The Official Publication of the ISRRT

DECEMBER 2018

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

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- March 10 (April issue)
- July 10 (August issue)
- November 10 (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 Chief Executive Officer:
Mr Dimitris Katsifarakis
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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 News & Views reaches 72 countries, 4,500 associate members, libraries and schools of radiography, government bodies and professional societies.

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Greetings ISRRT Council members, ISRRT Member Societies, and Associate ISRRT members. The Board has adopted strategic goals that will ensure that our global agenda moves forward while advocating for our profession and ensuring our patients are protected in the process.

These strategic goals are:
- Collaborate to develop and promote international standards
- Empower societies
- Advocate for the profession

The ISRRT is also focusing on three key messages through their strategic goals over the next four years: Influencing, Impacting, and Creating Change. I want our membership to know that I have heard your request for updates from our last council meeting about our own ISRRT initiatives and I am excited to update you since our last issue of News & Views on the Boards initiatives relating to the strategic plan. The board of management has not only been busy representing our membership at meetings around the globe but have been compiling draft projects for approval at the January Board meeting.

Stewart Whitley, our Director of Professional Practice has a draft Position statement done on DRL. This position statement has been circulated to the ISRRT Board for input and to ISRRT Council members. If you still have input to the document or have any important reference to include please contact Stewart directly via email. This document will be presented to the board for approval at the January board meeting and will be on the Council agenda for final approval in Ireland.

I am very proud of Marcia Smoke, our council member from Canada, as she has drafted a position statement on “Patient Care Skills of the Radiation Therapist” for consideration at the next council meeting in Ireland. Stewart is helping to gather input to the draft document from the board and council members so it will be ready for consideration at the next council meeting. I encourage any council member that is interested in drafting their own position statement to work with Stewart Whitley, ISRRT Director of Professional Practice to ensure that the formatting is correct. Remember the power of the society is vested in its council members.

Regarding the WHO initiatives that the ISRRT has agreed to undertake on behalf of the Sustainable goal’s projects and elevating radiation protection globally, I am happy to report the following information:

Defined roles and responsibilities of the radiographers in diagnostic radiology, as presented in the survey conducted by ISRRT in which the results were shared with WHO. The survey that went out to the ISRRT council members on the five pillars is slowly coming back with great responses. When you receive the survey, I am hopeful that each of you will take the time to fill this out so we can continue to represent your voice globally. Tim Agadakos, Regional Director of Europe, has spearheaded this project and will be co authoring a paper with the WHO regarding muscular skeletal injuries acquired from working in the radiology profession.

The board will also be putting out an executive summary on the findings from this overall survey on our profession’s global equipment distribution, education in various countries, along with Quality assurance and Quality control aspect of our professions scope of practice.

This project is twofold in order to meet the requirement to gather information needed for our WHO project as well as gather information on our membership needs and overall information for other ISRRT projects in near future. The project the ISRRT has agreed to

Opening Ceremony at CCR and CSIT Meeting, Beijing, China.
with the WHO is a guidance on quality control process for imaging in radiography, mammography and computed tomography which can be made available with WHO for distribution. I am happy to report Jill Schultz, from the United States, will have completed the mammography project in early December of this year. We will pass this through our current process of the Professional Practice committee and BOM for approval before having it ready for distribution. We also have projects being started in both radiography and computed tomography, look for ways to contribute to these Quality Control projects being headed by Stewart Whitley, ISRRRT Director of Professional Practice and Tim Agadakos, Regional Director of Europe.

A second project was to help improve quality practices in diagnostic radiology by defining the roles and responsibilities of the radiographers as described in the WHO list of priority Medical Devices for Cancer. Disseminating the publication of the WHO list of priority medical devices for cancer management, through the ISRRRT website www.isrrt.org/who-medical-devices, isrrt.org, Facebook and ISRRRT newsletter News & Views.

Under the governance of the ISRRRT, I am happy to report that we will be reviewing and updating our Statues and Operations Manual over the next several months. We will be reporting out these changes for approval at the next council meeting for approval. Thank you to our council member from the United States, Donna Long, for Chairing this committee. Several members from each of the regions are also on this committee to help facilitate the review.

Also, under the governance I have a follow-up on our funding model that the council members voted on implementing over the next three years. At the direction of the council members, the board is diligently gathering the pertinent information and formed a board subcommittee to continue working on this project.

Terry Ell, Vice President from the Americas, has agreed to chair a BOM subcommittee which is putting together the information received from our member societies who have responded to the request for information about their revenue of their societies. The subcommittee will be made up of the Regional Directors and Vice Presidents from our three ISRRRT regions. This committee will work out the details of where each society belongs in the tier funding system. The committee is determining how many tiers there will be or where each society will be placed within the tier. Please be patient with us as on the ISRRRT board! It takes time to gather all the needed information from our member societies. As of November 15, we have only received information from 40 societies. Please make sure to get your revenue information in so the subcommittee can accurately place societies into the correct category. Please don’t hesitate to bring any concern you have about the funding model to your regional and vice presidents of your region. They are your liaison to the ISRRRT board. As a board, we are here to listen and represent your voice. Let’s work together to get the best model we can for our membership. We will be sure to update the membership as we progress and provide an update at the next council meeting.

Bids for ISRRRT workshops are now in and the Finance committee will be reviewing these proposals for consideration for the 2019 year. Once they have been decided we will update you on the approved list in the next News & Views. Thank you to everyone that submitted paperwork for consideration. Remember that all relevant documents for this process are located on the member only section of the ISRRRT
Tan Chek Wee has begun work on a practice survey for radiation therapy that will be needed to be filled out and returned in the near future.

The IAEA Safety Standards Document, “Radiation Protection and Safety in Medical Uses of Ionizing Radiation” SSG-46 is now available for download, distribution, and use. Please take time to download and use this within your countries to help improve radiation protection and safety in medical use, occupational and public. For those that may not be aware the ISRRT sat on the writing committee for Chapter one, the Nuclear Medicine Chapter and the Radiographer and Interventional Chapter. Thank you to our members that helped review and compile the 199 comments that were sent in on behalf of the ISRRT for consideration in the draft copy. I believe that your contribution helped create a more accurate, complete document. Just know that as long as you, our members, help with these type of work the ISRRT will continue to have a seat at the table representing your voice globally.

Several board members and myself were invited to Beijing China to contribute to a joint ICRP level 4 committee, ISRRT and CSIT leadership Workshop. This was held on World Radiography Day during the joint 2018 Chinese Congress of Radiology (CCR) and the 26th National Academic Congress of the Chinese Society of Imaging Technology (CSIT) this past November 9-11, 2018 in Beijing China. I have to say China Society (CSIT) were the best host to the ISRRT and the education was outstanding. It was really great to be at a meeting with our ISRRT Asian Society leadership. Please take time to read in detail about this congress in a separate article in this issue.

Many of our member societies and radiographers from around the world celebrated during World Radiography Day by choosing to demonstrate how the theme “Precision and Compassion; Radiographers’ Qualities”, contributes to the team approach and ensure that the principle of radiation protection is always in place during a patient visit. Please take time to read the articles on how our members societies celebrated and promoted our profession through their public awareness events as well as how we shared our expertise in elevating radiation protection around the globe.

The ISRRT, as a global organisation, continues to find ways to influence global change. In keeping with the ISRRT mission the board continues to increase the ISRRT’s representation at international forums acting as the international liaison organisation and the global voice for radiographers and radiological technologists.

As an organisation, by focusing on the strategic goal and key messages the ISRRT believes they have an opportunity to develop and influence the direction of our profession. The ISRRT also believes that focusing on these goals will influence how standards are developed and implemented in all countries worldwide.

The ISRRT, as the official global voice for radiographers and radiological technologists, will continue to lead us internationally by looking for new opportunities and innovative ways to create change, make change, and impact healthcare globally. As ISRRT President, I thank you again for the opportunity to represent your voice in our profession and update you on the board progress at this time.

Donna Newman
ISRRT President
DAR Council Members, Associate Members and readers of the News & Views. I trust this current edition of the News & Views finds you all full of energy and productivity in your daily work with patients and colleagues.

The past four months have been full of activities for the ISRRRT Board, and for me particularly as we have to work on matters assigned by the Council to us, since April.

The Council consists the driving force of the ISRRRT, shapes the future of the Organization and determines the targets that the Board must fulfill. When the targets are attained, Societies’ members will enjoy a more homogeneous, powerful and respectful radiography profession.

ISRRRT Board works on the council decision on reshaping the funding model. A new funding model design needs detailed data collection and a careful process, in order to be sustainable and efficient over the next years. President Mrs Donna Newman has called council members of their respective societies, to provide specific data for the Board to shape a new proposal. I want to thank the Council members who responded back to me on time by providing the required data.

Our collaboration with important world organisations, such as the WHO, and the IAEA give the chance for the radiography profession to present our professional perspective to them. Radiography (imaging and therapy) profession’s voice must be loud and clear into meetings organised by WHO and/or IAEA amongst other radiology related professions, based on evidence and data. Data must be collected by a survey which was assigned by the ISRRRT President to the Regional Director Europe, Mr Tim Agadakos who would also serve as the contact officer. Council members were invited to take part by providing their societies responses. Thanks to council members’ enthusiastic participation, a comprehensive response rate was achieved, and the results are now at the stage of analysis. As soon as answers are processed and finalised, they will become available to the council members.

Collaboration with the WHO is getting more and more productive. ISRRRT suggested to the WHO to focus to radiography professionals as an important professional force among health care workers.

With respect to this aim, our next collaboration plan 2019-2021 is focusing on:
- The promotion of radiographers/technologists’ health and safety, including prevention of musculoskeletal disorders and “burn-out” syndrome.
- To provide technical support to WHO for the identification of gaps and needs of radiographers/technologists for better health care.
- To support the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) in radiography schools, medical imaging and radiation sciences around the world. This can be achieved by educating and resourcing radiography schools to reduce the impact of tobacco use among the medical radiation sciences and its practitioners. Our aim is to create a tobacco-free profession for the benefit of all.
- To provide Technical Support to WHO for the development of the lists of Priority Medical Devices, to provide the framework for Tobacco Control through promotion of Tobacco free radiographer’s schools,
- To support WHO’s work on promoting the implementation of the Bonn Call-for-Action to improve radiation protection in health care.

ISRRRT has gained the respect and the acknowledgement by the IAEA over the past years. Attributed to the hard work of ISRRRT’s representatives during the relevant Technical Meetings (TM), and the detailed evidence-based thesis ISRRRT has presented during the meetings. The level of recognition

Guerbet booth at RSNA, Levi Cheng, Donna Newman and Dimitris Katsifarakis.
is evident by reading the preface of the IAEA Specific Safety Guide, Radiation Protection and Safety in medical uses of ionizing radiation, issued by IAEA, in Vienna 2018.

At the preface section, last paragraph IAEA “gratefully acknowledges” among five international organisations the ISRRT “to the drafting and review of the text”.

To underline the importance of collaboration of the ISRRT, IAEA invited our organisation to participate in the 62nd General Meeting, held in Vienna, last September. At this point, it is worthy to inform you that it was the first time we received an invitation to their most significant event and utmost we were the only organisation representing the radiation medicine professions invited.

I had the privilege, and the honor, as part of my duties- to represent the ISRRT to the 62nd IAEA General conference in Vienna, and to participate in three side events. A more detailed report is included in the this issue.

Societies members were very kind to invite me to their annual conferences. Although, it is my pleasure to attend, it is sometimes very difficult for me to accept the invitation, as the daily work in the office keeps me busy. However, I had the honor to be with the ISRRT Treasurer Mr Philippe Gerson at the 7th Baltic Radiology Congress, invited by the Lithuanian society, and their President Mrs Aurika Vancaviciene. The related report can be viewed in this current issue of News & Views.

A workshop in Sofia, Bulgaria was sponsored by the ISRRT and EFRS on Radiation Protection, Fluoroscopy Guided Procedures and optimisation of protocols during CT. Along with the Regional Director Europe, Mr Tim Agadakos, Professor Graciano Paulo, I presented the Bonn Call-for-Action plan and remained as an invited guest speaker for the opening ceremony of the their 2nd National Congress. Tim Agadakos has a full report in this issue.

An invitation to participate in the 26th Annual Chinese Society of Imaging Technology sent me to the other side of the globe, in Beijing China. I met a very vivid radiography community, open to communication, and full of desire to communicate and discuss Radiography Profession matters.

The Chinese Board and particularly their President, Professor Haihong Fu offered a warm hospitality and was very interested to join ISRRT. After the Congress, I was also invited to Chongqing City, and visited the HaiFu Technological Center which specialises in advanced minimally invasive treatments of gynecological problems with the use of ultrasound. In addition, I gave a presentation at the 2018 Medical imaging event concerning the influence of health economics in radiology.

Currently, I am intensively preparing for the 1st new board meeting which will be held in Paris at the Hospital of the ISRRT Treasurer Mr Philippe Gerson.

I feel the need to inform all of you that the collaboration with the President Mrs Donna Newman is regular, each day of the week and often over the weekends. The President is working intensively and gives directions to all matters keeping the Board tightly focused to accomplish council decision and suggestions. I maintain also very frequent communication with the board members, according to their portfolio, and this adds to the productivity of the ISRRT for the profession.

Thus, I feel the need to express my thanks to the President Mrs Donna Newman and the board members for their productive collaboration we have.

As this message is the final for 2018, I wish to you and the people around you a happy new year 2019 filled with happiness and health.

Dimitris Katsifarakis
ISRRT Chief Executive
Treasurer’s report

SEPTEMBER 28 and 29, I attended as ISRRT Past Vice President for Europe and Africa the 10th workshop for French speaking countries in Dakar (Senegal). As in the past the French association AFPPE sponsored three lecturers and myself to attend and organise this conference in conjunction with the local committee (Mr El Hadj Souleye Lo, Mr Amar Lo) and with the regional director for Africa Mr Boniface Yao. It was a very successful event with about 150 radiographers from 10 African countries. We plan to organise the next workshop in Yaoundé, Cameroon, in 2020.

One week later I was invited with our CEO Dimitris Katsifarakis to speak at the 7th Baltic Radiology Congress. It was a great opportunity for ISRRT to meet our colleagues from Estonia, Latvia and Lithuania where the congress took place (city of Kaunas).

The congress is organised every two years jointly with the radiologists. We want to thank Aurika Vanckaviciene and Elena Karazijaite for their warm welcome.

The RASE (Radiographers Association from the Emirates) invited the ISRRT President to their annual conference jointly organised with RSE (Radiologist Society of the Emirates). Due to another invitation in China, our president Donna Newman asked me to replace her at this important event. The ARM (Annual radiology meeting) took place in Dubai from October 31 to November 2. Two days were dedicated to the radiographers with 200 attendees from the UAE including many students. I gave two papers and had the opportunity to discuss with many radiographers, students and radiologists.

With thanks to our Past President Dr Fozy Peer, who began the process to convince UAE radiographers to set up a society a few years ago and now with the support of the RSE, they are in the process of joining the ISRRT family at our next World Congress in Dublin, August 2020.

In the meantime, we will help the board, Mr Ashim Al Awadi, Ms Essah Khalifa and Ms Samar El-Farrah, in the process to be the first ISRRT member of the Gulf region. I also want to thank Essah, Samar and Ashim for their warm welcome and the amazing hospitality.

We are now in the process to prepare the ISRRT budget for 2019 with our CEO and President.
We will do our best to minimise our expenses even though we are a world organisation.
Our next board meeting in January 2019 will take place in my hospital in Paris with free meeting rooms and food.

In 2019 I will co-chair a session with our president at ECR “ECR meets Africa”.
ISRRT has huge experience in Africa over the past 25 years where I was involved, thanks to Marion Frank.

Philippe Gerson
Treasurer
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Medical Imaging Technology Academic Exchange Contribution Award

awarded to

Dr Maria Law

Report by Donna Newman, ISRRT President

THE ISRRT is very proud to share with its members this exciting news from the Joint Chinese Congress of Radiology 2018 and, the 26th Chinese Medical Association National Association, which was held on November 7-11, 2018.

The host, Chinese Society of Imaging Technology (CSIT) presented the Medical Imaging Technology Academic Exchange Contribution Award to Dr Maria Law, in recognition of her contribution to the CSIT for introducing the Chinese radiological technologist to the international community.

Dr Maria Law has a long history with the ISRRT serving as Director of Education, Vice President of the Asia/Australia region and Regional Director of the Asia/Australia region as leadership roles within the ISRRT. Having served on the ISRRT Board of Management for 12 years, Dr Law has contributed to numerous workshops, educational projects within the ISRRT. One thing I am most proud of from Dr Law’s contribution during her time with the ISRRT is her contribution to the ISRRT Research Award committee. As an educator Dr Law brought expertise in the review process of submission for this award. As an international organisation we are proud of the work Dr Law has done for our profession with the ISRRT and the CSIT and want to congratulate her on this important award.

I have to share that it made me smile as Dr Law stated in her thank you speech to the CSIT that 20 years ago when she first started attending their congress, she couldn’t speak Mandarin at all. After 20 years of attending she took the opportunity to thank them in Mandarin for the friendship and wonderful learning opportunities they had provided during their congresses over the years.

Dr Maria Law.
THE world is becoming more globalised; filled with a lot of competition and number one in the industry, I want to encourage the global community to be very proactive in sharing knowledge, specifically, sharing imaging best practices.

Within radiology, we are guided by scientific facts, best practices, and trial and error in our clinical and administrative duties. At times, scientific theory is appropriate but we all heard the phrase “in theory it works, but in reality it doesn’t”. Sometimes, our location, staff, funding, local laws and patient demographic cause standard theories and other scientific evidence not to work. As a result, as radiology professionals, we sometimes have to rely on a trial and error approach or seek advice from our colleagues. Trial and error approaches are costly and lengthy while seeking advice is more beneficial and can be time efficient.

Here are three significant impacts that sharing knowledge in relation to best practices can have for us as a global team of radiology professionals.

