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Editorial Submissions & Deadlines

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

Deadline for the three times a year issues are:
March 1 (April issue)
July 1 (August issue)
November 1 (December 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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World Radiography Educational Trust Fund (WRETF)

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143 Corfield Street,
Bethnal Green,
London
E2 0DS.UK
susanmarchant@wretf.org

ADVERTISING INFORMATION

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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CEO Email: isrrt.yule@btinternet.com
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Greetings. The ISRRT Board of Management started off the year with a productive and concentrated two days of activity in a Board meeting in mid January 2015. While it is an expense for the Board to meet, it is essential for the overall management and planning. We use a location based on the cheapest travel costs and easy access. It has indeed been a busy and challenging time for many. You will see from the reports from the Board members that they have been hard at work in their various portfolios on your behalf – it is worth remembering that they also work daily in full-time employment and much of their spare time is spent on ISRRT activities. My personal thanks to a very dedicated Board and CEO.

I was privileged to join our CEO, Sandy Yule at the ISRRT booth during the RSNA meeting in November-December 2014. We had meetings with different vendors trying to encourage them to support the ISRRT by becoming or maintaining their corporate membership with the ISRRT.

There were three very informative and complementary presentations made during the Associated Sciences session ably chaired by Sandy Yule on ‘Managing Health Care: Imaging Utilization – An International Perspective’ by Sal Martino (USA), Richard Evans (UK) and David Collier (Australia); all CEOs of their respective societies.

We had very valuable meetings with association leaders at the offices of the Joint Review Committee on Education in Radiologic Technology (JRCERT).

As usual during these meetings the ISRRT booth is ably manned by our honorary member, Alison Yule.

During the recent European Congress of Radiology (ECR) held in Vienna in March 2015, Sandy and I attended meetings with different representatives from the International Atomic Energy Agency (IAEA). We agreed to facilitate the provision of on-line courses and webinars to be provided to our members by the IAEA at no cost. Discussions around our involvement with radiation protection and safety were also fruitful.

We met with the European Federation of Radiography Societies (EFRS) where we reconfirmed our memorandum of co-operation between the EFRS and the ISRRT. The ISRRT agreed to continue working together with the EFRS to provide evidence based input related to upgrading the skills level of Radiographers by the International Labour Organisation (ILO).
We attended a meeting of the newly constituted International Commission on Radiological Quality and Safety (ICRQS). Dr Maria Perez from the World Health Organisation had a short meeting with us.

Philips have agreed to continue to sponsor the annual ‘Dose-Wise Radiographer of the Year Award’ founded in 2010 by Philips and the ISRRT.

We continue to work with the IAEA, the WHO and other organisations on the various projects undertaken, for example, Bonn Call for Action, the SMART approach, Justification of Individual Medical Exposures for Diagnosis, Occupational Radiation Protection / Immobilisation devices. Updates on these initiatives will be found in other reports in this issue.

The International Radiation Protection Association (IRPA) will be hosting the IRPA14 International Congress in Cape Town, South Africa from 8-13 May 2016. This will be a first in Africa. The IRPA is the international organisation representing the radiation protection profession. The IRPA has recognised the role of the ISRRT in radiation protection globally and have invited the ISRRT to partner with them.

I urge you to uphold the ISRRT core values of Professionalism, Excellence, Dedication, Compassion and Integrity in your daily practice.

Dr Fozy Peer
President, ISRRT

---

**ISRRT 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.

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**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@me.com
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KEYNOTE SPEAKERS

Gerard Farrell, MD, Memorial University
André Néron, Université de Montréal
George Wells, MSc, PhD, University of Ottawa

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Since my last report for the newsletter I have attended the Radiological Society of North America (RSNA) Congress in Chicago in December 2014 along with the ISRRT President Dr Fozy Peer. This was a particularly significant event for the RSNA being its 100th meeting. As part of the 100 years celebration the RSNA presented an exhibition of old x-ray equipment and also a history of the work of Wilhelm Conrad Roentgen. The ISRRT President, below, took great pleasure in meeting Dr Roentgen while visiting the exhibition. The ISRRT, as happens every year, shares a large complimentary booth with the other Associated Sciences members including the American Society of Radiological Technologists (ASRT) and the Canadian Association of Medical Radiation Technologists (CAMRT). The booth is well attended and everyone shows a great interest in the work of the ISRRT RSNA. As part of the educational programme for the Associated Sciences I chaired an excellent session on Global Health Systems. The speakers were Richard Evans, CEO of the UK Society and College of Radiographers, Sal Martino, CEO of the American Society of Radiological Technologists and David Collier, CEO of the Australian Institute of Radiographers who outlined the health care systems in their country.

Fozy Peer and I met with many vendors and association leaders attending the RSNA and hosted our annual meeting with association leaders at the headquarters of the Joint Review Committee on Education in Radiologic Technology (JRCERT). The activities of each organisation were shared and updated and thanks are due to JRCERT for making a room available for the meeting.

Among functions attended are the reception for the President Elect of the RSNA and a reception for the Leaders in Radiology. I also had the privilege of being invited to the apartment of the Consul General of the United Kingdom along with representatives from international organisations and companies in order to promote trade between countries.

On return from the RSNA I had a very busy few weeks preparing for the first meeting of the ISRRT Board which was elected during the ISRRT Council meeting in Helsinki in 2014. Many important issues were discussed and a report of this meeting will be available in another section. In particular the themes for the 2015 World Radiography Day and the Research Award for year 2015 were discussed and it was decided that the theme for the 2015 World Radiography Day would be, “Radiographers have a pivotal role in Justification of medical exposures”, and for the Research Award would be, “The Role of the Radiographer (Radiological Technologist) in the Justification of Medical Exposures”. Applications for...
The Research Award must be submitted on or before April 30, 2015 and the announcement of the result would be on July 31, 2015.

The Society and College of Radiographers (SCoR) in the UK ISRRT hosted a dinner for the ISRRT Board members during the meeting. The dinner was held in a restaurant on the bank of the River Thames near Tower Bridge which gave the visiting Board members the opportunity to appreciate this historical area. Thanks are due to Karen Smith, SCoR president, Richard Evans, CEO SCoR and their Council for a very enjoyable evening.

Our participation at the European Congress of Radiology (ECR) in Vienna in March 2015 gave us the opportunity to meet with radiographers from Europe and from other parts of the world. As usual the ISRRT had a booth which was ably staffed by our President Fozy Peer and our Honorary Member of the ISRRT Alison Yule. Many visitors came past the booth including Professor Eric Stern of the International Society of Radiology, Piret Vahtramae Estonia, Sandy, Fozy, Francois Couillard CAMRT CEO, Dimitris, Ola Holmberg IAEA, Jernia Vassilreva IAEA, Fozy, Sandy and Dimitris Katsifarakis.

Fozy Peer and I had a very constructive meeting with Ravi Kashyap and Diana Paez from the International Atomic Energy Agency. Discussion took place related to the provision of online courses and webinars for radiographers and technologists. A pilot webinar project will be set up in the near future and if successful this will continue on a regular basis.

Our annual meeting with the European Federation of Radiography Societies (EFRS) took place and the main topic discussed was the work being done by ISRRT and the EFRS related to the skill level in which radiographers are classified. Surveys have been undertaken by both organisations and the results and analysis will be presented to the International Labour Organisation (ILO). It is hoped that this information will enable the ILO to classify the radiographers in their rightful skill level.

A meeting also took place hosted by the new International Commission on Radiological Quality and Safety (ICRQS) formerly the International Radiation Quality Network (IRQN). The ISRRT was a founding member of the IRQN and remains a key player in all activities of the new organisation. Dr Lawrence Lau continues as Chair of ICRQS.

The ISRRT is very proud to be associated with the competition DoseWise Radiographer of the Year which is held in conjunction with Philips Medical. A meeting with representatives from the ISRRT and Philips was held during the ECR and the ISRRT are delighted to announce that the competition will again be held during 2015. The DoseWise Radiographer of the Year Award was founded in 2010 by Philips and the ISRRT in recognition of the essential role radiographers and radiological technologists play in the safe delivery of the best clinical care to patients. The award recognises excellence in maximising patient and clinical safety by managing medical radiation in the X-ray environment. Philips and the ISRRT are committed to working together to promote the “As Low As Reasonably Achievable” (ALARA) principle to ensure that radiographers and radiological technologists, in both developed and developing countries play their essential role in the safe delivery of the best clinical care to patients. Please see the announcement in this newsletter.

In March ISRRT Treasurer Stewart Whitley and I met with Mr Jack Nandha, Wormalds Chartered Accountants, to discuss the audit of the 2014 accounts. This meeting takes place on an annual basis following which the accounts are prepared by the auditor and sent to the UK Charity Commission for approval. Copies will be distributed to all member societies once finalised.

Finally I would like to thank the ISRRT President Fozy Peer, the Treasurer Stewart Whitley, all Board members, Societies and Council members for their help throughout the year and also Alison, my wife, for her continual support.

Dr Alexander Yule
CEO, ISRRT

L-R: Fozy Peer, Philippe Gerson, Sandy Yule visiting Guerbet Booth.
At the time of writing this report the Board is about to start the process of budget setting for 2016 which includes determination of projects and workshops which will be held across the world in 2016. This process kicks off April 1, 2015 with ideas and proposals submitted to the Treasurer for the initial list of suggestions by June 15 after which the process of selection takes place by the Board.

This is a “bottom up” and “top down” approach with ISRRT member countries through the Council Member structure being able to make suggestions. So now is the time to be involved!

This however will be a challenging year as the Board addresses the financial implications of appointing a new CEO to replace Dr Sandy Yule as he retires from his position October 2016.

We are also in the process of finalising the accounts for 2014 which will be prepared by our accountants Wormald & Partners based in Bristol, England. A provisional report was presented to the Board meeting held in London January 2015.

