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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)

Secretary: Ms Sue Marchant
143 Corfield Street, Bethnal Green, London E2 0DS, UK
Email: 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.

The following are costs for colour advertising as at January 2015.

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CEO Email: isrrt.yule@btinternet.com
Production Editor: deepbluedesign1@me.com
Greetings to the ISRRT family across the world. There’s been much going on both in the ISRRT and around the world.

First to our friends in Nepal; our thoughts and prayers are with you during these trying times. To those of you who have lost loved ones, may the Almighty grant you the strength to bear your loss.

The ISRRT is giving one radiographer the opportunity to become The ISRRT Dose-Wise Radiographer of the Year. We are encouraging Best Practice and in recognition of dose-conscious radiographers and to support radiation dose management awareness, the ISRRT has once again joined hands with Philips to encourage radiographers from around the world to apply. The selected Radiographer of the Year will be invited to present their case at RSNA 2015 to the Radiology Advisory board hosted by Philips.

A very encouraging site visit of the enchanting islands of Trinidad and Tobago for the 20th ISRRT World Congress was undertaken in April this year. We were hosted by the local organising committee, who arranged meetings with the various stakeholders, to name a few;

- Congress Hotel and Conference Centre Management
- Tourism Ministry representative
- Health Ministry representatives
- PAHO representative

The different groups were very positive and supportive of the ISRRT. We had ample opportunity to discuss the local organising committee’s concerns and questions and to visit possible sites for delegates and accompanying persons to explore. We were privileged to be given complimentary accommodation by the Hyatt Hotel.

It was indeed an honour to be invited by the Türk Medikal Radyoteknoloji Derneği to attend and represent the ISRRT at their 11th National Congress on Radio-technology in Antalya, Turkey. I was requested to give a presentation on the ISRRT at the opening of the congress and in a later session I presented on Medical Imaging Programs globally. This was followed by a talk by Dimitris Katsifarakis, Regional Director for Europe, on Medical Imaging Programs in Europe and Justification. We were well received and set the stage for additional presentations by other speakers on related topics. I was able to sit in on lectures throughout the remainder of the congress and participated where possible. Dimitris and I met with the organisers thereafter to discuss their concerns related to Educational programs.

The ISRRT was represented at the World Health Organisation General Assembly in May 2015 by Sandy Yule, where he discussed and strengthened the on-going co-operation between the ISRRT and the WHO. As the voice of radiation medicine technology throughout the world, the ISRRT, (Donna Newman, the Director of Professional Practice), was invited to present at the World Health Assembly – side event entitled “Imaging for Saving Kids – the Inside Story about Patient Safety in Paediatric Radiology” held in Geneva on 26 May 2015 (see report in this issue, page 14).

Input was also submitted by Tan Chek Wee and Donna Newman on Medical devices for cancer management target low and middle income settings for WHO.
A very successful ISRRRT sponsored 3-day Digital Imaging Workshop from June 2-4, 2015 attended by over 60 delegates was hosted in Myanmar by Napapong Pongnapang, the Vice President of the Asia-Australasia region and Maria Law, the Director of Education. Delegates from Uganda, Tanzania, Kenya, Nigeria, Zambia, Malawi, Namibia, Burundi, Sudan and the host country Rwanda attended the ‘Radiographic Image Interpretation’ workshop in June 2015, ably hosted by Maria Law and Boniface Yao, (Regional Director for Africa) on behalf of the ISRRRT in Kigali, Rwanda. Ian Cowan and Cynthia Cowling did us proud with excellent presentations on Image Interpretation.

At the 2015 ISRRRT Board meeting, a selection panel was elected to work with the CEO succession plan. At this stage we are working on the advertisement.

The ISRRRT and the EFRS have been in discussion with the International Labour Organisation (ILO) to reconsider the treatment and placement of Radiographers within the hierarchically structured International Standard Classification of Occupations (ISCO -08). Cynthia Cowling on behalf of the ISRRRT undertook a survey so as to develop a data base of information related to a number of features of the profession to allow an informed decision to be made about the education and role of the profession of Radiography and where radiography should be placed within its hierarchy. A tacit agreement has been given by the ILO to propose options to move Radiography to a category at a higher level of skill within the International Standard Class of Occupation (ISCO). Many thanks to Cynthia for a very comprehensive report on the survey, which was submitted to the ILO.

The principle of justification requires that for each medical imaging procedure, the positive contribution to patient care sufficiently outweighs any possible detriment caused by the radiation exposure. A team from the ISRRRT board are currently working on the development of a decision making tool on the role of the radiographer in the justification process.

As you are aware this is the second edition of the News & Views for 2015 – there will be one more publication towards the end of the year. Please continue to send your special news timeously to Sandy Yule and Alain Cromp, the Director of Public Relations, so that they can ensure that it reaches our members.

I would like to take this opportunity to wish you all well on the celebration of World Radiography Day (WRD) on 8 November. I sincerely hope that you will promote the WRD-ISRRRT theme of ‘Radiographers have a Pivotal Role in Justification of Medical Exposures’.

I really appreciate the sterling efforts put in by Board members who mostly hold down full time jobs and still work tirelessly within their portfolios and /or attend meetings on behalf of the ISRRRT.

As always, the ISRRRT and its Board of Management will continue to uphold the Mission and Vision of the Society and to represent our profession across the globe. I invite you to read through this edition of the News and Views, to capture all of the news related to the Society and to our profession.

Dr Fozy Peer
President, ISRRRT
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In April 2015 a site visit was made to Trinidad and Tobago to discuss the World Congress to be held there in year 2018. I was accompanied by ISRRRT President Dr Fozy Peer and ISRRRT Treasurer Mr Stewart Whitley. The Congress is to be held in the Hyatt Hotel and the management of the hotel provided three nights complimentary accommodation for the visitors during the stay. The Ministry of Health also provided complimentary transport to and from the airport and for all official visits during our stay.

Meetings were held with the Local Organising Committee, the Congress Hotel and Conference Centre Management, representatives from the Tourism Bureau and Health Ministry representatives.

During our period in Trinidad and Tobago we were shown sites for possible tours of the Islands for accompanying persons and Registrants.

Opportunity was also given for visits to two hospitals and Dr Peer made a presentation to staff and students.

The visitors were made very welcome by all and great support was shown by the Ministry of Health and the Tourist organisation and were very encouraged at the enthusiasm shown by all those involved.

I was invited to represent ISRRT on May 15 at the 10th Anniversary of the International Association of Forensic Radiographers and a meeting of the International Society of Forensic and Imaging Radiologists. I addressed the audience at the Reception and passed on the best wishes of the ISRRT Board. The meeting was held in the new Richard III Visitor Centre, Leicester, UK. My address is published on page 31 in this issue of News & Views.

A brief summary of the development of AFR into IAFR over the past decade was outlined by Mark Viner, a founding member and current Chair of the International Association of Forensic Radiographer (IAFR).
Invited guests on the night included Karen Smith, Secretary General of the Society and College of Radiographers who spoke of the collegiate relationship between IAFR and the SCOR which includes the publication of the Forensic Imaging guidelines (2014) and the Child Abuse guidelines which are due for publication in 2015.

The second guest on the night was myself and I outlined the relationship between both organisations, both of which aim to standardise the role of the radiographer at an international level.

Also during May I attended the World Health General Assembly in Geneva. This gave me the opportunity to meet with WHO officials and other NGO’s. In between the meetings with other NGO’s I visited the booths of participating organisations and in particular the Ebola crisis, the Nepal disaster and the PAHO information display.

The next event I attended was in June in Liverpool, UK. This was the United Kingdom Congress of Radiology (UKRC). As usual the ISRRT had a complimentary booth there and I would like to thank the organisers for their continuing support. Attending this conference gives us the opportunity of meeting with registrants and companies both at the booth and during conference.

I would once again like to thank the ISRRT President Dr Fozy Peer and all Board Members for their help and my wife Alison.

Dr Alexander Yule
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The results of the election are in. The newly elected board members for 2015 – 2016 will be installed at the business session of the AEIRS Annual Meeting in San Antonio, Texas, on July 16, 2015 and will assume their new offices at the close of the annual meeting. The Life Member elevation and Honorary Member induction will take place during the Honors/Fellows/Life Member ceremony on the same day. Life Member Induction is Dr Donna Lee Wright, EdD, RT(R), FAEIIRS, Imaging Sciences Department Chair, Morehead State University, Morehead, KY. Honorary Member Induction is Valerie Christensen, RT (R) (M), FWSRT, AEIRS Executive Secretary, Mammographer Breast Imaging Center, Albuquerque, NM. President-Elect is Jennifer Chiu, EdD, MBA, RT (R), Associate Professor and Program Director, St. John’s University, Queens, NY. The new Director-at-Large is Nina Kowalczyk, PhD, RT(R)(CT)(QM), FASRT, Organisational Effectiveness Consultant, The Ohio State University Wexner Medical Center, Columbus, OH. And Secretary/Treasurer is Tiffani Walker, MSRS RT (R) Clinical Coordinator/Instructor, North Central Texas College, Gainesville, TX.

During this past year, committees were restructured to better support the strategic plan. Two new events designed to support the strategic plan will occur at the annual meeting. The first event is the presentation of posters selected by the Research and Scholarship Committee, which are designed to share innovative practices and research in our professions. The second event is a leadership luncheon to be hosted by the Board of Directors for all incoming and outgoing committee chairs and liaisons. The purpose of the luncheon is to ensure a smooth transition of leadership, to improve collaboration across committees, and to inform/define leadership roles in the implementation of the strategic plan.

The vision of AEIRS is to be the premier organisation that fosters growth and advancement of educators to improve medical imaging and radiologic sciences education. The mission is that AEIRS strives to achieve excellence in all aspects of educational leadership by facilitating the exchange of scholarly ideas, recognising and sharing expertise, and encouraging research through educational conferences, publications, and collaborative networks. The goals of AEIRS are to foster connections and collaboration between members to advance educational excellence, to establish effective communication channels to attract and retain a diverse membership, to provide the membership with accessible educational resources, and to develop educational leaders by providing experiences that advance skills in service, teaching, and research.

For more information about the annual meeting, the strategic plan, or the organisation, please go to www.aeirs.org.
THE WHO was established 67 years ago to promote health and ease the burden of disease in the world. World Health Assembly is held every year in Geneva May 18-26, 2015 to attend to the business of the WHO. Each of the 194 member states sends delegation to represent their countries usually the ministries of Health representative along with the NGO in official relations with the WHO. It is at the Health assembly that the WHO’s work is reviewed, new goals are set and new tasks are assigned. At the Health assemble two types of meeting are held each with different purposes Committee meetings and Plenary sessions. Committee meetings are held to debate technical and health matters called committee a and financial and management issue under committee b. after approved in committee throw resolutions they are then submitted to plenary meeting. At the Plenary meeting all delegates to the World Health Assembly where the resolutions from the committees are adopted. In addition technical briefings are organised separately on specific public health topics to present new developments and to provide forum for debate and information sharing. Side event may only be held if requested by a member state and is accepted. Special thanks go out to the Governments of Kenya, Malaysia, Spain and Uganda that brought this important subject to the attention of the WHO, improving health care in Patient safety in Pediatric Imaging.

ISRRT is an official NGO with the WHO, Sandy Yule represented the ISRRT at assembly this year to represent our views on resolutions and committee reports. This side event was jointly organised by the Governments of Kenya, Malaysia, Spain and Uganda together with the following NGO’s in official relations with WHO, ISRRT, Diagnostic Imaging, Health care IT and Radiation Therapy Trade Association( DITTA), International Commission on Non-Ionizing Radiation Protection(ICNIRP), International Commission on Radiological Protection( ICRP), International Organization for Medical Physics (IOMP), International Society on Radiology( ISR),RAD-AID International, World Federation for Ultrasound in Medicine and Biology (WFUMG) and World Organization of National Colleges, and Academic Association of General Practitioners/Family Physician (WONCA).

