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CHESNEY AWARD WINNER

IAEA

CLINICAL EDUCATION OF STUDENTS DURING A PANDEMIC

APR 2021

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INTERNATIONAL SOCIETY OF RADIOGRAPHERS & RADIOLOGICAL TECHNOLOGISTS

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The ISRRT is registered as a charity in the United Kingdom: Registration No. 27 6218.
DEAR ISRRT MEMBERS,

The COVID-19 vaccine is in full swing around the world for frontline healthcare workers. Many of our colleagues around the world have received their first or second doses of one of the approved vaccines. We continue to await vaccine distribution to all our colleagues so we can get back to enjoying the world as we had previously.

As I write this column, many professional organizations are busier than ever with online work replacing in-person meetings. The ISRRT Board of Management (BOM) continues to represent the global voice of radiographers at international stakeholders’ meetings and in collaborating on global projects that will elevate patient care in countries around the world.

ISRRT social media gives members a glimpse of the impact the ISRRT BOM and committee projects have had on our organization’s success. I would like to share some of this important information with you to demonstrate the value ISRRT brings to our members as the global voice to help ensure elevation of patient care globally. Our statistics since May 2020 show that we have had over 30,000 attendees from 193 countries in our COVID related courses on our ISRRT E-learning platform. A special thank you to all the ISRRT members who have contributed to building this resource, which includes education on COVID-19 in radiography, ultrasound, nuclear medicine, radiation therapy, and computed tomography.

ISRRT website statistics also show that we have had 103,843 page views, with our top viewed pages being some of the ISRRT BOM’s projects from this past year. Since May 2020, our QA-QC Position statement received 3,645 and our related quick guide Protective measures with full guidance COVID received 5,684 views. In addition, ranking in our top views were World Radiography Day Special Editions, professional practice QA and QC guidance documents in CT, digital radiography and mammography, position statements on Frontline HealthCare Workers, medication, justification role, ISRRT Justification Flow Chart, ISRRT posters, and ISRRT No Tobacco Day Champaign. As ISRRT’s president I am so proud that our work is being viewed and used throughout the world.

ISRRT Facebook live sessions have brought many new followers to our ISRRT Facebook page. Statistics show in May 2020, ISRRT’s first Facebook live session, hosted 9,698 ISRRT Facebook followers as I write this article today 15,226 people are following the ISRRT Facebook page. A special thank you to ISRRT Director of Education, DONNA NEWMAN

ISRRT PRESIDENT

ISRRT Facebook live session March 21, 2021Radiographer’s Mammography education, training and professional practice requirements: Taiwan’s experience.

Napapong Pongnapang, ISRRT Vice President Asia/Australasia, Donna Newman, ISRRT President, Chun-Yuan Tu, TAMRT President, Vincent Kuo-Wei Wang, TWSRT President, Yun-Xuan Tang, Yudthaphon Vichianin, ISRRT Director of Education.
Education Yudthaphon Vichianin and Vice President Napapong Pongnapang for hosting and running this ISRRT program. Thank you to all our experts from around the world who have shared best practices in their countries. These Facebook live sessions have also created opportunities to network and share new technology with members who do not have access to the same continuing education. Please take time to read the article from our Director of Education in this issue about a specific session that ISRRT has organized.

As your president, I have been working since the last issue of news and views to represent you and the Board on the global level. For example, the BIR has initiated an international magazine to share the views of International leadership and I submitted on behalf of the ISRRT, for the article called, “Innovations in imaging and radiotherapy, a more connected world,” which will be published later this spring.

ISRRT CEO Dimitris Katsifarakis, ISRRT Director of Professional Practice Stewart Whitley, and I attended the online World Health Organization (WHO) – Executive Board 148 Session January 18-26, 2021, where the Global Action on Patient Safety action plan was introduced and accepted by the Executive Board and will be heard at the WHO Assembly in May 2021. The purpose of this plan is to provide strategic direction for all stakeholders in eliminating avoidable harm in health care by improving patient safety in different practice domains through policy action and quality of health services. Watch ISRRT social media to get additional updates related to this agenda item.

On March 2, 2021, ISRRT Director of Professional Practice Stewart Whitley, and I joined a panel of radiographers, radiologists, referring physicians and physicists during the WHO/Geneva Learning Foundation special Event,” Communicating Radiation Risks in Paediatric Imaging” as part of the launch of the pilot WHO Scholar Level 1 course on radiation risk. Over 3,000 participates from around the world joined the event to hear testimonies of radiographers from around the world highlighting the importance of effective pediatric benefit and risk communication. Out of the 159 panelists, I was one of three people given the opportunity to speak on behalf of radiographers around the world. I thank the ISRRT experts who helped develop this important book that was promoted during this WHO Foundation special event, it has truly elevated risk communication for pediatric patient care around the world.

On March 6, 2021, I participated in the ECR in the Meets 6 Radiography (imaging and therapy) services in Singapore, along with ISRRT Vice President Asia/Australia Napapong Pongnapang and Regional Director Asia/Australia Chek Wee Tan where one of ISRRT member societies (education system, regulatory system, and the advancement of technology) was showcased, in the Singapore’s profession of Radiology.

On March 8-10, 2021, ISRRT Vice President Napapong Pongnapang, ISRRT Director of Professional Practice Stewart Whitley, and I presented at the IAEA Technical Meeting on developing Effective Methods for Radiation Protection Education and Training for Health Professionals. Please take time to read the outcome of that meeting in a
As an international organization that believes these changes are needed for many years, the ISRRT is happy to be a part of the international stakeholder group to help develop a global plan.