I can also report that following feedback from the ISRRT’s Financial Advisors, Brewin Dolphin based in London, that our Portfolio of investments is in sound shape producing an excellent income in 2014 with a 4.1% estimated annual yield. As a result I am pleased to report that once again we transferred £8,000 from our investment income into the general funds to support workshops.

All of our activities are funded by member societies, associate members, corporate sponsors and surplus income from World Congresses. The Board members are grateful for your on-going financial support.

The Projects and Workshops approved for 2015 include:

• ISRRT EFRS joint workshop at the Poznan University Hospital, Poland on Radiation Protection and Dose Reduction in Daily Practice

• Digital Radiography for professional development - Yangon, Myanmar

• Pattern Recognition of the Chest, Skeletal System & Abdomen in routine plain film Image Interpretation - Kigali Rwanda

• Radiography Digital Imaging Educational Workshops in Nicaragua

Details of these workshops will be given by the respective Board members organising these events.

We look forward to the future and assure you of our ongoing commitment to be prudent and good stewards of our limited resources.

Stewart Whitley
Treasurer
Have you visited www.AEIRS.org yet? In addition to a job board for the US, curriculum documents, and many helpful links, you can access services such as Guideline for Authors seeking publication opportunities and abstracts of past journal articles. In addition to registration information for the 2015 AEIRS Annual Meeting to be held at The St. Anthony in San Antonio, Texas, on July 16-17, 2015, the web pages also provide information on the pre-conference workshops by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

AEIRS focuses on issues affecting all educators, regardless of discipline or geographic location. Overarching themes include networking, outreach to novice instructors, accessible resources, and leadership development among educators. In addition to using social media to help address these issues, AEIRS is establishing a virtual coaching plan, reinstating poster presentations at the annual meeting, collaborating with other educator and state organisations, and implementing a strategic plan to meet these goals. The plan is available for review at: www.aeirs.org/hp_strategic_plan.html

From a political perspective, AEIRS supports optimal imaging with minimal radiation exposure by endorsing the higher health care standards and the Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy bill in the US Congress. This bill promotes a minimum level of education, knowledge and skill level for individuals working in medical imaging and radiation therapy. Go to the American Society for Radiologic Technologists (ASRT) web site at www.asrt.org for more details about this initiative.

AEIRS also advocates the use of the highest standards of radiation protection that will facilitate diagnosis and/or treatment, particularly in pediatric imaging. In keeping with ALARA principles, these include but are not limited to the use of shielding and the appropriate amount of radiation necessary for medical imaging or treatment. Visit the Alliance for Radiation Safety in Pediatrics at: www.pedrad.org/associations/5364/ig/Home/tabid/227/page/365/Default.aspx

Let us know how we can support your instructional needs by emailing us at office@aeirs.org
Kenyanya O. Jevas
Council Member, ISRRT

Kenyanya O. Jevas is a 32-year-old Kenyan who is a qualified diagnostic radiographer. He graduated with a Diploma from Kenya Medical Training College (KMTC) in 2007 and also has a Bachelor of Radiography diagnostics from University of Johannesburg (2008) and Higher Diploma in Ultrasonography from KMTC, 2010.

Kenyanya’s experience stems from those respective years of qualifications to-date. He had worked in many private hospitals in Nairobi before joining the Kenyatta National Hospital in Nairobi over two years ago.

He has also worked as a contracted part-time lecturer at KMTC Nairobi teaching both basic diploma and higher diploma in Ultrasonography.

He is currently the Honorable Secretary, Society of Radiography Kenya (SORK) and council representative member of ISRRT.

He is married to a single wife and blessed with a son. The family lives in Nairobi.

Will you be the
ISRRT DoseWise Radiographer of the year in 2015

Are YOU DoseWise?

In support of radiation dose management awareness, the ISRRT and Philips are giving one radiographer in 2015 again the opportunity to become the ISRRT DoseWise Radiographer of the Year.

The ISRRT would like to encourage radiographers from anywhere in the world to participate, remembering that regardless of the imaging and/or treatment systems we work with everyone has a positive role to play to improve patient safety.

The contest will run from May to September this year.

Subscribe to contest notifications on www.dosewisecontest.com to get the first-hand announcement when the contest opens.
DoseWise Portal

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The Pan American Health Organization (PAHO) commemorated World Radiology Day on November 8, 2014 by hosting a webinar/seminar to bring awareness to the challenges that affects breast imaging services in developing countries. Dr. Francisco Becerra, Assistant Director for PAHO, stated that in a recent survey only 19 of 33 countries in Latin America and the Caribbean report having mammography services available in the public sector.

DR Luis Senz, a public health specialist and Cancer Project Coordinator for the Costa Rica Social Security Institute presented first and spoke about breast cancer in Costa Rica. He shared that there is a growing trend in breast cancer rates and predicted a growth that will double from 1,000 to 2,000 cases per year by 2035 for his country. He stressed the importance of improving productivity, quality, quantity and the need for adequate resources.

Gaps in the healthcare settings can lead to misdiagnoses and put both the patients and health care professionals at risk. Dr Gillian Batino (University of Wisconsin), works on projects around the world, and claimed to have seen many issues that arise from a lack of training, equipment failure, and limited resources. In Nicaragua, she spoke of witnessing ultrasound equipment delivered to a facility where no training on use was provided to the healthcare staff, resulting in one of every six images taken proving to be diagnostic. Furthermore, if that equipment were to brake, there were no spare parts available or service contracts in place to enable efficient repair of the unit. Furthermore, Dr Batino expressed how important a multidisciplinary team was to provide the best possible care to patients to increase their survival and that there must not be a weak link in the members of imaging team. We need the physicists to ensure the imaging devices are working in order to promote As Low As Reasonably Achievable (ALARA) clinical practices, as well as IT specialists to ensure that network connectivity is operational to ensure timely and reliable of the images to allow the radiologist to diagnose and, if needed, have access to prior exams for comparison. Additionally, education and communication among the imaging team is key to ensure comprehensive imaging is performed in a single visit as many patients often travel far distances and put their family lives on pause to receive diagnosis and treatment.

In the panel decision Edwin Bolastig from Trinidad and Tobago asked for some recommendations for developing countries on how to integrate services and develop networking among individual mammography services providers (public and private) so that there is standardization of protocols/policies and sharing of information. In the United States, both private and public organisation are equal responsible for following the regulatory guidelines from the programmatic accrediting bodies such as the American College of Radiology (ACR). He recognised that a similar need for oversight of public and private organisations was required within developing countries.

Other constructive discussions were had regarding mobile radiography units vs. stationary units, as well as rural vs. urban imaging centers, and use of film screen vs. digital imaging. Pro’s and con’s of each side, often raising points unique to current practice within resource limited communities. One example being an issue related to film screen images and a lack of adequate storage facilities, resulting in patients often taking their images home with them, likely leading to unnecessary repeat imaging or lack of comparative films when the originals are misplaced. A possible solution being the use of digital imaging that can be easily archives and mobile units that can travel to remote areas increasing access to medical imaging.

When the conversation turned to methods for pooling resources amongst vested outreach organisations, Jonathan Mazal representing both the American Society of Radiologic Technologists (ASRT) and International Society of Radiographers & Radiologic Technologists (ISRRT) made the suggestion of establishing a registry for publicising which organisations had on-going radiology outreach projects in which countries. Doing so could potentially foster networking, enhanced communication, and eventual partnerships in which scarce resources can be utilised with greater impact and re-inventing the wheel can be avoided.

At closing of the session, consensus was reached on the importance of having a multidisciplinary team that would strengthen medical imaging departments as well as the need to provide educational resources to women so they can be better informed of the role of breast imaging services. It was heartening to see that many organisations are working to promote awareness of early detection of breast cancer for women, recognising that early detection leads to better outcomes.

To learn more of the 2015 PAHO World Cancer Day webinar/seminar or to listen to the archived recordings, visit: http://tinyurl.com/2014PAHOWorldRadiographyDay

Doralene is a radiation therapist and clinical resource specialist currently living in Colorado and originally from Trinidad & Tobago. A representative of the ISRRT was in attendance for the seminar via the web-conferencing feature.
Diary Dates

May 27
Workshop, Montreal
The CAMRT’s Journal of Medical Imaging and Radiation Sciences (JMIRS) is offering a workshop in two breakout sessions, covering the basics of research on a practical level, and intermediate level methodologies in conjunction with the joint congress in Montreal.
Register at www.camrt.ca
Questions? Please contact editor@camrt.ca
Webinars from the 2014 ELIIT Research Institute will soon be available on the CAMRT website at a modest cost.

May 28-30
A Joint Congress on Medical Imaging and Radiation Sciences
Palais de Congrès, Montreal, Quebec
jointcongress.ca

June 19-20
Vietnam Conference Radiological Technologists combined with 2nd Vietnam-Philippine-Myanmar conference
Ho Chi Minh City

June 25
Workshop
Rwanda. This workshop is in preparation by the ISRRT.

August 20-23
20th Asia Australasia Conference of Radiological Technologists (AACRT)
Suntec Convention and Exhibition Centre, Singapore

November 20-22
31st Japanese Conference of Radiological Technologists (JCRT)
Kyoto International Convention Center, Kyoto City

October 17-22, 2016
COEX, Seoul, Korea
www.isrrt2016.kr
The theme for the session was entitled “Preventing and Controlling Cancer is Not Beyond Us”. There were several great speakers that represented organisations with interests in different parts of the world, including Dr Benjamin O. Anderson (Global Breast Cancer Alliance and Fred Hutchinson Cancer Research Center), Dr Felicia Marie Knaul (Harvard Global Equity Initiative), Dr K. Larry Carroll (Bahamas Breast Cancer Initiative), and Dr Maria Cafelli (The Brazilian Federation of Philanthropic Breast Health Institutions, FEMAMA.) 500 participants from 37 countries joined the session, some in person, but most via web-conferencing, and real time translation was made available in English, Portuguese, and Spanish.