This Event conducted at the United Nations Office at Geneva (UNOG) brought policymakers, Health care providers, professional societies The main topic addressed was the delicate balance between the pivotal role of medical imaging in the appropriate management of many illnesses which afflict children and children’s increased sensitivity to health risks associated with ionizing radiation.

Dr Maria Neira, Director of the Department of Public Health, Environmental and social Determinants of Health at the WHO and Dr Edward Kelley, Director of Department of Service Delivery and Safety at the WHO Co-chaired the event. They delivered the opening remarks, highlighting that this Side Event was unique opportunity that all stakeholders come together and collaborate to make a difference.
in the safety and quality of children’s healthcare, to harmonise efforts, policies and regulations.

Donna Newman Director of Professional Practice was the speaker and panelist representing the ISRRT at this event held on May 26 at the United Nations. Donna present the ISRRT position on the Global Stakeholder Team and that team which was comprised of the people sitting in this room specifically the Ministry of Health the Radiation Health Regulators, the NGO international Organizations and the Members states. She also presented that each member of the Global team plays a crucial role in Patient Safety in Pediatrics. We can improve Safety by creating Policies, Protocols and Regulations that incorporate the two fundamental principles of Radiation Protection which are Justification by Imaging Wisely and Optimization by Imaging Gently. By using these guiding principles from the BSS we can improve Safety in Health Care and Decrease overall Health care Cost.

Donna presented that the ISRRT is a global Stakeholder that represents over 500,000 Radiographers globally and we understand that Patient Safety in Pediatric is a shared responsibility. As a Global Stakeholder the ISRRT supports countries incorporating regulations, policies and protocols that are specific for the pediatric population relating to safety from the BSS. We support the use of alternate exams that use no radiation exposure such as Ultrasound and MRI where appropriate. The ISRRT also support participation in projects that help with Communications to ensure clear understand of Benefit and Risk which will ensure that the Right procedure is performed with the Right amount of Radiation dose. The ISRRT promotes the use of pediatric protocols or technique charts for current equipment using the most up to date evidence based information for example from the Alliances for Radiation Safety in Pediatric Imaging. The ISRRT promotes implementation in all health systems a Quality Assurance program emphasizing radiation management, Dose monitoring to patients and use of Diagnostic reference levels. The ISRRT promotes and support a system in place that check patient medical imaging history for duplicate examinations and ensures that the history and indication agree with the imaging department’s protocol. The ISRRT promotes Pediatric Radiation Safety training for all the imaging team including, radiologist, technologist, physicists and referring physician.

Donna also presented that the best avenue for success in the area is to have the ministry of Health begin to incorporate regulations that relate to patient safety in alignment with the BSS specifically in the area of Diagnostic Dose reference levels, mandatory training specific to pediatric population for all health care workers and equipment design specific with software and hardware for pediatric exposures and dose tracking in all countries.

One of the goals of the WHO is Universal Health care coverage to ensure that patients obtain access to health services without financial hardship. This outcome only happens with efficient health care systems in countries, access to essential medicine and technologies and sufficient capacity of well trained health professionals. It is known that resources vary from country to country as well as regions and setting with in regions. As Children are more vulnerable to ionizing radiation related health risk received during exposure from x-rays the important of Safety comes to the fore front in overall health care system. This event was set up to bring policymakers, health care providers, equipment manufacturers and patient advocates together to jointly discuss the current environment in pediatric imaging in these four member countries. The panelist were given the opportunity to discuss what can be done to improve health care and services delivery by maximising the benefit and minimising the risk when using medical imaging in children. The Stakeholders also provided the perspective of health professionals, patients, families and health authorises giving examples from their own regions and giving their priorities with in their countries using examples and initiative that could improve safety in paediatric imaging.

Dr Donald Frush from Image Gently of the ACR/ISR Set focused on setting the scene on patient safety in pediatric imaging focusing on as global stakeholder we can provide a platform to create dialogue between stakeholders to create a harmonisation. Part of his message was to encourage healthcare practitioners to educate and provide informational material to patients, both in person and through harnessing the power of social media. He encouraged the sense of engagement and accountability in healthcare providers by spreading amongst them a positive and resonating message that of improving the imaging care of children, such as through catch words, “when imaging kids, Image Gently.”

After Dr Frush the four sponsoring ministries of health gave a regional view of policy, strategy and action to improve patient safety in paediatric imaging. Dr Nicholas Maraguri (Kenya), Dr Noor Hisham Abdulah (Malaysia), Dr Eliseo Vano (Spain), Dr Rosemary Byanyima Kusaba (Uganda), presented the ministries of health intent in fostering partnerships amongst stakeholders and their respective countries, such as with equipment manufacturers, radiologist, and policymakers, while also strengthening policies to ensure the active implementation of the ten priority actions to improve radiation protection in medicine identified in the Bonn Call-to-Action. With the expected audience composed mostly of policy makers. Each of the four representatives addressed a commonality that Safety in health care is of paramount importance today for health authorities. Advanced technology poses new challenges and safety is a high priority. How can policies be implemented to address safety with the highest impact at a minimum cost. Three key areas for policy makers are prevention, awareness and safety. Their messages all centered on consensus on standards policies, benchmarking using shared resources to cut cost. It is important to have global adaptive tools
interested in taking a more proactive stance within the consulting practitioners. Mrs Murphy presented the idea that patients are very much involved in the decision-making process. There is a variation between hospitals (e.g. equipment) and between options/alternatives. Education of patients/parents is very important. Mrs Murphy discussed that patients have a low degree of understanding about patient safety (PFPS), talked about the patient and family engagement in making informed decisions. It’s crucial to consider the patient’s perspective when making decisions about radiation exposure.

A collaborative approach engaging all stakeholders, civil society, health professionals, service providers, patients, families, and community is essential. Policies have to be evidence-based, hence the need for a strategic research agenda on radiation protection in medical imaging. A collaborative approach involves working with all stakeholders to improve safety in paediatric imaging. Radiation safety standards exist, such as the new international basic safety standards (BSS) and new Euratom BSS, as well as guidance and recommendations from the ICRP and others. We can build on existing resources, encourage the adoption of standards of quality and safety that serve as benchmarks nationally/internationally. Capacity building, education, and training are essential for health professionals, service providers, patients, families, and community. Policies and regulations must be developed to ensure evidence-based imaging referral guidelines are employed for the justification of procedures. He noted that currently, imaging referral guidelines exist in most European countries, but are not being employed: he suggests their implementations by way of regulations and awareness. The ESR is promoting the use of clinical decision support (CDS) Systems for implementing imaging referral guidelines, to provide a platform at the point of care with evidence-based information and patient-tailored CDS tools relevant to imaging decisions. Second, diagnostic reference levels (DRLs) specifically targeted for the paediatric population are necessary in order to optimise procedures with the goal of reaching radiation “as low as reasonably achievable (ALARA)”. Finally, with continuous technological advances, he highlighted the importance of keeping up to date with imaging equipment as similar imaging quality can be obtained while being exposed to considerably less radiation when using the latest technology.

Dr Michael Kawooya represented the African Society of Radiology/International Society of Radiology (ASR/ISR) reinforces the notions of education and awareness through the coordination of processes and their healthcare providers, which would not only raise awareness, but would also engage them in contributing to the monitoring of their own cumulative levels of radiation.

Each of the international organisation had representative there to give the global perspective of where we are now and how can we do it better together. Dr Gloria Soto Giordani, of the Intern-American College of radiology/International Society of Radiology (CIR/ISR) represented the unique challenges that Latin America is facing. These namely included the great diversity of practice across the Latin American Countries, and the lack of information specific to pediatric imaging, itself exacerbated by the shortage of radiological professionals in the field (e.g. paediatric radiologist, medical physicists). She concluded that the way forward would be through coordinated strategies involving all stakeholders and through increasing awareness to the need of a positive change in the culture of radiological protection, since it is the responsibility of all to provide children with safe imaging.

Dr Guy Frija represented the European Society of Radiology/ international Society of Radiology (ESR/ISR) and Chair of Euro Safe Imaging Campaign and alliance framed challenges of radiation protection in paediatric imaging in three main categories: justification, optimization, and quality of equipment. First he highlighted that evidence-based imaging referral guidelines must be employed for the justification of procedures. He noted that currently, imaging referral guidelines exist in most European countries, but are not being employed: he suggests their implementations by way of regulations and awareness. The ESR is promoting the use of clinical decision support (CDS) Systems for implementing imaging referral guidelines, to provide a platform at the point of care with evidence-based information and patient-tailored CDS tools relevant to imaging decisions. Second, diagnostic reference levels (DRLs) specifically targeted for the paediatric population are necessary in order to optimise procedures with the goal of reaching radiation “as low as reasonably achievable (ALARA)”. Finally, with continuous technological advances, he highlighted the importance of keeping up to date with imaging equipment as similar imaging quality can be obtained while being exposed to considerably less radiation when using the latest technology.

Although each organisation spoke on their unique contribution as the experts of the technica
specific expertise many similar messages were repeated in each of the presenter’s presentation. One such message was the fact that there is a large variation in the radiation doses used in different facilities for the same procedure and an important need for policies focused on children, a need to establish diagnostic reference levels for children. Another common message was to emphasise that radiology is important and that paediatric imaging can save lives and at the same time explain that children are vulnerable. Use radiation when necessary, “image wisely” links to the concept of justification. When using radiation in radiology we should use as much as we need for the medical purpose, neither more nor less, to achieve the benefits of medical imaging. Image gently links to the concept of optimisation. The third common theme was to take advantage of standards, guidance and tools globally developed, that can be locally adopted/adapted. Examples: international basic safety standards (BSS), Bonn Call for Action, WHO Global Initiative on Radiation Safety, WHO Radiation Risk Communication tool, etc...

Finally the Co-chairs, Dr M. Neira and Dr E. Kelly delivered the closing remarks. This Side Event identified issues of underuse and overuse of medical imaging in Children. We should improve justification of procedures and optimisation of diagnostic data, radiation protection, and promote use of imaging referral guidelines. Radiation safety is linked to several relevant WHO activates/programmes that are all collaborating, as reflected in their participation in this side event. National programs should consider collaboration between health authorities and experts/professionals, with the support from international societies. A take home message from this Side Event was “Perform medical radiation imaging according to standards.”

The presentations and panel discussion was well received by the audience and the panelist and stakeholders spent the remainder of the afternoon reviewing and formulating a call for action plan. The plan includes an international global campaign which will be announced later this year. Also determined was a website threw the WHO specific to the campaign and important key information for the global stakeholder to disseminate key messages and strategies from the session. As we receive information we will be sure to post on the ISRRT website as well as the News & Views.

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
The 40th Anniversary celebration of the Society of Radiological Technologists-Sri Lanka was held on June 28, 2015 at the Postal Department headquarters auditorium in Colombo.

The celebration comprised of an educational session and the Annual General Meeting.

The chief guest was the Director, Sri Lanka Rupavahini (National Television) Corporation, Mr Somaratne Dissanayake. He was a former radiographer who qualified in the London MSR examination in 1970-1971.

He first worked in the Sri Lanka Navy Hospital and later in the General Hospital Colombo. During that period his interest in the art persuaded him to become an artist and at first he produced stage dramas. Later he migrated to Australia where he improved his artistic skills and qualified in the Cinema and Tele-drama industry. Somaratne returned to Sri Lanka in the 1990s and produced some award winning Tele-dramas and films. This year he was appointed the Director of the (National television) Rupavahini Corporation.

After his speech, the chief guest was invited to award the certificates to the successful CT Diploma candidates.

The main feature of the day was the mammography lecture session. It was conducted by Ms Chalodya Wijesekera, a Bsc. Graduate Radiographer and an application specialist from Mediquipment Pvt. Ltd, the country agent for Hologic and Toshiba imaging equipment. The event was organised by Mr Rienzy Nanayakkara, Director Sales of Mediquipment Ltd. The education session was followed by lunch.

The afternoon session was the Annual General Meeting. The former council of management was re-elected unanimously to serve for the next two years.

