temperatures are less than 15c or more than 35c Infrequent
Confined Spaces - areas where only one egress (escape route) exists Infrequent	Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground Infrequent	Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls Not Applicable
Working at Heights - Ladders / stepladders / scaffolding are required to perform tasks Not Applicable	Biological Hazards - e.g. exposure to body fluids, bacteria, infectious diseases Occasional	



St George Hospital
Medical Imaging
Formal teaching log

Name: Jeffrey Thompson

Signature: 

Topic	Completed Y/N	Date	Comments
Doctor/Patient Referral	Y	October 30 th , 2023	
Review of Request	Y	October 30 th , 2023	
Patient Preparation	Y	October 30 th , 2023	
Consent	Y	October 30 th , 2023	
Imaging Protocols	Y	October 30 th , 2023	
Radiation Safety Protocols	Y	October 30 th , 2023	
Shielding Protocols	Y	October 30 th , 2023	
Drug administration protocols	Y	October 30 th , 2023	
Management of complications	Y	October 30 th , 2023	
Infection control	Y	October 30 th , 2023	
Management of adverse events	Y	October 30 th , 2023	
Report writing	Y	October 30 th , 2023	
Communication of results	Y	October 30 th , 2023	
Patient safety training	Y	October 30 th , 2023	
Non-Medical Expert roles	Y	October 30 th , 2023	



St George Hospital
Medical Imaging
Formal teaching log

Name: *50J*

Signature: 

Topic	Completed Y/N	Date	Comments
Doctor/Patient Referral	<i>L,./</i>	<i>30/ to</i>	
Review of Request			
Patient Preparation	<i>V</i>		
Consent	<i>V V /</i>		
Imaging Protocols			
Radiation Safety Protocols	<i>/</i>		
Shielding Protocols			
Drug administration protocols	<i>V</i>		
Management of complications	<i>V</i>		
Infection control	<i>u</i>		
Management of adverse events			
Report writing	<i>V</i>		
Communication of results	<i>V</i>		
Patient safety training	<i>1/</i>		
Non-Medical Expert roles	<i>J</i>	<i>--J/</i>	



Week ending	16/06/2023	23/06/2023	30/06/2023	7/07/2023	14/07/2023	21/07/2023	28/07/2023	4/08/2023	11/08/2023	18/08/2023	25/08/2023	1/09/2023	8/09/2023	15/09/2023	22/09/2023	29/09/2023	6/10/2023	13/10/2023	20/10/2023	27/10/2023	3/11/2023	10/11/2023	17/11/2023	24/11/2023	1/12/2023	8/12/2023	10/12/2023
Weekly average Registrars per Consultant (excluding RE)	2.4	2.3	2.6	2.8	3.5	2.8	2.6	3	1.9	1.6	1.9	1.8	1.6	1.4	1.9	1.4	1.2	1.3	1.7	1.7	1.6	1.9	2.2	2.4	2.9	1.8	

Trainee - Unaccredited Position**Organisation / Entity:** South Eastern Sydney Local Health District**Job category:**

- Medical Officers | Radiology

Job location:

- Sydney Region / Sydney - South

Job reference number: CAM20717**Work type:** Full-Time**Total remuneration package:** \$89095 - \$139187**Closing date:** 31/12/2023 - 11:59 PM**Employment Type:** Temporary Full Time**Remuneration:** - Resident Medical Officer \$89,095 - \$120,489
- Registrar \$110,986 - \$139,187**Hours Per Week:** 38**Requisition ID:** CAM20717

The vision for South Eastern Sydney Local Health District (SESLHD) is 'exceptional care, healthier lives'. SESLHD is committed to enabling our community to be healthy and well, and to providing the best possible compassionate care when people need it.

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Where you'll be working

The primary location of this position will be in the Medical Imaging Department, St George Hospital.

What you'll be doing

The Trainee will learn, observe, and participate in all stages of the radiological examination of patients including referral, triaging, supervision, performance, reporting and communication of the procedure. They will participate in all aspects of the Department of Medical Imaging and will work towards being able to competently report diagnostic images, perform a variety of Tier A image-guided procedures under supervision, and provide radiology advice to clinicians and referrers appropriate to the trainee's level of experience.

1. The Selection Criteria is available in the position description and this must be addressed when you apply to the position

2. This is a Category A+ position. All Category A+ applicants must read and understand NSW Health Policy

PD2023_022. Successful applicants to the role must provide vaccination history and pathology as part of the application documentation, and be certified as compliant before employment can commence. A link will be provided once deemed successful Position Contact Name: Sam Hassan

Position Title: Operations Manager

Email: Samah.Hassan@health.nsw.gov.au

Contact Number: 02 - 9113 3569

1. MBBS or equivalent, current general registration with the Medical Board of Australia.
2. Minimum of two years postgraduate experience at start of training (ie. PGY 3 or above), preferably with recent clinical practice - including emergency medical care, after hours rostered duties and procedural work.
3. Demonstrated interest in Radiology and evidence of preparation for RANZCR Radiology training and preferably some prior experience in Radiology or related areas e.g. Nuclear Medicine..