On March 27, 2021, I had the opportunity to speak on behalf of the ISRRT at the Society of Radiographers South Africa (SORSA) Virtual meeting. With the theme of “Radiography from current practice to future direction,” I gave a presentation in my current field of practice on PETCT imaging update in prostate and Breast cancer imaging.

Finally, the ISRRT BOM and World Congress committee has been meeting with the Ireland World Congress committee over the last few months trying to find a viable solution for our Congress meeting on August 17-21, 2021 in Dublin, Ireland. As of today, both the ISRRT BOM and the Ireland Congress committee are moving forward with a hybrid format for this Congress. We know that not all members will be able to travel this August, so an online option will be available for attendance as well as an in-person option.

Registration has been adjusted to accommodate these options. Please watch the ISRRT website www.isrrt.org and Ireland World Congress website https://isrrtdublin2021.org for more information and a finalized program that will be launch later this month.

The ISRRT BOM appreciates our members’ knowledge, skills, expertise, and care as frontline health care professionals during the COVID-19 pandemic. Please stay safe and know that the ISRRT supports each of your efforts to help elevate patient care around the world. By becoming involved, you make a difference.

Donna Newman
ISRRT President
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DEAR COUNCIL MEMBERS OF THE ISRRT, and readers of the ISRRT News & Views,

We have been immersed in the COVID-19 pandemic for over a year. The global healthcare workers received the first shock from the COVID-19 outbreak while simultaneously experiencing the lack of personal protective equipment and the unknown aspects of the disease. Although they successfully managed the situation within the first months it came at a high price. Unfortunately during this time the lives of many human beings has been claimed, many our colleagues. Our thoughts and sympathy are with their relatives and friends.

Good news since November 2020 is that effective and safe vaccines have been developed. Vaccines are the hope for humanity, as we, as humans have relied on them for over 100 years to confront the communicable diseases and to make progress as a human society. We look forward to the promising results of the vaccination and honestly this is the main and viable solution to escape the pandemic.

As the Secretary General of the WHO pointed out a few weeks ago, there are 150 countries under a vaccination program. This number of countries is expected to be expanded shortly.

However the UN Secretary General called out, in another occasion a few weeks ago, that vaccine equity is the biggest moral test for the global community and also noted that progress on vaccinations has been widely uneven and unfair, with only 10 countries having administered 75% of all vaccines. He emphasized that more than 130 countries have not received a single dose yet. “If the virus is allowed to spread like wildfire in the global south, it will mutate again and again,” he warned. “This can prolong the pandemic significantly, enabling the virus to come back to plague the global south.”

The WHO Secretary General “Singing from the same Hymn book” recalled that the creation of the COVAX facility — the one global tool to procure and deliver vaccines to low- and middle-income countries — and highlighted the urgent need for a global vaccination plan to bring together all those with the necessary power, scientific expertise and production, and financial capacities.

It is really promising that radiographers/RTs are among the enthusiastic supporters of the vaccination.

You, as people of science and technology can certainly understand the achievements of the combination of the human knowledge, scientific findings and evidence and their transformation to the technologically advanced useful materials.

We, in the ISRRT management group have been working, inspired from your devotion and passion, to offer your services to patients and we try to produce valuable documents and information to enhance the radiographer/RTs profile globally.

As part of my work I have been asked by the president to unite with the vice president of the Americas Region Mr Terry Ell to develop a project on the Workforce Shortages for the 2030. This is an evolving project in collaboration with WHO. Aims to identify any radiography (imaging and therapy) personnel shortages for the years to come. For this purpose, Terry and I have developed and distributed a questionnaire to ISRRT Council members.

Till now 50% of council members have answered the questionnaire, thank you. I am also taking this opportunity to encourage those of you who have not yet had the time to respond, please reply soon. If, by chance, you have not seen the questionnaire link, please send me an e-mail [ceo@isrrt.org] and I will be happy to provide the link.

I’m also taking this opportunity to remind the Societies [a few of them] who have not sent your membership fees to do it as soon as possible as the ISRRT finances/ activities/ projects rely on your good will to fulfill your financial responsibilities to the organization of our heart, the ISRRT.

I salute you all and I am wishing you an enjoyable read of the current issue of the News & Views.

Dimitris Katsifarakis
Chief Executive ISRRT
DURING THIS PANDEMIC PERIOD, our association has been keen to keep in touch with all the radiographers around the world, through webinars which have been much appreciated and is a new channel of communication for our old association.

I would like to thank our president and all the members of the Board of Directors who participated.

As Treasurer, along with the President and the CEO, we have tried to maintain our financial situation as well as possible, it is true with little spending, but also more random income in this period of crisis.

We are all working together to decide whether or not to set up the Dublin World Congress in these uncertain times. We will of course keep you informed of the situation.

The webinars have brought a new interactive means of communication but we are all waiting for a congress and a council meeting where we can find ourselves face-to-face..

This is the dearest wish I have for 2021 but unfortunately we all have to wait for the situation to improve.

In the future, we will have to rethink the funding of our association which, I remind you, is managed only by volunteers, dedicated to their profession.

I would like to thank them again but also to extend my gratitude to all the radiographers around the world who have been and still at the forefront of this pandemic.

Philippe Gerson
ISRRT Treasurer
2020 ISRRT Chesney Research winner

It is ISRRT Board’s pleasure to announce the 2020 ISRRT Chesney Research Winner is the proposal entitled:

“Patient safety measures and practices in medical imaging departments in Malawi”

By Moses Chipembo Soko, DIP RAD, BTECH RAD, BRAD HONS, (Diagnostic)
Radiology Department, Zomba Central Hospital

The aim of the ISRRT Research Fund is to promote research that helps encourage evidence-based practice and improve the standards of delivery and practice in medical imaging and/or radiotherapy. Starting in 2016, to commemorate the Chesney sisters who left in their will a legacy to ISRRT, the fund was name from the ISRRT Research Award to the ISRRT Chesney Research Fund.