A number of important decisions were discussed to work out in the coming year for upgrading the profession.
Diary Dates

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 9-11
ORSA RSSA Imaging conference
Sandton Convention Centre, Johannesburg, South Africa

November 4
BIR Annual Congress
Royal College of General Practitioners, London
Further information: https://membersarea.bir.org.uk/multievents/displayEvent.asp?Type=Full&Code=5251

November 20-22
Barbados Association of Radiographers (BAR)
& Barbados Health Information Management Association (BHIMA) Biennial Conference
Please contact the society directly for further information.

December 11
3rd International Training for Forensic Radiographers
Further information: Melissa.Jotterand@chuv.ch

2016

October 17-22
19th ISRRT World Congress
Seoul, South Korea
For more information contact: www.isrrt2016.kr

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.

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
PLANNING COMMITTEE
It is of the following organisations:

- Canadian Association of Radiologists
- La Société Canadienne Française de Radiologie
- Canadian Association of Medical Radiation Technologists
- Ordre des technologies en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec

PARTICIPANTS
- 700 technologists
- 500 radiologists

ACTIVITIES
Participation at CAR/CAMRT roundtable stakeholders Meeting
The theme of this meeting was: Collaborative Care.
Each speaker had five minutes to present their opinion on the theme.

- Dr Debbie Levine, Vice-President, American College of Radiology
- Sal Martino, CEO, American Society of Radiologic Technologists
- Sandra E. Hayden, President-elect, American Society of Radiologic Technologists
- Dr Ronald Arenson, President, Radiological Society of North America
- Dr Elisabeth Schouman-Clayes SFR Management working group, Société Française de Radiologie
- Philippe Gerson, Vice-président, Association française du personnel paramédical d’électroradiologie
- Brian Liszewski, CAMRT representative to the Canadian Partnership for Quality Radiotherapy
- Karen Smith, President, The Society of Radiographers

Presentation from Philippe Gerson about his 20 years of teaching in Africa
This 45 minute presentation to more than 300 radiographers was in French and was about Philippe Gerson involvement in Africa since 1997 with Marion Frank and Adrien Finch.
Since this first workshop in Tanzania, several workshops have been organized with ISRRT help and now a fantastic network is available for African radiographers.
Philippe mentioned very nice stories they had during 20 years with his “education team”.

Presentation from the Ministers of Health of Québec and Canada moderated by Alain Cromp
The Minister of Health of Canada the honourable Rosa Ambrose and from Québec Dr Gaétan Barette (former President of the Quebec Association of Radiologists) Minister of Health in their opening remarks and welcome message mentioned the importance of imaging and radiation oncology and specifically the role of the crucial work of the radiographers.
Activity/Conference
The conference gathered 150 Radiologists and radiographers from 10 French speaking African countries.

The program included courses, conferences, oral presentations and exhibitions.

Invited as a Guest speaker, I intervened on behalf of the ISRRT through an oral presentation entitled: The ISRRT an international perspective, giving an overview of the ISRRT’s organisation, activities and future projects in African sub region.

Summary of Outcome[s] of Activity/Conference
Through the regional Director’s presentation, the participants discovered the scope of action of the ISRRT and the opportunity to work in connection. Besides discussions were raised with the SRANF Board President Dr MOLUA Antoine to establish a partnership with the ISRRT in order to enhance radiographers training in Africa. Insurance was given to include that issue in the minute of the Board meeting on the 17th April 2015.

I also discussed with Professor FRANCHE JEAN-PAUL from France, Vice Director of the International Conference of the DEANS of Francophone Faculties of Medicine, member of the Francophone circle of radiology Teachers (CERF) about the e-learning project they have initiated for Radiologists training. I suggested to him that we could think about a similar project for radiographers’ training within Africa. He accepted my proposal and recommended me to keep in contact with him when back in France so that we could work towards achievement of this goal.
The Workshop
Designed for Radiographers in French speaking Africa. 25 Participants from three countries (Cameroon, Democratic Republic of Congo and Côte d’Ivoire) were gathered at the General Hospital of Douala. The training program included a course on physics and technology of MRI, and skills lab demonstration of MRI exploration of the spine, the skull and the knees. The Workshop began by The ISRRT Regional Director’s presentation entitled “ISRRT: an international perspective” in which he presented the ISRRT organisation, activities, relationship and future projects. He then invited the regional societies to show more commitment in the ISRRT issues.

The Regional Meeting
Four major participants: Mr Narcisse Nana President ACPTIMR (Cameroon) Mr Banza Kissala Kiss CNPIM (DRC), Mr Boniface Yao (ISRRT Regional Director Africa), Mr Gerson Philippe (ISRRT Vice President Europe Africa). Mr Gerson participated on skype. The minutes were related to:

- Information from the ISRRT
- Communication between ISRRT member societies Within Africa
- Preparation of the upcoming francophone Africa Congress of Radiographers in 2016
- Case of African societies which are collapsing

Outcomes
Participants learnt several techniques in MRI protocols, image quality and semiology.

The presence of the regional Director energised the participants and demonstrated the vitality of the ISRRT;

A proposal of budget was made which meets ISRRT requirements;

It has been decided that the flag ceremony will be organised at the opening of the 2016 congress in Kinshasa. The Democratic Republic of Congo (DRC) will host the 9th francophone Congress of Radiographers in September 2016 in Kinshasa.

The ISRRT Regional Director has been invited to visit DRC in November 2015 to evaluate the congress preparation process; date and venue were decided.

The group decided to energise societies of TChad, Gabon, Benin, Niger and Congo Brazzaville which are collapsing.

Special thanks was addressed to the ISRRT President Dr Fozy Peer through the Regional Director Africa. The participants demonstrated a real interest in the workshop during the whole session and they promised to show more commitment in The ISRRT issues.

Next meeting will be in November 2015 for the World Radiography Day.
I took up this post in 2011, when the department had a skilful radiographer assistant, Ashley Scott Kaiueru and a trainee, David Mick Vorbach who is now a qualified Radiographer. The Radiology Department was fully equipped with units, suitable for this remote island. It had a fluoroscopy/general machine, OPG, Mindray Ultrasound unit with two portable Sonosite ultrasound machines, and a table top automatic processor in the dark room.

An unforeseen and unfortunate event struck the Republic of Nauru Hospital on August 15, 2013. A fire broke out in the early hours of that Thursday morning that left the radiology, pharmacy and medical records in ashes and rubble, with all the x-ray equipment, drugs, patients' folders, textbooks etc. destroyed.

We had to start from scratch, and with the help of donor funds from neighbouring countries and even afar, we were able to order a CR mobile system installed in a container and shipped from Australia, thanks to Shimadzu and Premier Biomedical Engineering for supplying us with the unit and the great support rendered.

Procuring a mounted unit was out of the question at that time, since we did not have a room to install the machine, however we had to get a mobile unit for the reason that it was convenient and radiology service was much needed. Furthermore, a small scan machine was promptly bought to provide service for the people; nonetheless a bigger and better unit was procured for quality service. Though service has been restored, special examinations cannot be done at the moment because of the unavailability of a fluoroscopy unit.

At the moment we still have our mobile unit in the container with a GMF ultrasound machine from Opritech, New Zealand, serving their purpose well for the people of Nauru. Moreover, we now await the new pre-fabricated building that will be built and become our new Radiology Department.

Report by Suluei Bauleka Vuanivono, Senior Radiographer, Republic of Nauru Hospital

Nauru is a small island in the Pacific Ocean, located 42 km south of the Equator. It has a population of approximately 10,000 residents and has a 60 bed hospital and a Public Health Centre.
For ten years, during the Pentecost weekend, Togo radiology’s professionals organise training workshops and university post teaching.

Thus, this year on May 22-23, on the eve of the celebration of Pentecost, Christian feast of the descent of the Holy Spirit, the Togolese Association of radiology technicians and medical imaging (ATTRIM) has organised its 10th radiology days in the auditorium of the WHO center of Lomé (TOGO).

The theme of 2015 was focused on: “Radiological care for polytrauma.”

It was two days of meeting and training. The first day was the training in radiology which had 57 radiology professionals (51 radiographers and 6 radiologist doctors) in attendance, and the second day dedicated to the General Assembly of the Association of Togolese radiological technologists.

The first day dedicated to training was organised in two sessions directed by the professor of radiology at the University of Lomé. In total six presentation were presented by technicians and radiologists:

- Supports a polytrauma on radiographs: techniques and best practices (by Mr Adamado Ablamvi)
- CT whole body of a polytrauma (by Mr K. Adanzoukin)
- Radiological imaging of spinal injuries (By Dr Amadou)
- Imaging Trauma cranio-encephalic (by Mr Atipoupou Denis)
- Imaging of the thoracic injuries (By Dr Tchao)
- Restitution of 8th training days of medical imaging technicians and radiotherapy at Abidjan November 5-8, 2014 (by Mr Léger Agbodji)

The theme “polytrauma” is a hot topic in Togo, as it constitutes one of the main causes of mortality of the public road accidents with large scale use of 2-wheeled vehicles by the population, mostly without a helmet. According to the latest epidemiological figures, Togo had 4,942 accident cases on public roads between January and November 2014, with 1,451 dead in the first quarter 2014.

This topic was therefore of great interest to delegates. Thus, at the end of the presentations, there were important messages for the improvement of radiological practices and techniques in the management of trauma patients. These messages included good practices concerning standard radiography which is the most available means of imaging in Togo (in almost all of the 32 prefectures), and also the CT scan that is available in three prefectures in this country of 56,600km² area and of more than 7 million inhabitants.

In standard radiology, in front of multiple injuries, is recommended for technicians to perform complete examinations so hierarchical with little mobilisation of the patient. Being fast in achieving the acts, but by using a good coordination of actions in
order to respond to specific questions from the request for review, despite the state of the accident. The mobilisation of the patient should be the bare minimum with the use of gloves and sterile equipment. Avoid aggravating the condition of the wounded by iatrogenic acts (displacement potential fractures), and apply the radiation protection principles to optimize each exposure.

As for the CT scan, the focus has been on the fast and comprehensive aspect of the above consideration at a whole body CT. Set a specific protocol before the start of the review and work with the relief team. Upon arrival of the patient in the scanner room, locate the material to be transferred (equipment which might affect images), and be sufficient to transfer the patient on the CT scan table. Check intravenously, clamp urinary catheter and make a protocol examination, preprogrammed and easily viewable to the console. It is recommended to scan head to foot, followed by post treatment (reconstruction) if the patient’s condition is very unstable, not handling the stressful atmosphere that could occur around the patient.

The second day of the annual meeting of Togo technicians, experienced the General Assembly of the Association May 23, 2015 at 9am as the agenda as follows:

1. Moral report
2. Activity Report
3. Financial Report
4. Future prospects

The first year of the previous elected office General Assembly and headed by Mr Awobanou Komla was evaluated and appreciated by the participants.

At the end of the meeting, the mobilisation was large projects seen in all hearts adopted for future meetings. These projects are among others the celebration of World Radiography Day on November 8 each year through a national meeting of training and exchange; next is a project called “rural radiology” which will bring radiology in villages isolated or located in Togo; the upcoming edition of a national newspaper of radiology.

The day of the general meeting continued in the afternoon with the participation of radiology technicians to postgraduate education led by the Togolese Society of Radiology and Medical Imaging (STRIM), the Association of radiologists. The general theme of this course is “medical imaging in bleeding emergencies”. The profession of radiology in Togo following this path of evolution as in other developing countries where technical facilities are mostly teams but with very committed volunteer caregivers which work to develop and update their professional practices. The Holy Spirit has certainly assisted the work of the Pentecost meeting of 2015, it all helps to do better every day a little more.
THE training course was organised by the International Atomic Energy Agency (IAEA) in cooperation with the government of the Czech Republic through the National Radiation Protection Institute, within the framework of the IAEA technical cooperation regional project “establishing Quality assurance/quality control in x-ray Diagnostics”.

