

# ISRRT ACTION PLAN TO BONN CALL FOR ACTION



**10.10.2014 – DRAFT – for Board comments**

**BONN CALL FOR ACTION – ISRRT RESPONSE**

(As an appendix list all the IAEA, WHO & IRQN workshops & conferences where input has been made including the new BSS)

Yellow highlights = proposed ISRRT action points for sign off

<p><b>Bonn Actions</b></p>	<p><b>Current Actions</b> <small>(Specific sub-actions identified highlighted)</small></p>	<p><b>Suggested Actions still required</b> <small>(Specific sub-actions identified highlighted)</small></p>	<p><b>Pillars</b> <small>Communication – C Focus on Developing nations – D Collaboration – K ISRRT Governance and structures - G</small></p>
<p><b>Action 1: Enhance the implementation of the principle of justification</b></p> <ul style="list-style-type: none"> <li>a) Introduce and apply the 3A’s (appropriateness, awareness, and audit), which are seen as tools that are likely to facilitate and enhance justification in practice;</li> <li>b) Develop harmonized evidenced-based criteria to strengthen the appropriateness of clinical imaging, including diagnostic nuclear medicine and non-ionizing radiation procedures, and involve all stakeholders in this development;</li> <li>c) Implement clinical imaging referral guidelines globally, keeping local and regional variations in mind, and ensure regular updating, sustainability and availability of these guidelines;</li> <li>d) Strengthen the application of clinical audit in relation to justification, ensuring that justification becomes an effective, transparent and accountable part of normal radiological practice;</li> <li>e) Introduce information technology solutions, such as decision support tools in clinical imaging, and ensure that these are available and freely accessible at the point-of-care;</li> <li>f) Further develop criteria for justification of health screening programmes for asymptomatic populations (e.g. mammography screening) and for medical imaging of asymptomatic individuals who are not participating in approved health screening programmes (e.g. use of CT for individual health surveillance).</li> </ul>	<ul style="list-style-type: none"> <li>(a)IAEA workshop justification Asia and Pacific region</li> <li>(b) Currently (2014) funding research in the ISRRT radiography community worldwide on the theme “The Role of the Radiographer in the Justification of Medical Exposure”</li> <li>(b) Stakeholder in the development of the <i>WHO-IRQN Referral Guidelines Project</i></li> <li>(b) ISRRT involvement in IAEA justification workshops and forthcoming HERCA Working Group on Medical Applications</li> </ul>	<ul style="list-style-type: none"> <li>(a)Add a section on the web site to promote and post information justification and the contribution of the radiographer</li> <li>b) Develop decision tool on Justification role of radiographer in the health care team house on ISRRT website and present to HERCA for consensus</li> <li>(b) Promote and fund Justification workshops in Developing countries.</li> <li>(b) Produce a policy /guidance document to support radiographer justification.</li> <li>(b)Do a review of the literature on the theme of justification and evidenced-based imaging procedures</li> <li>(c) Produce and support the development of audit guidelines, especially around patient dosimetry</li> </ul>	<p>C,D,K</p>

		<p>(c) Assist in the adaptation and use of referral guidelines which have been disseminated by WHO &amp; IRQN to the 6 WHO regions</p> <p>Continue international corporation with IAEA, WHO, ICRQS and other Professional bodies</p>	
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<p><b>Bonn Actions</b></p>	<p><b>Current Actions</b> <small>(Specific sub-actions identified highlighted)</small></p>	<p><b>Suggested Actions still required</b> <small>(Specific sub-actions identified highlighted)</small></p>	<p><b>Pillars</b> Communication – C Focus on Developing nations – D Collaboration – K ISRRT Governance and structures - G</p>
<p><b>Action 2: Enhance the implementation of the principle of optimization of protection and safety</b></p> <ul style="list-style-type: none"> <li>a) Ensure establishment, use of, and regular update of diagnostic reference levels for radiological procedures, including interventional procedures, in particular for children;</li> <li>b) Strengthen the establishment of quality assurance programmes for medical exposures, as part of the application of comprehensive quality management systems;</li> <li>c) Implement harmonized criteria for release of patients after radionuclide therapy, and develop further detailed guidance as necessary;</li> <li>d) Develop and apply technological solutions for patient exposure records, harmonise the dose data formats provided by imaging equipment, and increase utilization of electronic health records.</li> </ul>	<p>(b) ISRRT have contributed to a number of IAEA &amp; WHO conferences and initiatives on optimisation.</p> <p>(b) ISRRT has funded a number of projects worldwide in developing countries which address this action</p> <p>(b) has produced in the past a QA handbook specific to film/chemistry based systems</p> <p>(d) WHO and IAEA SMART CARD participated Joint statement for support and development of project</p>	<p>(a) Promote and fund workshops in Developing countries which focus on Optimisation and DRLs. (a &amp; d) Fund DRL research to establish the range of dose being applied for specific examinations and dose recording (b) Produce a policy /guidance document to support radiographer DRLs. Have this document in English, French and Spanish if feasible</p> <p>Continue international cooperation with IAEA, WHO, ICRQS and other Professional bodies</p>	<p>C,D,K</p>