The aim of the ISRRT Research Fund is to promote research that helps encourage evidence-based practice and improve the standards of delivery and practice in medical imaging and/or radiotherapy. Starting in 2016, to commemorate the Chesney sisters who left in their will a legacy to ISRRT, the fund was name from the ISRRT Research Award to the ISRRT Chesney Research Fund.
Dear ISRRRT members,

As you are aware, in April of last year, the ISRRT and the IIRRT made the difficult decision to postpone the 21st ISRRT World Congress which was scheduled for August 2020 in Dublin Ireland as a result of the emerging global COVID-19 pandemic.

This decision was taken in recognition of the priority to maintain critical frontline services during this time of uncertainty and the vital role which many of our members play in the provision of those services. The ISRRT also recognised the impact of the extensive international travel bans which were implemented which would have prevented our planned hosting of the Congress in its traditional format.

The recent commencement of vaccination programmes across the globe brings hope that we may soon return to a more normal way of living. Despite this, considerable uncertainty remains with regards COVID-19 related restrictions and when such restrictions might be eased and the possible impact to our World Congress. In recognising these uncertainties, the ISRRT Board and the IIRRT local organising committee have been working hard to explore the various options available to facilitate a viable Congress.

We are pleased to announce that the 21st ISRRT World Congress will run as a hybrid event from the Convention Centre in Dublin Ireland August 20-22. The hybrid format will facilitate physical attendance for those delegates who are able to travel (restrictions permitting) as well as offering a virtual alternative for those who cannot.

An exciting congress programme is currently being finalised which will include a number of inspiring workshops on the Friday following a condensed opening ceremony and a number of themed sessions running in parallel on Saturday and Sunday which are sure to cater to everyone’s interests. As previously communicated, the previously approved abstracts for the Congress in 2020 will be automatically upheld for the new 2021 event. The IIRRT local organising committee are currently in the process of contacting all abstract writers in order to finalise the programme and we hope to publish the final programme in the coming weeks.

We have also developed a new registration model with very competitive rates which is outlined below. This model will also give added flexibility to delegates. The rates are the same whether attending virtually or physically.

For those who had already registered for the 2020 World Congress and opted to move your registration forward to the 2021 event, please be reassured that any refund owed to you will be actioned accordingly. A member of the local organising committee will be in contact with those affected in due course to discuss options available. In the interim, if you have additional questions relating to your registration please contact the planning committee at ISRRT2020@advantagegroup.ie

Please note that registrations will open at https://isrrtdublin2021.org/ once the congress programme is finalised.

ISRRT members, as always, we appreciate your continued efforts in the fight against COVID-19 and your dedication to ensure access to vital services for all of our patients.

On behalf of the ISRRT Board and the IIRRT local organising committee, we very much look forward to welcoming you to the 21st ISRRT World Congress whether you intend to attend virtually or physically.

Keep safe.

Sincerely,

Donna Newman ISRRT President and Dean Harper IIRRT President
New hybrid Congress format – Virtual or physical attendance
Fri 20th - Sun 22nd August 2021 Convention Centre, Dublin, Ireland
New registration rates outlined below
Registrations will open shortly at https://isrrtdublin2021.org/ once Congress programme is finalised.

<table>
<thead>
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<td>Full Congress Rate</td>
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<tr>
<td>Friday Workshop Rate</td>
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<tr>
<td>Saturday Full Day Rate</td>
<td>€75</td>
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<tr>
<td>Saturday Session Rate</td>
<td>€40</td>
</tr>
<tr>
<td>Sunday Half Day Rate</td>
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- Full congress (virtual or physical attendance) including opening ceremony, access to Friday workshops and full access to Saturday and Sunday Programme.
- Access to one of the Friday workshops of your choice (virtual or physical attendance). Rate also includes access to the opening ceremony.
- Access to the full day Saturday programme (virtual or physical attendance).
- Access to one of the Saturday sessions of your choice (virtual or physical attendance).
- Access to the half day Sunday programme (virtual or physical attendance).
Introduction
Statutory registration for Radiographers and Radiation Therapists was introduced in Ireland in October 2015. This marked a significant change in the landscape for Radiographers and Radiation Therapists. CORU is Ireland’s statutory regulator with the responsibility for the regulation of registered health and social care professionals. For the first time, Radiographers and Radiation Therapists now have a mandatory requirement under the code of professional conduct and ethics to engage in CPD and must accrue 30 CPD credits annually. The role of the statutory regulator is “to protect the public by establishing a register of health professionals who meet prescribed standards of training, professional skills, behaviours and health” (CORU, 2019).

Different CPD models have been used to assess participation and engagement in CPD globally. CORU has adopted an output-based approach in which registrants must evidence the impact of their learning on practice (CORU, 2019). Radiographers and Radiation Therapists must self-assess their learning needs and formulate a personal learning plan (PLP) incorporating a range of formal and informal learning activities. Radiographers and Radiation Therapists must write a detailed reflective account to evidence their learning and show the impact of the CPD activity or professional experience on their role, their practice and ultimately focusing on the benefit to the patient or service users (Radiography, 2017). It is crucial to understand the pivotal role of reflection within the cycle of continuous learning.