The program of the training course included an entrance test, series of lectures, practical sessions, discussions and a final test and covered the following main topics:

• Introduction to quality practices in diagnostic radiology
• Roles and responsibilities of the Radiographer in diagnostic radiology
• Radiographer quality control for radiography, mammography and computed tomography
• Diagnostic reference levels and optimisation.

Also there was a lecture on the Clinical Audit in Radiology and the presentation of the QUAADRIL document issued by the IAEA to facilitate the procedure of the Clinical Audit.

12 participants were registered to that workshop from countries of the central Europe, namely Estonia, Latvia, Moldova, Monte-Negro, FYROf Macedonia, Slovenia and Serbia. The workshop was held at the premises of the Facultní Nemocnice V Motole, which is the larger hospital of central Europe.

ISRRT and EFRS were asked by the IAEA to provide lectures to the course. Dimitris Katsifarakis by the site of ISRRT and Dean Pekarovic by the site of the EFRS were presented on the aforementioned topics, and they lead some of the practical sessions.

Presenters also were Dr. Harry Delis by the site of the IAEA and Dr. Leos Novac from the Czech National Radiation Protection Institute.

After the completion of the workshop which was lasted 5 days, 40 hours in total, by assessing the final test, it was a clear evidence that participants gained new knowledge and experience on practical issues concerning the QA/QC procedures for the benefit of the patient. After the course completion the participants expressed their deep thanks to the IAEA and the contributing speakers for the offered training and they promised to put in action in their departments the lessons learned.

All the presentations were uploaded in a web folder open to access by the participants.

My personal opinion is that those initiatives of the IAEA division of human resources much improving the services offered by the radiology departments to patients and are in a direction to homogenize the professional behavior. Hope IAEA will continue to more courses in the same subject at a near future.
Digital imaging workshop: CR/DR/PACS

Yangong General Hospital, Myanmar
June 2-5, 2015

Report by Maria Law, Director of Education, Napapong Pongnapang, Asia and Australasia Vice President

Conference summary
Visit to Myanmar University of Medical Technology. This is a small university of 500+ students studying programs in allied health: Medical Imaging, Medical laboratory science and Physiotherapy.

Most of the medical imaging equipment are the conventional units and rather old-fashioned. Students mostly learn about the analogue imaging system.

In Radiography, the university offers a four year Bachelor Degree program and a Master program. The university is currently seeking for international collaboration with universities in the region to help their faculty members pursuing PhD education.

Digital Imaging Workshop evaluation

- The objectives of the workshop had largely been achieved
- The overall satisfaction of the workshop is 1.9 when 1 is most satisfied and 5 is not satisfied at all.

Evaluation results
Topics participants remembered most after the workshop are (top 5):
- PACS
- Image artefacts
- DICOM
- CR and DR
- QC

Strength of the workshop (top 5)
- Provide knowledge about CR/DR
- Provide knowledge about workflow and PACS
- QC tests
- Provide new knowledge
- Learn about the basics of digital imaging

Improvement to the workshop
- More practicals
- More days

In terms of effects on their daily practice, the participants commented that they would share what they have learnt with colleagues, would handle and maintain the equipment carefully, change their QC practice and after learning the histogram, they would use collimation appropriately.

Top left:

Top right: Dr Napapong Pongnapang conducting practicals at the Yangon General Hospital.

Left: A visit was made to the Myanmar University of Medical Technology by the speakers. The photo was taken outside the university.
THE American Society of Radiologic Technologists (ASRT), held their 30th Educational Symposium and Annual Governance and House of Delegates Meeting in Albuquerque, New Mexico from June 25-28, 2015. There were over 300 attendees from all over the United States representing all areas of imaging and Radiation therapy. We were excited that the meeting had an international appeal via the presence of David Collier (CEO at the Australian Institute of Radiography, AIR), François Couillard (CEO at the Canadian Association of Medical Radiation Technologists, CAMRT) and Richard Evans (CEO of The Society and College of Radiographers – SCOR) from the United Kingdom. 86 medical imaging and radiation therapy students were also in attendance thanks to funding through the ASRT Student Leadership Program where they are assigned mentors to help them learn the ASRT governance processes and start building a professional network. Each day was packed with events starting with the first day’s Educational Symposium, consisting of courses in computed tomography, general education, management, and women’s imaging. A presentation that was particularly applicable to those interested in global imaging was provided by Barbara Tomasini and James Temme entitled “Radiology in Haiti: Challenges and Rewards in a Developing Country”.

Other event activities included updates from the ASRT, The American Registry of Radiologic Technologist (ARRT), and the Joint Review Committee on Education in Radiological Technology (JRCERT). There were also state affiliate society forums, modality chapter meetings, and the election of the Vice-Speaker and Speaker of the House. Finally, the conference business was at hand with two House of Delegates meetings being held, followed by the installation
of the newly elected ASRT board officers and a President’s Reception. The highlight of the event, however, was the grand opening of the ASRT’s Museum and Archives. The museum featured medical imaging history tracing the progress of the medical imaging and radiation therapy profession through the years, with interactive displays and educational exhibits.

There were also many exhibitors representing different product, services, and organisations on multiple days of the meeting. We were glad to see that the ISRRRT had a booth, enabling attendees to learn more about the society, sign up for membership, and review literature such as the recent News & Views periodical, as well as information about the upcoming World Congress in Seoul, Korea scheduled for October 2016. Several representatives of the society were present at the booth, as well as throughout the length of the meeting, chatting and networking with the those interested in global imaging issues, including Jonathan Mazal (Regional Director of the Americas), Christopher Steeleman (Regional Coordinator for Professional Practice), Sharon Wartenbee (Regional Coordinator for Public Relations), Donna Newman (Director of Professional Practice), Donna Long (Council Member for the United States), and Michael Ward (Past President).

In a brief interview for this article, Mr Couillard of the CAMRT was asked why he chose to attend the ASRT meeting and grand opening of the museum this year. He replied by stating that “the Canadian and US societies have a close partnership, and I want to support this”. He was impressed by the new addition to the ASRT building, referring to the museum exhibits as being “wonderful” and “top notch”, adding that he was pleased to be there to celebrate with the ASRT members.

Kevin L. Rush MHA, RT(R)(T), FASRT, and outgoing Secretary/Treasurer of the ASRT, shared that he attends this annual meeting to hear premiere speakers, enjoy full access to representatives of the major US organisations, and to share with others what he is working on at his clinical facility. Kevin added that attending the ASRT meeting provided him with a chance to catch up with old friends, network, and share stories. He closed by sharing that “the opening of the ASRT museum would have brought me to the event, even if I hadn’t already had plans to attend. Seeing the progress made over the last 100 to 125 years in medical imaging was just amazing”.

Talking to other attendees, Stephanie Johnston, MSRS, RT(R)(M) (BD) explained to us that that she attends the annual meeting to get a feel of what is relevant and going on right now in medical imaging. She also enjoys experiencing the professional camaraderie that is a big part of the meeting.

According to Charles Washington, MBA, RT(T), FASRT, his most memorable moment at the meeting was the robust discussion and invested participation of the members at the modality chapter meetings, specifically that of the Medical Dosimetry/Radiation Therapy break out session.

One of the funded leadership students from Maryland via Cameroon, Marius Metfiang, made mention that he really enjoyed the ability to network, and was grateful for being paired with an experienced mentor.

Attending the Educational Symposium and Annual Governance and House of Delegates was truly an amazing invaluable experience. The positive energy, support, knowledge, and inspiration that we have gained from attending over the years, as well as the lasting friendships we have formed with our peers who also attend annually is truly priceless. We would recommend attending next year’s meeting to those in the international medical imaging community as the meeting, although the US national society meeting, has become a melting pot of attendees from around the world with a common history and as well as a common future.

Susan Cazaux, RT(R)(M)
Doralene Deokielal, RT(R)(T)
IAFR celebrates 10 years (2005-2015)

ISFRI acknowledges the achievements of the IAFR

Leicester, UK
May 14-16, 2015

A brief summary of the development of AFR into IAFR over the past decade was outlined in the King Richard III Visitor Centre by Mark Viner, a founding member and current Chair of the International Association of Forensic Radiographer (IAFR).

Invited guests on the night included Karen Smith, President of the Society and College of Radiographers who spoke of the collegiate relationship between IAFR and the SCOR which includes the publication of the Forensic Imaging guidelines (2014) and the Child Abuse guidelines which are due for publication in 2015.

The second guest on the night was Dr Sandy Yule, CEO of the International Society of Radiographers and Radiological Technologists (ISRRT) who outlined the relationship between both organisations, both of which aim to standardise the role of the Radiographer at an international level.

Copy of Mark Viner’s speech delivered on the night:

“Presidents, Chairs, General Secretary, Honoured Guests, Ladies and Gentlemen

On behalf of IAFR I would like to welcome you all to Leicester and to Richard III exhibition. I hope that you have enjoyed the exhibition and the fascinating story of the location, recovery and identification of the remains of Richard III, the last Plantagenet King of England.

Richard III is perhaps one of our most famous (or infamous) monarchs – depending upon your perspective. There are many who believe that Richard has been much maltreated over the centuries. He certainly is the only English monarch to have his own society dedicated to rehabilitating his image and telling his side of the story and it is interesting to note that the current chair of that society, Dr Phil Stone is a radiologist with whom I had the pleasure to work many years ago.

King Richard left us with one of the most enduring mysteries which has puzzled professional and amateur sleuths alike – What happened to his nephews the young uncrowned King Edward V and his brother prince Richard? Were they in fact killed on the orders of Richard III as the Tudors would have us believe, or is there another explanation. This question has spawned a whole library of books “examining the evidence”.

Whatever the truth may be regarding the princes, it is a little known fact that his reign ushered in some important legal precedents, which we rely on today. His parliament, which met only once, passed just 33 Acts. These were published in English and not Latin for the first time thus making the law accessible and understandable to the common man. The laws included some important reforms to the judicial system to deal with the problem of corruption and bribery of juries which was rife at the time. He also introduced a change to the system of bail to prevent a person from being imprisoned before trial and protect their goods before the time. He also introduced a change to the system of bail to prevent a person from being imprisoned before trial and protect their goods before they had been found guilty - principles that apply today not just in the UK but in many other parts of the world.

It is therefore fitting, that with this commitment to uphold the rights of the common man, the mystery surrounding the fate of the princes in the Tower and the extraordinary role of forensic radiology in the identification and examination of his mortal remains, that he has kindly agreed to host this event this evening!

It is almost ten years ago since Guy and I and others present celebrated the official launch of the Association of Forensic Radiographers at the UK Radiological Congress in Manchester June 2005. The launch was preceded with a lecture programme showcasing the developing role of medical imaging in forensic investigation and challenging the professions of radiography, radiology and pathology to equip themselves for a brave new future – a future which has now arrived!

We have put together a factsheet giving the history and development of the IAFR which is available for you to take away or online on the conference web pages. As you will see from this document the launch of AFR in 2005 was the logical culmination of a number of initiatives by radiographers here in UK in the preceding years which had resulted in the establishment of the three groups which came together to form AFR: The Forensic Committee of the Trauma Imaging Group, Northern Region Forensic Radiography Response Team and the Military Forensic Team. Merging organisations is never a straightforward business and I think it is a great tribute to all of those involved in the founding committee, but in particular to the senior teams of these three groups; John Beamer, Wayne Hoban, Emily Faircloth, Catherine Rock, and Katie Whittam, that the organisation not only gelled together quickly as a team but managed to achieve extraordinary success in such a short space of time.

Within just a few short weeks of the launch on July 7th 2005, forensic and emergency responders in the UK faced their greatest test for many years with the simultaneous detonation of 4 suicide bombs on the London Transit Network with the loss of 52 lives and scores of people injured. The AFR response team was not only prepared for such events, but had been working to highlight the gap in emergency preparedness for forensic radiology so evident since the Lockerbie disaster almost 20 years previously. The effect of the Lockerbie incident on the radiographers involved – who performed a magnificent job but were unprepared, untrained and poorly equipped - was first highlighted by Fiona Gillespie at an SOR conference in Bath in 1992 and acted as a catalyst for change.

