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Ischemic heart disease, including angina pectoris, may be exacerbated by the use of Omnipaque.

Hypersensitivity reactions may occur during or after the injection of Omnipaque. Precautions should be taken to ensure that the patient is treated promptly if such a reaction occurs.

Hypersensitivity reactions may occur in patients with a history of allergy, asthma, or previous reactions to contrast media. Precautions should be considered for the following procedures.

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Hypersensitivity reactions may occur during or after the injection of Omnipaque. Precautions should be taken to ensure that the patient is treated promptly if such a reaction occurs.

In addition to the precautions listed above, patients with a history of allergic reactions to contrast media should be observed closely during and after the administration of Omnipaque. Patients with a history of asthma, hay fever, or other respiratory allergies should be observed closely during and after the administration of Omnipaque. Patients with a history of angina pectoris or other cardiac disorders should be observed closely during and after the administration of Omnipaque. Patients with a history of diabetes mellitus should be observed closely during and after the administration of Omnipaque. Patients with a history of renal disease should be observed closely during and after the administration of Omnipaque. Patients with a history of hypertension should be observed closely during and after the administration of Omnipaque. Patients with a history of seizure disorder should be observed closely during and after the administration of Omnipaque.

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The ISRRT is registered as a charity in the United Kingdom: Registration No. 27 6218.
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Remember to e-mail your news before the deadline to:
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Mrs Rachel Bullard
Email: deepbluedesign1@mac.com

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October 1 (November issue)

All material must be sent electronically. Advertisements and images to be sent as high resolution PDF, TIF, EPS, JPEG 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 CEO:
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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.

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**President’s message**

It is my pleasure to once again extend warm greetings to all of our colleagues and friends across the globe. It would be an understatement to say that the ISRRT Board members and our CEO have been very busy representing our profession in a wide variety of venues across the world over the past several months. So that no one thinks that all of this that most of what we do happens via email, Skype and even telephone conference calls.

The ISRRT continues to tackle major issues and participate in activities on behalf of its representation involves taking a plane, train, boat or car to do this work, please be aware venues across the world over the past several months. So that no one thinks that all of this issues affecting the radiologic and imaging world and health care in general. We are all committed and passionate about our roles as leaders for our profession...we are here everyone to know that when people wonder “what does the ISRRT do for me” ... they

President, 
International Society of Radiographers and Radiological Technologists

Dr Michael D. Ward, Ph.D., RTR, FASRT

I am very proud to announce that the ISRRT and the European Federation of Radiographer Societies (EFRS) met during the March 2013 meeting of the European Congress of Radiology and signed an historic “Co-operation Agreement.” EFRS President,

I spent time listing these meetings, representations and topics because it is important for everyone to know that when people wonder “what does the ISRRT do for me” ... they would be able to say that we are at the table or give input into a tremendous number of issues affecting the radiologic and imaging world and health care in general. We are all committed and passionate about our roles as leaders for our profession...we are here because “we love what we do!”
Professor Graciano Paulo and I signed (above and right) a document that recognises our specific roles and responsibilities, but more than that, it identified how we will effectively communicate and collaborate with one another going forward. The most important concept that is acknowledged in the preamble of the agreement is that “the two organisations share a common objective to promote the profession of radiography.” I offer my sincere thanks to the leadership of the EFRS and the ISRRT for making this happen.

Since my November 2012 report, I have represented the ISRRT at the following events/places:

- Vienna, Austria: European Congress of Radiology
- Chiang Mai, Thailand: 19th Asia-Australasia Conference of Radiological Technologists and the ISRRT Asia-Australasia Regional Meeting
- Seoul, South Korea: Korean Radiological Technologists Association Annual Conference

As always, the ISRRT and its Board of Directors will continue to support the Mission and Vision of the Society and to represent our profession across the globe. I invite you to read through the ISRRT Newsletter to capture all of the news related to the society and our profession.

Kindest Regards,
Dr Michael D. Ward, Ph.D., RTR, FASRT
President, ISRRT
Since the successful ISRRT World Congress in Toronto, Canada the work of the Board has continued under the leadership of the President Michael Ward. Michael has been extremely active on behalf of the ISRRT and radiographers in general and he has supported and encouraged both myself and all Board members. Michael and I regularly keep in touch through weekly meetings on Skype which has proved to be an extremely useful tool for communication purposes.

In addition to Skype meetings with Michael, I also have regular Skype meetings with Stewart Whitley. Stewart ensures that the ISRRT finances are kept in order and we meet on a face-to-face basis with the ISRRT portfolio manager and the chartered accountant.

This past year has also seen an updating of the ISRRT website and in the last two months a Board and members only section has been added to the website. A USER Name and PASSWORD are necessary to obtain entry. I would appreciate input from Board members as to the material which should be included in this section. The ISRRT website is kept under constant review under the guidance of the Public Relations Director, Dr Fozy Peer. As webmaster I am reliant on Board members, member societies and Council members providing me with up-to-date news items for the website and I would encourage everyone to send their news to me and it will be published on the website. This also applies to the ISRRT newsletter “News and Views”.

Work with the World Health Organisation (WHO) is continually on the agenda and as reported to the Board the ISRRT have been successful once again in retaining NGO status. The retention of NGO status is by no means automatic and every three years the WHO Executive Committee reviews the work undertaken by its NGO’s and the WHO. Also considered as part of the recognition process is a work plan for the next three years which has been agreed in advance between the ISRRT and WHO which includes consideration of the work done with PAHO and the other regional sections of WHO.

It is also extremely encouraging that three of our Board members have been selected to act as independent advisors/consultants to WHO and the IAEA. Donna Newman and Cynthia Cowling have both been asked to participate in the production of a document entitled, “Safety Guide on Radiation Protection in Medicine” in May. Donna is in the group relating to nuclear medicine (NM) while Cynthia is in the diagnostic imaging/ interventional radiology working group. The idea is that this radiographer should have knowledge and expertise on real/daily issues that health professionals have to face to ensure safe and appropriate use of radiation in diagnostic imaging (including digital radiology) as well as interventional radiology. She/he would provide the perspective of the radiographer/radiation technologist, and would help identify the key aspects to be addressed in the chapter of the safety guide focused on medical imaging, to support BSS implementation.

Napapong has been invited to a member of the Advisory Group for the project Strengthening justification in diagnostic imaging for patients in Asia and Pacific region. So far this group is composed by IAEA and WHO staff plus radiologists and medical physicists. It is therefore very important to have a representative of our profession also.

The first meeting (“Kick-off meeting”) of this Advisory Group took place in Vienna on March 15, just after a Technical Meeting on Justification of Medical Exposures that was held in Vienna on 12-14 March, 2013. Stewart Whitley attended the Technical Meeting on behalf of the ISRRT.

In October I took part in a site visit for the 2016 World Congress being held in Seoul, South Korea. I was accompanied by the president Michael Ward and the treasurer Stewart Whitley. Everyone we met was very friendly and enthusiastic and I am confident that this will be a very successful congress. We toured the major venues for the conference and stayed in two of the hotels that are being considered as the host sites. We visited the Seoul National University Hospital and the Samsung Medical Center. We also had the opportunity to attend the Korean Radiological Technologists Association Annual Conference and Michael gave two excellent presentations while there.

At the end of November I attended the Radiological Society of North America (RSNA) with Michael Ward. Michael once again gave an excellent presentation as part of the Associated Sciences lecture sessions. The ISRRRT share a large complimentary booth with the other Associated Sciences members who give the ISRRRT the opportunity to distribute literature and to speak with those attending the Conference.

Straight from the RSNA I flew to Bonn, Germany to attend the International Conference on Radiation Protection in Medicine. The theme of the conference was, “Setting the Scene for the next Decade”. This was a follow up conference related to one I attended in Malaga.
The ISRRT attended this conference in order to represent the views of the ISRRT and to participate in the decision making process for the future delivery of radiation protection in medicine. Donna Newman was an invited speaker on Dose Reduction and Stewart Whitley gave a brief talk on ISRRT activities which had taken place related to the Malaga conference in 2002. Both Donna and Stewart gave excellent presentations.

I would like once again to emphasise the importance of attending these meetings which greatly enhances the status and reputation of the ISRRT.

In mid-January Michael Ward and I attended the Asia Australasia Congress of Radiological Technologists (AACRT). Also in attendance were Maria Law and Napapong Pongnapong. The conference took place in Chiang Mai, Thailand. During the conference we also took part in the ISRRT Regional meeting and were observers at the AACRT annual meeting. We had the opportunity to meet with many of our member societies and the society from Mynamar (formerly Burma) and Mongolia were accepted as provisional members of the ISRRT by the ISRRT Board at their meeting in April.

In February this year I had arranged a meeting with Maria Perez and Adriana Velasquez Berumen (WHO) in Geneva. However after boarding the plane in Heathrow the flight was cancelled due to snow in Geneva. Fortunately I managed to arrange a meeting the following week with Maria Perez. This was an extremely productive meeting and future plans for co-operation were agreed. I have briefly reported the outcome of the meeting and there has since been follow ups from Adriana Velasquez Berumen and Pablo Jimenez from PAHO.

The work plan refers to a publication on “Safe and Effective Use of Radiation Medical Devices” to be produced during 2012-2014 as part of the Medical Devices Technical Series of publications. This is going to be followed by Adriana Velasquez Berumen. WHO will ask ISRRT to write a section on radiographers, and radiation technologists, as part of a larger book that has input already from many organisations, including some experts who can contribute to this. They might be the same who work to agree on the outline of the document. ISRRT need to identify some experts who can contribute to this. They might be the same who will be serving as independent experts at the forthcoming drafting meetings to be hosted by the IAEA for the BSS implementation Safety Guide and/or others. It will be a quite simple/short/concise practical document to be seen as an implementation tool rather than a guideline. A first Draft could be available by the end of 2013.

Another joint task identified by WHO for 2013-2014 is a Workshop and two events were identified as opportunities to organise a joint Workshop in June 2014 related to the implementation of the radiation standards:

a. World Congress of the ISRRT in Helsinki, 12-15 June 2014;

The work plan refers to a publication on “Human resources for medical devices” to be produced during 2012-2014 as part of the Medical Devices Technical Series of publications. This is going to be followed by Adriana Velasquez Berumen. WHO will ask ISRRT to write a section on radiographers, and radiation technologists, as part of a larger book that has input already from many organisations.

There is one generic topic in the WHO / ISRRT work plan called “Education and training”. Included here can be some of the ongoing activities with PAHO, and to consider ISRRT-WHO collaboration in future activities to be held in regions such Africa, Asia. Napapong Pongnapong has already been included as the ISRRT representative from Asian in a starting WHO collaboration with IAEA in Asia (project on justification on diagnostic imaging including capacity).

The work plan also refers to an Information Request Form for...
countries asking for WHO technical support/advice in the field of radiography. ISRRRT will be asked to develop a first draft in English and French.

It was mentioned that Estonia had requested a WHO technical support/advice on clinical audits in radiology to implement BSS requirements. The ISRRRT has experts on this and I reminded them that Pavi Wood (Finland) has experience on this and she could provide such input.

Maria Pérez gave information about the ongoing activities under the Global Initiative on RSHCS. This includes the follow-up of the Bonn Conference on Radiation Protection in Medicine, its Call for Action and the follow up of the Bon Workshop on Radiation Risk Communication in Paediatric Imaging (final drafts of the risk communication tool and training material for health professionals to be completed this year). There are plans to convene a Technical Meeting of the Global Initiative in Geneva with all the stakeholders during the first week of September 2013.

Our attendance at the European Congress of Radiology in Vienna in March 2013 once again gave us the opportunity to meet with a number of people. As usual we were provided with a complimentary booth. In addition to me, Michael Ward, Philippe Gerson and Dimitris Katsafarakis were there. The opportunity was also taken to advertise the 2014 World Congress and Paivi Wood was also in attendance. A lot of interest was shown in the Congress.

A constructive meeting was held between officers from the European Federation of Radiographer Societies (EFRS) and the ISRRRT. A memorandum of co-operation was agreed and signed by the president of the ISRRRT, Michael Ward and the president of the EFRS, Graciano Paulo.

Meetings were also held with officers of the International Atomic Energy Agency. Dimitris Katsafarakis and myself met with Debbie Gilley and John Le Heron of IAEA. These contacts are extremely important related to the participation of the ISRRRT in medical radiation protection issues and also results in continuing co-operations, support for workshops and increased sponsorship. Whilst in Vienna we also take the opportunity to meet with the UK Society and College of Radiographers and company representatives.

I would like to report that Dr Madan Rehani, pictured left, retired in January. He now has a post with the European Society of Radiologists. Madan has been of great support to the ISRRRT in the past years and I wish him every good wish for the future.

In addition to my routine work and travelling the past few months have been extremely busy preparing for the 2013 Board meeting in Toronto. Thanks must be given to Sal Martino and the staff of the ASRT for assisting in the preparations and providing accommodation for holding our meetings. The meeting was very successful and will be reported in another part of the “News and Views”.

I am pleased to report that I have had a Skype meeting with the new CAMRT CEO, Francois Couillard. I explained the history of the ISRRRT and he assured me of his support in the future. He is very aware of radiation needs having been on several committees relating to the use of radio nuclides and their transporting systems.

I would like to thank all Board members, Council members and organisations for their continuing help which contributes to the ongoing success of the ISRRRT. 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 ISRRRT. 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 ISRRRT. On behalf of Alison I would also thank the Board for making her an Honorary Member of the ISRRRT. She is very honoured and delighted.

Finally I would like too particularly I would thank Michael Ward for his continual support. Michael has been a tower of strength during his period as ISRRRT President and I really appreciate our regular Skype discussions.

Sandy Yule
CEO, ISRRRT

Diary Dates

May 22-24
The Nordic Congress 2013 conducted in English
Nordic Congress, Bergen, Norway

May 22-25
2013 National Conference and Annual General Meeting
St John’s, NL, Canada

June 13-16
ASRT Educational Symposium and House of Delegates Meeting
Symposium provides a full day of continuing education for radiologic technologists and radiologic technology students. The House of Delegates meeting provides the venue for the governance activities of the ASRT to take place.

July 17-21
Midyear Convention “Research: Key to Professional Advancement”
Boracay, Philippines to be headed by newly founded Panay Chapter, formed by the unification of Iloilo and Dumaguete chapters.