What is Reflective Practice and its relevance to professional practice?
Reflective Practice is considered integral to how professionals integrate their learning and experience into practice (Dewey, 1933, Argyris & Schön, 1978, Kolb, 1984, Gibbs, 1988, Rolfe, 2001). Reflective practice is described as “a process of learning through and from experience towards gaining new insights of self or practice often by examining assumptions of everyday practice” (Finlay, 2008). Radiographers and Radiation Therapists frequently have patient encounters and experiences in their clinical environments that may not follow departmental protocol. As professionals, the expectation is to react quickly and efficiently to always ensure optimal service delivery. There may often be no right or wrong way to respond to these situations. Reflection facilitates a time or space for the thoughts and feelings emerging from these challenging situations and it provides a space for professionals to deconstruct both positive and negative clinical experiences and consider future alternative pathways.

Theorist’s view of reflection?
There are many different theories and models of reflection from different philosophers. It is not possible to discuss all the different theorists, but it is important to give a background of the main theorists. No discussion, no matter how brief would be complete without referring to the work of John Dewey. Dewey’s (1933) work “How we think” describes reflection as a cognitive process. Dewey defines reflection as “the active persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends” (1933, p9). Dewey notes that problems are analysed and broken down into a chain of ideas that are linked together in a logical and meaningful way.

Dewey emphasised the difference between reflective thinking to everyday routine thinking. Routine thinking results from an individual’s automatic habitual response to a situation which is formed from a set of rules and traditions that have been built over the years of professional practice and experience. Dewey proposed that action as a result of reflective thinking is deliberate and what he coined as an “intelligent action”. Other theorists have critiqued Dewey’s theories suggesting that while he refers to reflective thinking as thinking about action, Dewey did link reflective thinking to having a defined action as an output of the process.

Schön (1983), further introduced some new ideas and insights about reflection. Dewey conceptualised reflection as retrospectively analysing an experience. Schön reflection on action is like Dewey’s theory of looking back at a situation and reflecting on it. Schön introduces the concept of “reflection in action” which is a process where a professional can use the benefits from their repertoire of experiences while in each situation to guide them to act in a certain way. Schön theory of reflection in action is based on the professional having numerous years of clinical experience which they can draw upon, so they can reflect and act simultaneously to a given situation. (HSCP Reflective Statement, 2019)
MODELS OF REFLECTION

Kolb Experiential Learning Cycle

Since 1984, David Kolb’s Experiential Learning Theory (ELT) has played a key role in adult learning. The experiential learning cycle is one of the most influential approaches to learning. ELT is based on the ideology that the best way to learn new things is to be engaged and involved in experiences. Therefore, essentially healthcare professionals are learning from engaging in routine clinical experiences. By actively and routinely participating in reflection, these significant experiences will be stored in your mind and help you retain information and remember the facts.

The Kolb model consists of four main stages. The learning cycle is initiated with a concrete experience, which prompts reflection. The term concrete experience was more recently replaced with contextually rich concrete experience. This is where the professional describes the experience and must be open and honest in their description of the experience.

The next step is the reflective observation which one must analyse their thoughts and feelings and linking them back to previous experiences. The next phase is abstract conceptualization where the individual starts to identify new concepts and insights. This stage may involve discussion with colleagues and incorporate peer feedback. The final stage of the Kolb model is referred to as active experimentation and this involves the implementation of the new learning into practice, which will help troubleshoot future similar experiences. Many theorists have critiqued the Kolb model for the cyclical nature that the individual must proceed from one stage to the next. As depending on the professional and the experience some stages of the cycle may be overlooked, and indeed some other stages may be repeated several times in any given cycle (Wheeler, 2012).

Gibbs Model of Reflection

The Gibbs reflective cycle (1988) is a popular model that professionals can use to gain further insight and deconstruct their experiences and help support one to integrate your learning into your professional practice (CORU, 2019). The Gibbs model is similar to Schön’s reflection on action where the professional is looking back on an experience. The Gibbs model has more stages and prompts than Kolb’s model and it encourages the professional to critically evaluate and analyse an experience. Using the Gibbs model, the professional will follow these essential steps from the description of the professional situation to describing your feelings and evaluation through to analysis.

- **Description**: Describe a professional situation/event you encountered
- **Feelings**: What feelings did the situation evoke for you? What was the significance of your feelings, how did they influence your actions?
- **Evaluation**: What thoughts does this situation evoke? What was the significance of your thoughts, how did they influence your actions?
- **Analysis**: What are the questions that arise for you? Are there personal challenges represented in the account of the event? Are there professional challenges represented in this account of the event? What do you need to do to help you to resolve the doubts/uncertainties/dilemmas (personal/professional) that are contained in your description of this event/situation?

The Gibbs reflective model can be used to support professionals to reflect on an experience you encountered. For reflecting on CPD activities, such as a journal club, clinical audit, protocol development, study days, or webinar, the Rolfe model is a more practical model which is a simplified adaptation of the Gibb's model.
Rolfe, Freshwater and Jasper Model

The first stage of the Rolfe model is the ‘what?’ question. This is a mere description of what happened and detailing what learning activity you engaged in. Once the description has been completed carefully the next step is the ‘so what?’ question. This is the analysis stage, setting the benefits and impact of this CPD activity on your professional practice. It is important at this stage of the Rolfe model to examine the benefits to your professional role and to look further than your professional role and focus on the impact of your learning on your department as a whole and to your patients or service users. At the last stage of Rolfe et al.’s model, ‘now what?’ you are asked to consider the steps you will be taking to improve your practice and learn from the initial experience. You should complete a simple action plan with key pointers about what you will do and how you will decide that your practice has improved.

Key Questions to Consider Prompting Reflective writing:

There are several key questions to consider when writing a reflective report whether it is or an experience with a patient, colleague, or the reflection of a CPD activity. CORU (2019)

- What have I learned as a result of this experience?
- Did I achieve my learning outcomes?
- What kind of unplanned outcomes or challenges arose?
- Which barriers did I have to overcome?
- What is the new knowledge I have attained as a result of this experience?
- How will I share my new knowledge and skills with my department?