As a result, in 2005 AFR, acting as part of the London Resilience Team response were able to mobilise a team of 27 DVI trained radiographers who worked in 2 shifts over a three week period, and co-ordinate a supply of equipment through industry contacts. Following this incident, the UK government established a formal DVI team, which includes AFR UKFRR Team and a contract for supply of radiography and CT imaging equipment.

The Association has continued to build on the work started by its predecessors and develop guidelines, standards, postgraduate training courses, CPD events etc and in all these activities we have worked closely and in with the full support of the SCoR with whom we maintain a very strong and effective working relationship. I am very pleased that we have been joined this evening by the President of the SCoR, Karen Smith and I would like to invite her to speak to you now.

When you live on an island as we do in UK – it is not always easy to know what is going on the rest of the world and we were interested to find out how forensic radiography was being practiced in other countries and learn from these other systems. In 2005/6 I was fortunate enough
to gain grant from Winston Churchill Memorial Trust to travel to South Africa, Australia, Argentina and the USA to investigate role and development of FR. This brought me and through my regular updates the rest of AFR into contact with a number of examples of different systems, ways of practice from which I identified many common issues. I had the pleasure of meeting among others Gil Brogdon, Nancy, Adams and Jerry Conlogue in the USA, Osvaldo d’Amuri, Cynthia Urroz and Luis Fondebrider in Argentina, Fozi Peer, Leoni Munro, Steve Naidoo, Loma Martin and Hendrik Scholtz in South Africa and Peter Ellis, Jodie Leditchke at the team in Melbourne Australia all of whom were not only willing to share their own experiences but supportive of the need for exchange of information and collaborative working for the international development of Forensic Radiography.

Through these contacts AFR became increasingly international and supported the formation of groups in Republic of Ireland and the USA and contributed to various educational events in Europe, USA and South Africa. Gil Brogdon became our Patron and at his suggestion our name was changed to IAFR. As an international organisation we have been strongly supported by good working relationship with International Society of Radiographers and Radiologic Technologists with whom we ran our first international event in Durban South Africa in 2008. We are delighted to have the General Secretary of ISRRT, Sandy Yule with us this evening and I would like to invite him to address you now.

In 2012 we were delighted to support the formation of ISFRI as we strongly believe that successful evidence based development of this new speciality is dependent upon collaboration and discourse between all professions at an international level. We have been pleased to enter into a Memorandum of Agreement with ISFRI offering reciprocal associate membership and the Journal of Forensic Radiology and Imaging to our members.

Like all of us here we were very sad to learn last year of the passing of Gil Brogdon, our longstanding supporter, friend, mentor and Patron. He will be greatly missed by all of us who had the pleasure to know him and work with him. He is of course irreplaceable but we were delighted when Michael Thali agreed to take on the role of Patron and thank him for his continued encouragement and support.

So here we are in 2015 and we are pleased to be holding our first joint congress with ISFRI. Rick will share with you tomorrow details of next year’s joint conference in Amsterdam and the new ISFRI website which has been developed using the same basic template designed for our updated IAFR website which went live last year. This allows many back end functions to be shared thus saving costs. This is just one further example of the benefits of our collaboration and we look forward to developing our close working relationship in the years to come.

So all that remains is for me to thank our sponsors Alliance Medical and the organisers here – particularly Guy, Wendy, Theresa and team and to wish you an enjoyable evening here in Leicester.”

Dr Sandy Yule’s speech:
I am delighted to have been invited to attend the Fourth Congress of the International Society of Forensic Radiology Imaging (ISFRI) which is being held in partnership with the International Association of Forensic Radiographers (IAFR) who are celebrating their 10th Anniversary.

I was present at the IAFR Annual Conference in 2009 and since then this young and energetic association has gone from strength to strength. During this time the IAFR members have been involved in deployments to major incidents on both a national and international level and this is to be commended. To undertake this successfully requires a wide and varying range of highly skilled and professional individuals, and also enthusiasm, and commitment, to what can be very stressful work.

In 2011 the formation of the International Society of Forensic Radiology and Imaging (ISFRI) was announced and it is good to see that they are working together with the IAFR towards the continued development of forensic global radiology. Such co-operation, and the forging of working relationships, is to be praised, for it is only by radiographers and radiologists working as a team that progress can be maintained.

In a similar fashion the ISRRT and the International Society of Radiologists (ISR) work together for the advancement of our professions and the furthering of education and training throughout the world, all of which is aimed for the ultimate benefit of the patient, the staff and the public.

I have known Mark Viner for many years, both as a colleague and a friend, and I know that we share common goals and objectives, as do our organisations. Both the IAFR and the ISRRT recognise the need for the education and training of radiographers, and for regulation in radiography in general, across the world. The aim of both organisations involves the development of international protocols, quality standards and guidelines, promoting educational programmes and sharing best practice. These are all areas in which the IAFR and the ISRRT should be working together.

The IAFR also encourages the development of research programs in forensic radiology and imaging. Likewise, one of the aims of the ISRRT is to promote research, and to further this we have an annual research award which is available to all radiographers. Again, this an area where our organisations can perhaps look towards co-operating.

I am confident that by working together and sharing our knowledge and international contacts we can greatly enhance the work of both of our organisations.

Our organisations have common problems and face common challenges - resources, staffing issues, legal issues and also language and cultural differences, which, I am sure the IAFR experiences when called into sensitive situations overseas. We should be working together to promote a common understanding, common solutions and common standards which could easily be shared between us.

Finally I would like to pass on the good wishes of the ISRRT Board of Management to both the IAFR and the ISFRI for your continuing success and assure you that the ISRRT would be very pleased to work together with you in the future.
Safety Culture Practice
by the Radiographer/RT in Europe and the influence of the ISRRT to that

Introduction
The main aim of each imaging department is to solve the clinical question entered by a referral physician regarding the patient they have referred.

The answer by the imaging department must cover the following needs:

• That of the Referring physician, expecting for an accurate diagnosis by the department.
• That of the Patient: During the examination they expect the best treatment, including the rational use of the radiation burden to them, in relation with the examination performed.
• The imaging department must have the referring physician satisfied, give positive experiences to the patient and make rational use of the available resources, in other words to produce Value. Departments use sophisticated machine, specific knowledge and qualified personnel of high specialization in order to obtain these results in a safe, efficient and effective manner.

The radiographer’s contribution to the department produced
Safety Culture
A vast majority of the radiological examinations are performed by radiographers/radiological technologists (RT) who radically contribute to the beneficial use of radiation: Considering the imperative responsibilities associated with patient radiation protection. Radiographers/RTs are in a very important position and, having knowledge, skills, professional behavior and technical integrity can and should provide the best available services to the patient in a way attributed to a respectful human being. During their work they are taking full respect in all the cultural, ethical, and religious aspects and principles of their patients. (ISRRRT, n.d.) That way the radiographer/RT acts as an interface between the technology and the patient.

This fact was emphasised many years ago in a publication of the ICRP-16 in which was stated that the radiographer is in a key position regarding the use of ionising radiation and according to his/her knowledge and skill can broadly decide the amount of dose administered to patients. (ICRP, 1983)

In Europe the importance of the existence of a Safety Culture during the health care service delivery to patients has been recognized (European Community, 1957). Special attention to an appropriate use of ionising radiation to patients and the staff, has been paid many years ago.

A series of European Radiation protection directives have been published all those years with the latest published being the BSS Directive which will come in force February 8, 2018 (The Council Of The European Union, 2013).

Modern imaging equipment is very popular for the accuracy of their imaging results, however the critical issue is the operator’s, and in our case, the radiographer’s conscious behavior which must be related to the dose delivered versus the imaging process indicated for a specific examination of the patient.

Some characteristic examples of the above mentioned are:
1. The potential higher risk for over-exposure of the patient for a given digital radiography examination compared to the conventional radiography.
2. Although interventional procedures register a small percentage compared to the total of imaging examinations, they contribute to an increased radiation dose to population and staff.
3. In March 2009 an incident during an interventional procedure at a hospital in Europe after official investigation indicated that during treatment for cerebral arteriovenous malformations there was: Lack of Safety Culture and inappropriate training of the operators. (EAN, 2010)

In all interventional radiology procedures the presence of an imaging expert, a radiographer, reassures the implementation of the appropriate current imaging methods through the available technology (RCR, 2014). In those circumstances the radiographer/RT should be and must act as a radiation protection advisor for non-radiological staff and patients.

ISRRRT’s contribution to the radiography services offered value
ISRRRT strives to harmonise at a high level the quality of services patients expect by the radiography profession. Economic and social barriers make sometimes this effort difficult, however ISRRRT’s mission is to influence radiographers to provide the best possible imaging and therapeutic radiation services in a humanistic way to patients, globally.

In order to achieve that ISRRRT is closely cooperating with the WHO and the IAEA.

WHO has recently initiated the “Bonn Call-for-Action” campaign (WHO, 2012). According to that campaign 10 actions have been identified for improving radiation protection in medicine in the next Decade.

ISRRRT is actively participating and supporting that campaign (ISRRRT, 2015). Along with the “Bonn Call-for-Action” IAEA is supportively running a project on the justification of the medical exposures and the appropriateness criteria. In this IAEA’s initiative ISRRRT is actively contributing with ideas, practical proposals and dissemination of the outcomes (ISRRRT, 2015).

ISRRRT’s efforts for improving the Safety Culture is sketching possible areas as to where the Continues Professional Development of the Radiographer should also focus.

The 1st action of the “Bonn Call-for-Action” Campaign is “The enhance of the implementation of the principle of Justification". Justification is one of the three pillars of the radiation protection of the patient.

The implementation of this issue is under discussion during the IAEA’s working group on the Justification.

At a European level, the HERCA group is discussing the Justification process, including the manufactures of the equipment (HERCA, 2014). To all the above, ISRRRT is an active stakeholder.

It was believed that the Justification process had a strong correlation only with the referring physician and the radiologist. Although this is still true, the justification process has been seen under a broader perspective and demands a multi-disciplinary approach.

When an imaging department incorporates the justification of the
medical exposures into its daily praxis, it reassures society that it performs the right examination to the right patient at the right time, which means that the department is working effectively.

Radiographers nowadays have an emerging role in the justification procedure. They are the first who meet the patient along with the referral and having the knowledge, expertise and experience, they can quite easily understand whether the prescribed examination can lead to an answer for the clinical problem. The Situation is getting complicated in the absence of a radiologist. In that case radiographers should have the knowledge and the skills to communicate the specific possibilities and limitations of the prescribed examination to the referring physician for the best interest of their patient.

Clinical Imaging Guidelines which are easily accessible via electronic media, can provide evidence based support to radiographers during their communication with the referring physicians.

ISRRT pays special attention to the participation of the radiographer in the justification process. Thus, the theme for the 2015 Radiography day is “Radiographers have a pivotal role in Justification of medical exposures”. An award of 5,000 Sterling pounds for a two year project for the role of the radiographer in justification of Medical exposures had also been announced by ISRRT for the next two years.

It is also expected that Radiography schools will consider that fact and try to incorporate modules into their educational program regarding the justification approach by the radiographer/RT.

The other important area for Safety Culture’s improvement is the implementation of the principle of optimization of protection and safety.

In a CT examination the question rises whether the examination protocol adopted accurately considers the patient’s age and the clinical indications of the examination.

In a non-yet published study conducted in CT departments in General hospitals in Greece it is shown that there’s no adaptation of the scanning protocols to the age and height of the children.

When a radiographer acknowledges the specific needs of the requested examination, such as the type, and patient factors such as age, physical and mental condition related to the available imaging technology, they are implementing the principle of Optimization.

The implementation of harmonised criteria for discharge of patients after radionuclide therapy, and the development of as detailed guidance as necessary is an act of procedure optimization. The use of electronic health records to obtain information from previous examinations and doses given and the filing of the new images and relevant doses actively improves the principle of optimization. Radiographers must be familiar and experienced with all those procedures and actively promote them.