August 23-25
SORSA RSSA Congress
ICC, Durban, South Africa

August 29 - September 1
NZIMRT Annual Conference “Innovation through Ingenuity”
Hamilton, North Island, New Zealand

September 13-15
28th Singapore Malaysia Radiographers Conference cum 1st Singapore-Hong Kong-Malaysia Radiation Therapists Symposium

October 12-13
The Romanian Radiology Congress
Bucharest

November 28 - December 1
Annual National Convention
Philippines
I’m sure glad the hole isn’t at my end of the boat!

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Connie Mitchell
ISRRT Council Member, America

A commitment to the radiation science profession, her students and quality medical imaging exemplifies the 42 year career of Connie Mitchell, MA, RT (R)(CT), FASRT.

In 1971 Connie graduated from Mercy Hospital School of Radiography in Council Bluffs, Iowa. Beginning her career at the University of Nebraska Medical Center (UNMC) upon graduation, and has been employed there for 42 years. She currently serves as Assistant Professor and Radiography Program Director.

Ms Mitchell received her certification from the American Registry of Radiologic Technologist (ARRT) in Radiography in 1971 and Computed Tomography in 1996. She continues her registrations in both certifications. She received her BS degree in 1995 at Bellevue College, Omaha, Nebraska and her Master’s Degree in 2001 at the University of Nebraska of Omaha.

Connie’s involvement with professional organisations began at the state affiliation level, where she served on the board of directors of the Nebraska Society of Radiologic Technologists. She first became involved in the American Society of Radiologic Technologists as a delegate, and in 2004 was elected as secretary-treasurer on the ASRT Board of Directors. Connie went on to serve the ASRT Board from 2004-2009, including terms as president and chairman.

As recognition of her service to the association, the ASRT elevated Connie to Fellow status in 2010.
Dr. Yasuo Nakazawa is a Professor at the Graduate School of Medical Healthcare, Department of Radiological Technology at Showa University, Tokyo. A position he has held since 2012.

Prior to this, Dr. Nakazawa was the General Director at the Department of Radiological Technology at Showa University, Tokyo. From 2008 - 2012 he was a Research Fellow at Showa University, Tokyo.

Positions of leadership held are:
- 2010-Present: President, The Japan Association of Radiological Technologists
- 2008-2010: Director, The Japan Association of Radiological Technologists
- 2002-2006: Director and Chairperson of Medical Payment Committee, The Japan Association of Radiological Technologists
- 1999-2011: President, Tokyo Association of Radiological Technologists

In 1998, Yasuo obtained a BA, Liberal Arts at the Open University of Japan, Tokyo, followed by a MD at the School of Medicine of Showa University, Tokyo in 2005.

Preparations for the upcoming 18th ISRRT World Congress 2014 in Helsinki are in good order.

The website www.isrrt2014.fi is updated with new information, please visit and find news and information. The abstract (call for papers) submission will open 1.9.2013 as well as the registration.

Now it’s time to start brainstorming and finding colleagues to participate with. If you have any questions regarding the congress, do not hesitate to contact us!
Introduction of Korean Radiological Technologists Association

The Korean Radiological Technologists Association (KRTA) has developed and contributed to national health for 46 years as accreditation authority by government, which was founded in 1965 with the purpose to represent the rights and duties of its members and for the specialisation and the professionalisation of radiological technologists.

Domestically, KRTA managed and worked to reduce radiation dose for people and produced lots of excellent radiological technologists through the National License Examination from 45 universities. It also has 16 different special societies and runs the Specialized Radiological Technologists in medical filed like Ultrasonography, CT, MRI, Nuclear Medicine, Radiotherapy, and others from the Korean Accreditation Board of Specialized Radiological Technologists.

Internationally, KRTA also organised the East Asia Conference of Radiological Technologist (EACRT) with the Japan Association of Radiological Technologists (JART) and Taiwan Society of Radiological Technologists (TWSRT) to develop medical imaging technologies and promote mutual cooperation in the region. The 20th EACRT will be held in Busan Korea in 2013. It led as a chair of the International Accreditation Board of Specialized Radiological Technologists (IABSRT) which is joined by Japan, Taiwan, Thailand, Hong Kong, and Macau. More than 3,500 specialized radiological technologists have been already produced in Medical Imaging Information Administrators (MIIA), Medical Imaging & Radiologic System (MRSM), Radiation Safety Manager (RSM), Ultrasonography (Upper Abdomen), CT, MRI, and Mammography from IABSRT after the first examination in 2003.

KRTA is now seeking globalisation and specialisation in the medical imaging and radiation therapy fields, and looks to find opportunities to further the development of radiological technology in Asia and the rest of the world. There are the 16 city-province associations and 13 professional societies within the KRTA.
their active support and close cooperation, the KRTA is trying its best to prepare a successful hold the 19th 2016 ISRRT World Congress in Seoul.

South Korea is one of the leading countries in the medical industry, with the latest PACS system thanks to the remarkable development of Korean IT. We feel 2016 will be an optimal year for the ISRRT World Congress to come to Asia, and the timing will coincide nicely in Seoul, where the KRTA will be celebrating its 50th anniversary. These events together have the potential to greatly increase the research and development of our domestic as well as international medical imaging.

Seoul is an ideal city to hold an international conference. Seoul has many attractive qualities and advantages, such as easy access from around the world, safety, convenience and many fascinating historical and cultural attractions. The Seoul Tourism Organization and the Seoul Metropolitan Government also provide excellent support for hosting the 19th 2016 ISRRT World Congress in Seoul.

Equipped with everything that can help the event successful, the KRTA and Seoul can make the best results for your prestigious international conference. We will do our best for an ISRRT World Congress in Seoul 2016.

James Ho NamKoong,
Director of International Affairs.
Korean Radiological Technologists Association
Zambia is a developing country of 14 million people with a stable democratic government since independence in 1964 but with a big difference between the urban and rural areas, the “haves” and “have nots”, the Western World and Third World medical systems.

I have seen the “two sides of the coin” in radiography and radiology in both developed and third world countries. Having completed training in radiography/sonography and working in those areas for 10 years, there was a career change with my decision to study medicine and to specialise in radiology. During my training in radiography, which was by correspondence and a traineeship in a hospital department, I went to a country hospital one afternoon per week and developed the films using manual processing.

Since qualifying as a radiologist I have been working a dual career for almost twelve years; practising as a radiologist in both the Monash Health Diagnostic Imaging Department (at Monash Medical Centre, Dandenong and Casey Hospitals), and the Chitokoloki Mission Hospital in Zambia. I also visit four other hospitals in the North-Western Province of Zambia, to assist with radiography, sonography and radiology.

The Chitokoloki Mission Hospital serves about 21,000 people living in the immediate area, with the nearby landing strip facilitating patients coming from all over the region and from neighbouring countries, to be treated for serious diseases. There are always patients in the hospital with malaria, including cerebral malaria; TB; HIV complications; chronic Schistosomiasis with changes in the liver leading to portal hypertension and varices. With a limited and often unreliable electricity supply available, this combination of illnesses levies a heavy toll on the hospital’s operations.

The randomness of the injuries to patients needing care occurred on the very first day I visited in 2002: I still remember the first emergency, which occurred a few hours after arriving. The patient had been down at the river, as many are, for washing activities (body, clothes, utensils) or for drinking water. Another person was killing an ox with an AK 47! The bullet killed the animal alright but continued on and went through both legs of the patient, shattering the tibia in one leg and excising the calf muscles on the other. Following surgery and prolonged ‘rehab’ she was able to walk again.

Many dangerous situations affect patients coming to Chitokoloki. One is the presence of the native Zambezi River crocodiles, whose bite requires immediate attention for victims, if they survive the attack! I recall a patient arriving at the hospital via a dugout canoe, having been paddled down the river at night with a fractured hip from a gunshot. Many patients travel long distances on foot, in ox-drawn carts or cross the Zambezi River in dugout canoes in order to be treated for serious health issues. A new development in recent years has been the provision of government owned four-wheel drive vehicles bringing patients to the hospital.

My initial observations of how much of an impact the introduction of medical imaging technology made to the hospital can be seen in the following case. The value of ultrasound was demonstrated on the first ward round, after I had arrived with a portable machine. There was a young girl in hospital, very malnourished with a distended abdomen. Following treatment with antibiotics and for TB the patient showed no improvement and the mother wanted to take her to a traditional healer (aka – witch doctor). It was suggested we investigate her with ultrasound. The distended abdomen was due to a large amount of ascites as well as two large pelvic masses, probably of ovarian origin. The mother was convinced to stay and less than a week later, on chemotherapy for Burkett’s Lymphoma, the abdomen was noticeably less distended. Ultrasound was able to document the resolution of the ascites and shrinkage of the pelvic masses. The patient was discharged after treatment, a healthy, happy, normal sized child.

One of the biggest challenges faced by the hospital staff there is the remoteness of their location. Isolation is a big issue, with the closest ‘supermarket’ or town for supplies of any description 12 hours drive away. This also impacts on service for hospital equipment, which until the last five years was non-existent. Without funding, much of the equipment used by staff would be considered as dated in a First
World medical institution. Recently, however, some much need assistance was received. Initially there were mobile X-ray units and wet processing of films, and no ultrasound. In the last five years, Philips has installed WHIS-RAD X-ray machines (World Health Imaging System) World Health Organisation approved machines for Third World countries and also basic ultrasound equipment in all rural hospitals in Zambia. They also provided regular as well as emergency (within two weeks) service for the equipment. Four of the hospitals now have more reliable and longer power supplies. Two have power from government generators for nearby towns, one has hydroelectricity, and the largest has 24-hour solar generated power supply.

In the 11 years I have been visiting remote rural hospitals in Zambia, there has been slow but steady progress in radiographic services provided as a result of this overseas aid. In comparison to Western Radiology the equipment is ‘low tech’ but it is amazing what can be diagnosed with it. Pathology, which is rarely seen in the West or common pathology presenting at an advanced stage are ‘routine’.

Examples include Schistosomiasis, Burkett’s lymphoma, Tuberculosis and Osteomyelitis. However, there is still a lack of radiological services available nationwide.

I have been able to help deliver a reasonable radiology service in the limited circumstances by training local staff to perform X-ray and ultrasound examinations and give yearly reviews to keep the standards up. I have given basic lectures to all hospital staff in film interpretation as well as providing a consultation service when I am not present in Zambia, via emails. Photographs of X-ray films or ultrasound images can help immensely. A small CR (Computer Radiography) system has been installed at Chitokoloki and this has increased the consultative role with all images hoping to be reported remotely.

Third World Radiology can be challenging, heartbreaking and rewarding all in the one journey. Challenging, to get out of our “comfort zone” with specialist backup and multidisciplinary meetings; using equipment that some of us could have never imagined; being the only medical resource for miles around as well as being sensitive to the local culture and customs. Rewarding as the patients are so appreciative of any help that they receive and one can observe the resilience and attitude of the local people to life generally. Heart breaking, as there is so much more that could be done if resources permitted plus the fact that some cases are beyond help when they arrive.
A charity bowling event was organised by the Singapore Society of Radiographers and Singapore Cancer Society to raise funds for our needy cancer patients.

The teams who took part are:
- Khoo Teck Puat Hospital
- Nanyang Polytechnic
- National Cancer Centre
- National Heart Centre
- National University Hospital
- Parkway College
- Tan Tock Seng Hospital

It is the yearly initiative of SSR to host our annual family day as we celebrate World Radiography Day. This year is especially more meaningful as our family day incorporated a charity bowl with the Singapore Cancer Society (SCS) as the beneficiary. The charity bowl entitled, “Strike pins for glory! Spare a thought for charity!” underscores our society’s interest in contributing to our community in various avenues.

Our charity bowl was hosted at the beautiful SAFRA Yishun Orchid Bowl on November 17, 2012. We had an enthusiastic response from 92 radiation therapists and radiographers from eight...
different institutions. The participating institutions were Khoo Teck Puat Hospital, KK Women & Children’s Hospital, Nanyang Polytechnic, National Cancer Centre, National Heart Centre, National University Hospital, Parkway College and Tan Tock Seng Hospital.

Each strike was equivalent to a $5 contribution to SCS while each spare was equivalent to $3. The stakes were high as our fun-loving participants bowled enthusiastically, each team trying to outdo each other to see who can raise the highest amount for SCS. Together with our supportive sponsors, Elekta and Edge Meditronics, we managed to raise an impressive sum of $2500 to support the beneficiaries of SCS.

We would like to take this opportunity to gratefully thank our sponsors Elekta and Edge Meditronics again for their kind support, all the participants from various institutions and SCS in collaborating with us to make this event a huge success!

Tabitha Chan
Assistant Secretary
Time waits for no man. The Malaysian Society of Radiographers (MSR) organised and participated in many events during 2012. Among them, we would like to share two notable events in 2012 that the MSR cherishes.

1. 2012 College of Radiology (CoR) and Malaysian Society of Radiographers (MSR) Joint Scientific Meeting

The 1st Joint Annual Scientific Meeting of the College of Radiology Malaysia (CoR) and MSR were held in Equatorial Hotel, Penang, from March 30 to April 1, 2012. For the first time, MSR was invited to collaborate in such a meeting and it is a new milestone for the society. The collaboration meant that the roles played by radiographers are recognised by radiologists; that we can work together as team members in the medical imaging and radiation therapy fraternity.

The theme for this year’s meeting was Cancer Imaging. There were 401 delegates registered for the meeting and among them, 148 radiographers. The program lined up for the 3 day meeting included pre-congress seminars on Head & Neck, Paediatrics, Musculoskeletal, Body Imaging and Interventional Radiology; 16 special lectures from foreign and local speakers; Fellowship/Masters (Radiology) tutorial series, nine free papers and 34 posters.

MSR had conducted a workshop on “Back to Basic-Image Interpretation” on the afternoon of April 31 and continued with the annual general meeting after dinner. 21 companies also participated in the trade exhibition to showcase their latest products and technology at the event.

The pre-congress programme was held on 30th March 2012 and the scientific meeting was held the next day. The scientific meeting was kick started by Professor Dato’ Humairah Samad Cheung (CoR President) and Ms Chan Lai Kuan (MSR President), giving their welcoming addresses. This was followed by a single track of 10 lectures delivered by local and international faculties. Another series of tutorials were then given by Associate Professor Ng Chaan from America.