1. Fills Knowledge Gaps
Regardless of how far advanced the radiology profession may be in the 21st century, many of our colleagues are not fortunate to offer their services using state-of-the-art technology or be proficient in advanced practices and imaging techniques. Therefore, it is especially important for those who have “been there, done that”, to share their experiences and knowledge of previous “older” practices. For our colleagues who are operating sophisticated equipment and ahead of the curve with patient care techniques, they too can share experiences with other colleagues who are transitioning to sophisticated equipment to help their colleagues iron out the “kinks” to allow smoother successful transitions.

With such knowledge sharing, there is no need to suffer through a trial and error approach.

2. Increases operational efficiency
When best knowledge is shared, radiology professionals are able to put into practice what is known to work. Though some practices do not have a “one size fits all” strategy, practices can certainly be adapted to most work environments. In today’s radiology world, we work in an environment where we are increasingly doing more with less resources. Therefore, whether we work for a non-profit or for profit organisation, live in first world or developing nations; increasing efficiency is a major goal for all of us. Sharing knowledge can reduce a substantial amount of time in trying to find answers or worse yet wasting resources on strategies that do not work or are inappropriate for a particular situation. Time is better spent with patients or doing more productive work.

3. Transitioning out of the old
Best practices, especially evidence based practices help replace practices that were based on tradition, experience, or authority. Sharing knowledge and best practices, allows us to practice not only with effective strategies, but with strategies that are not obsolete and appropriate for today’s fast-paced dynamic radiology world. Some of our colleagues are not privileged to have organizations to deliver continuing education, or have a subscription to journals, or have the internet bandwidth to view webinars, or the funds to buy books. Therefore, it is important for all of us to share experiences and practices so that patients can receive the best care.

Conclusion
Great practices do not belong in a silo or to be kept as a secret. As we continue to be the best in our profession and offer the best imaging care for our patients, we should be reaching out to our colleagues whether on a global, national, or local scale. Therefore, for this radiology celebration in November, I encourage all of you to be open and share knowledge and the best practices you put into place; both clinical and administrative so that our patients can receive the best quality of imaging care possible. Sharing best practices forms an integral part of our continued success both from a business and clinical perspective.

Sharing knowledge

Report by Nicole Dhanraj, ISRRT Member, WRETF Ambassador, RAD-AID LMS Volunteer
EVERY year in September all the different occupations working within medical imaging in Sweden are present at Røntgenveckan (X-ray week). And it is not just a few that attend because this event is very popular, this year it was around 1500 attendants. Radiographers are the biggest group, followed by radiologists, medical physicists and x-ray assistants. So many professionals at one place also attracts many equipment vendors, staffing agencies and other commercial companies within the field of medical imaging. Like with the Olympics, every organising committee try to make their event better than the previous one, and it seems they actually manage to do that since Røntgenveckan is growing in scientific program, attendants and exhibition size every year. The program was filled with parallel lectures and activities, and there was in addition a well-stocked showcase with everything belonging to the X-ray. The theme of the year, Multidimensional Radiology was partly a continuation of last year’s focus on the future of radiology.

Lectures at expert level included topics like the MRI prostate, the history and future of uroradiology, multidimensional radiology, exciting and moving stories outside the radiology, and much more. In addition to the professional and scientific program of the days, the evenings invited delegates to mingle in pubs and a banquet with entertainment.

A session that attracted a lot of radiographers focused on the future role for the profession. The two organisations for radiographers in Sweden (The Swedish Society for Radiographers SFR and the trade union Vardförbundet) have been working together for several years getting approved for a specialist educational program for radiographers in Sweden, and they are awaiting an evaluation from the government on this very soon. This initiative was highly discussed but although the massive support from both radiographers themselves, their leaders and different stakeholders and consulted experts the hopes of getting the education approved is not too high. The fear is that the decision makers still don’t know enough about the radiography profession and its rapidly increase in need for updated knowledge, skills and competencies.

Røntgenveckan also attracts attendants from the neighbouring countries and some sessions are also presented in English. There were invited guest speakers from most Nordic Countries but also from further away. Dr Amanda Louw from the University of Johannesburg in South Africa was probably the one that travelled furthest to get to Røntgenveckan, where she gave a presentation on “High Fidelity Simulation Based Education in Radiography”. Other invited radiographers from abroad were myself from Norway representing the ISARRT and the EFRS President Jonathan McNulty from Ireland. Together we gave an overview of the work done by professional international organisations for radiographers and my talk was named “Past, Present and Future Role of the ISARRT”. I also made a presentation about CPD for radiographers in Norway in a session focusing on Life Long Learning for radiographers in the Nordic countries.

Next year Røntgenveckan will be held in Jönköping, a city in the province of Småland in southern Sweden. The theme for the congress will be Pieces of Gold, which in this setting means focusing on high value professional issues.
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TODAY, Thursday November 8, 2018, is World Radiography Day across the globe. It is my great pleasure to wish you a happy and beautiful day of radiography that we are celebrating today. I take this opportunity to thank all founders and promoters from a worldwide perspective for their time and commitment in shaping the radiography that we are enjoying now.

I have seen that all countries tried to celebrate this day and thus in our country, Rwanda, and for me, I decided to raise awareness on radiation protection and safety among health professional workers (general practitioner doctors, allied health professionals as well as nurses and midwife) at my working place, which is Ruli District Hospital. The event took place early in the morning after a clinical staff meeting session where I presented an overview on radiation protection and safety: Role of multi-disciplinary approach in optimisation and justification on radiographic procedures requested for better patient outcome among patients attending the medical imaging department at Ruli District Hospital-Gakenke District, Rwanda.

I emphasised on the role played by the referring doctor (physician) in taking into consideration the principle of justification prior to the recommendation of an examination and I reminded them, based on current evidence published recently in Nigeria where Egbe, Eduwem, Ukweh, & Odumegwu, 2016, reported that 61.5% of doctors referred the patients for ionizing radiation examinations even when the result was unlikely to alter their diagnosis or treatment; but to reassure the patient (98.8%), meet expectations of patients (35%) or to give the patient the feeling of being taken seriously. This bad perception should be avoided in our daily clinical practices and agreement was positive toward changing the way of asking imaging investigation.

The different perception on effects of ionizing radiation on the human body raised by other health professionals was received by the presenter and I explained to them at satisfactory level and I hope they will start to explain to their patients at department level for behaviour and health promotion through Education program established. I took my time to thank the different partners at National (Ministry of Health) and international levels for their good commitment in putting in place the clear and sustainable strategies for solving radiation safety issues in different aspects.

Special thanks go to Dr Kaneza Deogratias (Director General of the Ruli Hospital) and Clinical Director at Ruli District Hospital who support our career and take their time in participating in improvement of imaging services infrastructure for safe working environment for me as Medical Imaging Officer, patients referred to us as well as the public in surrounding environment.

Other Director Generals of hospitals country wide and beyond may visit our health facility to see how our leadership are committed to patient safety and satisfaction.

Our team is working through multi-disciplinary approach, communication, good leadership and ownership. These are key strengths in achieving safe working environment in radiography practices.

Together we can in sustaining our health system.

“Be the Change you want to see among Health Professionals”

Mr Jean Felix Habimana
BSc(MIS), Candidate MSc. Epidemiology
ISRRT Council member
As two adventurous students we, Mr Suraj Sah and Mr Bhupendra Psd Bhatta of B.Sc. Medical Imaging Technology, Department of Radiology & Imaging, National Academy of Medical Sciences, Bir Hospital, Kathmandu, Nepal, decided to trek to Annapurna Base Camp Circuit on 12th October 2018.

The Annapurna Sanctuary trek, also known as the Annapurna Base Camp trek, is famous for trekkers. The principal peaks of the western portion of the great Annapurna Himal, including Hiunchuli, Annapurna South, Fang, Annapurna, Ganagapurna, Annapurna 3 and Machhapuchhare, are arranged almost precisely in a circle about 16km in diameter with a deep glacier-covered amphitheatre at the centre.

The terraced farmland is 4km above Pokhara. We visited the inner sanctuary of Annapurna with panoramic views of 10 peaks over 6000m which were surrounded by a ring of impressive mountains, including Annapurna I (8091m). The combination of pretty villages and farmland at Ghaundrung, set against the panorama of high peaks beyond makes this one of the most picturesque of treks.

We took with us to the Annapurna Base Camp, 4130 m above sea level, the ISRRT logo and photo of WC Roentgen. This was to celebrate the upcoming auspicious occasion of World Radiography Day, this is our small effort to engross, enlighten our radiography field.

Students conquer Annapurna Base Camp to celebrate World Radiography Day

Annapurna Base Camp, Nepal

October 12, 2018

Report by Suraj Sah and Bhupendra Psd Bhatta, Kathmandu, Nepal

As two adventurous students we, Mr Suraj Sah and Mr Bhupendra Psd Bhatta of B.Sc. Medical Imaging Technology, Department of Radiology & Imaging, National Academy of Medical Sciences, Bir Hospital, Kathmandu, Nepal, decided to trek to Annapurna Base Camp Circuit on 12th October 2018.

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Right: Mr Bhatta with WC Roentgen and Annapurna mountain 8091m in the background.
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ON October 18-20, 2018, the Indonesian Society of Radiographers (known as PARI, Perhimpunan Radiografer Indonesia) hosted the 5th South East Asia Radiographer and Radiological Technologist Conference (SEARC) at Ungasan Bayview Hotel and Convention Center, Badung Regency, Province of Bali, Indonesia.

It was such a great honour for Indonesian Society of Radiographers to be given the opportunity to host this tremendous event. Such a great moment for Indonesian Radiographers to meet overseas fellow and colleagues so that they could share experience and knowledge to each other.

The Conference theme is “Collaboration Towards Excellence” focusing on neurovascular imaging and therapy foundation, application, and technical consideration in multi-modalities.

More than 500 radiographers from south east Asia and neighbouring countries and societies attended this 3-days event. Including international participants from 15 countries (Indonesia, Malaysia, Singapore, Vietnam, Thailand, Philippines, Myanmar, Timor Leste, Japan, India, Hongkong, Taiwan, Macao, Kuwait and Australia).

This conference was packed with scientific meetings, paper presentations, seminars, symposium, and product exhibition, delivered by international experts, academic professionals, students, and health care companies product specialist and applicants technologist.

Opened by Bali Governor represented by the Head of Bali Province Ministry of Health (Dr Ketut Suarjaya, MPPM). The opening ceremony ran smoothly with a message from Vice President International Society of Radiographers and Radiological Technologists (ISRRT) of Asia and Australasia, Dr Napapong Pongnapang and also welcoming speech form President of Indonesian Society of Radiographers (PARI) Mr Sugiyanto S.Pd, M.App.Sc (MRI).

The first lecture was delivered by Dr Samuel Tandionugroho, radiology specialist straight after the opening ceremony, followed by Dr Napapong Pongnapang.

The next day, Madam Tan Chek Wee and Professor Mark McEntee than gave lectures after the international forum session. On the international forum, all presidents, overseas delegates, and official boards delivered presentations about radiographers licensing, and radiography and therapist education system in their countries.

After the international forum, all presidents and delegates attended the Board Meeting to discuss about the next events and agendas, ended at lunch time.

After the Friday prayers the second paper presenter session and parallel symposiums were conducted with four main topics in four different meeting rooms. MRI and CT topics were held at Padang-padang meeting room, while digital radiography and radiation therapy topics were held at Balangan Room until the end of day.

The closing ceremony was held in the evening, with SEARC Memento Handover to Thailand for 6th SEARC in Bangkok next year in April 2019. The PARI scientific meeting flag banner was handed from Bali to North Sumatrans Province for 7th scientific meeting in April 2019.

The 5th SEARC event was closed by Kecak Dance and Fire Dance performers. Kecak is a traditional colosal dance which was performed by the Bali radiographers. There were 30 dancers involved on this Kecak Dance performing a story of Ramayana Epic.
On the last day, Saturday October 20, 2018, all participants joined a cultural visit to Garuda Wisnu Kencana, Tanah Lot Tempel and Umahsari Traditional Village. At the Umahsari Traditional Village all delegates were introduced to Balinese culture and the way of Balinese life, including the lessons about how Balinese make Hinduism offerings and foods, as well as the concept of Balinese houses and ceremonies. At the end of the day, all participants were taken to Jimbaran Sea Side Dinner, where they attended an intimate farewell candle light dinner on the beach with a view of the Indian Ocean.

We realise that the event could not be successfully conducted without the support from all delegates. Therefore, we earnestly thank all presidents from radiographers and radiological technologists associations across Asia and neighbouring countries, with all of their boards, delegates and participants for coming to Bali and joining this event. See you all next time.

(Reported by Putu Adi and Putu Irma).

Right: Kecak Dance at closing ceremony perform by Radiographers from Bali.

Right middle: Presidents and international delegates take a photo group in Garuda Wisnu Kencana.

Right bottom: Presidents and delegates in front of a traditional Balinese house at cultural visit to Umah Anyar Village.

Below: Presidents and international delegates visit a Bali traditional village.
The ISRRT is pleased to report that we have set up a PayPal account and that with immediate effect Associate Membership subscriptions can now be made via the ISRRT PayPal account for one and three years subscription via the website as well as accepting donations.

Now is the opportunity to join as an associate member!

website

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ECR 2019 is attracting record high number of radiographers from all over the world!

The ECR is one of the biggest congresses in medical imaging in the world and it gets bigger and bigger every year. There has been a significant increase in number of attendants and submission of abstracts over the last years, especially from radiographers.

Abstract submission for the forthcoming European Congress of Radiology closed on October 15, with a record of 8,469 submitted abstracts. This stunning increase of almost 18%, means a plus of more than 1,200 abstracts in comparison to ECR 2018, by far exceeding all expectations. This indicates that the ECR 2019 will be the biggest congress in medical imaging that Europe has ever seen.

Especially positive, the growth of abstracts submitted from all over the world for the radiographers’ program (+62%) is a strong sign of the growing community involved in the ECR.

Top 11 countries and their abstract increase in comparison to ECR 2018:

1. Italy (+23%)
2. Spain (+17%)
3. India (+84%)
4. China (+13%)
5. Germany (+16%)
6. United Kingdom (+3%)
7. Japan (+6%)
8. United States (+44%)
9. Russian Federation (+2%)
10. Egypt (+41%)
11. Korea, Republic of (+9%)

With almost 300 submitted abstracts, student abstract submission was again a success and the ESR will invite the 32 best submitters to the ECR, covering their congress registration, accommodation, and travel costs.

The ISRRT have a long tradition of being present at the ECR, and for the 2019 congress we are invited by the ESR to again contribute to the scientific program by organising a ISRRT Meets Africa session. The event, which shall be held on Friday, March 1, 2019/16:00-17:30, will cover a wide range of topics delivered by radiographers from across the African continent.

Thanks much to the ESR and the ISRRT Meets Africa sessions, the number of abstract submissions to ECR 2019 from Africa is up by 92% from last year. For the ECR 2019 the ESR also kindly offer assistance to many professionals who cannot afford the costs associated with Europe’s largest radiological meeting through its support programs ‘Invest in the Youth’ and ‘Shape your Skills’.

The ISRRT will as usual have a booth at the Radiographers Loung area together with several other radiographer societies including the EFRS. Come and visit the radiographers lounge area and the ISRRT booth while attending ECR. We always want to expand and strengthen our network of contacts and would really like to see you there!

Håkon Hjemly
ISRRT Vice President Europe Africa
ISRRT meets Africa

(International Society of Radiographers and Radiation Technologists)

EM 5 (Slot 12): Friday, March 1, 2019/16:00-17:30

Programme:

Categories: General Radiography (Radiographers), Education, Management/Leadership, Professional issues

Radiographer’s challenges offering imaging services in Africa

Chairpersons’ introduction (8 min): Donna Newman; Fargo, ND/US (ISRRT President)
Philippe Gerson; Paris/FR (ISRRT Treasurer)

Session objectives:
1. To recognise the demographics and patient accessibility to health services of a particular African country.
2. To understand the infrastructure of the imaging health services and their contribution to the primary and hospital health services to sustain the population and individual health.
3. To appreciate the radiographer’s effort to keep up to date with evidence-based practice in imaging services.
4. To become familiar with the radiology education system and lifelong learning opportunities for radiographers practicing in Africa.

Nigeria. Health care services in Nigeria: the radiographer’s opportunities and challenges (18 min)
Elisabeth Olasunkanni Balogun; Lagos/NG
1. To recognise the demographics and patient accessibility to health care services in a densely populated country as Nigeria.
2. To understand the infrastructure of the imaging health services and their contribution to the primary and hospital health services to sustain the population and individual health.
3. To appreciate the radiographers’ effort to keep up to date with evidence-based practice in imaging services.
4. To become familiar with the radiography education system and lifelong learning opportunities for radiographers practicing in Nigeria and its environs.
5. To look at the challenges of teamwork/professional rivalry/nomenclature even in the face of infrastructural challenges.

South Africa. The South African radiographer: button pusher or creative thinker? (18 min)
Hesta Friedrich-Nel; Bloemfontein/ZA
1. To learn about the radiography education models in South Africa.
2. To become familiar with continuing education requirements and registration.
3. To share the revised scope of practice.

Cote d’Ivoire. Professional practice of radiology and imaging in Africa: radiographers for more commitment and responsibility in patients’ safety (18 min)
Kouame Boniface Yao; Abidjan/CI
1. To reveal the challenges faced by African radiographers in practicing their profession.
2. To learn about the different actions carried out by radiographers for radiographers within Africa, in seeking for alternatively affordable means of practicing their profession.
3. To appreciate the ISRRT’s initiatives and capacity building projects to provide sustainable support to radiographers in Africa.
4. To understand the dues set up by ISRRT regional officers’ to improve patient care.