Finally radiographers must be prepared to participate in the departmental discussions aiming to evaluate whether the questions put forward by the referring practitioner have been answered at the end of each procedure.

These discussions can identify weak areas of performance, stimulating a formal departmental training procedure thus transforming the department to a learning organization.

In the document “Conditions for the education of radiographers within Europe” issued in 2003 ISRRT had foreseen where all those important evolutions came and stated ... “In response, skill mix, new and extended roles have been introduced and greater responsibilities for radiographers have been willingly accepted. Wherever this has happened, careful research has shown that radiographers if properly educated/trained have provided a safe, effective and economic service”. ISRRT believes and conveys that roles and responsibilities depend on the competence, the knowledge and the authorisation of a person, rather than being the responsibility of a specific profession, and that they depend on the service needs and the skill mix of employees.

Conclusion
Radiographers who are inspired from and practice Safety Culture provide a safe and productive working environment for their co-workers and their patient. The practice of Safety Culture is an ongoing process which demands active behavior with relevant education/training and legal support. There is a need for a European Standard for a common entrance level of education and training of radiographers/RTs in Radiation Protection for the human society’s welfare, and patient’s increased utility. Other, non-European regions might also be inspired by that and move accordingly. ISRRT is continuously working on that.

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As a member state the ISRRT has been asked to consult and give expert input representing the technologist global voice on the medical devices for Cancer management targeting low and middle income setting The ISRRT was also asked to send a represent to speak on behalf of the technologist global voice at the Collaborative consultation meeting held in Geneva April, 2015.

Before giving an update on the specifics of the spread sheet I thought some background on how this project fits into the overall WHO Leadership priorities would be beneficial to the ISRRT membership. In May 2014 at the World Health Assembly the Twelfth general program of Work for the six year period of 2014-2019 was approved. The general program of Work set out a vision for WHO describing the six leadership priorities that define the areas in which WHO influence the world global health.

1. Advancing universal health coverage
2. Health-related Millennium Development Goals
3. Addressing the challenge of Noncommunicable diseases
4. Implementing the provisions of the International Health Regulations (2005)
5. Increasing access to essential, high-quality, safe, effective and affordable medical products
6. Develop standards and tools to guide the planning and implementation of interventions for prevention, early detection, treatment and care
7. Facilitate broad networks of cancer control partners and experts at global, regional and nationals levels
8. Strengthen health systems at national and local levels to deliver cure and care for cancer patients
9. Provide technical assistance for rapid, effective transfer of best practice interventions to developing countries

Who has created a cancer fact sheets on its website with important information as it is related to Cancer statistic in the world. First important to note is the fact that cancer figures are among the leading causes of morbidity and mortality worldwide with approximately 14 million new cases and 8.2 million cancer related death in 2012 alone. The five leading types of cancer among men are lung, prostate, colorectal, stomach and liver. Interestingly women share some of the same cancer types among their top five types including breast, colorectal, lung, and cervix and stomach cancer. It is expected that annual cancer cases will rise from 14 million in 2012 to 22 million within the next two decades. Also noted is the fact that 60% of new cancer occurred in Africa, Asia and Central and South America and that 70% of the world’s cancer deaths occurred in these regions. According to ASCO only 5% of global cancer resources are spent in low to middle income countries.

In 2013, WHO launched a global Action Plan for the prevention and Control of Noncommunicable Diseases 2013-2020 that aims to reduce by 25% premature mortality from cancer, cardiovascular disease, diabetes and chronic respiratory diseases by 2025.

The WHO, International Agency for research on Cancer (IARC), IAEA-PACT, UNOPS, UNICEF, IAEA-PACT, UNOPS, UNICEF, SLACOM, WASPaLM.WFUMB and also the following UN Agencies endorsed by the World Health Assembly in May of 2014 and in Sept 2014 the WHO Global coordination mechanism working group was established enhance the coordination of activities, multiple stakeholder engagement and actions across sectors in order to contribute to the implementation of the action plan 2013-2020.

As part of this plan, the WHO has created a project called medical devices for cancer management to develop information for the selection of medical devices required to manage cancer care in a resource stratified version for low and middle income countries. The project objective is to define a comprehensive tool to guide policy makers and health care managers in the selection of medical devices for achieving the most appropriate cancer management. As you can see the top cancers are being considered in the project overview cervical, breast, prostate, lung, colorectal and leukemia as it is believed this will have the biggest impact globally in the continuum of care including prevention, diagnosis, treatment and follow-up and palliation.

The overall project is being coordinated by World Health Organization departments of Policy, Access and Use Unit, Essential Medicine (PAU), Health Products department (EMP) and the Health Systems and Innovation (HIS).

The WHO is collaborating with Academic Institutions including Harvard Global Equity Initiative, University of Zambia and also with Professional Association and Non government organisation to include AORTIC, ASCO, BHGI, DITTA, DMTA, ESMO, EUROSCAN, GIEESC, HUMATEM, IAPD, IFMBE, IOMP, ISRRRT, NCCN, SLACOM, WASPaLM.WFUMB and also the following UN Agencies IAEA-PACT, UNOPS, UNICEF.

The WHO has also as for consultation from the following
countries Bhutan, India, Ethiopia, Ghana, Tanzania, and Sri Lanka with initial funding being provided by OFID (OPEC Fund for International Development).

At the May 2015 World Health Assembly held in Geneva two side events were held relating to the overall objective of this project, relating to cancer. The first one was held on May 25 over the noon on Implementing resolution WHA67.19 strengthening of palliative care as a component of comprehensive care throughout the life course: ensuring access for children who was organised by the delegation of Chile, Italy, Panama and Spain.

The second event related to this matter was on the same day in the evening as a side event to give an update on Responding to the global target of 80% availability of essential non-communicable diseases medicines and technologies by 2025: a cancer perspective. Organized by the delegations of Cote d’ Ivoire, Senegal, Turkey and the union for international cancer control. Open panel discussion talked about partnerships needed along with collaboration of member states to meet this goal. As part of this overall plan practical steps for regulators to consider for cancer care are Diagnostic imaging, Chemotherapy and Radiation therapy is essential for continuum of care in cancer. Also consideration has to be given to economic and cultural issues in countries.

Now that I have given the background on this project, the ISRRRT participated in a Collaborative consultation on April 29-30 held in Geneva. The objective of the meeting was to present mythology to select interventions and medical devices from evidence based clinical guidelines in cervical, breast prostate, lung, colorectal cancer and leukemia. Also to present the common medical devices used for various types of cancer in the following specialties: Primary clinical assessment, surgery, radiotherapy, laboratory, Diagnostic imaging and pathology. The third was to discuss the input from specialists and expert groups’ preliminary review of the list of medical devices and health interventions previous to the consultation. The fourth was to agree on the medical devices required for each intervention, specialty area, type of cancer and health care facility in different resource setting. Finally the fifth was to propose country implementation strategies and finally to define action plan: activities, responsible organizations and timeline required to consolidate a list of medical devices for cancer management by health care level and type of health care facilities and propose future meetings.

Discussion was covered on proposed way forward to decide collaborative steps regarding in country workshop planning, pilot country implementation and proposed steps needed including a timeline.

As a organisation we to thank any of the experts in our society that gave expert to the working document and I have compiled a first report that was sent to the WHO regarding essential devices needed for delivery of treatment in the continuum of care for the cancer provided in this project. Recommendations relating to Radiation therapy—External Beam radiation Therapy and Radiation Therapy—High Dose Brachytherapy included as Radiotherapy building / housing specification requirements for basic infrastructure services such as they are challenges in terms of the layout and approach of the current document. For example a number of the ‘medical devices’ actually related to considerations for architectural specification and design.

The additional details are needed to make the document complete and global. A second report specific to the Medical Diagnostic Imaging commodities in MRI, CT, PET-CT, SPECT-CT, Gamma Camera, Mammography, Radiography, Fluoroscopy, and Ultrasound are being compiled and getting ready to be sent to the WHO this is written.

Again as Director of Professional Practice I want to thank everyone expertise in all these different area of practice as it related to continuum of care in Cancer treatment for medical devices needed to treat patient globally. Because of your involvement the ISRRRT will continue to improve universal health care in the world. We will continue to hear more about this project in the near future and may again be asked for input in the outcome of this project to create effective, Safe, Quality, appropriate, affordable, accessible, available, acceptable medical devices for appropriate cancer management.
ISRRT team members within the America’s have been diligently working towards enhancing communications within the region. Jonathan and I continue to work toward compiling a comprehensive list of radiographer society contacts within Central and South America, as well as the Caribbean. It is our hope to strengthen partnerships with our professional peers in Latin America to ensure they have representation at future World Congress meetings and equal access to educational offerings available to member societies of the ISRRT. As always, we welcome any recommendations of potential technologist/radiographer contacts within Latin American that can be sent directly to us at our emails (below).

On May 11, with the generous support of the Canadian Association of Medical Radiation Technologists (CAMRT), we held our 2nd triannual web-based teleconference with ISRRT representatives and Council members in the region. In attendance at the meeting were representatives from Barbados, Canada, Haiti, Jamaica, Trinidad and Tobago, and the United States. Updates were also provided by the regional representatives of the ISRRT Education, Professional Practice, and Public Relations committees.

A number of topics were discussed, many of which are provided in greater detail elsewhere in this issue of News & Views:

• Summary of the ISRRT Board of Directors meeting in London, UK in January of 2015
• Plans for an ISRRT strategic planning meeting for the Board of Directors in 2016
• Efforts to utilise technology to enhance communication with member countries
• Representation of technologists within the Bonn Call for Action
• Announcement of the 2015 World Radiography Day theme: “Radiographers have a pivotal role in Justification of medical exposures”
• Call for submissions for the 2015 ISRRT Research Award

From May 28-30, 2015 I was in attendance at the Joint Congress on Medical Imaging and adiation Sciences hosted by the CAMRT in Montreal. The theme was Collaborative Care – Imaging and Treatment, and many provocative lectures, informative workshops, and poster sessions were presented. The American Society of Radiologic Technologists (ASRT) held it’s annual Educational Symposium and National Congress from June 25-28. Jonathan Mazal, ISRRT Regional Director, Americas Region

Director, Americas Region was in attendance, and staffed a promotional booth for the ISRRT within the exhibition hall, the space generously donated by the ASRT. He was joined by several US members of the ISRRT America’s Team and is grateful to them for their assistance in representing global imaging issues at the meeting. Additionally, Barbara Tomasini gave an excellent presentation on the current status of imaging programs within Haiti, highlighting support provided by Philippe Gershon of the ISRRT Board of Directors.

To learn more of the annual ASRT meeting activities, please see the review article by Doralene Deokielal and Susan Cazaux on page 28.

Jonathan and I have also been working closely with the staff of the Pan American Health Organization (PAHO) in planning the 1st Annual ISRRT Latin American workshop scheduled for the end of the year in Managua, Nicaragua, and look forward to reporting back details in the next issue of News & Views.

We are also excited to share that the ISRRT Americas Region have been working with Melissa Culp of RAD-AID and Miriam Mikhail of the World Health Organization (WHO) to present a lecture series on global imaging at the 2016 Radiology Society of North America annual meeting in December in Chicago. If you have intentions on attending, we encourage you to partake in the session.

Finally, we would also like to take a moment to promote the Barbados Association of Radiographers (BAR) & Barbados Health Information Management Association (BHIMA) Biennial Conference scheduled for Nov 20-22, 2015. Please contact the society directly for further information.

We encourage you to contact us with any questions, comments, or suggestions on how we can better serve you. Emails in Spanish language are welcome!

Proudly serving radiographers/technologists within the Americas.

