GE Healthcare

Compared to glass, +PLUSPAK™ just makes more sense

Problem

Solution

A landmark LOCM in a landmark package. Omnipro™ (iohexol) is now available in the +PLUSPAK polymer bottle.

For safety and convenience

+PLUSPAK™ (polymer bottle)

Information about adverse event reporting can be found at www.yellowcard.gov.uk.

Advances in ultrasound technology have made it possible to perform more detailed and accurate imaging of the human body. However, the traditional glass vials used in the past have several drawbacks. The main problem is the risk of breakage, which can lead to contamination and waste of the expensive contrast agent. Glass vials are also heavy and fragile, making them difficult to handle and store.

To address these issues, GE Healthcare has introduced a new packaging solution called +PLUSPAK. This polymer bottle is designed to be more resistant to breakage, safer to handle, and more convenient for healthcare professionals.

Key features of the +PLUSPAK bottle include:

- A yelling design that provides a non-pyrogenic, non-antigenic, and non-irritating surface
- Reusable, lightweight, and easy to handle
- Improved patient safety due to reduced breakage risk
- Cost-effective compared to traditional glass vials
- Environmentally friendly due to reduced waste

The +PLUSPAK bottle is compatible with existing ultrasound equipment and is available in a range of sizes to meet different patient needs. It is made from high-quality polymer materials that meet all safety and regulatory standards.

In conclusion, the +PLUSPAK polymer bottle offers a safer, more convenient, and cost-effective solution for ultrasound contrast agents. It is a significant advancement in the field of diagnostic imaging and represents a major step forward in improving patient care and healthcare efficiency.
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Toronto Welcomes the World!
17th ISRRT World Congress and CAMRT 70th Annual General Conference
June 7-10, 2012

What better place than Toronto, Canada, to host the 17th World Congress of the International Society of Radiographers and Radiologic Technologists (ISRRT)!

Toronto is one of the most multicultural cities in the world, a mosaic of more than 140 languages and dialects. Its rich, inclusive culture is reflected in the myriad of restaurants featuring cuisine from around the globe, enchanting and eclectic theatre and nightlife, and countless festivals celebrating all walks of life. It is also home to numerous world leading healthcare facilities and innovative research centres. Many of these are located just steps away from the conference site, the Sheraton Centre Toronto, and will open their doors to world congress delegates further enriching the conference experience.

The conference, held at the Sheraton Centre Hotel and hosted by the Canadian Association of Medical Radiation Technologists (CAMRT), will incorporate the CAMRT’s 70th Annual General Conference, and include ceremonies that commemorate the 50th anniversary of the ISRRT and the 70th anniversary of the CAMRT.

This World Congress will showcase innovation in diagnostic medical imaging and radiation therapy from around the world, and provide a global audience to share our common and diverse experiences as medical radiation technologists in contemporary health care. The program’s exhibitors will feature the latest technological advances from North America and around the world.

Mark your calendar and plan to attend as a presenter or delegate. Come to Toronto and celebrate our history, embrace the present and imagine our future.

www.camrt.ca/conference
LET me begin my first ISRRT President’s report by stating how honored I feel to serve as the 13th President of the ISRRT. I am especially grateful to the two Immediate Past Presidents, Dr Tyrone Goh and Mr Robert George who I had the pleasure serving on the board with these past eight years. Both have been great mentors, outstanding leaders, and dear friends. They, along with the other members of the Board of Management, have given so much of themselves to serve the ISRRT and their profession.

There are countless others that I could thank for their support over the course of my life. Each one of them holds a special place in my heart for their constant encouragement and direction throughout my career. Back home in St. Louis, Missouri, I began my leadership journey with our local society, the Fourth District Missouri Society of Radiologic Technologists, where I served as President in the early 1980’s. Just a few years later, I served as President of our state affiliate society, the Missouri Society of Radiologic Technologists and was later elected to be the 67th President of the American Society of Radiologic Technologists from 1999-2000. Never in my wildest dreams would I have imagined being the President of the ISRRT. This represents the first time that the ISRRT Presidency has been held by a member from the United States of America. For this, I am again, honored and humbled.

In order to get this report into the ISRRT Newsletter in time, I am writing this prior to the opening of the 2010 World Congress that was just held in Gold Coast, Australia. In a future report, I will comment on the outcome of what was a wonderful time for colleagues from around the world to meet and share with one another. I will use this particular opportunity to lay out a few thoughts as I enter into the next four years. It is essential to realise that I am not going along this path alone. I am fortunate to work with a Board of Management and CEO who are all dedicated to the ISRRT and all that we represent at the international level for our profession and the many constituents we serve.

One way for me to share my thoughts about the direction of the ISRRT would be to highlight some of my personal feedback from the recent ISRRT survey. But, before doing so let me state that I firmly believe that the ISRRT will continue to be the premier international association representing the radiologic and imaging sciences. We have some of the most accomplished professionals associated with this organisation. They have been and currently are leaders in our field for their respective countries and on the world stage.

The new ISRRT Board stands ready to think big, think bold and to think for the future. Communication and the image of ISRRT will be in the forefront. I am pleased that we have Dr Sandy Yule as our CEO, who continues to provide continuity and expert advice to the Board and will continue to work very closely with me as ISRRT President.

In no particular order, here are some of my personal thoughts that might give a flavor of my goals and direction for the next four years:

- Find and implement ways to better facilitate communication between and among the ISRRT Board, Council members, and member societies.
- Continue to assess the needs of constituents within the regions to make sure that each receives appropriate attention in Board and Council deliberations and planning for the future.
- Investigate electronic means for the ISRRT Board members and committee members to

Continued on the next page
communicate “virtually” rather than chiefly utilising email or face-to-face meetings (perhaps using SKYPE or other such means).

- Work to enhance the ISRRT website as the international clearinghouse for the radiologic and imaging sciences. Seek support to increase technical capacity (and staff support) to run a truly interactive website that connects the world’s community of radiologic technologists.

- Work with the Director of Education to provide more international educational conferences with funding for participants (when possible). Seek philanthropic funding for technologists from developing countries to attend the World Congress (from a “World Education Trust” sort of philanthropic endowment that is externally funded).

- Seek a way for ISRRT to sponsor a faculty/student exchange program.

- Provide assistance to developing countries for education and program development. Seek to secure external funds and personnel assistance to coordinate programs in developing countries to improve quality of education.

- Create an “Education” section on the website for member societies to submit examples of “best practice” models in education, curricula, sample policies and procedures, unique program designs, etc. to aid in helping countries to improve technologists’ educational offerings/programs.

- Provide or facilitate linkages between member societies for “cooperative” projects. Because ISRRT has a global vantage point, it could assist in coordinating projects between countries in the area of joint research.

- Provide free continuing education (CE) opportunities on the website for technologists/students in developing countries. The ISRRT could engage member societies who have active CE products to consider a program that would provide CE to technologists at no cost.

- Work with the Director of Professional Practice to broadly disseminate the ISRRT Code of Ethics and other key documents and statements (that represent the ISRRT) to our member societies and constituents across the world.

- Use the ISRRT website and Newsletter (in “virtual” form) to be the mechanism to disseminate research results that are sponsored by the ISRRT and its member societies.

- Establish an international radiologic technology program accreditation process.

- Work with the Director of Public Relations to utilise “best practices” in Public Relations to better tell the story and significant contributions of the ISRRT. (Seeking free ad space in member society journals would be a beneficial step toward getting the word out.)

- Better cooperate and communicate with international organisations that address medical imaging, health care, patient safety, radiation protection, etc.

- Continue to enhance our membership role and relationship with the RSNA’s Associated Sciences.

- Continue to seek additional ways for the ISRRT to remain financially sound and secure funding outside of membership dues.

- Work to make the CEO of the ISRRT a full-time position with full-time pay. Increase the human resources supporting the ISRRT.

I realise that this is a very aggressive list of initiatives identified above. I believe that the level of support for the ISRRT will continue to make this international association the “first stop” for those wanting to know what is affecting medical imaging and radiologic technologists on the world stage.

Kindest Regards,
Dr. Michael D. Ward, Ph.D., RTR, FASRT
President, ISRRT

Continued from the previous page
World Radiography Day - 8 November

8th November has been declared World Radiography Day. It is an annual international initiative which is intended to raise awareness and interest in radiography. It is a time when radiography is promoted as a career. Celebrations include hospitals and health care centres having open days highlighting radiography as a career. Many centres host seminars on radiography promoting professional development amongst health-care workers. Generally an increased public awareness is created where the role radiographers play as members of the health team is highlighted.

Why 8 November?

On the 8 November 1895, Professor Wilhelm Conrad Röentgen, was working with cathode rays using evacuated glass bulbs. He noted that when a current was passed across the bulb, a barium platinocyanide screen was seen to fluoresce. He realised the significance of this observation and simultaneously noted the effect of these phenomena on photographic plates. He termed this “X-rays”.

X-rays made sensational news due to their ability to penetrate wood, clothing and human skin. Home-made x-ray machines sets were built and used to produce medical x-rays. Within three months of Roentgen’s discovery, radiographs were generated in all major cities on four continents.

Thirteen months after Röentgen’s discovery, x-ray sets were installed in most hospitals. Medical pioneers such as Thurstan Holland (Liverpool), John Hall-Edwards (Birmingham) and John Macintyre (Glasgow) began their careers as the world’s first radiologists and radiographers. In 1901 Röentgen was awarded the first Nobel Prize for physics.
The AIR Victorian Branch held the “GREAT AGFA DEBATE” on Wednesday September 22 at the new AGFA Headquarters in Scoresby Victoria.

