NEWS & VIEWS
FROM AROUND THE WORLD

6TH SOUTH EAST ASIA RADIOTHERAPIST CONFERENCE
INDONESIA WORKSHOP

PART: ‘SIBOL PARA SA KALIKASAN’ - TREE PLANTING ACTIVITY
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## ISRRT OFFICERS: BOARD OF MANAGEMENT

### PRESIDENT
Donna Newman
donnanewman@gmail.com

### VICE PRESIDENTS
**The Americas**
Terrence (Terry) Ell
terryell@shaw.ca

**Asia and Australasia**
Dr Napapong Pongnapang
napapong@hotmail.com

**Europe and Africa**
Håkon Hjemly
hakon@radiograf.no

### REGIONAL DIRECTORS
**Europe**
Euthimios (Tim) Agadakos
eagadakos@gmail.com

**Africa**
Boniface Yao
kwame_boniface@yahoo.fr

**Asia and Australasia**
Tan Chek Wee
sunrisepl@hotmail.com

**The Americas**
Sharon Wartenbee
wartenbee@sio.midco.net

### TREASURER
Philippe Gerson
philgerson@neuf.fr

### DIRECTOR OF EDUCATION
Yudthaphon Vichianin
yudthaphon@gmail.com

### DIRECTOR OF PROFESSIONAL PRACTICE
Stewart Whitley
aswhitley@msn.com

### DIRECTOR OF PUBLIC RELATIONS & COMMUNICATIONS
Alain Cromp
acromp@ac-consultant.ca

### CHIEF EXECUTIVE OFFICER SUPPORT SERVICES
Dimitris Katsifarakis
ceo@isrrt.org

### FINANCE COMMITTEE
Philippe Gerson
Napapong Pongnapang
Terry Ell
Håkon Hjemly
See Board of Management for Finance Committee contact.

### ISRRT COMMITTEES REGIONAL REPRESENTATIVES

#### EDUCATION COMMITTEE
**Europe**
Ozan Tekin
tekin765@gmail.com

**Africa**
Hesta Friedrich-Nel
hfried@cut.ac.za

**Asia and Australasia**
Yudthaphon Vichianin
yudthaphon@gmail.com

**The Americas**
Dr Robin Hesler
lscolonel@rogers.com

#### PROFESSIONAL PRACTICE COMMITTEE
**Europe**
Pam Black
pamb@sor.org

**Africa**
Elizabeth Balogun
kanmibalo@yahoo.com

**Asia and Australasia**
Naoki Kodama
n_kodama@iart.or.jp

**The Americas**
Christopher Steelman
csteelman@x-rayintl.org

#### PUBLIC RELATIONS & COMMUNICATIONS COMMITTEE
**Europe**
Hanna Joki
hanna.joki@sorf.fi

**Africa**
Stephen Mkoloma
stephenmkoloma@hotmail.com

**Asia and Australasia**
Edward Wong
wongthe@gmail.com

**The Americas**
Timmerie Cohen
tfcohen@vcu.edu

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*THE ISRRT IS REGISTERED AS A CHARITY IN THE UNITED KINGDOM: REGISTRATION NO. 27 6218.*
THE PAST  three months the ISRRT Board of Management has been collaborating to develop and promote International Standards, Empowering Societies and Advocate for the profession by using the ISRRT three key messages: Influencing change, Impacting change and Creating change. As president, I continue to work to ensure these strategic goals and key messages to drive the work of the ISRRT. The following information is an overview of the work done in the areas of Communication, Governance and Collaboration with Global and Regional Stakeholders.

COMMUNICATION

First, as your president I continue to find ways to incorporate your request for more communication on projects the ISRRT is working on. Several new channels have been initiated for receiving this information. Please check the ISRRT Facebook, ISRRT Instagram, ISRRT Blog Page (ISRRT website), ISRRT Official News & Views and our new electronic newsletter coming in the near future for the latest news and updates on ISRRT happenings.

GOVERNANCE

ISRRT Website  www.isrrt.org

The ISRRT Board of Management has reviewed the ISRRT website and are creating additional products and information for our members to download and use within their countries. The ISRRT Board of Management believes these products will contribute to elevating our professional standards around the world.

I am happy to announce that a new tab has been added under ISRRT Professional Practice titled «Quality Assurance and Quality Control.» The tab contains three subtabs; Mammography, Computed Tomography and Radiography. Members will be able to download the newly approved ISRRT Quality Control Guidance documents in Mammography, Computed Tomography and Digital Radiography.

Our Director of Public Relations, Alain Cromp has been busy formatting and developing an official ISRRT cover to be used for ISRRT Position Statements that will allow a downloadable format. Check out the Professional Practice Tab, subsection, Position Statement’s on the ISRRT website to see this new feature. We are excited and hope that you find this new feature valuable.

Under the communication Tab you will find an updated Award tab where both the Diek Van Dijk Award and Marion Frank Award can be found. Take time to read about these two amazing past ISRRT leaders and how they contributed to the growth of the ISRRT and our global profession. Also available is the updated Award packets for download and use. Remember, this year’s award to be presented at the 2020 World Congress is the Marion Frank Award. This award is dedicated to her memory to honor members of the ISRRT that have shown these same characteristics and service demonstrated by Marion Frank.

PRINCIPLE CRITERIA:

1. Outstanding service to International Community of radiographers
2. Contributor to professional development and/or education globally
3. Evidence of high level of professionalism and integrity
4. Demonstration of humanitarian values through unselfish, compassionate
service to those in need in the radiologic community

5. Recognised contribution to profession of radiography globally

Nominations are to be made by an ISRRT member society and the recipient must be a member (current or retired) of that society or associate member of the ISRRT. As a member society if you have some that we should consider please take the time to fill out the application and submit to the CEO of ISRRT.

Council member Consultation Tab

Also, as a way to influence, impact and create change in our profession the ISRRT created a new tab called Council Member Consultation. It can be found on the ISRRT website under the Council Only tab. The ISRRT Board of Management believes this will facilitate the opportunity for council members to contribute, give feedback and suggestions on current ISRRT projects between World Congress council meetings. As council members, this give you an opportunity to influence, impact and create the changes you would like to see with ISRRT projects just by taking the time to use this new feature.

As a council member you were sent an email asking you to use this new feature in June and asked to provide feedback on the ISRRT three Quality Control Guidance documents in Mammography, Computed Tomography and Digital Radiography. The ISRRT board appreciates the expert feedback that was received by our council members and member societies and believes this feedback contributed and improved the outcome of these global consensus guidance documents.

Presently, the ISRRT is reviewing all suggested changes and incorporating these final changes. As a council member if you can’t access this tab please contact the ISRRT CEO and he will provide you with your log and password for access to this area of the website. As a board we hope you are happy with this additional opportunity to contribute and impact change within our radiography profession.

ISRRT Operations Manual and ISRRT Statues

The ISRRT Board of Management has finished their review on the ISRRT Operations Manual and will be sending this to the Bylaws committee to begin their review and input to this document. This year we have tried to update all documents and add them as an appendix to the operations manual for better ease of use for our member societies. This was a huge project and believe the council members will be happy with the finished documents. As council members please consider influencing and impacting change in our profession by writing a position statement and submitting it for consideration at the Ireland council meeting. Remember, any Motions for consideration for the Ireland council, Aug, 2020 need to be to the ISRRT CEO by the last week of May, 2020 to meet the ISRRT Statues deadlines.

Collaborate to develop and promote International Standards and Advocating for the Profession and Member Societies

The ISRRT Board members have been attending, presenting and contributing to global meetings. We do this to ensure that the ISRRT influences, impacts and creates change to our profession globally. We believe if we are at the table during the discussion, we have a better chance of the radiographer’s voice being hear during the development of global documents. Over the last three months several board members have collaborated with Global Stakeholder, Regional Stakeholders and National Member Societies Stakeholders while representing the ISRRT global voice. I would like to highlight several of these projects.

WHO

Dr. Napapong Pongnapang, Vice President Asia/Australasia represented ISRRT at the 20th Regular meeting of the Inter-Agency Committee on Radiation Safety (IACRS) at World Health Organization in Geneva, Switzerland. The ISRRT represents global voice of Radiographers and Radiological Technologists relating to issues with the implementation of the Basic Safety Standard (BSS) at national and international levels. The collaborative work between the EFRS and ISRRT also play important roles in this meeting, where challenges of the implementation of the European BSS were presented and acknowledged. The main focus of the meeting was to focus on BSS and implementation and determine what types of education and training is needed for radiographers and radiation therapist in the era of modern technology including Artificial Intelligence (AI). The ISRRT always values the support of our member societies so that the organisation can work as the global voice of the profession and that at the end will benefit not only our profession but also our patients worldwide. Read Dr. Napapong Pongnapang article in this issue for full details about this meeting.

The 72nd World Health Assembly in Geneva meeting technical briefing: Investing in Jobs was held on May, 23, 2019 where Stewart Whitely ISRRT Director of Professional Practice represented the Radiographers global voice for ISRRT. The ISRRT submitted 4 proposals for the Call to Action Campaign: Addressing the 18million health worker Shortfall. As ISRRT President I’m excited to announce all were accepted. Take time to read Stewarts professional practice article in this issue for full detail on this meeting and projects.

EFRS

The ISRRT believes in a strong collaborative effort with its European organisation representing Radiographer (EFRS) and would like to highlight some of our collaborations that we are currently involved in.

AI PROJECT

Hakon Hjemly ISRRT Vice President of Europe/Africa and Nicholas
Woznitza from UK of EFRS are co-chairing the ISRRT/EFRS collaborative project; "ISRRT/EFRS joint paper and statement on ‘Artificial Intelligence and the Radiographer/Radiologic Technologists”.

This EFRS-ISRRT joint paper and statement will serve as guidance documents for national societies, healthcare providers, education providers, regulators, and individuals.

Specific objectives:

- To undertake a comprehensive review of the published evidence related to artificial intelligence and radiographers/radiologic technologists.
- To produce a joint statement to provide radiographers/radiologic technologists with guidance on key aspects of AI and our profession to allow radiographers/radiologic technologists to embrace opportunities, address challenges, and the continuing importance of our professional roles.

Working Group:

- Nicholas Woznitza as Co-Chairperson (EFRS)
- Sundaran Karan (EFRS)
- John Stowe (EFRS)
- Håkon Hjemly as Co-Chairperson (ISRRT)
- Yudthapon Vichainin (ISRRT)
- Naoki Kodama (ISRRT)
- Lars Henriksen (ISRRT)

Look for a draft joint statement to come out sometime this fall for consideration by both organisations as well as the joint paper coming out later this year

EFRS White paper

EFRS Jonathan McNulty EFRS president invited myself as ISRRT President to participate along with several others from outside Europe on an experts Group committee to contribute to this European project for the European countries. EFRS is producing a White Paper to define Radiographer Education, Research and Practice, setting out its expectations and ambitions for the Radiography Profession for the following decade. As a group we have had our first meeting and are currently formulating statements and providing evidence that will support a Green paper which will in turn be used to form the basis of the EFRS 2020 White paper.

The ISRRT board of management has also been invited to set on the second tier of the project as an Outside Europe content expert group. The ISRRT Board of Management is excited to collaborate and participate in this European project for the radiographers in this part of the world. As a board we believe that collaboration is the most effective way to impact and affect change. We thank the EFRS organisation for this opportunity.

ECR

This will be our second year of “ISRRT meets session” at the ECR meeting. The ISRRT has been informed that they have been approved for two “ISRRT meets session’s” for ECR 2020. The ISRRT is happy to announce we will be featuring the Education, Professional Practice and Clinical Experience from both Japan’s and Canada members societies. Speakers have already been invited and accepted the invitation and we thank them for sharing their practice within their country with our European colleagues. EFRS has also invited the ISRRT to host a joint session on radiographer’s role in AI. Look for outcomes from our ISRRT/ EFRS joint paper to be presented at this session.

As ISRRT members please take the opportunity encourage any ISRRT member to submit an abstract for this ECR 2020. Details can be found on the ECR advertisement in this issue and on the ISRRT website regarding this opportunity for our members. The ISRRT will again be holding an informal meeting with its members society leadership for those in attendance at the ECR 2020. Please mark your calendar and plan to attend this meeting if you will be at ECR. The ISRRT is busy representing, impacting, influencing and creating changing or our profession globally and believe we should take every opportunity we can to meet with our members face to face when the opportunity is available.

ISRRT E-Learning Platform

Yudthaphon Vichainin, ISRRT Director of Education has completed the platform for the ISRRT E-learning platform which will be housed on the ISRRT Website and available for any ISRRT member to use. The Project was developed with the aim to provide knowledge for our professional colleagues around the globe who have limited access to higher education or professional developments via the ISRRT e-learning platform. Moodle is being used for course management support by our contracted team. Directions for users has also been created for what is needed in each video development. We hope we have some radiographers who are interested sharing their expertise with other radiographers around the globe. ISRRT is getting ready for its second announcement to radiographers around the world to participate and develop materials that can be used on this website.

Just a couple of quick notes relating to the project; a topic can have 1-6 modules approximately 15 minutes in length with some type of question to test your knowledge about content of the presentation. It is your choice how much expertise you are willing to share. We have the availability for you to record your own voice or use our company that will read the script you develop for us. We have the availability for you to record your own voice or use our company that will read the script you develop for us.

The topics we are starting out looking for include:

1. Conventional Imaging routine projections tips and tricks
2. Radiation Safety tips and tricks from radiographer to radiographers
3. Digital Imaging issues in Quality and Radiation Safety
4. CT: The role of radiographers in developing protocols
5. MRI: The role of Radiographers in developing Protocols
6. Pediatric Imaging: Quality, Safety and Pitfalls
7. Radiation Therapy: Procedures, roles of Therapists/Radiographer
8. Nuclear Medicine: Procedures, roles of radiographers

ISRRT Funding Model

The ISRRT board of Management has developed a final version of the funding model. You will receive this in the near future as council members to review. Please look for an email regarding this later this summer.

On a personal note, I had the opportunity to attend my national ASRT governance meeting this past June. I served as a Nuclear Medicine Delegate for the United States during the House of Delegates meeting which is our governance meeting.