Kenya. Discovering Kenyan radiographers: past, present and future (18 min)
Catherine Muchuki; Nairobi/KE
1. To understand the current situation and trend of radiographers in Kenya.
2. To understand the Kenyan health system.
3. To become familiar with Kenyan radiation safety issues; Afro safe Kenyan chapter.
RADIOGRAPHERS

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THE Bulgarian Association of Technicians in Diagnostic Imaging and Therapy was welcomed to the family of the ISRRT via their 2nd National Congress held at Acibadem City Clinic Tokuda Hospital in Sofia, Bulgaria which was launched with the Joint ISRRT-EFRS Radiation Protection Workshop on the 26th of October 2018.

Although as the president of the Panhellenic Society of Radiological Technologists in Greece since 2010, Mr Tim Agadakos has organized and coordinated several workshops, seminars and congresses, this was his very first official activity as the new Regional Director Europe ISRRT. Admittedly, excitement and a sense of increased responsibility were apparent throughout the design and delivery of the educational program as part of the ISRRT - WHO collaboration in Radiation Protection. Thankfully, two influential “players” in radiography contributed to the success of the workshop. Both, Graciano Paulo, former EFRS president and Dimitris Katsifarakis, the ISRRT CEO provided valuable advice during the preparation and conveyance of the scientific program.

The workshop was delivered in English to about 50 radiographers working in Bulgaria and thus two translators were recruited to cope with arising lingual challenges. Their support was also essential during the discussions and the conclusion of the workshop.

Purpose
The workshop aimed to:
1. Communicate newly attained information and encourage best practice, to help members keep abreast of advancing technology in medical imaging-therapy and continual change in evidence based medicine.
2. Empower radiographers/radiological technologists to promote and expand their role in justification of radiation protection and optimization of medical exposures as anticipated by
   – legislative framework on radiation protection
   – international authorities such as WHO, IAEA, ICRP, EC, HERCA.

Learning Objectives
The participants upon completion were expected to:
• Appreciate effective gatekeeping
• Promote awareness with improved risk vs benefit dialogue to patients and referrers.
• Ensure appropriateness at the point of care with accessible tools, such as ACR™, iRefer™, IT & Clinical Decision Support
• Perform the “Best test first”
• Participate in clinical audits within a team approach.
• Keep dose as Low As Reasonably Achievable (ALARA)

Outline
Analytically, the workshop was divided into three sessions and debated the following topics:
1. Introductory session
   Where Mr Dimitris Katsifarakis highlighted the ISRRT commitment to the IAEA Bonn Call-for-Action, as well as the relevant collaborations with international organisations like WHO, IAEA, HERCA and universities to communicate current issues in radiographer active involvement in the justification of medical exposure with ionizing radiation and in the optimisation of radiation protection to patients, population and the environment.
2. Justification Session
   Where Mr Graciano Paulo presented the transposition of the
European Directive on Radiation Protection 2013/59 into national legislation. The relay baton was then picked up by Mr Tim Agadakos who explained the need for radiographers strong implication during the 3As of justification i.e. awareness, appropriateness and audit. Interestingly, the participants were not well aware of the details of the EURATOM Directive nor recognised their unofficial participation in justification during their daily practice. This was evident during the discussion following the presentation where grey areas of roles and responsibilities in the justification processes were further explained.

3. Optimisation Session
   Where Mr G Paulo kicked off with a presentation on Best Practice and Practical Tips in Fluoroscopy Guided Procedures informing of the demand for continuous professional development in radiography in order to employ radiation protection measures effectively. Similarly, Mr T. Agadakos, continued with dose reduction strategies and the new innovative technology in Computed Tomography during the Best Practice and Practical Tips in CT presentation.

Conclusion
Finally, the workshop fulfilled its scope to strengthen radiographer confidence to develop new roles in justification and optimisation. The feedback from the participants was inspiring, diminishing the language barriers encountered. In addition, Bulgarian radiographers expressed their demand for a second workshop.
   Upon completion of the pre-congress radiation protection workshop, Mr D. Katsifarakis was invited to speak and greet the participants during the opening ceremony of the congress with Mrs N. Dzhankova, the President of the Organising Committee and Mrs P. Gagaova, the president of the Bulgarian Association of Technicians in Diagnostic Imaging and Therapy.
   The day was completed with a complementary dinner at a traditional Bulgarian restaurant.
   The next day, the congress commenced with the Image Diagnostics session which incorporated focused presentations on conventional radiography in trauma, breast cancer in men, dental imaging with CBCT, brain function assessment with CT angiography and MRI procedures.

Acknowledgements
In recognition of all the efforts required to make this workshop successful we wish to thank Mrs N. Dzhankova and Mrs P. Gagaova, the President of the Bulgarian Association of Technicians in Diagnostic Imaging and Therapy for this initiative and the dinner. Moreover we anticipate that Professor Radiologist M. Totev whom we spoke to during the lunch break will uphold his pledge on supporting his notion for the shift of the current yet outdated professional title of technicians to “radiographers”.

E. Agadakos MSc
ISRRT Regional Director Europe
It is well known that medical imaging remains the main tool to provide accurate diagnostic information for decisive medical decisions. This makes the role of quality assurance (QA) an important issue for the professional practice in medical imaging. In the majority of African countries, the challenges result, among others, in insufficient awareness about quality assurance, lack of QA programs and risk management procedures.

In order to help radiographers from French speaking Africa explore the pathways to building sustainable projects and take up these challenges, the ISRRT, in collaboration with the National Society of Radiographers in Senegal (ATMIMS) and the French Society of Radiographers (AFPPE), organised in Dakar, Senegal, October 28-29, 2018, the 10th Congress of Francophone African Radiographers, namely CAFIMRA 2018.

The event gathered 150 delegates, radiographers and radiological technologists of public and private radiology department, originating from 10 ISRRT member countries. The objectives was to learn from each other and share experience on the methodology to implement a quality assurance program in their radiologic departments.

The scientific program was composed of plenary sessions that covered the theoretical aspects of Quality Assurance and risk management in medical imaging, radiotherapy and nuclear medicine modalities.

The venue, namely City Business Center of Dakar, offered a lovely environment with three rooms; plenary room (Baobab) for the main conference and two rooms (Filao 1 and 2) for hands on capacity building session focused on the practical aspects of Quality control in mammography, CT/MRI anatomy image recognition and radiation protection followed by a validation quiz.

The congress was chaired by the Senegalese Minister of Health and supervised by the ISRRT officers, Philippe Gerson (Treasurer) and Boniface YAO (Regional Director Africa) and it gave an exceptional occasion to address the main concerns of African radiographers, in terms of communication, training and professional practice and safety.

Some positive solutions in progress were announced. Among others, the web training plateform made available to radiographers by Siemens and its projects of creation of two centers of excellence for radiographers training in medical imaging in Dakar (Senegal) and Yaoundé (Cameroun).

The Francophone African Congress of Radiographers, called CAFIMRA was started about 20 years ago upon the impulsion of Mr Philippe Gerson, ISRRT Past Vice President Europe/Africa and current Treasurer. In that process Philippe involved three of his colleagues from the French Society of Radiographers; Mrs Dominique Zerroug, Mrs Jocelyne le Goazigo, radiographer trainers and Mrs Agnes Tiki Doumbe a chief radiographer.

In order to acknowledge Philippe and his team for the tremendous work they have accomplished, as well as the valuable outcomes produced in terms of continuing professional development system settled and the capacity building provided, the Board of Presidents of CAFIMRA offered them an exceptional award ceremony.

First of all, Philippe, Dominique and Jocelyne were marvelously...
dressed in traditional clothes and respectively baptized Papa Africa Mama Africa and Anti Africa. Then, presents were offered and above all, an historical film entitled “Trois mousquetaires de l’imagerie médicale en Afrique; le récit d’une longue chevauchée”, translated as “Three Musketeers of Medical Imaging in Africa; the story of a long ride” was played. The film reports on the summary of the three radiographers actions in Africa since 1997.

This congress was a special occasion for African radiographers to congratulate one of their colleagues, Mrs Blandine from Gabon who has completed her PhD program in radiology which opens a new perspective of evolution for youngsters.

The lesson to learn is that this regional project was built upon the dream of a young radiographer, Philippe Gerson, 20 years ago, in his will to bring something positive in human’s life. Through the years the CAFIMRA has become a huge platform for exchange and sharing between medical imaging and radiotherapy technologists.

During the 2018 congress, the line-up put together by the organising committee was shaped to help advance our profession within Africa as it provided opportunity for various specialties to come together to share valuable information on the latest developments in radiation protection and QA/QC.

With the support of ISRRT as the main sponsor as well and the collaboration of local organising committees, the CAFIMRA is able to grow scientifically and professionally.

The closing ceremony was the occasion for the ISRRT Regional Director Africa to highlight the main stream of ISRRT’s policy which is to enhance solidarity within the sub region, and to bring Africa to the world. He therefore invited all the participants, on behalf of the ISRRT Board of management, to be active actors of this exciting project and to join the global networking platform in progress. He finally announced the name of the country elected to organise the 2020 CAFIMRA: Cameroon.
IT WAS with great pleasure that radiographers from the Ngaliema Clinic in Kinshasa celebrated Radiography Day on November 8, 2018 in the presence of the National President MJ Muaka.

The day was spent at the workplace with a one-hour break during which we read the message from Donna Newman, ISRRT President; followed by the reading of the message of circumstance from Regional President Africa Boniface Yao, followed by this a brief history of radiology was given to other service support workers.

We closed the day with a reflection on the actions to implement the recommendations contained in the theme “Precision and compassion; radiographers’ qualities.”

On the sidelines of the international day of radiography and in order to promote precision and compassion as the content of the theme, the medical imaging and pediatric services of the Ngaliema Clinic are planning a scientific morning open to all other services on paediatric radiology.

This morning was held November 23, 2018 with the general theme: “indications, justification and optimisation of radiological examinations in paediatric practice”.

The sub-themes of the morning and the various speakers were:
- Dr. Gabriel Tabu (pediatrician): “Current indications and justification of radiological examinations in paediatrics”.
- Rx Faustin Kamba (radiographer): “Support and optimisation of radiopaediatric examinations”.
- Dr. Luc Kamanga (paediatrician): “From the clinical examination to the establishment of the X-rays exam voucher paediatric”.
- Dr Franck Mvumbi (radiologist): “Substitution of radiological examinations in our context: Radiography, ultrasound, CT scan or MRI”. ■
Don’t miss the ISRRT’s 22nd Asia-Australasia Conference of Radiological Technologists (AACRT 2019), to be held in conjunction with the Australian Society of Medical Imaging and Radiation Therapy’s 14th National Conference.

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ISRRT Societies celebrate World Radiography Day
“Precision and Compassion: Radiographers Qualities”

November 8, 2018

Report by Donna Newman, ISRRT President

Many of our member societies from around the world spent this past November 8, World Radiography Day promoting and celebrating the professionals that work within the field of medical Imaging. As president I will hold this year’s celebration of World Radiography Day celebrating the ISRRT theme “Precision and Compassion: Radiographers Qualities very close to my heart. I had the opportunity to spend the day with many of our ISRRT members societies council members and leadership from the ISRRT Asia region at the joint 2018 Chinese Congress of Radiology (CCR) and the 26th National Academic Congress of the Chinese Society of Imaging Technology (CSIT). Several of the ISRRT current board of management along with our immediate past president, Dr. Fozy Peer were invited to present on the ISRRT initiatives and global strategies regarding radiation protection and safety during the China joint meeting between the Radiologist and Radiographers Associations.

The Chinese Society of Imaging Technology (CSIT) held an International Joint Forum of the ISRRT, CSIT and ICRP Joint forum Dose less, Care more to celebrate the 123rd anniversary of X-ray Discovery and the 25th Anniversary of the CSIT and World Radiography Day. During the day long forum, the organizing committee presented a video on the history of the discovery of X-ray along with the history of the CSIT and what truly made me smile was they included some history of the history of the ISRRT world radiography day.

A group photo was taken of the invited international guests, along with the Level 3 ICRP committee on medicine and CSIT leadership.
Several of the ISRRT present and past ISRRT leadership gave invited lectures during the ISRRT, CSIT, ICRP joint Forum: Dose Less, Care More session. As current ISRRT president I presented on ISRRT’s Global Perspective on Bonn Call-for-Action and Contributions to the Global Radiation Protection Agenda where I was able to show case all the projects that ISRRT has been involved in globally that are contributing to the global radiation protection agenda and how the ISRRT in contributing to the Implementation toolkit of the Bonn Call for Action. Our immediate past ISRRT President, Dr Fozy Peer was invited by the China society to give a lecture called “Optimization of Radiation Dose Radiographers Perspective” where she delivered the message in her presentation that the radiographer is key in the implementation of daily practice of optimization.

Dimitris Katsifarakis, ISRRT CEO gave an overview of the past, present and Future of the ISRRT. This was presented during the session on each of the contributing sponsors on the importance of our professional organisations and the initiatives that the ISRRT are about.

We ended the day with a wonderful banquet where we took time to celebrate each other and visit with our ISRRT professional colleagues. This will truly stay as one of my best World Radiography Day celebrations in my career.

As president I am excited to share how some of our ISRRT members from around the world spent their day celebrating World Radiography Day. Here is what our members submitted to show how they celebrated the day elevating the profession and showing our fellow Radiographer professionals how we appreciate what each of us do every day in caring for our patients.
THE joint 2018 Chinese Congress of Radiology (CCR) and the 26th National Academic Congress of the Chinese Society of Imaging Technology (CSIT) was held this past November 9-11, 2018 in Beijing China. Chinese Society of Imaging Technology Haihong Fu invited myself as ISRRT President, Dimitris Katsifarakis, Stewart Whitley, Tan Chek Wee, from the current ISRRT Board along with our immediate past president, Dr Fozy Peer to present in a joint CSIT, ICRP and ISRRT day long education session called “Dose less and Care more”, held on World Radiography Day. I presented on ISRRT initiatives and Bonn Call-for-Action Radiation Safety and Radiation Protection issues. I was excited to show case some of the great projects that our members had contributed two from the IAEA and WHO. Dimitris presented on the Past, Present and Future of the ISRRT.
Fozy Peer spoke on Optimization of Radiation Dose Radiographers perspective presenting the important role that radiographers play in radiation protection with medical dose. I am proud to have spent my day celebrating World Radiography Day with our ISRRT radiographers from our ISRRT community, members of the ICRP Level three committee and with radiographers from the CSIT. What a memorable moment during my presidency. One thing that truly stood out in my mind as president was the tradition of honoring both present and past leadership within the organisation and to showcase the work that they had achieved to help support and sustain a professional organisation. I was so proud to be attending this meeting with one of our ISRRT past presidents, Fozy Peer and to have the moment to celebrate with one of our Past ISRRT Board members a very important day for our profession as Maria Law also received a life time Award. As a leader you can always gain from what other societies are doing well and I was so impressed the way both the radiologist organisation and the radiographer organisation incorporated both present and past leadership in difference ceremonies during the congress.

ISRRT long time member and previous ISRRT Board of Management member Maria Law received a life time achievement award called the Medical Imaging Technology Academic Exchange Contribution Award during the opening session ceremony of the Chinese Congress of Radiology session. I was so proud as ISRRT President to share this moment with one of our ISRRT members. The award was presented on behalf of the CCR and was given to Maria Law for her continued academic exchange of over 20 years with their conference and organisation.

As President I have to say I am really proud of the all lectures provided by not only our ISRRT Present and Past Board of Management but also the excellent lectures our ISRRT Council members and ISRRT member society leadership presented during this meeting as well. The academic exchange of information through our ISRRT membership presentations was just outstanding and I have to say to our ISRRT members your dedication to our profession is recognised and appreciated. This demonstrates your ISRRT Asia leadership dedication to their region of the world’s profession. The theme for the international forum exchange of academic information was called “The Belt and Road Forum for Medical Imaging Technology”. Two of our ISRRT Board members presented during this forum. Stewart Whitely our Director of Professional Practice presented on the topic “Call Digital Radiography a new beginning” where, Stewart shared the direction digital radiography is headed and several practice issues to look out for with solutions to add to your daily practice. Tan Chek Wee, ISRRT Director of Asia/Australia, ISRRT President Donna Newman presenting at the joint ICRP ISRRT CSIT Leadership forum.
region spoke on the presentation titled “Role of Radiation Therapists in creating a Patient Safety System in Brachytherapy delivery.” Chek Wee gave a great overview of the importance of the radiographer in ensuring safe practice happens, that therapists have a duty of care to ensure safe practices happen and by following a standardised safety system the radiographer can be assured that the correct treatment dose is delivered to the patient.

I have to express how proud I was of all our ISRRT leaders from the Asia region that presented during the international exchange session. I have to highlight just a few that some of our Board members heard during the congress. Edward Wong, from the Hong Kong Radiographers Association spoke on “Efficiency and effectiveness in dose reduction with the implementation of DRL program” which is right in line with the Bonn Call-for-Action initiative the ISRRT is supporting. Edward Chan, Vice president of the Hong Kong Radiographers Association spoke on “Patient centered care for medical imaging department” which as leaders we are hearing all over the world is the place best practice depts show to be practicing in a patient centered care environment. Long time mentor of many of us in our ISRRT profession, Khin Maung Tin of the Myanmar Society of Medical Radiation Technologist presented on “The importance of ethical approach to radiation protection”, something all radiographers should keep in mind every day in their professional career. I also want to say great job to all our ISRRT members that presented at this academic exchange of best practice. There is no better way to collaborate and network than to attend and hear what our fellow professionals are doing at their hospital and practices.

The opening session of the Conference gathered nearly 10,000 medical imaging professionals. The Chairman of the Chinese Medical Association Radiology Branch, Professor Zhengu Jin discusses the importance of the theme of the conference, “Innovation, Inclusive and Open as our profession faces challenges and because of this we need to have innovative concepts and have an inclusive mindset and open mind. Dr Zhengu Jin stated,” Let us unite together and work together for the future of radiology to create a greater glory.”

President of the CSIT, Professor Haihong Fu talked about how the imaging medicine and imaging technology are two subjects developed in the same department and that medical precision depends on technology and technical precision but standard must come first. President Haihong Fu also presented that the slogan “unite for development” was the academic guiding slogan adopted. He stated that he was proud of the two societies work to create an international academic exchange platform with unprecedented scale, academic excellence, bilingual communication, and multi-disciplinary convergence of medical imaging and imaging technology.