Subject: That the adoption of digital technologies into medical radiations practise has triggered a net decline in professional standards.

Above: Happy Teams after the result L to R  Ben, Allen, Sara, Jim, Olivia, Kane. Negative Team wins by narrow margin.

Right: Adjudicators: Dr Sandy Yule OBE CEO, ISRRT, Mr David Collier, CEO Australian Institute of Radiography.

SINCE the very successful ISRRT World Congress in Durban, South Africa, the work of the Board has increased under the leadership of the President Mr Robert George. Robert has worked tirelessly on behalf of the ISRRT and the profession in general and he has certainly kept me fully occupied during this period. Robert and I have continually kept in touch throughout the months using SKYPE which has proved of great benefit and is cost free.

Many important issues have been identified and discussed during the past two years and in particular the outcome of the survey, undertaken at the request of Council, was successfully completed. The results were considered by a working group of member societies co-ordinated by Dr Michael Ward. Recommendations have been made to the Board and these were fully debated during the Council meeting being held in the Gold Coast this year.

The results of this discussion will be fully reported elsewhere.

ISRRT is a Non Governmental Organisation (NGO) and it is extremely important that this status is maintained. This status is not an automatic right for any organisation and every three years the Executive Committee of WHO meet to decide if an organisation merits to continue as an NGO. At the beginning of 2010 the Executive, having taken into consideration the world wide work of the ISRRT, once again renewed the NGO status of the ISRRT.

April or May is normally the months in which the General Assembly of the WHO is held and I have participated in this annual event for a number of years. However this year (2010) I was prevented in attending by the combination of British Airways strike action and the volcanic dust from Iceland. I did however arrange meetings in July with Adriana Velazquez Berumen, Coordinator Diagnostic Imaging and Medical Devices, Department of Essential Health Technologies and Dr María del Rosario Perez, Scientist, Radiation and Environmental Health Programme, Department of Public Health and Environment (PHE). These were extremely productive meetings and future plans for co-operation were agreed. These plans involve continuing co-operation in the areas of education, patient care and radiation protection and I was assured that “WHO will keep looking forward, as a team, to continue and strengthening our collaboration with ISRRT in the near future”.

The ISRRT actively promotes World Radiography Day which is held in November each year and has produced a poster and logo: “Radiographers Care About YOUR Protection”. This continues with the theme of the “Image Gently” campaign by raising the awareness of everyone about radiographic imaging and therapy and the crucial role the profession plays in the diagnosis and the treatment of patients and, most importantly, ensuring radiation is kept to the minimum required, hence improving the quality of patient care. Radiographers throughout the world are encouraged to promote “World Radiography Day” and send their information regarding any events to ISRRT for inclusion on the website. WHO are very aware of the “Day” and have asked to be involved in the future.

My travels have continued to be quite extensive and I have had the opportunity to visit and meet with Societies and colleagues in many countries. On every occasion I have been met with tremendous hospitality and friendliness which makes my job much easier and very worthwhile.

I have attended many meetings along with the ISRRT President Mr Robert George and I would like to re-emphasise the importance of these meetings and the agreements reached during discussions.

In May 2010 I undertook a site visit in Toronto prior to the 2012 ISRRT World Congress. During this visit I was accompanied by Dr Michael Ward, Regional Director for The Americas. During the visit, which was extremely helpful and interesting, we were shown the meeting facilities, accommodation and social venues. There was tremendous support shown by the Canadian Association of Medical Radiation Technologists (CAMRT) and the Toronto Tourist Organisation. The lectures will be held in the Sheraton Conference Centre.
Editorial Submissions & Deadlines

Remember to e-mail your news before the deadline to:
Mrs Rachel Bullard
Email: deepbluedesign1@mac.com

Deadline for the twice yearly issues are:
April 1 (May issue) and October 1 (November issue) each year

All material must be sent electronically, advertisements, images as high resolution PDF, TIF, EPS files.

You are invited to comment in relation to the ISRRT Newsletter editorial content and make suggestions for future issues. All comments will be considered by the Editor and her Committee.

Advertisements/Secretariat

A section is reserved for the advertising of educational programs, courses or new radiological texts.
For further details or to advertise your program or new publications please contact the ISRRT Secretary General:
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143 Bryn Pinwydden
Pentwyn, Cardiff Wales CF23 7DG
United Kingdom
Tel: +44 0 2920 735038; Fax: +44 0 2920 540551; E-mail: isrrt.yule@btinternet.com

ISRRT World Radiography Educational Trust Fund (WRETF)

Secretary: Mrs Lizzie Zukiewicz
Spring House, 17 Spring Village, Horsehay, Telford, UK TF42LU
Tel: +44 0 1952 502966; Email: spring.house@talktalk.net

ISRRT WEBSITE

The ISRRRT website carries up to date addresses of all member societies.
Visit the ISRRRT website at:
www.isrrt.org
Here you can find information on the ISRRRT and details of future meetings.

Comments on the newsletter

You are invited to comment on the presentation and contents of the newsletter and make suggestions for future issues. Your comments will be considered by the Editor and her Committee.
email: deepbluedesign1@mac.com
and the facilities provided will be excellent. The Sheraton will also be the main Congress hotel with the nearby Toronto Hilton providing for any overflow. In addition of course there are many inexpensive accommodation facilities nearby to the Congress venue. Both Michael Ward and I were very impressed by the enthusiasm of CAMRT and were assured that the 17th World Congress will be a great success.

While in Canada I also took the opportunity to attend the Annual Congress of CAMRT in Quebec. The venue and attendance were excellent and I met with CAMRT President, Mrs Shirley Bague, CAMRT CEO, Mr Chuck Shields and Mrs Rita Eyer who is the CAMRT Council Member to ISRRT. I was invited to attend and to speak at the Annual General meeting of CAMRT. A motion was on the floor to the effect that all CAMRT members would become Associated Members of the ISRRT in a similar form to that of the radiographers in Australia. I am very pleased that this motion was agreed by the members present and as from 2011 all CAMRT members will also be an Associate Member of ISRRT. This is tremendous news and will bring in an additional income to the ISRRT which will mean that more work can be achieved throughout the world.

The World Congress held in Australia was extremely successful with nearly 1,200 participants from many countries throughout the world. Everyone expressed how good the Congress was from all aspects. The organisation was exceptional, the lectures interesting and varied and the social events first class. A full report will be made in another part of this newsletter. The exhibition was well supported by companies and the ISRRT booth was visited by many of the Registrants. The booth was very well staffed and thanks must be given to Ernie Hughes, former CEO of AIR and Alison Yule for their work done in this area.

I will also record my thanks to the Australian Institute of Radiography for honoring me by making me an Honorary Fellow of the Australian Institute. This came as a great surprise and I consider it to be not only an honor to myself but also to the ISRRT.

While in Australia I took part as an adjudicator in the Victoria Branch of AIR’s “Great Agfa Debate” in Melbourne. This is an annual event and my co-adjudicator was David Collier, AIR Chief Executive Officer. The evening was a great success which was enjoyed by all. Both debating teams performed well with both humour and good natured debate. David and I even managed to agree as to the winning team. (See page 4 for photos)

Gordon Ryan, a past president of both AIR and ISRRT had been asked to present the Australian Pioneer Lecture during the World Congress but was unable to attend the meeting. Robert George presented Gordon’s lecture and on behalf of Gordon I accepted an ISRRT award for his services to radiography. Gordon Ryan lives in Bulli, near Sydney, and before I travelled home I was able to personally present the award to him, pictured below.

Without the support of everyone the ISRRT would be unable to continue with its great work in providing conferences, workshops and education throughout the world. Every contribution no matter how small is valuable.

I would like to thank all Board members, Council members and organisations for their continuing help which contributes to the ongoing success of the ISRRT. Everyone is always supportive and make constructive suggestions. Wherever I visit I have been made welcome as has my wife Alison who is ever ready to promote the ISRRT. Although not a radiographer Alison also enjoys meeting with people and is a great help to me. I would therefore like to take this opportunity to thank Alison for all her support and help which she gives to my work for the ISRRT.

Finally I would like to particularly thank Robert George and his wife Jan. Robert has been a tower of strength during his period as ISRRT President and Jan has made us welcome whenever we have met together.

I now look forward to working with the new ISRRT Board and in particular with the new ISRRT President Dr Michael Ward.

Sandy Yule
CEO, ISRRT
The ISRRT Newsletter would like to invite readers and others to take advantage of the extent of our circulation and advertising service. The ISRRT Newsletter reaches 72 countries, 4500 associate members, libraries and schools of radiography, government bodies and professional societies. The following are costs for mono advertising as at February 2008:

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Radiology in Indonesia

Denpasar, Bali
September 2010

Report by Angela Borella, Radiology Advisor to Sanglah Hospital, Australian Volunteers International (AVI)

I HAVE always been interested in international health issues, particularly those faced by developing countries, and in 2009 I started a Masters of International Health.

In late 2009, I was offered a position with Australian Volunteers International (AVI) for a 13-month placement in Indonesia at Sanglah Hospital in Denpasar as a radiology advisor and mentor. I took leave from my role as Operations Manager at St Vincent’s Hospital, Melbourne and deferred my studies to pursue a life-long ambition.

Sanglah Hospital is a large public hospital with approximately 730 beds. After the Bali Bombing in 2002 it became apparent that the hospital needed significant development in order to be able to cope with the community’s medical needs. AusAID, the Australian government’s overseas aid program, provided much-needed funds and built a new burns unit and ICU. AVI provided volunteers in the fields of nursing, clinical education and infection control.