4. Demonstrated ability to work independently within a complex health care setting with proven time management, analytical and reasoning skills, and good common routine procedural skills
5. Excellent written, verbal and multimedia communication skills, in order to interact effectively with patients, referrers, colleagues and other team members.
6. Understanding and promotion of collaborative effort and empathy within a heterogeneous team environment such as a radiology department.
7. Understanding quality improvement principles, audit, implementation of practice improvement initiatives and commitment to continuing professional development.
8. Experience in a broad spectrum of clinical disciplines prior to undertaking radiology training. Experience and a demonstrated interest in undertaking relevant research projects

Need more information?

1) Click here for the [Position Description](#)

2) Find out more about [applying](#) for this position

For role related queries or questions contact Samah Hassan on Samah.Hassan@health.nsw.gov.au

Applications Close: Sunday 31 December 2023 11.59pm (AEST)

Trainee ePortfolio Update – December 2023

Trainee	Gowri Kanthan	Kit Ho Lee	Damien Riwoe	Nicholas Nguyen	Joshua Yap	Kin Sing Lau	Mehr Vather	Yuen Ting Wong	Saad Rehan	Jeffery Thompson
Current Phase	Phase 2	Phase 2	Phase 2	Phase 1	Phase 3	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1
Training Start Date	1/02/2016	11/07/2016	6/02/2017	24/09/2020	3/02/2020	6/02/2023	6/02/2023	6/02/2023	3/07/2023	18/09/2023
Comments	Issues in aliging dates of DoT review for query with ePortfolio support team Trainee advised expemption as transitioning trainee	Issues in aliging dates of DoT review for query with ePortfolio support team	On rotation (Bathurst, previously Wollongong T3) See email	3 x WBA outstanding DoT scheduled for Jan following return from planned leave	Upto date	2 x WBA outstanding	Upto date	Upto date	Nil due - encourage to commence WBA	Nil due - encourage to commence WBA
DoT Review ** Meant to do 1 DoT Review every 6 months	DoT Review undertaken in September 2023	DoT Review undertaken in September 2023	0 DoT Reviews complete in ePortfolio (since Feb 2022) 3x DoT Reviews migrated from TIMS during Phase 2 Timeframe	2x DoT Reviews complete in TIMS 0x DoT Reviews complete in ePortfolio 3rd, 4th, 5th, 6th DoT Reviews due and outstanding	Phase 3, 1st Six Months DoT Review complete	Phase 1, 1st Six Months DoT Review complete	Phase 1, 1st Six Months DoT Review complete	Phase 1, 1st Six Months DoT Review complete	No DoT Reviews completed or due yet	No DoT Reviews completed or due yet

WBA Reporting	0x Reporting WBAs complete in ePortfolio Staff Updates applied for pro-rated periods	49x Reporting WBAs complete by trainee in ePortfolio. 35x Reporting Staff Update (Pro Rata)	0x Reporting WBAs complete in ePortfolio Staff Updates applied for pro-rated periods	70% of Reporting Assessments complete	45x Reporting WBAs completed nil due	8 out of 10 Complete for 1st six months and 3 out of 10 complete for second six months due Feb 2024	WBA Complete for 1st six months and 9 out of 10 complete for second Six Months Feb 2024	WBA Complete for 1st and Second Six Months	3 out of 10 WBA complete, 7 due by Jan 2024	0x Reporting WBAs complete in ePortfolio 10 due by March 2024
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From: [Sam Hassan \(South Eastern Sydney LHD\)](#)
To: [Damien Riwoe \(South Eastern Sydney LHD\)](#); [Damien Riwoe](#)
Cc: [Peter Child \(South Eastern Sydney LHD\)](#); [Kuan Ho \(South Eastern Sydney LHD\)](#); [Derek Glenn \(South Eastern Sydney LHD\)](#)
Subject: RANZCR DoT review and WBA update
Date: Thursday, 30 November 2023 3:07:54 PM
Importance: High

Hi Damien,

Hope this message find you well. I was just reaching out as Education Support Office from RANZCR has advised that you have a number of components of your e-portfolio still outstanding.

These include Director of Training Reviews and a number of Work Based Assessments.

Can you kindly advise when you would be available in the upcoming week to meet and develop a plan to bring you up to date with these components.

Thanks and happy to discuss further if required.

Sam Hassan

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

Gray Street, Kogarah

Tel (02) [REDACTED]



Health
South Eastern Sydney
Local Health District