Representative from all over the United States met just like we do at our ISRRT Council meeting and discussed Professional Practice Issues, Radiation Safety Practices and Patient Safety issues affecting our profession in the United States. I also had the opportunity to hear from my ASRT leadership and Board of Directors and have to say, I am proud of our ASRT Leadership and know the Radiology Profession is well represented United States.

Just know the ISRRT is working hard for it 500,000 global members to impact, influence and make changes to our profession. We hope you are please with our efforts to represent you.

Donna Newman
ISRRT President
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MTADV2017-2981

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DEAR READERS of the News & Views,

I hope you are enjoying the new format of the News & Views.

ISRRT Director of PR and Communication, Mr Alain Cromp has redesigned it to make it more attractive and pleasant in the appearance. The News & Views become more and more attractive to the council members and the societies who continuously support it by sharing interesting information and news on our common profession with their colleagues around the world.

Actually, I recall from my young age more than 30 years ago, myself and my colleagues in Greece awaiting to receive the (paper) format - that time copies of the ISRRT News & Views.

Those years the www, the e-mails and the social media as well did not exist, and the only way to be informed for any news was the paper or snail mail and the newsletters.

New generations cannot imagine how matters run that time, and I am wondering sometimes how we could manage/organise and collaborate in all matters without this modern technology.

Fact is the ISRRT is using the available technology each time, to make progress in the communication by the members around the world. Beyond that, the News & Views act also as a folder of including and recording the history of our magnificent international community and keeps it a valuable source of information for now and the years to come.

The ISRRT continues to inspire radiographers/RTs around the world and facilitates the way to the dialogue on how better services to patients can be offered by our profession.

The ISRRT as a stakeholder to various International Organizations and international professional fora, brings the voice of the radiography profession loud and clear to them, and reminds to everybody that we as radiographers and radiological technologists always act toward the well being of our patients, by using the available technology, knowledge and skills to achieve it.

Particularly I want to bring to the reader’s attention the 5-year Plan for the Health Employment and inclusive economic Growth (2017-2021) which was issued by the IAEA, the OECD and the WHO. It is a really interesting action plan, available to the public, and I recommend to those who have not yet had the chance to read it as soon as possible. Those three organisations have noticed that a shortage of personnel of about 18 million health care workers will happen in 2030, and actions should be undertaken by the global community to prevent it to happen. The three organisations are focusing not only to cover the vacancies but to develop ‘Decent health sector jobs’ [sic].

The three mentioned organisations also, have recommend for a “high-quality education and Lifelong learning program, which will enable to all health care workers to have skills that match the health needs of the population and can work to their full potential” [sic].

The aforementioned organisations promote intersectoral collaboration at national, and international levels: Engage civil society, unions and other health workers’ organisations and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans.
A meeting was called in Geneva past May on the above-mentioned subjects, and the ISRRT was invited to express their views on that and to suggest pathways to overcome those difficulties on the shortage of the Health care workers, Radiographers and Radiological technologists, in our case.

In the inner pages of the current issue you will read the Report of director of Professional practice Mr Stewart Whitley who represented and spoke on that meeting, representing the ISRRT.

Another important meeting was called in Geneva last July regarding the BSS and the ISRRT had the opportunity to express profession’s views and opinion via the Vice President Asia-Australasia Dr. Napapong Pongnapang who represented the ISRRT. Napapong’s report will give you all more information on that, in the inner pages of this issue as well.

Finally, I invite you all to visit the ISRRT website and to receive the updated information regarding the call for abstracts and the Registration to the forthcoming 21st ISRRT World Congress in Dublin 2020.

Warm regards to all,

Dimitris Katsifarakis
Chief Executive

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**News & Views**

**Editorial submissions & deadlines**

Remember to email your news before the deadline to:

Mr Dimitris Katsifarakis
Email: ceo@isrrt.org

Deadline for the three times a year issues are:
- 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 the Editorial 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
Email: ceo@isrrt.org
DEAR COLLEAGUE,

PROFESSIONAL DEVELOPMENT IN RADIOGRAPHY

For 60 years, the ISRRT World Congress has been the most prestigious Radiography Profession conference globally.

The ISRRT World Congress is recognised as the professional and scientific key forum, where clinical experiences are communicated, clinical practices are presented and discussed. Another key focus of the congress is to provide education and a platform for presenting new innovative concepts specific to our industry. The Congress target is to ensure we provide a better service to the patient.

The ISRRT will celebrate its 21st World Congress in Dublin, Ireland August 2020. It will bring together Clinical Radiographers/Radiological Technologists, Academic Educators, Researchers, Students as well as the Industry and health policy stakeholders from around the world.

All these professionals have something in common: Their interest to offer the best possible services to their patient.

- We believe that you are one of them
- We believe that you also want to offer your best to your patient by keeping yourself up-to-date with the technology and professional knowledge

We believe you should be part of the 21st ISRRT World Congress in Dublin

WE ARE INVITING YOU TO JOIN ISRRT FAMILY
AUGUST 2020, IN DUBLIN.

The Organising Committee of the 21st ISRRT World Congress.
<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Fee</th>
<th>Description</th>
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<td>Early Bird</td>
<td>€450</td>
<td>Full conference including opening ceremony, welcome reception and closing ceremony. Exhibition</td>
</tr>
<tr>
<td>Day Registration</td>
<td>€180</td>
<td>Single day conference attendance, including opening ceremony, welcome reception and closing ceremony. Exhibition</td>
</tr>
<tr>
<td>Student Registration</td>
<td>€75</td>
<td>Full conference including opening ceremony, welcome reception and closing ceremony. Exhibition</td>
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<td>Accompanying Person</td>
<td>€100</td>
<td>Opening ceremony, welcome reception and closing ceremony. Exhibition</td>
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The ISRRT 2020 Conference Programme Committee call for abstracts is now open.

August 26-29th, 2020, the World Congress of the International Society of Radiographers and Radiologic Technologists (ISRRT) comes to Dublin, Ireland for the first time. The ISRRT represents over 500,000 members from 94 member countries as the global voice of Radiography and hosts its World Congress every two years, rotating across all the continents of the world. Returning to Europe, ISRRT 2020 offers a quality meeting together with great social interaction to bring Radiographers and Radiologic Technologist from around the world together. This is an invaluable opportunity to learn and network with colleagues from around the world, but also to enjoy the beauty and ambience of Ireland! Share your knowledge and experience by getting involved!

We are seeking current and thought-provoking topics and speakers who can engage their audiences with quality-driven content in lively and informative discussions. As well as our core of active contributors, we particularly welcome submissions from new speakers.

The Call for Abstracts will close on 17th January 2020.

Abstract submissions for both oral & poster presentations – please use the following link: https://isrrt2020.exordo.com/
Submitters will be required to create an account before accessing ‘Submit Your Abstract Now’ button.

We are looking forward to an exciting Conference in Dublin in August 2020. To Keep up to date with the conference via our website: www.isrrt.org/congress-2020

Terms and Conditions and conference leaflet to download as per the attached.

ISRRT Timeline:
- 1st June 2019 – 17th January 2020 Abstract submission open for Scientific papers (oral presentations & posters)
- September 2019 Online Registration & Accommodation Open
- 29th February 2020 Notification to abstract submitters
- 30th March 2020 Early bird Registration Deadline
- 26-29th August 2020 ISRRT 2020 Conference

Location: The congress venue’s address is: The Convention Centre Dublin, Spencer Dock, North Wall Quay, Dublin 1, Ireland.
Website: www.theccd.ie/
View the venue: www.theccd.ie/view-the-venue
Visiting Dublin: www.visitdublin.com/

Kind regards
ISRRT Conference Programme Committee
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NATIONAL RADIOLOGY WORKSHOP AND THE BOARDS MEETING OF PARI

MEDAN, NORTH SUMATRA | APRIL 26-28, 2019

| All ISR Central Boards and Head of Regional Boards.
PERHIMPUNAN RADIOGRAFER Indonesia (PARI) or The Indonesian Society of Radiographers (ISR) has successfully conducted the National Radiology Workshop and the Boards Meeting on Friday, 26 April to Sunday 28 April, 2019 at Lake Toba Indah Hotel, Medan, North Sumatra, Indonesia.

This event was organised by the Indonesian Society of Radiographers and was attended by approximately 300 participants including radiographers and student radiographers, medical doctor, and medical physicist across Indonesia.

The workshop themed Multidisciplinary Approach in the Management of Advanced Stage of Abdominal Cancer Patients Utilising Modalities in Diagnostic Radiography, Radiation Therapy and Nuclear Medicine. As the speakers, Radiology Specialists and Radiographers. This event was held along with some related agendas, which are the Boards Meeting of ISR, Grand Launching of the new headquarters of the Indonesian Society of Radiographers, the announcement of the traditional ISR’s Batik Costume Design Competition, Scientific Posters and Cultural Exchange programs.

The meeting agenda was directed by PARI’s president, which includes the evaluation of the progress and results of the previous Meeting in Pontianak. The topics are new Continuing Professional Development (CPD) online system, Radiographer’s Online Licence System version 2 and related organisational issues were talked.

LAUNCHING OF THE NEW HEADQUARTERS OF PARI

On Wednesday, 23 April 2019, the ISR President, Mr. Sugiyanto officially announced the new headquarters of PARI, located at Bambu Apus Raya A2 2-3 East Jakarta. This building is dedicated to all members as a training venue, seminars, meeting facilities, guesthouse, and others. President hoped this building would always be well guarded and could be used as widely as possible for the interests of the radiographers.

The building was designed as modern office house. This building was self-funded from the donation of all ISR members. The renovation of original building started around October 2018. Renovations includes modification on the structure of the house from two floors to three floors building. The interior were transformed based on the needs of organisation, namely meeting rooms, restrooms, transit rooms, data rooms, server rooms, kitchens, bathrooms, livingrooms, leadershiprooms, etc. Finally, this building is expected to meet the expectations and aspirations of all colleagues.

ANNOUNCEMENT OF THE WINNER OF THE TRADITIONAL BATIK DESIGN COMPETITION

The results of the batik competition were announced at the gala dinner moment in National Radiology Workshop, Saturday, 28 April 2019. The first design winner is made by Titis Ambarawati from Palembang, with carrying the theme is “Batik PARI Sejuk”.

The judges conveyed their admiration for the work of the radiographers. It was indeed a difficult assessment process. The winners were chosen based on various criterias including work themes, originality, character, plagiarism assessment, artistic value, personality, and hand made.

The President expressed his compliments to the winners for their achievements, and the result is expected to contribute to raise the spirits of all Indonesian radiographers. Furthermore, this batik design will become an official “batik” costume for Indonesian radiographers.
6TH SOUTH EAST ASIA RADIOGRAPHER CONFERENCE

BANGKOK, THAILAND | APRIL 24-26, 2019
REPORT BY TAN CHEK WEE, REGIONAL DIRECTOR OF ASIA/AUSTRALIA

Gala Dinner Theme – One Night in Bangkok Masquerade.
SOUTHEAST ASIA Radiographers Conference (SEARC) is held annually rotating among the Southeast Asia countries. This year, the 6th Southeast Asia Radiographers Conference (SEARC) was organized by the Thai Society of Radiological Technologists (TSRT) which was held in conjunction with the 7th Asia Radiation Therapy Symposium (ARTS) and the 27th Annual Conference of the TSRT. The conference was held from 24-26th April 2019 in Bangkok, Thailand. ISRRT vice-president, Dr Napapong Pongnapang and regional director of Asia Australasia, Ms Tan Chek Wee were invited to participate at this important conference in the Asia Australasia region. This year saw the largest number of participants for the combined conference with over 600 participants from eight of the Southeast Asia countries and countries from the Asia region such as Bangladesh, China, Hong Kong, India, Japan, Korea and Sri Lanka. A total of 75 oral and poster presentations was presented over the 2 days event. Honorary Membership of the TSRT were conferred at this conference to Mr Robert Shen who was ISRRT past regional director and co-ordinator for public relation, Prof Seiji Nishio from Komazawa University and Mr Khin Maung Tin, President of the Myanmar Society of Medical Radiological Technologists for their contribution towards education and the development of radiography profession. It is heartening to know that the member societies recognises the contribution of these individual towards our profession.

As proton therapy is an emerging treatment technology in Southeast Asia region, a proton therapy symposium was held at the ARTS session where expert radiation therapists from Japan, Korea and Taiwan shared their knowledge and experience on proton therapy with the participants at the ARTS.

The opening ceremony was a flag ceremony where representatives from the Southeast Asia countries gather on stage for flag ceremony to declare opening of the conference. Following the opening ceremony, audience were treated to a beautiful traditional Thai dance performance by the university students, where participants were enchanted by the mesmerizing gracefulness of classical Thai dancing.

The conference gala dinner was a fun-filled evening with a “One Night in Bangkok Masquerade” Theme. The participants had a memorable evening enjoying the sumptuous Thai Cuisines and Masquerade Party. On behalf of ISRRT, I will like to take this opportunity to congratulate TSRT President, Mr Sala Ubolchai and his team on the great success of this conference.
World-renowned Artificial Intelligence Expert Professor Toby Walsh, giving Keynote Lecture at Nordic meeting.
THE CME accredited congress is arranged by the Nordic Society of Medical Radiology (celebrating 100th anniversary in 2019), the Danish Society of Radiology and the Danish Council of Radiographers.

NCR2019 this year was held in Copenhagen, Denmark on May 22-24. The congress offered a rich variety of high quality scientific and educational sessions with a focus on both radiographers and radiologists. Many sessions are joint sessions co-hosted with other scientific societies. The NCR is alternating between all the Nordic Societies and is held every two years. The next NCR will be held May 19-21, 2021 in Helsinki Finland.

More than 700 radiographers and radiologists attended the NCR2019, and had the opportunity to discuss, ask questions at the end of presentations, talk with other colleagues, liaise and socialise.

There was also an impressive technical exhibition, located near the lecture halls, and the coffee and lunch breaks were set in the exhibition area. This was a good opportunity for the participants to get an overview of the latest developments in radiology equipment.

Wednesday evening, there was an organised boat trip where one could experience Copenhagen from the seaside and on Thursday evening more than 400 met at the congress dinner at the Radisson Hotel.