Terry Ell
Terry.Ell@albertahealthservices.ca

Jonathan Mazal
jmazal@isrrt.org

Emails in Spanish are welcome!
World Radiography Educational Trust Foundation

News

Sadly, we again have had to say goodbye to another Trustee. This time Mary Lovegrove stepped down as Trustee at our northern Spring meeting. We are not losing her entirely as she has agreed to become an Honorary Ambassador for the Trust. Mary was instrumental in recruiting both Cynthia and Michael as Trustees to complement our growing global representation of Trustees.

We have gained though, Noreen Sinclair, a colleague of Mary’s. Noreen has a radiotherapy background and is also an educator so will ably replace Mary in promoting our education programme along with Cynthia, Chris and Michael.

Alan Budge has been Chairman of the Board of Trustees, since 2011 and before that chaired some of the Trustees’ meetings on an ad hoc basis. He has thus served two terms of two years and must step down as chairman at the autumn meeting. Cynthia Cowling has agreed to take over as chairman at the autumn meeting. All Trustees, thank Alan for steering the Board not only through some difficult times, but also for leading the working party on developing the current Strategic Plan and for his guidance, wisdom and enthusiasm for the work of the Trust. He will continue in his role as Honorary Treasurer and communications lead.

Support

So far this year there has been two applications for textbook support. One from The Gambia and the second from a hospital in Nepal – fortunately not one that was affected by the recent earthquakes in the country. Both applications have been supported with textbooks and journals.

Twinning

Trustee, Marie-Dominique Galy is reviewing this program to see how effective it currently is and will be making recommendations to the Board of Trustees as to how this program could be developed.

Ambassadors

Trustee Chris Steelman is now leading the Ambassador program, again another one for review. He is making contact with all ambassadors to get their ideas as to how the program might be developed. Chris has also written an article for publication in the ASRT’s Scanner magazine, about the work of the Trust. Chris also looks after Social Media communications for the Trust.

Bursary Scheme

Two recipients of bursaries awarded last October 2014, made their educational visit and attended a conference earlier this year. Catherine Muchuki of Kenya attended the ECR in Vienna in March and Kofi Kyei of Ghana visited a hospital in Cape Town, South Africa, for 4 weeks to learn more about how to use linear accelerators to treat patients so he could bring his new knowledge back to his department to pass on to his staff so that their patients can benefit from more effective treatment. Alan and myself also attended the ECR and were able to meet up with Catherine. Both Catherine and Kofi provided Trustees with full reports of their visits. These reports can be found on our website. The closing date of March 2015 for this year’s first round of awards, was extended to the end of April. From the applications received, two applicants have been awarded a travel bursary – one to present at a conference in New Zealand in July and the other one to make an educational visit to Tata Memorial Hospital in Mumbai to learn about new radiotherapy treatments. This visit will take place in August this year. The next closing date for applications is September 20, 2015. The Trust has recently received a generous donation from the Society and College of Radiographers in the UK which will enable the Trust to provide bursaries well into 2016. The Trust is very grateful to the SCoR for this donation.
Part 1: RF Shielding for MRI installations

Radio Frequency (RF) is radiated from all types of electrical equipment in varying levels. An MR (Magnetic Resonance) scanner is a very sensitive receiver and, therefore, needs to operate with the additional problem of having to identify and eliminate all signals not generated by the patient/scanner combination.

An RF or Faraday cage is designed and built to:
- isolate the scanner from outside interference.
- stop the radio frequencies produced by the scanner interfering with equipment outside the MR Scan room.

The RF cage basically consists of a six-sided metal box in which all openings are shielded. The RF cage sits within a host room. The construction can be from several types of conductive materials, the most common being aluminium or copper. Wardray Premise has a preference for an aluminium construction.

The Wardray aluminium cage meets all necessary conductivity properties and attenuation levels. It also provides an inherent strength by achieving a free-standing unit with a rigid construction. This offers the advantage of being easily adapted to suit local building conditions, later modifications if the equipment is changed and the easy provision for additional filters.

All constituent parts of the RF cage need to form a continuous electrical contact with all adjacent surfaces. This is relatively easy to achieve with the cage wall, floor and ceiling panels. However, this is more of a challenge with the door opening, where spring loaded beryllium copper finger strips are used to ensure a good connection between the door and frame when in its closed position.

The shielding of apertures can take the form of a fine copper mesh sandwiched between two sheets of glass for an observation window, or as open wave guides where the length of the tube has to be a minimum of 2.5 times the diameter. Honeycomb filters for air conditioning and similar systems are constructed from hundreds of mini-wave guides assembled in a frame.

An RF cage has to be electrically floating when initial attenuation tests are carried out. In other words not tied down to earth which would carry the risk of an unwanted signal being introduced into the cage. On completion of the RF tests to confirm the required attenuation levels a clean earth will then be provided running back to where the incoming mains enters the premises. All electrical items within the room will then be earthed back to this one point on the cage.

Following successful testing, part of the cage wall is usually removed and subsequently re-fitted to accommodate delivery of the MRI scanner.

In close co-operation with the RF cage manufacturer a completed cage may be lined with all necessary decorative boards, suspended ceilings, flooring, lighting, air conditioning facilities, ready for the installation of the equipment. Often MR Scan rooms do not have external windows and therefore Wardray Premise have developed a range of Relax & View® images installed in their light boxes to improve the aesthetics of the clinical environment, as shown above.

Part 2: Magnetic Shielding for MRI installations

Not all MRI installations require magnetic shielding. The extent and thickness of magnetic shielding will depend on the MRI system, the site location and the size of the host room. Magnetic shielding is installed prior to the installation of the RF cage. The magnetic shielding material might be fixed to the host room walls or below the host room’s floor slab and each installation is unique.
Magnetic shielding is required when:

a) the 5 gauss line of the magnetic field extends beyond the room itself into public areas, potentially causing people with metal implants or pacemakers to be seriously affected, and can also cause disruption to TV’s, monitoring equipment, ultrasounds and CT scanners.

b) the performance of the scanner could be affected by moving large objects with an element of ferrous magnetic materials within their structure e.g. motor vehicles, lifts, etc.

Magnetic shielding can be achieved using any type of ferrous metal that will attract magnetic fields e.g. galvanised steel, low carbon or silicone steel. Such steel plates are heavy and this structural loading needs to be taken into consideration if significant magnetic shielding is required.

Determining the extent of the shielding and thickness of material required will, in some instances, be undertaken by the equipment manufacturer but on other occasions the calculations will be the responsibility of the shielding contractor.

Accurately identifying the extent of any magnetic shielding will depend on several factors and requires:

- Full specification details of the equipment from the intended manufacturer.
- Room size and layout of the equipment showing any areas where the 5 gauss line extends outside the proposed room.
- Site construction details showing details of the surrounding areas within 7 metres, above, below and adjacent to the room.

This can be a complicated exercise as the result of restricting the gauss line in one area can have the effect of extending it elsewhere, resulting in further calculations. The calculations need to be done by a suitably qualified Physicist.

The accuracy of such reports is absolutely essential and the proposed specification needs to be agreed with all parties concerned as providing additional shielding after the room has been completed can be costly and highly disruptive.

Part 3: Equipment for use in MR Scan Room

Due to the strong magnetic field around the magnet it needs to be borne in mind that all equipment brought into the MR Scan room needs to be specially designed and built to ensure the safety of both patients and staff, as well as to avoid damage to any equipment in the room.

It would be extremely dangerous, as tragic events over the years have proved, to take into the scan rooms, standard items such as Oxygen Cylinders, fire extinguishers and other items not specifically designed and built for use in the MR Environment.

Standard items can contain ferrous material and this can be attracted with significant force towards the magnet with catastrophic results.

All items such as patient trolleys and wheelchairs, IV stands and instrument trolleys as well as other items need to be constructed so as to have little or no magnetic content.

In addition, it is essential that equipment used in the MRI environment is appropriately labelled. Wardray Premise comply with the International Standard, ASTM F2503-13, labelling products as MR SAFE, MR CONDITIONAL (along with the conditions for use) or MR UNSAFE.

All electrical powered items emit a certain amount of RF noise, (some more than others) and as a consequence any that are to be used in the Scan room need to be properly shielded. Wardray’s Relax & View® video system allows a patient to watch a DVD via a shielded screen / monitor in the Scan room while they undergo an MRI scan.

Standard patient monitoring equipment should not be used in the MR Scan room and this needs to be considered and appreciated when moving critically ill or neonatal patient from ICU environments into an MRI facility. Standard equipment may contain significant amounts of magnetic material, making it a potential projectile. In addition, the equipment will not be shielded and may interfere with the scanner. More importantly the scanner might interfere with the monitor and either cause it to stop working or to give incorrect, and therefore potentially misleading and therefore dangerous results. Equipment such as patient monitors, pulse oximeters and ventilators specifically designed for the MRI environment are available.

There are several companies including Wardray Premise Ltd who have an established record of providing first class items designed, tested and manufactured specifically for use in the MR environment.

www.wardray-premise.com
On behalf of the New Zealand Institute of Medical Radiation Technology members I send condolences to our colleagues in Nepal following the dreadful earthquakes in May. The NZIMRT requested all members to consider donations to the Red Cross in support of the disaster relief. Radiographers in Hutt Hospital, Wellington have a Nepalese colleague, Padam Bastola, so the situation in Nepal was made ever more real. Their fundraising efforts were fantastic raising approximately $1500.00 for Red Cross. I was delighted to see the response in my own department where a donation to the Red Cross was combined with a shared lunch. ISRRT involvement does help to make the world a smaller place.

This year the NZIMRT and Australian Institute of Radiography have a combined annual conference held in Wellington, New Zealand 24-26 July 2015. Titled “the Cloud” it will feature new technologies and question the way we use these technologies in our professional day to day. We are delighted to have Dr. Napapong Pongnapang, ISRRT Asia/Australasian Vice President join us for the Conference and to present during the weekend.

I am looking forward to representing the NZIMRT at the Asia-Australasia Conference of Radiological Technologists in Singapore 20-23 August 2015. This is the first time that the NZIMRT has participated in this conference and we look forward to sharing with our radiography neighbours. The NZIMRT are fortunate to be able to support the Travel Grant set up to support colleagues within the Asia region to attend this conference. Supporting both this Travel Grant initiative and that for the Seoul World Congress – also in the Asia-Australasia region - will be the focus for New Zealand for World Radiography Day fundraising activities.

The NZIMRT continue to promote the activities of ISRRT through our newsletter and on the website. For more information on our activities please see the website nzimrt@nzimrt.co.nz

Pictured below:
Below: Padam Bastola radiographer at Hutt Hospital and his wife, both from Nepal
Bottom: Rotorua Hospital staff at their shared lunch fundraising for Nepal.

Kathy Colgan
NZIMRT ISRRT Director

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ASRT Membership Update
As of April 2015, ASRT’s total membership stood at 153,155. The association’s net annual retention rate is about 88.34 percent and its annual net growth rate is 0.01 percent.

2015 ASRT Educational Symposium and Annual Governance and House of Delegates Meeting
The 2015 ASRT Educational Symposium and Annual Governance and House of Delegates Meeting took place June 25-28 in Albuquerque, New Mexico. More than 350 radiologic technologists and students attended the ASRT Educational Symposium on June 25, which featured a full day of continuing education courses focused on women’s imaging, computed tomography, management, general education and student-specific topics. From June 26-28, ASRT delegates met to discuss and take action on issues that affect professional practice, updates to practice standards documents and additions to the Practice Standards Glossary.

Pictured above at the meeting is François Couillard, Donna Long and Sal Martino

A Night at the Museum
More than 600 ASRT members and honored guests attended a gala opening celebration for the ASRT Museum and Archives located at the ASRT office in Albuquerque, New Mexico, on June 26, 2015. The result of
three years of planning and preparation, the museum tells the story of the ASRT and the radiologic technology profession. Designed to mirror the high-tech, high-touch nature of medical imaging and radiation therapy, it features interactive digital displays, and hands-on exhibits. The collection is the only one of its kind in the country and pays tribute to the greats of the profession while celebrating the vital role radiologic technologists play on the health care team. Please visit www.asrt.org/museum for more information.