The highlight of the day was the CoR Inter-Universities Quiz for the coveted Abdul Samad Sakijan Challenge Trophy. Two representatives, each from University Malaya, Universiti Kebangsaan Malaysia, Universiti Sains Malaysia and the “Open System” took part. The winner of the CoR Inter-Universities Quiz was Universiti Kebangsaan Malaysia. The pair won RM400 cash donated by Dato Dr Abdul Samad Sakijan and the Challenge Trophy. 2nd place went to the Open System team.

Prizes were given for oral and poster presentations. The 1st prize winner for the Oral Presentation, a RM500 book voucher, was won by Dr Sharon Tan from University Malaya Medical Centre (UMMC). 2nd prize went to Dr Abdul Jalil Nordin of University Putra Malaysia and 3rd prize went to Leong Sook Sam, a radiographer from UMMC. In the Poster Presentation category, CH Yeong, Basri JJ Abdullah et al from UMMC won the first prize of RM400 book voucher. Sharifah Majedah et al from University Kebangsaan Medical Centre won 2nd prize while third prize when to Khairiah M Nor.

On the final day of the meeting, there were nine free papers delivered. All the lectures were well attended, informative and interesting.

The meeting concluded with a closing speech from the organizing
Molders above CoR and MSR President. Below: One of the exhibitors.

Chairman, Dr Abdul Rahman, followed by a lucky draw. The lucky prizes were sponsored by IBA Molecular, Diagnostica Marketing, Covidien Healthcare, Equatorial Hotel, Penang and Dr Abdul Rahman Mohamad himself. Dr Abdul Rahman had donated 30 Angry Bird figurines for the organising committee, AV and secretariat helpers.

The meeting has opened the door for further collaboration between radiologists and radiographers in professional development activities in the future. It sets path for a better understanding between the two professions. MSR hopes that through this meeting and future meetings it sets path for a better understanding between the two radiologists and radiographers in professional development activities.

2. The 27th Malaysian Singapore Radiographers’ Conference (MSRC)

The 27th Malaysia Singapore Radiographers’ Conference was held at the Merdeka Palace Hotel in Kuching, Sarawak from September 14-16, 2012. This is a conference that is alternately organised by the Malaysian Society of Radiographers (MSR) and The Singapore Society of Radiographers (SSR). This year the MSR took the initiative to organise this conference differently. Besides the usual participations from Malaysia and Singapore, MSR has extended invitations to other countries in Asia and Europe. More than 200 participants from Malaysia, Singapore, Hong Kong, Taiwan, Japan, Thailand, Philippines, Australia, Saudi Arabia and United Kingdom, registered for the conference.

The theme for this year’s conference was “Towards Professional Transformation”. The programme line up included: a keynote lecture, 2 plenary lectures, 5 special lectures, 33 free papers and 8 presentations from student radiographers. Even though MSR had planned such a jam-packed-concurrent session throughout the conference, unfortunately, we still had to forgo some good papers due to time constraints. MSR had conducted three post conference workshops on Image Interpretation, Radiotherapy Dosimetry and also MRI quality control.

The conference began on the afternoon of September 14, 2012. We were very privileged to have the honourable Sarawak State Director of Health, Datu Dr Zulkifli Jantan participate in the opening of the conference and to deliver the opening message. He was ushered in by the Radiographers from Kuching Radiotherapy department, dressed in their State traditional costumes.

Dr Maria Law (Vice-President Asia/Australasian ISRRT) presented the keynote lecture which was very thought provoking. She shared with the participants that under the International Standard Classification of Occupation -08 (ISCO-08), radiographers or radiological technologists are not named within the group of Professionals (group 2) but are placed in the group as associate professionals (group 3). In her message she put these questions across: Why are radiographers / radiological technologists not classified as health professionals? How can our profession be brought from an associate professional to a health professional status? How far are we from there, and what do we need to do to get there?

Professor Mary J Love Grove from London South Bank University and Professor Dr Ng Kwan Hoong of Department of Biomedical Imaging from University Malaya were the plenary speakers. Professor Mary spoke on “Transforming Radiography Clinical Leaders the Key to Improve the Patients’ Experience” and her key message to participants was that radiographers need to challenge the status quo and adapt a clinical leadership role that exploits opportunities for developing a leading environment and seek to refer and improve the service. Professor Ng Kwan Hoong spoke on “Transformation and Leadership Amongst Radiographers”. He talked about transformational leadership and the four elements associated with it. His final question was: Will the leaders in MSR be able to face the challenge to get people to want to change and also to lead the change?

Besides the thought provoking messages from the keynote and plenary speakers, we also have speakers like Dr Napapong from Thailand who shared with us on International Accreditation Board for Special Radiological Technologists (IABSRT), Mr Robert Shen on Radiological Technology Transformation and Development in Taiwan, Mr Edward Chan and Joseph Lee from Hong Kong spoke on the Professional Development of MRTS in Hong Kong and the Modern Radiotherapy Workflow in Professional Transformation respectively. We also had Dr Lin from Taiwan who shared his findings on dose reduction via image manipulation, which is closely related to the current trend of practice.

It is very encouraging to see many young radiographers presenting the findings of their studies in the proffered paper session. The papers
are of high quality and the presenters are all very professional. This is indeed a pleasant surprise coming from the students' presentations. There were a total of eight papers and all were well presented that made it hard for the evaluators to select the best three for the Best Student Presenter Awards.

The academic session of the conference went well and many expressed they gained new knowledge, skills and also new insights on how we should practice our profession, especially in patient care.

During the three day meeting, a short meeting was held to discuss the conclusion of MSRC/SMRC and to replace it with an ASEAN conference where the Society of Radiographers from ASEAN countries can come together and organize regional conferences through rotation. The decision was made that MSRC/SRMC will conclude in 2015 in Singapore and the 1st ASEAN Radiographers Conference will be hosted by The Philippines Society of Radiographers in 2016. This is the preliminary decision and further meetings and discussions will continue to be supported from other neighbouring countries such as Vietnam, Indonesia and Cambodia.

It was not just all work without play. The social programme arranged by the local committee was equally exciting. There were cultural performances during the reception dinner on September 14 and the banquet dinner held on September 15, 2012. After the active participation in various discussions, presentations and information sharing, everyone was ready to let their hair down at the banquet dinner. The night began with the launching of the MSR education fund and ended with karaoke singing. Our local host, the radiographers from Kuching Radiotherapy Department performed the cultural dance and songs. Delegates were invited to take part on the stage to dance and sing along, enjoying themselves while savouring the unique Sarawakian culture. It was a joyful moment for all.

All in all, we’ve had a very fruitful conference. Apart from achieving many firsts, we have managed to expand the conference to include countries beyond Malaysia and Singapore and paving the footwork for future ASEAN conferences. We owe this success to many people who have committed their time and effort in supporting us. MSR would like to express our gratitude and thank organizations such as Sarawak Convention Bureau (SCB) and the companies for financial support. We also would like to thank the main and local organizing committees for their effort in making this conference a memorable one. We are sure that all the delegates have enjoyed themselves with the hospitality of Kuching, Sarawak.
The World Radiography Educational Trust Fund

By Hon Secretary Sue Marchant

Activities
A concerted effort has been made to publicise the work of the Trust via the Christian Medical Fellowship (CMF).
This organisation has a number of medical staff both former and current who have worked in developing countries. Through their contacts the Trust is trying to reach out to more radiographers, technicians and departments in need.

Twinning
The Trust has had some success with a prestigious London hospital successfully “twinning” with Kitwe Central Hospital in Zambia. Already parcels of textbooks and journals have been sent from the UK and received by the hospital. The Trust is looking forward to hearing regular updates of the relationship as it develops.

Ambassadors
The role of Ambassador continues to develop. There are now five ambassadors, each one working closely with a Trustee and covering the continents of Africa and South America and the Pacific Rim.

Change of Trustees
Delia Dephoff has become a Trustee replacing Jonathan Mazal (US) who sadly resigned due to pressure from his other radiographic commitments. We also said goodbye to Kay Collett (Australia) at the April meeting. Kay had taken on the task of looking after the “twinning” programme which is gaining momentum.

Website
Lizzie Zukiewicz has been developing the new website with a modern look and feel to it. She completed this work in early February and the Trust now has a modern, intuitive, easy to navigate website. All thanks to Lizzie for her hard work. Following the completion of the work Lizzie decided to step back from her involvement with the Trust and take some well-earned time out. Visit the website at: www.wretf.org

Support
Now that the Trust holds more up-to-date stocks of books – many new ones donated by the British Institute of Radiology prior to its move – we are seeking new recipients – either from departments or schools of radiography in Developing Countries.
Please contact the Honorary Secretary or visit the website for an application form.
The Trustees are also looking at new initiatives which can be supported, thus broadening our sphere of traditional support.

MED Project
As reported in the last issue, this initiative continues to develop.
A report on the pilot study is awaited from Jonathan Mazal, the project manager.
If you are interested in finding out more about this project, please contact Jonathan Mazal at: jmazal@rad-aid.org

Donations
Books and journals, if fairly recent issues are welcomed and can be sent to the Hon Secretary of the WRETF c/o The Society and College of Radiographers, 207 Providence Square, Mill Street, London SE1 2EW. UK.

Monetary donations can be sent to the Hon Treasurer Alan Budge at:
108, Clares Green Road, Spencers Wood, Reading, RG7 1DU, UK.

Sue Marchant
Honorary Secretary
The PTE represent the radiographers who have been a graduate at university with a master level. After 5 years, they work in the radiology department (CT, MRI dosimetry and nuclear medicine). They have a very high level of education. Nevertheless, the radiographers situation in Poland is not that simple. In the past there was a radiographer association NTSE who was a branch of the radiologists association and represented the radiographers who have a diploma after two years. Last year they decided to be independent and due to poor communication they created two associations the NTSE and the PTSE.

So in Poland, they now have three radiographers associations. The PTE which is young and very affective and involved in international contacts, this association is now a member of ISRRRT and EFRS. The other two associations who represent the radiographers with a diploma after two years (now three years). The major problem now is that you have in the same department radiographers with two years diploma or three years and others who have a Master Degree. I met one representative of the NTSE and she asked me for advice about this situation. I told her that in my opinion it would be better to only have one association to have more power but on the other hand it is a local issue for the Polish radiographers and it is not the ISRRRT job to interfere.

The Congress
Around 100 radiographers attended the conference with 40% from diagnostic and nuclear medicine department and 60% from radio oncology. Many lectures were presented from medical doctors, physicists, and radiographers.
The meeting was very well organised. I gave the same lecture about the ISRRT two times (one for the oncology and one for the diagnostic group). They each had a translation in their bag but most could understand my English, even with my French accent.

I was the only lecturer who presented in English, the rest were in Polish and I had a “ear translation” by Anna and Jolanta.

In the afternoon from 4pm-6pm, 3 workshops were organised. One in ultrasound (they have started to perform US), one in dosimetry and one in radiotherapy treatment.

There was a short coffee pause and lunch, but no gala dinner, just very intensive work from 9am-6pm.

I had a warm welcome as the ISRRT representative and good discussions and feedback from medical doctors and the director of the cancer institute where the congress took place.

PTE became a member of ISRRT in June, and the ISRRT Vice President attended their conference in October. During my presentation I told them that this was unique.

I will meet Anna Kowalik and Jolanta Tomszack in Athens for the EFRS AGM.

JOURNEES FRANCAISES DE RADIOLOGIE (JFR)

Paris October 18-22, 2012

Romania

The JFR is a big conference (20,000 participants) in Paris for all French speaking countries from all over the world (Medical doctors, physicists, radiographers).

I have been in contact since ECR with a Romanian radiologist. I told her that it would be good to invite one chief radiographer from his department. So I met Mrs Mariana Iordache, Chief Radiographer in a large hospital in Bucharest. In Romania they are educated in two years and sometimes three years but they have no association.

The Romanian Radiology Congress will take place this year in Bucharest on October 12-13. Usually they have only session for radiologists and medical doctors. I advised them to organise one session for radiographers in English and Romanian language.

EFRS wanted to get in contact with Romania and Poland for a long time so the ISRRT Vice President for Europe and Africa organised it.

It is good for the strategy and for the collaboration between EFRS and ISRRT and the ISRRT vision from EFRS members will probably be better.

Algeria

I met a radiographer from Algeria who wants the ISRRT help to re-establish the Algerian radiographers association.

I am less positive than the Romanian outcome and wait for more information.

Philippe Gerson
The Americas Report

April 2013

Rita Eyer, ISRRT Vice President, Americas Region
Patricia Johnson, Regional Director of the Americas Region

Although 2013 is a year in which no ISRRT World Congress will occur, the great achievements of the Toronto, Ontario, Canada World Congress in regards to the ISRRT Strategic Plan: Communication, focusing on educational needs in developing nations and collaboration with member and non-member societies and organisations, are still very much apparent.

The full complement of the educational streams included all of our professional disciplines as well as lectures for managers, educators, advanced practice and, research candidates, as well as students. Those unable to attend the 2012 world congress in Toronto may still enjoy the presentations at www.2012isrrt.org/.

The ISRRT Travel Sponsorship Fund was implemented for this World Congress thereby enabling twenty-five fellow medical radiation technologists who would otherwise not have been able to attend this Congress, to be able to do so.

Society of Radiographers Jamaica SoR (J)
Ms Carlene Rankin, ISRRT Council Member

The ISRRT Americas Region was very fortunate to obtain sponsorship and funding from both the ISRRT Board of Management and the Pan American Health Organization (PAHO), specifically through Dr Pablo Jimenez, PAHO Regional Advisor in Radiological Health in order to conduct a Mammography Workshop in Kingston, Jamaica in November of 2012.