<p><b>Bonn Actions</b></p>	<p><b>Current Actions</b></p> <p>(Specific sub-actions identified highlighted)</p>	<p><b>Suggested Actions still required</b></p> <p>(Specific sub-actions identified highlighted)</p>	<p><b>Pillars</b></p> <p>Communication – C Focus on Developing nations – D Collaboration – K ISRRT Governance and structures - G</p>
<p><b>Action 3: Strengthen manufacturers’ role in contributing to the overall safety regime</b></p> <ul style="list-style-type: none"> <li>a) Ensure improved safety of medical devices by enhancing the radiation protection features in the design of both physical equipment and software and to make these available as default features rather than optional extra features;</li> <li>b) Support development of technical solutions for reduction of exposure of patients, while maintaining clinical outcome, as well as of health workers;</li> <li>c) Enhance the provision of tools and support in order to give training to users that is specific to the particular medical devices, taking into account radiation protection and safety aspects;</li> <li>d) Reinforce the conformance to applicable standards of equipment with regard to performance, safety and dose parameters;</li> <li>e) Address the special needs of health care settings with limited infrastructure, such as sustainability and performance of equipment, whether new or refurbished;</li> <li>f) Strengthen cooperation and communication between manufacturers and other stakeholders, such as professionals and professional societies;</li> <li>g) Support usage of platforms for interaction between manufacturers and health and regulation authorities and their representative organizations.</li> </ul>	<p>This is an area which has not involved ISRRT on a formal basis.</p> <p>However senior officers have established contacts at senior level with a number of manufacturers and are involved to a certain degree in assessing developments</p> <p>(e) ISRRT has contributed to the Medical Devices forum in November 2013 and is listed as partner with WHO on medical devices</p>	<p>(f) Foster new and existing contacts with manufacturers</p> <p>Continue international cooperation with IAEA, WHO, ICRQS and other Professional bodies in developing links with manufacturers.</p>	<p>C,D,K</p>

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<p><b>Action 4: Strengthen radiation protection education and training of health professionals</b></p> <ul style="list-style-type: none"> <li>a) Prioritize radiation protection education and training for health professionals globally, targeting professionals using radiation in all medical and dental areas;</li> <li>b) Further develop the use of newer platforms such as specific training applications on the Internet for reaching larger groups for training purposes;</li> <li>c) Integrate radiation protection into the curriculum of medical and dental schools, ensuring the establishment of a core competency in these areas;</li> <li>d) Strengthen collaboration in relation to education and training among education providers in health care settings with limited infrastructure, as well as among these providers and international organizations and professional societies;</li> <li>e) Pay particular attention to the training of health professionals in situations of implementing new technology.</li> </ul>	<p>(a)ISRRT has not been directly involved in this action apart from partnering with WHO, IAEA,PAHO and other agencies</p> <p>(d) WHO Western Pacific Regional Office Represent technologist voice on issues related to universal health care and international health regulations</p> <p>(e)WHO Second Global Forum on Medical Devices in developing nations</p>	<p>(a&amp;d) Produce a new policy /guidance document to support development of simple training documents that can be handed out by radiographers in English, French and Spanish.</p> <p>Continue international cooperation with IAEA, WHO, ICRQS and other Professional bodies in developing links with health professionals and updating literature.</p>	<p>C,D,K</p>