Although many epidemiologic statistics on cancer were shared, several data points were especially alarming. One example being that cancer is the second leading cause of death in America, with breast cancer being the most common among women. Additionally, in 2012 more than 408,000 women were diagnosed with breast cancer and 92,000 died. It was shared that if this trend continues as it is projected to, then by 2030 breast cancer rates could increase by 46%. Recognising that breast cancer diagnosis can range from curable to metastatic cancer, the aim of screening must be focused on detecting breast cancer at an early stage in hope of finding it when it can still be cured.

Discussion of education as a powerful tool was also had, with the goal of many cancer organisations being to raise awareness and educate their communities on the importance of breast cancer screening, accurate and timely diagnosis and appropriate treatment. Dr Carroll, a radiologist from the Bahamas, shared that the goals of screening are multi-factorial and include: reducing morbidity and mortality from breast cancer, enhancing the understanding of the prevalence of breast cancer in a particular population, understanding the pathophysiology of the particular cancer specific to the population in question, and allowing for optimized preventative medicine approaches to various types of breast cancer.

In developing countries where resources are limited, screening proves an even greater challenge for women who do not have adequate access to medical imaging needs or options for treatment. However, thanks to the great people and organizations dedicated to this issue, resources are being provided to many of these regions so women can get a screening and get the necessary treatment if needed. One challenging area is the Bahamas, where women can live in villages of only 400 people, accessible only by boat or plane and with no screening facilities. Here the Cancer Society, private corporations and civic groups work towards the provision of resources for women from the smaller islands in the Bahamas that do not have a mammography center to have a screening mammogram at a regional center.

Dr Knaul added to the day’s conversation by adding a perspective from a breast cancer survivor, knowing the physical and emotional expense of breast cancer and the long process involved in survivorship. She and her husband work very closely with organisations in Mexico to help the native women through an approach of joining scientific evidence and patient advocacy.

Advocacy is the effort to raise awareness, as well as engage and mobilize different players within a society around an issue of public interest. In the case of this PAHO session, the issue was breast cancer as it is clearly having a devastating impact on the world. The names of several organisations that provide assistance were highlighted for the variety of forms in which they provide support. One such example is the Seeding Progress and Resources for the Cancer Community (SPARC) grant that addresses the unique challenges facing metastatic breast cancer patients by providing financial grants to initiatives worldwide that encourage sustainable change in addressing the specific needs of people living with metastatic breast cancer.

Representatives took a moment to highlight the Regional Plan of Action on Non-Communicable Diseases, in which it has committed to a series of objectives to prevent and control NCDs. Among these commitments is to implement effective, evidence based interventions, that includes breast cancer screening on women aged 50-69. PAHO and its parent organisation, the World Health Organization (WHO) are working with its member states and partner organisations collaboratively to realise this commitment and implement a comprehensive approach to breast cancer.

During this session we saw that by joining together we can make a difference in the mothers, wives, daughters, sisters and friends lives. This encouraging session ended on a high note when Dr. Caleffi shared a quote from Margaret Mead, stating “never doubt that a small group of thoughtful, committed, citizens can change the world… Indeed it is the only thing that ever has.”

To learn more of the 2015 PAHO World Cancer Day webinar/seminar or to listen to the archived recordings, visit: http://tinyurl.com/PAHO2015WCDSession

Doralene is a radiation therapist and clinical resource specialist currently living in Colorado and originally from Trinidad & Tobago. A representative of the ISRRT was in attendance for the seminar via the web-conferencing feature.
ON Saturday 11 October 2014, the Johannesburg Branch of SORSA held its fourth annual breast health seminar. For the second year running, this was most graciously hosted by FUJIFILM at their offices in Melrose Johannesburg where it was clear that pink was the colour of the day.

Izelle van der Sandt was responsible for most of the arrangements from the company and even had the water bottles specially labelled and capped for the event. As introductory speaker, she took delegates on a tour of the breast health scene in some European, African and Middle Eastern countries and explained the successes and problems that breast imaging encounters in these countries.

Ethics plays a vitally important role in the profession of mammography and Dr Kevin Behrens from the Steve Biko Center of Bioethics at WITS thus clarified the concept of professionalism and discussed the application of the four bioethical principles in the mammographic field.

Ms Kwanele Asante-Shongwe, a breast cancer survivor in her early thirties and currently receiving treatment, ended the morning on a highly emotional note when she told delegates about her personal struggle as a medical aid patient to be taken seriously and to be examined for breast cancer as health professionals considered her “too young” to have the disease. She then actively campaigned for awareness of the large population of young women dependent on public health services who are in the same position but whose voices are never heard and as a result only are diagnosed when their breast cancer is at an advanced stage. The person gave permission to print the picture.

The Johannesburg SORSA Breast Health Seminar is a real fun way of promoting breast health awareness and providing CPD opportunities to various stakeholders. This year, delegates had to be daring in pink – with most interesting outfits as a result.....
THE ISRRT attended and participated in the International Conference on Occupational Radiation Protection, Enhancing the protection of Workers-Gaps, Challenges and Developments, in Vienna December 2014 which was organised by the IAEA and the ILO.

It became apparent during the conference round tables and presentations that the number of people who are encountering radiation in their daily work is continuing to grow due to technology, naturally occurring radiation, and emerging medical practices. This meeting was a follow-up meeting to the 2012 call to action held in Geneva Switzerland on occupational Radiation protection. Some of the important items that were discussed at this meeting were the ICRP recommendations of 2013 as well as the new international (IAEA) Basic Safety Standards. The meeting covered all areas of occupational radiation exposure including non-medical subjects.

Some highlights from the conference were the session three which covered the updated scientific knowledge by UNSCEAR and ICRP on working conditions and their implications. This included planned exposure situations, emergencies and existing exposure situations with detail given to specific types of radiation exposure, including lessons learned and discussion where the gaps are in the emergency exposure situations Chernobyl and Fukushima accidents with emphasis on the dose limits reference values that should be used in emergencies and under which conditions. One very important item to highlight is the fact that the higher than previously assumed sensitivity to the lens of the eye to ionizing radiation has been the reason for lower annual exposure limits. As a stakeholder the ISRRT will need to become a leader in helping address the identification and implementation protection guidelines. Look for more detailed information in the next news & views as the ISRRT continues to update its members on the outcome of this conference.

Stewart Whitley, Treasure ISRRT and Donna Newman represented the ISRRT voice at the meeting. Dr Volk, representative from the ISR who also spoke during the medical session on Thursday representing the radiologists view, along with Donna Newman Director of Professional Practice ISRRT representing the technologist view on occupational dose? The medical session roundtable concentrated on optimising the occupational radiation protection in medicine. The session also covered education and training of health professional in this area and gave important information from all the global leader groups including radiographers (ISRRT), Radiologist (ISR), Medical Physicist, the Regulators and the industry (COCIR and IRPA). One highlight from the conclusion summary slides that dealt specifically with the medical occupational protection was the importance of the role of professional organisations such as the ISR and ISRRT in discussions about occupational exposure to insure all stakeholders were involved.

The new “Call to Action” was elaborated and some direct occupational radiation protection activities will happen over the next year before the third conference will be considered. One thing that should be noted was the fact that it was determined five years was
too long between conferences with current practices. As always, it was important to have the global voice of not only the radiographer at the conference but also the radiologist, regulators, and physicist as well to get a global perspective. All the conference proceedings along with presentations for downloadable information and summaries are available on the attached link, www-ns.iaea.org/tech-areas/communication-networks/orpnet/default.asp With about 460 attendees and 79 member states the five day meeting identified nine key areas of focus that require global attention moving forward:
1. Implementing the existing international safety standards to enhance occupational protection of workers, including assisting member states in facilitating implementation and encouraging a holistic approach for workers protection
2. Developing and implementing new international safety guidelines for occupational radiation protections in different exposure situation, including advanced accelerator facilities and interventional radiology.
3. Enhancing assistance to member states with less developed programmes for occupational radiation protection to support practical implementation of international safety standards.
4. Promoting exchange of operating experience, particularly for industrial radiography and medical radiology and including appropriate consideration for human factors, not just among member states and regulatory authorizes, but also among operators, radiation protection officers and vendors.
5. Enhancing training and education in occupational radiation protection to equip workers with the necessary knowledge, skills and competencies to implement protection measures for workers, including periodic refresher training in radiation protection and practical measures to reduce exposures.
6. Improving safety culture among workers who are exposed to ionizing radiation, including promotion of safety culture by regulatory authorities through outreach and education.
7. Developing your professionals in the area of radiation protection, particularly for developing nations, through communication, networking, training, research, hands-on experience and participation in technical meetings and conferences.
8. Applying the graded approach of the IAEA radiation protection and the safety of radiation sources: International Basic Safety Standards (BSS) in protecting workers against exposures to elevated levels of naturally occurring radiation or radioactive materials, including flight crews, miners and other workers.
9. Convening an appropriate internationals forum to exchange additional information and analysis of worker protection in different exposure situations, including during nuclear emergencies, to identify lessons learned, implement plans for the protection of workers and helpers, enhance worker preparedness, guide the development of measures for the rapid transition from planned exposure to emergency responses and improve radiation protection in emergencies.
THE theme of the eight meeting and third meeting held at the Laico Regency Hotel, Nairobi Kenya from 17 to 20 February 2015 was ‘Moving beyond the millennium goals: Radiology towards sustainable quality healthcare’. About 250 delegates, mostly from East Africa (Kenya, Uganda, Tanzania), attended the meeting. In addition there were delegates from the USA, Europe, UK, India and from other African countries, such as Zambia, South Africa and Ghana, to name a few. The delegates included radiologists, radiographers, physicists, vendors and administrators, for example. They were all involved in imaging adding richness to the discussions.

Some of the invited speakers included Dr Maria Perez (WHO), Prof Kimberley Applegate (Image Gently), Prof Michael Gray (US), Prof Marie Claire Cantone (ICRP) and Ms Debbie Gilley (IAEA).