Reflective Practitioner Competencies

There are several key skills or ‘reflective practitioner competencies’ (Britton et al 2013) necessary to engage in effective productive reflective practice. Embracing these competencies will ensure healthcare professionals have positive learning outputs that will enhance professional practice.

1. Self-knowledge is an understanding of and insight into one’s strengths, weaknesses, and character.
2. Critical Thinking is the ability to assess experiences in a logical fashion exploring important questions and gathering information and formulating answers in a structured process.
3. Open-mindedness is the ability to think open-mindedly and consider other alternative solutions or outcomes of an experience and recognising the possible consequences of their actions on them as an individual professional and to other team members.
4. Intuitiveness is the ability to be curious and apply the reflective questions mentioned later in this article to your professional experience. It is the ability to challenge your current practice and identify your strengths and weaknesses and potential gaps in knowledge. This will promote continuous learning by identifying possible areas for learning and development.
5. Emotional Intelligence is the ability to identify and manage one’s own emotions. Emotional intelligence can be further broken into five different categories which are all essential skills for an effective reflective practitioner. These additional skills are self-awareness, self-regulation, self-motivation, social awareness, and social skills. These are all essential skills for Radiographers in Radiation therapists who frequently work in pairs and as part of multidisciplinary teams.

The benefits of engaging in Reflective Practice

“Reflective practice is widely assumed to be part of healthcare practice, and its nature and evolution are well documented” (Gibbs, 1988; Schön, 1983; Dewey, 1933). The personal benefits of individuals engaging in reflective practice can often be poorly understood and it is often considered a box-ticking exercise to fulfil mandatory CPD requirements. Reflection can be more effective if participants wholeheartedly engage in the process. The importance of reflection is defined by Gibbs “It is not sufficient simply to have the experience to learn, without reflecting upon this experience, it may quickly be forgotten, or its learning potential lost” (Gibbs, 1988). A proactive and systematic approach to engaging in reflection can reap tangible benefits. Some of the documented advantages of reflective practice engagement to healthcare professionals are enhancing critical thinking, communication skills and give deeper meaning to everyday routine practices. HSCP (2019).

The reflector in professional practice takes responsibility, owns their challenges, vulnerabilities and takes responsibility to change and transform their experiences. Reflection supports healthcare professionals to contextualise an experience in terms of their environments, roles, and accepted norms and behaviours within the organisational structures in which they work. Reflection encourages and challenges the measurable, quantifiable, technical view of the practice of health and social care professionals.

Reflective Practice Tools

There are helpful tools to help professionals keep a note of key
moments which they can later refer to and develop into a full reflective account. Examples are a reflective journal to keep in your work uniform to documents key notes. There is also the voice memo functionality on your mobile phone which you record key moments. There are also reflective practice worksheets such as the Gibbs worksheet to help you take notes (appendix 1).

Conclusion
This review discussed the background to reflective practice incorporating the ideologies of different theorists from Dewey to Gibbs. The ability to reflect is an essential skill for all health care professionals to fulfill the requirements of mandatory CPD but also to keep abreast of the complex evolving technical environments they work within. There are many different models of reflection to help guide one’s reflection and integrate your learning into practice. Different reflective models can be used depending on the situation the professional is reflecting on. Reflective practice will guide and help Radiographers and Radiation Therapists to deconstruct everyday experiences to give new meaning and insight and define future learning goals. Reflective practice encourages professionals to engage in self-assessment, identifying their strengths and weaknesses and defining areas for future learning and development. Reflective practice is therefore a core fundamental skill in continuous professional development.

References
Britton, B Serrat, O (2013) Reflective Practice ADB
CORU (2019) Radiographers Registration Board Code of Professional Conduct and Ethics
Finlay L (2008) Reflecting on “Reflective Practice”.
HSCP (2019) Reflective Practice Statement HSCP CPD Sub-Group
Nursing Times [2015] Realising the benefits of reflective practice.
Wheeler S (2012) Recycling Kolb Learning with “e”s My thoughts and learning technology and all things Digital
PHILIPPINES PROFESSIONAL REGULATION COMMISSION APPOINTED NEW MEMBERS OF THE RADIOLOGIC TECHNOLOGY CAREER PROGRESSION AND SPECIALIZATION PROGRAM (CPSP) COMMITTEE

MANILA, PHILIPPINES
REPORT BY PEACHY S. LUNA,
SECRETARY GENERAL, PHILIPPINE ASSOCIATION OF RADIOLOGIC TECHNOLOGISTS, ISRRT COUNCIL MEMBER FOR THE PHILIPPINES

THE PHILIPPINES PROFESSIONAL REGULATION COMMISSION appointed the new members of the Radiologic Technology Career Progression and Specialization Program Committee of the Continuing Professional Development Council. The newly appointed members include Hon. Ma. Jesette B. Canales as the Committee Chair with members Peachy S. Luna, Dr. Edzen A. Espina, Darwin Z. Angcahan, and Richard S. Lirio. Through this committee, the Professional Regulation Commission (PRC) and the Professional Regulatory Boards (PRBs) will formulate and implement a Career Progression and Specialization Program (CPSP) for the Radiologic Technology profession to address the Pathways and Equivalencies of PQF, subjected to various national consultations with the professional organizations, concerned national government agencies, academe, and industry.

Section 4 [a] of R.A. No. 10912 or the Continuing Professional Development (CPD) Act of 2016 states that there shall be formulated and implemented Continuing Professional Development (CPD) Programs in each of the regulated professions to enhance and upgrade the competencies and qualifications of professionals for the practice of their professions according to the Philippine Qualifications Framework (PQF), the ASEAN Qualifications Reference Framework (AQRF) and the ASEAN Mutual Recognition Arrangements (ASEAN MRAs).