I arrived in February this year for one month of intensive language training in Yogyakarta, Java, before beginning my role in Bali in March.

In nearly six months at the hospital, I have seen many things and learnt much. I spent the first two months just observing and getting to know the staff. This was incredibly important. I think it could be very easy for someone to jump straight in without being aware of the cultural complexities. What works in your own environment will not necessarily work in the context of another culture. The Indonesian culture is extremely strong and the way society operates is completely different to anything I have ever known. About 90% of the population in Bali are Hindu, with about 10% Muslim and Christian. It was really important to take the time to understand the workplace and the local customs and culture and also to build trust with the staff.

Effective cross-cultural communication is the key. I became acutely aware of the potential for miscommunications and misunderstandings and also the effects of culture shock. Even though I had experienced one month of intensive training in bahasa Indonesian, navigating my way through conversations in the first few months felt like being permanently gagged and blindfolded. The loss of being able to communicate effectively was and still is extremely challenging.

The radiology department has almost fifty staff (Radiologists, Residents, Radiographers, Nursing and Administration staff) and is split across three locations - the main department, the emergency department and the private department in the International Wing of the hospital). It also operates across three shifts - morning, afternoon and night shift. Three locations and three shifts makes communication, education and training very difficult, especially in a department with no information technology (IT) infrastructure. On average there are approximately 100 patients examined every day across the three areas using two...
single slice helical CT scanners, five ultrasound units, five conventional x-ray machines with bench top processing, one fluoroscopy unit, one bone mineral densitometry unit and two mobile x-ray machines. There is also an angiography suite on the campus located in the cardiology department and radiographers rotate there when required.

Unfortunately, the problems are many and varied, mainly due to a decentralised healthcare system. There is a three-tiered class hierarchy and the majority of Indonesians must pay for healthcare. The poorest patients who have a kartu miskin (poor card) dispensed by the government receive free health care.

The major issues facing the radiology department are equipment procurement, equipment maintenance, infection control and staff education and training. Frustratingly, there are many pieces of equipment not being used, sitting idle, not able to be fixed. The hospital does not have the operational funds available at the time of the breakdown.

I have been working closely with the Chief Radiologist and hospital management, discussing equipment purchasing and the importance and benefits of a comprehensive maintenance contract, particularly with the purchase of high-end equipment like CT scanners and MRI machines. With adjustments to their procurement process and some fine-tuning to their budget this could definitely be achieved in the future.

I am also about to launch an infection control program within the department through a grant provided by the Planet Wheeler Foundation and the support of AVI. There are issues with regards to staff knowledge and unfortunately many staff have never received training in infection control procedures. There are many problems with hospital-acquired (nosocomial) infections and reducing child mortality and maternal deaths is a high priority, particularly in light of the Millennium Development Goals deadline in 2015. Our main aim is to train two staff members as Infection Control Officers to provide a sustainable long-term solution to this very serious problem. The Infection Control Officers will then train all the staff using cross-contamination and hand washing training kits and develop much needed policies and procedures. The grant money will also be used to renovate the existing hand basins across the department and for distribution of radiology-specific educational posters.

We are also about to start weekly educational tutorials on radiographic technique, combining theory with practical demonstrations. The aim is to achieve consistency across the radiographers in regards to the quality of plain film images and to further reduce the current reject analysis rate of 5%.

These simple programs will hopefully be the start of some major changes in this department, which has great potential. The staff are very enthusiastic and open to change, which is half the challenge.

Angela completes her assignment with Australian Volunteers International (AVI) in March 2011. If you wish to contact her, you can email her at angejb@iprimus.com.au

Above: The outdoor waiting ‘room’ on a normal day in the main department.

Below: A radiographer x-rays a patients’ ankle
ON A recent visit to the University of Ghana, Jenny Motto, ISRRT Co-ordinator for Education in Africa, ran a workshop for radiographers on Saturday September 25. The topic of the workshop was ‘Pattern recognition of plain radiographs of the skeletal system (excluding the skull and vertebral column) and the abdomen’. A presentation of these systems was given followed by an interactive hands-on workshop which allowed participants to “pattern recognise” radiographs according to a checklist devised by Jenny.

After the participants had completed the exercise Jenny went through each image and participants were able to check their competency.

The radiographers participated with great enthusiasm and enjoyed seeing how accurately they had assessed each film.

The Dean of the Faculty supported the workshop and gave up time on a Saturday to observe the proceedings.

Subsequent to this workshop Jenny has been asked to present a proposal for an additional workshop to the ISRRT Director of Education, Mrs Cowling for consideration. This is currently being pursued by Jenny.

I was in Ghana as an external examiner for the BSc Hons Radiography degree offered at the University of Ghana.

Jenny Motto
Vice Dean
Faculty of Health Sciences
University of Johannesburg
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THIS was a three day session designed to prepare a document or tool kit which communicates the radiation risks in paediatric imaging. It took a very multidisciplinary approach with participants from health (Radiologists, General practitioners, nurses and radiographers and including Dr Donald Frush of Image Gently) as well as regulators from USA Environmental Protection Agency,(EPA), Center for Devices and Radiological Health of the Food and Drug Administration of USA (FDA), Dr Madan Rehani (IAEA), and Ms Susan Sheridan, the President of Consumers Advancing Patient Safety, Patients for Patient Safety Network (PPSN). In all there were 24 participants with eight radiologists and one radiographer (ISRRT Director of Education). The workshop was convened by Maria del Rosario Perez from Department of Public health and Environment, WHO.

A preliminary document had been circulated and the discussions and sessions centred around this. The draft document had components of overview of radiation and the reasons for safe action and methods that could be used to impart this information. The features of risk communication in patient safety were outlined to the group. It was soon evident that the first issue was to determine exactly to whom this document was directed. It was decided that it should be focused on referring Physicians rather than radiological providers or patients specifically, but that it have a patient centred approach.

The Director of Education gave a short presentation on the role of the radiographer in disseminating information of this nature, which is quite considerable. However there are already some existing materials from Image Gently campaign and the Rpop website of IAEA, and the main issue for this radiographers was the best way to disseminate, educate or communicate the information.

A whole day was spent in groups looking at the document in detail. The revised document may be circulated by mid November.

Ms Sheridan put forward a strong argument for the document to be simple and usable for the patient and

Continued on page 20
CAMRT

Report by Leacy O’Callaghan-O’Brien, Director of Advocacy CAMRT

Professional Development

The joint conference of CAMRT and l’Ordre des technologues en imagerie médicale et en radio-oncologie du Québec (l’Ordre) held in Quebec City in May was a truly memorable event. This was one of the largest gatherings of MRTs ever to take place in Canada, offering some 140 diverse, high quality education programs in two language streams and eight disciplinary streams along with multidisciplinary program options offered throughout the schedule. The joint planning committee was congratulated for offering such a unique opportunity to share cultures, experience and knowledge. Conference presentations from the 2010 AGC are now available on the CAMRT website.

Plans are already underway for the 2011 AGC in Saskatoon, for the World Congress that will take place in Toronto in 2012, and for the trip to Atlantic Canada when St. John’s Newfoundland will host the AGC in 2013. An invitation to host the 2014 AGC in Alberta was announced at the Annual General Meeting in Quebec.

Governance

The CAMRT board continues to make significant progress toward the objectives of the strategic plan, including a facilitated discussion on a new articulation of the mission, vision and values of the CAMRT. A working group has been established to create new statements from the key messages the board identified as essential in describing the association’s purpose. At the 2010 AGM, the members present approved the motion to have all CAMRT members become associate members of the International Society of Radiographers and Radiologic Technologists. A proud Canadian delegation, including Shirley Bague, CEO Chuck Shields, newly elected Vice President of the Americas Rita Eyer, and CAMRT Director of Education Elaine Dever, were in attendance at the World Congress in the Gold Coast of Australia, Sept. 6 – 12, 2010.

An excellent election campaign was run by the three candidates for the position of President-Elect. The new CAMRT president-elect is Amanda Bolderston. Her term as President Elect starts on January 1, 2011 and her term as president will begin January 1, 2012. Congratulations are extended to Amanda and fellow candidates Karen Davis and Wendy Martin-Gutjahr for their commitment to CAMRT leadership at the highest level.

Stakeholder consultation

CAMRT is proactive in creating and identifying opportunities to engage with stakeholders with whom we will collaborate on initiatives that advance us even further.

CAMRT hosted a Roundtable on Medical Imaging and Radiation Sciences during the AGC. There, the presidents and CEOs of our provincial member associations, provincial regulatory colleges, key stakeholder organizations such as the Canadian Association of Radiologists, Canadian Association of Radiation Oncologists, the Canadian Organization of Medical Physicists, the Canadian Society of Diagnostic Medical Sonographers, Canadian Interventional Radiology Association and guests from ASRT and ISRRT met to discuss common issues and share the concerns particular to each profession. All organizations are considering how to address topics like radiation dose, isotope supply, manpower shortages, and interprofessionalism.

Diversity and Inclusion

CAMRT represents a multidisciplinary profession, with even more specialization within some of it disciplines; a naturally diverse group. Add to this mix the rich cultural mix that is Canada, the range of ages that the membership spans, and gender differences, and it is clear that this diversity requires a strategic approach to inclusion that ensures that association programs and services reflect the many faces of CAMRT. Past-President Fiona Mitchell has agreed to serve as a champion for diversity and inclusion, and facilitated a brainstorming session at the Quebec conference for some two dozen members who came forward with great ideas on how to ensure all members have a voice and a role to play in CAMRT.