In Jamaica breast cancer is the leading cancer for women and accounts for 29.4% of all cancers in Jamaican women. The lifetime risk is 1 in 21. Every year in Jamaica, for every 100,000 women, 43 new cases of breast cancer are diagnosed. Mammographers obviously have a vital role in the production of mammograms of exceptional image quality in order for the correct diagnosis to be made and the Society of Radiographers, Jamaica felt the ISRRT could ensure this was occurring by conducting a mammography educational workshop. Onsite assistance was provided from PAHO throughout the workshop through Ms Marilyn Entwistle, the PAHO/WHO Health and Systems Development Advisor for Jamaica, the Cayman Islands and Bermuda and Kayiba who is the PAHO/WHO Consultant, Radiological Health Systems based on Primary Health as well as the General Programs Manager for RAD-AID. Kayiba works very closely with Dr Jimenez and has her Masters in Primary Health as well as being a Medical Radiation Technologist who is an expert in the art of Mammography. CAMRT member, Mrs Shirley Long, author of the textbook “The Handbook of Mammography,”

Evening celebration at the 50th Anniversary of the Society of Radiographers (Jamaica) which also took place on the official dates in June of 2012, and World Radiography Day, November 8. Sitting in the front row is the former ISRRT Vice President of the Americas, Mrs. Helen Clermon beside me and the SoR(J) President, Mrs Andrea Dyer. It is so important to note that the SoR(J) is once again renewing their deep commitment to the ISRRT.
and I were also presenters. Not only did Shirley provide her clinical expertise to those present, she donated enough textbooks for each of the participants to receive her textbook. She has also given additional textbooks to distribute to the other Caribbean nations. There were 30 participants registered in this very successful event. The subjects that were covered during the two workshops (attached) were: Anatomy and Physiology, Mammography Positioning including not only the routine views but also magnification and supplementary views as well, Quality Assurance including how to set up of a QC program, Radiation Protection and Dose, Breast Pathology and Ergonomics. All participants were informed of their eligibility for the ISRRT Peter Lloyd Scholarship and encouraged to apply for the ISRRT Travel Support Fund for future ISRRT World Congresses.

Trinidad and Tobago
Mr Aleth Bruce ISRRT Council Member

There are so many very noteworthy events that are occurring in through the Society of Radiographers of Trinidad and Tobago (SORTT). First of all the SORTT had six Executive members along with nine other members attend the 2012 ISRRT World Congress in Toronto! The SRTT President Reshma Maheepat and then Treasurer Aneesa Ali, are seen below with CAMRT President Amanda Bolderston.

These are the other outstanding initiatives through the SRTT since attending the 2012 ISRRT World Congress. First of all, the SRTT is exemplifying the ISRRT Strategic Planning strategies in regards to ongoing communication, continuing education in the profession, and striving to improve the quality of patient care. The SRTT has hosted two continued professional development sessions, the first aimed towards building awareness about the ISRRT and the second in regards to Dental Radiology. The intent of the latter topic is to ensure proper radiation protection and radiation techniques are being utilized in dental imaging. Their 2012 Annual Radiographers Conference had a resounding turnout from local medical radiation technologists and representatives from six fellow Caribbean Islands as well as the United States. Based on the fact that this skill is limited in the health care system in Trinidad and Tobago, the SRTT are working on bridging the gap with the hearing impaired patients by hosting a six week workshop for Radiographers and fellow Allied Health care workers. A Caribbean Ultrasound Workshop is also being held in Trinidad with two featured USA speakers presenting on the topics of Emergency Medicine Sonography, Sonomammography, Vascular DVT, Basic Echocardiography, as well as a practical session. In October of this year The SRTT Radiography Conference is planning to host a session on Orthopedic Surgery and MRI Imaging in Tobago. In 2011 the SRTT adopted one of the Dialysis Unit at one of the major hospitals in Trinidad and Tobago. This March the SRTT celebrated World Kidney Day, publishing articles on their website about the Dialysis Foundation and assisting with fundraisers. They will be donating wheelchairs to the Dialysis Unit at this institution at that time.

Haiti

The ISRRT Americas Region is very pleased to announce that ISRRT Director of Education, Mrs Cynthia Cowling, is spearheading a week long educational workshop in Haiti in April 2013 encompassing both the clinical and didactic modules. She will be accompanied by her son, Andrew, who will be conducting the Ultrasound component of the workshop and ASRT member, Barbara Tomlinson, who will be of tremendous assistance based on the number of volunteer trips she has made to Haiti since the devastating earthquake of 2010. There have been a number of volunteers actively involved in translating documents from English into French. Mr. Philip Gerson, ISRRT Vice President of Europe and Africa has been of tremendous assistance in this regard as has the Monash University Linguistic Department in Melbourne, Australia.

Canadian Association of Medical Radiation Technologists (CAMRT) Dr Terry Ell, ISRRT Council Member

The Canadian Association of Medical Radiation Technologists (CAMRT) has appointed Mr François Couillard as its new Chief Executive Officer (CEO). Amanda Bolderston, President and Chair of the CAMRT Board of Directors has stated that his history of success in stakeholder outreach and engagement, together with his understanding of the medical imaging industry, will be a great asset to CAMRT as they advance their strategic goals to strengthen the voice of the medical radiation technology profession. His career encompassed 25 years of achievements in healthcare, including nine years at MDS Nordion focused specifically in imaging and radiation therapy.

As of January Deborah Murley enters her year as
CAMRT President Elect. In January of next year she will begin her role as the CAMRT President and Chair of the CAMRT Board of Directors.

**Public Relations:** During MRT Week 2012, CAMRT was successful in securing an appointment with Dr. Colin Carrie, MP for Oshawa who is the parliamentary secretary to Canadian Health Minister Leona Aglukkaq. A team of staff and members was assembled to attend the meeting and to provide Dr Carrie with insight into the health policy issues that matter to MRTs – and to encourage him to join the weeklong celebration of our profession by presenting him with a MRT week kit. Mark Given, Director of Professional Practice and Elaine Dever, Director of Education are the two MRTs on the CAMRT staff team and were joined by a Radiation Therapist and a student. Dr Carrie, a chiropractor by profession, covered a lengthy list of questions on topics ranging from appropriate imaging and interprofessional teams to clinical placement shortages and the employment picture for new graduates. Thanks to the articulately crafted responses of the MRTs in attendance, the meeting closed on a very positive note, including an invitation to return with ideas about how CAMRT can work with Dr Carrie and the federal government to address issues together.

**CAMRT Annual General Conference**

Registration is now open for the CAMRT Annual General Conference in St. John’s, Newfoundland and Labrador. Conference highlights include an opening keynote address by prominent Canadian health journalist, Andre Picard, a moving presentation on a patient’s journey, concurrent sessions on leading edge practice innovations, and a series of topical plenary lectures. St. John’s is a charming city, with a unique culture, the product of an English, Irish, French, and Aboriginal heritage. It is the oldest English-founded city in North America, now enjoying a thriving economy, where rich musical and artistic experiences coexist with breathtaking scenery. Find out more at www.camrt.ca/conferences/.

**CAMRT Foundation:** The CAMRT Foundation exists to support its members and the advancement of the profession. As such, the Foundation: promotes pride in the profession and within our ranks; helps members keep abreast of new and emerging technologies; advocates lifelong learning; promotes excellence in patient care. The CAMRT Foundation was incorporated under the Canada Corporations Act as a charitable organization on January 29, 1987. While it is a separate entity from the Canadian Association of Medical Radiation Technologists (CAMRT), the Foundation compliments and enhances the educational activities of the professional association and its members.
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The ASRT 2013 House of Delegates will be meeting in June in Albuquerque, New Mexico. At this meeting the delegates from each affiliate and modalities will consider and vote on proposed revisions to the Computed Tomography, Cardiovascular Interventional, Limited X-ray Machine Operator, Nuclear Medicine and Radiography Practice Standards. These standards are posted at: www.ASRT.org for your information and review.

The ASRT has also convened a Healthcare Industry Advisory Council subcommittee to discuss the current state of medical imaging in the United States. This would include the challenges in providing consistently high-quality care, as well as providing education on equipment along with new and emerging technologies. A white paper and recommendations from the subcommittee about the desired state for radiologic workplaces to ensure consistent quality in patient care and to maximize training and understanding of equipment and new technology will be published in early spring of 2013.

On the state level, the Minnesota Department of Health has become the first state agency to endorse the Image Gently and Image Wisely campaigns, which are the two national initiatives designed to improve the safety of medical imaging exams. The Minnesota Department of Health will work closely with the Minnesota Society of Radiologic Technologists to encourage the state’s health care professionals to implement the best practices outlined in the image gently and image wisely campaigns.

Additionally, the agency will support the two campaigns by continuing to ensure that professionals and institutions comply with the state’s rules and regulations relating to the use of medical imaging equipment and personnel credentialing standards.

Health care professionals and patients can find more information on Image Wisely and Image Gently at www.imagewisely.org and www.imagegently.org

Information provided by Terry Ell (Canada)

After hosting the successful 2012 CAMRT/ISSRT World Congress in Toronto, the CAMRT will be hosting the 2013 National Conference and Annual General Meeting in picturesque St. John’s, NL. The dates for this year’s event will be May 22nd- May 25th, 2013. Conference Co-Chairs Arlene Collins and Christa Coombs promise a dynamic educational and social program to highlight the best in Canadian MRT practices and showcase the warmth and hospitality of Canada’s east coast. For more information go to: www.camrt.ca/conferences/

The CAMRT is moving forward on a number of key initiatives related to MRT practice, namely the CAMRT Best Practice Guidelines, Advanced Practice Framework and Advanced Practice Certification.

**Best Practice Guidelines**
The CAMRT Best Practice Guidelines are an evidence based resource that encourages individuals to strive for excellence in their profession. The first wave of material was launched at the 2012 CAMRT/ISSRT World Congress in the form of a dedicated website accessible to the public. Additional guidelines will be added to the website periodically during 2013. For more information go to: www2camrt.ca/bpg/

**Advanced Practice Framework**
The CAMRT is in the process of developing an Advanced Practice Framework that will define and elaborate on the important aspects of advanced practice such as the educational requirements, expand on roles and responsibilities suited for advanced practice, now and into the future and discuss some of the core competencies associated with advanced practitioners themselves. It is hoped the extended definition provided in the framework will promote consistency and understanding for the stakeholders going forward that can be applied in the development of educational programs, in the creation of advanced practice opportunities and roles and in the shaping of government position statements across Canada. The anticipated date of publication of The Advance Practice Framework is June 2013.

**Advanced Practice Certification**
CAMRT is working toward the development of an Advanced Practice
Certification process for Radiation Therapists. CAMRT has commenced the process of blueprinting a nationally validated competency profile. The blueprinting process should be completed in May 2013 and will assist CAMRT in the development of an assessment process for certification.

News from African Region

Report by Boniface Yeo, Radiologic Technologist [diagnostic radiology and medical imaging]

President of the National society of Radiographers and Radiological Technologists (ANTIMCI) Institut National de Formation des Agents de Santé (INFAS), Côte d’Ivoire

World Radiography Day in Côte d’Ivoire: A focus on students in medical imaging and radiological sciences

December ’12-14, 2012, Abidjan, at the National Institute of Health Agents’ training (INFAS), the fourth edition of the World Radiography Day.

Though the dedicated day is November 8, 2012 the event was delayed for some technical reasons. The official theme was: “Radiography guides the clinical pathway”

The whole event included a marvelous ceremony of a donation of books offered by the World Radiography Educational Trust Fund (WRETF) and the Canadian Association of Medical Radiation Technologists (CAMRT). The scientific program was madeup by a panel of subjects for students’ technical training and ethical development involved three lectures on telemedicine and e-learning, radiation safety management and a workshop on radio anatomy CT / MRI of the brain.

About 80 students and teachers from the school of radiography and technologists from university and regional hospitals attended the workshop.

Professor Keita Abdoul Kader, Director of the International Center for African Radiologists training (CIFRAF) was the chairperson of the official ceremony.

The guest speakers were eminent personalities of the scientific world and were from various fields:

- Professor Monnehan Alain, nuclear physicist, Director of the National Radiation protection Board
- Professor EHUA Somian, Telemedecine specialist, President of the National Society of Biosciences and medical Informatic
- Doctor MENEAS, President of the national society of Bioethics
- Professor Paulette Yapo, neuroradiology specialist, Honorary member of our national Society.

The whole event was conducted by a dynamic organising committee directed by Jack Essigan and Simeon N’Goran, two outstanding student leaders with the help of other students and colleagues whose commitment is to be congratulated.

The opening ceremony started with the inaugural lecture by Professor Keita Abdoul Kader on the global situation of professional practice of radiology and medical imaging in Côte d’Ivoire. He pointed out the recurrent problems relevant to maintenance of the equipment, education of radiographers, professional development of trainers, quality control and radiation safety management.

In the second communication, as a Regional Coordinator, I presented the ISRRT, highlighting on its objectives, its vision of excellence and its numerous actions for the benefit of radiographers and radiological technologists throughout the world. I also presented in the same terms, the CAMRT and the WRETF, focusing on the ongoing support they had been providing the National Society with.

Then I reported on the 17th ISRRT World congress in June 2012, in Toronto (Canada) and on the 7th French speaking African convention of radiographers in November 2012 in Douala, Cameroon.

I then gave information on international and regional upcoming events such as:

- The 18th world Congress in Helsinki (Finland) in 2014
- The 19th world Congress in Seoul (south Korea) in 2016
- The 8th French speaking African Workshop in 2014, for which Côte d’Ivoire is candidate to organise
  - The launch of Dose Wise competition
  - The launch of the ISRRT Research Fund for radiographers

I specifically reported that the National society has received books from the WRETF and the CAMRT and finally proceeded to the donation of these books to the Direction of national school of radiography.

In the scientific program, Professor Monnehan Alain delivered a lecture on the national strategy of radiation protection and the necessity to create an Authority of regulation. He stressed on the fact that the radiation safety management legislation is been elaborated under the instigation of ANTIMCI the National Society and its President.

Professor EHUA Somian presented an exciting communication on cyber health and the African plate form of telemedicine. He instigated the students and radiographers to develop their English and IT skills so as to set up and carry out teleradiology projects.

Professor Yapo Paulette was the main lecturer who animated the workshop in Radio anatomy TDM/MRI of the brain. With an exceptional mastery of the subject, she thoroughly highlighted the techniques and modalities of exploration of the skull and brain, then she stressed on the radio anatomy and semiology of the brain. The course was very practical and helped reinforce participants’ knowledge and skills on the subjects.

That annual conference was an exceptional occasion for radiographers and radiological technologists to meet their colleagues and exchange about the development of their profession.

At the closing ceremony, the President of the National Society (ANTIMCI) and I encourage all the colleagues and the students to keep in touch with the Board of management, to regularly visit the ISRRT website and to refer to him in case they need additional information. I also instigated them to work in the purpose of promotion of the profession, offering quality care to patients with optimised radiation dose. A refreshment was offered to the participants who shared a fantastic time in a memorable Day!
Indian Association of Radiological technologists in collaboration with RAD-AID International a non-profit public service organisation from USA organised a four day hands-on “Workshop on Mammography & DEXA positioning” in the Department of Radiodiagnosis & Imaging, PGIMER, Chandigarh with Prof. N Khandelwal as chairperson and Dr S C Bansal as the organising secretary.