The Philippine Qualifications Framework (PQF) Act, states that it is the policy of the State to institutionalize the PQF to encourage lifelong learning of individuals, provide employee-specific training standards and qualifications aligned with industry standards. A PQF shall be established which shall describe the levels of educational qualifications and sets the standards for qualification outcomes. It is a quality assured national system for development, recognition, and award of qualifications based on standards of knowledge, skills, and values acquired in different ways and methods by learners and workers of the country.

To operationalize the foregoing provisions of the laws and to identify the employee or professional specific training standards and qualifications aligned with industry standards,
the Commission issued Resolution No. 1262 (s. 2020) on the creation of Career Progression and Specialization Program and Credit Accumulation and Transfer System (CPSP-CATS) Committee for each of the regulated professions to assist their respective CPD Councils and Boards on the implementation of the CPSP and CATS.

Further, the PRB CPSP-CATS Committee will provide assured quality standards consistent with the Philippine industries’ job requirements and demands and career progression mechanisms leading to specializations/sub-specializations.

Aside from this, the CPDP-CATS shall develop a mechanism for the validation, accreditation, and recognition of formal, nonformal, and informal learning outcomes, including professional work experiences and prior learning, as basis for conferring professional qualification titles.

The Committee will enhance recognition of Philippine qualifications’ value and comparability, significantly supporting the mobility of Filipino professionals globally through mutually recognized qualifications.

The newly appointed members of the Committee have already completed their work on identifying career pathways, qualification titles and now working on drafting program and learning outcomes including level of competencies for the Philippine Qualification Framework.
On February 13, 2021, the European Federation of Radiographer Societies, EFRS conducted the 13th Annual General Meeting. Unlike previous EFRS AGMs, it was completed in a single day and online due to the pandemic restrictions. Once more, and according to ISRRT statues and the ISRRT - EFRS MoU, I had the opportunity to participate as the Regional Director Europe ISRRT for the 3rd consecutive time.

The event was represented by 32 societies and 47 delegates, 2 trade unions and 3 delegates as well as 25 educational institutions with 28 delegates.

At this AGM there were 19 items to discuss and several voting processes.

The meeting began with the introduction of the new EFRS CEO Philippe Van Laer by the outgoing EFRS president, Jonathan McNulty. In general, the presentations of items were concise and explanatory to support the process of approval and voting.

The 12th EFRS AGM minutes were approved and reports of both the board and Educational Wing Management Group of the previous year were briefly discussed. In turn, important EFRS relationships and ongoing joint activities with organizations were highlighted. The cooperation between EFRS and ISRRT on developing resources for radiographers as well as the joint publication were illustrated.

During the AGM four new members were welcomed.

- Israeli Radiographers Union (full member)
- Assoziazione Italiana Tecnici di Radiologia Senologica (full member)
- Palestinian Association of Radiation Technologists (affiliated member)
- Palestine University of Sharjah, United Arab Emirates (affiliated member)

Following the 2021 budget proposal approval, three important EFRS documents were approved.

2. Statement on Clinical Audit [Working group chaired by Marie-Louise Ryan]
3. Description of the Radiation Protection Officer Role [Working group chaired by Joana Santos]

As we were approaching the short intermission of the AGM, we were happily surprised to witness the presentation of the very 1st “Wilhelm Conrad Roentgen” EFRS award to Dorien Pronk-Larive. Dorien was the 1st EFRS CEO from 2008 till 2020 and has been a lifelong contributor to radiography from several executive roles and appointments she has served throughout her career. We have been friends and collaborating for almost 20 since our HENRE meetings. I feel this award was well deserved in appreciation of her devotion and perseverance to strengthen the role and image of radiographers through education and professional practice.

So, after the celebrations and cheering for Dorien, we thanked Jonathan McNulty who stepped down as president to serve as immediate past president in his final term and Charlotte Beardmore “stepping up” to become the new EFRS president.

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Developing resources for radiographers, an ISRRT-EFRS joint project.
Outgoing EFRS board members Diego Catania and Anke Ohmstede were also acknowledged for their commitment and Charlotte Graungaard Falkvard newly appointed EFRS Vice-President and new board members Frank Zarb and Shane Foley were introduced and welcomed by everyone.

The Activity Plan for 2021 was outlined in terms of the mission, vision, key values and strategic aims of the EFRS involving the profession, the patient and public, education and organization activities.

The succeeding agenda item concerning the update on committees and working groups consisted of five presentations corresponding to the following areas:

1. Radiotherapy Committee where Anastasia Sarchosoglou, a member of the organizing working group of the Panhellenic Society of Radiological Technologists, Greece was appointed as chair.
2. Nuclear Medicine Committee
3. New EFRS Research Committee
4. Ultrasound Surveys Working Group
5. EFRS / ISRRT Artificial Intelligence Working Group consisting of:
   - EFRS: Prof Maryann Hardy, Dr Sundaran Kada, Dr Jown Stowe, Dr Nick Woznitza
   - ISRRT: Lars Henriksen, Hakon Hjemly, Dr Naoki Kodama, Dr Yudthaphon Vichianin

Evidently, the EFRS continues to be influential through collaborations and joint projects with significant organizations as well as publications in peer reviewed journals and benchmark documents, highly indicative of the MoU and applications for membership increase. The distinguished role of the EFRS is also reflected in the ongoing work undertaken by the EFRS Radiographer Education Research and Practice (RERP) Expert Group. This collaborative group involves our own ISRRT president, Donna Newman and other renowned academic radiographers.
from around the world who are currently drafting a white paper for publication related to the future of our profession.