The aspects that received high priority for discussions were radiation protection with the focus on the principles of justification, optimisation, dose limits (DRL), ALARA and tissue weighing factors. Thus the central message at the congress was to be doers and to take action for safe imaging in Africa, to enhance radiation safety, learn about the challenges and design steps to overcome the challenges. We also heard from the ICRP representative that the ICRP is currently engaged in discussions to introduce a smart card to track the radiation history of a patient, specifically in children. This is of specific importance as the words of Prof Kimberley Applegate are considered, namely ‘worldwide there is an insatiable appetite for imaging’.

Dr Maria Perez posed the following question: How safe is health care, do we know patient doses and technology? She also made delegates think by asking about the readiness of the quality assurance programmes and imaging guidelines and if we indeed encourage a radiation safety culture with the Bonn Call For Action, Image Gently, Image Wisely and EUROSAFE campaigns as guidelines and the context. All involved in imaging need to take specific care with the imaging of children and thus to choose wisely: this includes areas such as CT, radiation therapy and nuclear medicine. A concept emphasised was: ‘be wise, adjust for size’.

An interesting topic namely “Point of care ultrasound” (PoCUS) was also discussed. This aspect involves portable ultrasound used for symptom or sign-based examinations or image guided therapy such as to tap pleural effusion. The ultrasound apparatus was mentioned as the ‘extension of the stethoscope’.

Additional sessions also catered for musculoskeletal imaging,
reproductive health, interventional imaging, neuroradiology, ethics and professionalism and health management. The last day of the conference was dedicated to education, research and training. Delegates were provided with beautiful locally made conference bags in a variety of colours.

A milestone moment at the conference was the launch of the AFROSAFE campaign. The AFROSAFE campaign is the pledge from Africa to promote the safe and beneficial use of radiation through a number of actions. I am sure that we will be officially informed about the specific details of this campaign.

Due to a full conference programme, time keeping of the presenters was strictly managed by the friendly conference organisers. The conference organisers made sure that delegates could enjoy local treats while further engaging on the topics discussed during the sessions.

A trade mark of the conference organisers was the friendly smiles with the words: you are welcome in Nairobi!

During the conference I had the privilege to meet the newly elected management of the Society of Radiographers in Kenya (SORK). The officials pictured below left are Kenneth Kariuki (President) Kenyana Jevas (Secretary), Joseph Makambora (Treasurer) Didakus Mochache (Vice President) and Vivianne Doawa (Vice president).

I was furthermore surprised with the student representation, pictured below right, at the conference. The second year Bachelor degree students in radiography from the Jomo Kenyatta University of Agriculture and Technology in Nairobi made their presence known at the conference by assisting with a number of the arrangements and well as doing a short presentation.

The conference organisers treated delegates to an enjoyable gala dinner. In Africa there is always time for singing and dancing, pictured bottom left, specifically if talented young artists are present to set the stage.

It was both an enjoyable and informative experience to attend the 2015 PACORI. The message that lingers with me after engaging with professionals who are passionate about the profession is that they are willing to take the extra mile in delivering imaging services to the patient that are accessible, safe and of high quality.

To learn more and engage further we are looking forward to the next PACORI meeting in 2017.
ISRRT played a prominent role at the International Atomic Energy Agency Technical Meeting on Justification of Medical Exposure and the Use of Appropriate Criteria in Vienna 9th to 11th March 2015

Present representing ISRRT were Dimitris Katsifarakis, Regional Director for Europe and Stewart Whitley, Treasurer. Also present was Catherine Muchuki from Kenya.

BACKGROUND TO THE TECHNICAL MEETING
The meeting was the fourth in a series of Technical meetings addressing the aspect of ‘Justification’ which was highlighted as one of the 10 actions following the ‘Bonn Call for Action’ to improve radiation protection in medicine in the next decade.

80 delegates from across the world representing 42 member states and eight organisations including International Professional Bodies gathered to address the important aspects of Clinical Guidelines and Clinical Support Systems as the key elements in implementing successful justification.

OBJECTIVES OF THE TECHNICAL MEETING
The meeting was spread over three days and addressed:- How to achieve successful deployment and use of Clinical Imaging Guidelines focusing on the external factors and health economics: the role of financial considerations and why is putting Clinical imaging Guidelines into use so difficult.

This was followed by a series of feedback sessions with individual presentations form different countries on achieving more appropriate use of imaging: successful experiences, roadblocks and limitations to success in implementing guidelines.

These sessions proved to be very informative with a range of experiences from different countries reported ranging from those reporting regular of guidelines to countries where no guidelines were used.

The meeting was divided into five groups and asked to address...
questions relating to:
- IT infrastructure and if this was absent should there be a focus on establishing one or moving forward with clinical information guidelines (CIG) independently
- Should there be implementation of CIG without implementation of clinical decision support (CDS)
- What can be done to enable countries with similar infrastructure and concerns to work collaboratively
- Can the IAEA, the WHO and/or other organisations help and if so how specifically
- What are the crucial requirements for GIG implementation bearing in mind aspects education and awareness, workflow, adaption and adoption, identification of stakeholders and planning for updating and, maintain and auditing of CIG/CDS

OUTCOME
The findings from the groups were discussed in depth with those countries who developed and were operating CIGs giving their experiences and hopes for the future.

ISRRT through statements made at the meeting and acknowledged by broad consensus had a pivot role on the development of CIGs and in particular an important role in their implementation.

There was general agreement that CIG should be employed across all regions but that those countries not using them currently consider adopting and adapting existing system rather than spending large sums of money starting from scratch.

The findings of the meeting will be used to produce a paper on recommendations for further action and development of the next steps, production of a Technical Document through the auspices of IEAS-WHO, plan for a 2016 Technical meeting where wider stake holder will be invited and plan for a 2017 Bonn follow-up meeting.

The presentations given at the Meeting are available via dropbox, please see the link attached http://bit.ly/1AA2XCH
EARLIER this year I had the opportunity to be invited by the Scientific Committee of the ECR 2015 to participate in a very important session which had the title “Looking into the future of Radiology”.

Along with the themes importance, another importance was that this was the first session launched at ECR, including Radiologists and radiographers together as invited speakers. I felt particularly honored as my colleagues from EFRS and ISRRT members’ Scientific Committee asked me to be the first radiographer to speak to inaugurate this session.

Co-speakers in the session were Dr E. Jane Adams, London-UK who spoke on Health technology assessment and Dr Gabriel P. Krestin who’s theme had the title: “Quo vadis radiology professions? A pragmatic approach”. Session was chaired by Dr Michael H. Fuchsäger; Graz/AT and from Pr Graciano Paulo; Coimbra/PT.

My 20 minute presentation under the title of “the influence of the
health economics systems on Radiology” had the following learning objectives: To become familiar with health economics concepts, to understand how health systems models influence radiology and to appreciate how to develop effective and efficient radiology departments.

The session was well attended by a large number of radiologists and radiographers, and at the end of the three presentations a discussion with the audience, guided by the Chairman of the session, focused on the role of the European Professional Societies in building a sustainable model for radiology.

I hope that more sessions like this will appear in the near future strengthening the co-operation of radiographers and radiologists in the European region for the societies benefit.
**Professional Practice Committee Report**

**News from regional coordinators**

Donna Newman, Director of Professional Practice

The professional Practice committee has been working very hard for the ISRRT this past year and I would like to share some important highlights to keep the member Society informed on the projects the professional practice committee has been working on this past four months.

**ISRRT’s Action Plan in response to Bonn Call to Action**

The first item is the ISRRT response to the Bonn Call to Action, as a key stakeholder and global voice for the Radiologic Community, our President, Fozy Peer felt it was an important strategy and priority for the ISRRT to create an action plan in response to the Bonn Call to Action. The Bonn meeting was held in December 2012 for identification of responsibilities and proposal of priorities for stakeholders regarding radiation protection in medicine for the next decade. After that meeting Fozy asked a few of us from the ISRRT Board to create a sub-committee; Donna Newman, Director of Professional Practice, Stewart Whitely, Treasurer and Alain Cromp Director of Public Relations. As sub-committees we were asked to review the ISRRT’s current involvement and previous activities and create an action plan with key strategies and priorities that the ISRRT could participate in and commit to strengthening the outcome of the Bonn Call to Action. The group reviewed and grouped the relevant activities that were related to the Bonn Call to Action and the New Basic Safety Standards that the ISRRT was currently participating in or had participated in since the 2012 Bonn meeting.

Our committee found several key areas of strength that the ISRRT’s contributed to or were currently contributing to the Bonn Call to Action. I have summarised just a few of these key actions but there are many more in the completed draft document as related to the Bonn Call to Action. Action one was Enhance the implementation of the principle of justification, Action two Enhance the implementation of principle of optimisation of protection and safety, Action four, Strengthen radiation protection education and training of health professionals and finally Action ten, Strengthen the implementation of safety requirement globally. With this information they Developed Suggested Actions and strategies that were needed to enhance the radiation protection in medicine globally. A few of the ideas that the ISRRT will focus on in the next year are as related to Action one, to develop a decision tool on the role of the Radiographer in Justification as part of the health care team as professional practice committee I will be over seeing this project and hope to have a draft very soon to share with our member societies for input. This will be housed on the ISRRT website and present to the HERCA for consensus along with other relevant stakeholders. Another item related to action two, is the ISRRT is also going to continue to promote and fund workshops in developing countries which focus on optimisation and DRL’s and help fund research to establish the range of dose being applied for specific examinations and dose recording. The director of Education and Finance committee they are working hard to ensure that workshops always stay part of the ISRRT focus. Related to action four, the ISRRT is also working to produce a new policy and guidance documents to support development of simple training documents for radiographers in different languages. We see this important and am currently reviewing to see when this can be managed in our projects. Finally, related to action ten, the ISRRT is working to produce a policy document which support and influence the implementation and promotion of the BSS threw their publications, websites and workshop that they are involved in. Although the ISRRT had projects listed for most of the areas we have only highlighted a few we are working on. The full document, ISRRT draft Action Plan in Response to the Bonn Call to Action use can be found on the ISRRT website by using this link [www.isrrt.org](http://www.isrrt.org). The board will hold their strategic planning meeting in January 2016 and hope to firm up the time line for these and several other projects that can be accomplished in the next four year. A final action will be to develop a brochure which member society can have with the ISRRT response to the Bonn Call to Action.