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<p><b>Action 5: Shape and promote a strategic research agenda for radiation protection in medicine</b></p> <ul style="list-style-type: none"> <li>a) Explore the re-balancing of radiation research budgets in recognition of the fact that an overwhelming percentage of human exposure to man-made sources is medical;</li> <li>b) Strengthen investigations in low-dose health effects and radiological risks from external and internal exposures, especially in children and pregnant women, with an aim to reduce uncertainties in risk estimates at low doses;</li> <li>c) Study the occurrence of and mechanisms for individual differences in radiosensitivity and hyper-sensitivity to ionizing radiation, and their potential impact on the radiation protection system and practices;</li> <li>d) Explore the possibilities of identifying biological markers specific to ionizing radiation;</li> <li>e) Advance research in specialized areas of radiation effects, such as characterization of deterministic health effects, cardiovascular effects, and post-accident treatment of over-exposed individuals;</li> <li>f) Promote research to improve methods for organ dose assessment, including patient dosimetry when using unsealed radioactive sources, as well as external beam small-field dosimetry.</li> </ul>	<p>ISRRT has an annual research budget with the latest addressing the Role of the Radiographer in the Justification of Medical Exposure.</p> <p>ISRRT needs to explore how it embraces all of the sub actions</p>	<p>(e) Continue ISRRT funded targeted annual research projects into radiation protection in medicine</p> <p>(f) Work with research bodies and target research into one or more of the specific sub-actions.</p> <p>(f) Consider partnering with MELOD1 – the Multidisciplinary European Low Dose Initiative or other similar organisations</p> <p>(e) Continue international cooperation with IAEA, WHO, ICRQS and other Professional bodies in developing links with health professionals in advancing research</p>	<p>C,D,K</p>

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<p><b>Action 6 – Increase availability of improved global information on medical exposures and occupational exposures in medicine</b></p> <ul style="list-style-type: none"> <li>a) Increase collection of dose data and trends on medical exposures globally, and especially in low- and middle-income countries, by fostering international co-operation;</li> <li>b) Improve data collection on occupational exposures on medicine globally, also focussing on corresponding radiation protection measures taken in practice;</li> <li>c) Make the data available as a tool for quality management and for trend analysis, decision making and resource allocation</li> </ul>	<p>ISRRT is a partner of the Alliance for Radiation Safety in Paediatric Imaging and associated with various campaigns (Image Gently, Image Wisely, Step Lightly and Image Gently for Dentistry) and with European member organisations linked through EFRS to the EuroSafe Imaging Strategy.</p> <ul style="list-style-type: none"> <li>a) participate in Smart Card project IAEA and WHO</li> </ul>	<ul style="list-style-type: none"> <li>(a)Partner or lead an initiative for collection of dose data in developing countries or in a specific Region – perhaps as a pilot.</li> <li>(a)Partner with the Alliance for radiation safety in Paediatric Imaging</li> <li>Continue international cooperation with IAEA, WHO, ICRQS and other Professional bodies in supporting and developing research projects</li> </ul>	<p>C,D,K</p>

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<p><b>Action 7: Improve prevention of medical radiation incidents and accidents</b></p> <ul style="list-style-type: none"> <li>a) Implement and support voluntary educational safety reporting systems for the purpose of learning from the return of experience of safety related events in medical uses of radiation</li> <li>b) Harmonize taxonomy in relation to medical radiation incidents and accidents, as well as related communication tools such as severity scales, and consider harmonization with safety taxonomy in other medical areas;</li> <li>c) Work towards inclusion of all modalities of medical usage of ionizing radiation in voluntary safety reporting, with an emphasis on brachytherapy, interventional radiology, and therapeutic nuclear medicine in addition to external beam radiotherapy;</li> <li>d) Implement prospective risk analysis methods to enhance safety in clinical practice;</li> <li>e) Ensure prioritization of independent verification of safety at critical steps, as an essential component of safety measures in medical uses of radiation</li> </ul>	<p>Currently no direct action in terms of the sub-actions</p> <p>d)following Bonn conference 2012 highlighted to member organisations through the ISRRT web and News and Views details of the Saphron reporting system</p>	<p>(a &amp; d)Produce a policy /guidance document to support development of reporting system and risk analysis tool kit.</p> <p>(c)Continue to promote Saphron (the Reporting tool from WHO on safety reporting for radiation therapy) by having a permanent link on web</p> <p>Continue international cooperation with IAEA, WHO, ICRQS and other Professional bodies in developing tools and mechanisms to improve prevention of incidents and accidents.</p>	<p>C,D,K</p>