Rebranding the profession

For the last 18 months, CAMRT and its provincial member associations have undertaken significant research
regarding the potential for rebranding the MRT profession, to create enhanced awareness among stakeholders about the role that medical radiation technologists play in the health care system. The CAMRT board has now endorsed the tag line “The Very Image of Care” along with audience-specific key messages and the brand promise developed by the Rebranding Steering Committee, and provided direction to the committee on a strategy for implementation of a branding campaign. A plan and budget were developed by CAMRT staff and are now under consideration of the provincial member associations at their fall meetings. For more information, see the reports at http://www.camrt.ca/english/publications/rebranding.asp

Awards

Professional excellence was recognised at the 2010 President’s banquet, with awards presentations to numerous deserving members. Among the highlights of that evening was the presentation of the CAMRT’s highest honours:
- “Lamp of Knowledge” Marshall Mallett Award
  Louise Rimanic, RTNM
- Life Member Award Alain Cromp, RTR
- Award for Early Professional Achievement Jill Marie Surette, RTNM
- 2011 Welch Lecturer : Nicole Harnett, RTT, ACT

Congratulation were also extended to the Essay and Exhibit contest winners, whose names can be found in the CAMRT July-August newsletter, now available online.

Professional Practice

Plans are well underway for a Leadership Development Institute to be held in October in Ottawa, where young CAMRT members who have demonstrated leadership potential and a commitment to advancement of the medical imaging or radiation therapy professions will be engaged in several days of leadership training. The goal with this program is to develop a new, vibrant and motivated volunteer base to draw on for future leadership needs of the CAMRT, and at the same time, to provide young leaders with enhanced skills that will further their professional progress. Also progressing well is the Continuum of Practice project, with planning underway to conduct several surveys to inform the work of participants at a symposium this November, where a MRT practice framework will be developed. A comprehensive process for the development of Best Practice Guidelines over a three year period has been implemented, with the Professional Practice Advisory Council providing advice and oversight to the project. A number of members are now engaged in a work group dealing with the development of the core material that will serve as the foundation for the guidelines. Work on the discipline-specific content will follow, and writing of the guidelines will commence in early 2011.

Advocacy

CAMRT continued to monitor the situation with regard to isotope supply, during the fifteen month shutdown of the NRU reactor operated by Atomic Energy Canada Limited (AECL), consulting with Health Canada and other associations, and providing weekly updates on supply forecasts to allow nuclear medicine departments better plan their activities while the shortage continues. A media release in August welcomed the return to service of the NRU, and called upon the Canadian government to collaborate with the nuclear medicine community in Canada and abroad to explore solutions for a stable and affordable global supply. In June, CAMRT issued a media release expressing disappointment with regard to the exclusion of radiation therapists in a report on medical radiation technologists in their work environment, published by the Canadian Institute of Health Information (CIHI). Another release addressed the findings of a CIHI survey on the impact of the isotope supply shortage, noting the consistency with a survey completed by CAMRT last fall, and the confirmation of the extraordinary efforts of nuclear medicine technologists throughout the extended shortage.

In July, CEO Chuck Shields appeared on CBC National News, commenting on the release of CIHI data on the frequency of CT and MRI scans in Canada, and explaining the role that technologists play in ensuring the appropriateness of scans and in advocating for patient safety and minimized radiation dose. ♦
The German Roentgen Museum

Report by Dr. Uwe Busch, Deputy Director, Deutsches Röntgen Museum

What does an individual biography tell us about the path followed to achieve earthshaking discoveries? What part does a new kind of thinking play in the further advance of research? What significance does technology have in our lives and for our health?

The questions that the person of Wilhelm Conrad Roentgen brings up are numerous. But they are, above all, extremely pertinent today. That is why we our desire is to create a Roentgen Museum directed toward the future and proving its relevance to the current era.

This daunting assignment will have been completed by 2012. The new Roentgen-Museum will then be re-opening with a new concept, in newly designed rooms. We are looking forward to that date since we are convinced that we will be presenting a museum of science and technology that will enjoy international standing.

Roentgen as a brand

For more than three-quarters of a century now, the German Roentgen-Museum in Remscheid has been the facility – in Germany and throughout the world – that comprehensively explores, documents and presents the life, work and impact of Wilhelm Conrad Roentgen. As a prototype of modern, creative and interdisciplinary thinking in the natural sciences, the name Roentgen has become something of a seal of quality and brand name for stellar achievements in scientific research and development in Germany around 1900. His successes made essential contributions to establishing the phrase “Made in Germany” as a symbol for quality in engineering, technology and industrial production. The awarding of the first Nobel Prize ever to Roentgen set high standards for this award; the corresponding demands and expectations were thus justified.

As the world’s only facility of its type, the German Roentgen Museum is to be transformed step by step and in the course of a thorough restructuring, re-profiling and expansion of its displays and services. It is to move from a science-centred special interest museum to a theme museum “close to real life”, centred on creative research and experience-rich discovery.
Roentgen as a synonym for innovation

Wilhelm Conrad Roentgen – born in Remscheid-Lennep, world renowned inventor and researcher, brilliant physicist and receiver of the first Nobel Prize. His work revolutionized medical diagnostics and paved the way for numerous technological applications in modern science and technology without which our modern world would be inconceivable. An extraordinary personal and historic achievement – and yet Roentgens life and work represent much more: a timeless universal message for creative thinking, the positive driving force behind all cultural and social developments as well as behind technological progress and innovation. The freedom to integrate that which was already known using an interdisciplinary approach and to create something new, the ability to bundle his knowledge, eg. assimilating ideas from photography and cathode ray research in order to discover X-rays, qualifies him as a prototype for the modern innovator and makes him a leading figure in science and a synonym for creative thinking.

It is on the foundations of this quality that the concept and master plan for the new Roentgen Museum in Remscheid, Germany are based. At the same time its potential will be increased in many respects by creating a museum which will foster Roentgen’s spirit of discovery and enquiry, guiding the visitor through an exciting and at the same time easy to understand scientific experience. As a modern educational facility it will follow the hands-on-science approach thus allowing fun and interest to develop interactively along side investigation and experimentation and encourage potential creative and innovative skills on a long term basis. In addition the museum will serve as a cultural and social focal point offering a qualified platform for research, industry and the public.

A positive paradigm shift

With this repositioning a strategic extension of the museums scope, significance and sphere of influence will be involved. This means that the Roentgen Museum will undergo a transformation from being a specialized museum of encyclopaedic character to a modern technical, scientific thematic museum. This new orientation to and interpretation

Continued on following page
of the history and diversity of the subject matter will appeal to a broad national and international audience who will be able to share the fascination of the applications ranging from those of everyday familiarity to hi-tech. This will encourage the individual visitor to think about questions of modern scientific research and awaken his or her continued interest. With this change the museum succeeds in combing both its tasks – safekeeping and renewal. This does not merely consist of reconstruction and explanation of specialized contexts for the visitor. Not only is the visitor supplied with answers but also questions to take home with him, and is stimulated to review and broaden his intellectual capacity and ways of perception. In short a museum which quenches one’s thirst for knowledge and awakens one’s curiosity – and here we have come full circle back to Wilhelm Conrad Roentgen.

Holistic learning forms the basis

Now moving beyond professional circles is the realisation of the limitations inherent to organised, supervised and concept-based learning in “classical” educational institutions. The fading of the boundaries between elementary and continuing education and the much-heralded postulate of “life-long learning” have softened the traditional educational concept. Given the fact that, according to expert opinion, about 70%
Open to the Future

The museum’s future target groups are school children, students of all ages as well as young people and families. It’s educational conception thus functions by multilayered processing of the subject matter exhibited thus achieving maximum accessibility for all age groups and educational backgrounds. Ranging from ‘popular science’ to ‘specialist’ the contents are ready and waiting on various levels of media to be discovered actively or interactively. In terms of the museum this will be implemented by activities ranging from ‘adventure trails’ for children and young people to multi-media archives for the visiting specialist. However, all with same purpose and that is to let the spark of enthusiasm to be passed on, winning over new disciples for the heritage Roentgen left us.

Museum with more value

The Roentgen Museum is not only a substantial marketing element and outstanding cultural facility enhancing the identity of the town of Remscheid but also an institution of worldwide significance for Roentgen’s work and impact. The Remscheid council’s decision to implement the master plan to redesign the Roentgen Museum as of the middle of 2004 is a clear signal that the ‘brand’ Roentgen will be kept, converted and safeguarded. Safeguarded in two ways because apart from the conversion of the core product extracurricular learning and further education will achieve an active and attractive contribution to the scientific and medical communication of knowledge. It is clear that in order to achieve such an ambitious project a great deal of human and financial effort is required. As the initiator the Society of Friends and Supporters of the German Roentgen Museum with support of The Rhineland Regional Council (LVR) have provided the initial funding for a new concept. After the successful presentation the project has been included in the regional grants programme 2006 which will provide for the first constructional phase. In order to carry out the complete master plan fund-raising and instruments of public private partnership such as sponsorship of specific themes are prepared. Furthermore, any ideas and especially material contributions would greatly help towards the success of the project. Those of us who are involved in the theme in their work every day and wish to see that radiology receives wider acceptance among the population will benefit especially. A goal which also without doubt, is in the interests of the German Roentgen Society for whom the Deutsche Roentgen Museum will prove to be an important institution.

Continued on following page
Going on-Line again

The re-opening of the first part of the new Roentgen-Museum took place in 2007. The second part opened early 2010. We are looking forward to welcome our international guests and saying thank you for your patience for the long period of being out of service.