2015 ASRT Radiation Therapy Conference

The 2015 ASRT Radiation Therapy Conference will take place October 18-20 in San Antonio, Texas. The three-day event offers face-to-face continuing education courses for radiation therapists, medical dosimetrists, program directors, clinical instructors, managers and students. In addition to earning CE, attendees will learn from leading experts in radiation oncology, medical environments and prepares health care professionals to develop a secure environment for patients. Series courses focus on a number of safety topics including workplace safety, risk management, patient transfer and transport, fall prevention, infection control, medication safety and radiation protection. The series also highlights patient care protocols and steps to prevent medical errors as outlined in The Joint Commission performance requirements.

In April, ASRT launched Safe CT Practices and Safe MRI Practices, online educational products to help radiologic technologists and facilities meet The Joint Commission’s revised computed tomography and magnetic resonance imaging safety practice requirements and CT dose reduction requirements. Safe CT Practices highlights safety factors in CT including technical factor selection, positioning and shielding. Safe MRI Practices showcases safety factors in MRI including safety principles, patient screening and emergency management.

Low-Dose Computed Tomography is an online educational product designed to teach radiologic technologists LDCT screening techniques for patients with lung cancer. The module also provides guidance for radiology managers looking to provide reimbursable LDCT services to patients in the Medicare program. The product was created in response to the Centers for Medicare and Medicaid Services’ decision to cover lung cancer screening with LDCT for high-risk patients including former and current smokers.

ASRT Donates $5,000 for Nepal Disaster Relief

The American Society of Radiologic
Technologists donated $5,000 to the American Red Cross to assist with disaster relief efforts in Nepal following the catastrophic 7.8 magnitude earthquake that struck on April 25. The donation is on behalf of the ASRT’s 153,000 members. In addition to the immediate donation, ASRT matched members’ individual contributions to the disaster relief efforts through the ASRT Foundation’s Disaster Relief Matching Program. The matching funds were earmarked for RAD-AID International, which assembled a team of radiologic technologists and radiologists to travel to Nepal in May to provide medical imaging support. The ASRT Foundation funded two technologists to work in Nepal’s Tribhuvan University Teaching Hospital to care for injured patients, improve trauma radiology processes, assess imaging equipment damage and support reconstruction plans.

ASRT Foundation Update
In April, the ASRT Foundation awarded $230,000 in scholarships for the 2015-2016 academic year to 69 medical imaging and radiation therapy professionals and students. In addition, the ASRT Foundation awarded more than $23,000 in research grants to three recipients selected for spring 2015. The research grant program provides radiologic science professionals with funding to conduct a research project in affiliation with an academic or clinical institution.

In Memory
A respected national leader in radiography education and a longtime ASRT member, pictured above right, Connie L. Mitchell, MA, RT(R)(CT), FASRT, died on June 15. She was 63. Connie served for 13 years as director of the radiography program at the University of Nebraska Medical Center and retired in 2013, after 42 years at UNMC. She served as ASRT president from 2007 to 2008 and as chairman of the ASRT Board of Directors from 2008 to 2009. Before this, she served as vice president and secretary-treasurer of the Board. She was elevated to ASRT Fellow in 2010.

Connie was a member of the ASRT Foundation Board of Trustees from 2008 to 2009, and she served on the International Society of Radiographers and Radiological Technologists Council from 2011 to 2013. A former president of the Nebraska Society of Radiologic Technologists, Connie was chosen as the affiliate society’s Technician of the Year in 2004, and she was honored with the society’s life membership in 2006. She lectured at state affiliate meetings throughout the country as well as national and international conferences. Her accomplishments include publication in Radiologic Technology and contributions to the United States.

A Scientific Committee comprised of technologists and radiologists developed a rigorous, bilingual scientific program that included over 185 education sessions and 215 speakers.

The Joint Congress opened on May 28 with a welcoming video message from Federal Health Minister Rona Ambrose. Joining the Congress to address the group was Quebec’s Minister of Health and Social Services Gaétan Barrette, a radiologist from Montreal.

The opening plenary session was delivered by Mr André Néró, from the Université de Montréal, on the topic of Partnering with patients for their care: what it changes on a daily basis. Mr Néró spoke of his own experience as a patient, and how that has shaped his work promoting the value and benefit of involving patients in their own care. On Friday May 29, Dr Gerard Farrell from Memorial University shared his perspectives on Social media and the digital professional speaking about the professional use of social media. Closing the Joint Congress was a presentation on Comparative and Cost Effectiveness Related to Diagnostic Testing given by Dr. George Wells from the University of Ottawa Heart Institute.

One highlight of the Joint Congress was a breast imaging day with six thought-provoking presentations that included topics such as the impact of genetics on breast cancer, developing screening programs in rural community hospitals, and the benefit of tomosynthesis. This event was videotaped and will soon be available as an online learning experience at www.camrt.ca with Category A credits assigned on completion of an accompanying quiz.

Roundtable
The CAMRT and the CAR took advantage of the joint congress setting to co-host a Stakeholders’ Roundtable. The agenda included several presentations and open discussion facilitated by CAMRT’s CEO, François Couillard, on the topic of Collaborative Care:

- What are some of the best models of collaborative care?
- What are the barriers to collaborative care?
- What needs to change if we are to adopt patient-centered collaborative models of care?

Guests were also invited to share information on their organisation’s “burning platforms”, or major issues that are current challenges. Some key themes emerging from this discussion were emphasis on collaboration as a means of achieving quality; transforming patient care and meeting patient expectations;
funding challenges can be solved in part through better use of allocated money rather than additional funding; advancing scope of practice appropriately can improve patient care.

**Bonn Call-to-Action**
The CAMRT Board of Directors agreed to formally support the Bonn Call to Action at its May meeting in Montreal. Among the ways the CAMRT will act on its support are the release of a formal statement on support for the Call, participation in the new Canada Safe Imaging initiative, creation of a website resource on radiation safety, and support for IAEA education projects.

**Strategic Plan**
The CAMRT Board also approved new Mission, Vision and Values Statements and strategic plan at the May meeting. The plan sets out five strategic directions, the broadly stated themes and priorities that require focus and effort in order to deal with the main strategic issues and fulfill the mission and vision. See diagram below.

**The Great Canadian Healthcare Debate**
CAMRT was one of fifty organisations who submitted resolutions to the first Great Canadian Healthcare debate held at the National Health Leadership Conference on June 16. The CAMRT resolution was one of just ten selected to be presented to the 800 health leaders in attendance for debate. Mark Given, Director, Canadian Association of Medical Radiation Technologists presented the resolution, on the subject of Optimization of professional scope of practice, read, Resolved, that governments in Canada collaborate to define and implement innovative approaches to optimising scopes of practice across all healthcare professionals. The CAMRT resolution was one of the more contentious issues debated, but won the approval of delegates to go forward as a resolution from the conference to decision makers.

**Advanced Practice Certification Pilot**
Work continues on the delivery of a pilot process for Advanced Practice Certification in Radiation Therapy by the end of 2015.

**CAMRT CPD comes to you**
The CAMRT continues to provide many continuing education courses and certificate programs. All are available in distance learning formats to both Canadian MRTs and our global community of colleagues. Browse the course catalogue at [www.camrt.ca/professional-development/](http://www.camrt.ca/professional-development/)

The CAMRT is beginning to transition all of its CPD courses to an online delivery format in the next few years. This transition will allow for a much better interactive learning experience.

**Webinar graphic**
CAMRT has just introduced a series of webinars, offering a mix of discipline-specific and general interest topics in a convenient delivery format. The schedule and registration information is available at [www.camrt.ca/events/practice-insights-a-camrt-webinar-series/](http://www.camrt.ca/events/practice-insights-a-camrt-webinar-series/)

A new resource for those interested in working in Canada
A learning module on “How to Write a Competency Based Exam” is available on the CAMRT website in the [certification](http://www.camrt.ca/p/) section.

**Terry Ell**
ISRRT Past President
America’s Region
EUROPE

FINLAND

What an interesting northern spring it has been again! Our society’s Annual Conference was held in Tampere in the beginning of May. The local Society did a great job with arranging two full days worth of presentations from different modalities to choose from without forgetting the entertaining evening function with good food, music and great company. Also a new “Radiographer of the year”, the title was announced by SORF for the first time. It will be a yearly recognition for a selected member of the Society of Radiographers in Finland who has been developing radiography, ie. by writing articles, planning and contributing to projects or has somehow been actively improving our profession.

The Society of Radiographers in Finland has been planning an image interpretation education for radiographers. We were very lucky to have Professor Maryann Hardy from Bradford University (UK) to hold a two day course for radiographers and a one day session for teachers about Image Interpretation. Being more motivated after meeting with Ms Hardy, SORF will be working hard on making Image Interpretation education possible in Finland in the future.

To serve our members better, we have created an e-portfolio in which members can save information about their education, work history and CPD. It also works as a platform for employers and employees to find each other.

For further information about the SORF please go to our webpage www.suomenrontgenhoitajaliitto.fi

Tiina Nousiainen Council Member

FRANCE

In France the first half of 2015 was quite busy for the French radiographers. Strasbourg, at the extreme east of France welcomed the Computed Tomography French Congress. During two days, a lot of themes were of interest: intervention in a PET-CT environment, optimization of stroke CT, doses management, reconstructions and so on.

It was a success due the several hundred radiographers who attended.

Then it was Poitiers which welcomed the national radiographer congress in March for three days, with one central theme: cancer, diagnostics and therapies. It was again a success, as over 900 radiographers made the trip for this meeting. The communications were about radiotherapy and its risks, the use of hypnosis for a better patient care, electrophysiology and nuclear medicine. Two radiographers from Poland came and presented how things are done in their country, and Sean Kelly (college of radiographer) was also invited for an open discussion session. The radiographers had also the possibility to visit several workshops, in order to expand their practical knowledge in specific areas.

Grenoble was the site of the French MRI Congress, over two days in May. Radiographers learned or revised the subtle balance between signal and noise, how to optimise paediatric protocols and even one presentation was given about MRI in a weightless setup. Again almost one thousand radiographers were present.

Benoit Billebaut Council Member

AFRICA

SOUTH AFRICA

The next SORSA RSSA Imaging conference will take place from October 9-11, 2015 in the Sandton Convention Centre, South Africa. The registration process is currently in progress. Please visit www.rssa-sorsa2015imaging.co.za for more information. The programme covers a wide range of aspects in radiography and radiology, such as:

- Current trends and challenges in Diagnostic Radiography, Nuclear Medicine, Radiation Therapy and Ultrasound
- Research in advanced imaging and radiation therapy
- Education and training in radiography
- Role extension
- Dose optimisation and justification
- Ethics in clinical practice
- Radiology Strategic Management symposium
- Pattern recognition interactive session

Two task teams are currently appointed by SORSA. One was tasked to look at standards of practice in radiography in South Africa.

On 18 June 2015 Stephen Mkoloma, the chairperson of the Tanzania Association of Radiographers (TARA) and Hesta Friedrich-Nel (SORSA ISRRT representative & Regional co-ordinator Education: Africa) met at the OR Tambo airport. Mr Mkoloma is currently in Johannesburg to pursue his M Tech degree studies at the University of Johannesburg. The purpose of the meeting was to discuss strategies to create unity and reduce isolation among radiographers in Africa. He received a beautiful A4 folder, compliments of the National Council of the Society of Radiographers of South Africa (SORS). They are pictured below.

Hesta Friedrich-Nel
➢ 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:

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

Details of Corporate membership are available from the Secretary General. We express our appreciation for the continued support of our Corporate members and invite other industry and professional leaders to offer their support to the advancement of international radiation medicine. Current Corporate members are:

- ELEKTA
- GE Healthcare Medical Diagnostics
- Philips Healthcare
- Bracco Suisse SA
- Wardray Premise Limited
- Durban College of Technology

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

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<td>Germany</td>
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<td>Website: <a href="http://www.dri-drustvo.si">www.dri-drustvo.si</a></td>
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