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<p><b>Action 8: Strengthen radiation safety culture in health care</b></p> <ul style="list-style-type: none"> <li>a) Establish patient safety as a strategic priority in medical uses of ionizing radiation, and recognize leadership as a critical element of strengthening radiation safety culture;</li> <li>b) Foster closer co-operation between radiation regulatory authorities, health authorities and professional societies;</li> <li>c) Foster closer co-operation on radiation protection between different disciplines of medical radiation applications as well as between different areas of radiation protection overall, including professional societies and patient associations;</li> <li>d) Learn about best practices for instilling a safety culture from other sources, such as the nuclear power industry and the aviation industry;</li> <li>e) Support integration of radiation protection aspects in health technology assessment;</li> <li>f) Work towards recognition of medical physics as an independent profession in health care, with radiation protection responsibilities;</li> <li>g) Enhance information exchange among peers on radiation protection and safety-related issues, utilizing advances in information technology</li> </ul>	<p>(a)IRRT has funded a number projects worldwide in developing countries which address radiation safety but this has been focused on the role of the radiographer</p> <p>(b) Links with the ISRP are established but needs to be fostered to improve corporation and joint projects.</p> <p>(g)Participate represent global technologist voice in WHO meeting with other international organization and governmental organizations to mobilize health sector towards safe and effective use of radiation in medicine implement Bonn call to action (sept 2013)</p>	<p>(a,c&amp;g) Produce a policy document that addresses patient safety, closer co-operation on safety protection and the enhancement of information exchange among peers.</p> <p>(b) Improve the links with the ISRP to improve cooperation and joint projects</p> <p>(c)Promote Image Gently, Image Wisely, Step Lightly and Image Gently for Dentistry campaigns and all campaigns on safety including the Patient Safety Quality in Medical Imaging : The Radiological Technologist’s Role white paper of the ASRT as an example</p> <p>Continue international cooperation with IAEA, WHO, ICRQS and other Professional bodies in strengthening a radiation safety culture in health care.</p>	<p>C,D,K</p>

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<p><b>Action 9: Foster an improved radiation benefit-risk dialogue</b></p> <ul style="list-style-type: none"> <li>a) Increase awareness about radiation benefits and risks among health professionals, patients and the public;</li> <li>b) Support the improvement of risk communication skills of health care providers and radiation protection professionals – involve both technical and communication experts, in collaboration with patient associations, in a concerted action to develop clear messages tailored to specific target groups;</li> <li>c) Work towards an active informed decision making process for patients</li> </ul>	<p>(a) Directly involved in in various IAEA and WHO workshops and ICRP document updates - (Tool for communication radiation risk and benefit in pediatric imaging )</p>	<p>(a,b&amp;c) Produce a policy document that addresses these actions.</p> <p>(a)Produce a simple leaflet in different languages for patients</p> <p>(b) Promote the Image Gently, Image Wisely, Step Lightly and Image Gently for Dentistry campaigns and all campaigns on safety including the Patient Safety Quality in Medical Imaging : The Radiological Technologist’s Role white paper of the ASRT as an example</p> <p>Continue international cooperation with IAEA, WHO, ICRQS and other Professional bodies in improving a radiation benefit-risk dialogue</p>	<p>C,D,K</p>

Bonn Actions	Current Actions (Specific sub-actions identified highlighted)	Suggested Actions still required (Specific sub-actions identified highlighted)	Pillars Communication – C Focus on Developing nations – D Collaboration – K ISRRT Governance and structures - G
<p><b>Action 10: Strengthen the implementation of safety requirements globally</b></p> <p>a) Develop practical guidance to provide for the implementation of the International Basic Safety Standards in health care globally;</p> <p>b) Further the establishment of sufficient legislative and administrative framework for the protection of patients, workers and the public at national level, including enforcing requirements for radiation protection education and training of health professionals, and performing on-site inspections to identify deficits in the application of the requirements of this framework.</p>	<p>(a)Directly involved at International level with Draft writing group for Safety Guide supplement to the Basic Safety Standard’s: Chapter 5(DS399) Nuclear medicine section revision meeting ,Vienna Austria and Chapter one and two of the Radiation Safety Guide in Medical Uses of Ionizing Radiation in Vienna IAEA Aug 19-23, 2013</p> <p>(a)May 2013 IAEA RS-G1.5 Safety Series Drafting group for the update of Medical Exposure in Diagnostic and Interventional Radiology to accompany BSS</p> <p>a) June 2014 Provide Feedback as stakeholder on IAEA Draft Safety guide DS453 on Occupational Radiation Protection</p>	<p>(a) Produce a policy document which supports and influences the implementation of the BSS</p> <p>(a)Promote the publication written articles in “News and Views” which addresses this issue.</p> <p>(a)Continue as an organisation to respond to requests for comments and feedback for various draft documents and participation in relevant international meetings – using feedback from experts in the field.</p> <p>(a)Use the offices of the Director of Public Relations to influence governments and related agencies</p> <p>(b)Continue international cooperation with IAEA, WHO, ICRQS and other Professional bodies and particular individual countries in furthering the establishment of legislative and administrative frameworks</p>	<p>C,D,K</p>