More to come on this in the near future look to the website for updates on this in between newsletters.

**Member state feedback on DS399 BSS the IAEA safety standards for protection people and the environment, Radiation protection and Safety in Medical Uses of Ionizing Radiation Draft version 2.5 ISRRT Professional Practice committee gathers our feedback**

As a Member state response ISRRT is being asked for from IAEA on the BSS safety series for feedback on draft DS399 BSSS. Cynthia Cowling and I both sat on the draft committees this past year representing the ISRRT in Vienna to help produce the first draft of this newly combined Safety series, which combined the safety series, 38, 39 and 40 into one safety series due to the overlap that was in each of the series. The new names and draft number is included in the subtitle above. As ISRRT represents the global voice of the technologist’s the professional practice committee has been working to gather feedback by April 30 deadline. The DS399 address all three categories of exposure, occupational, medical and public exposure and is intended primarily for users and regulators but professional bodies, ethic committees and suppliers of medical radiological equipment and software may find the safety series of interest. Chapter two covers the general recommendations for radiation protection and safety in medical practice, the roles and responsibilities of personnel, their education and training, qualifications and competence to perform their specialties, the management system needed to ensure all components work is accomplished and safety assessment. Chapter three covers diagnostic radiology and image-guided interventional procedures including all categories of exposure. Chapter four covers the same for nuclear medicine and Chapter five covers all aspects of radiation therapy. As a member state we were being asked to consider the following for feedback and specific information if these three questions are met. Is the chapter’s relevance and usefulness and are the stated objectives appropriate and met in the text written if not what is missing. Second, is the scope and completeness stated adequately? Finally, do the requirement in the draft text represent...
current consensus among specialists in the field for each chapter. As always we used the combined approach to get as much feedback as possible, as Director of Professional Practice I reached out globally through our professional practice coordinators as well as working through Maria Law to include the education coordinators. We also sent the document to the entire board for feedback and asked them to reach out to any experts they had contact with that could ensure we got expertise in all areas of the draft’s. I am happy to report back that as I am right in the process of compiling the report to be sent to the IAEA on behalf of the ISRRT. We had great response in all specialty areas and received excellent suggestions and input to help ensure the Safety series is a good representation of the practice happening with technologist thrown out the world. As always if you are someone from your member society that has contributed to the expert feedback the ISRRT professional practice committee want to say thank you for your contribution to our profession. Your expertise as member societies is very essential to ensuring that global documents have complete, relevant and current practice information. This is probably one of the most important documents that we will contribute as it will be used for the next 10 years in most countries in the world as a resource for end-user and for regulators for inspection at hospitals. For more information regarding this visit the ISRRT website or news and views.

**Grass root’s involvement by Radiologic professional in the State of North Dakota played a key role in passage of Senate Bill 2236 impact Regulations and laws within the US for the imaging professionals**

On a personal note, just like other countries in the world the United States doesn’t have a national law that mandates minimum requirement for professional working in the field of radiology. Many states do have state licensure that mandates this but not all state do and my state was one of those states that only regulated the equipment not the personal. I would like to share with my professional family my excitement, that I have been involved in the pursuit of licensure for my state of North Dakota since 1999 and am happy to say we Grassroots involvement by Radiologic professional in the state of North Dakota played a key role in the passage of SB 2236. Never underestimate the impact a group of professionals can have if they organize rally together and pursue a good cause for their profession. North Dakota Gov. Jack Dalrymple has signed Senate Bill 2236, a measure that sets licensing standards and expands the responsibilities of the state’s radiographers, radiation therapists, radiologist assistants, nuclear medicine technologists and sonographers. Spearheaded by the North Dakota Society of Radiologic Technologists and the licensure committee including many of our technologists from North Dakota, S.B. 2236 creates a pathway for radiologic technologists to take verbal orders from physicians and other practitioners and enter them into the patient’s electronic health record. Prior to the legislation, the state only had equipment operating regulations for radiographers, radiation therapists and nuclear medicine technologists, but the regulations were not recognised as formal licensure by the state attorney general.

To oversee the licensure program, the state will create the State Board of Medical Imaging and Radiation Therapy Medical Examiners. The nine-person board will manage the licensing requirements for the personnel who perform medical imaging and radiation therapy procedures. In addition, the board will be responsible for administering disciplinary measures and penalties.

So as Director of Professional Practice for the ISRRT I want to encourage all professionals throughout the world to continue to pursue their countries endeavors and continue to help raise the safety and standard within your own countries. Never give up because you just never know what you can accomplish with a little organisation and grassroots effort. I see it all the time in my role with the ISRRT.
ISRT is working on many projects in the field of medical radiation worldwide. Here are a few projects being developed this year by the ISRT.

CONTINUING WORK
ISRT is the only global organisation representing over 500,000 medical imaging practitioners (radiographers and medical radiation technologist) in more than 90 countries. In many of the more developed countries regulation and licensure ensures a critical standard of practice. This includes the effective and efficient use of radiation. Although the administration of radiation is only under the direction of medical authority, it is the radiographer who operates the equipment and administers the radiation to the patient. It is frequently the radiographer who makes the decision to repeat a radiography, hence affecting dosage. In some jurisdictions radiographers are held liable for improper use of radiation and can have their licence revoked. This is a recognition of the importance given to those professionals who administer radiation. This recognition must be reflected at the global level so that anybody looking into the use, management and safe practice of radiation must have radiographers as key members of any strategy or initiative. The ISRT is the only body recognized by the World Health Organization (WHO) and must therefore provide that representation.

BONN CALL-FOR-ACTION
The International Atomic Energy Agency (IAEA) held the “International Conference on Radiation Protection in Medicine: Setting the scene for the next Decade” in Bonn, Germany, in December 2012, with the specific purpose of identifying and addressing issues arising in radiation protection in medicine. The conference was co-sponsored by the World Health Organization (WHO).

An important outcome of the conference was the identification of responsibilities and a proposal for priorities for stakeholders regarding protection in medicine for the next decade. This specific outcome is the Bonn Call-For-Action.

The ISRT is very concerned and involved in the Bonn Call-For-Action by producing a brochure explaining the actions undertaken by the ISRT regarding the Bonn Call-For-Action. The actions from ISRT are available on the website of the ISRT www.isrrt.org.

A brochure is in preparation to promote the actions taken by the ISRT on the Bonn Call-For-Action.

ISRT 2016 WORLD CONGRESS IN SEOUL, KOREA
The ISRT is working with the Korean Society in the preparation of this important conference that will take place in Seoul, Korea October 17-22, 2016.

HISTORY OF ISRT
Mr David Collier, CEO of the Australian Society of Radiographers (AIR) has agreed to write the history of ISRT. The history talk delivered by Mr Collier at the 2014 Helsinki World Congress is available on the ISRT website www.isrrt.org.

WORKSHOP IN RWANDA
A workshop in Rwanda will take place from June 22-25, 2015. This workshop is in preparation by the ISRT.

WORLD RADIOGRAPHY DAY 2015
The theme (Radiographers have a pivotal role in justification of medical exposures) and the poster for the World Radiography Day 2015 is in preparation and with the help of CAMRT the final theme and poster should be ready for the month of April.

RESEARCH THEME FOR 2015
The research theme for year 2015 is “The Role of Radiographer (Radiological Technologist) in the Justification of Medical Exposures”. Application’s for funds must be submitted on or before April 30, 2015 www.isrrt.org

IN PREPARATION
• A newsletter from the board to member’s societies
• A new orientation package for the new board members of the ISRT
• Revision of the Congress guidelines
Greetings from the ISRRT Americas region. Jonathan and I have been busy working towards meeting the goals of our regional member organisations and individual members and are happy to share our progress with you.

One of our primary goals has been enhancing communication. We have been working to expand out network of contacts within Latin America and the Caribbean in respect to radiological societies. This said, help is always appreciated, so we encourage you to contact us directly if you feel you have information that might contribute to improved organizational communication within the region.

On that same note, we will be hosting our second regional teleconference on March 17, with expected attendance of the regional coordinators from our Public Relations, Education, and Professional Practice Committees, as ell as our regional council members. Each will have an opportunity to present a few slides updating the team on their recent activities to ensure we continue to work towards common ISRRT goals for the region.

Furthermore, recognizing that the ISRRT is the “global voice” for the profession of radiography in its widest sense and thus represents all radiographers worldwide, we encourage all members within our region to offer news contributions to the ISRRT News & Views newsletter. The newsletter is distributed to ISRRT members and associates around the world via email, as well archival on our website. This is a great opportunity to raise awareness of global imaging concerns, share opinions, and get more involved on the international radiology scene. If you have an idea for an article, touch base with us, but also keep in mind of the following article submission deadline: 1 March for April; 1 July for August; and 1 November for December.

An equally important goal of ours is representation of the Americas region on the international radiology scene. This said, we are pleased to share that we have had promising conversation with and are pleased to share Brazilian radiography organisations who are diligently seeking to become a member of the ISRRT. We look forward to sharing updates as to their progress in becoming an official country member of the ISRRT.

In November and February, respectively, the Pan American Health Organization (PAHO) hosted in-person / webinar session for both World Radiography Day as well as World Cancer Day. These were excellent offerings, and fortunately Jonathan was available to attend the first session in person and the 2nd via the web platform. We look forward to maintaining a presence at future such sessions and continuing our working relationship with PAHO. We also would like to personally thank Doralene Deokielal for her excellent coverage of these events for the ISRRT newsletter.