The CSIT also held a pre-congress Chief Medical Imaging Technology Officer (CMITO) leadership workshop which was sponsored by Samsung. I was so amazed by the tradition of all these meetings and how they honored both the present and past leadership at the beginning of all their official meetings. I had the opportunity to give a welcome speech and talk about our wonderful ISRRT organisation and its workshop. Several other international leaders also spoke on behalf of their organisations. I gave a presentation called “Developing Scope of Practice of the Radiographer from the ISRRT perspective” during the opening keynote session of this workshop.
This presentation gave me an opportunity to showcase some of our member societies’ great advanced practice programs which we are proud to support as an international organization. I also presented the ISRRT education framework document that is available on the ISRRT website to benchmark new radiography programs to ensure they are meeting standards.

I was truly amazed by the gatherings they provided for their attendees at the meeting, holding a joint gala dinner on November 8 to celebrate World Radiography Day with the radiologists and then the radiographers also had their own Gala dinner. I think the thing I liked the best was the way they presented and introduced their international guest at the meeting and incorporated us all right into the program giving us many opportunities to showcase our wonderful international society. One tradition that I hadn’t ever seen at a meeting and really enjoyed was the Chinese tradition of the past and present leadership toasting their members officially then unofficially as they went around the room to each table. Of course as leaders we took this time to do, the same thing with our ISRRT members. What a great way to network and form new friendships. I must say the hospitality from the Chinese society was really outstanding and the ISRRT really appreciated. We had four total evening events where we spent time sharing memories with our ISRRT members and new CSIT members as well.

As the ISRRT Board we also had an opportunity to meet officially with the CSIT leadership and discuss ways to collaborate with the CSIT. I also took the time to review the ISRRT statues on how to become a member society of the ISRRT. The meeting was fruitful and much was discussed. As the ISRRT President I had the opportunity to share our leadership structure and present their liaison leaders from the ISRRT Board of Management, Chek Wee as Regional Director and Napapong Pongnapang as Vice President of the Asia/Australia region were available to facilitate and continue to answer any questions they may have or to help work with them to facilitate opportunities within the regions to resolve differences.

I had to be back at work on Monday November 12 to attend another meeting in the United States, but our ISRRT CEO Dimitris Katafakis went to Chongqing to speak to the Chongqing Radiographer Technologist Association about “The Influence of Health Economics Systems on Radiology.” Stewart Whitley, flew to speak at Shandong University Hospital on digital imaging and best practices. Finally, Fozy Peer flew to Zhengzhou First Affiliated Hospital of Zhengzhou University which is a 10,000-bed facility and spoke to their radiography staff on Radiation Protection and Optimization, a radiographer’s perspective.

As an international organization I am proud of all the professional involvement we had from our members and Board of Management during this wonderful congress. I really appreciated the hospitality that the CSIT showed us during our stay in China and look forward to continuing our collaboration in the future.

Donna Newman
ISRRT President
CME activity is one of the goals of MSMRT. During 2018 we have held CME once in Mandalay and twice in Yangon. This time EC decided to hold the CME in Pyay, an ancient city of Tharay Khit Taya (Sri Ksetra), in the middle of Myanmar. The aim of holding the activity in this area is many medical radiation technologists from upper and lower Myanmar are able to easily come and attend the CME and also they have the chance of observing the old heritage of Tharay Khit Taya (Sri Ksetra) ancient Pyu city.

Sea Lion Co., Ltd and GE Healthcare organised this CME. The CME was held at the Hotel Irrawaddy in Pyay.

The Speakers were:
1. Ms Mya Mya Chaw Su, M.Med.Tech (Medical Imaging Technology), Lecturer, Medical Imaging Department, University of Medical Technology, Mandalay.
2. Ms Mya Nilar Cho, B.Med.Tech (Radiography), Chief Radiographer, Parami General Hospital, Yangon
Sixty participants including consultant radiologists and medical radiation technologists attended. CME commenced at 1pm with the opening remarks by M. Khin Maung Tin, President of Myanmar Society of Medical Radiation Technologists (MSMRT). The president emphasised on the objective of the MSMRT and urged the medical radiation technologists to participate in local as well as international CME, workshops and conferences. He also suggested to do research work and outcome results should be presented and shared at future international conferences. He said that MSMRT has been participating in international conferences since 2012. The activities of MSMRT during the past six years are: 21 international radiological technologists conferences attended and 25 scientific papers have been read by the Myanmar medical radiation technologists.

Ms Mya Mya Chaw Su presented a paper on “What factors should radiologic technologist know before iodinated contrast media administration in MDCT Imaging.” She explained the basic concept of the application of contrast media and evaluated the current trends in contrast media. Categorise and classify contrast medium used in radiology is important. She also compared the different chemical properties of contrast medium. Evaluation of ionic toxicity, osmolar toxicity and chemo toxicity are importance she pointed out. Ms Su also stressed assessing the organ-specific toxicities, such as renal toxicity, neurotoxicity and cardio toxicity of contrast medium.

Ms Mya Mya Chaw Su emphasised on the application of recommended guidelines towards improving patient safety and preventing serious complication in patient while using iodinated contrast medium. Last but not the least; she explained the treatment option in the management of adverse reaction to contrast medium.

The second speaker was Mr Hafiz Abu Hassan who is a Sales Applications Specialist, Life Science – GE Core Imaging, ASEAN. He presented two topics: 1. Optimization of Images Quality and Contrast Enhancement and 2. Safety of Contrast Media.

Mr Hafiz highlighted the factor affecting enhancement in CT scanning. He also explained on dose calculations and iodine load. He talked about the comparison between fixed dose contrast protocol and a weight based contrast dosing in CT abdomen. Mr Hafiz showed slides on the increased contrast enhancement with lower radiation dose. He concluded with summarising his topic that use of iterative reconstruction to reduce image noise and radiation dose to the patient.

The third and last speaker was Ms Mya Nilar Cho who is a Chief Radiographer in Parami General Hospital, Yangon. Her topic was “Effectiveness and Precaution of MR Contrast Agent in Imaging Evaluation of Diseases”. She reviewed about the MR contrast agent.

Ms Cho pointed out the available MR contrast agent: Gadolinium in the Myanmar market. Mya Nilar Cho pinpointed the risk of nephrogenic systemic fibrosis and showed the advantages and disadvantages of using contrast media with slides.

Participants were delighted and enjoyed the CME. In closing remarks of the President of MSMRT, he said that a set of quiz question will be answered by the participants and the highest marks scored by the participant will be awarded a free trip to Bangkok to attend the 6th SEARC Conference which will be held April 24-26, 2019. This award is fully supported by Sea Lion Co. Ltd.

Congratulations to the winner Mr Htet Aung Lwin who is an imaging technologist at Parami Hospital. The President also expressed his heartfelt appreciation to the Managing Directors and Board of Directors and also to the staff of Sea Lion Co., for their unfailing support to MSMRT. Without their kind and sincere support this CME would not be a successful event.

On the return trip to Yangon, the participants had a chance to visit ancient heritage of Sri Ksetra and famous pagodas.

Khin Maung Tin
ON November 16-17 the European Federation of Radiographer Societies, EFRS held their 11th Annual General Meeting in Remscheid, Germany, the city where Wilhelm Conrad Roentgen was born and is honoured with the Roentgen Museum. During the AGM, I had the pleasure to be invited to observe the EFRS significant achievements and future plans as the ISRRT Regional Director Europe for the first time and not as the president of my national society, The Panhellenic Society of Radiological Technologists. Consequently, I joined a total of 70 participants who represented 40 full member societies and 65 affiliated members. The EFRS also invited previous board members for the celebration of the 10 year jubilee.

At this AGM there were no elections since the board had not served for the complete three year term. The agenda was full to capacity with 19 items. Although the program was intense, the flow was timely and discussions were well managed by the board and the President Jonathan McNulty. The new board presented updates on activities since the 10th AGM and also proposed the action plan and budget for the coming year.

An imperative item of the agenda was considered to be the approval of a joint position paper between the European Society of Radiology and the EFRS on Patient Safety in Medical Imaging. This is a very remarkable document which describes the different roles and responsibilities for radiographers and radiologists in a wide range of situations related to safe practice and patient safety. A description of the issues related to reporting by radiographers and the aspects of safe practice is also included.

Moreover the European Diploma in Radiography, a project that
the EFRS and the ESR have been striving to develop for several years, and follows the success of similar diploma for radiologists was the spotlight agenda item. The details of attainment were presented by Paul Bezzina who explained that this diploma would by no means replace national qualification but was intended to reflect the necessity to European countries with EQF level 5 to take action toward an upgrade to EQF 6, to homogenise the educational level and to serve as a complementary title for personal role extension. The first examination for radiographers will be conducted during ECR 2019 and has received noteworthy attention. Interestingly, 47 applications were made from 24 countries, 13 were from Europe (28%) and 34 (72%) from outside Europe. Perhaps this initiative will act as the stepping stone for an international Diploma in Radiography in future.

The level of activity of the EFRS is increasing every year and so is the portfolio of documents and statements. The number of stakeholders that the EFRS has made MoUs and formal cooperation agreements with, are also increasing. Profoundly, these newly added activities have raised the budget for board representations for the following year.

Evidently, the EFRS has accomplished so much for our profession in this short period of time. This view was expressed during my short presentation on ISRRT activities as part of the final agenda item before closing. Where on behalf of the ISRRT, I acknowledged their major contribution in producing the paediatric DRLs (PiDRLs) and their successful efforts in ECESCO, to upgrade the profession to the ISCO major group of professionals. With the latter being a valuable outcome for convincing the ILO to raise the profession to a higher grade internationally. In addition, the joint EFRS and ISRRT endeavour to increase radiographers’ abstract submissions to the ECR is now apparent as there is a documented increase of abstracts compared to the ECR 2018 from both, within and beyond Europe.

I continued by introducing the European ISRRT team led by the Vice President Europe-Africa, Hakon Hjemly, Pam Black the Professional Practice Coordinator and our new Treasurer, Philippe Gerson. Next, I highlighted the ISRRT strong and lifelong collaborations with WHO-IAEA_ISR-IOMP to include radiographers in the Basic Safety Standards, BSS which are in turn built-in the European Directives. Radiographers working in Europe need to understand that the BSS are directly affecting their professional practice via the European Directives and national legislation. Therefore the systematic efforts and collaborations the ISRRT has made with key international organisations throughout the years must be recognised as a great conquest. Nonetheless, in many countries doctors continue to use the term “technician” and even few radiographers adopt the same ill habit. ISRRT is striving to change this globally by lobbying to raise the radiographers profile among stakeholders. A recent collaboration in this direction was confirmed between the ISRRT and the International Society of Radiology, ISR with a MoU. This lead to an invitation for ISRRT President, Donna Newman and CEO, Dimitris Katsifarakis to participate in the ISR Quality and Safety Alliance meeting as well as the meeting for Teamwork strengthening of Imaging Professionals during the RSNA 2019.

The conclusion, illustrated that the ISRRT is devoted to all its member societies from all regions and is always eager to exchange ideas and views, to listen and to take their message higher to an international level.

On behalf of the ISRRT, I invite you to visit our booth in the lounge area at the ECR 2019 and I prompt you to begin planning your trip to beautiful Dublin for the 21st ISRRT World Congress in August 2020.

E. Agadakos MSc
ISRRT Regional Director Europe
THE 104th Scientific Assembly and Annual Meeting of the Radiological Society of North America (RSNA) was held at the McCormick Place, Chicago Illinois on Nov 25-30, 2018, as usual the ISRRT housed a booth with the Associated Science division and spent the meeting interacting with their ISRRT member societies. ISRRT has been a long-time member of the Associated Science of the RSNA which is a group of societies that work together to bring a two-day meeting for radiographers continuing education during the RSNA. The Associated Science is responsible for developing education programs targeted to the members of the 11 associations that represent the various disciplines that function within the radiology department. The 11 associations are the Association for Medical Imaging Management (AHRA), American Institute of Architects-Academy of Architecture for Health (AIA-AAH), American Society of Radiology Technologists (ASRT), Association of Educators in Imaging and Radiologic Sciences, Inc (AEIRS), Association of Vascular and Interventional Radiographers (AVIR), Canadian Association of Medical Radiation Technologists (CAMRT), College of Radiographers (CoR), International Society of Radiographers & Radiological Technologists (ISRRT), Radiology Business Management Association (RBMA), Section for Magnetic Resonance Technologists-International Society for Magnetic Resonance in Medicine (SMRT-ISMRM), and the Society of Nuclear Medicine-Technologists Section (SNM-TS).

The ISRRT’s sponsored speaker for this year was Paul Cornacchione, a radiographer from Canada. His lecture was “Shifting the Paradigm of Medical Imaging: How Imaging Can drive Innovations in patient Care (A Canadian Experience). Paul spoke on a new way to look at your employee and how to equip them with the resources to change the patient experience during their imaging procedures. He also gave great information on the Value of Strategy and that imaging departments are just a support service. Radiographers can add value to a patient experience but we have to set up a strategy to give them an opportunity to succeed. One method is to have quality rounding within the dept and incorporate peer learning. They set up a Radiology Quality Lead group that selects cases with the most learning opportunities and facilitated the Lad quality rounding on these cases on a quarterly basis. They recorded
these sessions so all staff members could participate in the session and hear the outcomes. It took promotion from leadership to help roll out this project. This method also involved a forum which the technologists meet together and do a peer learning. The outcomes at their hospitals included an improvement in Patient care, a reduction in variability in image quality and an implementation of a culture of continuous improvement.

Also, in this shared session we heard from one of our member societies CEO, Richard Evan’s of the UK Society who spoke on the, “Impact of Radiographer Led Research: A Study form the UK.” I have to say it was inspiring to learn how valuable radiographers research can be in a patient centered environment and how this can impact the radiographers outlook on their job experience by partaking in research. The SCor Society has done a great job of providing an avenue for publishing work that is done by radiographer’s research and truly shows the value of a radiographer being in the front line during this research and how it can elevate patient care and the patient experience.

The ISRRT Board of Management also took time to network and meet with its members during the exhibition hall. One of the best opportunities to see our members is during these meeting. We had many informal discussions on what was happening within our member societies and gathered information and ideas from our members to help better serve their needs.

The ISRRT Board met with several organisations during the time at RSNA. During our meeting with the British Institute of Radiology, there was discussion on contributing to a special publication on the future of Global Imaging. The benefits of the project include providing relevant content to its members and helping to increase worldwide professional dialogue about opportunities and challenges in imaging. The proposed publication date will be in October 2019. The British Institute of Radiology will produce the document and print paper copies to distribute to our member’s societies during our world congress in Ireland as well as have an electronic copy that we will house on our website for members to download. As a participating organisation, we will help distribute copies to our member societies as well as help with the content of the publication.

Several ideas, that were raised during the meeting included having board members as well as society members contribute an article on some of the following topic’s: What will be the single most positive development in world imaging in the next 10 years? What is the biggest obstacle to profess in imaging around the world and your country? What do imaging professionals need to do to best prepare themselves for success?

Also, during the RSNA meeting all the board of management attended a session where Dr Lawrence Lau received the Beclere Medal from the ISR for his contribution to work on Radiation Safety and Quality. Dr Lau has been a longtime supporter of Radiographers and the ISRRT Strategic Goals. We are proud of the collaboration that Dr Lau has been instrumental in implementing with the ISR and the ISRRT over the last 10 years. One very important contribution was the new international magazine where he was instrumental in having the ISRRT contribute an article in each electronic version. This magazine was distributed to radiologists around the world and was a great platform to allow the ISRRT to display the work they were contributing for radiographers in relation to Radiation Safety and Radiation Quality around the world. One very important article that was featured included our algorithm on The Team approach to Justification and the radiographer’s role within this process. I truly believe this is what helped change the view around the world that we all contribute to Justification in some fashion in the imaging team.

ISRRT was also invited to the ISR’s Quality and Safety Alliance meeting where we had an opportunity to meet with our radiologist colleagues from around the world and propose projects that our two societies might work together on to help improve radiation safety and radiation safety globally. The ISR has been in transition since Dr Lau retired from the ISRQSA newsletter and discussion was held on the future of this group. It was decided that it was important to continue to collaborate and to continue with the collaboration with other groups such as the ISRRT, ICRP, IOMP, WFPI and WFUMB.

Dr Donald Frush and Chairman invited the ISRRT to propose collaborative projects that we could work on together. As president I gathered ideas from our ISRRT Board of Management and proposed the three ideas that were developed from our organization. The future of their ISRQSA committee was discussed and the decision to continue to work as global organisations on radiation protection and radiation safety was moved forward. I presented on behalf of the ISRRT Board of Management the following collaborative projects for consideration:

1. International recommendations for continuous development activity in Radiation Protection
2. Global Medical Imaging Professions Roles and Responsibilities for Patient Safety in Medical Imaging International Consensus document that presents the roles of the imaging team (Radiologist, Radiographer, Physicists and Nursing staff’s) in patient safety
3. Joint paper with ISRRT and ISR on Team approach to Safety Culture by the Imaging Team (Radiographer, Radiologist and Physicist): What role does each member contributes to ensuring a successful Safety Culture?

The ISRRT also took the opportunity to meet informally with its member societies and update them on the current projects and strategic priorities that the ISRRT has been collaborating on over the last six months. We updated our members on the governance of the ISRRT including the working group that will be reviewing the Statues...
this next year. We also talked about empowering societies and the development of two new position statements that will be coming to the council for a vote at the next meeting. We were proud to announce the members only section that is available with current information for our council members and member societies. We also discussed our stakeholders’ projects that include our WHO projects and encouraged our members to watch the ISRRT website for updates. As a global organisation we have agreed to produce the following work for the WHO on behalf of the Sustainable Goal’s Projects and elevating radiation protection globally. First the ISRRT is developing evidence-based information to help define roles and responsibilities of the radiographers in diagnostic radiology, by conducting an ISRRT survey in which the results will be shared with WHO, it’s members societies, and other global stakeholders. We have almost completed this and look for the executive summary to come out in the near future. The ISRRT is Co-authoring a paper with the WHO regarding muscular skeletal injuries acquired from working in the radiology profession.