**Appendix – list of relevant activities related to the Bonn Call for action**

Name	Convener e.g. IAEA, WHO, ICRQS or Other Body	Conference/Workshop title and date	Bonn Call for Action	Ongoing – Yes or No
Donna Newman Stewart Whitley Alexander Yule	IAEA & WHO	December 2012 Bonn, Germany “International Conference on Radiation Protection in Medicine: Setting the Scene for the next Decade”	Meeting at which the “Call for Action” points were decided.	Yes
Rita Eyer	PAHO & ISRRT	November 10 and 11 <sup>th</sup> , 2012 Mammography Educational Workshop in Kingston, Jamaica	Action 4: Strengthen radiation protection education and training of health professionals  Action 10: Strengthen the implementation of safety requirements globally	No
Donna Newman	Dec 2012 WHO second workshop Radiation Risk Communication in Paediatric Imaging “ Global Initiative on Radiation Safety in Health care setting	Dec 2012 Speaker at Global initiative on radiation safety in Health care setting and participate and gathered feedback on draft document before the meeting and sent to WHO, at meeting review draft and looked for gaps , Logical structure, accuracy and consistency, figures and tables, draft of the communication tool for paediatric Imaging. Represented	Action 9: Foster an improved radiation benefit-risk dialogue  a) Increase awareness about radiation benefits and risks among health professionals, patients and the public; b) Support the improvement of risk communication skills of health care providers and radiation protection professionals – involve both technical and communication experts, in collaboration with patient associations, in a concerted action to	Yes

		the global technologist voice and the role of technologist in communication gave feedback as stakeholder three different occasions	develop clear messages tailored to specific target groups;	
Stewart Whitley Napapong Pongnapang	IAEA& WHO	March 2013 – J1-TM-44958 Technical Meeting on Justification of Medical Exposure/ Technical Workshop to focus on international collaboration on clinical appropriateness/referral guidelines for use in imaging	Action 1: Enhance the implementation of the principle of justification	Yes but not involved directly
Michael Ward	ACR, ESR and ISR	May 9 <sup>th</sup> – 11 <sup>th</sup> 2013 First Global Summit on Radiological Quality and Safety	Action 1: Enhance the implementation of the principle of justification  Action 2: Enhance the implementation of the principle of optimization of protection and safety	Yes
Dimitris Katsifarakis	IAEA	Sept 2013 Technical meeting on Smart card/smart tracking dose. 23-25 September 2013 Vienna.	Action 2: Enhance the implementation of the principle of optimization of protection and safety Develop and apply technological solutions for patient exposure records, harmonise the dose data formats provided by imaging equipment, and increase utilization of electronic health records  The meeting was aiming to propose a uniform way to track the dose to the individual	Yes
Dimitris Katsifarakis	ISRRT with the contribution of EFRS Oct 2013- in Kaunas, Lithuania	Workshop on radiation Protection and optimization of doses in CT and Interventional Modalities.	Action 2 - Enhance the implementation of the principle of optimization of protection and safety	Yes the year 2015 in Poland

Boniface YAO	IAEA and National radiation protection Board of Cote d'Ivoire	17- 20 June 2014- Regional Workshop to elaborate national Strategy of training in radiation protection nuclear safety and transportation of radioactive waste in 13 francophone African countries	Action 1: Enhance the implementation of national directory Board in the different countries to conduct the process	Yes directly involved in the process at the national level as well as international
Donna Newman, Napapong Pongnapang, Cynthia Cowling	WHO/IRQN Global Initiative on Evidence based Referral Guideline for appropriate use of Diagnostic Imaging	Jan 2012, ISRRT Professional Practice committee, and Education committee along with several board members provided direct input as a result of call to stakeholders for consultation and feedback. On evidence based referral guidelines for appropriate uses of diagnostic Imaging. Ensuring Justification plays a role in decision making of procedures providing a practical tool for referring physician. Document was a combination consensus appropriate criteria and risk/benefit of imaging procedures for referring physician Contributed by writing CR and DR section of the document along with feedback	Action 1: Enhance the implementation of the principle of justification b) Develop harmonized evidenced-based criteria to strengthen the appropriateness of clinical imaging, including diagnostic nuclear medicine and non-ionizing radiation procedures, and involve all stakeholders in this development;	Yes/ It is in distribution ad implementation phase and will be opportunity review after the 12 pilot sites in each of the 6 WHO regions have collect feedback from both provider of medical imaging services and health professional who refer patients for imaging .