During these four days, 33 Radiographers/Radiological Technologists from the neighboring states of Punjab, Haryana, Himachal Pradesh, Delhi, Union Territory of Chandigarh apart from PGIMER, Chandigarh attended this workshop. This workshop was aimed to train the radiological technologists working in the field of Radiodiagnosis & Imaging with the latest advances in mammography and DEXA scanning including advanced techniques of mammography and DEXA positioning.

They were given hands-on training for the safe operation of the equipments to produce high quality images with minimum radiation dose to the patients and staff for yielding accurate diagnosis. This will help in detecting early cancer of the breast and as well as osteoporosis in the bones of the patients undergoing these examinations.

This workshop was held for the first time in the country to take

**Hands on mammography & DEXA positioning**

*Chandigarh, India, August 25-28, 2012*

Report by [Dr SC Bansal](#)
advantage of the newly equipped mobile van fitted with mammography and DEXA scanner donated by RAD-AID International provided under Asha Jyoti Women’s Health outreach program for screening of breast cancer and osteoporosis. In addition to mammography and DEXA scan there is one digital colposcopy fitted in the van for cervical cancer screening.

Eminent faculty from PGIMER, RAD-AID and IART namely Ms Kayiba Medlen, an experienced mammographer working as a general programs manager for RAD-AID and a consultant with the Pan American Health Organization (WHO), USA, Ms Lisa Bowles an expert in mammography and bone densitometry working as a manager of the Dorothy G. Hoefer Comprehensive Breast Centre for Sentara Health Care in Virginia, winner of Bon Secours Dedicated Service Award and Ms Shelly another expert in the field of mammography is a chief technologist for Wende Logan-Young, MD a world-renowned breast center in Rochester (USA) gave a very informative hands-on training both on mammography and DEXA positioning apart from specially designed power point presentation for hands-on training on the modern approach to these positioning techniques.

Another Key speaker, Dr RK Chaturvedi, a senior scientists from the Atomic Energy Regulatory Board, Government of India, Mumbai delivered a lecture on “Radiological safety and regulatory aspects of diagnostic radiology practice in India”. From PGIMER senior faculty in Radiological Technology comprising of Dr SC Bansal, lecturer & Secretary General of IART, Mr Ram Singh, Mr LK Gupta delivered lectures on bone densitometry & DEXA scanning, developments in mammography equipments and advances in image receptors in mammography, as well as radiologist Dr Tulika Singh delivered a lecture on ductography and stereotactic breast biopsy during this hands-on workshop as well as providing hands-on training to the participants. Dr Bansal in his lecture highlighted the significance of bone densitometry in evaluating osteoporosis.

After a successful experience of this workshop in the future more such workshops are in the pipeline to train the young radiographers.

Dr S C Bansal
Secretary General
Indian Association of Radiological Technologists
On December 2, 2012 I represented the ISRRT at the World Health Organization second workshop on Radiation risk Communication in pediatric Imaging. Approximately 50 stakeholders from all areas of the health care team were invited to participate in this workshop which was held as a pre-conference workshop, International conference on Radiation Protection in Medicine Setting the Scene for the Next Decade. The World Health Organization (WHO) is conducting a global initiative on Radiation Safety in Health Care Settings to mobilize the health sector towards safer and effective use of radiation in medicine. The initiative is centered on assessment, management and communication. As a stakeholder the ISRRT have actively participated in this project. One area that is being focused on is Pediatric health care since children have a longer life-span to develop long term radiation induced effects such as cancer. A part of the initiative was to develop tools for radiation risk communication. The concept was developed in 2010 at the WHO first workshop, which Cynthia Cowling participated representing our organisation. Out of the first workshop came the idea for a draft document to be used as a communication tools for the pediatric population.

As a stakeholder of this document the ISRRT organization specifically the professional practice committee, Board of Director’s along with many expert professional were contacted for their expertise on the content of the draft document. I am happy to say we had tremendous response. After receiving all the comments, as Director of Professional Practice I compiled a report and returned them to the WHO within the deadline. Interesting it happened to be a very short time frame for response as always our membership always response quickly so our voice is heard for our profession. I want to give a special thanks to the ISRRT Board, professional practice committee along with the members of the ASRT, technologist from the US, UK and Australia that gave of their expertise and time to help give complete feedback for this document.

This document was then reviewed and tested at the workshop held in Bonn Germany in December. The other objective of this workshop included to test a tool for radiation risk communication in pediatric imaging, to identify gaps and needs and collect stakeholder’s feedback.

The entire group that participated in the workshop.

Technologist voice well represented at the
WHO's second workshop on radiation risk communication in pediatric imaging

December 2, 2012

Submitted by Donna Newman, Director of Professional Practice
questions and cancers and to improve informational, motivational, and persuasive messages tailored to different audiences for effective radiation risk communication in this field.

The day was divided into three parts with four speakers talking on the current environment. Michael Boyd spoke on Health risks of radiation exposure early in life, Dr Donald Frush spoke on the initiative of Image Gently, and Dr Pek-Lah Khong spoke on Pediatric imaging today and making the right choice. The second part of the morning involved a Panel discussion with invited speaker again discussing the Dialogue in pediatrics healthcare: Opportunities and Challenges. This is where the ISRRT was asked to be involved representing the technologist part in pediatric imaging procedure. Gaya Gampewage from the WHO spoke on Risk communication in public health, Dr Richard Roberts’s president of the World Association of family doctors spoke on the role of family doctors. Margaret Murphy from the Patient sfor patient safety network spoke on patient and parent information and informed consent. The technologist voice was well represented at this meeting as I presented on behalf of our ISRRT, creating a dialogue in pediatric health care opportunities and challenges the Role of other health care provider: giving the global preventive of the technologist role with the imaging team in pediatric procedures. The presentation described that Radiation protection is a shared responsibility and talked about the technologist’s role in this. I also talked about the technologist being a front line player and key player in the team approach. The technologist contributes to the reduce radiation and communication to the patient in many ways. They act as the liaison to the radiologist and referring physician and also the advocate for the patient and the family. The technologist ensures the quality of the images and exposure. After the presentations were given the panel spent about 30 minutes answering questions from the participants of the workshop and facilitated discussion regarding the current environment and what needs to happen to ensure that the pediatric patient able to ensure the highest quality and lowest dose possible.

The afternoon consisted of breakout session where each group as assigned a mapping exercise to communicate radiation risks in pediatric Imaging. We had to come up with tailored messages about a particular pediatric procedure to a targeted audience. The group I was assigned worked on creating a communication statement to reach the professional audience which was tailored to the radiologist, technologist and referring physician. The break out session help facilitate the need for different messages depending on your target. I found this very interesting as many of the responses that I had received from our membership regarding the draft communication tool was to develop different messages depending on your target group you were communicating with.

The day ended with a speaker summarising the discussion and direction from workshop participates conversations during the panel discussion. The speaker also summarized the themes that each speaker brought forward during their presentations. This summary will be used to help to give the WHO direction for the next draft of the communication tool. There were many common themes that came out of the workshop to help facilitate a complete communication tool for the WHO to work with. Participants and speakers all agreed that that education and communication is very important. They also agreed that communication needed to be done with all parties and participations including the, Rad. practitioners, Medical practitioners, technologists, Physicist, family member and patients. Team approach is the best approach but important to understand that the technologist is a frontline person and important piece of the communication process to the entire team member’s. Discussion also revolved around the fact that there is no standardization in language between industry and vendors. This was decided that it can complicate the exposure of the equipment. Patient centered communication is the best approach and that you have to know your audience to ensure the best communication if happening. Finally the presentations brought forward that the public media often give negative information and the profession has to learn how to deal with and communicate the right message to the media.

Graciano Paulo was our final speaker, representing the European Federation of Radiophaghe Societies. Graciano summarised the feedback that was received on the Communication tool for health care providers from the stakeholder’s and also gathered the feedback during the discussion that day and summarised the finding from the participating at the workshop.

Graciano presentation summarized that the tool as it was written didn’t work for every part of the team and that there was a need to develop different communication tool’s depending on which part of the health care team you were. The new draft should be short, simple understandable and user friendly. Also explained that the tool needed to be user friendly and should include health professionals and CPD. To ensure that the tool is understandable a patient representatives should be involved in the new draft. Finally that communication is very sensitive therefore scientific experts should assemble the facts. Communication experts should fine tune the message with patient representative input and finally graphic designer should enhance the graphic’s.

As you can see the technologist voice was well represented at that workshop and we are all looking forward to the next draft of the communication tool.
The International Atomic Energy Agency cosponsored by the World Health Organization held it strategic planning meeting, “International Conference on Radiation Protection in medicine, Setting the Scene for the Next Decade in Bonn, Germany December 3-7, 2012. Donna Newman Stewart Whitley and Sandy Yule participated and represented the ISRRT at this meeting.

Ten years ago in a Malaga meeting, an action plan was established to guide International efforts to protect patients against ionizing radiation. Many resources, programs and the international website for radiation protection rpop.org were created based on the outcomes from the Malaga meeting. Although much has been established to help protect the public much more emphasize needs to be put on standard.

One of the goals of the international Atomic Energy Agency is to ensure that the highest international radiation safety standards are ultimately bought into force everywhere. They have particular focus on helping developing countries.

This meeting was set up to invite stakeholder in the field of radiation to help identification of needs and priorities for radiation protection in medicine for the next decade. The Intend of the conference was to review the challenges and opportunities in the field of radiation protection in medicine in relation to both the patients and worker’s and development in new international recommendations.

The conference was set up as a one track conference to enable participates to contribute to the discussion in all areas in a effort to mobilise for future effective work in the area of radiation protection.

The Conference was set up to accept paper’s in the work on area of advancement in our field in radiation protection and to have invited speakers for every area of the radiation protection.

The ISRRT was one of the invited speakers in two areas, First Stewart Whitley gave a presentation in the opening plenary session on the Activities and priorities influenced by the Conference on Radiation Protection of Patients, held in Malaga in 2001. Stewart
presented the ISRRT activates and priorities that we are doing in relation to the recommendation that came out the Malaga meeting and also the changes that have occurred in medical radiation. The forum was a great opportunity to show case the many initiative the ISRRT has been involved in. Including the budget set aside for workshop in developing countries, the Research funds that have been established since then for research in the field of radiation and the travel fund that was set up to have fund technologist to travel to the world congress from developing countries.

I presented in Session three titled Radiation protection of patients and staff in diagnostic nuclear medicine and hybrid imaging. The top I was given to present current global trends Dose reduction in nuclear Cardiology. My presentation covered the current trends and the recommendation set forth by the Image Wisely campaign with focus on ASNAC recommendation for dose reduction standards by 2014. The format for the conference was to have three invited speakers in my session covering topics related to each area of the profession. A fourth speaker would give a summary on the invited papers and research in modality. After the presentations were given and the papers summarized the floor was then opened up for discussion on the speaker’s presentation and discussion on where that modality needed to focus for the next 10 years. The invited speakers sat on a panel and helped answer questions and facilitate the trends and focus for the future.

Sandy, Stewart and I took every opportunity to network and represent the technologist voice in every arena that we could. We meet several other technologists that were attending the meeting also and networked on where our profession stood on the issue under discussion each day.

Among the other area’s covered in the same manner during the five day meeting were radiation in medicine, dialogue with patients and public, patient in external beam radiotherapy, manufacturer role in medial radiation protection, interventional procedures, computer Tomography digital radiography, diagnostic fluoroscopy and mamo, goals for medical radiation protection in 2020.

The final day was a summarisation of the week’s discussion by 4 keynote speakers on mobilizing for future effective work and conclusions.

Dr Hendee who was the keynote speaker for this congress summarised the session and roundtable for the conference emphasising the necessity of commitment to a safety culture thing institutions and organization providing health care to the patients. The elements that need to be included in this safety culture are leadership, evidence-based practice, teamwork, accountability, communication, continuous learning, and justice. These elements are essential to safety culture and must be present in any organisation that reinforces radiation protection.

Dr Hendee summarised the Resolution that the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR) announced their resolution concerning low exposure levels form medical imaging. The resolution states:

Therefore the Scientific Committee (of UNSCEAR) does not recommend multiplying very low doses by large numbers of individuals to estimate numbers of radiations induced hearth effects within a population exposed to incremental doses and levels equivalent to or lower than natural background levels.

One way to handle this which we have been involved already is the tracking of imaging procedures and radiation doses is recommended as a way for institutions and agencies to monitor trends in procedures and radiation doses delivered collectivity to patients. It is possible for patients to track their individual exposures by use of a tracking card available from agencies such as the IAEA. Many topics and panel discussions covered justification and optimisation of imaging procedures in all modalities happen during the five day meeting.

Dr Hendee also summarised that the Image Wisely campaign has moved it campaign to the Computed Tomography imaging and is now extending its focus to nuclear medicine with guidelines such as weight based dosing in cardiac imaging and development and implementation of guideline for nuclear medicine imaging.

At the meeting, the IAEA announced that SAFRON, a web-based system for reporting significant events in radiation therapy, would be released during the week following the meeting. SAFRON is expected to play a major role in providing information leading to reductions in the likelihood of an adverse event in participating institutions.

Dr Heron summarised the new International Basic Safety Standards and their potential impact on radiation protection in medicine. Dr. Heron presented that IAEA has a UN mandate that includes development of international safety standards and development of a way to provide for their application. The BBS will cover radiation protection in all uses of radiation including uses in medicine. Two new roles were identified in the Justification level 3 which included radiological medical practitioner and referring medical practitioner. BSS will include development of use of referral guidelines or appropriateness criteria with the help of professional bodies and software will also be developed for referral. Heron covered that the BSS would also cover the key person responsible for medicine radiation exposure to include radiological medical practitioner, medical radiation technologist and medical physicist. These personal should be appropriately trained and with this training will continue to underpin radiation protection medicine in the next decade. In addition information technology, hardware and software will provide tools to help with the implementation of justification.

The new BSS will consider Optimization in two new aspects the medical radiological equipment and software that could influence the delivery of medical exposure. The BSS will also include a new requirement that each facility have a periodic review of current practical implementation of radiation protection principle of justification and optimisation in the facility which including the radiological medical practitioners, the medical radiation technologist and the medical physicists. The new BSS will focus on a safety culture where we can
learn from our mistakes with a voluntary safety reporting system. The new BSS should provide an effective regulatory basis for radiation protection in medicine for the next decade with the results of this conference will provide input into the Safety guide.