Charlotte Graungaard is the President for the Danish Society of Radiographers and ISRRT Council Member. Her society did all the work with the radiographer sessions at the NCR and she also had the pleasure of speaking at the opening ceremony and to chair sessions. She also had the honour of giving the award for best radiographer contribution at the congress dinner. The award of 500 Euros went to Rolf Svendsmark from Norway, for his presentation focusing on radiographers role with artificial intelligence.

The ISRRT Council Member from Sweden, Bodil Andersson also gave a presentation at the NCR. Her presentation focused on different perspectives of the education of radiographers. The ISRRT VP Europe Africa, Håkon Hjemly also presented at the NCR. He had two presentations, one on role development for radiographers and another on international developments for the profession.

Attached to the NCR, the Nordic Societies for Radiographers always have their own meeting. This year they also had a workshop on CPD. At this WS they developed a joint statement on CPD and put together a working group that is going to develop recommendations on CPD in clinical practice for radiographers in the Nordic Countries.

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ISRRRT AND ORKIS FIRST JOINT SCIENTIFIC MEETING HELD IN OMAN

MUSCAT, OMAN | APRIL 13, 2019
REPORT BY DR NAPAPONG PONGNAPANG ISRRT VP ASIA/AUSTRALASIA

| Professor Dr. Mrs Hasna Al Maslahi, Dimitris Katsifarakis and Dr. Napapong Pongnapang with school educational staff. |
ISRRT VP ASIA/AUSTRALASIA Dr. Napapong Pongnapang and CEO Dimitris Katsifarakis were invited to run a workshop entitled “Quality and Patient Safety in Diagnostic Radiology: Roles of Radiographers and Radiological Technologists”, during the ISRRT and ORKIS first joint scientific meeting, which was held in Muscat, Oman, 13th April, 2019.

The day before the Joint session, the two ISRRT officers had the opportunity to visit the Oman College of Health Sciences and to have a friendly and informative meeting with the Dean of the College, Dr. Mustafa Fatima, the Head of the Medical Imaging Program Dr Hasna Al-Muslahi, and the educational staff.

Napapong and Dimitris had the opportunity to visit the school teaching areas, and to see the teaching facilities and to be briefed on the foundation, history and the evolvement of the imaging school since 1984.

We were both impressed on the quality of the educational facilities, but most importantly on the dialogue which takes place amongst the teachers of the school of the future challenges of the health care education regarding two important issues: Shortages of the personnel and the Artifcien Intelligence (threats and opportunities).

As far as the imaging studies is concern, the school started in 1986 with 10 students and the support received by the invited Kingdom teacher and educational program.

The school evolved its program to a bachelor’s degree in 2010, and in 2013 started receiving 30 students per year. As we read to the vision of the Degree of Bachelor of Science in a medicine program,” the MOH education institute aspires to provide graduates committed to lifelong learning who can influence the health system and provide quality health services for people of the Sultanate of Oman”. One of the main aims of the degree imaging program is to teach students not only the professional expertise but also to develop effective communication, organisation and evaluation skills.

After the school visit, Napapong and Dimitris had the opportunity, accompanied by the excellent and friendly Omani colleagues Mr. Hamdan Al Nasseri and Mr. Harith Alamri to visit the Royal Hospital and the Royal Orthopaedic hospital.

We had the chance to meet and speak with colleagues – radiographers and to see first hand the quality of services they offered to their patients in terms of dignity, professionalism and kindness.

The quality of the equipment, the facilities and the architecture of the imaging department to both hospitals was state-of-the-art and has a positive impact on patients experiences and helps to be an added value to the imaging services radiographers in Oman give to their patients and co-workers.

A one day refresher course on “Quality and Patient Safety in Diagnostic Radiology; Roles of Radiographers and Radiological Technologists” was conducted on April 13, 2009 at the Royal Hospital in Muscat. The two speakers of Dr. Napapong Pongnapang, ISRRT Vice President for Asia and Australasia and Mr. Dimitris Katsifarakis, ISRRT CEO. The course aims to provide information on quality and safety in radiological practice, with emphasis on roles of radiographers and radiological technologists. The objectives of the course were:

1. Understand general principles of quality management and quality framework in diagnostic radiology
2. Learn how to actively participate in the quality activity as roles of radiographers and radiological technologists
3. Learn standard methods for patient dose measurement and monitoring
4. Learn how the profession can contribute to the quality audit/ accreditation such as the Joint Commission International (JCI) and the IAEA QUADRIL.

The course was well received by more than 100 local radiographers. During the course, two ISRRT representatives had fruitful discussions about future collaboration with radiographers in Oman.
HUMAN RESOURCES AND TECHNOLOGICAL EVOLUTION IN MEDICAL IMAGING IN TOGO

TSEVIE, HOTEL MELIS-OPERA, TOGO | JUNE 7-8, 2019
REPORT BY ROBERT AZIAGBA PRESIDENT OF TOGOLESE RADIOGRAPHERS ASSOCIATION
HUMAN RESOURCES and technological evolution in medical imaging is the subject that brought together medical imaging professionals in Togo, including radiographers, radiologists and medical imaging companies, for a two day workshop organised by the Togolese Radiographers Association. Held in Tsevie (at 35 km from the capital town Lomé), this workshop was opened by a ceremony chaired by the Regional Director, representing the Minister of Health.

The first day was divided into four sessions, namely: conventional radiography: from analogy to digital X-ray; CT, MRI, and ultrasound imaging; radiation protection; and care and hygiene in radiology.

CONVENTIONAL RADIOGRAPHY: FROM ANALOG TO DIGITAL

This session was opened by Dr. Gbande, radiologist at regional hospital of SOKODE, on conventional radiography in medico-surgical emergencies. Her teaching was followed by two presentations by radiographers: Evolution of the conventional radiology count in public health facilities in Togo by Mr Lambon and success criteria and Standard X-ray pain management by Mrs Houngues.

Mr Lambon presented the state of digitisation in the public structures of Togo. Digital standard radiography exists only in three public centers in Togo, all located in the Togolese capital. All three centers have indirect computed radiography.

The presentation by Mrs Houngues, was intended to recall some classic implications and their success criteria, to describe the constraints and pain that can be caused for the success of these criteria and to propose palliative implications for pain management.

Two practical examples of techniques of realisation such as the shoulder or the painful abdomen were given: in the case of the abdomen for example, when the patient comes for an acute abdominal syndrome and that the stereotype must be made standing whereas the pain of the patient makes this position impossible, the presenter proposed to make a picture in a sitting position or in lateral decubitus which would make it possible to objectify a hydroelectric level in the case for example of an occlusion.

CT, MRI, ULTRASOUND: TECHNIQUE AND PRACTICE

This session was also opened by Professor AMADOU of CAMPUS teaching hospital of Lome on CT of perfusion: techniques and perspectives. Her teaching was followed by two technician presentations including that of Mrs. GUIDI on the MRI aspect of cervical osteomedullary lesions on the 82 cases collected at the Autel d’Elie Clinic.

Then, The contribution of the ultrasound in the management of the metrorraghia of the first trimester of the pregnancy to the Regional Hospital of Atakpamé was presented by Mrs Edo and Katassou. This second presentation of this second session was of the ultrasound practices of two radiographers during four months (August 1 to November 30, 2018) in the Regional Hospital of Atakpamé imagery service located at 400 km from Lome. We mention that ultrasound is normally practiced in this center by radiologists in training; but, as for the study period, radiographers themselves practice ultrasound, although in Togo it is not officially allowed for radiographers to practice ultrasound. In total, our two colleagues performed 1400 exams in four months, 84.89% were pelvic and obstetric ultrasounds. 10.50% of their samples had metrorrhagia in the 1st trimester of pregnancy and the age of the patients varies between 15 and 49 years. In their results, they obtained 53 incomplete abortions, 18 clear eggs and 10% of their patients had extra uterine pregnancies. Since the first trimester of pregnancy is an emergency, our colleagues, although not officially authorized to perform this ultrasound examination, have been able to save many lives by practicing ultrasound for 4 months in the absence of the radiologist. They therefore formulated at the end of their presentations, the suggestion to the competent authorities of our country, to equip peripheral ultrasound medical structures and to train radiographers and authorize them to practice this essential examination.

RADIATION PROTECTION

This third session was also opened by Professor Adanbounou on “radiographer and the exposition of pregnancy: what to know and which attitude adopted? His teaching was followed by
the presentation of Mr Amouzou on conventional radiographic scanning and dose reduction, case of the University Hospital Sylvanus Olympio of Lome, followed by the presentation of Mr Katassou which focused on the diagnostic reference levels of CT scan examinations in Togo.

**CARE AND HYGIENE IN RADIOLOGY**

The aim of Professor Tchaou’s teaching on this topic was to know the concepts of hospital hygiene and nosocomial infections, to identify and evaluate infectious risks, and to appropriate the procedures and principles of prevention of infection. His teaching was followed by a communication from Mr Gaglo on how to deal with catheterization accidents. Finally, Mr Blantare closed this 4th session with his presentation on the topic Transfer of competence and tasks between medical and paramedical professionals.

The second day of these meetings was a round table on the Profession of Radiographers and Medical Imaging Technologist in Togo.

A panel discussion was scheduled and focused on four themes:

1. Solidarity, social action and professional defense
2. Ethics and radiation protection
3. Initial and continuous training; legislative evolution.

Facilitators of the panel presented the status of the opinion of the practice of the profession of radiology technician in Togo according to the themes that were entrusted to him. After their presentations, the delegates were divided into four groups for committee works.

Then there was the pooling of the work of its committees which led to a debate on the resolutions proposed by the panels. We will retain the creation of a Togolese order of radiology and medical imaging technicians, the sending of two ATTRIM delegates to the national syndicate of hospital practitioners of Togo for the defense of our rights, thus the creation of a committee ethics and radioprotection within the ATTRIM.

It should be noted that the office presented a progress report for the first year of implementation as well as the financial reports which also received the attention of the assembly and benefited from discussion and debate.

After the closing of the work, radiographers met radiologist doctors gathered in the Togolese Society of Radiology and Imaging for postgraduate education at the National School of Medical Auxiliary ENAM at Lomé under the theme ‘Cancer Imaging’.

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RADIOGRAPHERS

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INTELLIGENCE. INNOVATION. IMAGING.
THE PERFECT VISION OF AI

BARCELONA, SPAIN | APRIL 5-6, 2019
REPORT BY HÅKON HJEMLY ISARRT VP EUROPE AFRICA

Expert panel discussions during the event.
I had the pleasure of attending the ESR premium event by ESOR in April in Barcelona, Spain. Together with around 250 physical attendees and more than 5,500 live viewers from over 100 different countries. The main focuses of the ESR/ESOR [European School of Radiology] AI event was the basic technical principles of AI and how they are applied to diagnostic imaging and clinical applications. The basic concepts of machine and deep learning was explored, more information about the type and consistency of imaging data processed by AI tools was unveiled, and the main potential and emerging clinical applications of this technology were also covered. The event featured two special sessions that brought a European flavour to it. The first of these sessions was a panel discussion about the future of radiology and radiologists in the era of AI. The second session was open to companies in the field of AI to present themselves, showcasing their product and the advantages of AI in different scenarios of their choice. Several companies were also present with information booths in the coffee and lunch area outside the meeting room.

The presenters were mostly leading radiologists presenting different experiences and clinical use of AI they see emerging within their field of expertise. In addition, there was also presenters with research, regulator, education, leadership and administrative perspectives. All in all, a good mix of perspectives was presented despite the lack of a radiographer among the presenters.

So, what did I learn by attending this AI event? Well the robots are coming, but I would not put the kettle on just yet. And when they come I don’t think radiologists or radiographers are in danger of being replaced by them. They will however do some of the tedious work for us and assist us in treating more patients and treating them better. The panic amongst radiologists that arise a few years ago when a leading AI-scientists said robots will take over their jobs, seem to be gone.

What is available for clinical use today and in the near future is not going to do big changes in what we do as radiographers and in what we need to know. This may be the truth 10 years from now, but by then there are some big challenges that has to be overcome. Who should be accountable when mistakes are being done by use of AI technology? How much do the users need to understand of what the AI software does and how it works? How and who should validate the AI software? How to meet the strict GDPR regulations in Europe to allow the AI-systems access

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ISRRT FOCUSING ON ARTIFICIAL INTELLIGENCE AND THE FUTURE IMPLICATION FOR RADIOGRAPHERS!

BY HÅKON HJEMLY

Everyone talks about Artificial Intelligence and Deep Learning these days. There is almost no journal or congress related to radiology that does not include the topic and the numbers of articles and presentations are increasing. There is also a very high amount of money invested into AI developments and thousands of companies are popping up.

In general, most of the focus has probably been the development of self-driven cars. In health sector and in radiology the focus has mostly been on AI systems and their future role in doing diagnostic tasks, and the question whether they will replace radiologists or not?

So far very little focus has been on the future role of radiographers together with the implementation of AI-technology.

Will the role of the radiographers be affected by AI-technology? Will some of our traditional tasks be taken over by intelligent robots? What should be our role in planning, validation, implementation, use and supervision of AI-based solutions?

These questions are background for the ISRRT in cooperation with the EFRS to go ahead with a project on AI and the role of the radiographers. The project aims to undertake a comprehensive review of the published evidence related to artificial intelligence and radiographers to produce joint paper and statement to provide radiographers with guidance on key aspects of AI and our profession to allow radiographers to embrace opportunities, address challenges, and the continuing importance of our professional roles.

From the ISRRT the members of the working group is Dr. Naoki Kodama Regional Coordinator Professional Practice-Asia/Australasia, Yudthaphon Vichianin Ph.D Regional Coordinator Education-Asia/Australasia, Lars Henriksen Reporting Radiographer and also application specialist for Samsung Sweden. Håkon Hjemly Vice President of Europe Africa will be the ISRRT co-chair in this group.
patient data for continuous learning and improving? How do we deal with a situation where some hospitals use AI tools that others can’t afford or have access to?

The AI tools presented at the ESR/ESOR event are only used for very specific tasks. It seems the narrower task the AI tool is developed for, the better and more reliable it is. This is due to the fact since the AI tool need realistic and high-volume of similar data to learn from and to train on. Several presenters also stated with confidence that there will not be any broad use of AI that can fully replace a radiologist. Not now, not in decades, maybe not at all.