Despite this year’s challenges related to the online sessions of ECR 2020, a preview of ECR2021 highlighted a promising continuance for radiographers who have submitted:

- 3963 abstracts
- 6 papers in each of the 2 live sessions
- 6-9 papers in each of the 5 on demand sessions

Customarily, I was invited to “salute” the event. Thus, after congratulating the previous and new executive members of the board, and the EFRS as an entity with significant collaborations and achievements in its 13 years of life, my brief address focused on the new way of life and radiography education and practice associated with the burden of the pandemic and the lives lost among health professionals. Apart from the new ways of radiography practice to mitigate the risk of infection, I also expressed my anxiety with the minimal or no in-person clinical education for radiographers and the consequential negative impact on both, the quality and the quantity of supply of RGS. Especially, when the High-Level Commission on Health Employment and Economic Growth has estimated that by 2030, we will need over 18 million additional health workers worldwide to meet Sustainable Development Goals and universal health coverage targets.

In addition, I presented the ISRRT e learning platform and resource library on COVID-19 acknowledging all contributing authors. The joint project attracted over 11282 views from 150 countries. Then, I explained that formulations of the postponed 21st ISRRT WC in Dublin due the pandemic are yet to be decided as we expect new guidelines to support travel.

Finally, I conveyed gratitude on behalf of the ISRRT to Dorien and Jonathan for their endless work, and dedication whilst extending our cooperation with the new leadership, Philippe Van Laer, Charlotte Beardmore and Charlotte Graungaard Falkvard.

Dear friend, Dean, the radiography family wishes you get well soon!

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ISRRT President Donna Newman, ISRRT Director of Professional Practice Stewart Whitley and ISRRT Vice President of Asia/Australia Napapong Pongnapang participated as panelists in the IAEA Technical Meeting on developing Effective Methods for Radiation Protection Education and Training for Health Professionals held virtually March 8-10. The meeting consisted of 230 nominated participants and experts from 67 member states along with 23 international organizations, professional bodies and safety campaigns, representative of medical industry, regulatory bodies and experts involved in radiation protection education and training. As panelists, we were asked to come together and to share experiences and develop effective methods for radiation protection in education and training targeting specific groups of health professionals. Another objective of the meeting was for the panelists and participants to help come to a consensus on the gaps and issues with current systems of education and training and to propose possible solutions for addressing these gaps. The meeting participants and panelists were also asked to help to create recommendations to help further strengthen the education, training and professional development of health professionals with emphasis on ensuring requirements for qualifications and competencies in radiation protection and safety for medical uses of ionizing radiation.

The first part of the meeting was an over view of the responsibilities for radiation protection in healthcare. Interestingly the inclusive list covered not only radiologists, medical physicists, nuclear radiopharmacists, radiographers/radiological technologists, radiation therapists and dosimetrists but also other members of the health care team. This included, referring physicians, nurses, engineers, IT specialists and hospital management. They discussed how suppliers of equipment, maintenance and service engineers as well as regulators and inspectors all also have a role in radiation protection education and training. This is spelled out in the current international BSS guideline and standards that are available to support building knowledge skills and competencies of health professionals in radiation protection. The IAEA Safety Standards Radiation Protection and Safety of Radiation Sources include: the International Basic Safety Standards General Safety Requirement Part 3 No GSR Part 3 establishing the education and training requirement for all health care personal and mandated the verification of the compliance requirements and how to apply these requirements. The IAEA Safety Standards Radiation Protection and Safety in Medical Uses of Ionizing Radiation Specific Safety Guide No. SSG-46 was developed to provide guidance on fulfilling the requirements of the International BSS relating to medical uses of ionizing radiation. A meeting was held in Malaga Conference in 2001 which initiated an International Action plan for Radiological Protection of Patients which involved a key Steering panel which included: IAEA, WHO, PAHO, UNSCEAR, ICRP, EC, IEC, ISO, IOMP, IRPA, ISRO, ISRRT and WFNMB. These groups developed a standard syllabus for training of safety standards and to finalize draft practice specific guidance documents. The next meeting relating to this happened in 2012 by the IAEA and in cooperation of the WHO where the Bonn Call to action was developed with 10 Action to improved
radiation protection in medicine in the next decade. Action four, Strengthen radiation protection education and training of health professionals. In 2017, in the follow-up IAEA conference held in Vienna in cooperation with the WHO a continue implementation of the Bonn Call-for-Action was agreed to and a renewal of a 5-year plan. Finally, relating to this project the supporting material was launch in 2021 for Radiation Safety Culture Trait talks in Health care which is a handbook for health professionals to teach safety culture.

From a radiographer’s perspective in the pre-meeting survey the question was asked if radiation protection education was required before you started working in the form of additional certification related to radiation protection. 46% of respondents said it was part of their national education and certification in their country. Also interesting was the fact that 38% of countries required additional radiation protection courses after they start working. This is very interesting for our global profession and lends to the fact that education, laws, regulations and certification aren’t uniform across the world.

Another interesting finding relating to radiographer’s worldwide is the fact that the pre-meeting survey confirmed that only 65% of radiographer countries require CPD in Radiation protection and 36% don’t require CPD relating to radiation protection in their country. This information strongly supports the need for a meeting of this nature to help find the gaps and find possible solutions to strengthen radiation protection which is item 4 of the Bonn Call-for-Action.

Kimberly Applegate, ICRP presented the recommendations for education and training in radiation protection of health professionals described in ICRP Publication 113 where the key principles of justification, optimization and dose limits are listed but the practical way for everyone to understand them is still needed. Kimberly discussed that the ICRP believes that countries should adopt implementation of education and training and adapt with local resources.