Dr Vano summarised the working towards an appropriate level of radiation protection in medicine in the next decade.

Dr Vano summarised that what is still missing as we look toward the next decade is tissue reactions during complex interventional procedures and training needs to happen here. Patient exposure tracing in imaging with special attenuation to pediatrics, expanding use of diagnostic reference levels for optimisation, radiation risk assessment radiotherapy pay and sufficient trained staff in radiant protection including all medical and paramedical personal. Also focus on justification of medical procedure considering impact of external factors asu as infrastructure, existing protocols and trained professionals. There is a need to look toward ways to have optimisation of radiation protection for new technology in medicine while focusing on more time need for training on new technology to include industry involvement. Occupational lens does and extremity doses relooked at Radiation risk communication to patients. The ICRP will do this by cooperation with other international organization and scientific societies. The action plan will include CT (ICRP publication 87,102,121,paediatrics, Interventional publications, 85,117,120,121, education and training in radiation protection supporting guidance , 93digital, 105,113 , radiotherapy 86,97,98,112 and nuclear medicine 94 and 106. Again using the outcome of the conference to help in the development and review of these documents.

Finally, Dr Gonzalez summarised lessons learned from the past to consider when mobilising for future effective work. Dr Gonzalez emphasised that the IAEA with co sponsorship with intergovernmental organizations, with the professionals and with the industry must formulate a renewed action plan, which should reproduce the success of the Malaga Action Plan and aim at an international radiation safety regime for the practice of medicine.

Ms Susan Huber, Society of Radiographers of Germany was invited to present a poster at the Radiation Protection meeting session.

This was an exciting meeting for the ISRRT to participate in and our technologist voice help formulate the action plan for the next century for our profession.

Notice

A full comprehensive report by Thakur Prasad Lamsal, on Nepal’s perspective on the International Workshop on Radiation Risk Communication in Pediatric Imaging, December 2012 and on the International Conference on Radiation Protection in Medicine: Setting the scene for the next decade, December 3-7, 2012, Bonn, Germany, is available on the ISRRT website.
Radiation Protection: Things you need to know

Part 3. Radiation shielding products to protect personnel

This section identifies a range of products in varying designs that are available to provide safety for staff regularly working within x-ray and similar areas.

Parts 1 and 2 were published in the November 2012 ISRRT News & Views.

X-Ray Screens

In standard x-ray rooms a free standing x-ray screen is usually supplied. It is designed, specifically to suit the layout of the room, in conjunction with the equipment manufacturer, RPA and the end user. They are constructed from a series of pre-finished lead laminated panels, securely fixed with anodised aluminium sections at each panel joint which need to be fully lead protected. They are fitted with lead glass windows to give maximum possible vision. These provide protection to staff within the room but allow easy access to the patient.

Where space is restricted, hinged panels can also be provided, with or without windows, although it is recommended that the width does not exceed 600mm.

Mobile screens are also available and useful for some procedures, in place of ceiling mounted shields where the radiologist or radiographer needs to be near to the patient. These types of screens can also be integrated with cupboards, filing facilities and worktops to provide mobile work stations.

X-Ray Protective Curtains

These are typically used in accident and emergency departments to segregate areas from scatter radiation when patients require x-ray examinations. They are usually constructed in sections 600mm wide with layers of lead/PVC to give 0.50mm Pb equivalent. Units are available for curtains to move along straight, ceiling suspended tracks or on rotating post systems which can be fully extended but also stored flat against a wall.

Ceiling Suspension Shields

In rooms where interventional procedures are conducted the radiologist or cardiologist may be exposed to radiation for extended periods. These shields usually have windows using lead acrylic and may include a flexible lead/PVC skirt fitted to the bottom edge. They are supported on counter balanced arms to provide flexibility of movement and compact storage.

X-Ray Protective Clothing and Eyewear

A wide range of products are available in different sizes and styles with lead equivalents ranging from 0.25mm Pb to 0.50mm Pb.

As aprons are often worn for long periods it is essential that they not only give the necessary protection but that they are comfortable to wear and provide sufficient support to minimize any potential back strain.
The discovery of ionizing radiations revealed radiography, the pathway to clinical settings. Diagnostic imaging is crucial in diagnosis of pathologies and several imaging technologies exist today: Conventional x-ray imaging, Ultrasound imaging, Computed tomography, Magnetic Resonance Imaging and Nuclear medicine. Moreover, the growth of modern imaging depends on advances in digital image technologies that contain more information, easier to handle and archive. However, in Africa, hundreds of hospitals and institutions do not have the possibilities to perform the most fundamental imaging procedures, for lack of equipment, malfunction, or even insufficient skills.

Despite the recurrent shortage in their area, African Technologists keep on struggling to bridge the gap with the objective of seeking for alternatively affordable and easy to use means of practicing radiology.

The general methodology of approach consists, upon analysis of examination procedure, to select equipments which offer a higher flexibility in transposition from manufactured design to homemade conception with local material. Then comprehensive prototypes are designed in purpose of local construction after quality and suitability evaluation.

Thus, Michael KIMBI from Cameroon developed in 2009, a simple film digitisation model for email-based teleradiology.

For the film digitisation process, the X-ray films produced were first interpreted by hospitals’ radiologist then digitised on the constructed box using Pentax 8.1 mega pixel digital camera, with Storage and treatment on Fujitsu Siemens laptop computer (40Go, 1GHz, 248RAM). The films interpreted and digitised are presented on laptop to 4 other radiologists. Each digital image rated on a scale of 5 for:
- Brightness: Contrast intensity enabling perception of tonalities,
- Spatial resolution: Least distance between 2 points on image making them to be seen as distinct,
- Noise level: Grains or fog on image perturbing interpretation
- Interpretability: Ease with which diagnosis could be posed for an image.

Then, 10 best-rated images were compressed and sent by email to a distant radiologist for appraisal. For the Data analysis Microsoft
Office Excel 2003, SPSS version 12.0 for Windows were used.

That study resulted in the conclusion that there was no statistically significant difference observed between radiologists’ appreciation. Radiologists were almost unanimous with Concordance in diagnoses to previous digital rating: kappa = 1 in 80% of teleradiographs.

Boniface Yao, in Côte d’Ivoire, carried out a project that resulted in the construction of a wooden radiography room, comprising of an x-ray tube, an examination table, a parameters control panel, a standing cassette holder, and a cassette storage. Without any electronic or motorised system, this equipment performs as well as homologated material, the skill lab training within the school of radiography.

For some years young African radiographers have been developing local projects based on the use of homemade materials in the professional practice of radiography.

The development of the profession in African countries has taken different paths with the result being that the quality, the level and nature of performance of radiographers and educational level vary from country to country. Nevertheless the global situation is characterised by the gap between the international standards and our local settings. In that case, the exchange between technologists, through international congress is strongly appreciated to reinforce the south to south technology transfer. For this reason we strongly welcome ISRRT’s support to national societies in Africa.

ISRRRT WEBSITE

The ISRRT website carries up-to-date addresses of all member societies.
Please contact:
isrrt.yule@btinternet.com
Here you can find information on the ISRRT 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
News from member countries

ASIA/ AUSTRALASIA

NEW ZEALAND

World Radiography Day was celebrated in many departments throughout New Zealand with radiographers enjoying the opportunity to reflect on their profession. The ISRRT President’s message was e-blasted to all members reminding us all of our international colleagues. Fundraising events held benefited the World Radiography Educational Trust Fund.

The New Zealand Institute of Medical Radiation Technologists (NZIMRT) are delighted that Delia Dehoff has been appointed as a trustee for WRET and the NZIMRT Board of Directors (BOD) look forward to supporting her in this role. The NZIMRT BOD held a governance training day at the end of 2012 working towards reviewing the current constitution and policy documents to ensure they meet the demands of the new structure.

NZIMRT have joined with the Australian Institute of Radiography (AIR) to publish a joint journal, replacing NZIMRT ‘Shadows’ and AIR ‘The Radiographer’. This new journal “The Journal of Medical Radiation Sciences” (JMRS) is a peer reviewed journal focusing on all aspects of medical radiation sciences – medical imaging, radiation therapy, nuclear medicine, ultrasound, medical physics, radiation oncology, nursing, psychology and sociology. The journal, published March, June, September and December, will be Open A with free availability on Wiley Online Library and PubMed Central. The journal website is open for viewing on http://onlinelibrary.wiley.com/doi/10.1111/jmrs.2013.60.issue-1/issuetoc and the Editorial team are calling for submissions internationally. This is a very exciting venture for NZIMRT and we look forward to its ongoing development.

The NZIMRT annual conference is being held in Hamilton, North Island, NZ, 29 August to 1 September 2103, themed “Innovation through Ingenuity”. There are some new ideas with a Great Debate and Case Race competitions scheduled, student workshops and modality group sessions alongside the formal presentation sessions. It promises to be another informative and educational experience. Paper submissions and registration information are available on the NZIMRT website.

PHILIPPINES

1. Successful midyear convention held July 2012 and Annual National Convention held Nov 28 – Dec. 1, 2012 in Baguio City both with the theme, “RESEARCH: Key to Professional Advancement”.

2. Repealing the Radiologic Technology Professional Law (RA 7431) and hearing was held the the Senate January 21, 2013. Focus were, scope of exam, composition of the Board of RT, Hazard pay and Reciprocity law.

3. Meeting of PART with the Board of Radiologic Technology concerning Professional Summit towards Global Competitiveness by the Professional Regulation Commission.

4. 500 new Professional x-ray and radiologic technologists took the licensure exams December 6-7, 2012.

5. Consultative meetings were held regarding the curriculum for Master Degree in Radiologic Technology and composition of RT specialty boards.

6. A research proposal was approved November 2012 by the World Health Organization to be conducted by PART starting January 2013 and to end December 2013. The research will be conducted in coordination with the Japan Anti- Tuberculosis Association and RITPhil.

7. Announcements:
   • Midyear Convention July 17-21, 2013 in Boracay, Philippines to be headed by newly founded Panay Chapter, formed by the unification of Iloilo and Dumaguete chapters.
   • Annual National Convention November 28-Dec 1, 2013

New Council Member to ISRRT from PART is Peachy S. Luna, RRT - PART Inc. PRO Rolando Banares, RRT

PART, Inc, President

THE AMERICA’S

CANADA

Leadership

It is said that change is the “new normal” “in association management. If that is the case, CAMRT is having a most normal year thus far.

In mid 2012, the association said farewell to Chuck Shields, who had served as CAMRT’s Chief Executive Officer for over six years.

In January, 2013, President Amanda Bolderston announced the appointment of François Couillard to the position of CEO. She noted: “François has the perfect combination of leadership experience and expertise in strategy development and execution to help shape the future of our organisation.”

Prior to accepting the position with CAMRT, Mr Couillard served as President of Strategies & Direction Consultants, a consulting company he established in 2010. Before establishing his consulting practice, his career encompassed 25 years of achievements in healthcare, including nine years at MDS Nordion focused specifically in imaging and radiation therapy. He offers a breadth of experience leading large and complex non-profit organisations, having served as Chief Operating Officer of both the Canadian Red Cross and VON Canada. This is complimented by extensive marketing experience in the healthcare field in Canada and Europe, and in advising clients on communication and strategic positioning challenges in his consultation practice. He very much looks forward to the opportunity to meet and collaborate with the international community.

Deborah Murley, RTR, began her term as president-elect on January 1, 2013, a one year appointment leading to a two year term as CAMRT president commencing in 2014. Deborah, an active member in the profession for more than 25 years, has an impressive record of service with the association. She was first appointed to the CAMRT board of directors in 1987; she then served in executive positions for the PEI provincial association; she was a founding director of the CAMRT Foundation; and she has chaired the CAMRT finance, strategic plan and by-laws committees, and has worked on the executive council. From 2007-2012,
CAMRT representatives meet with Dr Colin Carrie, MP, Parliamentary Secretary to Health Minister Leona Aglukkaq.

Deborah sat on the CAMRT board again, serving for two years each as CAMRT vice-president and treasurer.

Advocacy
Over the past decade, the CAMRT leadership has increasingly focused its strategic thinking on the role that the organisation plays as the national voice of the profession. Within the current strategic plan, an important objective for CAMRT is “Recognition as the authoritative voice sought after for expert commentary on all relevant issues by government, media and other key stakeholders”. The vision of one voice, speaking for 12,000 multidisciplinary professionals on issues that are as diverse as the membership is a powerful one… and presents a significant challenge.

During MRT Week 2012, CAMRT was successful in securing an appointment with Dr Colin Carrie, MP for Oshawa who is the parliamentary secretary to Canadian Health Minister Leona Aglukkaq. A team of staff and members was assembled to attend the meeting and to provide Dr Carrie with insight into the health policy issues that matter to MRTs – and to encourage him to join the weeklong celebration of our profession by presenting him with a MRT week kit. Mark Given, Director of Professional Practice and Elaine Dever, Director of Education are the two MRTs on the CAMRT staff team; they were joined by Andre Patry, a radiation therapist from the Ottawa Cancer Centre and Danielle Cardinal, a student in the Algonquin College Medical Radiation Technologist program. Dr Carrie, a chiropractor by profession, was welcoming and well prepared, and had blocked a full hour to cover a lengthy list of questions on topics ranging from appropriate imaging and interprofessional teams to clinical placement shortages and the employment picture for new graduates. Thanks to the artfully crafted responses of the MRTs in attendance, the meeting closed on a very positive note, including an invitation to return with ideas about how we can work with Dr Carrie and the federal government to address issues together. We assured him we will be back.

CAMRT has been successful in advocating Canadian decision makers to consider how sharing best practices and innovation in appropriate imaging across provincial healthcare borders advances improvements in patient care and health system efficiencies. As much of the decision making related to healthcare in Canada resides with provincial governments, CAMRT has recently been involved in a new initiative that is intended to lead to nationwide adoption of innovative best practices leading to improved patient care and a more efficient, consistent healthcare system. CAMRT successfully collaborated with the Canadian Association of Radiologists (CAR) to have diagnostic imaging added as a matter of priority and has recently joined CAR in submitting a proposal to for study and Pan-Canadian adoption of best practices for imaging in the areas of back pain, headache and minor head trauma.