What we do see already coming are AI tools that improve the workflow. Systems that help with all steps in the chain of patient treatment, from referral to post examine follow up. These systems give feedback to the users allowing both them and the system itself to learn from mistakes and by that continue to improve. There are systems that can help the referral physician what diagnostic imaging to request based on the patient health data records, clinical exam, and different biometrics. Patient lists can be prioritised according to level of urgency and expected outcome for the individual patients. These lists can also be optimised based on patient “show up” probabilities and by that avoid waste of time due to “no-shows”. In the imaging room patients can be analysed and measured for proper positioning and setting of optimised modality parameters. AI-software can also compensate for noise and poor signal to detectors and by that lowering doses in CT and speed up imaging acquisitions in MRI. Already mentioned are tools that detect certain pathology and suggests diagnosis. Hanging protocols can be optimised according to what the AI detects of pathology. The diagnostic AI tools can also help set up prioritised lists for reporting based on the initial findings that no one yet knows anything about. Also, you can see programs that suggest time interval for follow up exams based on the individual findings.

Another interesting possibility are AI systems that monitor and give feedback on how the individual readers perform by comparing their findings with what follow treatment shows. This can be a valuable tool for life long learning and really improve how human readers perform. In fact, AI systems will probably change and improve how students learn in the future. Maybe we will have systems that allows you to do most study from home, that monitor students with facial recognition and follow what they learn and suggest what they need to focus on.

To summarise, there seem to be many valuable AI-tools around the corner. But it is far from clear how we can make the best use of them. Artificial intelligence means different things to different people, and even researchers do not agree on an exact definition. The field is driven by a desire to enable machines to solve both physical and cognitive tasks which had been previously reserved for humans, but it also important that most people understand the implications of AI. Radiographers need to think critically about it, participate in and design its use in our workplace and join the debate.

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L-R: Håkon Hjemly, European School of Radiology, Prof. Gortsoyannis from Greece. ECR 2020 President Professor Boris Brklja, Prof Lorenzo Derchi the leader of the ESR Board of Directors, ESR Past President Paul Parizel.
WRET Bursary Enables Specialist Training in Poitiers, France.

The World Radiography Educational Trust Foundation (WRETF) provides bursaries for conference attendance and specialist training opportunities for radiographers / radiographic technician in developing countries.

In 2016 following a significant financial contribution from the Middlesex Hospital Schools of Radiography History Trust, the WRETF agreed to award a number of its training bursaries in memory of the School’s internationally renowned and respected former principal – Marion Frank.

Most recently the opportunity arose to make this special bursary award to Kora Aoué, a radiographer from the Central University Hospital, Ouédraogo, Burkina Faso, who applied to undertake an internship at the Central University Hospital, Poitiers (CHU) under the tutelage of Professor Remy Guillevin, deputy head of the Medical Imaging Division, Professor Jean Pierre Tasu, head of department and their team at the hospital. He also spent time working with Fabien Voix, President of the French Association of Paramedical Personnel of Electroradiology (afppe) and his team thanks to help from former WRETF Trustees Philippe Gerson and Dominique Zerroug, who supported his internship application.

“The main thrust of my work was to strengthen my MRI capabilities as our hospital is about to acquire its very first unit”, said Aoué. “I was keen to acquire realisation skills and share them with my department upon my return. In fact such was their hospitality that they also arranged for me to visit the JFR in Paris that was running during my training. It was an excellent chance to participate in the academic programme and to learn about patient management”, he added.

“There is no doubt that Marion Frank would have whole-heartedly approved of this opportunistic learning package, said John Twydle, one of the trustees of the former Middlesex Schools Trust, who is also an adviser to the WRETF.

“I was really made to feel ‘one of team’ at Poitiers and the weeks just flashed by: I have made some lifelong friends and am grateful to all, especially the WRETF who gave me this training opportunity”, said Aoué.

Christopher Steelman
Chairman
JUSTIFICATION AND SKILL MIX IN RADIOLOGY – A MASTER LEVEL ONLINE COURSE FOR RADIOGRAPHERS

VIENNA, AUSTRIA | FEBRUARY 27 - MARCH 3, 2019
REPORT BY K.B. LYSDAHL(a), L. RAINFORD(b), A. CRADOCKBB), H.M. OLERUD(a)
A) FACULTY OF HEALTH AND SOCIAL SCIENCES, UNIVERSITY OF SOUTH-EASTERN NORWAY, DRAMMEN, NORWAY
B) RADIOGRAPHY AND DIAGNOSTIC IMAGING, UCD SCHOOL OF MEDICINE, UNIVERSITY COLLEGE DUBLIN, IRELAND

AT ECR February 27 – March 3, Vienna 2019, justification of imaging procedures was thematised in different ways. There seems to be an increased awareness of the role radiographers can play in justification process, and as the illustration indicates, the radiographers are familiar with being confronted with dubious or inappropriate referrals. Still, it is largely unclear how their role in the justification process can be fulfilled: what are the tasks and responsibilities of the radiographers and in what ways can they contribute to justified procedures? In order to enable radiographers to contribute systematically and efficiently in the multidisciplinary team to improve justification of imaging referrals a masters level course have been developed at the University of South-Eastern Norway (USN) in collaboration with University College Dublin (USD). This course Justification and skill mix in radiology – A master level online course for radiographers, was presented a poster session at ECR 1.

BRIEF OUTLINE OF THE COURSE

Justification and skill mix in radiology is a 15 ECT course, included in the masters program for radiographer Radiation in diagnostics and therapy, at USN, but is also offered as a single course. In order to attract students nationwide and internationally it is provided as an online distance-learning courses in English.

The course consist of three modules where different issues are addressed, as listed in the table below. The issue Developing skills in assessing referrals, in the second module is considered a core element, where the radiographers are trained in assessing the information quality and appropriateness of a number of test referrals, developed by UCD.

For each issue, the students are provided (on the Canvas learning platform) an introducing by a digital text, lecturer or videos, guidance to relevant literature, and question and tasks to promote knowledge, reflection and skills. Throughout the semester, we arrange regular (2 days) webinars and (one hour) weekly meetings (on the Zoom platform) for presentations and discussions. The webinar are compulsory, as well as composing an individual written assignment and a list of literature. The course ends with an oral exam. For more information, please visit our website usn.no/radiography

PIlotING

The course was carried out for the first time autumn 2018. The three students attending had different clinical radiography background. For evaluation purposes, we used a questionnaire halfway through the course, and prepared questions for oral

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<td>• Drivers and consequences of excessive imaging</td>
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feedback after the final exam. In addition, we urged the students to notify any problems or ideas for improvement.

The overall feedback was that they have worked hard, because they find the course content interesting, instructive and well organised. Two of the students also highlight useful of the course for daily work. The students also provide some suggestions for improving the course. They would prefer some more guidance in how to assess referrals, e.g. that a radiologist or a reporting radiographer demonstrate how they carry out the assessment, what they are looking for etc. Besides, they thought we could include some more lectures and structured activities at the webinars, and some more guidance on the compulsory assignments. Finally, to call for guidance to avoid a feeling of overwhelming reading lists.

Please have a look at the video [link] where one of our students describe her experiences and outcome of attending the course.

**FURTHER RELATED INITIATIVES**

The masters course is embedded a broader initiative for exploring and promoting the radiographers role in the justification process, i.e. it is closely linked to our ongoing research activities. In collaboration with ISRRT we are also preparing a preconference workshop to the ISRRT World congress in Dublin 2020.

**REFERENCE**


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Illustration (H.M. Olerud, USN 2018.)
IT IS my pleasure to present this report about the public relations and communications activities of ISRRT.

1. WORLD RADIOGRAPHY DAY POSTER FOR 2019
This year theme is the following: Your safety our priority: the radiographer is promoting and maintaining safety culture.

2. WRD 2019 FACEBOOK FILTER
To use this year WRD Facebook filter, please follow the steps below.
3. NEWS & VIEWS
NEW LOOK

This issue of the News & Views is the first step of the changes that will appear in the next issues of the journal. With this new look we hope the attract more radiographers to read the News & Views. I hope you will enjoy this new format and that you will be following the changes over the next issues.

4. ISRRT NEWSLETTER

A new communication tool is under development. In between the News & Views we will keep the members informed about the activities of the ISRRT through a newsletter of a couple of pages. During this fall we will make available this newsletter. We are in the process of the choice of a name and a visual. Be on the lookout!

5. NEWS FROM THE AMERICAS

Reported by Timmerie Cohen from the Americas

ISRRT President, Donna Newman, Regional Director of America’s Sharon Wartenbee, Regional Coordinator Professional Practice Chris Steelman and Council member for ASRT coordinated an ISRRT booth to promote and educate about ISRRT initiative and activities as well as promote ISRRT associate membership during the exhibit hall expo at the ASRT National Meeting this past June, 2019.

All exhibitors were asked to contribute to a contest where prizes would be awarded on each day of the expo. The ISRRT gave two one-year associate membership on the first day and one, one-year membership on the second day to a lucky participate whose name was drawn at the expo each day.

The first day’s winners were Lynn Howley affiliate president from Boggs, In and Emily Hughes a student that was participating in the ASRT leadership program from Haven, Vt.

The second day’s winner was Christina Williamson delegate from Pontiac Mi.

The ISRRT was thrilled with the traffic and interest in the International organization and appreciates the support the ASRT give to our International organization. Next year’s ASRT 2020 meeting will be the 100-year celebration for the ASRT” The Centennial: Leading the Profession into the next Century” and will feature a two-day education symposium with one day featuring International speakers on June 24-38, 2020 in Albuquerque, New Mexico. There will also be a large celebration at the ASRT office where the museum will be opening a new section to chronicle the ASRT affiliate societies.

Alain Cromp
Director Public Relations & Communications

First day’s winners with ISRRT Board members. L-R: Donna Newman, Donna Long, Lynn Howley, Emily Hughes, Sharon Wartenbee and Christopher Steelman.
I AM pleased to report that ISRRT continues to play an important role in representing the radiography profession at various important WHO and IAEA decision and policy making meetings and committees which shape the safety culture and professional standards for all our diagnostic and therapy activities.

Meetings of the WHO and the IAEA attended in person or connected remotely include:-

- **Addressing the shortfall of 18 million health workers – Tuesday 21st May 2019 WHO HQ Geneva – Switzerland**

  This took place during the World Health assembly meeting 2019 and was represented by Stewart Whitley, Director of Professional Practice. Please see Stewart’s separate report elsewhere in this issue of News & Views.

- **Meeting of Non-State Actors (NGOs) – Wednesday 22nd May 2019, WHO HQ Geneva – Switzerland**

  This also took place during the World Health assembly meeting 2019 and was represented by Stewart Whitley, Director of Professional Practice. Please see report below.

- **International Advisory Committee Meeting on Non-Ionizing Radiation 8th Meeting of the UV Programme and 24th Meeting of the International EMF Project Room IX, International Labour Organization, Geneva - Switzerland**

  This also took place during the World Health assembly meeting 2019 and was represented by Stewart Whitley, Director of Professional Practice. Who was linked remotely using Webex.

- **The 20th Regular meeting of the Inter-Agency Committee on Radiation Safety (IACRS) at World Health Organization (WHO), July 2, 2019**

  This high level Inter-Agency Committee on Radiation Safety (IACRS) meeting was represented by Napapong Pongnapang, Vice President for Asia and Australasia, who presented at the meeting. Please see Dr Napapong Pongnapang’s full report elsewhere in the Newsletter.

**MEETING OF NON-STATE ACTORS (NGOS) – WEDNESDAY MAY 22**

This meeting was convened by Adriana Velazquez Berumen, Senior Advisor on Medical Devices and Maria Rosario Perez, Dr María del Rosario PEREZ, Scientist, radiation Programme, World Health Organization, Geneva, Switzerland.

Represented at this meeting were a number of NGO organizations whose remit covered medical devices and radiation protection. Due to the length of the WHA General Assembly a repeat meeting of those not able to attend was scheduled for the 27th May.

The WHO focal points for discussion which involved the NGOs included:

1. Nomenclature of medical devices
2. Essential in Vitro Diagnostics List
3. Priority medical devices for cardiovascular disease, stroke and diabetes
4. Decommissioning and disinvestment of medical devices
5. Digital Health using Medical Devices
6. UHC [universal health coverage]
7. Cervical cancer work
8. Non-ionizing radiation

Progress on these topics were discussed as well as each organisations involvement in them, as well as ways in which the work involved can be supported, to accelerate development.

Valuable information was also shared regarding the different NGO organisations involvement in these projects and the potential for collaboration between organisations.

I volunteered that ISRRT should be involved in the consultation process of the draft ‘Non-Ionizing Radiation Protection and Safety: Basic Criteria’ framework document.

The draft was be discussed at the International Advisory Committee Meeting on Non-Ionizing Radiation - 8th Meeting of the UV Programme and 24th Meeting of the International EMF Project on 28th May in Geneva.

ISRRT have engaged Ultrasound and MRI experts who have responded with comments and contributions to the proposed regulatory framework. ISRRT will have an important role in representing the radiography profession as those who operate and
acquire images and with direct patient contact with the responsibility for the care and safety.

International Advisory Committee Meeting on Non-Ionizing Radiation 8th Meeting of the UV Programme and 24th Meeting of the International EMF Project Room IX, International Labour Organization, Geneva - Switzerland

Linking to this meeting via Webex was an interesting experience.

I was invited by Maria Perez and Emilie Tahera to address the 70 plus audience to make an ISRRT statement on what ISRRT Expects from NIR BSS- how to make them relevant/helpful for radiographers as end-users and what ISRRT/radiographers could do in terms of role/contribution for the development and implementation of NIR BSS.

In addition to MRI and Ultrasound other forms of non-ionizing radiation (NIR) was discussed including solar and cosmetic treatments.

As reported the draft BSS has been circulated to ISRRT experts for comments and input.