		on entire document		
Napapong Pongnapang	WHO/ IAEA Smart Card Rad Track Project	Feb 2012- WHO/IAEA meeting to develop Joint position statement for Smart Card/Smart Rad Trac Project ( WHO, ISR,ESR,IOMP,IHE,IAEA,FDA and ISRRT	Action 2: Enhance the implementation of the principle of optimization of protection and safety Develop and apply technological solutions for patient exposure records, harmonise the dose data formats provided by imaging equipment, and increase utilization of electronic health records	Yes
Rita Eyer	Pan American Sanitary Conference and regional committee	Represent technologist voice in discussion regarding International Basic Safety Standard (BSS)	Action 4: Strengthen radiation protection education and training of health professional a)Prioritize radiation protection education and training for health professionals globally, targeting professionals using radiation in all medical and dental areas	Yes
Napapong Pongnapang , Maria Law	Sept 2012- 63 session of WHO Western Pacific regional committee meeting Hanoi, Vietnam	Represent technologist voice on issues related to universal health care and international health regulations	Action 4: Strengthen radiation protection education and training of health professionals d) Strengthen collaboration in relation to education and training among education providers in health care settings with limited infrastructure, as well as among these providers and international organizations and professional societies	???

Philippe Gerson	ISRRT Workshop for French Speaking African countries co-sponsored with French Society AFPPE and Cameroon Society ( ACPTIMR) and ISRRT	Nov 2012 Quality Assurance in medical imaging ( attendance from several countries attended) Cameroon, Gabon ,Chad Congo, Democratic Republic of Congo, Ivory Coast , Benin, Togo ,Senegal, Niger, Burkina Faso and Mali, Douala	Action 4: Strengthen radiation protection education and training of health professionals a.  Prioritize radiation protection education and training for health professionals globally, targeting professionals using radiation in all medical and dental areas;	No
Donna Newman	WHO/IAEA/ BSS Safety guide DS399Radiation Safety in Medical Uses of Ionizing Radiation / Nuclear Medicine drafting group	April 2013- Helped rewrite and update the nuclear medicine chapter for the nuclear medicine chapter of the Radiation Safety in Medical Uses of ionizing Radiation to supplement the new Basic Safety Series	Action 10: Strengthen the implementation of safety requirements globally a. Develop practical guidance to provide for the implementation of the International Basic Safety Standards in health care globally	Yes( ISRRT will be asked for input as a stakeholder after the drafts are finished sometime in 2015 )
Cynthia Cowling	ISRRT regional Workshop Haiti Partnered with Barbara Tomasini Charity	April 2013 Workshop to cover basic xray production, chest x-rays and radiation protection	Action 4: Strengthen radiation protection education and training of health professionals a.  Prioritize radiation protection education and training for health professionals globally, targeting professionals using radiation in all medical and dental areas	No



Donna Newman	WHO/IAEA Tool for Communication Radiation Risk and Benefit in Paediatric Imaging	Sept 2013 participate in draft tool third workshop to review draft and updated document to gap additions and determine last phase of project which was to implement and test the tool	Action 9: Foster an improved radiation benefit-risk dialogue b. Support the improvement of risk communication skills of health care providers and radiation protection professionals – involve both technical and communication experts, in collaboration with patient associations, in a concerted action to develop clear messages tailored to specific target groups	Yes/ Last phase testing tool in the field and gathering feedback after tested
Stewart Whitely	March 2013 IAEA Risk, Benefits ,Barriers and Solution TM	Reviewer of draft publications on risks, benefits ,barriers and solutions TM		
Donna Newman	IAEA/ DS399 Draft Writing group for Chapter one and Chapter two Radiation Safety Guide in Medical Uses of Ionizing Radiation	Aug 2013 / Safety Series to accompany Basic Safety Standard Chapter one and Chapter two on the credential and education for technologists	Action 10: Strengthen the implementation of safety requirements globally a. Develop practical guidance to provide for the implementation of the International Basic Safety Standards in health care globally	Yes/ ISRRT will be asked for feedback as a stakeholder when draft is published 2015
Stewart Whitely	WHO/ Global Initiative on Radiation Safety in Healthcare Setting-International Consultancy	Sept 2013 WHO Sponsored meeting call to mobilize the health sector toward safe and effective use of radiation in medicine ( focused on Bonn Call to Action and New BSS)	Action 8: Strengthen radiation safety culture in health care g. Enhance information exchange among peers on radiation protection and safety-related issues, utilizing advances in information technology	Yes