In January of 2015, Jonathan and I travelled to London for annual the ISRRT Board meeting and spent several productive days working to enhance ISRRT operations and better serve our regional members. Many of these initiatives are most likely mentioned throughout this Newsletter, however, I’d like to direct your attention to several items in which we are recruiting individuals to assist us in achieving our organisational goals:

1. Assisting the ISRRT in reviewing the safety standards entitled “Radiation Protection and Safety in Medical uses of Ionizing Radiation” by the International Atomic Energy Agency (IAEA).
2. Assisting he ISRRT in it’s involvement with the Bonn Call for Action: The role of the radiographer in the optimization and justifications of applying ionizing radiation.
3. Defining and publicizing the theme for the World Radiography Day 2015: “Radiographers have a pivotal role in Justification of medical exposure”.
4. Commenting on the supply of medical isotopes given the scheduled closing of Canadian and French reactors in 2016 (~25% of world supply).
5. Nominating individuals for the Dien Van Dijk and Marion Frank awards which will continue to be awarded at World Congresses on alternating two year periods.
6. Assisting the ISRRT as it improves the use of social media and possible use of webinars to deliver future educational offerings.
7. Applying for the ISRRT Research Award. Applications must be submitted on or before April 30, 2015. Announcement of results occurs on July 31, 2015. The call for applications for the 2016 award is October 31, 2015, and the closing date for applications is April 30, 2016, with the winner announced on July 31, 2016. The theme for 2016 will be related to an action point identified from the Bonn Call-or-Action document.

Jonathan and I are honoured to represent the Americas regions and encourage those of you looking to get more involved to review the list above and contact us directly for more information.

Terry Ell
Terry.Ell@albertahealthservices.ca

Jonathan Mazal
jmazal@isrrt.org

Emails in Spanish are welcome!
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.

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:

Pounds Sterling  US Dollars  Euro

- 1 year £ 8.00  - 1 year $15.00 US  - 1 year 15 Euro
- 3 years £20.00  - 3 years $40.00 US  - 3 years 40 Euro

I am a member of my national society which is:

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

Signature:  Date:

Please make payment by cheque, bank draft or money order, payable to ISRRT.

Bank details for payment:
Lloyds Bank, Victoria Park Branch, Cardiff, UK
Sort Code: 30 98 94  Acct No: 28160960
Acct Name: International Society of Radiographers and Radiological Technologists (ISRRT)
BIC: LOYDGB21454  IBAN: GB11 LOYD 3098 9428 1609 60

I would like to support:

- ISRRT Development Fund and include a donation in the amount of:
- World Radiography Educational Trust Fund and include a donation in the amount of:

Name:  
Address:  
Signature:  Date:

Donations to Secretary General ISRRT, Mr Alexander Yule
143 Bryn Pinwydden
Pentwyn, Cardiff
Wales CF23 7DG
United Kingdom
News
You will note that the WRETF has a new name. It has changed from the World Radiography Educational Trust Fund to the World Radiography Educational Trust Foundation which Trustees feel reflects a more relevant positioning.

Sadly, we have had to say goodbye to Delia Dephoff from New Zealand, who stepped down as Trustee at our autumn meeting. We are not losing her entirely as she has agreed to become an ambassador for the Trust.

We have gained though, Cynthia Cowling – a former director of education for the ISRRT, who was appointed a Trustee in December 2014. This appointment is in keeping with Trustees’ wish to have global representation. Cynthia has agreed to lead the Education Programme for the Trust.

Support
Disappointingly over the last year there has only been a few applications for textbook support. We have sent most recently book parcels to Tonga, Benin and The Gambia. Tonga is the first foray into the Pacific Islands for the Trust and which we hope will be the start of a close co-operative relationship. Our thanks go to former Trustee Delia Dephoff for co-ordinating the application for support and for arranging for the parcels to be hand-delivered. A photo at right is of the student radiographers with Delia and her colleague with some of the donated books.

Benin is also a first for the Trust and we hope that the parcels of books sent to the Ecole Polytechnique will help the students studying radiography there. This application was received by former Trustee, Philippe Gerson, so thanks to Philippe for forwarding it to WRETF.

Twinning
There has been little activity in this area and Trustees are currently reviewing how effective is this programme. Trustee Marie-Dominique Galy has agreed to lead on this programme.

Ambassadors
When a Trustee, Delia Dephoff was trying to get an ambassador for the Pacific islands. This has not yet happened. Ambassador Ruben Barqui, provided Trustees with a fascinating report on the state of radiology and radiography in his home country of Argentina. It certainly was humbling reading. Most recently the Trust has appointed Edward Chan of Hong Kong who will look after China for the Trust. Trustee Chris Steelman is now leading the Ambassador programme for the Trust.

Bursary Scheme
The scheme was launched on November 1, 2013 so has been running for just over 1 year now. The next closing date was March 20, 2015 for applications to be received. Two recipients received their travel bursaries in late 2014. One was to attend a four week course in South Africa to learn how to best use Linear Accelerators to benefit the patients in his hospital. The second recipient is attending the ECR in March and hopes to present a poster at the meeting. Our Chairman, Alan Budge, and myself are also attending and will meet our bursary recipient whilst there.

Strategic Plan
The next five year Strategic Plan takes effect from April 2015. It will focus on four key areas for the trust. An accompanying Action Plan has also been developed. The Strategic Plan will be available to be viewed on the Trust’s website after the next Trustees’ meeting in April.

Leaflets
New leaflets are now available depicting the Trust’s work. Our new name and logo have replaced the former ones. The English version is already on the Trust’s website with the French and Spanish language ones to follow soon.
AUSTRALASIA

AUSTRALIA

The MedRad Forum held in Sydney March 14, 2015 along with the AGM was a successful meeting with new members and interested student joining in to hear an exciting range of papers presented for discussion.

The Board of the AIR has discussed the use of electronic adjudication of those papers presented at ASMMIRT for Fellowship and the AIR has an App suited for this role.

The Chief Executive has visited a number of Australian Universities (Deakin, Monash and Sydney Universities so far) so as to make presentations about the professional association to the various student cohorts. These meetings usually include a meeting with the Faculty as well and in those meetings the AIR is exploring how better to encourage university participation in the professional body’s activities. The Student conference as part of the annual conference is always well supported and anticipated.

Branches are encouraging student participation in a number of ways – through participation and membership on Branch Committees, through to paper presentation opportunities and student prizes offering membership opportunities.

The AIR is having an upgrade and the evidence of the changes will shortly become apparent to members and those who use the website.

The AIR is working on a project to supply and support a hospital in East Timor with X-Ray facilities. The equipment costs appear to be on track but the key need will be operational expenses something in the order of $240,000 over five years. This is the current focus of AIR activity.

Paediatric CT - Enhancing radiographer learning opportunities. This is a project currently underway in association with the Australian Commission on Safety and Quality in Health Care. The project had had their first ‘writing’ meeting and was progressing to the project plan.

The Radiation Therapy Advisory Panel has three items of work they are preparing. These are preparing a paper to fully document what it is that RT’s do in Australia, specifically in relation to the work recently released regarding the functions of Medical Physicists. The Panel will consider the Radiation Oncology Standards and feed into this the RT standards and lastly the panel will have a closer look at national incident reporting.

MRLO, the on-line learning business of the AIR – www.mrlo.org, will release a strong CPD unit series for those who log in to enjoy and help them to build their CPD experience.

The AIR is maintaining participation on the various Radiation Advisory Committees in each State.

Christopher Whennan
ISRRT Council Member

NEW ZEALAND

What a fantastic way to begin the New Year having my email inbox full of New Year wishes from around the world. This was repeated again for the Chinese New Year and it is a great reminder as to how our professional relationships can make the world a smaller place. I had the delightful pleasure of spending some of the New Year holidays with new Finnish friends Tiina and James, met in Helsinki at the World Congress and visiting New Zealand over the summer.

The NZIMRT, through the efforts of James Hayes, Canterbury / Westland Regional Director, attended the European Congress of Radiographers (ECR) at the beginning of March. Pictured below is James with Sandy Yule and Fozy Peer in front of the stand displaying aspects of the NZIMRT and the 2016 NZIMRT Annual Conference to be held in Christchurch. This was an exciting new event for the NZIMRT and we look forward to hearing feedback form James.

The 2015 Annual Conference is being held jointly with the Australian Institute of Radiography (AIR) in Wellington 24 – 26 July 2015. Titled ‘the cloud - shaping our future’ it is focussed on radiography and changing technology. Together we hope to showcase how these rapidly changing technologies are being implemented for the improvement of patient outcomes. It is always an exciting event when we meet with our Australian colleagues to share the developments within our professions. Take a look at the website: www.thecloud2015.com

Continuing professional development is key to professionals maintaining currency and competency. The NZIMRT has held several workshops at the beginning of this year to review our CPD programme, provide ongoing education to those involved with running the programme and to provide a forum to identify new opportunities.

For further information about the NZIMRT please see the website nzimrt@nzimrt.co.nz

Kathy Colgan
The Bangladesh Association of Radiology & Imaging Technologists (BARIT) members elected its 5th executive committee for the year of 2015-2016. The election was held on February 27, 2015 at Dhaka Medical College Conference Center. 42 council members of 14 regional committees cast their vote to elect the new committee members.

Mr. SM Rab was elected President and Mr. MD Shirajul Islam was elected the General Secretary of the new executive committee. Both are serving in the department of radiology & imaging at Dhaka Medical College Hospital-Dhaka.

Elected officials are:
- President: Mr. SM Rab
- General Secretary: Mr. MD Shirajul Islam
- Sr. Vice president: MAK Mainuddin
- Organising Secretary: Mr. Shamsuddin Ahmed
- Joint Secretary: Mr. Jahirul Islam, Mr. Debnath Mandal and Mr. Monirul Islam
- Education and Research Secretary: Mr. Forhad Hossain
- Treasurer: Md. Zahirul Islam etc.