Next steps

The development planning of the third part of the renewal of the Roentgen-Museum is in work. Successive we are going to realise our vision of the new Roentgen-Museum during the next three years. We would be very thankful for any support of our ambitious project. Further information you can find on our Website www.roentgenmuseum.de ❖

Report on WHO Workshop

Continued from page 15

parent and this was endorsed by the ISRRT Director. However it was finally decided that this document would be one of two or more which would comprise a tool kit aimed at several but quite distinct communities because their needs would vary.

This was another excellent opportunity for ISRRT to actively participate in global discussions as an effective voice for radiographers. The ISRRT is very appreciative that Dr Perez continues to include ISRRT in these sessions. Apart from the pertinent discussions it was an excellent networking opportunity. Dr Michael Kawooya from Uganda was in attendance and he is a great supporter of radiographers in his county. He has offered to participate in the project for international accreditation Also present was Elizabeth Adams from The International Council for Nurses who is putting the ISRRT in touch with the people closely involved with international accreditation for nurses. Dr Lawrence Lau of IRQN and Dr Madan Rehani (IAEA) were both in attendance and they are firm supporters of radiographers.

This visit was cosponsored by ISRRT and WHO, and ISRRT was specifically acknowledged for its financial support of this venture. It is important to continue and strengthen this relationship. It has been only recently that radiographers form an equal part in these initiatives. I would like to thank the ISRRT for giving me the opportunity to represent our profession. ❖

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TWSRT invites you to join the
18th Asian/Australasian Conference of Radiological Technologists (AACRT)
March 25-27, 2011
in southern Taiwan, Kaohsiung

The theme of conference is IMAGING YOUR IMAGINATION
It reflects the reality of our career.

Poster and oral submission are welcomed before the deadline.
Please visit the website www.twsrt.org.tw
for more information on registration, tourism, special program, special speakers, venue, accommodation and transportation.
DIEN VAN DIJK AWARD

Below are the Citations given by Robert George for the DIEN VAN DIJK AWARD to Marion Frank and Philippe Gerson at the 16th ISRRT World Congress, Gold Coast, Australia.

I have great pleasure in announcing the presentation of a Dien van Dijk Award to Philippe Gerson from France.

Philippe trained as a diagnostic radiography and is the Chief Manager in Radiology and Nuclear Medicine at the Hotel Dieu in Paris.

He has been a part-time teacher in many Schools of Radiography in Paris. Since 2000, he has been the Council member to ISRRT for the French Society.

Philippe has coordinated and participated in ISRRT workshops in many countries in Africa including Tanzania, Cameroon, the Ivory Coast, Burkina Faso, and Gabon since 1994. He has organised and participated in several French Society Workshops as well as Education Missions in Vietnam from 1999-2009. In 2008 Philippe coordinated the Technologists program at the ICR in Marrakech, Morocco on behalf of the ISRRT.

I take very great pleasure in announcing the granting of this Award to Marion Frank of the United Kingdom.

Marion Frank was the Superintendent Radiographer of The Middlesex Hospital, London and Principal of The Middlesex School of Radiography. She is a Past President of the SoR and received an OBE for services to radiography in the UK and throughout the world.

Marion fostered many overseas students during her time at The Middlesex and still offers them accommodation more than 25 years later when they are in London and continues to encourage their focus on the International aspects of radiography.

Marion is personally known to many radiographers around the World for her activities over the years and is a very highly respected member of the profession. She has been a past Board member and maintains a keen interest in the activities of the ISRRT.

I would ask Sandy Yule who has known Marion for all of her time at the Middlesex, to accept this Award on her behalf and to present it to her at an appropriate time in London.
A Roentgen Riddle: What do you get when you combine for four days over 1,100 people from 54 countries, 230 presentations, 63 posters, 37 exhibitors, great social gatherings and a very pleasant setting? Answer: A wonderful celebration of the medical imaging and radiation therapy profession called the ISRRT 2010 World Congress! For all participants, but especially for those of us from half a world away, it was tremendous to see people from all around the world, indeed from all the continents, come together on the Gold Coast of Australia to share knowledge and make professional and personal connections.

But for some of us our time on the Gold Coast didn’t begin with the congress. Those who were involved in ISRRT governance meetings actually were able to enjoy the setting for a full week, as we worked together on the business of ISRRT. As a first-time attendee at the governance meetings it was intriguing to see people literally from around the world work together to address the issues facing the profession at an international level. With the flags and translators the meeting took on a United Nations flair. It was a revelation for me to learn how other countries are managing radiation safety and the education of radiographers. The challenges they face are similar to those that we face in Canada, but these are expressed in different ways. It was interesting to learn that in some countries, where there is no radiologist to review images, the radiographers sometimes with minimal training are expected to give the doctor an interpretation.

Among the accomplishments of the meetings was to elect Dr Michael Ward, PhD, as the next president of the ISRRT. He will be the first person from the USA to ever hold this position. Joining him on the Board of Management is a very capable group from 11 different countries that includes three other board members with PhDs.

The congress itself began on Thursday evening with the traditional flag ceremony, which was colourful and moving and finished with the scores of member country flags stretched across the stage.

We were all treated to delightful entertainment as well. First was a
children’s choir which sang a song of global connections. They were followed by a group of Torres Straits Islanders singers, musicians and dancers who gave us a glimpse into native Australian culture. One of the highlights of their performance was the audience participation they generated by having us all do the ‘sitting dance’. Their persuasive leader had the crowd of technologists swaying and making the fairly complex hand gestures that went along with the dance. I don’t think any of us had experienced a ‘sitting dance’ before, but the audience showed that technologists are rapid learners.

Following the Hutchinson Lecture, which was an interesting talk by the leading science TV personality in Australia, we were all off to the welcome reception, which gave participants the chance to connect with old friends and to make new ones from around the world. But discussions at the congress sometimes revealed challenges faced by some delegates just getting to the congress. One African radiographer had to travel 1300 km and then back home again just to pick up his visa to enter Australia.

That evening was also our first chance to visit the exhibit hall. As we from CAMRT had a booth to promote the next ISRRT World Congress in 2012 in Toronto, we didn’t have a chance that evening to visit the other exhibits. However, we were very pleased that delegates from around the world came by our booth to say they were very interested in joining us in Toronto in 2012. We also were struck by the many Canadians who currently work in Australia and by the many Australians who had worked in Canada but who had returned home to Australia. This helped reinforce for me the particularly close bond that exists between our two countries.

The next day was the start to the extensive education program. The consensus from delegates was that the presentations were of very high quality. I applaud the speakers whose first language are not English

Continued on following page
Sun, Surf and Studying

but still presented very interesting research projects and thought provoking lectures.

Later that morning participants returned to the exhibit hall for the first of many tea and lunch breaks. For many a high point of the lunches was a fashion show conducted by one of the exhibitors of medical radiation technology-related garb, including work clothing and lead protective garments. In addition to professional models, the firm conducting the shows had recruited local technologists as models and these, judging from the cheers, were the most popular.

In addition to the quality education sessions and the opportunity to meet colleagues from around the world, one of the social events was the Friday evening outing to the Australia Outback Spectacular. This was a wonderfully indoor staged performance by actors and actresses, wagons, trucks, jeeps, horses, dogs, sheep and even a herd of cattle and a helicopter. The music and action of the performances provided an understanding of the settlement of the interior of Australia and of the particular role played by the Australian Light Cavalry, which recruited from the horsemen of the Outback. We found that “Spectacular” is an apt word to describe this stunning indoor event.

The last evening of the congress was the Gala night and what seemed like almost all the 1,100 participants descended on the convention centre for the gala. It was wonderful to see all the serious technologists in their finery and ready for a great evening. The dance floor was huge and our Australian hosts showed that they know how to use it well. It was exciting to see people from all over the world bouncing and turning to the great band. We were even treated to the Kiwi-Aussie rivalry in their rugby finals when they were able to broadcast the game into the supper.

Sunday was our last day at the congress, with more quality education programs that started at 8:30 and had good crowds, even after the party the night before. That afternoon the congress closing ceremonies were a time for remembering highlights of the gathering, for recognising the leadership of Robert George who had ably led the ISRRT for the previous two years, and for him officially to hand over the chain of office to Michael Ward.

The closing ceremonies were exciting for me because I received the ISRRT flag and was able to speak to all the participants to invite them to come together again in 2012 for the next ISRRT World Congress in Toronto. Australia has continued the success from South Africa in 2008 and reinforced the high standard for what an ISRRT World Congress should be. I am confident, though, that my Canadian colleagues will be up to the challenge and will provide another quality congress, for it is important to all of us in the medical imaging and radiation therapy profession to come together regularly to celebrate our achievements.
I am a principal lecturer and lead for diagnostic and therapeutic radiography, and operating department practice in the Department of Allied Health Sciences at London South Bank University. I have worked in higher education since 1991 and prior to this was a radiographer at Dundee Royal Infirmary where I also trained.

I have been on the UK Society and College of Radiographers Council since 2000 and served as President in the year 2002-3. Throughout my career in radiography I have been committed to supporting the profession and believe I have contributed in a number of ways, both as a clinical radiographer and in education, where I have been involved in the development of a range of innovative programmes including one of the early courses in radiographic reporting. I have extensive experience in curriculum development as well as provision of continuous professional development for radiographers and other allied health professionals.

My professional interests include health policy and role development and skill mix in radiography. In these areas I have contributed to a number of initiatives, such as the 2007 joint SCoR and RCR document ‘Team Working in Departments of Clinical Radiology’ and the RCR publication ‘Making Best Use of Clinical Imaging Services’.