CAMRT is also currently involved in development of a functionally integrated continuum of care for Canada, led by the Canadian Nurses Association, the Canadian Medical Association and The Health Action Lobby.

CAMRT is a founding partner of Medical Imaging Team Day, which will take place on May 16, 2013. The focus of this year’s event is the launch of new patient information resources, to assist referring health care providers and patients with an understanding of appropriate medical imaging considerations.

Professional Practice
CAMRT members are invited to view the new CAMRT Best Practice Guidelines (BPGs) at www.camrt.ca/bpg/. Current topics focus on patient management, safety and quality of care as well as occupational health and safety, and new core and discipline specific BPGs will be added in the coming months.

Work continues on the development of an advanced practice framework and a model for certification of advanced practice therapists.

Continuing Professional Development
CAMRT offers a rich menu of self-directed distance education courses for the purpose of continuing professional development (CPD). Latest additions include an Interventional Radiology program, launched in mid-October 2012.

This has a didactic component – the courses IR 1 & IR 2 which have been endorsed by the Canadian Interventional Radiology Association, and a clinical component – the Summary of Clinical Competence (SCC) that was developed based on a survey of 30 IR departments across Canada. New quick self studies are available on the Basics of Clinical Trials and Research in Cancer and beyond; SPECT/CT. Courses in development include Radiobiology / Radiation protection; Pharmacology in Cancer Care; Application of Medical Laboratory Tests in Nuclear Medicine (QSS) and Project Management.

Those unable to attend the 2012 World Congress in Toronto may still enjoy the presentations and photo gallery, at www.2012irsrt.org/.

Registration is now open for the CAMRT Annual General Conference in St. John’s, Newfoundland and Labrador. Conference highlights include an opening keynote address by prominent Canadian health journalist, Andre Picard, a moving presentation on a patient’s journey, concurrent sessions on leading edge practice innovations, and a series of topical plenary lectures. St. John’s is a charming city, with a unique culture, the product of an English, Irish, French, and Aboriginal heritage. It is the oldest English-founded city in North America, now enjoying a thriving economy, with rich musical and artistic experiences coexist with breathtaking scenery. Find out more at www.camrt.ca/conferences/.

Support to Internationally Educated Medical Radiation Technologists
CAMRT continues to expand its portfolio of resources for those planning to live and work in Canada. Exam preparation courses are now available, on the topics of Radiographic Procedures and Pathology.
and Patient Management. A third course, Radiographic Equipment and Imaging” will be available April 1, 2013.

To help the IEMRT in making a decision to live and work in Canada, the CAMRT has developed Readiness Self-Assessment Tools for IEMRTs. These are online tools that help the IEMRT assess if they are likely to meet requirements to practice in a Canadian context, and what the Canadian work environment looks like. The tools provide information and guide the IEMRT through a self-assessment for readiness to work in Canada.

Connect to CAMRT
While CAMRT no longer offers an international non-practicing member category, annual service packages offer significant benefits at very affordable prices for those who are not eligible for membership per the CAMRT’s membership categories. The Essentials e-Publications *Packages* provides all the CAMRT news in a tidy electronic bundle, with subscriptions to the e-version of these publications:

- CAMRT quarterly newsletter
- CAMRT e-new bulletins

The Journal of Medical Imaging and Radiation Sciences (JMIRS)
The Essentials plus Package offers the above benefits as well as privileged access to the CAMRT on-line Job Bank and 20% off CAMRT non member rates for continuing professional development courses. This new service is a great way to stay virtually connected to Canadian colleagues and participate in CAMRT programs.

Dr Terry Ell
ISRRTCouncil Member

Major Expansion and Renovation of ASRT Office
The expansion and renovation project at the ASRT office in Albuquerque, NM, is on schedule to be completed in the northern spring of 2013. The four-story expansion will add close to 30,000 square feet to the existing building, allowing ASRT to accommodate its steady growth. In addition, the expansion also will include a museum that will chronicle the history of the radiologic technology profession, the first of its kind in the United States. The renovation project consists of additions and renovations to existing space in the building.

The Grand Opening Celebration will take place June 14, 2013, during the ASRT Annual Governance and House of Delegates Meeting. In addition, ASRT will start the planning process for the museum this year.

ASRT Donates $10,000 for Disaster Recovery Efforts
The American Society of Radiologic Technologists donated $10,000 to the American Red Cross for disaster relief efforts in the Northeast following Hurricane Sandy. The donation was on behalf of the ASRT’s 149,000 members. The ASRT also matched contributions collected by its 110 employees and presented the funds as a separate donation to the Red Cross.

Based in Albuquerque, NM, the ASRT is a longtime supporter of the national and local chapters of the American Red Cross. “Red Cross is committed to serving those affected by disaster, and we are fortunate to have partners like ASRT,” said Rahim Balsara, CEO of the American Red Cross in New Mexico. “We sincerely thank all the members of ASRT for their generosity and support of Red Cross efforts.”

ASRT Membership Update
ASRT surpassed the 149,000 member mark in January 2013. The association expects to reach 150,000 members in the spring.

RT in DC 2013 draws more than 100 Radiologic Technologists
More than 100 radiologic technologists were on Capitol Hill March 3-5, 2013, for ASRT’s 15th annual RT in DC advocacy event. Members visited with their representatives in the House of Representatives and Senate to educate them about the radiologic technology profession, patient safety measures and issues surrounding adequate reimbursement for medical imaging and radiation therapy services.

RT in DC provides affiliate society members with an avenue to network with colleagues from other states. Attendees share stories about advocacy efforts in their states, discuss how they handle legislative or regulatory issues and learn about effective strategies and tactics that have worked in state legislatures and other areas.

New Continuing Education Products Available in 2013
As part of ASRT’s ongoing efforts to provide radiologic technologists with continuing education products focusing on different disciplines and specialties, the association is working on a series of CE activities for 2013.

Most recently, ASRT added two new pathology modules to accompany its popular CT Basics Series. The new modules focus on common pathological conditions seen on computed tomography images. The modules feature 106 medical images identifying 43 pathologies.

Look for several new products in 2013 including three new series focusing on sectional anatomy, digital imaging and leadership. ASRT’s Academic Division is also developing courses on radiation therapy and research and writing.

ASRT Foundation Update
The ASRT Foundation had a busy year in 2012, and 2013 is shaping up to be memorable as well.

In May 2012, the ASRT Foundation awarded more than $200,000 in scholarships to 54 radiologic science professionals and students for the 2012-2013 academic year. Scholarship recipients were selected based on evidence of commitment, leadership, achievement and financial need, and are among the best and brightest students and RTs in the profession.

In June 2012, the ASRT Foundation was honored to contribute to the World Congress Travel Support Fund to help more than 20 radiologic technologists attend the 2012 ISRRT World Congress in Toronto. In conjunction with the CAMRT, the ASRT Foundation also sponsored Jeffrey Legg, PhD, RT(R)(CT)(QM), to present his research on patient safety culture at the meeting.

Continuing its efforts to provide radiology support to underserved communities worldwide, in August 2012 the ASRT Foundation joined forces with RAD-AID International to begin a new fellowship program. This program provides opportunities for RTs to work with multidisciplinary radiology team to provide education, training, and radiology services in developing countries such as India and Haiti.

In December 2012, the Foundation also announced the recipients of its 2013 International Speakers Exchange Award Program. Linda Alfred, MBA, M.Ed., RT(T), and Terri Fauber, EdD, RT(R)(M), were selected by the ASRT Foundation and will be presenting at one of two international conferences during the summer of 2013.

For the 2013-2014 academic year, the Foundation has added 20 additional scholarship awards through the new Parsons Degree Achievement Scholarship. Named in memory of former ASRT Foundation chair Catherine Parsons, BS, RT(R)(M) (QM), FASRT, this scholarship will help current radiologic technologists who are going back to school to earn their first college degree. In addition, the Foundation continues to support researchers, and has
already awarded five grants totaling more than $40,000 this fiscal year.

More information about the Foundation’s scholarships, awards and programs is available at www.asrtfoundation.org.

2013 ASRT Annual Governance and House of Delegate Meeting

The 2013 ASRT Annual Governance and House of Delegate meeting will take place June 14-16 in Albuquerque, NM. More than 150 delegates will attend the event to vote on issues important to the ASRT and the radiologic technology profession.

In addition to the annual governance meeting, the association will host the ASRT Educational Symposium on June 13. The Symposium provides a full day of continuing education for radiologic technologists and radiologic technology students. Classes cover computed tomography, management and general education, and there’s also courses exclusively for students. Attendees can earn up to 6 CE credits in one day.

Also, 2013 marks the third year of the ASRT Student Leadership Development Program. Medical imaging and radiation therapy students who attend the program, which takes place during the annual governance meeting, will get an in-depth look at the governance functions of ASRT, attend educational courses and learn about leadership positions in the association. ASRT expects to invite more than 50 students this year to participate in the program.

Visit www.asrt.org/events-and-conferences to learn more about ASRT’s upcoming events and conferences, and www.asrt.org/events-and-conferences/student-leadership-development-program for information about the Student Leadership Development Program.

Connie Mitchell
ISRRT Council Member

The Opening Ceremony comprised of our invited guest, Dr David Jackson, Chief Medical Officer of PETROTRIN who made the introductory remarks and reiterated PETROTRIN’s commitment to continuously extend their support to the Society of Radiographers. Representing the Minister of Health of Trinidad & Tobago; was the Chairman of the Southwest Regional Health Authority, Dr Lakhir Bodoe.

Twenty-three presentations were delivered over the weekend and encompassed topics in the areas of Ultrasound, Computed Tomography, Chest radiography, Radiation Therapy, Interventional Radiology, An Overview of the ISRRT, Support for the deaf patient at healthcare institutions, and a student’s perspective on Care of the Patient. Over 250 delegates participated in the two day conference. This year we were honored to have a large Caribbean contingent including delegates from Montserrat, St. Vincent, Grenada, Barbados, Guyana and of course Trinidad and Tobago.

Special guest speakers from the United States, Dunstan Abraham (Trinidad born) and Professor Charles Odwin (Jamaican born) gave great presentations on both days of the conference. Both are well known authors in Ultrasound and donated copies of autographed ultrasound Texts as door prizes. Vernice Gill (of Barbados) and Elwic Peters (originally from Nigeria) were the two lucky recipients. Both speakers have expressed interest in developing a Medical Ultrasound Workshop for 2013 in collaboration with the Society of Radiographers for Caribbean Sonographers. We certainly look forward to this venture.

To all our local and foreign delegates who made every effort to attend this year’s conference, we extend our gratitude – it was truly a success!

Earlier this year the Society was graced with the presence of Ms. Cynthia Cowling, ISRRRT Director of Education who gave a brilliant lecture on “Simulation and Innovation in Radiography Education”. At least 45 participants were present at the Society’s first Continuing Professional Development (CPD) lecture for 2012. The President of the Society, Ms Reshma Maheepat, gave a welcoming speech followed by Ms Wilma Collins (Senior Lecturer in Radiological Sciences, COSTAATT).

We were also privileged to have Ms Cowling participate in our Fun & Family Day held in May 2012 at the picturesque La Vega Estate, Gran Couva, Trinidad. There were a total of 50 persons in attendance to share in a day full of fun, food, races and relaxation.

In June last year, six of our executive members along with nine other members of the Society of Radiographers of Trinidad & Tobago journeyed to Toronto, Canada to be part of the grand ISRRRT 17th World Congress. The Society was well received by the host association, CAMRT, and all the foreign delegates who they met.

In mid-September, the Society’s second CPD lecture came off at Eric Williams Medical Sciences Complex (Amphitheatre C), Mt. Hope, Trinidad. We were again fortunate to have a dynamic speaker deliver an energetic and interactive lecture entitled, “Dental Panoramic Radiology”. The featured speaker was Dr. Kevin Moze, a lecturer in Oral and Maxillofacial Surgery at the School of Dentistry, University of the West Indies, Trinidad. The audience doubled that of the first CPD in May. Key points included the need to maintain ALARA principles, accurate positioning techniques and the importance of reassessing which imaging examination would best demonstrate the region of interest in Dental Imaging.

Dr. Moze has expressed interest in collaborating with the Society of Radiographers to host a Dental Imaging Workshop in 2013, to facilitate hands on training to local practitioners and to enhance their technical skills. From all accounts, this appears to be a much needed workshop aimed at curtailing the radiation dose patients receive during dental exams.

The Society held a Health Fair and a fun Walk/Run for Radiographers Week on the 3rd November, 2012. This was followed by a Christmas get-together in December.

The Executive Committee expresses its deepest appreciation for the continued commitment and support from all members, sponsors, regional and international friends for a successful 2012!

Ingrid Charles-Russell
Secretary SRTT
See photos on page 48

AFRICA

SOUTH AFRICA

SORSA RSSA Congress 23-25 August 2013
Preparations for the joint congress of the Society of Radiographers of South Africa (SORSA) and the Radiology Society of South Africa (RSSA) are well under way. The SORSA-RSSA 2013 Imaging Congress will be hosted from 23-25 August
at the ICC in Durban. We look forward to an academically stimulating program of oral presentations and posters. The oral presentations will take the form of presentations from invited speakers and free papers from delegates. Durban – the City where the ‘sun never sets’ – offers fun-filled social activities and provides the ideal opportunity to exchange ideas, learn about new advances, strengthen friendships and make new acquaintances.

Some important deadline dates:
- Submission of abstracts: 19 April 2013
- Notification of acceptance or rejection of abstracts: 30 April 2013
- Closing date for early registration: 23 May 2013
- Release of block accommodation reservations: 28 June 2013
- More info: www.2013sorsarssa.co.za

Requirements for visitor’s visas differ from country to country and the requirements are subject to change. Please check www.dha.gov.za/Counties%20Exempy%20from%20SA%20Visas.html

We look forward to hosting you in South Africa in August 2013.

SORSA Updates
At the National Council meeting in October 2012, a new constitution for SORSA was approved with the implementation date 1 January 2013. SORSA has also upgraded the website: www.sorsa.org.za. The upgraded website makes possible the online registration of members.

News from the branches

Bloemfontein
An ‘epaulette’ ceremony to welcome new graduates to SORSA was held on 10 October 2012. Each future graduate and potential SORSA member received a pair of SORSA epaulettes, a SORSA pen from the branch, a membership application form and a lollipop with compliments from the branch. Pictures of the event were uploaded on Facebook and placed on the notice board.