The newly elected committee have taken their oath of the society and expressed their cordial interest to work with ISRRRT for the professional development of Radiological Technologists country abroad.

ASRT Membership Update
As of December 2014, ASRT’s total membership stood at 152,948. The association’s net annual retention rate is about 88.17 percent and its annual net growth rate is 0.04 percent.

2014 ASRT Radiation Therapy Conference
Nearly 1,000 radiation therapists and medical dosimetrists were in San Francisco in September to attend the 2014 ASRT Radiation Therapy Conference. The three-day event hosted 46 in-person continuing education courses taught by some of the premier experts in radiation therapy and offered up to 14 continuing education credits. Michelle Whitlock, author of the memoir How I Lost my Uterus and Found My Voice, presented a memorable keynote address that detailed her moving personal struggle with cervical cancer. The annual Radiation Therapy Conference is held in conjunction with the annual meetings of the American Society for Radiation Oncology and the Society for Radiation Oncology Administrators.

Visit www.asrt.org/rtc for information about the 2015 conference, which will be held October 18-20 in San Antonio.

ASRT@RSNA 2014
As part of the RSNA’s 100th Scientific Assembly and Annual Meeting, nearly 700 technologists took part in ASRT@RSNA 2014, Dec. 3-4 in Chicago. The popular one-and-a-half day educational program is specifically targeted to radiologic technologists and radiation therapists. Participants were able to see the latest technology, network with peers and earn continuing education credit while learning from leaders in the medical imaging and radiation therapy profession. Learn more about this year’s event and register for the conference at www.asrt.org/asrtatrsna.

ASRT Museum and Archives to open in June
A gala opening celebration for the ASRT Museum and Archives at the ASRT office in Albuquerque, New Mexico is planned for June 27, 2015. Exhibits will trace the history of the profession from Roentgen’s discovery of the x-ray, to the early pioneers, through the advent of digital imaging and beyond. Museum-goers will explore dynamic, immersive presentations that combine exhibits of rare and historic early-imaging equipment alongside touch-sensitive, interactive video screens. For the kids, a digital touch table activity center will allow little ones to put together a skeleton with images from scans of a body.

The museum’s archives and library also debuts in June. It includes historical photos, documents and early printed works about the profession. In addition, the archives include the complete volumes of ASRT’s three main publications: Radiologic Technology, Radiation Therapist and Scanner. The archives will serve as a valuable resource to radiologic technologists and researchers seeking information about the medical imaging and radiation therapy profession. Please visit www.asrt.org/museum for updates.

New ASRT Continuing Education Products
In its ongoing efforts to provide radiologic technologists with continuing education solutions, the ASRT introduced two new educational series in late 2014. Medical Relief Readiness is an educational series that provides radiologic technologists with the tools and information they need to successfully transition to positions in the medical disaster relief field and developing countries. The six-module series provides in-depth information about volunteering for service, adjusting to new working conditions and understanding differences in the workplace. In addition, it provides an overview of local health concerns and common tropical diseases, as well as background information about how to assemble a volunteer team.

ASRT also expanded its popular MR Basics series to include two new modules.
focused on common pathological conditions seen on magnetic resonance images. The new pathology modules provide an overview of how MR can identify pathological conditions and its ability to evaluate traumatic injuries. The modules describe the pathology of the vascular system of the neck and head, brain, spine, abdomen, pelvis and extremities and incorporate more than 100 images depicting 49 pathologies. The complete package now features 12 modules covering a broad range of MR topics including fundamentals of MR, equipment and instrumentation, image quality, body and joint imaging, pathology, and a number of other topics.

National Radiologic Technology Week® 2014

The ASRT marked National Radiologic Technology Week®, Nov. 2-8, by employing
The ASRT marked National Radiologic Technology Week® 2014
National Radiologic Technology
number of other topics.

equipment and instrumentation, image quality,
of MR topics including fundamentals of MR,
equipment and instrumentation, image quality,
body and joint imaging, pathology, and a

National Radiologic Technology Week® 2014
The ASRT marked National Radiologic Technology Week®, Nov. 2-8, by employing
the theme “Many Views With One Vision” to highlight the unique marriage between medical imaging, radiation therapy technology and radiologic technologists. As part of NRTW 2014, ASRT generated an “X-ray Vision” infographic that cleverly provides interesting statistics and facts about the medical imaging and radiation therapy profession. NRTW is celebrated annually in the United States to celebrate, visit www.asrt.org/nrtw

For more information about NRTW and tips to commemorate the discovery of the x-ray by Wilhelm Conrad Roentgen on Nov. 8, 1895. For more information about NRTW and tips to celebrate, visit www.asrt.org/nrtw

ASRT Foundation Update

The Positioning for a Brighter Tomorrow Celebration Campaign reached a major milestone in February with more than $1 million in commitments from individuals and organisations. The funds raised for this multimillion dollar campaign will be used to develop scholarships, grants and other programs for radiologic technology educators, students and clinical personnel. Launched in June 2014, the Positioning for a Brighter Tomorrow campaign provides the Foundation with long-term financial stability in its efforts to empower radiologic technologists and strengthen the medical imaging and radiation therapy profession. In addition, the campaign works to improve collaboration with industry partners to increase the quality and safety of patient care around the world for years to come.

The Foundation invites individuals and corporations to make transformational gifts that will help R.T.s advance through scholarship, research and community outreach programs. In addition, donations will enhance collaborative initiatives to improve

R.T. education and patient care. As part of the campaign, the Foundation is offering individuals and corporations the opportunity to have their names included on the ASRT Foundation Donor Wall, which will be located outside of the ASRT Museum and Archives. In addition, campaign supporters have the option to purchase name rights to offices and meeting spaces at the ASRT office in Albuquerque, New Mexico, and create new scholarship endowments and research grant awards. Those wishing to participate in the campaign can donate cash, leave a deferred gift through a will or trust, provide a combined gift, or make a contribution with stock, mutual funds or marketable securities. For more information about the campaign and the Foundation, visit

www.asrtfoundation.org

Earlier in the year, the Foundation awarded more than $250,000 in scholarships for the 2014-2015 academic year to 75 medical imaging and radiation therapy professionals and students. In addition, the Foundation launched three new individual scholarship endowment awards: Philip W. Ballinger Endowed Scholarship, Richard S. Kay Endowed Scholarship, and Marie L.A. Racine Scholarship. Also in 2014, the Foundation’s R.T. Fellowship for Developing Countries Program sent several participants to Jamaica, India, Ghana, China and Haiti to assess current radiography programs, offer educational workshops and more. Find out how to get involved by visiting www.asrtfoundation.org.

ASRT Names Library in Honor of Philip Ballinger

Philip Ballinger, Ph.D., R.T.(R), FAEIIRS, FASRT, has received the naming rights for the Philip W. Ballinger Museum Library as part of the ASRT Foundation’s 30th anniversary celebration campaign, “Positioning for a Brighter Tomorrow.” Dr Ballinger’s six-figure donation is the largest donation received by the Foundation since the campaign launched in June 2014. The funds raised for this multimillion dollar campaign will be used to develop scholarships, grants and other programs for radiologic technology educators, students and clinical personnel. The Philip W. Ballinger Museum Library is part of the ASRT Museum and Archives, which is scheduled to open in June 2015 at the American Society of Radiologic Technologists office in Albuquerque, New Mexico. The reference library features radiology literature, textbooks and historical information about the medical imaging and radiation therapy profession. In addition, it includes state-of-the-art audio/video conferencing capabilities.

During his 50-year career, Dr. Ballinger has worked as a radiographer and educator and has served on numerous ASRT committees and task forces. In addition, he has written and edited 29 radiologic technology textbooks, most notably Merrill’s Atlas of Radiographic Positions & Radiologic Procedures. Additionally, he developed five medical imaging apps for smartphones and computer tablets. He currently serves as a professor emeritus at The Ohio State University in Columbus. Known for his contributions to the medical imaging and radiation therapy profession, Dr. Ballinger said donating to the celebration campaign was a natural next step in his career. “For those who have made a career in the radiologic technology profession, it’s natural to want to give back and I’m thrilled that my contribution will help advance the ASRT and support the future leaders of our great profession.”

Donna Long

Dr Philip Ballinger, left, and ASRT CEO Sal Martino, right, in the Philip W. Ballinger Museum Library in the ASRT office in Albuquerque, New Mexico.
Advocacy on Isotope Supply
CAMRT continues to provide leadership on Canadian and international efforts to raise awareness on and mitigate the potential for a medical isotope shortage in the near future. The association has created a webpage to keep nuclear medicine technologists apprised of new developments and promote sharing of information on supply challenges and solutions. CAMRT was also instrumental in the successful lobby of the Canadian government, who recently announced its decision to extend the Chalk River NRU license until 2018.
CEO François Couillard is an active member of Health Canada’s working group on this critical issue. This group is composed of federal and provincial government representatives as well as key stakeholders from the healthcare association community. The group is developing a number of strategies to address shortage solutions and ensure consistent communications.

Certification
The CAMRT will launch, for the September 2015 sitting of the exam a pilot for delivery of the certification exam online at Canadian testing sites. Computer based testing has been a goal of the CAMRT for the past few years. A segment of the exam candidates will be identified to launch this project, and it is planned that for the January 2016 sitting of the exam all candidates will write online.
Work continues on a model for advanced practice certification for radiation therapists, with a pilot expected to launch in the fall of 2015.

Resources for those interested in working in Canada
A learning module on “How to Write a Competency Based Exam” is now available on the CAMRT website. It provides information on the meaning of competency education, provides example of questions identifying the difference between knowledge-based questions and competency-based questions and tips on how to prepare and write an exam.
Close to completion is an information module on practice/employment in Canada for Internationally Educated Medical Radiation Technologists (IEMRTs). It will be available on the CAMRT website free of charge. Topics discussed will include; radiation safety and protection, cultural competence, occupational health and safety, errors and incident reporting and many other topics related to work in a Canadian healthcare environment.