I have also been involved in the evolution of the College of Radiographers policies in relation to professional development and education, and in this role I Chair the College’s approvals and accreditation board. I am proud to have contributed to the profession over these years and hope I have in some part made a difference.
Charles Omondi Okello qualified as a diagnostic radiographer in July 1985 from the then Kenya Medical Training Centre. He worked at the Coast Provincial General Hospital for 21 years.

During both his training and working life, Charles has had the experience of working part-time in private hospitals. He has also been widely exposed to skill-enhancing workshops organised by the professional society and research institutions. As a medical imaging technologist, his area of interest is ultrasonography.

In the year 2001 Charles participated in the curriculum development workshop held at the Kenya medical college (KMTC) – the institution that trains radiographers in Kenya.

He has risen through the ranks to become the Deputy Chief Radiographer in the Ministry of Medical services and has been a member of the Council of the Society of Radiography in Kenya and is currently acting chairman of the same society.

Charles holds a diploma in diagnostic radiography from Kenya Medical Training College and a higher national diploma in medical imaging sciences: Ultrasound, from the same college. He graduated in March 2010 with a Bachelor of Technology in Radiography: Ultrasound, from the University of Johannesburg, South Africa.

He is married with three children and they make their home in Nairobi, Kenya.
SHARON is a diagnostic radiologic technologist and bone densitometry technologist at McGreevy Clinic Avera in Sioux Falls, South Dakota, USA. With over forty years of experience, she has credentials from the American Registry of Radiologic Technologists (ARRT) in both radiology and bone densitometry. Sharon has also obtained bone densitometry certification from the International Society for Clinical Densitometry (ISCD).

Professionally, Sharon has held offices and chaired numerous committees in the local and state organisations where she continues to be actively involved working on legislative issues. She was awarded “Life Membership” in the South Dakota State Society of Radiologic Technologists in 1996.

On the national level, Sharon has represented the American Society of Radiologic Technologists (ASRT) on various project groups, task forces, commissions, and committees. She was elevated to “Fellow” of the ASRT in 2009. Currently, Sharon is serving as the chairman of the RT Advocacy Committee for Government Relations and is also a member of the Practice Standards Council representing Bone Densitometry. She is also serving on committees for ISCD and ARRT. In 2010, Sharon was selected as “Technologist of the Year” by ISCD.

Sharon is experienced as an educational meeting coordinator and has lectured locally, at state affiliates and national organisations.
Appointment of a new trustee
At the September ISRRRT board meeting in Australia Julie Armstrong was appointed as our newest trustee. UK born Julie has lived in The Netherlands since 2005 where she works for MeduProf-S and Fontys International supporting projects in Zambia, Uganda & Cairo. Prior to that she worked in Zambia for 2 years and before that she worked in South Africa for 21 years. She will undoubtedly be an asset to the WRETF and will bring us new strengths and ideas.

5 year strategic plan adopted March 2010
At the WRETF meeting on 13th March the 5 year strategic plan was adopted. It has been sometime in formulation but it is a positive step forward for the WRETF and will give strength to us to move into the future.

Mission:
The WRETF is dedicated to improving education in the science and the practice of Radiography, Radiotherapy and Allied subjects throughout the world.

Vision:
1. To empower Radiography staff in developing Countries by supporting them with donations of used or new textbooks, journals and educational materials.
2. To support the linking of individual to departments to send out scientific journals on a regular basis.
3. To offer support to individuals in developing countries working in Radiography – or Radiotherapy Departments who’s need is greater than their financial possibilities.

6 strategic goals
1. Sending as many as possible WHO books and Radiology books to those in need, in line with the Trust’s selection criteria.
2. Sending as many second hand journals as possible to those in need in line with the Trust’s selection criteria.
3. Supporting the execution of radiology workshops in Developing Countries.
4. Identifying other options to support Radiographer’s and Radiography Technicians in developing countries.
5. Substantially improving the financial sustainability of the Trust via increased number and value of donations through specific campaigns targeted at fund raising associated with major opportunities.
6. Enhance awareness of the need for the WRETF among health workers in Developed Countries (UK and the rest of Europe).
Statistics for applications and offers compiled
The Honorary Secretary has compiled statistics of the offers and applications we receive. The statistics are broken down into quarterly figures and even show how long it takes for successful applications to actually receive books once they have been sent and how long the whole application process can take. Sometimes the process is lengthened by gaps in correspondences or insufficient information being supplied.

New fundraiser for WRETF from the USA
We have a fantastic new supporter of the WRETF in the form of Jonathon Mazal, a radiographer, from Ohio USA, currently training to be a radiologist assistant. Jonathon has already sent us one shipment of books and is organising book collections at other departments from the USA.

On August 22 Jonathon completed the Great Buckeye Challenge Half-Ironman Race, 1.2 mile swim, 56 mile bicycle, 13.1 mile run! He raised a fantastic $500 which will be used to send successful applicant books direct from the USA.

Jonathon pictured with the well earned drink!

coming events

December

Radioprotection training
Douala, Cameroon

1-2 ASRT@RSNA 2010
McCormick Place, Chicago
For further information www.asrt.org

2011

February

9th Congress of CSMRR / ACPTIMR
Limbe, Cameroon

March

“Imaging the Imagination”
18th Asian/Australasian Conference of Radiological Technologists (AACRT), and International Joint Conference of the Taiwan-Japan-Korea Radiological Technologists
Taipei, Taipai. Website: www.twsrt.org.tw

4-6 RSSA and SORSA
Joint initiative at the Durban International Convention Centre (ICC), South Africa

18th Asian/Australasian Conference of Radiological Technologists (AACRT)
Kaohsiung, Taiwan

June

CAMRT 69th Annual General Conference
Saskatoon, Saskatchewan, Canada
For further information www.camrt.ca

August

New Zealand Annual Conference
Christchurch, New Zealand

2012

CAMRT Annual General Conference & ISRRT World Congress
Toronto, Ontario, Canada
For further information www.camrt.ca
ISRRT Professional Practice committee

Report by Donna Newman, Director of Professional Practice

It has been just a short month since the Congress was held in Gold Coast Australia. I would like to take this opportunity as your new Director of Professional Practice to introduce to you the new Regional Co-coordinators that make up the Professional Practice committee.

Sharon Wartenbee (wartenbee@sio.midco.net) has been re-elected to represent the Americas. Christine Chong (nschong.tw@yahoo.com.tw) was newly elected to represent Asia/Australasia. Boniface Yao (kwame_boniface@yahoo.fr) was newly elected to represent Africa and finally we will look forward to our other coordinator to represent Europe as soon as a representative is elected by the Region. These four people will be representing you for the next four years and will be working on practice issues that affect our international organisation.

Many important issues were addressed at the World Congress. During the open forum for the ISRRT Survey four categories were identified that represent the results brought forward. I think two of the categories directly relate to this report, communication and collaboration with member societies and regional networks.

As, Director of Professional Practice, I would like to take time to communicate important information as it relates to our committee and ask you as member societies to assist in gathering important information that you have directed our committee to address. I will begin with the two projects that arose at the World Congress but ask for input from any of our member societies to bring forward projects that will assist you in your practice.

I am pleased to share with you one of the first projects we will begin to tackle in the next few months. You will begin to see correspondence from any one of us on this committee in the next few months asking your country to provide the website addresses and contact information for agencies that determine the qualifications and terms for working in each of our member countries. If you have this information please email to any of our committee members.

The following request was brought to our attention at the World Congress in Australia, “Develop a resource with contact information and qualifications needed to moved between member countries and work within our profession and post it on our website as a resource.” We have been asked to gather the website addresses and provide contacts for people to find out qualification and certifications needed to work in each of our member countries. If you have access to this information please feel free to forward this on to either myself or any of your committee members.

During the Council meeting a motion was made to define ISRRT’s definition of “Interpretation” and report back to the Council in Toronto, Canada in 2012. A definition will be discussed by the committee and sent to the Board for review, however, ISRRT supports radiographers and radiological technologists performing image interpretation in those institutions, communities, and countries where it is allowed by regulation, policy, or law.

There are several organisations that the ISRRT work closely with in the area of Professional Practice, the World Health Organization (WHO), the IRQN and the International Atomic Energy Agency (IAEA).

- WHO- The ISRRT is continuing to work in three of the working groups of the WHO
- Prevention of unintended exposure (priority given to children)
- Human resources (education, training and staffing)
- Reducing unnecessary medical exposure

Each region of the ISRRT has an organisation that makes up part of the World Health Organization. Several of these organisations held meetings in September. I would like to summarise some of the important outcomes that happened at these meetings.

Geneva, Switzerland WHO Workshop September 20-22 2010, Topic “Radiation risk communication in Pediatric Imaging” ISRRT was asked to participate. Cynthia Cowling represented our organisation at this meeting and participated in a global discussion radiation risks in pediatric imaging from a multidisciplinary approach. The document contained information in the following areas, overview of radiation and reasons for safe action and methods that could be used to impart this information. Discussion on how radiographers could disseminate, educate and communicate the information was also discussed. The group will have a revised document to circulate by mid November. The group decided to focus the information in this document to referring physicians to be used as a toolkit in a patient centered approach. It will include overview of radiation and reasons for safe action and methods to impart

Continued from page 35
I have just returned from the 16th IS-RRT World Congress held in the Gold Coast, Australia, and have to tell you that it was perfect in every way possible. It was amazing! The Key Note addresses, lectures by invited speakers and papers that were presented were of exceptional quality – I learned so much! And the Australian and New Zealand Associations treated us with such hospitality and amazing social events. From all the CAMRT members present I would like to extend our sincere appreciation to each and every one of the Organising Committee members!