Topics covered included:
- International standards for Non-Ionizing Radiation (NIR) Protection
- Session on occupational exposures
- Session on public exposures
- Session on medical exposures:
  - NIR medical and non-medical applications: risks and benefits
  - Regulations of medical devices: an Australian perspective
  - Panel discussion: ISR, IOMP, WFUMB, ILDS, IFMBE, DITTA

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Copies of the presentations can be found at:—
www.dropbox.com/sh/cxro6c3whau2dkJ/AABh8JJKLw_a605KqvsV543a?dl=0

REGIONAL REPORT CHRISTOPHER STEELMAN (USA) REPRESENTING - THE AMERICAS

American Society of Radiologic Technologists Approves Revised Practice Standards Document

The American Society of Radiologic Technologists (ASRT) House of Delegates voted to adopt a combined Practice Standards document at the 2019 Annual Governance and House of Delegates Meeting in Orlando, Florida. The Practice Standards Council proposed combining all of the existing Practice Standards for Medical Imaging and Radiation Therapy documents into one document titled The ASRT Practice Standards for Medical Imaging and Radiation Therapy. The combined document also includes a glossary and related advisory opinion statements.

Previously, there were thirteen individual practice standards documents, one for each of the various modalities and practice areas that make up the radiologic science profession. Each averages 30 pages in length. As a result, radiologic technologists and other stakeholders often find the documents difficult to understand. In addition, the documents feature redundant language and lack of consistency in certain areas.

In 2017, the ASRT Board charged a subcommittee with evaluating the current modality-specific Practice Standards and to propose a single, combined document that would better serve the profession. The Practice Standards Document Subcommittee worked closely with the Practice Standards Council on this task. The Practice Standards Council includes representatives from each discipline and specialty.

The ASRT Practice Standards are authoritative statements established by the profession for evaluating the quality of practice, service and education provided by individuals who practice in medical imaging and radiation therapy. Professional practice constantly changes as a result of a number of factors including technological advances, market and economic forces, and statutory and regulatory mandates. They also serve as a guide for...
appropriate practice and establish general criteria to determine compliance. These are important documents that state officials, institutions and legal advisors often reference when questions arise about practice in the United States.

**REGIONAL REPORT ELIZABETH BALOGUN – AFRICA**

**Rural radiography goes digital in some parts of Nigeria**

The practice of Radiography may seem to have come a long way but yet the spread of infrastructure seems uneven especially between the urban and the rural areas. An initiative for better practice and eventual radiation protection of the patient was initiated and sponsored by an international but yet indigenous company.

The SEMED-ICRCO workshop on ‘Practical/Training on Image Enhancement of CR/DR Images’ was organised to enlighten all medical imaging professionals in Nigeria of the latest technology in digital image acquisition. The forum attracted over one hundred likeminded professionals across Nigeria including the Registrar of the Radiographers Registration Board of Nigeria, Prof. Mark Okeji and also the president of the Association of Radiographers of Nigeria, Mrs Elizabeth Balogun, both of whom were resource persons in the program.

The practical demonstration of the ICRCO new technology was taken by a veteran Radiographer, Mr. Ubenna Dike, a Chief Radiographer with National Hospital Abuja, who shared innovative ideas on digital image enhancement using the ICRCO product and emphasised on a single shot whole spine X-ray imaging that is very useful in orthopaedic practice.

This was borne out of the need to encourage day light processing and its attendant advantages across the country while providing support for change to those still making use of darkroom processing especially in the rural areas.

There were hands on sessions on acquisition, pre and post processing stages of image acquisition in order to avoid repeats as well reduce radiation dose to the patient.

The event was the brain child of the Chief Executive of SEMED Medical Equipment services, Nigeria, Mr Ele Anthony.

**REGIONAL REPORT PAM BLACK (UK) REPRESENTING - EUROPE**

**Nordic Countries**

**A Nordic Model for Continuous Professional Development – CPD**

Claus Brix, Director of Professional Policy, Danish Council of Radiographers

At the national congress in 2016 for the members of the Danish Society of Radiographers in Denmark it was approved working towards a national CPD model for Radiographers. There are at this moment no possibilities for CPD in Bachelor professions like e.g. Ireland, England or Germany.

At the Nordic meeting in Vienna, March 2018, it was decided that we should have a workshop about CPD hosted by the Danish Society. The workshop was held May 20th in Copenhagen in connection to the Nordic Congress 2019 in Copenhagen, Denmark.

The participants at this workshop were presidents or representatives from the Nordic Societies, politicians or specialists from the clinic and the outcome from the day was a Statement on CPD signed by the presidents.

Contents of the statement:

**Statement on Continuous Professional Development (CPD) from the Nordic Societies of Radiographers (NSR)**

The NSR strongly recommend implementation of a compulsory CPD model for radiographers in the Nordic countries.
Throughout working life, radiographers need to develop and acquire further knowledge, skills and competences relevant to their scope of practice.

The profession and the role of the radiographer, within medical imaging, nuclear medicine and radiotherapy, has changed over the past number of decades. This is due to significant technological and professional developments in our professions. Radiography remains subject to constant change.

It is important to facilitate CPD in the Nordic countries to ensure free movement of radiographers within the region. Furthermore, it will improve safety culture and evidence-based practice for the benefit of patients, personnel and the society.

The NSR recommendation on CPD for radiographers follows the EU Council Directive 2013/59/Euratom, which states that “member states shall ensure that continuing education and training after qualification is provided”, and statements from the European Federation of Radiographer Societies (EFRS) and the International Society for Radiographers and Radiological Technologists (ISRRT).

NEWS FROM THE WHO MEDICAL DEVICES SECTION OF WHO

Some important pieces of news reported in the WHO medical devices newsletters for June and July 2019 which include topics discussed at the World Health Assembly which took place in Geneva, Switzerland 20–28 May 2019. These include:

- **Access to medicines and vaccines**
  Concerned about the high prices for medicines, vaccines, medical devices including in vitro diagnostic tests and assistive devices, and the unequal access, the WHO member states adopted a resolution to urges the countries to publicly share information on the prices of health products, support access to costs of clinical trials (regardless of outcomes), and work collaboratively to improve the reporting of information by suppliers on registered health products.

  You can read the full text of the proposed resolution on improving the transparency of markets for medicines, vaccines, and other health products.

- **Patient safety**
  WHA72 recognised patient safety as a global health priority and adopted the WHA Resolution on global action on patient safety, including establishment of annual #WorldPatientSafetyDay on the September 17.

  Many of the WHA sessions have been recorded and are available to watch.

**Technical advisory group on Digital Health**

WHO is establishing a global multi-disciplinary technical group to advise us on issues related to digital health.

Members of the technical advisory group will have an understanding and experience working in digital health, national or large scale digital health programs and policy, artificial intelligence and health, virtual and augmented reality in healthcare, biomedical innovation, robotic surgery, wearable technologies and health and wellness, traceability (e.g. blockchain) and health, ethics, governance and security in healthcare ecosystem with focus on digital health, health economics with focus on digital health and health law with focus on digital health technologies.

**Launch of WHO Health Product Profile Directory**

WHO’s new Science Division launched a free-to-use online resource to guide the development of new health products for which there are limited markets or incentives for research and development.

An essential tool for realising universal health coverage, the Health Product Profile Directory provides a searchable database of profiles for health products needed to tackle pressing health issues in global health including those prioritised by WHO.

Building in these characteristics at an early stage of the development process is essential to ensure that the final products will be accessible to the populations that need them.

**WHO consultation on technical specifications for blood pressure measurement devices for management of hypertension**

WHO estimates that 1.1 billion people have hypertension. It is indispensable to have good quality blood measurement devices. It
is a global concern that still mercury sphygmomanometers are available.

A meeting took place 24 and 25 June 2019 in WHO to define specifications. More information on the process and the drafting of the document can be found here.

CAREERS AT WHO
- WHO Internship programme
- New positions under recruitment by WHO: search the browser to find the different open positions by countries and areas.

Many positions are open, particular attention is requested to fill a vacancy on regulation of medical devices (Position 1902257). Please share with colleagues interested and note closing dates are very soon.

ONGOING PROFESSIONAL ISSUES
Additionally, as part of our commitment to the WHO which enables ISRRRT to function as a ‘Non-State Actor’ (formerly non-government organisation NGO) ISRRRT are active in finalising general guidance on several quality control documents relating to; mammography, general radiography and computed tomography.

At the time of writing we have completed the task of inviting and receiving comments on several draft documents and now will be collating those responses ready for approval and publication.

Additionally all the ISRRRT Position statements are in the process of being standardised and these can be found on the ISRRRT website. Don’t forget to look for the respective tabs with relevant dropdowns to find what you are looking for.

As stated before and will be continually stated 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. To this end the ISRRRT board have updated its action plan at the ISRRRT Board meeting in Paris January 2019. Various tasks have been allocated and we will continue to engage with many stakeholders and sister organisations in raising the profile of the Bonn Call-for-Actions.

As indicated last time 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 following IAEA and ICRP links to gain information on the use and establishment of DRLs.

IAEA – About Diagnostic Reference Levels (DRLs)
www.iaea.org/resources/rpop/health-professionals/radiology/diagnostic-reference-levels/about-diagnostic-reference-levels

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

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

KEEPING OUR EYES AND EARS OPEN
As ever it is the ISRRRT’S objective in advancing the science and practice of radiography and radiotherapy and allied subjects by the promotion of improved standards of education and of research in the technical aspects of radiation medicine and radiation protection. This means that we all need to keep abreast of developments and advancements promoted by the various Regional and World agencies such as the WHO and the IAEA.

We must be diligent as we see developments such as the introduction of ‘Artificial Intelligence (AI)’ being introduced into many aspects of the patient journey and imaging process.

The ISRRRT Board will be working with the EFRS to prepare a joint paper on the radiographers/technologists’ role in the application of AI. More to come on this subject.

All of us have a professional responsibility to maintain clinical competence and knowledge. To aid in this resolve the IAEA has a wealth of information on radiation protection including online training courses in radiation protection. Available courses and information packs include:

Medical Imaging: The Right Test at the Right Time
- A new short video on justification of medical procedures

Webinar: Computed Tomography simulator

E-learning: Radiation Dose Management in Computed Tomography (CT) - Now available in Spanish

Tips & Tricks: Radiation Protection in Radiography

Safety and Quality in Radiotherapy

New Cases Mapped in SEVRA-SAFRON - 583 probabilistic safety analyses added in IAEA online tool: Safety in Radiation Oncology

For further information clink on:
www.iaea.org/resources/rpop/resources/online-training

Additionally there are free posters and leaflets available at the
IAEA website:
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 patients in fluoroscopy
- Poster - 10 Pearls: Radiation protection of staff in fluoroscopy

To benefit from the vast IAEA resource why not sign up to receive the IAEA to receive the Weekly News and the IAEA Radiation Protection of Patients (RPOP) for their monthly E-Newsletter – for further information look up: www.iaea.org/newsletter and the www.iaea.org/resources/rpop/newsletter

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

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**Diary Dates**

**2019**

- **August 14-18**
  SORSA RSSA Conference
  Century City Convention Centre
  Cape Town, South Africa

- **August 30**
  New Zealand Annual Conference
  Rotorua, New Zealand

- **September 15-17**
  Radiation Therapy Conference
  Chicago, USA

- **September 28**
  APIIM Annual Congress
  Congress Centre of Mons, Belgium

- **December 2-3**
  RSNA
  Chicago, USA

**2020**

- **March 11-15, 2020**
  ECR 2020
  Vienna, Austria

- **August 26-29, 2020**
  ISRRRT World Congress
  Dublin, Ireland

- **October 28-31, 2020**
  ICR Congress
  Muscat, Oman

**2021**

- **May 19-21**
  NCR: Nordic Congress of Radiology
  Helsinki Finland.
THE 20TH REGULAR MEETING OF THE INTER-AGENCY COMMITTEE ON RADIATION SAFETY (IACRS) AT WORLD HEALTH ORGANIZATION (WHO)

REPORT BY NAPAPONG PONGNAPANG VICE PRESIDENT FOR ASIA AND AUSTRALASIA

Dr. Napapong Pongnapang, ISRRT Vice President Asia/Australasia presenting ISRRT at IACRS along with participants from IAEA, WHO, PAHO, ICRP and IRPA.

LABOR OFFICE (ILO), OECD/Nuclear Energy Agency (NEA), Pan-American Health Organization (PAHO), United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR) and World Health Organization (WHO).

The IACRS has a number of official observer organisations including; International Commission of Radiological Protection (ICRP), International Commission on Radiation Units and Measurements (ICRU), International Electrotechnical Commission (IEC), International Organization for Standardization (ISO) and International Radiological Protection Association (IRPA).

The objective of the IACRS is to promote consistency and coordination of policies with respect to the following areas of common interest: applying principles, criteria and standards of radiation protection and safety and translating them into regulatory terms; coordinating research and development; advancing education and training; promoting widespread information exchange; facilitating the transfer of technology and know-how; and providing services in radiation protection and safety. www.iacrs-rp.org

2019 IACRS OPEN SESSION

For each meeting, the IACRS may invite relevant organisations to provide their view and specific expert opinion in various issues. This year on day 2 of the meeting on July 2, 2019 the IACRS invited several key organizations to discuss issues on implementation of the Basic Safety Standards (BSS) in the health sectors at national and international levels.

WHAT IS BSS?

International Basic Safety Standards for Protection Against Ionizing Radiation and for the Safety of Radiation Sources is published by the International Atomic Energy Agency (IAEA) to establish basic requirements for protection against the risks associated with exposure to ionizing radiation and for the safety of radiation sources that may deliver such exposure. The Standards have been developed from widely accepted radiation protection and safety principles, such as those published in the Annals of the International Commission on Radiological Protection and the International Atomic Energy Agency Safety Series. Most of the United Nations member states adopt the BSS as guidelines for their local legislation concerning radiation protection. In Europe, the European Commission also provides the European version of the BSS to their member states.


WHAT WERE THE ISSUES FOR THIS OPEN SESSION?

The meeting started with setting the scene with statements from medical professional societies (e.g. ESTRO, ISR, ISRRT and WFNMB) and some relevant WHO programmes (e.g. health technologies/medical devices, patient safety). Then there were 3 key issues under discussion at the meeting including:

- What we have learned so far, what went well, what should be improved?
- Emerging radiation safety challenges for protection of patients, workers and the public (e.g. in diagnostic radiology/image-guided interventions/ nuclear medicine/ radiotherapy/hybrid modalities, digital health, artificial intelligence, etc)
- How the IACRS can contribute to better face these challenges?

WHY ISRRT ATTENDED THE MEETING?

The ISRRT is an NGO with official relations with the WHO. We are recognised as a global voice of radiographers and Radiological Technologists. The IACRS extended an invitation to ISRRT this year...
What we have learned so far, what went well, what should be improved?