Continuing Professional Development
The CAMRT continues to provide many continuing education courses and certificate programs. All are available in distance learning formats to both the Canadian educated and the IEMRT.
In 2015 the CAMRT is beginning to transition all of its CPD courses to an online delivery format. This transition will allow for a much better inactive learning experience. This will take a few years and the goal is to transition approximately five full length courses and five Quick Self Study courses per year. The first online course, CT2, was released in March.
CAMRT will also launch a series of webinars in 2015, offering a mix of discipline-specific and general interest topics in this convenient delivery format. The program is being developed; watch camrt.ca for more details later this year.

A new look for CAMRT.CA
It’s been months in the making. The new CAMRT goes live in April, with a fresh new look based on our new logo, great new content and an improved search feature that will help you get the information you need quickly. Visit camrt.ca to see what is new.
Donna Long

EUROPE

FINLAND

The year 2015 has begun with a change of President of the board. Society of Radiographers in Finland wants to thank and express our gratitude to the previous President Merja Perankoski, who has contributed a lot of time and effort to the radiograpers in Finland. We also want to congratulate and warmly welcome Elina Manninen as the new President.
The annual Conference will be held in Tampere in the beginning of May. The local Society has been working hard on the programme so we all look forward for another learning experience.
I would like to wish you all a sunny spring, as here in Finland we are very much heading towards summer at the moment. But because you will be reading this all around the World, I would like to wish you happy year 2015. Lastly, here is some information about our Journal of Clinical Radiography and Radiotherapy.

Journal of Clinical Radiography and Radiotherapy
Journal of Clinical Radiography and Radiotherapy is a journal published by the
Society of Radiographers in Finland and Radiography Research Association. We welcome original articles related to radiography (clinical practice, training & education and radiography science) in all the Scandinavian languages and in English. The articles must be previously unpublished. The Journal also publishes reviews based on research, case studies related to developments in the field as well as short presentations of academic theses (Master’s, and PhD theses). The Journal is particularly interested in articles that promote clinical radiography (diagnostics, isotopes and radiotherapy), related education and research as well as radiography science. Deadline for manuscripts intended to publish in the journals this year issue is 30th of April 2015. Author information can be found on our web page at: www.suomenrontgenhoitajaliitto.fi/index.php?k=7482

Tiina Nousiainen

FRANCE

What have the French radiographers been up to in the last months?

In the last half of 2014, the French radiographers weren’t inactive, through their association AFFPE, quite the contrary.

In May 2014 in Deauville more than 1,000 radiographers met to exchange and inform each other at the radiographer national congress. All specialties were represented, from radiotherapy to the diagnostic. A special prize was attributed to the best presentation made by yet-to-be fully qualified radiographers, who had the courage to come forward during their training.

The cooperation between radiographers in Quebec and France was also often brought to focus, with several articles presented on how much our works can be similar and how much we can learn from each other.

In Haiti, the AFPPE is also trying to help the radiographers there who still work in desperate conditions.

After the summer, in Paris at the radiologist congress, the radiographers were again together in great numbers to learn and further their practice. During the Journées Françaises de Radiologie (“French Days of radiology”), the radiographers learnt a lot, with a focus on the urgencies and how we find our place in the whole process. One presentation about Stroke and the place of the radiographer won a prize.

In January 2015 in Strasbourg, in the extreme east of France they welcomed the Computed Tomography French Congress. During two days, a lot of themes were of covered: intervention in a PET-CT environment, optimization of stroke CT, doses management, reconstructions and so on. The several hundred radiographers who attended rated it as a huge success.

Benoit Billebaut
France Council Member

UNITED KINGDOM

The Society and the College of Radiographers have been working on new strategies for 2015-2017. The two organisations have distinct roles but work very closely together. This is reflected in the way the strategies are related. There is a unified Vision for both the Society and College:

Imaging and Radiotherapy Professionals at the Heart of a Healthier Nation
The Society of Radiographers is the Professional Body for Radiography and is also a trade union.

Society of Radiographers Mission 2015 - 2017
Members of the Society of Radiographers will exert influence locally and nationally to improve healthcare for society through:

• Promotion of social justice
• Public service
• Personal and professional development

Five Strategic Priorities for the Society of Radiographers
UK Council has identified five strategic priorities to deliver the Society’s Mission from 2015 to 2017. These will ensure the Society:
1. Builds member engagement and activity
2. Ensures a safe place of work and quality healthcare
3. Ensures the patient voice is integral
4. Supports professional development
5. Influences and controls the future design and delivery of services

The College of Radiographers is a registered charity with a focus on public benefit through assurance of educational and service quality in the field of radiography

College of Radiographers Mission 2015 - 2017
The College of Radiographers will promote imaging and radiotherapy science and practice for the benefit of all. We will do this through:
• Standards for education and practice
• Promoting and conducting research
• Listening to patients and service users

Five Strategic Priorities for the College of Radiographers
The Board of Trustees of the College has identified five strategic priorities to deliver the College’s Mission from 2015 to 2017. These will ensure the College:
1. Promotes accredited professional standards
2. Enhances the public understanding of imaging and radiotherapy
3. Builds professional credibility through research
4. Is informed by the voice of the patient
5. Encourages the development of radiography worldwide

From each of these 10 priorities (five each for the Society and the College) detailed objectives have been created to help the delivery and measurement of the priorities. For more details please see the SCoR website: www.sor.org

The National Health Service is set to be a central campaign issue in the general election in the UK which is taking place in May. The Society of Radiographers launched a manifesto for all political parties to understand how we see the priorities for health care and for imaging and radiotherapy services in particular. The event took place in the Houses of Parliament. See news coverage, the manifesto documents and a video of the event here: www.sor.org/news/society-launches-manifesto-tomorrow-s-nhs

The SCoR Annual Radiotherapy Conference took place at the end of January. Many excellent proffered papers and results of research by radiographers and student radiographers contributed to an enjoyable and stimulating event.

A number of Advanced and Consultant radiography practitioners have been able to prescribe a limited number of medicines, consistent with their practice. This considerably improves services to patients. After a lot of very detailed work, led by Christina Freeman, Professional Officer at the SCoR, working with NHS England, it is hoped that it will be possible to progress to independent prescribing for radiographers. A public consultation is now under way. For more details: www.sor.org/news/scor-urges-members-respond-independent-prescribing-proposals

AFRICA

SOUTH AFRICA

Bloemfontein Branch
On February 21, 2015 the Bloemfontein Branch of the Society of Radiographers in South Africa (SORSAA) hosted a CPD seminar along with the an Annual General Meeting attended by 50 delegates. The new and old branch committee worked together like a hand in a glove to make sure that the delegates were treated to high quality presentations and entertaining and informative programme, professional session chairs and to round off the morning, delicious refreshments. The committee surprised two delegates, E. Niehaus and S. Pridgeon, by repaying the registration fees.

The presentations included the role of imaging in a stroke unit, brain pathologies, nutrition of difficulties of patients after a stroke and quality patient care. The session was concluded with a session on the impact of consumer rights on the practitioner patient relationship with the focus on the health act, child act and consumer act. The presenters, pictured above, were Dr Michiel du Toit, Dr Deirdre Long, Dr Kevin Daffue, Ms Jolande Yssel and Mr Sakkie Muller.

Hesta Friedrich-Nel

BOTTLENECKS AND TASK SHARING IN DIAGNOSTIC IMAGING IN 2013
A report by the The Nordic Institute for Studies in Innovation, Research and Education in Norway

The aim of the report was to examine whether task sharing between radiographers and radiologists is a practical method by which to solve bottlenecks within diagnostic imaging. The report is based on a systematic search of national and international literature in the field, on interviews with practitioners involved in Norwegian task sharing projects, and with patient and employees’ organisations.

The main conclusion is that bottlenecks are difficult to solve without radiographers taking over a number of the radiologists’ duties. NIFU recommend that measures be undertaken to introduce shared responsibilities, and make suggestions as to how this process should be carried out.

The Society of Radiographers in Norway’s website:
www.radiograf.no/portal/pls/portal/docs/1/532001.PDF

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 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
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<tr>
<td><strong>Australia</strong></td>
<td>Australian Institute of Radiography</td>
<td>25 King Street, Melbourne, Vic., Australia 3000</td>
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<td>+61 3 9419 3336</td>
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<td>Fax</td>
<td>+61 3 9416 0783</td>
<td><a href="mailto:info@air.asn.au">info@air.asn.au</a></td>
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<td></td>
<td>Council Member</td>
<td>Chris Whennan, Email: <a href="mailto:Chris.Whennan@health.wa.gov.au">Chris.Whennan@health.wa.gov.au</a></td>
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<td>Argentine Society of Radiology</td>
<td>Arenales 1985 PB, Ciudad de Buenos Aires (C1124AAC) Argentina</td>
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<td>Council Member</td>
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<td><strong>Bangladesh</strong></td>
<td>Bangladesh Association of Radiology &amp; Imaging Technologists (BARIT)</td>
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<td>Avenue des Paquerettes, 23</td>
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<td>VMBV/Philipp Van Laer, Beukenendef 96, 9080 Lochristi, Belgium</td>
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<td></td>
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<td><strong>Bosnia &amp; Herzegovina</strong></td>
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<td>Udruzenje Inzijina Medicinske Radiologije Federacije Bosne 1 Hercegovine</td>
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<th>Country</th>
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<td>Greece</td>
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<td>Kenya</td>
<td>Kenya Association of Radiographers</td>
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- Tel: Telephone number
- Fax: Facsimile number
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- Website: Website link
- Council Member: Name of the council member
- **Bold:** Indicates the main contact details for each country.