



HUNTER
POSTGRADUATE
MEDICAL INSTITUTE

30 JULY 2026

INTERVENTIONAL MEDICINE UPDATE

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THERE'S A MINIMALLY INVASIVE PROCEDURE FOR THAT!



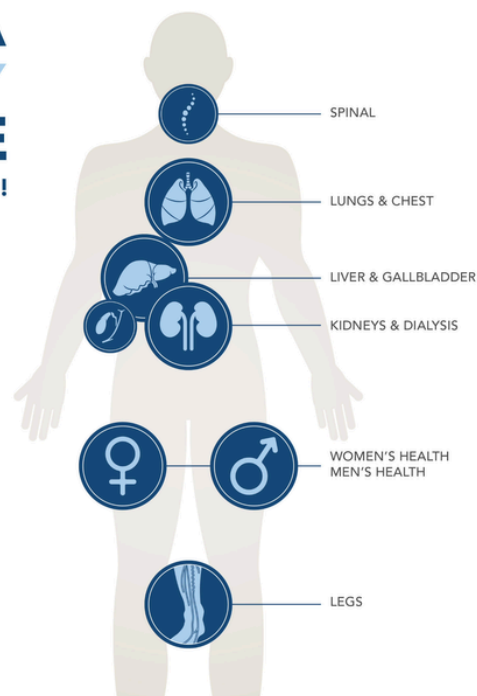
EMERGENCY



CANCER



INFECTION



RSVP

RSVP 28 JULY 2026

LIVE STREAM

Link will be emailed
afternoon of event



NOTICES

ZOOM NAME

Please make sure your Zoom name is the same
that you registered to attend the webinar so that
we can note you as attending

OUR PROGRAM

6.30pm	WELCOME & INTRODUCTION CHAIRPERSON	DR DOM KESBY, General Practitioner, Providence Medical, Warners Bay
6.35pm	PRIMARY INVESTIGATIONS FOR ISCHAEMIC HEART DISEASE – WHAT TO DO AND WHEN?	DR NICHOLAS WHITEHEAD, General and Interventional Cardiologist, Newcastle Adult & Paediatric Heart Centre, John Hunter, Calvary Mater and Lake Macquarie Private Hospitals
7.35pm	INTERVENTIONAL RADIOLOGY IN GENERAL PRACTICE	DR JAW TZENG TRONIDJAJA, Interventional Radiologist, Hunter Valley Interventional Radiology, Gateshead, John Hunter, Calvary Mater, Maitland and Lake Macquarie Private Hospitals
8.30pm	CLOSE	

LEARNING OUTCOMES

- Assess patients presenting with chest pain in general practice by distinguishing between typical and atypical symptoms and identifying red flags requiring urgent referral to the emergency department.
- Undertake an appropriate initial investigation of chest pain in primary care, including ECG interpretation, relevant pathology, and cardiovascular risk assessment.
- Compare the indications, advantages, and limitations of non-invasive cardiac investigations, including stress ECG, stress echocardiography, CT coronary angiography, nuclear perfusion imaging, and transthoracic echocardiography.
- Select the most appropriate diagnostic investigation based on patient presentation, age, cardiovascular risk profile, and pre-test probability of coronary artery disease.
- Determine when to refer patients to cardiology and identify situations requiring urgent escalation of care.
- Recognise and address common pitfalls in chest pain assessment, including over-investigation and under-investigation.
- Apply evidence-based clinical reasoning to case-based scenarios relevant to general practice.
- Describe common interventional radiology procedures relevant to general practice, including image-guided biopsies, drainage procedures and abscess management, joint and spinal injections, varicose vein treatments, uterine fibroid embolisation, and peripheral vascular interventions.
- Identify appropriate indications for referral to interventional radiology and determine optimal timing and patient selection for these procedures.
- Compare the benefits and limitations of interventional radiology procedures with traditional surgical pathways, including consideration of minimally invasive approaches, recovery times, and patient outcomes.
- Prepare appropriate referrals to interventional radiology by outlining key clinical information required and facilitating efficient referral pathways.
- Recognise contraindications, potential risks, and key counselling points associated with interventional radiology procedures.
- Apply clinical knowledge to case-based scenarios to evaluate how interventional radiology can improve patient outcomes in community general practice.

CPD

Activity under the RACGP CPD program
ACRRM Applying for 1 Point per hour

Certificate of Attendance for this meeting provided upon completion of Evaluation Questionnaire



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No refunds will be considered for live streaming and recording (if a recording is available)

REGISTRATION DETAILS FOR INTERVENTIONAL MEDICINE UPDATE

Title

Given name

Surname

Surgery

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Address

Phone

Specialty

QA No if GP

Email

Mobile



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