• Focusing on the ISRRT-WHO 2019-2021 collaboration plan, we support WHO’s work in promoting the implementation of the Bonn Call for Action to improve radiation protection in health care through the provision of professional expertise and technical inputs. ISRRT also provides technical input to support WHO in its efforts towards the development of lists of priority medical devices, upon request by WHO, through the provision of expertise to inform the drafting of relevant sections/chapters.

• Globally, we still face the situation of standardizing and harmonizing the radiographer’s education and training. In many places, radiation therapists are not properly trained/or they use the diagnostic radiographer to do on the job training and provide radiation treatment services.

• Radiation protection is always part of radiographer’s training; however, this may not be the case in less resourced places. The ISRRT currently reaches out to our member societies in Africa and run radiation protection workshops for both African French and English-speaking countries.

• As an example, in advanced places like Europe, some challenges that were faced, included a wrong translation from European BSS into local legislation, e.g., “Radiographer” is being translated into “Radiologist”. Clinical responsibilities of the two professions are different. Differences in definition of the referrer/practitioner between member states is also resulting in issues.

• Additionally, in Europe, Radiographer appears in the text of the new BSS, as someone to whom the practical aspects of the medical exposure can be delegated, with all the implications of that, like the clinical responsibility. It would be very important, for the safety of the patients and staff, that a recommendation should be made by the EU on how to implement this in clinical level.

• The only way to clearly guarantee the implementation of a radiation safety culture is to put into evidence the role of radiographer in the scope of medical imaging and radiotherapy, as we are the final point of contact with the patients.

Emerging radiation safety challenges for protection of patients, workers and the public (e.g., in diagnostic radiology/image-guided interventions/ nuclear medicine/ radiotherapy/hybrid modalities, digital health, artificial intelligence, etc)

• New technology requires competent users. Radiographers and radiation therapists are the users and final point contact with the patients to deliver the exposure.

• Quality and safety diagnostic and therapeutic procedures require up to date education and training for the profession.

• The simplest picture we saw was the implementation of digital imaging in Africa, where we have challenges in the training of radiographers in transition from analog to digital. Issues include proper training, radiation safety and quality control.

• For radiation therapy, many member states now starting to expand the service. In a number of places, we still lack of standard radiation therapist training curriculum. In Asia, through the ISRRT network, we managed to link the advanced societies in the region to help the less resource countries to develop such curriculum in the university.

• For advanced technology like Artificial Intelligence (AI), we now start to see an automated system, where the Computed Tomography can utilize AI function to scan the patient. Even with such technology, we still strongly believe that radiographers are still in need for proper positioning, and decision making on appropriate protocols and radiation dose. ISRRT and EFRS are now form up a team to work on the issue of AI and the profession.

How the IACRS can contribute to better face these challenges?

• IACRS members are the key global/regional organizations responsible for different tasks related to implementation of the BSS.

• Radiation protection is a multi-professional task. Implementation requires not only collaborative work among professions but also standardized and up to date professional training too. This issue was well acknowledged among professional groups at the meeting.

• Radiographers and radiation therapists have unique expertise based on our practice and we can give good input to the IACRS.

The ISRRT would like to give credit to the EFRS for their value contribution of information for this meeting. The ISRRT always values the support of our member societies so that the organisations can work as the global voice of the profession and at the end will benefit not only our profession but also our patients worldwide.
OVERVIEW

Investing in the health and social workforce is critical to the attainment of the health Sustainable Development Goals. Approximately eighty percent of the investment required to achieve universal health coverage by 2030 is for the education and employment of health personnel. However, the WHO projects a shortfall of 18 million health workers to accelerate universal health coverage by 2030, particularly in low- and lower-middle income countries.

Intersectoral action is needed. The failure of global, regional and national health labour markets requires governments and partners across education, employment, health, gender and youth to come together in search of solutions and to leverage investments in jobs. This investment will generate inclusive socio-economic development, particularly for women and youth, in addition to improvements in population health.

CALL-TO-ACTION CAMPAIGN

Recognising the critical role that health worker organizations and youth play in the health labour market, the World Health Organization has launched a call to action campaign which aims to stimulate bold collaborative actions of healthcare professional associations and youth organizations with member states to implement ambitious solutions by 2023 to address the health workforce shortfall at country level.

Many contributions by key stakeholders were made through four consultations in 2016 and 2017 which informed the recommendations of the High-Level Commission on Health Employment and Economic Growth and the ILO-WHO-OECD Working for Health Five Year Action Plan. Furthermore, Member States have affirmed their commitment to address the issues facing the health workforce by adopting resolution WHA69.19 which endorsed the “Global Strategy on Human Resources for Health: Workforce 2030”. The call to action serves to accelerate progress towards the 2020 global milestones for the Global Strategy and build further momentum for country impact.

Contributions were open to everyone. A total of 43 complete submissions were received in response to the first round between 17 April – 18 May 2019. Contributors could submit individual or joint actions that have impact at country, regional or international level. Submissions of up to 750 words description of the action were accepted. This document presents 32 selected submissions from the first round, without editorial revisions and in the order in which they were received for contributors that provided permission to publish.

INVITATION TO CONTRIBUTE TO THE CALL-FOR-ACTION AND MEETING

ISRRT received a formal invitation to submit commitments that our organisation can take to address the healthcare workforce shortfall. The invitation came from Jim Campbell, Director, Department of Health Workforce, World Health Organization (WHO).

Guidance given indicated that the submitted actions would be reviewed and selected ones may be published and made online through a “Call to Action: Addressing the 18 Million Health Worker Shortfall”. The submission deadline was the 18th of May 2019.

Guidance: Submitted actions should:

- Be achievable by 2023
- Be implemented at national, regional or international levels
- Have an impact at country level.
- Have direct impact on indicators of health workforce progress (mapped to the National Health Workforce Accounts).
- Demonstrate collaborative action with other stakeholders.
- Described with a maximum of 750 words for each action.

ISRRT RESPONSE

A total of 43 complete submissions were submitted by various organisations and the four that ISRRT submitted were approved and published.

The four submitted by ISRRT are titled:

- Promotion of a Reformed Service Model for Radiography
- Introduction of a Four Tier Educated Radiographer Profession
Synopsis of Rationale:
Advancements of medical imaging modalities including advancement in technology software, Artificial Intelligence, Hybrid Equipment and the demand for more diagnostic and interventional procedures and interventions are happening at a quick pace faster than the current education system can address. Introduction of various health public screening services such as breast screening requiring the use of mammography equipment and aortic aneurysm screening using diagnostic ultrasound equipment has put the demand for more skilled and suitably qualified radiographers/radiological technologists.

With such heavy demand on both radiographers/technologists and radiologists a team approach is paramount which will incorporate new ways of working in order to deliver a timely and effective medical imaging service.

- Collaborate with ILO, WHO and OECD to ensure that ISCO-08 International Standard Classification of Occupations moves the Radiographers/Medical Radiation Technologists currently ranked at a Level 3 Technicians and Associate Professionals to a Level 2 Professional status to create economic growth and stability

Synopsis of Rationale:
WHO’s Five -year action plan for health employment and inclusive economic growth [2017-2021] has dismantled the long-held belief that investment in the health workforce is a drag on the economy. The Commission found that health workforce investments coupled with the right policy action unleashes enormous socioeconomic gains in quality education, gender equality, decent work, inclusive economic growth, and health and well-being. This report states that there is a need to invest in enabling change by promoting intersectoral collaboration at national, regional and international levels; engage civil society, unions and other health workers’ organizations and the private sector; and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans. In this report was the need to advance international recognition of health workers’ qualifications to optimize skills use, increase the benefits from and reduce the negative effects of health worker migration, and safeguard migrants’ rights.

The correct international classification is important because each country has to set up their national classifications which are often closely related to the ISCO grouping. An incorrect classification can have major consequences for the radiographers at the national level.

It is important that for the new workforce generation that strategies are developed to implement this change to ensure the right skill set is established and that healthcare worker can go and work where the need is the greatest.

- The ISRRT submits an action plan for the ISRRT to collaborate with other stakeholders to promote the ISRRT E-learning platform and established distance learning education programs from within our members societies that could be used to teach basic information for radiography programs and speciality training on specific subjects which can be used to elevate health care workers skill set as part of their continuous professional development (CPD).

Synopsis of Rationale:
The diversity of radiographic practice, together with increasing service demand and the introduction of new technologies dictates that radiographers require constant updated education and training. With this comes the inclusion of new roles/positions to develop individuals to undertake specific tasks and activities that fill the gaps in service delivery due to shortages of trained staff including radiologists. With new roles also comes the need to develop or enhance education and training programs.
The ISRRT also believes that this plan will initiate and support the recommendations number four; Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community based, people-centred primary and ambulatory care, paying special attention to underserved areas with deliverable matching of in 4.2 and 4.3 ensuring guidance development on practice and multidisciplinary care is introduced to achieve people centred care.

– The ISRRT submits an action plan for the ISRRT organisation to collaborate with other stakeholders to promote to its over 85 member countries and over 500,000 members an international campaign explaining the importance to countries of the necessity for a defined basic level of education in math and science in high school to ensure the future workforce has the correct baseline education knowledge needed to successfully enter the field as a radiographer/radiological technologist.

Synopsis of Rationale:

There is a need for collaboration with international stakeholders to create an international campaign targeted at disseminating the basic educational needs required to invest in educational requirements necessary for training and employment in the health and social sector in order to achieve Universal Health Coverage and to produce inclusive economic growth, particularly for women and youth.

In order to meet the sustainable goals, set with specific emphasis on 80% technology by 2025 a clear emphasis needs to be put on Education and specialization for high school student. Learners considering a career as a professional in Radiography need an agreed and determined basic level of education in biology, chemistry, math and physics. This need is universal both for developed as well as developing countries. The same base line education is needed in order to ensure success when exiting high school education and entering training for the field of radiography at graduate level. This campaign should also encourage countries to establish opportunities in the basic math and science areas for women.

To see all the submissions and specific details of the ISRRT submission criteria please see web link: www.who.int/hrh/news/2019/call-to-action-addressing18million-health-worker-shortfall.pdf?ua=1

OPEN MEETING SESSION – 21ST MAY 2019

The meeting was attended by a variety of international health professional associations, health worker unions, youth organisations and delegates of the World Health Assembly to determine actions who were tasked to address the shortfall of 18 million health workers.

Jim Campbell, Director, Department of Health Workforce, World Health Organization (WHO) opened and closed the meeting with a number of invited speakers providing key messages including Katherine Dugan of the World Health Professional Alliance.

The messages were clear that to meet the 18 million healthcare worker shortfall that things had to change radically and that all organisations and governments had an important role to play in achieving the goal of universal health coverage by 2030.

Important aspects to achieve that goal included; national and regional collaboration, professional organisations networking, review of training and education, meeting the ambitions of individuals and providing advancement opportunities and examining new ways of working.

The meeting room was divided into several tables on which sat representatives from different occupations, professional organisations and government bodies. Displayed around the room were examples of the case submissions including the four from ISRRT.

Each table, which had examples of the case submissions, was tasked to define and report back on the various issues that they thought were obstacles with solutions and ideas that could be implemented in the future.

From the feedback the Key Messages included:
- Removing silos
- Interprofessional working
- Professional skill mix
- Investment in people and looking after their welfare
- Policy changes
- Evidence based medicine and working

We await official feedback from the organisers with ISRRT committed to playing an important part in delivering on our statement commitments.
The effectiveness of diagnostic imaging with MRI and DR for evaluation of knee related abnormalities

REPORT BY MYA NI LAR CHO, THU RANE OO, DR. KYAW SWAR MYINT

1. Imaging In-charge, Imaging Department, Parami General Hospital, Yangon, Republic of Union Of Myanmar
2. Imaging Technologist, Imaging Department, Parami General Hospital, Yangon, Republic of Union of Myanmar
3. Consultant Radiologist, Imaging Department, Parami General Hospital, Yangon, Republic of Union of Myanmar

Objective: The purpose of this study is to highlight the effectiveness of Diagnostic Imaging for Knee joint not only for sport Imaging but also for knee pain and other related abnormalities.

Materials and methods: This study consists of 394 MRI cases and 258 DR cases for both adult and pediatric from Imaging Department, Parami General Hospital within a period of 2011 to 2018. Background of MRI cases are knee pain, injuries and others such as assessment of OA. However, history of DR cases are not only for knee pain and injuries but also for assessment of Bone Age and Lead Poisoning for Pediatrics as well. The machines we used in these studies are Siemens Magnetom C (0.35T) and Siemens DR System. Reports are read by both Myanmar Radiologists and Indian Radiologists because of Teleradiology service.

Result: Among 258 DR cases, 5.8% of bone age delay, 2.7% of Lead poisoning, 0.3% of septic arthritis and Rickets were detected in pediatrics. Moreover, 17.8% of different degree of OA was detected in adults especially with high population of female patients. On the other hand, out of 394 MRI cases, 65% of Ligament and meniscus tear, 5% of Osteochondral defect and Osteochondritis dissecans, 6% of different kinds of cysts, 6% of Ligament injuries (sprain and strain), 5% of Osteoarthritis, 4% of mucoid degeneration at meniscus and 9% of other remarkable pathologies were reported respectively.

Conclusion: Although radiation, time of scanning and expense are a little consideration for these diagnostic procedures, their effectiveness and diagnostic aid for treatments are undeniable.

Keywords: Diagnostic Imaging, Magnetic Resonance Imaging, Digital Radiography, bone age delay, lead poisoning, osteoarthritis, osteochondritis dissecans, ligament tear and meniscus, strain

INTRODUCTION

Digital Radiography (DR) is using a digital X-ray detector to automatically acquire images and transfer them to a computer for viewing. It provides greater image quality and high volume efficiency. In addition, it is also a better choice for pediatrics because of faster acquisition and process of image manipulation. It can give faster assessment for bone age, lead poisoning in pediatrics and also knee injury, bone abnormalities and detection of osteoarthritis.

Magnetic Resonance Imaging (MRI) is a noninvasive imaging technique that does not involve radiation exposure. MRI plays pivotal role in diagnosing tendon, ligament, muscle, cartilage and bone abnormalities although scanning time is longer than X-ray and Computed Tomography and patient cooperation is essential during scanning.