The ISRRT is producing a guidance on quality control process for imaging in radiography, mammography and computed tomography which can be made available with WHO and other Global Stakeholders. The Mammography project has just been completed and will be available for member societies to use in the next several months. The first phase of the CT and radiography projects are done and being approved at the January board meeting.

The Tobacco Free Radiology School Campaign is well underway and your will see information on this project in the near future. We believe as an organisation this was a great opportunity to update our member societies and will be doing the same at the ECR meeting in March. Look for information on this in the near future.
Also, at the RSNA meeting we met with our corporate sponsors and discussed projects that could be collaborated on for the ISRRT members. We had a successful meeting with the Phillips group and discussed changing our Dose Wise competition to another more current and relevant topic such as “First Time, Right Image”. The contest will focus on the radiographer’s daily work and how they contribute to adding value to the patient experience. We discussed that dose is just one aspect of the procedure and that protocol development, auto scheduling, productivity, patient experience and outcome are also of value when discussing a patient centered imaging center. Discussion of possibility of a contest where radiographers could tell what tools could aid in their work to improve the patients experience while they are having their procedure. More to come on this in the near future.

A large banner was displayed inviting technologists to attend the ISRRT World Congress in 2020 to be held in Dublin, Ireland. Mark your calendars and plan to attend. Watch the ISRRT.org website for details.

Donna Newman
ISRRT President

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SAMSUNG and ISRRT Best Radiography Practice competition winner 2018

Mr Sigurd Sundland

ISRRT is happy to announce that Mr Sigurd Sundland from Vrinnevi Hospital in Norrkoping Sweden is the winner of the Samsung and ISRRT Best radiography Practice Competition for 2018. As the award winner Mr Sigurd Sundland has been invited to attend and present his paper at ECR 2019 and will also be awarded a travel fund to cover his expenses during the meeting. This paper will be presented at the Samsung booth where the award ceremony will also take place. Mr Sundland abstract is titled “Dose reduction techniques using the Samsung GC85a”.

Radiation given to patients from radiological imaging is a known issue that most hospitals have to struggle with. ALARA (As low as reasonably achievable) is a concept all radiological professionals follow when working with patients and radiation. The aim is to provide as little radiation from the x-ray machines as possible, while always give the best possible image quality. At our hospital in Norrköping, Sweden we have implemented many techniques and methods to lower the patient dose, and keep our image quality high. This rapport shows statistics that prove our dose reduction over a couple of years. It also includes examples of examinations from our lab that shows the quality of our images. The techniques we have implemented include, but are not limited to, creating our own protocols, using simulated grids, stitching techniques, compression, camera functions and having specially trained some coworkers in basic application. Our DAP has a significant lowering of 0,085 Gycm2 based on our methods.

The ISRRT congratulates Mr. Sundland on his work on Dose reduction and look forward to hearing the entire presentation at the ECR.

Donna Newman
ISRRT President
A LOT has happened in the world of medical imaging since my last report in *News & Views* August 2018 as we hear of exciting advances in medical imaging technology in all the major imaging modalities such as CT and MRI and the continuing advancement of digital radiography and research into artificial intelligence.

ISRRT has too been busy representing the radiography profession at two strategic technical meetings of the IAEA, the first meeting September 10-13 in Vienna at the IAEA HQ to develop a Technical Document on Patient Response to Radiotherapy with Tan Chek Wee, Regional Director for Asia/Australasia attending on our behalf.

The next technical meeting which I attended, October 1-3 was also at the IAEA HQ in Vienna, and was aimed at ‘Improving radiation protection and quality of healthcare in radiation medicine’ the purpose of which was to develop training materials to strengthen radiation safety culture in medicine.

A third meeting, November 5-9 in Vienna, was held to develop an incident learning system for therapeutic radiopharmaceuticals.

During this period two new position statements have been published on the ISRRT Website:

1. Radiographer/Radiological Technologists Role in Quality Assurance and Quality Control as a Team Approach.
2. The Prescribing, Identifying, Supplying, Preparing, and/or Administration of Medication to Patients by Radiographers/ Radiological Technologists.

Additionally, two further draft position statements are being circulated to Council members for consultation. These are:

- Position Statement on Diagnostic Reference levels (DRLs)
- The Clinical Patient Care Assessment Skills of the Therapeutic Radiographer

As soon as responses are received the drafts will be reviewed and amended accordingly ready for council approval.

**International Commission on Radiological Protection (ICRP) consultation documents**

During this period, through a network of ISRRRT recognised experts, ISRRRT has provided responses to the following draft documents:

- The Use of Effective Dose as a Radiological Protection Quantity
- Radiological Protection in Therapy with Radiopharmaceuticals
- Dose Coefficients for External Exposures to Environmental Sources

These documents and other draft and other publications such as Diagnostic Reference Levels (DRLs), recently published, can be found on the ICRP website at [www.icrp.org](http://www.icrp.org).

ISRRRT is committed to continuing to raise the profile and importance of implementing the Bonn Call-for-Action Joint Position Statement by the IAEA and WHO – Setting the Scene for the Next Decade following the meeting in Bonn, Germany, in December 2012, with the specific purpose of identifying and addressing issues arising in radiation protection in medicine.

One of those Actions is Action 2 which calls for the establishment, use of, and regular update of diagnostic reference levels for radiological procedures, including interventional procedures, in particular for children. *Hence the development of a Position Statement on Diagnostic Reference levels (DRLs).*

Readers are encouraged to use the following IAEA and ICRP links to gain information on the use and establishment of DRLs.

**IAEA – About Diagnostic Reference Levels (DRLs)**

**IAEA – Diagnostic Reference Levels (DRLs) in medical imaging**

Diagnostic reference Levels in Medical Imaging - ICRP Publication 135
[www.icrp.org/publication.asp?id=ICRP%20Publication%20135](http://www.icrp.org/publication.asp?id=ICRP%20Publication%20135)

We plan to develop a DRL guidance document once the DRL position statement is approved.

**Keeping our eyes and ears open**

Central in our objective in advancing the science and practice of radiography and allied subjects by the promotion of improved standards of education and of research in the technical aspects of radiation medicine and radiation protection is to keep abreast of developments and advancements promoted by the various Regional and World agencies such as the WHO and the IAEA.

All of us have a professional responsibility to maintain clinical competence and knowledge and the websites listed in the April edition of News and Views contain helpful information relating to professional practice and radiation safety.

Additionally the IAEA has a wealth of information on radiation protection including online training courses in radiation protection.

Available courses include:

- **Tips & Tricks: Radiation Protection in Radiography**
- **Safety and Quality in Radiotherapy**
- **Radiation Dose Management in CT**

For further information clink on:
[www.iaea.org/resources/rpop/resources/online-training](http://www.iaea.org/resources/rpop/resources/online-training)

Additionally there are free posters and leaflets which available at the IAEA website:
[www.iaea.org/resources/rpop/resources/posters-and-leaflets](http://www.iaea.org/resources/rpop/resources/posters-and-leaflets)

These include with their respective links the following:

- **Poster – Building awareness in pregnancy →**
- **Trifold – Delivering Safe Radiotherapy is in your Hands →**
- **Poster – 10 Pearls: Radiation protection of patients in CT →**
- **Poster – 10 Pearls: Appropriate referral for CT examinations →**
- **Poster –10 Pearls: Radiation protection for children in interventional procedures →**
- **Poster – 10 Pearls: Radiation protection of staff in fluoroscopy →**

**Regional Coordinators**

The ISRRRT Regional Coordinators for Professional Practice continue...
to monitor and report on activities in their respective Regions. I am pleased to include reports from Christopher Steelman, Regional Coordinator for The Americas and Elizabeth Balogun, Regional Coordinator for Africa.

We continue to encourage suggestions and ideas for position statements so please forward your suggestions to Stewart Whitley at aswhitley@msn.com

Feedback on the Improving radiation protection and quality of healthcare in radiation medicine

From October 1-3, 2018, participants from 22 countries and eight professional organisations discussed efforts to improve radiation safety culture in healthcare.

The meeting was chaired by Mr Madan Rehani from the USA with Debbie Gilley, IAEA, and Maria del Rosario Perez Gonzalez, WHO, hosting the meeting.

Representatives from radiology, nuclear medicine and radiotherapy shared their experience in strengthening safety culture in their own institutions and countries. Professionals included physicians, medical physicists, radiographers and members of the regulatory authorities.

Outcomes of the meeting, supported by the World Health Organization, included the best way forward in improving safety culture through training, webinars, incident learning systems and the use of the Radiation Protection of Patients website.

Many opportunities for strengthening safety culture were identified such as:
- raising awareness, providing training material, imbedding safety culture into radiation protection practices.

The challenges identified varied and included: different national, organisational and facility cultures, the number of medical professionals practicing in radiology, nuclear medicine and radiotherapy, the limited resources available.

The participants agreed that the cooperation with professional organisations, ministry of health, regulatory authority and patient advocacy groups can help support the success.

A report on the meeting and the initial draft training material for consideration will soon be available. In the meantime, ISRRT will consider and discuss this important topic.

The presentations made at the meeting can be found at: https://drive.google.com/drive/folders/1W04N5olTBwI9280ckeRn4pHBaFj4Z48?usp=sharing

The Americas Regional Report – Christopher Steelman

ARRT proposes alternative form of recognition for proton beam radiation therapy

With over 330,000 registrants The American Registry of Radiologic Technologists (ARRT) is a leading credentialing organisation that recognises qualified individuals in medical imaging, interventional procedures, and radiation therapy. The ARRT continuously monitors job tasks performed by technologists in medical imaging, interventional procedures, and radiation therapy. Occasionally the ARRT is asked to develop a certification for an area that is not yet offered by ARRT.

The ARRT is currently exploring recognition of qualifications outside of the typical roles certified by ARRT which may be known as an Alternative Form of Recognition (AFR). The purpose of AFR
programs is “to provide a mechanism for individuals to document completion of activities that are prerequisite to the professional performance of a role in areas for which ARRT does not currently offer certification and registration, but which are within ARRT’s scope of interest as described by its mission.” The Proton Beam Radiation Therapy (PBRT) recognition program is the first AFR offered by ARRT. The process includes forming a Proton Beam Radiation Therapy Practice Analysis Advisory Committee (composed of proton beam radiation therapy subject matter experts). The committee has recently created a survey that was sent to 1,000 radiation therapists to determine what tasks they typically perform when working in proton beam radiation therapy.

Based on the survey responses, they’ve created draft documents of proposed changes to several PBRT documents, including the PBRT Body of Knowledge Standard and Requirements and the PBRT Clinical Standard and Requirements, shared them on their website, and made changes based on the professional community comments. The Proton Beam Radiation Therapy Practice Analysis Advisory Committee is reviewing comments and will make changes to the documents based on respondents’ feedback. More information can be found at [www.arrt.org](http://www.arrt.org/)

**Radiologists Increasingly Turn to Physician Extenders**

As radiology practices continue to expand and become more complex, many are turning to physician extenders (PEs) to help in a variety of areas. In fact, two types of PEs – physician assistants (PAs) and nurse practitioners (NPs) – are experiencing significant growth as radiologists face ever-mounting workloads. While PAs and NPs make up the greater number of PEs, radiologist assistants (RAs) – another type of PE – are gaining a greater foothold in radiology where the specialised nature of RA training is demonstrating incredible value.

Physician extenders emerged in the 1960s as mid-level providers who could help alleviate the impact of physician shortages experienced at the time, including in radiology. In 2017, more than 234,000 NPs were licensed in the U.S., according to the American Association of Nurse Practitioners (AANP) – almost double the total from 2007. PAs numbered more than 115,000 in 2016, according to the National Commission on Certification of Physician Assistants, a 6.3 percent increase over the previous year. However, RAs – advanced level radiologic technologists – are also steadily gaining ground.

RAs began gaining traction during the US radiologist shortage of the early 2000s. RA programs are similar to those of NPs and PAs, but with a specific radiology focus. Applicants must have a bachelor’s degree and be a radiologic technician with radiography certification, along with relevant work experience. Most RA programs are master’s degree programs.

The American Society of Radiologic Technologists (ASRT), the American College of Radiology (ACR) and ARRT drafted guidelines and standards for RAs in 2003. In 2010, ASRT developed the RA curriculum that is in existence today. There are about 660 RAs practicing in the U.S. and eight schools offering RA programs, according to the American Registry of Radiologic Technologists (ARRT). RA leaders say changes in state and federal regulations are key to broadening acceptance beyond the 31 states where RAs are currently recognized. Patients covered by the US Federal Centers for Medicare & Medicaid Services (CMS), however, require supervision by a radiologist since RAs are not currently recognized as providers. While a proposed CMS rule modification is under review, radiologists still benefit from RAs providing patient management. Once RAs are able to work under a level of supervision commensurate with their training and experience, the field will experience rapid growth in education and job opportunities, which will benefit radiology practices.

**ASRT Introduces Online Advocacy Academy**

Licensure laws or regulations vary widely in the 43 states that regulate medical imaging personnel. According to a 1995 report from the Pew Health Professions Commission, one of the biggest barriers to effective and fair use of health professionals in the United States is the lack of uniform personnel regulations across state lines. To solve this problem, the Pew Commission recommends that states begin adopting common terms in their licensing and regulatory language. Unfortunately, the 43 states that have developed regulatory guidelines for radiologic personnel, standards vary dramatically from state to state. In the remaining seven states and the District of Columbia, individuals are not required to demonstrate any level of competence or complete any formal educational process before being allowed to administer potentially dangerous doses of radiation to patients. The current lack of uniform educational standards nationwide for operators of radiologic equipment poses a hazard to the public. State and federal standards will ensure a minimum level of education, knowledge and skill for the operators of radiologic equipment.

The American Society of Radiologic Technologists (ASRT), works with state affiliate societies, educational programs and volunteers on a number of legislative, regulatory and advocacy initiatives. The goal of the ASRT is to ensure that they have the tools and support to successfully educate lawmakers about the need to have licensed radiologic technologists perform medical imaging and radiation therapy procedures. One initiative recently offered by the ASRT is the Online Advocacy Academy. The academy is a 10-week intensive advocacy skills development program designed to prepare volunteers for state-level advocacy and legislative initiatives. The ASRT Online Advocacy Academy gives ASRT members the opportunity to learn how to affect positive change in the standards and regulations guiding the profession, as well as the skills they will need to protect the profession in the future.

**ASRT opposes measures to weaken radiation protection standards**

The ASRT is closely monitoring regulatory proposals that could affect the health and safety of patients and technologists. A proposed rule from the Environmental Protection Agency (EPA) could weaken radiation protection standards for medical imaging and radiation therapy personnel, and a number of other industries.

The Environmental Protection Agency’s Strengthening Transparency in Regulatory Science proposal does not specifically address medical imaging and radiation therapy; however, it states that alternative scientific viewpoints should be considered when establishing or adhering to regulatory standards. The ASRT interprets this to include medical radiation protection standards. The American Society of Radiologic Technologists strongly opposes any measure that would weaken radiation protection measures for patients, radiologic technologists and all other health care workers. Protecting patients and technologists from excess medical radiation is the profession’s No. 1 priority. The ASRT states “If the EPA is considering weakening radiation protection measures, it’s ignoring decades of scientific precedent and putting technologists, patients and other health care workers at risk.” The ASRT is carefully reviewing this proposed rule to determine if it affects radiologic technologists’ ability to provide safe and accurate patient care and protect themselves from unnecessary medical radiation exposure.

**Weber State University School of Radiologic Sciences World Radiology Day**

Donna L. Thaler Long, ISRRT Council Member and Christopher Steelman, WRET Chairman and ISRRT Regional Coordinator Professional Practice, The Americas were invited to speak at Weber State University, School of Radiologic Sciences World Radiology Day.
Day. Celebrating 50 years in 2016, the Weber State University, School of Radiologic Sciences in Ogden UT USA offers students the opportunity to travel to China to study healthcare and culture as in their unique Study Abroad program. Students earn up to four credit hours while they visit historic sites, such as the Great Wall of China, Forbidden City and Tiananmen Square. They meet students from Heilongjiang Linye College of Health Professions and learn traditional Chinese medicine and techniques. Over 350 participants will participate in this special event.

**Africa Regional Report – Elizabeth Balogun**

Radiation protection has been huge and a bit of challenge for us in Africa but as practitioners we are not relenting neither will we give up on our core duty to the patient, the practitioner and of course the public. As part of the ISRRT strategic plan for 2018 as by the ISRRT and the Regional director for Africa, Radiation protection trainings was organised for the region. The English speaking African countries had its training from October 8-10, 2018 in Mombasa, Kenya. The lectures were highly interactive where real life experiences and solutions were shared. A question raised at the 2016 pre-conference workshop in Seoul was finally answered satisfactorily with facts and figures.

**Question:** The standard positioning of the C-arm in relation to tube head, image intensifier and the patient with adequate protection to the practitioners (Radiographers/surgeons)

**Answer:** The image intensifier should be above while the tube should be below the operating table except the patient or area of interest is 10cm thick or below. This is because:
1. The entrant dose is higher than the exit dose
2. The Radiation protection to the lens of the eyes and the thyroid gland are critical.

General ways of improvising was also thought as most of the ideal equipment may not be available especially in the rural areas. An unused drip stand with lead Apron hung on it may be used as lead screen to cover small spaces while old and worn out lead apron may be cut to size to serve as lead flaps around the operating tables.

It was really a lot of learning and radiography games to drive home the points. Special thanks to ISRRT, IAEA and the wonderful teacher herself, Brenda.

**Forensic radiography and radiation protection**

A fire disaster which claimed nine lives leaving several people injured made it the fourth time that radiographers will be participating in forensic practice in Nigeria. A team of experts from Radiographers Board of Nigeria visited the only centre where this is done, and the radiation protection required for such establishment was brought to fore.