Napapong Pongdpang	Oct 2013 IAEA Second meeting Justification in diagnostic imaging for patients Asian and Pacific region	Oct2013 IAEA joint session with Korean society of Radiology and Korean government- Justification of medical exposure for member states meeting for technologists served as advisory committee representing technologists in region( (WHO,ISR, IOMP)	Action 1: Enhance the implementation of the principle of justification a) Introduce and apply the 3A's (appropriateness, awareness, and audit), which are seen as tools that are likely to facilitate and enhance justification in practice	Yes
Rita Eyer	Nov2013 PAHO/ World Radiology Day Conference The Role of Radiology in Setting with limited resources	Nov 2013 Regional meeting – PAHO The Role of Radiology in Setting with limited Resources / Rita speaker and voice for technologists Web Ex for people to log in to participate	Action 4: Strengthen radiation protection education and training of health professionals b)Further develop the use of newer platforms such as specific training applications on the Internet for reaching larger groups for training purposes	No
Stewart Whitley	Nov 2013 Second WHO Global Forum on Medical Devices	Nov 2013 WHO Global Forum on Medical Device focus on Digital Imaging and Pac's in developing nations	Action 4: Strengthen radiation protection education and training of health professionals e) Pay particular attention to the training of health professionals in situations of implementing new technology.	Yes
Cynthia Cowling	May 2013 IAEA RS-G-1.5 Safety Series Chapter Diagnostic and Interventional Radiology for BSS	May 2013 IAEA RS-G1.5 Safety Series Drafting group for the update of Medical Exposure in Diagnostic and Interventional Radiology to accompany BSS	Action 10: Strengthen the implementation of safety requirements globally a. Develop practical guidance to provide for the implementation of the International Basic Safety Standards in health care globally	Yes/ ISRRT will be asked for feedback on draft after published for comment as a stakeholder

Donna Newman, Cynthia Cowling	June 2014 Draft Safety Guide DS453 on Occupational Radiation Protection	June 2014 as a stakeholder the Professional Practice and Education and ISRRT board of Director provided feedback on safety series on Occupational Radiation Protection	Action 10: Strengthen the implementation of safety requirements globally a) Develop practical guidance to provide for the implementation of the International Basic Safety Standards in health care globally	Yes
Maria Law	March 2014 Regional workshop ISRRT sponsored in Colombo Sri Lanka	Digital Radiography regional workshop sponsored by ISRRT in collaboration with Society of radiological technologist –Sri Lanka developing country	Action 4: Strengthen radiation protection education and training of health professionals e) Pay particular attention to the training of health professionals in situations of implementing new technology.	No
Dimitris Katsifarakis	IAEA Vienna - 11-14 March 2014	IAEA Technical Meeting on Justification of medical exposures and the use of Appropriateness criteria,	Action 1: Enhance the implementation of the principle of justification a) Develop harmonized evidenced-based criteria to strengthen the appropriateness of clinical imaging, including diagnostic nuclear medicine and non-ionizing radiation procedures, and involve all stakeholders in this development;  Adoption and adaption of imaging referral guidelines	Yes
Dimitris Katsifarakis	HERCA Venue:FANC, Brussels	Multi-stakeholders meeting on Justification on individual exposures.	Action 1: Enhance the implementation of the principle of justification a) Develop harmonized evidenced-based	Yes

ISRRT ACTION PLAN TO  
BONN CALL FOR ACTION



26 September 2014

criteria to strengthen the  
appropriateness of clinical imaging,  
including diagnostic nuclear medicine  
and non-ionizing



ISRRT ACTION PLAN TO  
BONN CALL FOR ACTION





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BONN CALL FOR ACTION







**ISRRT**  
INTERNATIONAL  
SOCIETY OF  
RADIOGRAPHERS  
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