MATERIAL AND METHODS

This study received approval from ethical review from Board of Parami General Hospital.

MRI

We collected 394 knee MRI cases from 2011 to 2018 with the concern of knee pain, injury and other cases. These images are scanned with 0.35 Tesla Siemens Magnetom C open MRI and protocols we used are t1_tse, t2_tse and pd_tirm_rst_fs in Sagittal plane, t2_tirm_fs and t1_tse in Coronal plane and t2_fl2d and t1_se in axial plane. Images are reported by both Myanmar Radiologists and Indian Radiologists because of Teleradiology service.

DR

We collected 258 knee X-ray cases from 2011 to 2018 with the concern of knee pain, injury, assessment of bone age, lead poisoning and Osteoarthritis (OA). These images are scanned with Siemens DR system and routine protocol as AP, lateral and tangential as optional depending on patient’s situation. Images are reported by Myanmar Radiologists.

RESULTS

DR

(i) Assessment of Bone Age

Out of 21 requesting cases, 15 cases were assessed with delayed bone age detection and others are within normal limit.

<table>
<thead>
<tr>
<th>Pathology to rule out</th>
<th>No: of patients</th>
<th>Pediatrics</th>
<th>Adult</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Age</td>
<td>21</td>
<td>21</td>
<td>-</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Lead poisoning</td>
<td>20</td>
<td>20</td>
<td>-</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Injury</td>
<td>114</td>
<td>64</td>
<td>48</td>
<td>61</td>
<td>53</td>
</tr>
<tr>
<td>OA</td>
<td>103</td>
<td>-</td>
<td>103</td>
<td>28</td>
<td>75</td>
</tr>
</tbody>
</table>

Requesting cases for Knee X-ray with DR
(ii) **Assessment of Lead poisoning**
Out of 20 requesting cases, only 7 cases were detected with lead poisoning.

(iii) **Assessment of Injury**
Out of 114 requesting cases, only 10 cases were reported with different kinds of fracture such as avulsion fracture, stress fracture, medial tibial plateau fracture, etc. Other remarkable findings are septic arthritis, rickets, sprain and soft tissue swelling with joint effusion.

(iv) **Assessment of OA**
Out of 103 requesting cases, 46 cases were marked with different types of OA (35 early OA changes and 11 severe OA changes) respectively.

**DISCUSSION**
Regarding knee X-ray, we pointed out assessment of bone age and lead poisoning in our requested cases because our hospital has a lot of pediatric workload and using DR system is one of the case as well. Depending on Radiologists, wrist and knee joints are requested for bone age and lead poisoning. According to our results, patients who checked for injury comes first and osteoarthritis comes in second. However, our population is still a little weak in medical check-up for osteoarthritis. Most of them come to hospital when they feel pain or some abnormalities in knee region.

Concerning with MRI, although our MRI is open-type and is comfortable for patients with claustrophobia, our image qualities will be our main concern in detail requirement of knee abnormalities. We collected cases from 2011 and at that time, our MRI is the only one which can run in private sector. In that case, we focused our image quality as top priority especially in MSK imaging. Nowadays, there are other high Tesla MRI are available in our country and our burden is a little lighter than before. However, rating on medical check-up is still low and this is our main concern now. Moreover, our country’s main interest in sport is only football and some of them who need major surgery are sent to neighboring countries. That’s why, sport imaging is also not very popular compared with our neighbours.

**Limitations of this study**
- Our study is based on only private hospital of lower Myanmar region
- Our hospital’s main patient load for X-ray and pediatrics.
- Our MRI is only 0.35 Tesla MRI.
- We can only highlight on remarkable findings because of abundant pathological findings in MRI

In conclusion, our study shows that the choice of medical check-up for X-ray is mainly with injury cases and we would like to highlight the effectiveness of these diagnostic imaging because of abundant finding with DR and MR even though the patient feels pain and some abnormalities in knee area. Although we have some limitation we need to improve, our hospital has planning to install high Tesla MRI and it will be our advantages for early detection of MSK abnormalities. Because of new generation’s interest in sport has changed, we hope role of sport imaging will also be improved soon.

### MRI Requesting cases for Knee MRI

<table>
<thead>
<tr>
<th>Main concern for Knee MRI</th>
<th>Requesting History</th>
<th>Total no: of scanning patient</th>
</tr>
</thead>
</table>
| Knee pain                 | • RTA  
• Sport Injury  
• Fall  
• Rotational injury  
• Accidental slip and twist | 188 |
| Injury                    | • OA  
• Internal Derangement of the knee  
• Abnormal gait  
• Knee Synovitis  
• Tumor  
• Recheck for Arthroscopic repair | 152 |
| Miscellaneous             |                     | 52 |

Abbreviations: AP = AnteroPosterior view, PA = PosteroAnterior view, OA = Osteoarthritis, ACL = Anterior Cruciate Ligament, PCL = Posterior Cruciate Ligament, RTA = Road Traffic Accident.
### Remarkable findings from Knee MRI

<table>
<thead>
<tr>
<th>Main Category</th>
<th>Diagnostic Information</th>
<th>Total number of finding</th>
<th>Average (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cruciate Ligament Tear</td>
<td>Partial ACL tear</td>
<td>103</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete ACL tear</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partial PCL tear</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete PCL tear</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Meniscus and collateral ligament tear</td>
<td>Bucket-handle tear</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medial meniscus tear</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vertical tear at posterior horn of lateral meniscus</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anterior horn of medial meniscus tear</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anterior horn of lateral meniscus tear</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Posterior horn of lateral meniscus tear</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Posterior horn of medial meniscus tear</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grade II horizontal tear of posterior horn of medial meniscus</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grade III complex tear of body and posterior horn of lateral meniscus</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partial tear at medial collateral ligament</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partial tear at lateral collateral ligament</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fibula collateral ligament tear</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>O’Donoghue’s unhappy triad</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Tendon tear</td>
<td>Partial tear at medial patellar retinaculum</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partial tear at quadriceps tendon</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partial tear at popliteus tendon</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cyst</td>
<td>Ganglion cyst</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meniscal cyst</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Synovial cyst</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bursal cyst</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subchondral cyst</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Osteochondral cyst at tibial spine</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Popliteal cyst</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baker cyst</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Osteochondral defect</td>
<td>Osteochondral defect at femoral condyle, patella and medial tibial plateau</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Osteochondritis dissecans</td>
<td>Osteochondritis dissecans at femoral condyle and patella</td>
<td>10</td>
<td>5%</td>
</tr>
<tr>
<td>Sprain/ Strain</td>
<td>Sprain at medial collateral ligament, lateral collateral ligament, medial patellar retinaculum, quadriceps tendon, anterior cruciate ligament</td>
<td>52</td>
<td>6%</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Mucoid degeneration at anterior and posterior horn of medial and lateral meniscus</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Joint mouse</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intra-muscular lipoma</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Osteoarthritis</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Giant cell tumor</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chondromalacia patella</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate Lipohemarthrosis</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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NEW ZEALAND

The NZIMRT sends greetings to our radiological colleagues around the world and acknowledges all of the kind words, thoughts and prayers received since the March report. As we progress through a mild but rather wet New Zealand winter we look forward to the annual NZIMRT conference being held in Rotorua 29 August – 1 September 2019. This conference themed ‘Tiaho Atu’ – Your Chance to Shine will reflect the strength of the Maori culture within the region. Cultural awareness is a vital part of our practice and while recognizing the differences we all bring to our roles this conference will focus on the bringing together of these differences to improve the patient journey.

It is exciting to be combining with the Australian & New Zealand Society of Nuclear Medicine with a number of joint sessions again enabling sight of the many pieces of the puzzle that complete any single path through healthcare. The NZIMRT President Carolyn Orum, Executive Officer Linda Whitehead & I were privileged to join our Asia Australasian colleagues at the AACRT / ASMRT Conference in Adelaide, South Australia at the end of March 2019. The Regional Meeting provided opportunity to further the discussion on the proposed ISRRT funding model amongst other ISRRT initiatives.

The ASMRT Conference was an excellent conference providing many opportunities for learning and sharing and meeting with friends and colleagues. The NZIMRT is supporting the ISRRT World Radiography Day theme ‘the radiographer is promoting and maintaining a safety culture’ by running a competition for members to write from their perspective how they promote and maintain safety in their daily work. The best presented paper will be forwarded to the ISRRT for publication on behalf of the NZIMRT. It is hoped enough interest will be generated such that all submissions may be displayed at the NZIMRT Conference.

The NZIMRT would like to acknowledge the work that Dr Napapong Pongnapang VP Asia/Australasia performs on behalf of the region & the ISRRT. His recent representation at the 20th Regular meeting of the Inter-Agency Committee on Radiation Safety (IACRS) at World Health Organization in Geneva, Switzerland where he again emphasised the importance of the radiographer and radiological technologist in the role of patient advocacy is an important message to us all to remember when going about our daily practice. The NZIMRT is privileged to share the work performed by Napapong with members via the NZIMRT Facebook page and website.

For more information see www.nzimrt.co.nz

Kathy Colgan
NZIMRT ISRRT Director
in the Digital World. The total number of participants was around 400 including delegates from nearby countries and the Greater Bay Area of Southern China.

Dr. Pongnapang gave a talk entitled “Patient dose monitoring in clinical practice”. During the meeting, we had fruitful discussion on the collaboration among radiographers and radiological technologists in the region. The congress was well organised with variety of educational and scientific program. On the last day, participants had a chance to visit the local hospital.

Dr Napapong Pongnapang, Vice President Asia/Australasia

PHILIPPINES

PART place high importance on community social responsibility

The Philippine Association of Radiologic Technologists participated in two major activities held mid year of 2019 as its way to place value in the integration of social and environmental concerns in the operations and interactions with stakeholders and produce an overall positive impact on society.

On June 23, 2019, the PART officers joined the Professional Regulation Commission (PRC) and Professional Regulatory Board of Forestry and Society of Filipino Foresters in the conduct of “Sibol para sa Kalikasan”, a 500-tree planting activity in the Cameroon Lake resort, Caliraya Laguna. Another successful activity was conducted as organised by the Philippine Association of Radiologic Technologists recently held last July 7, 2019 a “Silip Kalusugan para sa Mamamayan”, a community service medical mission that has provided free ultrasound exams to a total of 200 Lucenahin patients from six different Barangays or communities in Edificio De San Fernando, Lucena City. The said community outreach program was organised by PART National and its local chapter in the Quezon province.

This year, the most outstanding professional (MOP) radiologic technologist of the Philippines is Mr. Rogelio Lugtu. He was chosen by the Professional Regulation Commission for his practice as the head radiologic technologist, he helped to lead an initiative to offer his personal time to deliver results to indigent outpatients and those of the AETA communities living in the far flung areas and who were diagnosed with pulmonary tuberculosis and helped to assist patients so that they can continue to seek medical treatment until cured thus avoid spread of disease in the community.

Peachy S. Luna
PART National Officer for Local and International Relations

PART National and Quezon Chapter Officers – Organisers of the Medical Mission Free Ultrasound Exams.

President Rolando Banares and PART Quezon Chapter award certificates to participating communities and recipient of free ultrasound exams.

MDP 2019, Mr. Rogelio Lugtu and patients from the AETA community.

PART Officers with the 2019 Most Outstanding Radiologic Technologist Professional of the Year.
THE AMERICAS

AMERICA

ASRT STATE AND FEDERAL LEGISLATIVE AND REGULATORY UPDATE

In Nevada, Gov. Steve Sisolak signed a law on June 6 that requires individuals performing medical imaging and radiation therapy procedures to meet education and certification standards and receive a license to practice. There are now only three states, plus the District of Columbia that have no standards in place for any imaging discipline and only seven states, plus D.C., that have no standards for radiography. Legislation approved recently by Texas legislators now recognizes and establishes a scope of practice for the radiologist assistant. With the addition of Texas, 33 states now recognise the radiologist assistant.

The Medicare Access to Radiology Care Act introduced in the U.S. House and Senate would allow radiologists to submit claims to Medicare for non-imaging services performed by radiologist assistants in hospital and office settings, as well as imaging services in hospitals. If enacted, MARCA would offer Medicare recognition of RAs and radiologist practitioner assistants as midlevel providers of health care services working under the supervision of a radiologist.

ASRT NAMES 2019 LIFE MEMBERS AND FELLOWS

The American Society of Radiologic Technologists recently awarded Life Member status to three members and bestowed the status of Fellow on three members during the ASRT Annual Governance and House of Delegates Meeting in Orlando, Florida on 6/21/19.

LIFE MEMBERS

Established in 1938, Life Members are active ASRT members who have maintained continuous membership for at least 30 years and have participated in a wide range of volunteer activities that demonstrate dedication to the ASRT and the radiologic technology profession. Candidates who receive the honor are selected by at least a three-quarters vote of the ASRT Board of Directors.

Donna L. Long, M.S.M., R.T.(R)(M) (QM), FASRT, is the director of health sciences education and radiography program director for Indiana University Health, Methodist Hospital/Ball State University in Indianapolis. Credentialled by the American Registry of Radiologic Technologists in radiography, mammography and quality management, Long has been a registered radiologic technologist for more than 40 years. An ASRT member since 1978, Long was elevated to Fellow status in 1994. She held positions on the ASRT Board of Directors for nine years, including serving as president in 2012-2013 and chairman in 2013-2014. A long-time member of the Indiana Society of Radiologic Technologists, she was elected to serve as one of the Indiana affiliate delegates for 19 years. She has been the recipient of the ISRT President’s Award twice and received ISRT life membership status in 1993. Long currently serves as the United States council member for the International Society of Radiographers and Radiological Technologists and has participated in ISRRT World Congresses at locations across the globe. A proficient lecturer, Long has presented nearly 200 times at local, state, regional, national and international conferences.