Following are some highlights that have occurred in Canada since my last report but do please go to www.camrt for more information as I did try to be succinct.

CAMRT Executive Officers for 2011:
- CAMRT President: Shirley Bague
- Vice President: Deborah Murley
- Treasurer: Kelly Nysted
- President-Elect: Amanda Bolderston
- CEO: Chuck Shields

Strategic Direction Number 1 – Certification and Continuing Education:

- The CAMRT Annual General Conference and Board of Directors Meeting took place in very beautiful Quebec City, May 25-30, 2010. This was a joint conference between the CAMRT and l’Ordre des technologues en imagerie medicale et en radio-oncologie du Quebec (OTIMROC). We were so pleased to have as our quests the ISRRT CEO, Sandy Yule, Philippe Gerson, now ISRRT Vice President of Europe/Africa, Jim Temme, President-Elect and Sal Martino, CEO from the American Society of Radiologic Technologists as well as Dr Ted Lyons from the Canadian Association of Radiologists. This was one of the largest gatherings of our profession ever to take place in Canada. At this meeting CAMRT members voted in favour of the motion that the CAMRT member dues include and cover the cost of an ISRRT associate membership fee for all CAMRT members, effective January 1, 2011. Our next CAMRT Conference will take place in Saskatoon Saskatchewan in June of 2011. The CAMRT will partner with the ISRRT for the 17th ISRRT World congress in Toronto June 7-10, 2012 marking the 50th Anniversary of the ISRRT and the 70th of the CAMRT.

CAMRT Certification Exams:
Sample exam questions of one hundred questions each for each of the four Canadian disciplines are available online.

The Exam Validation Committees for each discipline has established the certification exam blueprints, which are now posted on the web site. The addition of performance environments (simulation) to the profiles has been completed by each discipline specific workgroup.

Strategic Direction Number 2 – Membership Services

- The piloting of a Continual Professional Development course
- Continual Professional Development course registration
- Certification Exam registration
- Non-Provincial membership renewal
- Voting for Annual General Meeting motions

Strategic Direction Number 3 – Professional Practices:

- The Journal of Medical Imaging and Radiation Sciences:
  I hope you have had an opportunity to review this outstanding journal recently, the caliber is incredible. CAMRT Members can now complete the readings and quizzes on line, and then print a certificate of credit for earned credit hours. This is a great way to acquire CE credits.

Internationally Educated MRT Update:
If their program has been assessed as substantially similar and language proficiency has been established, IEMRT’s who have graduated within two years of date of application for assessment of their credentials can now access the exams without the work experience requirement. As well, there will be a national standard for assessment of IEMRT’s credentials. A candidate must successfully complete this assessment in order to be eligible to write the CAMRT examinations. Three courses are in the process of being developed in order to improve performance outcomes on the CAMRT examinations.

Advanced Practice Certification Project

The objectives of this group are to:
- identify strategies to establish a certification process with a CAMRT designation for advanced radiation therapy practice in Canada
- develop strategies for moving forward with the investigation of certification for advanced practice radiation therapists that can be used as a framework for the establishment of certification for advanced practice initiatives in other disciplines.

It is proposed to conduct further investigation into the feasibility of making CAMRT the organization for advanced practice level certification.

Strategic Direction 2 – Membership Services

- These are some New On-Line Services either implemented or soon to be:
  - The piloting of a Continual Professional Development course
  - Continual Professional Development course registration
  - Certification Exam registration
  - Non-Provincial membership renewal
  - Voting for Annual General Meeting motions

Strategic Direction Number 3 – Professional Practices:

- Radiation Exposure Monitor
  The National Research Council, Institute for Information Technology, in collaboration with Agfa Healthcare, the Med-
For the second consecutive year, ASRT is offering a one-and-a-half day educational track for radiologic technologists attending the Radiological Society of North America annual meeting.

ASRT@RSNA 2010 is scheduled for Dec. 1-2 at McCormick Place in Chicago. The educational track features 10 dynamic courses facilitated by some of the nation’s most prominent radiologic science professionals, allowing R.T.s to earn up to 10 Category A+ continuing education credits in less than two days.

Professionals working in other areas of radiology are welcome to attend ASRT@RSNA. For more information, please visit www.asrt.org>Events & Conferences.

CARE Bill Introduced in the U.S. Senate
The Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy bill (S. 3737) was introduced in the U.S. Senate by Sen. Mike Enzi, R-Wyo., and Sen. Tom Harkin, D-Iowa. The CARE bill would ensure that basic minimum education and certification standards are established as part of the Medicare program for all medical imaging and radiation therapy personnel.

“ASRT believes that the best way to address concerns about health care quality, radiation safety and safe equipment operation is to enact the CARE bill,” said ASRT President Jim Temme, M.P.A., R.T.(R)(QM), FASRT. “We hope to see both the House and Senate take action on the bill before Congress adjoins in December.”

In September 2009, the House CARE bill (H.R. 3652) was introduced by Rep. John Barrow, D-Ga., and had 117 bipartisan cosponsors as of September 2010.

Sen. Richard Burr, R-N.C., and Sen. Al Franken, D-Minn., are cosponsoring the CARE bill with Enzi and Harkin. The CARE bill has been referred to the Senate Health Education, Labor and Pensions Committee.

For more information about the CARE bill, visit www.asrt.org>Legislative & Regulatory>CARE Bill information.

ASRT Launches Skills Assessment Tool
The ASRT has launched a new skills assessment tool unique to the allied health profession. The skills assessment tool provides radiologic technologists with a vehicle to gauge their current skill level and knowledge base, and build a plan to help them reach their career goals.

Users start by choosing the position they want to achieve in the profession, and then they rate their current skill level in different areas of knowledge. The result is a “gap analysis report” that identifies areas they should focus on to achieve their desired target position. The tool then helps users build a personalised learning plan that contains all the information collected during the initial self-assessment process. The information in the personalised learning plan is the basis for a roadmap for a professional development plan of action. Users can build learning outcomes, goals and timetables into their plans.

The skills assessment tool is available at www.asrt.org>My ASRT>Skills Assessment. Currently, the skills assessment tool...
tool is limited to radiography. The ASRT will consider expanding the tool in the future to include all other medical imaging modalities.

**R.T. Job Vacancy Rates Continue to Decline**

The vacancy rate for radiographers in the United States has continued to decline in recent years and is now at 2.1 percent, according to the ASRT Radiology Staffing Survey 2010.

The vacancy rate, which represents the number of positions that are open and actively being recruited, is the lowest since the ASRT began collecting data in 2003. A vacancy rate of 2.1 percent for radiographers means that for every 100 budgeted full-time positions, an estimated 2.1 are unfilled.

Vacancy rates for other medical imaging disciplines and specialties also dropped between 2003 and 2010, according to the staffing survey:

- Computed tomography technologists, from 8.5 percent to 2.6 percent.
- Magnetic resonance technologists, from 9 percent to 3.4 percent.
- Mammographers, from 7.2 percent to 1.8 percent.
- Nuclear medicine technologists, from 10.9 percent to 2.1 percent.
- Cardiovascular-interventional technologists, from 14.6 percent to 3.5 percent.
- Sonographers, from 11.7 percent to 4.6 percent.

In addition, the staffing survey showed that 54.4 percent of respondents are not currently recruiting technologists for their radiology departments.

The complete survey is available at www.asrt.org>Studies & Surveys>Read results of ASRT studies>Radiology Staffing Survey 2010.

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**Bangladesh**

**Professional Development Program of BARIT**

Bangladesh Association of Radiology & Imaging Technologists (BARIT) is now working hard for developing professional knowledge and skills of Radiological Technologists who are serving in different hospitals and clinics all over the country.

BARIT has taken a long term and short term training program under the technical and financial support of WHO. A two training module is already developed for organizing training program, one is “CT, MRI & Digital Radiography” and the other is “Contrast Enhancement of Radiological Images”. The training course will start November 1, 2010. BARIT organised two seminars during the last year under the financial support of FUJI film Bangladesh Ltd. and INCEPTA Bangladesh Ltd. The first seminar was held at the National Press Club conference lounge on “Radiation Safety for Patients and Attendants” and the second was held at the National Institute of Mental Health on “Contrast Study and Patients Safety”. More than 250 radiographers and radiological technologists attended the seminar.

BARIT has already approached the government to introduce a graduate and masters course on Radiological Technology in different universities. For the first time the Government of Bangladesh approved a graduate course at the Dhaka University. The first session will be start in January 2011. Two government and one non-government institute has completed all formalities for starting the graduate courses.

BARIT successfully completed the development work that was taken during the past year. It’s a great achievement for BARIT.

**Md. Mofazzal Hossain, General Secretary-BARIT, Council Member-ISRRT**

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**New Zealand**

Congratulations and thank you to the Australian Institute of Radiography (AIR) for the superbly organised ISRRT World Congress in Australia in September. It was an honour for the NZIMRT to be co-hosting with the AIR who were a supremely well organised and effective host. For the vast majority of New Zealanders present at the congress it was a first time ISRRT World Congress experience and the largest conference many of us will ever attend. The extensive technical programme was well received due to the well considered format of proffered papers, guest speakers, workshops and seminars.

Participating in the ISRRT Regional and Council meetings for the first time was an extremely useful experience which enable a greater depth of understanding about the international work undertaken and the influence the ISRRT has as a body. It was also very useful to meet all our fellow member country council members. The NZIMRT is looking forward to strengthening our link with the ISRRT and developing a strong relationship and support network within the Pacific Island region.