World Radiography Day on 8 November 2012 was celebrated in each of the hospitals in Bloemfontein in their own unique manner. The Bloemfontein committee of SORSA, under the watchful eye of Belinda van der Merwe, organized a ‘boeresport’ afternoon. Participants and spectators enjoyed the event – mostly because it was associated with a number of funny postures and the obvious laughing.

Ms Belinda vd Merwe (current past chairperson of the branch) received a commendation award for excellence in teaching and learning at the Higher Education Learning and Teaching Association of Southern Africa (HLETASA) congress in November 2012.

A successful CPD seminar (5 CEU’s) with the SORSA AGM sandwiched in the programme was held on Saturday 23 February 2013. More than 90 radiographers attended the event, some of the presenters are pictured above. During the refreshment break the delegates were not only treated with great food, but also with vibrant music and a lead apron fashion show.

Cape Town
Rose Wekesa, a student from the Cape Town Branch, attended the ISSRT Conference in Toronto, Canada where she gave a presentation.

Susan Tovey attended the International Conference on Radiation Protection in Bonn, Germany in December 2012. The German Federal Republic hosted this Conference at a venue where the previous parliament attended. It was snowing in December very beautiful but cold. The main theme of the Conference was to limit radiation to each individual as much as possible and also to take into account the individual’s sensitivity to radiation in all related radiation occupations, from Dentistry, Radiological interventions in Cardiac Cath. Labs, Nuclear Medicine, Radiotherapy and Chemotherapy applications. Serious errors that have occurred around the world were reported at this Conference.

The Cape Town Branch had their AGM on 6th February, an Ethics talk was presented by Dr H Simonds from the Oncology Department at Groote Schuur. We have 132 paid-up members of which 12 are students.

The Cape Town Branch hosted three CPD activities in 2012, Dr Arendse gave
an extremely motivational and emotional talk, with the next event being based on Forensic Radiography presented by Dr Liebenberg from Salt River Mortuary. Dental Radiography was discussed by Ms. K Crombie. In October the theme being Breast Month – Breast Surgery and Sentinel Node Imaging and Biopsy lecture was given by Dr Cairncross. Dr H Simonds presented New Radiation Techniques in Breast Radiotherapy. The Pink Drive was introduced by Mrs D Goodall.

**Johannesburg**

In October 2012 the branch hosted the 2nd Breast Health Seminar at WITS Medical School. This was even better received than the very successful first one in 2011. Diverse presentation topics were all very professionally delivered by experts in different fields of breast health. Linda Keuvelaar from Helen Joseph Hospital shared a few case studies with TB of the breast while Dr Shirley Lipschitz discussed breast images in general and the role of tomosynthesis in optimal imaging. Dr Rebecca Such explained and demonstrated the value of MRI in breast imaging and Dr Aadil Gutta delivered a very clear presentation on sentinel node mapping. Ms Sue Serebro gave an enthusiastic talk on lymphedema of the breast and Ms Karen Applebaum entertained the audience with her presentation on psycho-social counselling of breast cancer patients.

The programme catered for the different categories within Radiography and had the added bonus of social engagement with colleagues and friends from near and far.

Shortly afterwards the committee members were spoiled with a High Tea at the Michaelangelo Hotel in Sandton (picture below). Occasions like these are rare, but in retrospect very valuable with regard to bonding on a different level than just professional and certainly in the interest of better working relationships in future. Final year radiography students received their qualifying gifts from SORSA in November and in January 2013, SORSA again welcomed the new 1st years at the University of Johannesburg, wishing them well on their way to become radiographers.

The AGM was hosted on 2 February by PPS in Parktown, young and enthusiastic committee members were elected and 150 members enjoyed the morning and gained 4 ethics points. This was also the occasion where we had to bid farewell to our beloved secretary, Ms Carole Francis, who had been carrying the portfolio for the past 10 years. Carole will be dearly missed, but we welcome the new secretary, Ms YoYo Khani and wish her the best with this important task.

Two seminars are again planned for 2013 and we do wish for an additional event, collaboratively hosted by the Johannesburg and Pretoria branches.

**Kwa-Zulu Natal**

Last year SORSA celebrated its 60th anniversary, and this year the KZN branch celebrates its 50th anniversary as it was created 11 years after SORSA was established.

The KZN branch celebrated World Radiography Day by hosting a seminar on 11 November, 2012. The theme was in keeping with ISRRRT’s World Radiography Day theme: Radiography: Guiding the Clinical Pathway. Among the speakers were diagnostic radiographer, Justice Metectanda and diagnostic radiographer, Fatimah Docrat.

One of the many posters displayed in the x-ray department of Greys Hospital included information on x-rays, film wrappers, contrast bottle caps etc.

**KZN is proud to mention that one of its members received**

awards for Teaching Excellence. Mrs Roshnee Sunder, a lecturer at DUT, received a Cosmonaut Teaching Award for Excellence on the field of eLearning, from the Education Technology unit of the Centre of Excellence in Learning and Teaching, DUT. Her teaching philosophy and practice is underpinned by constructivism and promotes independent, responsible lifelong learning. Her interests are in 21st century learning and include innovative teaching practices using technology and “knowing who our students are”. Roshnee is reading towards her PhD in this area.

Greys Hospital Mammography Unit was privileged to be nominated by the community to receive an Indondo Award in the category Best Health Care Management Programme for 2012. The award was presented at the 4th Inheritors Annual Community Achievement Awards Ceremony held on Thursday 2 August 2012 at the Pietermaritzburg City Hall. The awards are designed to allow ordinary people to evaluate and assess general performance and service delivery efforts.
at a public and societal level to nominate ordinary people who are local unsung heroes / heroines doing extra-ordinary things and not expecting compensation (Ref: www.indondoawards.co.za)

Pictured above is a mammographer at Greys hospital receiving the award on behalf of the department.

**Durban Oncology Centre**

Dr Rory Callaghan, right, and Dr Greg Landers, left, (in the picture below with the new Elekta machine above), who are founding partners of the upscaled Umhlanga Oncology Centre with Equra Health as their investment partner, were congratulated by Durban’s Deputy Mayor Nomvuso Tshabalala on the opening of their modern, multi-million rand cancer treatment consulting centre. The Office of the Mayor said the municipality was impressed with the introduction of Africa’s first state of the art linear accelerator radiotherapy machine housed in an anti-radiation bunker and urged the holding company to continue establishing medical centres in Durban ahead of government’s National Health Insurance fund scheme next year. The imported Elekta machine is like a satellite featuring a digital imager that allows for clear view of the patient’s treatment area and a revolutionary Intensity therapy. Durban’s second cancer treatment consulting rooms by the doctor-directors was officially opened by the Office of the Mayor, the MEC for Health Dr Sibongiseni Dhlomo’s chief representative and Dr Leon Gouws, CEO of Equra Health, recently.

Pictured above are the staff and Radiotherapy Area Manager, Yogi Govender takes time off at the grand launch function for this group photograph.

**Pretoria**

Members of the committee took pictures in the radiotherapy, ultrasound, nuclear medicine and diagnostic departments to display the procedures performed for World Radiography day 2012. The images were placed on four separate posters and displayed outside the hospital as a method to create awareness among the patients and the general public of the differences between the categories in Radiography. Our experience is that many people are unaware of these differences. Social Workers, pictured below, stopped by and were surprised to learn so much about Radiography that they were unaware of.

The patient got interested in the posters and also learned about radiography, even though she had been through the radiography department previously. She was not aware that there were so many difference aspects under the radiography umbrella. We therefore believe that more people could have been helped on the day, if we had more radiographers available to give information. We would like to improve on this idea for 2013.

**Hesta Friedrich-Nel**

South Africa ISRRT representative
Minister of Health and Care Services held his annual board speech to the public hospital owners. He presented a 10 step plan to improve the country’s health services, suggesting inter alia a more efficient task sharing between hospital staff.

In some cases tasks which have previously been associated with a particular profession, should also be performed by other professionals, the minister declared. He specifically mentioned radiographers among a few other professions that he would like to see perform more tasks in the future.

The Norwegian Society of Radiographers strongly advocate role extension for radiographers. The society supports the policy of modernising national healthcare by making way for the professionals who want to develop their professional role within imaging, treatment, therapy et cetera.

- The role extension scheme is clearly in our members’ best interest, and secured as a policy both in our general assembly as well as our executive board. Last week the minister gave us the best possible endorsement, by naming radiographers in his speech, president of the society, Ms Anna Pettersen, says.

Today many patients have to wait for necessary radiological examinations, and it also takes too long to get the results from performed examinations. Radiographers can play a key role in unburdening radiologists in certain areas, she continues.

Countries like Denmark and the UK have established post educational programs for radiographers e.g. in skeletal diagnostics. Pettersen’s hope is that such programs will be established in Norway in the near future:

- The minister’s speech along with signals we have received earlier, strengthens our view that the political leaders of the ministry have an understanding for our vision.

The Nordic Congress 2013 conducted in English
Norway is the host of the biannual Nordic Congress from May 22-24, 2013 in the west-coast city of Bergen. The Nordic Congress will be conducted in English, so all international professionals are welcome to enjoy the scientific program and the beautiful city of Bergen in spring!

For more information, please visit the website: www.nordiccongress.org

Professional courses in Norway
The Norwegian Society of Radiographers offers a wide range of activities to the members and others (www.radiograf.no). The professional courses on offer are for Radiographers, Radiation Therapists, Radiologists, Medical Physicists, Medical Technologists and professionals working within nuclear imaging.

Most courses run over a period of three days, with an average of 20 hours of lectures and an exam at the end qualifying for a course diploma. The society’s courses also receive a high average score, and are both attractive and popular to attend with professionals from all over the country.

The courses are mainly conducted in Norwegian, and we are delighted to welcome an increasing number of Nordic participants who understand Norwegian, especially from Denmark and Sweden. We also have participants from Island and even the Faroe Islands.

The Norwegian Society of Radiographers course list for 2013
- January 23-25: Trauma patients from A to Z
- February 4-5: Basic training course for union representatives
- March 20-22: Radiation therapy – IGRT
- April 9-10: Annual pay negotiation seminar for union representatives
- May 13-15: Paediatric imaging from head to toe
- May 22-24: Nordic Congress 2013
- June 5-7: Skeletal imaging
- September: 26-27: The Society’s annual joint conference for managers and union representatives
- October 16-18: CT – general examination methods
- October 23-25: Nuclear imaging
- November 5-8: The CT colonography school
- November 14-15: Radiation protection
- November 26-29: MRI in Practice

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free e-book for ISRRT members

The British Institute of Radiology has just published *The Safe Use of Ultrasound in Medical Diagnosis* edited by Gail ter Haar.

Sonographers and other practitioners increasingly need to be knowledgeable about the safety of a diagnostic ultrasound scan as the onus has now shifted from the manufacturers to the person performing the scan.

This book, now in its third edition, is written for the practitioner and covers basic concepts important to the safe use of ultrasound and directs readers to extensive literature on the topic.

As part of the BIR’s open access initiative, BIR Open, the eBook version is FREELY AVAILABLE ONLINE at: www.birjournals.org/site/books/ultrasound.xhtml as well as in print
TRINIDAD & TOBAGO: PICTURES OF WHAT HAS BEEN HAPPENING
> Membership

Full membership of societies is open to national societies of radiographers or radiological technologists with similar objectives to the ISRRT. These are: “to advance the science and practice of radiography and allied sciences by the promotion of improved standards of education and research in the technical aspects of radiation medicine and protection.”

> Corporate Membership

Corporate membership is open to all organisations wishing to support the work of the ISRRT and who would otherwise not be eligible for full membership. This includes commercial companies, regional or local professional organisations, governments, hospitals, universities and colleges. Corporate members receive certain benefits including preferred space at ISRRT organised technical exhibitions, priority opportunity to participate in ISRRT sponsored educational activities, preferential advertising opportunities in ISRRT publications and official recognition in the ISRRT Newsletter. In addition, hospitals, universities and professional associations can apply to host ISRRT organised seminars and workshops.

Details of Corporate membership are available from the Secretary General. We express our appreciation for the continued support of our Corporate members and invite other industry and professional leaders to offer their support to the advancement of international radiation medicine. Current Corporate members are:
- ELEKTA
- GE Healthcare Medical Diagnostics
- Philips Healthcare
- Bracco Suisse SA
- Wardray Premise Limited
- Durban College of Technology

> Associate Membership

Associate membership provides the opportunity for individual radiographers to learn more of the activities of the ISRRT. They do this by receiving a copy of the Newsletter that contains reports on all ISRRT activities and upcoming events. Associate members also receive advance notice of Conferences and Congresses and receive a small rebate on registration fees at these ISRRT meetings. In addition, many of our member societies allow ISRRT Associate Members to register for their national conferences at the same preferred members rate if they reside outside the country of the Conference.

Application for Associate Membership

Please complete in block letters and return to:
Secretary General, 143 Bryn Pinwydden, Pentwyn, Cardiff, Wales CF23 7DG, United Kingdom

Title (please tick)  
- Mr  
- Mrs  
- Ms  
- Miss  
- Dr  
- Other

Family Name(s):  
Given Name(s):  
Address:  

I wish to support the work and objectives of the ISRRT and hereby apply for Associate Membership

I enclose payment of  
- 1 year 10 Euro  
- 1 year £6.00  
- 1 year $10.00 US  
- 1 year $13.00 Cdn  
- 3 years 28 Euro  
- 3 years £16.00  
- 3 years $28.00 US  
- 3 years $36.00 Cdn

Signature:  
Date:  

My specialty is (please tick one or more):  
- Imaging  
- Therapy  
- Nuclear Medicine  
- Education  
- Management

I am a member of my national society which is:  

Please make payment by cheque, bank draft or money order, payable to “ISRRT”.
### Names and addresses of member societies

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
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<tbody>
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<td>Tel: +61 3 9419 3336; Fax: +61 3 9416 0783; Email: <a href="mailto:air@air.asn.au">air@air.asn.au</a>; Website: <a href="http://www.air.asn.au">www.air.asn.au</a></td>
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<td>Council Member</td>
<td>Dr Alfredo Buzzi</td>
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<tr>
<td>Bangladesh</td>
<td>Bangladesh Association of Radiology &amp; Imaging Technologists (BARIIT)</td>
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<th>Country</th>
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<td>Japan Association of Radiological Technologists</td>
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<td>Kenya</td>
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<td>Latvia</td>
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