Michael DelVecchio, B.S., R.T.(R), FASRT, is the clinical director for the Department of Radiology at Brigham and Women’s Hospital in Boston. An ASRT member since 1986, DelVecchio served on the ASRT Board of Directors from 1997-2002, including terms as president and Chairman of the Board. In addition, he led the ASRT Political Action Committee and the ASRT Foundation Corporate Fundraising Committee. In 2012, he was elevated to ASRT Fellow status. As a member of the Massachusetts Society of Radiologic Technologists for more than four decades, he has served on the MSRT Board of Directors in every capacity, including multiple terms as president and chairman of the board. In 2000, the MSRT awarded DelVecchio its highest honor, the Oliver E. Merrill Lecturer Award. He served on the American Registry of Radiologic Technologist’s Board of Trustees from 2003 to 2011 in a variety of roles including president. DelVecchio also served as a member of the Massachusetts Advisory Commission for Radiologic Technologist Licensing. In addition, he has served as a trustee and chairman of the American Board of Imaging and Informatics.

Rebecca “Becky” Kruse, R.T.(R), was a dedicated radiologic technologist committed to leading change for the betterment of the profession. Her direction was instrumental in creating much of the ASRT governing structure, as it is known today. Kruse joined ASRT in 1979, and by the early 1980s, she was serving on the ASRT Board of Directors. In 1984, she led the change from a 17-member Board to a seven-member Board and the formation of an ASRT House of Delegates. Kruse was also instrumental in creating the ASRT Education and Research Foundation. With a dollar borrowed from a fellow Board member, she was the first to donate money to the new ASRT Foundation. As a trustee of the American Registry of Radiologic Technologists from 1986 to 1994, her efforts resulted in securing board-majority R.T. representation on several imaging, certifying and accrediting boards as well as implementing mandatory CE for radiologic technologists. In 1994, Kruse became ASRT director of continuing...
education and in 2004 was promoted to ASRT director of affiliate relations and advisor to governance. Kruse retired in 2007 and passed away on May 23, 2018. The ASRT established the honorary Fellow category in 1956 to recognise members who have made outstanding contributions to the profession and ASRT. Fellows have volunteered in leadership positions at the national and local levels, written articles for publication, presented at professional meetings and helped advance the radiologic technology profession.

FELLOWS

Julie Gill, Ph.D., R.T.(R)(QM), FASRT, is Allied Health Department chair, full professor and program director of radiation science technology at the University of Cincinnati Blue Ash College in Ohio. A member of ASRT since 1997, Dr. Gill was elected to the Board of Directors as secretary/treasurer in 2010. She went on to hold several positions on the ASRT Board, including president and chairman. Her leadership also includes serving as delegate for the Quality Management and Education chapters, as well as service to the ASRT Radiologic Technology Editorial Review Board and the ASRT Foundation’s Scholarship Review Committee. She currently serves on the Board of Directors for the Association of Educators in Imaging and Radiologic Sciences, and is in her second term as president of the Ohio Society of Radiologic Technologists. For her dedication and service since 1984, the OSRT awarded her technologist of the year in 2001 and elevated her to life member in 2017. Dr. Gill has also presented dozens of academic lectures at conferences across the country. She holds a master’s degree in education with an emphasis in higher education administration and a doctorate, both from Ohio University.

Joseph Whitton, M.S., R.T.(R)(CT)(MR), FASRT, is the radiography and medical imaging program director at Stony Brook University’s School of Health Technology and Management in New York. An ASRT member since 1992, he currently serves on the ASRT Board of Directors as vice speaker of the House. In 1999, he took the lead in successfully lobbying Rep. Rick Lazio to be the first sponsor of the Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy bill. His success at a federal level led to greater leadership with the ASRT where he has served as chairman of the Practice Standards Council, chairman of the Committee on Bylaws and chairman of the Commission, among other volunteer leadership posts. Whitton also served the New York State affiliate society as secretary from 1994-1998 and as president and delegate from 2002 to 2004. He has presented academic lectures on topics in radiologic technology in New York and nationally for several years.

Jonathan Mazal, M.S., R.R.A., R.T.(R) (MR)(CI), FASRT, was highly regarded in the radiologic technology community. His staunch support for the Society and the profession led to a number of awards and honors including the ASRT Foundation Advancing Researcher designation in 2011, ASRT Award for Outstanding Grass-roots Advocacy in 2013 and an ASRT Foundation Research Seed Grant in 2013. Mazal spearheaded the development of the RAD-AID ASRT Foundation Radiologic Technologist Fellowship program. It recruits radiologic technologists from the United States and pairs them with multidisciplinary teams working on sustainable radiology projects in resource-poor communities around the world. He also held key leadership positions with the Maryland Society of Radiologic Technologists, Ohio Society of Radiologic Technologists, American Registry of Radiologic Technologists, International Society for Radiographers and Radiological Technologists, RAD-AID International and the Society of Cardiovascular Magnetic Resonance. Mazal was elevated to Honorary Fellow status in June 2018 after he passed away at age 37 on May 18, 2018.

ASRT NAMES RECIPIENTS OF 2019 AWARD FOR ADVOCACY

The American Society of Radiologic Technologists has awarded the 2019 ASRT Award for Advocacy to The Nevada Society of Radiologic Technologists and Diane Hutton, A.A., R.T.(R).

The Nevada Society of Radiologic Technologists concentrated its extensive efforts on education and communication in the pursuit of a comprehensive radiologic technologist licensure bill for the state that became law June 6. Diane Hutton, B.A., R.T.(R), is Chairman of the Legislative Activities Committee for the Missouri Society of Radiologic Technologists and a driving force in support of consistent education and certification standards for the state’s medical imaging and radiation therapy professionals.

2019 asrt AWARD FOR ADVOCACY WINNERS

2018 Distinguished Author Award Winners

Radiologic Technology Distinguished Author Award in Honor of Jean I. Wider

Xiaoming Zheng, Ph.D.
Hsien-Wen Chiang, M.S.
Jung-Hui Li, M.S.
Hsien-Jen Chiang, M.S.
Li-Han Lin, M.D.
RADIATION THERAPIST DISTINGUISHED AUTHOR AWARD
Cheryl S. Turner, Ed.D., R.T.(R)(T); Kimberly Brown, DNP, RN, NEA-BC; Robert D. Adams, Ed.D., R.T.(R)(T), CMD; and Melissa B. Jackowski, Ed.D., R.T.(R)(M), FASRT, are the winners of the Silverman award for their article "How Do They Do It? Stress and Coping Among Radiation Therapists," which was published in the Fall 2018 issue of Radiation Therapist.

AWARD WINNER PRESENTS AT UK CONGRESS
Paul Riley, M.P.H., CNMT, NCT, one of the 2019 recipients of the ASRT Foundation’s International Speakers Exchange Award presented to an audience at United Kingdom Imaging and Oncology Congress in Liverpool, England, in June.

Riley is clinical coordinator for the nuclear medicine technology program at Virginia Commonwealth University in Richmond, Virginia. His topic was "The Practice of Empathy and Encouraging its Application in the Radiologic Setting." "I am delighted and honored that the ASRT Foundation provided me with this international opportunity to share what I have discovered concerning this topic," he said.

For more than a decade, the ASRT Foundation has funded radiologic technologists to participate in the ISEA program. It promotes global cooperation through the sharing of research, best practices and professional development in the radiologic sciences. It also provides speakers the opportunity to forge important professional connections with international colleagues. The award includes conference registration, travel and lodging expenses, and a stipend to cover related costs.

ASRT NAMES DISTINGUISHED AUTHOR AWARDS
The American Society of Radiologic Technologists has announced the recipients of the Radiologic Technology Distinguished Author Award in Honor of Jean I. Widger recognizing the best peer-reviewed articles published in ASRT’s scientific journal in 2018. Presented annually, the Widger award is chosen by members of the journal’s Editorial Review Board after a comprehensive review of all scholarly articles published during the previous calendar year.

Xiaoming Zheng, Ph.D.; Hsien-Wen Chiang, M.S.; Jung-Hui Li, M.S.; Hsien-Jen Chiang, M.S.; and Li-Han Lin, M.D., are the winners of the Widger award for their article "Personal Exposure Prescription Method Reduces Dose in Radiography," which was published in the May/June 2018 issue of Radiologic Technology.

Dr. Zheng is a senior lecturer in the Medical Radiation Science, School of Dentistry and Health Sciences, Faculty of Science, for Charles Sturt University in Wagga Wagga, Australia. Hsien-Wen, Jung-Hui, Hsien-Jen, and Dr. Lin work for Kaohsiung Chang Gung Memorial Hospital, Department of Diagnostic Radiology and for Chang Gung University College of Medicine in Taiwan.

Their research sought to evaluate the effectiveness of an automatic, personalised exposure prescription method designed to reduce radiation dose during radiography examinations. Using standard imaging parameters of average-sized patients, the authors measured individual body-part thicknesses or imaging regions of 116 patients and calculated each patient’s exposure amount. The data were used to develop each patient’s personalised exposure prescription.

They found no difference in image quality between diagnostic images acquired using the prescription method and those acquired using standard protocols. The authors concluded that the personalised exposure prescription method is an effective tool for reducing radiation to patients during radiography.

The Widger award is named after longtime Radiologic Technology editor Jean I. Widger.

ASRT ANNOUNCES RESULTS OF 2019 ELECTION
Members of the American Society of Radiologic Technologists elected new officers to serve on the 2019-2020 ASRT Board of Directors.
• President-elect, Mike Odgren, B.S., R.P.A., R.R.A., R.T.(R)(CT), Colorado
• Vice president, Kristi Moore, Ph.D., R.T.(R)(CT), Mississippi
• Secretary, Meredith Gammons, M.B.A., M.H.A., R.T.(R)(M)(CT)(IMR)(BD), North Carolina
• Treasurer, Heather Moore, Ph.D., R.T.(R), Ohio
• President, Stephanie Johnston, M.S.R.S., R.T.(R)(M)(BD)(BS), FASRT, Texas
• Chairman of the Board, Melissa B. Jackowski, Ed.D., R.T.(R)(M), FASRT, North Carolina
• Speaker of the House, Joseph Whitton, M.S., R.T.(R)(CT)(MR), FASRT, New York
• Vice speaker of the House, Daniel DeMaio, M.Ed., R.T.(R)(CT), Connecticut

Donna Long
USA Council Member
Sharon Wartenbee
Regional Director for The Americas

CANADA

JOURNAL OF MEDICAL IMAGING AND RADIATION SCIENCES (JMIRS)
The Journal of Medical Imaging and Radiation Sciences (JMIRS), was recently accepted to MEDLINE. Already a leading journal in the field, the MEDLINE listing will help JMIRS to expand its impact and reach to a global audience and build on our published body of knowledge.

At present, JMIRS is preparing a special issue of the JMIRS on the topic of Artificial Intelligence (AI), to be published in December 2019. The issue will 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.

The submission deadline for the special
issue is passed, but we invite MRTs, as well as our interprofessional colleagues to submit papers to JMIRS. Questions? Contact the Managing Editor at: editor@camrt.ca

**NUMEROUS ONLINE EDUCATION OPTIONS FOR MRTS**

CAMRT has a catalogue with dozens of courses and nearly 100 recorded webinars and conference presentations, addressing topics from across all disciplines of medical imaging and radiation therapy.

Free to members of the association, CAMRT continuing education is also available to non-members as well for category A credits! Simply visit the CAMRT CPD catalogue and select webinars in the left-hand column: https://camrt.force.com/CPDbase?store=a0a1a00000AMdCoAAL

**SUPPORT FOR THOSE INTERESTED IN WORKING IN CANADA**

The CAMRT encourages those thinking about working as MRTs (radiographers) 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/

Marcia Smoke
ISRRT Council Member

**TRINIDAD & TOBAGO**

The main focus over the last three months has been the Annual Conference. The Society of Radiographers of Trinidad and Tobago will be hosted its annual conference on June 7-9, 2019. The location was the scenic sister island of Tobago. The conference was held at Rovanel’s Resort, Store Bay. Our theme for this year’s conference was: “Past, Present, Future”. As we are mindful of the struggles and triumphs of the past, we looked to the future of radiography and radiation therapy projecting a continuation of our traditions and enhancement of the medical imaging fraternity. There was a wide variety of topics in Medical Radiation Sciences, a strong academic program was delivered. Leading up to the conference the SRTT actively sought after sponsorship (April 2019), did an extensive degree of conference planning (May 2019) and participated in various meetings with stakeholders to ensure a successful conference.

The focus of the next three months are:

2. Membership activity in August 2019
3. Plans for another contrast injection course in collaboration with the OAMRS (September 2019)
4. Continuation of SRTT business that began prior to the conference, e.g. planning for CT course development.

Please visit our website as well as our facebook page for pictures and updates on past, present and future events. www.soradtt.com
www.facebook.com/Society-of-Radiographers-Trinidad-and-Tobago-188679944589842

**EUROPE**

**UNITED KINGDOM**

**GILL HODGES IS THE SCOR’S 2019/20 PRESIDENT**

The Society and College of Radiographer’s president for the past year, Sue Webb, has passed the ’gong’ to Gill Hodges, the UK Council member for Northern Ireland. At a ceremony in central London, Gill was feted by an audience of the great and good of the profession. In her inauguration address to the assembled guests, Gill spoke of her passion for radiography after spending two weeks on school work experience “in a very small diagnostic department.” She is now a clinical tutor and therapeutic radiographer at Belfast Cancer Centre. Originally from Scotland, Gill trained at the Middlesex and University College Hospitals School of Radiography. In 1989 she moved to Northern Ireland to “marry a local lad”. She attended the local Society branch weekends and study evenings and was nominated to be the oncology representative on the newly formed Northern Ireland Council in 2000. She was elected to UK Council five years ago.

Gill’s guest of honour at the inauguration, Geoff Hill, the chair of the Belfast Cancer Centre, spoke about how ‘patient centred’ she is and the role model Gill has been to the students she has mentored and trained, many of whom remained to work in the cancer centre when they qualified. He spoke of the high quality of staff at the centre and their commitment to patients and their families. Geoff finished his address by quoting from Van Morrison’s song, Days like this, saying “I want to thank you all for allowing me to be part of this day.”

In her final speech as outgoing president of the Society, Sue Webb, said “I can hardly believe that a year has passed since we were here for my inauguration. It has flown by.”

Sue reflected on highlights such as attending the Radiological Society of North America Congress in Chicago and visiting all corners of the UK. She said, “I have tried to highlight to students that we are professionals in our own right. We have knowledge about our profession that other people don’t and we should be proud of that. “We should embrace our skills and be confident in them. We must carry on learning.

“Research is the key to the advancement of radiographers.”

Gill Hodges and Sue Webb.