Who are to be considered here, the practitioner, patient and the public? Or the Practitioner and the public only.

**Stewart Whitley**
ON May 16-18, 2018 a technical meeting sponsored by the IAEA was held in Vienna, Austria entitled “Preventing Unintended and Accidental Exposures in Nuclear Medicine”. The Technical meeting aimed to review the causes of, and the contributing factors to, unintended and accidental exposure during the different steps of the nuclear medicine process, and define actions for preventing such incidents.

It was apparent that the range of radiation incidents that could and have occurred was wide, and some, particularly those involving therapy patients could have significant consequences. The need for guidance in setting out actions and recommendations was therefore apparent.

As a follow up to the technical meeting, on November 12-15, 2018 the IAEA invited a team of radiation specialists including a radiation physician, physicists, and a technologist from the ISRRT were invited to prepare an incident learning system for radionuclide therapy events. Participants began by sharing examples of accidents and errors in the administration of radiopharmaceuticals. Discussions centred around how these events could be limited and communicated amongst the Nuclear Medicine community.

It was determined that the current IAEA Safety in Radiation Oncology (SAFRON) would provide an excellent starting point to achieve these ends. SAFRON is an integrated voluntary reporting and learning system of radiotherapy incidents and near misses. The main goal of SAFRON is to improve the safe planning and delivery of radiotherapy by sharing safety-related events and safety analysis around the world in an effort to reduce the likelihood of the events being repeated. Information submitted is dependant on facilities registering and sharing near misses and incidents that occur in their institutions. SAFRON assists facilities in promoting safety culture and improving patient safety by providing users with the ability to analyze and benchmark safety improvement efforts and establishing a database safety related resources.

A Nuclear Medicine template was developed for reporting and learning using the SAFRON process. This included a method of registering for SAFRON, categorising the event, recognising causality factors, understanding safety barriers, and implementing corrective actions. The team then tested and edited the guide using several real-life misadministration cases.

The IAEA will now operationalise this template on SAFRON. It is anticipated that the Nuclear Medicine portion of SAFRON should be available for use in 2019.
IAEA Meeting –

**ISRRT represents radiation therapy voice at consultancy meeting on early effects and clinical detection of radiation errors in radiotherapy**

Vienna, Austria  
September 10-13, 2018

Report by Tan Chek Wee, ISRRT Regional Director Asia/Australia

INTERNATIONAL Atomic Energy Agency (IAEA) held a Consultancy Meeting on Early Effects and Clinical Detection of Radiation Errors in Radiotherapy from 10-13th September 2018. The purpose of the IAEA meeting was to develop a guidance document and curriculum to increase awareness among radiotherapy profession with regards to patient response to radiation as a trigger for additional investigation. ISRRT as the global voice representing radiographers and radiation therapists was invited to participate and contribute to the meeting. I am honoured to be able to represent ISRRT to contribute the radiation therapists viewpoint together with radiation therapists from ESTRO and United Kingdom in drafting this document.

A work group was formed at the meeting to work on the document which IAEA hopes to publish by end of next year. Over the 3 days, we discussed on the role of the different professional groups and how we can work together to create awareness on how radiation errors may be detected through patient response. In order to be able to detect radiation errors, staff needs to be equipped with appropriate training and knowledge to realise that the observed radiation effect is abnormal. As radiation therapists see patients daily for treatment, the role of radiation therapists in helping to detect or alert when an abnormal response was observed was also discussed. The work group also deliberated on the role of the radiation oncologists, nurses and physicists when an abnormal reaction was observed or reported by patients or staff. The workgroup further reviews the evidence available for factors responsible for unusual reaction to radiation therapy such as lifestyle factors or treatment related factors. IAEA also shared on the resources available for managing radiation injury and how the radiotherapy profession can access to these resources to manage radiation injury for their patients.

The workgroup meeting has been a truly rewarding experience to be able to represent ISRRT as a radiation therapist to contribute at this important meeting organised by International Atomic Energy Agency (IAEA).
THE 62nd General Conference of the IAEA took place September 17-21, 2018 at the IAEA’s headquarters in Vienna.

The General Conference is the year’s highest important event and runs annually. The theme of this year’s Conference was “Nuclear Technology for Climate: Monitoring, Mitigation, Adaptation”.

The IAEA’s mission is to prevent the spread of nuclear weapons and to help all countries – especially in the developing world - benefit from the peaceful, safe and secure use of nuclear science and technology.

The IAEA safety standards provide a system of fundamental safety principles and reflect an international consensus on what constitutes a high level of safety for protecting people and the environment from the harmful effects of ionizing radiation. The IAEA safety standards have been developed for all types of nuclear facilities and activities that serve peaceful purposes, as well as for protective actions to reduce existing radiations risks.

170 country-members of the IAEA were present there, and their representation was through their ministers of energy and/or by the ambassadors of those countries in Vienna. Up to 2000 participants/experts in the field of atomic/nuclear energy have participated. The ISRRT for the first time was invited to participate as a non-governmental organisation. About 30 international organisations were also invited but the ISRRT was the sole one from the Health care Sector.

I had the honor to represent the ISRRT at the conference, which was the first time that ISRRT was invited to participate.

The opening plenary of the conference was of a high political interest as a number of countries having developed their nuclear industry debated on the way they use their nuclear power installations.

Particularly important was the debate between the Iran and the USA government representatives.

The representative of the Holy See conveyed the message from the Pope on the peaceful use of nuclear power.

As the Director General of the IAEA Mr Yukiya Amano, said in his message (he was not present due to personal health care issues) “The IAEA is committed to helping countries make optimal use of nuclear science and technology to protect the environment and help combat climate change”.

A part of the first day general conference plenary, I was invited and focused my participation to the side events. Side events during the general conference were organised by several divisions of the IAEA, and my interest was on those which had been organised by the human health division.

The first side event was on the “Strengthening safety in nuclear medicine-accident prevention.” The event focused on increasing benefits, reducing risks and integrating radiation protection in the quality management systems of nuclear medicine departments at hospitals.

The message delivered on that side event was that “The safety of patients and medical staff can be ensured when using radioactive substances for medical diagnosis and treatment.”
The IAEA Director of Radiation, Transport and Waste Safety Peter Johnston opened the event by saying: “Nuclear medicine is a complex discipline, rapidly expanding around the world. Safety and prevention of incidents affecting patients or staff needs to be a priority.”

Mrs May Abdel-Wahab, Director of the Division of Human Health at the IAEA highlighted: “As the use of nuclear medicine increases, it is imperative that staff and patient safety are ensured through adherence to the highest quality standards and IAEA recommendations. At the same time the clinical effectiveness and efficiency of nuclear medicine practice, as well as patient satisfaction must be continuously improved”.

Mario Marengo, Head of Medical Physics Department at the University hospital in Bologna, Italy, highlighted “To minimise risks in nuclear medicine, strict quality management and procedures to prevent accidents, mitigate consequences and avoid repetition of the same errors need to be promoted. Such a system should include reporting and learning from past accidents to improve safety.”.

All speakers highlighted the importance of teamwork among different professionals, necessary to ensure both good clinical outcome and the highest possible level of safety.

I copy from the notes I kept for this report:

Every year, more than 30 million nuclear medicine procedures are conducted to assist physicians in the diagnosis of cancer, cardiovascular disease and other health conditions.

However, there is a number of incidents during the nuclear medicine procedures, and there was a discussion on those typical causes of incidents and contributing factors, such as administering the wrong pharmaceutical or an incorrect dose, or giving a drug intended for one patient to another. Speakers noted that regular quality audits play an important role in making sure that protocols are adhered to and the risk of such mistakes is minimised.

Participants learned about the IAEA Safety Standards and guidelines, available training for end-users and regulators, platforms for knowledge exchange, and quality management audits in nuclear medicine practices.

The next side event I attended on behalf of the ISRRT was focusing on “Delivering Results Against Cancer – Together we can make a change in fighting cancer.” The event highlighted the support received by IAEA Member States in capacity building, technical advice and procurement of tools and equipment in the fight against cancer.

According to WHO, cancer is the second leading cause of death globally, responsible for 8.8 million deaths in 2015, two-thirds of which occurred in developing countries. Radiotherapy is essential for the treatment of cancer; however, large numbers of those who develop the disease struggle to get the treatment they need. It was interesting to hear that in some countries (even in the European continent) the disease struggle to get the treatment they need. It was interesting to hear that in some countries (even in the European continent) the access the population have to radiation therapy centers is far below acceptable. Some countries have just one center serving millions of people, while many others lack treatment centers altogether.

The IAEA has worked for many decades with its Member States and other international organisations, such as the World Health Organization (WHO), to support the safe and effective use of nuclear techniques in medicine, particularly in developing countries.

Speakers emphasised that due to the complexity of radiotherapy treatment, radiation oncologists, medical physicists and radiation therapy technologists – the three types of medical professionals needed for the use of this technology – require rigorous training to ensure a safe and successful treatment of patients as well as safety of the professionals involved.

However, panelists highlighted the shortage of specialised professionals in the cancer field in general and radiation medicine in particular.

Mr Dazhu Yang, IAEA Deputy Director General and Head of Department of Technical Cooperation Department said that twenty-five percent of the Technical Cooperation program is dedicated to supporting health projects, the majority of which is directed solely towards fighting cancer through technical support, training and mobilizing resources. He added: “We are making a difference, but we know that much more will be required if we are going to overcome this challenge.”

In conclusion, speakers emphasised the importance of the threat cancer poses to health and development, especially in low and middle-income countries, and that collaborative efforts to combat cancer can deliver real impact. With the combined efforts of governments, organisations, professional associations and leading NGOs working as partners, innovative technical and financial solutions can be provided to countries around the world.

The third side event I attended was on “The Role of Radiation Medicine in the Fight against Female Cancers.”

The panel consisted of ambassadors from Kyrgyzstan, Mongolia, Myanmar, Plurinational State of Bolivia, Cambodia and Belgium, as well as the patient’s representative organisation Europa Donna.

As it was highlighted by Mrs E. Fidalova, a Technical officer of...
the WHO, in low and middle income countries, cancers in women are frequently discovered too late, due to limited access to diagnostic and treatment technologies and relevant expertise. While breast and cervical cancer are often treatable when diagnosed early, the chance for successful treatment is lower when diagnosed in a more advanced stage. According to WHO, cervical cancer is the fourth most common cancer in women, with 570,000 cases in 2018.

Head at the IAEA for Research on Cancer Section Mr Rolando Herrero emphasised that one woman dies every two minutes, we need to keep that in mind. Given the demographic change that is happening, and the ageing of the population, by 2040 we are going to have an enormous increase in cases, he concluded.

With the aim to reduce the mortality rates among women with cervical cancer in six pilot countries by 25 per cent by 2025, two years ago seven United Nations agencies, including the IAEA, established the UN Joint Global Programme on Cervical Cancer Prevention and Control. In May 2018, WHO issued a call to action for the elimination of cervical cancer as a public health problem.

Mrs May Abdel-Wahab, Director of the IAEA’s Division of Human Health said that the role of the IAEA is to support the use of nuclear techniques in diagnosis and treatment and strengthen international cooperation in radiation medicine. Female cancers are not only a medical issue, but also a gender parity and socioeconomic issue, said. “The prospect of the prevention of cervical cancer through HPV vaccination, as well as the advent of sophisticated radiotherapy approaches for treatment and eventual elimination are encouraging. In breast cancer, improved outcomes are already seen thanks to screening and early detection, staging, advances in radiotherapy techniques, as well as a better understanding of underlying mechanisms and genetics, which enable more targeted therapies”, Mrs. Abdel-Wahab told the audience.

Several low and middle income countries lack basic resources and know-how in imaging and radiation therapy. Helping these countries acquire the right equipment and training their medical professionals are therefore a priority in addressing the global disparity in survival rates. Educating the wider population about the risks of cervical cancer and the importance of prevention through screening is also paramount. Worldwide, 92% of higher income countries have access to pathology services, compared to only 25% of lower-income countries, said Elena Fidarova, Technical Officer at WHO. “Palliative care is almost non-existent in lower-income countries,” she continued, adding that 60% of lower-income countries run screening programs without having treatment available.

Speakers also discussed recent developments in radiation therapy, which have led to the improvement of both the safety of treatment and chances of cure. “Nuclear technologies which allow for increased tumour control through external beam radiotherapy and brachytherapy, in combination with chemotherapy for treatment of cervix cancer, are leading to greater survival rates worldwide”, said Alina Sturdza, an oncologist at the Medical University of Vienna.

Svenja Franke-Bruhn, breast cancer survivor and representative of Europa Donna, shared her story in treatment and diagnosis. “Without the mammogram, I would not be standing here,” she said. Despite regular screenings, her cancer was not diagnosed initially, and was only diagnosed when she visited a facility using more modern imaging technologies. “It is very important to become an educated patient,” Franke-Bruhn said in conclusion. It is important that women around the world have access to screening and treatment technologies, but also knowledge of services that exist, she said.

As a conclusion, my impression is that it is worth the ISRRT attending the General Conference of the IAEA, particularly paying attention to the side events that are happening during the Conference.

To that aim, we will work closely with our contact persons in the Agency, next time ISRRT’s representative will be involved in the presenters during the relevant side events, making the work of the Radiography Profession better known to the relevant stakeholders of the meetings.

Dimitris Katsifarakis
Chief Executive, ISRRT
ON Monday, September 10, 2018 I had the privilege of representing the ISRRT at the Associated Sciences Consortium (ASC) for the Radiological Society of North America (RSNA) planning meeting for 2019 in Chicago.

Organisations that are members of the consortium include: American Hospital Radiology Administrators, American Society of Radiologic Technologists, Association of Educators in Radiologic Sciences, Radiology Business Manager’s Association, Society of Nuclear Medicine, American Institute of Architects/Academy of Architecture, Association of Vascular and Interventional Radiographers and Section for Magnetic Resonance Technologists, Canadian Association of Medical Radiation, International Society of Radiographers and Radiologic Technologists, and the American College of Radiographers. Each participating organization of the consortium may appoint one representative to speak on its behalf to the consortium.

The organisational objectives of the ASC promote and conduct educational programs for associated sciences personnel attending the annual meeting in Chicago through its refresher courses. It encourages fostering collaboration and cooperation among associated sciences member organisations in meeting the continuing education needs of its memberships. It also promotes a broader understanding and appreciation among RSNA members for the role the associated sciences organizations through continued participation in the RSNA annual meeting.

The Health Care Organizations were invited to attend the meeting in which the framework for the 2019 RSAN program was planned. Topics were discussed and speakers were suggested by the representatives. Topics included in the discussion were “Emerging Imaging Trends, Dose/Rad Safety and Global International Education. There will also be a two day student track that will be coordinated by Craig St. George from the ASRT. I will be the coordinating person on the topic of “Future of the Profession” with Dr. Robert Walker, from Weber State University in Ogden, Utah, USA as the presenter.

The 2019 program promises to be an outstanding educational and networking opportunity for all attendees. Make your plans to attend “RSNA” in Chicago in 2019 on December 2-3. You will not be disappointed!

Sharon Wartenbee
ISRRT Regional Director for the Americas

Pictured left are representatives from the Health Care Organizations that are members of the ASC who attended the meeting.
ISRRT attends the:
69th Session of the WHO Regional Committee for the Western Pacific
Manila, Philippines
October 8–12, 2018
Report by Peachy S. Luna

The 69th session of the World Health Organization Regional Committee for the Western Pacific was held in Manila, Philippines, from October 8–12, 2018, at the main Conference Hall of the WHO Regional Office for the Western Pacific and I am privileged to have attended as the representative of the ISRRT and met many other international organisations and non-state actors. The meeting was attended by 37 countries and areas of the WHO Western Pacific Region and Regional Committee, composed of ministers of health and senior officials from member states, who meet annually to set policies and review WHO’s work from the previous year.

Opening the session was Dr Tedros Adhanom Ghebreyesus, the WHO Director-General. Dr Tedros considered the 69th session an ‘historic session’ of the Regional Committee as it will adopt action plans to address a variety of health issues affecting the region’s nearly 1.9 billion people. They include fighting neglected tropical diseases, strengthening rehabilitation services, improving hospital planning and management, harnessing e-health for improved service delivery, and strengthening legal frameworks for health in the Sustainable Development Goals (SDGs). The Regional Committee also discussed progress on infectious and noncommunicable diseases, health security, and environmental health.

Current Regional Director Dr Shin Young-soo, who has served since 2009, offered best wishes to his successor, Dr Takeshi Kasai who has been nominated as the next World Health Organization (WHO) Regional Director for the Western Pacific. The new Regional Director will take office on February 1, 2019 for a term of five years.

As this year’s address was the Regional Director’s final report to the Regional Committee, he took the opportunity to reflect on the broad scope of WHO work in the region over the past decade. He noted significant progress in fighting communicable and noncommunicable diseases. He said the region is now better prepared for health security threats, and noted significant gains in health systems strengthening and universal health coverage. He highlighted reforms that have made the regional organisation more effective and efficient in delivering results at the country level. The Regional Director thanked Member States for their hard work and support, and concluded by saying that leading WHO in the Western Pacific Region has been among his life’s greatest honours.

High-level Proposed Program Budget 2020–2021
The Director of Planning, Resource Coordination and Performance Monitoring at WHO headquarters introduced the High-level Proposed Program Budget 2020–2021 for consultation with the Regional Committee, noting that the budget is focused on major offices and the three levels of the organisation. He said the program budget 2020–2021, as well as the Thirteenth General Program of Work (GPW13), support implementation of the Sustainable Development Goals. He concluded by presenting highlights of the High-level Proposed Program Budget 2020–2021 that will continue to be needs based and results driven and with a sharpened focus on aligning with country needs and driving towards achieving results at the country level.
Harnessing E-health for Improved Service Delivery

The Acting Director, Program Management, presented a document on Harnessing e-health for improved service delivery. He said e-health can play a critical role in improving service delivery and progressing towards universal health coverage. He noted that while many e-health pilot programs had been initiated in the region, most had not been scaled up. He said that the many lessons learnt through those pilot programs helped inform the draft Regional Action Agenda on Harnessing E-Health for Improved Health Service Delivery in the Western Pacific, which was developed following intensive consultations with Member States, experts and partners. He noted that the Action Agenda provides a systematic framework that can be used by Member States to prioritise e-health and lay foundations for its deployment.