The NZIMRT continues to have strong membership with the CPD programme branching into an electronic lodgement format which has been well received by members. It has been ten years since the NZIMRT launched the CPD Programme and is undertaking a large review of the programme at this time.

The AGM and Symposium will be held in Wellington in October with the next Annual Conference planning for Christchurch in August 2011 well underway.

Our thanks for all the messages of support that were received following the 7.1 magnitude Christchurch earthquake in early September. The city certainly looks different and while many residents are back in their homes our thoughts are with those forced to permanently move from their homes.
I’m sure glad the hole isn’t at my end of the boat!

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The biggest news in Australia this year has been the 16th ISRRT World Congress held at the Gold Coast in September 2010. It was a very successful meeting with over 1160 delegates from 54 countries and a wealth of excellent papers presented. Thanks go to all that were involved from the many countries represented, and the local organising committee. It was a pleasure to host so many valued colleagues “down under”.

The move to National Registration is continuing with the AIR actively involved in working with the existing State authorities to ensure the best outcome for members. National Registration will occur from mid 2012 and should simplify the process of registration and enable ease of movement for all members across Australia.

During September, the Board of Directors released details of the new National Professional Development Program (NPDP) which will take the place of the existing Professional Development Year (PDY). This is a program of supervised clinical practice for provisionally accredited graduates to complete in order to become accredited practitioners. The new program which begins from January 1, 2011, is federally run and is more formally structured that it’s predecessor.

To Council members from the Asia/Australasian region, thank you for re-electing me to the position of Education Co-ordinator for the region. I hope to hear from you with comments or suggestions for educational issues within the region.

On behalf of all AIR members I would like to send our best wishes to our colleagues around the world.

Pam Rowntree
Councillor for Australia

We have had two major meetings this year in the capital city of Harare and the member turn up has been very good.

On September 25 we had a very successful seminar in one of the hotels in Harare on Radiation protection and more than seventy delegates attended.

Continuing Professional Development Certificates were given and each delegate recieved 5 CPD points. Currently we have set up a committee of five members who are responsible for arranging the association functions and are currently working hard to organise our World Radiography Day Commemorations which we had to hold on November 6 this year.

Eucaria Mushosho
President RAZ

South Africa

National Conference
Preparations for our National Conference, to be held from 4 – 6 March 2011 is well underway. The conference will be hosted at the International Convention Centre in Durban, South Africa. This will be a joint venture between the Society of Radiographers of South Africa (SORSA) and the Radiological Society of South Africa (RSSA). This will be the second conference jointly organized by SORSA and RSSA.

The programme will cover all categories within Radiography and Radiology. The themes for the different sessions varies from Diseases in Africa, CT and MRI, Ethics as well as Radiation protection. All radiographers and radiologists are invited to register for this exciting conference. For further information and registration details, please visit: www.2011sorsarssa.co.za or sorsa.org.za

World Conference Gold Coast Australia
I would like to congratulate the Australian Institute of Radiography and the New Zealand Institute of Medical Radiation Technology for an the excellent organized 16th ISRRT World Conference recently held at the Gold Coast Australia. The papers and posters delivered were of a high standard. I was also impressed to see how many radiographers are involved in research projects world wide. This can only boast well for our profession on an international scale, as all of these research projects presented definitely added to the body of knowledge.

The hospitality of the Australians was outstanding. My experience was further made pleasurable by the scrumptious cuisine and pleasant weather experienced over there.

I am further looking forward to an equally promising conference to be held in Toronto Canada in 2012.

Continuous Professional Development (CPD)
The reality of CPD is here, as many radiographers are now
The International Society of Radiographers and Radiological Technologists collaborates with Philips on Diagnostic Radiography e-learning Project for developing countries worldwide

The International Society of Radiographers and Radiological Technologists (ISRRT) recently announced the expansion of a program designed to address continuing education access challenges throughout many regions of the world. Together with Philips, ISSRT is helping to provide continuing education programs in diagnostic radiography for technologists to maintain and extend their skill levels. ISRRT, which has 80 member societies representing 350,000 technologists worldwide, initially ran the pilot program in Estonia, Fiji, and India to assess the internet accessibility and perceived value by the technologists in these distinct countries.

The Philips Learning Center developed an extensive range of online educational courses which are being used in the program. The e-learning courses cover important areas of need including radiation protection and quality improvement in addition to basic and more advanced course in CT scanning, MR imaging, mammography, digital imaging techniques, and medical imaging physics.

The accessibility, uptake by the local technologists, and value proved very positive and the program will now be offered in other countries that lack access to continuing education programs.

The next group included in the program will be technologists in rural Canada where geographical location makes access to live courses difficult and costly. Other countries and regions under consideration for inclusion in the program include outback Australia, Africa, and China.

For additional information on the ISRRT, please visit www.isrrt.org, and for more information on the Philips Learning Center, please visit www.philips.com/learningcenter.

Contacts:
Lori Boyd, Director of Policy, College of Medical Radiation Technologists of Ontario e-learning advisor to ISRRT

Paula Sanderson, Director, Philips Learning Center Philips Healthcare paula.sanderson@philips.com

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requested by the Professional Board for Radiography and Clinical Technology to submit their CPD portfolios. These portfolio’s contain proof of the 30 Continuing Educational Units (CEU) that each radiographer need to acquire during a given year. Acquiring these 30 CEU’s (60 over 2 years) is a pre-requisite for registration with the statutory Health Professions Council of South Africa.

Aladdin Speelman
Council Member ISRRT

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**ISRRT Professional Practice committee** continued from page 30

this information.

A new United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR report) on Sources of Ionizing Radiation was published in August 2010. It includes annex on medical radiation exposures and another on radiation exposures of the public and workers. You can access the entire report at [http://www.unscear.org/unscear/en/publications/2008_1.html](http://www.unscear.org/unscear/en/publications/2008_1.html). The International basic safety standards for protection against ionizing radiation and for the safety of radiation sources are currently y co-sponsored by the International Labour Organization, the Food and Agriculture Organization of the United Nations (FAO), the World Health Organization (WHO), the International Atomic Energy Agency (IAEA), the Nuclear Energy Agency of the Organization for Economic Cooperation and Development and the Pan American Health Organization. The committee has developed a strategic plan to provide vision and direction for all its activities during the period of 2009-2013. There is much information under this part of the document titled part III. “Strategic plan and programme work of the committee.”

Reports from the Congress during the Council meeting included the following information: IAEA (International Atomic Energy Agency reported that the Basic Safety Standard draft 3.0 had been open for comment till May 2010. Comments on the revised BSS have been published. Recommendations were given during congress to implement BSS requirements with respect to patient protection. Further development of safety guide providing elaboration on the requirements is still needed for the BSS. Our committee will continue to monitor this and keep our member societies informed on any new information that arises.

The IAEA also publishes a website which is called Radiation Protection of Patients (RPOP). As an organisation we promote this website as it contains high quality materials to help health professional achieve safe use of radiation in medicine to benefit the patients. Take some time to visit the site for more information. You can find two of the latest articles on Tracking radiation exposure of patients, Lance (Sept.2010) and Detecting of relevant colonic neoplasm’s with PET/CT promising accuracy with minimal CT dose and a standardised PET cut-off EUR.Radiol.209 (Sept 2010) You will also find the UNSCEAR report along with the Summary report of the fourth meeting of the steering panel on the International Action Plan for the Radiation protections of patients www.rpop.iaea.org

ISRRT International Code of Ethics for Radiographers and Radiological Technologists was presented to the Council. A motion was made to approve the document and passed at the council this past congress in Australia and the document is ready for distribution. You may print the ISRRT International Code of Ethics for Radiographers and Radiological Technologists from the ISRRT website for your use. I thank the previous committee for all their hard work on this document.

**Radiation protection initiatives**

Image Gently: The ISRRT is an active member of the coalition of health care organisations dedicated to providing safe, high quality pediatric imaging worldwide. The primary objective is to raise awareness in the imaging community of the need to adjust radiation doses when working on children. Some of the Initiatives of the Alliance for Radiation Safety in Pediatric Imaging campaign to reduce radiation exposure to pediatric population. Dr. Michael Ward represented ISRRT at a recent summit meeting of Image Gently. Radiographers and technologists were especially mentioned and the importance of their role stressed by many speakers. The organisation has now moved forward from the concentration on pediatrics and is now involving the area of adult examinations with the theme being “Step Lightly”. There is a link from the ISRRT website homepage to the homepage of Image Gently and all information regarding the organisation can be found there. Visit the Image Gently website for more information regarding downloadable information. [www.ImageGently.org](http://www.ImageGently.org)

August 7, 2010: European commission adopted the communication on medical application of ionizing radiation and security o supply of radioisotopes for nuclear medicine

**MELODI- Multidisciplinary European Low Dose Initiative-** Workshop set up in Europe first meeting held Sept 28th 2009 to development of low dose radiation research in Europe. Will continue to provide information received regarding this initiative [www.melodi-online.edu](http://www.melodi-online.edu)

International Radiation Protection Agency Congress-Paivi Wood represented the ISRRT at their congress held in Helsinki, Finland. Some of the congress focused on Pediatric Imaging. For more information on ICPR 103, Use the website [http://www.icrp.org/news.asp](http://www.icrp.org/news.asp) you will find information regarding this and other recommendations for safe use of radiation in medicine.

If you have any information and initiatives that you would like to see our committee work on please feel free to contact me by email with your ideas.

Donna Newman
Director of Professional Practice
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