The Acting Director, Division of Health Systems, thanked representatives for their interventions and said that e-health initiatives would help promote patient-centred, integrated care; facilitate sharing of information and best practices among service providers and Member States; and accelerate progress on universal health coverage (UHC) to make sure no one is left behind. The Adviser, Division of Health Systems, noted the broad participation of Member States in the discussion and emphasised the role e-health can play in accelerating progress on UHC. The Acting Director, Program Management, called attention to the importance of privacy and data security guarantees to ensure public confidence in e-health initiatives in Member States. He also highlighted the utility of e-health in disease surveillance and monitoring efforts to provide health authorities with information for action, as well as for improving the quality of and access to individual care.

Improving Hospital Planning and Management

The Acting Director, Program Management, presented document and introduced the draft Regional Action Framework on Improving Hospital Planning and Management in the Western Pacific. He said the Framework emphasises the central role of hospitals in advancing UHC. He acknowledged that the task of improving hospital performance is complicated and requires policies and actions at both the facility level and the health system level. The Acting Director, Programme Management, said that the draft Framework does not prescribe a one-size-fits-all solution, but instead offers a menu of actions across various areas of hospital reform that Member States can adapt and implement according to their health system contexts and needs. Interventions were made by the representatives of the Member States. Responding to Member State interventions, the Acting Director, Division of Health Systems, highlighted the importance of clarity, accountability and governance in efforts to improve planning and management of hospitals in the Region. He noted Member State requests for support at both the facility and system level, adding that responses will be forthcoming.

Neglected Tropical Diseases

Introducing document on neglected tropical diseases (NTDs), the Acting Director, Program Management, acknowledged the significant progress achieved in combating lymphatic filariasis, trachoma and schistosomiasis through mass drug administration campaigns. He noted, however, that success against other NTDs would require a more comprehensive response, including multisectoral interventions and strengthened surveillance. The Acting Director, Program Management, then presented the draft Regional Action Framework for Control and Elimination of Neglected Tropical Diseases in the Western Pacific, which was informed by extensive consultations with Member States, experts and partners. He noted that one or more of 15 NTDs targeted in the Framework are endemic to 28 countries and areas in the Region and that fighting these diseases goes hand in hand with efforts to achieve UHC. Interventions were made by the representatives of the Member States.

The Acting Director, Division of Communicable Disease, acknowledged widespread support among the representatives, thanked Member States for their commitment and congratulated them for their successes in fighting NTDs. He also acknowledged the support of donors and the generosity of the pharmaceutical industry in supporting efforts to control and eliminate NTDs. He reiterated the need for the two-pronged approach of the Regional Action Framework to address the long list of NTDs in the Region and said that WHO will work with countries, partners and donors to reduce the suffering and stigma caused by these diseases, which disproportionately affect the Region’s most vulnerable groups.

Strengthening legal frameworks for health in the Sustainable Development Goals

The Acting Director, Program Management, introduced document on strengthening legal frameworks for health in the Sustainable Development Goals (SDGs). He said legal frameworks, both the instrument of law and the institutions that put them into effect, are essential to advance UHC and health in the SDGs. He noted that Member States had requested WHO technical assistance in finding ways to use law to better promote health and well-being. He said that in response to those requests the draft Western Pacific Regional Action Agenda on Strengthening Legal Frameworks for Health in the SDGs had been developed to offer clear guidance for Member States in the context of their needs and priorities. He said that the Action Agenda is not intended to be prescriptive but instead presents a range of options for countries to consider. Interventions were made by the representatives of the Member States. In response to Member State interventions, the Acting Director, Division of Health Systems, said that the focus on health law and the creation of the health law unit in the Regional Office were the result of strong Member State demand. He concurred with Member States on the need for standased approaches for Member State consultations. He said the Action Agenda supports Member States in three areas, namely tools to help countries progress towards UHC and the SDGs, processes to support that progress, and engagement with actors, including parliamentarians, involved in health-related legislative decision-making. He said that individual topics will likely determine whether regional or country-specific approaches are the appropriate way forward in those areas.
Rehabilitation
The Acting Director, Program Management, presented on rehabilitation. He said that rehabilitation is key to addressing the health priorities of all people, not only those with disability, and is an essential part of universal health coverage and the continuum of care. He noted that the health and demographic changes sweeping the Western Pacific Region have increased the demand for rehabilitation services to promote health and well-being. The Acting Director, Program Management, introduced the draft Western Pacific Regional Framework on Rehabilitation, noting that it is the first framework that draws on experience from the Region to provide a foundation for countries to develop rehabilitation within their own contexts. Interventions were made by the representatives of the Member States.

In responding to the interventions, the Director, NCD and Health through the Life-Course, thanked representatives for their comments. She noted the efforts of many Member States to address the issue, which had become more pressing due to the rise of noncommunicable diseases (NCDs) and the challenges presented by rapidly ageing populations. She said the draft Regional Strategy on Rehabilitation in the Western Pacific, as the first such strategy developed by any WHO office, had been informed by extensive consultations with Member States. The Director, NCD and Health through the Life-Course, noted that the Strategy paid particular attention to the needs of small island states, as well as the needs of caregivers.

The Technical Lead on Disability and Rehabilitation highlighted the need to integrate rehabilitation services into efforts to strengthen health systems, adding that rehabilitation was central to progress towards universal health coverage (UHC), particularly with ageing populations in the Region that are living longer with chronic conditions or disabilities.

Consideration of draft resolutions
The Chairperson invited the Regional Committee to consider the draft resolutions on Harnessing e-health for improved service delivery, Improving hospital planning and management, Neglected tropical diseases and Strengthening legal frameworks for health in the Sustainable Development Goals. And the draft resolutions with amendments were adopted.

Progress reports on technical programs - Health security, noncommunicable diseases, environmental health and communicable diseases
The Acting Director, Program Management, introduced the first part of the progress reports on technical programs by discussing updates on health security. He focused on the impact of the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III), the Western Pacific Regional Framework for Action for Disaster Risk Management for Health, and the Action Agenda for Antimicrobial Resistance in the Western Pacific Region. He said that the first two plans offered Member States common strategic action frameworks to address public health threats and provided guidance on building core capacities required under the International Health Regulations, or IHR (2005). He said that, as a result, the Region is better prepared to face emerging diseases, emergencies and disasters. He further noted that the Action Agenda for antimicrobial resistance (AMR) had led to substantial progress, with 15 Member States having developed national AMR actions plans. He said the Region must focus on strengthening systems to combat AMR and work on priority diseases such as malaria, tuberculosis, HIV/AIDS and sexually transmitted infections. He concluded by saying that, despite progress, the Region continues to face enormous challenges and remains under-resourced, both in terms of financial and human resources and systemic capacity to combat AMR.

The Acting Director, Program Management, presented the second part of the progress reports on technical programs, which included combating noncommunicable diseases (NCDs), environmental health and communicable diseases.

With regard to NCDs, he noted the contributions by the programs on health promotion, mental health and nutrition, as well as the Tobacco Free Initiative, in combating NCDs and advancing towards the achievement of the Sustainable Development Goal target of reducing premature mortality from NCDs by one third by 2030.

In the area of environmental health, the Acting Director, Program Management, noted that WHO is developing a new comprehensive global strategy on health, environment and climate change. He further noted that climate change and air pollution continue to be major public health threats in the Region and cited the efforts of the Director-General and Regional Director in raising the priority of the initiative addressing climate change and the environmental determinants of health in small island developing states and vulnerable settings.

With regard to communicable diseases, the Acting Director, Program Management, asked the Regional Committee to note the progress made in the implementation of the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific and the Regional Action Framework for Malaria Control and Elimination in the Western Pacific, both of which were endorsed in 2016.
In closing, the Acting Director, Program Management, assured the Regional Committee that WHO is working diligently with Member States across the Region to ensure that efforts to promote health and well-being reach everyone and leave no one behind.

The overall experience of attending this remarkable session gave me a valuable insight of the roles of each and everyone in the making of well-planned solutions to carefully observed conditions affecting global health. And most importantly, realise the essence of the roles we play and the responsibilities we share among all other health providers. On the other side, I am very grateful for this great opportunity that I was able to personally witness tremendous efforts and works of the many people in the WHO, and realise the possible impact of one of my most treasured studies, under the WHO WPRO, A Model Intervention to Sustain Quality Chest radiography for PTB Diagnosis. I had also the pleasure of meeting co-investigators from Japan Anti Tuberculosis Association and the former President of Philippine Association of Medical Technologist, who is also representing the international counterpart organisation for medical technologists. My representation for the ISRRT to the 69th session of the PWHO WPRO was indeed a great memorable experience.

The 69th session of the Regional Committee concluded after discussions on WHO reform and the agenda for the seventieth session, which will take place on 7–11 October 2019 in Manila, Philippines.

And together with the WHO:
Let’s be active: Everyone, everywhere, everyday!

Peachy Luna
World Radiography Educational Trust Foundation

News
The autumn Trustees’ board meeting saw Cynthia Cowling who had been Chairman for three years, hand over the reins to Chris Steelman who takes up the reins for the next two years.

Cynthia remains as Education Lead with a special focus on the bursary awards.

Late summer also saw the departure of the General Manager, Sue Marchant, who had been involved with the Trust since December 2010, firstly as Trustee/Honorary Secretary and more recently as the General Manager. She was also the website manager, a role she continued with until the end of October. Trustees are currently looking at ways to replace her roles. In the meantime, Trustees are picking up on some of the elements of the workload which Sue managed.

The Trust now has a general email address for all enquiries about any aspect of its work.

Book support
Trustees are currently evaluating the textbook support scheme. It has long been thought that sending books to developing countries is not the most efficient way to get up-to-date educational resources to radiographers and technologists working in these countries. A decision on how to move forward with this method is expected before year end.

Bursary Scheme
The recent round of bursary applications saw a large number being received and of a high standard. Trustees are delighted that these awards are seen as making a major contribution to the education of our colleagues in the developing world.

Applications are currently being assessed by Trustees, who welcome applications from colleagues who are at the start of their career in radiography in developing countries.

Mr Katassou of Togo, a travel bursary award recipient in March 2018, attended the CAFIMRA conference in Dakar, Senegal, in September 2018, he is pictured below left with Dominique Zerroug, WRETF Ambassador, at the conference.

Twinning
The department of Radiology in the South Eastern Trust in Northern Ireland which recently “twinned” with Harare Central hospital in Zimbabwe has been helping the radiology department there to build a library. They have held fundraising coffee mornings to enable the department to obtain books to send to Zimbabwe. A fuller report on this is available on our website.

Zimbabwe radiographers.

Dominique Zerroug and Mr Katassou.
The ISRRT is proud to present their new website.

Please go to [www.isrrt.org](http://www.isrrt.org) and have a look at all the information available about the ISRRT.

We encourage you to share this link with your colleagues.
ASRT Commits US$1 Million to affiliate societies

ASRT is committing US$1 million over the next three years to support new Affiliate Financial Assistance Program initiatives. ASRT has more than 50 active affiliate partners throughout the country. The ASRT Board of Directors approved the program at its June meeting prior to the 2018 ASRT Annual Governance and House of Delegates Meeting in Las Vegas. ASRT is implementing the following changes to make it easier for affiliates to secure funding through the Affiliate Financial Assistance Program:

- ASRT is going to pay for a comprehensive insurance package for every affiliate. The package will include directors and officers, employee dishonesty and general liability insurance. ASRT will assume the yearly premium expenses.
- Remove the requirement that all affiliates must provide names of two alternate delegates for the House of Delegates to be eligible for the program.
- Increase the minimum amount of program funding for affiliates from US$4,000 to US$5,000.

ASRT House of Delegates elects Speaker and Vice Speaker

At the 2018 ASRT Annual Governance and House of Delegates Meeting in Las Vegas in June, the ASRT House of Delegates re-elected Beth Weber, M.P.H., R.T.(R), RDMS, CRA, FASRT, as speaker of the House and Joseph Whitton, M.S., R.T.(R) (CT)(MR), as vice speaker of the House for the 2018-2019 term. This is Weber’s second term as speaker. She formerly served as the vice speaker for the 2015-2016 and 2016-2017 terms. Weber is the Director of Imaging Services/Privacy Officer at Avera Heart Hospital in Sioux Falls, South Dakota. This is Whitton’s second term as vice speaker. He was the Chairman of the ASRT Commission for the 2016-2017 term. He is a clinical assistant professor and program director for the radiologic technology program at Stony Brook University in Stony Brook, New York. Weber and Whitton are members of the ASRT Board of Directors. They will manage the House of Delegates proceedings at the 2019 annual governance meeting in Orlando, Florida.

ASRT donates US$15,000 in support of US hurricane relief efforts

The American Society of Radiologic Technologists donated US$15,000 to the American Red Cross Relief Funds for Hurricanes Florence and Michael, which affected the southern United States. The funds will serve to assist with disaster relief efforts in North Carolina and South Carolina, Florida, Georgia, and Alabama. The donations are on behalf of the ASRT’s 154,000 members. ASRT has a close relationship with the American Red Cross as the Society believes the best way to support those in need is through donations to an established disaster relief organisation. ASRT has made a number of financial donations to the American Red Cross in the last several years for hurricane, tornado and flooding disaster relief efforts.

New ASRT white paper outlines MR best practices for technologists

Recommended best practices for magnetic resonance facility safety zones, device safety checks and personnel screening are just a few of the topics highlighted in the Radiologic Technologist Best Practices for MR Safety white paper from the American Society of Radiologic Technologists. Developed specifically for MR technologists, the white paper features a variety of best practice safety recommendations. Examples include underscoring the need for MR-trained personnel to monitor all individuals working in established safety zones, documenting all safety screenings in a permanent record and making sure patients are dressed in facility-provided attire to ensure no metal objects are on or in clothing material entering the magnetic field. To identify current MR safety measures and protocols, ASRT surveyed more than 2,600 MR technologists in August 2017. In addition, an MR Safety Best Practices Committee reviewed established safety guidelines from medical imaging organisations and facility-based safety programs. Made up of eight veteran MR technologists, the committee reviewed the survey data and existing guidelines to develop the best practices outlined in the paper. Spearheaded by ASRT Chairman of the Board Amanda Garlock, M.S., R.T.(R) (MR), who made it one of her initiatives for her 2017-2018 ASRT presidential term, the white paper outlines specific safety protocols for MR technologists. The white paper is available at no charge for all personnel and facilities.

Radiation therapy vacancy rates slightly increase

Vacancy rates for radiation therapists rose in 2018, according to the ASRT Radiation Therapy Staffing and Workplace Survey.
Survey results showed that the vacancy rate for radiation therapists rose to 3.2 percent in 2018, up from 2.9 percent in 2016. Vacancy rates in medical dosimetry fell from 3.5 percent to 2.4 percent over the same period. Vacancy rates represent the percent of positions that are open and actively being recruited. “Caution should be employed when interpreting this data,” said ASRT Associate Executive Director, Myke Kudlas, M.Ed., R.T.(R)(QM), CIIH, CAE. “Even though this slight increase in vacancy rates for radiation therapy is similar to an increase we saw last year, it may not necessarily indicate a sustained trend. ASRT will conduct the survey again in 2020 to determine if rates continue to rise.” The Radiation Therapy Workplace and Staffing Survey has been completed eight times since it was launched in 2005. The complete survey is available free of charge for ASRT members.

**ASRT Foundation and Canon Medical Systems announce 2018 Safety FiRsT® Grant recipients**

Riverside Health System and OhioHealth Riverside Methodist Hospital will both receive Safety FiRsT® grants to implement initiatives that will elevate technologist safety in the workplace. Launched in 2015, the Safety FiRsT® program awards two ASRT members per year a grant of up to US$7,000 each to improve radiologic technologist safety in their departments. This year’s recipients are: Ruth Van Davelaar, M.H.S.A., R.T. (R)(T), who applied on behalf of Riverside Health System in Newport News, Virginia. The grant will be used to purchase a vertical power lift that allows technologists to move patients with ease from floor-level surfaces to higher levels such as a chair or treatment table. The new lift will provide safety for the radiation therapist, reducing potential back strain and subsequent injuries, as well as the patient. This device, paired with ASRT’s educational product Safety Essentials: The Series, which also is being awarded, will enable staff to move and care for patients safely. Annette Long, R.T.(R) (MR) MRSO, who applied on behalf of OhioHealth Riverside Methodist Hospital in Columbus, Ohio. The grant will be used to purchase a ferromagnetic detection system for MR safety. The device will allow for real-time screening of potentially hazardous implants, devices and supplies and prevent injury from ferrous materials that could otherwise enter the screening room. Unlike wand detectors that rely on the diligence of the user, this device will provide consistent and reliable screening while remaining less intrusive than other screening methods. Annette also will receive ASRT’s educational product Safety Essentials: The Series. The ASRT Foundation and Canon Medical Systems Safety FiRsT® grants are funded by a grant from Canon Medical Systems.

**National Radiologic Technology Week® celebrated**

ASRT marked National Radiologic Technology Week® November 4-10, 2018 to recognise the vital work of radiologic technologists. This year’s theme was “Powerful Together.” ASRT’s 154,000 members understand the importance and benefits of working together to achieve goals that are beyond the reach of individuals working alone. Shared knowledge, discoveries and unique perspectives bring new ideas, new solutions and new skills. Working together also builds trust and higher levels of job satisfaction. The celebration takes place each year during the week that includes November 8 to commemorate the discovery of the x-ray by Wilhelm Conrad Roentgen on November 8, 1895. Donna Long, MSM, RTR(R)(M)(QM, FASRT, US ISRRT Council member also helped celebrate NRTW and World Radiography Day on November 8, 2018 by lecturing on “ISRRT Impact on Imaging Professionals” at Weber State University in Ogden, Utah.

**Donna Long**

Council Member

**CANADA**

**Journal of Medical Imaging and Radiation Sciences (JMIRS)**

JMIRS (www.jmirs.org) is a leading journal in the medical radiation technology field. JMIRS welcomes submissions from all disciplines in medical imaging and radiation therapy. At present, JMIRS is preparing a special issue of the JMIRS on the topic of Artificial Intelligence (AI), to be published in December 2019. Our goal is to present research findings, educational and clinical perspectives, systematic reviews, teaching cases, and commentaries of the highest quality that inform medical radiation technologists (MRTs) and members of the healthcare team on the role of MRTs in AI. We are also interested in papers with an international focus that cover AI topics worldwide.

We invite MRTs, as well as our interprofessional colleagues to submit papers on the topic of AI. Submissions are due by May 1, 2019 through the JMIRS website: www.jmirs.org. Questions? Contact the Managing Editor at editor@camrt.ca

A fast-growing catalogue of webinars for MRTs

CAMRT has a catalogue with over 30 webinars covering a variety of topics spanning all disciplines.

Free to members of the association, the CAMRT webinars are available at a low cost to non-members as well for category A credit! Simply visit the CAMRT CPD catalogue and select webinars in the left-hand column: https://camrt.force.com/CPBase__store?site=a0a1a00000AMdCoAAL

**LTWRAP Conference**

The CAMRT was proud to be a sponsor of the second, bi-annual Leading The Way: International Radiographer Advanced...
Practice Conference (LTWRAP), held in Toronto on October 20-21, 2018, focused on the pillars of Advanced Practice in Medical Radiation Technology: Clinical Leadership, Expert Clinical Practice, Research/Service Evaluation/Audit and Education.

The program demonstrated the continued contributions that professionals in medical imaging and radiation therapy across the globe are making to enrich the profession’s body of knowledge. We encourage you to review the abstracts published by the Journal of Medical Imaging and Radiation Sciences (JMIRS) at: [www.jmirs.org](http://www.jmirs.org/issue/S1939-8654(18)X0007-1)

Support for those interested in working in Canada
The CAMRT encourages those thinking about working as MRTs in Canada to check out its two learning modules for Internationally Educated Medical Radiation Technologists (IEMRTs). The first module on describes practice/employment in Canada. The second is a module providing education on “How to Write a Competency Based Exam”. Both are available in the certification section of the CAMRT website: [www.camrt.ca/certification/](http://www.camrt.ca/certification/)

Marcia Smoke
ISRRT Council
smokem@hhsc.ca

**TRINIDAD AND TOBAGO**

The Society of Radiographers of Trinidad and Tobago will like to sincerely thank all our colleagues from around the World who had the pleasure to visit our beautiful Island in April 2018 for the 20th ISRRT World Congress. For those of you who had the opportunity to use the whova app for the conference, the app is still operational until the end of the year.

World Radiography Day was celebrated in Radiology Departments on both Islands with events taking place such as exhibitions and dinners over the course of the week. One of the highlights was the dinner, exhibition and cultural show hosted by COSTAATT which is the Radiography School In Trinidad and Tobago on World Radiography Day. It was such a pleasure having the students present and perform showcasing radiography. The event was a huge success with attendance from representatives from the various hospitals around the island. It was such a great show and good to know our profession is in the right hands with the future radiographers.

As an addition to World Radiography Day the Society is hosting a Contrast Media Injection course for all radiographers and Allied Health Professionals in collaboration with the OAMRS (Ontario Association of Medical Radiation Sciences) in December. This is the first of many such courses we are hoping to host. The course is available to locals and Caribbean colleagues.

Also taking place in December will be the 2nd Zika Virus Sonography Workshop hosted by PAHO in collaboration with the Society of Radiographers of Trinidad and Tobago.

As a spin off from World Radiography Day, one of our neighbouring countries Surinam is hosted their first ever conference and it was held on November 10, 2018. The theme of their conference was “Quality of Care and Patient Safety in Radiation Medicine” with speakers from Surinam, Guyana as well as Trinidad and Tobago. Four members from Trinidad will be in attendance which included the President of The Society of Radiographers of Trinidad and Tobago Mr Aleth Bruce who presented a paper titled; “Radiation Technology Education in Trinidad and Tobago”.

On a closing note we would like to invite all of our colleagues around the world to our Annual Conference which will be take place on our twin Island of Tobago in June 2019, the theme of the conference is “Past, Present and Future”.

Don’t forget to keep checking our facebook page and our website for upcoming events and updates. [www.soradtt.com](http://www.soradtt.com)

Wishing all our colleagues around the world Happy Holidays!

Aneesa Ali
ISRRT Council

**AFRICA**

**SOUTH AFRICA**

At the National Council meeting held on July 19, 2018, the new president, Ashnie Ramkhelawan took over the reins from Heidi Richter (now the past president). The meeting was held at the Intercontinental hotel at the OR Tambo airport. At the meeting the new constitution was discussed and, will be once finalised and EXCO approved, implemented on January 1, 2019.

South Africa has been accepted as a chapter of AFROSAFE. Information is available on the Department of Health website [www.health.gov.za](http://www.health.gov.za)

The next SORSA RSSA conference will take place from August 14-18, 2019 at the Century City Convention centre in Cape Town. Program highlights include the following:

Past president Heidi Richter, left, and new President Ashnie Ramkhelawan, right.
country: Lithuania, Latvia and Estonia. This year the Congress was held in Kaunas. It is very symbolic also because it celebrates the 100th Independence Anniversary of Republic of Lithuania in the same year.

In all 693 delegates participated, of which 239 were radiographers; 50 radiographers from Estonia, 75 from Latvia and 95 from Lithuania. It is great that delegates from other countries such as Australia, Poland, Slovenia, Sweden, United Arab Emirates, Nepal, Nigeria also participated in this Congress.

Four radiographers scientific sessions were presented and 25 presentations on various radiography service oriented topics. 71 posters were submitted of which one radiographers was nominated for best awards. The poster was submitted by authors Loreta Milikienė, Leonidas Krynke and titled “Optimization of Computed Tomography Protocol for Fungal Infection of Chest at Vilnius University Hospital Santaros Klinikos”.

I am delighted to announce that honor speakers from EFRS and ISRRT presented at this event. The president of EFRS Dr Jonathan McNulty presented “The EFRS: representing Europe’s Radiographers”, the CEO of ISRRT Mr Dimitris Katsifarakis presented “History and future challenges of the ISRRT” and the ISRRT Treasurer Philippe Gerson shared two presentations with us – “Radiology management of terrorists attack” and “The Radiology works of Arts”.

Aurika Vanekavičienė
President of LRTA

EUROPE

LITHUANIA

The 7th Baltic Congress of Radiology and 9th Baltic Congress of Radiographers

The congress was held October 5-6 in Lithuania. The Baltic Congress of Radiology started in 2006 and is held every second year in a different Baltic country: Lithuania, Latvia and Estonia. This year the Congress was held in Kaunas. It is very symbolic also because it celebrates the 100th Independence Anniversary of Republic of Lithuania in the same year.

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Aurika Vanekavičienė
President of LRTA

UNITED KINGDOM

‘Precious workforce’ recognised at 2018 Radiography Awards

“This is a precious workforce – we need to recognise and support it,” said Cally Palmer, NHS England’s National Cancer Director, presenting the 2018 Radiography Awards.

The awards are the radiography profession’s annual opportunity to celebrate the best of the best. Cally presented the prizes to regional and UK winners, along with Jason Barron, sales manager of the award’s sponsor, Carestream Health.

A large number of regional individual and teams were honoured on the night, and prizes were also awarded to the overall UK winners, including Helen McNair, Lead Research Radiographer, The Royal Marsden NHS Foundation Trust, who was voted UK and London Radiographer of the Year; Humayra Mogra from the University of Derby, UK Diagnostic Student Radiographer of the Year; Lily Aston from Birmingham City University, UK Therapeutic Radiography Student of the Year; and the Post-Mortem Imaging team, University Hospitals of Leicester NHS Trust who were voted UK and Midlands Radiography Team of the Year.

“Radiographers have always been at the centre of evolving technologies in equipment and clinical practice,” Cally said. “All the winners and teams being honoured today have demonstrated outstanding patient care, a passion for innovation and improvement, and the ability to adapt and excel in a changing workforce.”

Cally thanked the Society of Radiographers for the “great opportunity to promote the work of diagnostic and therapeutic radiographers at the forefront of the workforce on World Radiography Day. My message is one of deep appreciation for all that you do. Please keep that skill, passion, flexibility and technical excellence at the forefront.”
that are not as efficient as they should be.”

just about staffing, we have ageing machines
and that creates delays for patients. It is not
like cancer early, we need more diagnostics.
said: “If we are going to identify diseases
Only in Wales has the situation improved.
waiting longer than that rise by nearly a fifth
of nine weeks, but has seen the numbers
than six weeks have jumped by more than a
months.
seven patients has waited more than three
months.
In Scotland, the numbers waiting more
than six weeks have jumped by more than a
third to 18,500. Northern Ireland has a target
of nine weeks, but has seen the numbers
waiting longer than that rise by nearly a fifth
in the past year to more than 56,000. Some
22,000 have waited more than six months.
Only in Wales has the situation improved.
In his interview with the BBC, Richard
said: “If we are going to identify diseases
like cancer early, we need more diagnostics.
“We are struggling to cope with demand
and that creates delays for patients. It is not
just about staffing, we have ageing machines
that are not as efficient as they should be.”

Other press coverage has included a
story on the BBC News website, citing the
shortage of radiographers as the reason
patients are having increasingly long waits
for diagnostic scans; and BBC Radio
4’s Today show also broadcast a report
from health correspondent Nick Triggle,
spotlighting the ‘NHS test bottleneck’.

Creating a safe reporting framework for
UK imaging
Widespread variation in radiology reporting
and report turnaround times; dangerous
backlogs; radiologist and radiographer
shortages; and departments under increasing
pressure were among the results published
by the Care Quality Commission (CQC) in
its recent review of National Health Service
radiology departments in England.
The CQC called on NHS Improvement to
create national standards for the turnaround
of radiology reports, and for The Royal College
of Radiologists (RCR) and the Society
and College of Radiographers to develop a
practical framework to help hospitals manage
report turnaround times safely.
The Colleges’ framework will include
• A Quality Standard for Imaging (QSI)
using the existing standard for
accreditation of imaging. The QSI will
express the quality service patients should
expect.
• Reviewing the service accreditation
process to encourage uptake of
accreditation against the QSI.
Accreditation of an imaging service will
indicate that quality management and
quality improvement are business as usual.
• Reviewing and adding to existing
professional guidance and advice issued
jointly or individually by the colleges.
• Promoting the rollout of clinical decision
support software for GP reports and hospitals,
which integrates the RCR’s renowned
iRefer guidelines so that patients are
seamlessly referred for the right imaging
test at the right time. This has been
available for some time but the NHS in
the four UK nations has not committed
the small amount of funding required.
• Completing work by the colleges and
Health Education England (HEE) to
define the standards for curricula and
assessment for reporting radiographers
and the framework for service delivery.
This will continue to strengthen and
assure team working across imaging
departments.
The crucial issue remains that services will
require more staff and the Colleges will
continue to campaign for the additional
investment in staff, as well as dedicated
capital investment in imaging equipment and
IT connectivity.

First UK patient treated with MR
radiation therapy
The UK’s first magnetic resonance linac
has been used to treat patients at the Royal
Marsden Hospital in London.
The Elekta Unity magnetic resonance
radiation therapy (MR/RT) linac precisely
locates tumours, tailors the shape of high
energy x-ray beams following real time
adaptation of the dosimetric plan and
accurately delivers radiation. MR radiation
therapy is expected to be particularly
effective for tumours which move during
radiotherapy or change position between
scanning and treatment due to breathing,
bladder filling or bowel changes; and is
epecially useful in the treatment of lung,
cervical, prostate, bowel and bladder cancer.
“This really is ground-breaking
technology which will provide enormous
benefits for patients and their families,” said
Sarah Helyer, radiotherapy services manager,
at The Royal Marsden.
“Having one of the first MR linacs
in the UK at the Marsden has brought
together all the main professions in
radiotherapy, working as a team to bring
this technology into the clinic.” Says Sarah.
“This is especially good for therapeutic
radiographers, who have worked alongside
their diagnostic colleagues, to gain the skills
and experience necessary to take on MRI
technology in radiotherapy in the future.”
Dr Alison Tree, consultant oncologist
added: “Prostate cancer responds most
effectively to large doses of radiation
delivered over a short period. With the MR
linac we can better target treatment, so we
can safely deliver higher doses of radiation.
Treatment time could be reduced to five
days, or even just one, which will save time
and money for patients and the NHS.”
The Royal Marsden and the Institute of
Cancer Research have been developing the
technology for several years as part of an
Looking beyond patient centred care

A new document commissioned by The Society & College of Radiographers’ College Board of Trustees, ‘Patient Public and Practitioner Partnerships within Imaging and Radiotherapy: Guiding Principles’ looks beyond patient centred care and brings patients into the heart of the decision-making.

The ‘patient voice’ is a central feature of the 2018-20 Strategy of the Society and College of Radiographers.

The principles in the document fully embrace the criteria of the Patient Experience Domain in the Imaging Services Accreditation Scheme (ISAS) Standard. They will support the radiographic workforce to achieve the objectives of the NHS Five Year Forward View, by providing a point of reference for patient, public and practitioner partnership across the four domains of practice.

Dr Leslie Robinson, who led the working group which created the document, said: “The NHS Five Year Forward View lays out its vision for a shift in power to patients and the public. One of the great strengths of the UK is that we have an NHS that, at its best, is of the people, by the people and for the people. We need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health care services.”

‘Patient, Public and Practitioner Partnerships in Radiography: Guiding Principles’ is intended for use by all those with a stake in the quality of radiography practice. It uses authentic patient stories to illustrate the importance of each of the core values from the patient perspective.

Philip Plant, chair of the SCoR Patient and Public Liaison Group said, “The guidance is innovative in its presentation and sits perfectly within our strategic priority of being informed by the voice of the patient. In fact, it is the voice of the patient you hear all through the document. It is also a resource which will be very useful for all radiographers across all areas of profession.”


Paediatric radiotherapy guide published

The latest edition of the ‘Good Practice Guide for Paediatric Radiotherapy’ has been published, a comprehensive, easy-to-read document, designed for UK healthcare workers and service managers involved in paediatric care.

This version updates the first good practice guide which was published in 2012, and takes account of the more widespread adoption of intensity-modulated radiotherapy and image-guided radiotherapy, as well as the development of NHS proton beam radiotherapy services.

Key topics and recommendations include:

• The ideal composition of the multidisciplinary team (MDT) involved in treatment and the role of individual clinicians and specialists, including clinical oncologists, therapeutic radiographers, play specialists, anaesthetists and physicists
• The radiotherapy pathway for young patients and the process of introducing patients and families to MDT members
• Advice on communicating during initial and follow-up consultations, the importance of consent and talking about late effects
• Clear definitions of the various radiotherapy modalities
• Key contacts, considerations and items for documentation during each stage of pre-, during and post-treatment
• To download the document visit https://bit.ly/2OB8oXX

AUSTRALASIA

NEPAL

The 28th Anniversary celebration of the Nepal Radiological Society was held on September 11, 2018 at BPKIHS, Dharan, Nepal. The celebration comprised of a CME scientific session on “Exploring Diversity in Medical Imaging Technology” and the Annual General Meeting followed by Election for 9th Central Executive Member.

The chief guest was the Vice-Chancellor & Head of Department Radiology & Imaging Prof. Dr R.K. Rauniyar of B.P Koirala Institute of Health Sciences, Dharan, Nepal. After the inaugural and welcome speech by Ex-General Secretary Mr Dipendra Jha, the annual function was proceeded by a speech from President, Mr Mukesh Kr. Jha, Scientific Secretary, Lect. Abinash Jha (R.T), and Organising Secretary Mr Saurav Jha.

The inaugural session was followed by a congratulation ceremony to Dr Arun Gupta (Ph.D) for his achievement on being the first person from Nepal to achieve a PhD in nuclear medicine and molecular imaging from Seoul, Korea. Dr Gupta is currently working as Chief Radiological Technologist at BPKIHS, Dharan. After a tea break the Scientific Session was started with presentations related to the radiography field. CME session was followed by lunch.

The evening session was the Annual General Meeting followed by Election for 9th Central Executive Member. The former president Mr Mukesh Kr. Jha was re-elected unanimously to serve for the next three years. This is the third presidential of Mr Jha. Several important decisions were discussed to work out in the coming year for upgrading the medical imaging technology profession.

Above: Award to Dr Arun Gupta.

Below: President NRS Mr Mukesh Kr Jha with Chair and Co-chair Scientific Session.
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Udruzenje Inzijera Medicinske Radiologie: Federacije Bosne i Hercegovine

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<td>Mr Abdou Colley</td>
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<td>Mr Amaury Colley</td>
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<tr>
<td>Germany</td>
<td>Dachverband für Technologen/-innen und Analytiker/-innen in der Medizin Deutschland e.V.</td>
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### Names and Addresses of Member Societies

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<th>Country</th>
<th>Society Name</th>
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<tr>
<td>Iceland</td>
<td>Icelandic Society of Radiographers</td>
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<td>Ghana</td>
<td>Ghana Society of Radiographers</td>
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<tr>
<td>Greece</td>
<td>The Panhellenic Society of Radiotechnologists, 85-87 Aristomenous Str, 2nd Floor</td>
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<tr>
<td>Hong Kong</td>
<td>Hong Kong Radiological Technicians Association</td>
<td>Association, PO Box 73549</td>
<td>Tel: 852 3517 5451; Fax: 852 3517 5199; Email: <a href="mailto:hkrta1965@yahoo.com">hkrta1965@yahoo.com</a>; Website: <a href="http://www.hkta.org.hk">www.hkta.org.hk</a></td>
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