Graciano Paulo from EURAM presented the European guidelines on radiation protection relating to education and training of medical professional from the European Commission on radiation protection 75. Graciano explained that the Council directive 2013/59/EURATOM Article 18 gives requirements for education, information and training in the field of medical exposure. Guidelines on Radiation Protection education and training of medical professionals in European union was established in 2014, called Radiation protection No. 175 MEDRAPET.

Dr Maria Perez from the WHO presented the WHO’s perspective to radiation protection education and training of health professionals. Dr Perez explained that there is a lack of high-quality health services due to the huge shortage, imbalanced skill mix and uneven geographical distribution of health workers. The WHO estimates that an additional 4.3 million health workers are needed worldwide. Dr Perez also discussed that health care workers shortage is compounded by knowledge, skills, competencies, clinical experience and that expectations don’t meet the populations they service. Also discussed was the fact that educational programs need to become multi-disciplinary in terms of service delivery teams.

Panel discussion 1: Radiation protection training in diagnostic radiology, including dental
ISRRT Director of Professional Practice, Stewart Whitley served as a panelist and presented ISRRT view and weaknesses in education and training in relation to diagnostic radiology including dental. As you can see from the panel photograph there were representatives from a number of organisations and professional groups.

The purpose of this meeting was to address a number of issues focusing three main weaknesses in education and training in relation to having robust radiation protection and safety of patient and staff in diagnostic radiology. Additionally, the group was invited to suggest three solutions/approaches related to education and training for improving radiation protection of patients.

Having widely consulted on the radiographers’ perspective we reported that the main weaknesses were lack of CPD time specific to RP due to pressures of work, lack of in-depth training on new equipment to optimise dose and adjust protocols and lack of understanding and confidence of exposure manipulation related to digital radiography imaging (DDR) and the effects of the resulting image and concepts of dose drift. Of course, there are many other issues, but we had only two minutes to express our views.

The solutions and approaches suggested included: Clear guidance on mandatory RP CPD linked to national and IAEA resources, modality related, specifying minimum of content and frequency per year on relevant issues related to Radiation Protection and patient safety backed up by presentations and establishment of a radiation protection group, introduction of a systematic audit programme, including reject analysis, for both radiographic and non-radiographic staff to prevent complacency and bad habits and identify additional training required to reduce repeats and better teamwork between radiographers and physicians to deal with issues of radiation protection matters including unnecessary requests.

**Panel discussion 7:**
Training on communication, professional codes of ethics, teamwork, and safety culture

Stewart Whitley also participated as a panelist on the Panel 7 discussion which addressed ‘Training on communication, professional codes of ethics, teamwork and safety culture’. This was an interesting discussion with the panelist asked to address the question ‘When and how training on communication, code of ethics, teamwork and safety culture should be embedded into the E&T of health professionals’ and to suggest three training solutions/approaches that might work for strengthening teamwork and safety culture.

Having sought views and opinions we reported that such training should be; an integral part of basic education at graduate level including topics on code of conduct, regulation, good clinical practice, safety culture, ethics and teamwork, incorporating interprofessional education modules at university level to prepare students in the provision of patient care in a collaborative team environment and as part of a regular departmental CPD programme using various tools and resources.

The three training solutions and approaches suggested were the use of CPD across multi-professional teams with teams to determine values and what’s needed at local level and then produce the E&T requirements, the use of tools and trained personnel to facilitate dialogue between staff i.e., Safety Culture such as the ‘Safety Culture Traits Talks’ - recently launched by the IAEA to establish and maintain positive attitudes towards safety culture and regular departmental and organisational multidisciplinary meetings with symposium topics on safety culture, ethics and communication promoting openness, honesty, learning and safety. Use of ‘case studies’ or near miss/complaints reports to make improvements. Each professional group and organisation presented their own opinion with many expressing similar views to that described on behalf of radiographers.

**Panel discussion 2:**
Radiation protection training in fluoroscopy guided interventional procedures

ISRRT Vice President of Asia/Australia, Napapong Pongnapang served as panelist and presented ISRRT views and weaknesses in education and training in relation to fluoroscopy guided interventional procedures. Napapong presented views from the radiographers on this issue. The three main weaknesses include lack of standardized training in radiation protection to patients and staffs, specific to IR in some less resourced member states, regulatory and legislative requirements specific to IR practice in some member states and how to incorporate these requirements to the education framework and the practice and the effective multi-disciplinary collaborative work in managing patients and staffs safety in IR practice.

The three main solutions proposed by the international radiographer group include mandatory training and CPD linked to national, international and IAEA resources with specific contents related to safe practice for staffs and patients in the IR service. International professional society and IAEA help provide the information and available training materials to members, professional representatives help supporting the Government of the member states to enforce regulations related to
radiation safety specific to IR practice and inter-professional collaborative works to implement a “team” approach to strengthen the safe use of medical radiation in IR practice.

Panel Discussion 4:
Radiation protection training in nuclear medicine

ISRRT President Donna Newman served as a panelist on the Panel discussion 4: Radiation protection training in Nuclear Medicine. Donna presented the ISRRT’s view on weaknesses in education and training in relation to nuclear medicine. ISRRT views that the three main weaknesses in education and training include hybrid technologies training and education which can push the boundaries of training with not enough time to learn all areas in short time frame. Second, new radionuclide treatments requires the need for practical education relating to dose delivery and management of radioactive major and minor spills. Finally, I stressed that nuclear medicine is highly regulated with regulatory and legislative requirements in countries and the need to incorporate these requirement related to radiation protection and safety of patient, staff and public into education frameworks and curriculum. This needs to be included in undergraduate programs.

Solutions presented include a robust training framework with traditional and non traditional educational methods relating to hybrid technology. Secondly, practical key elements of education for new radionuclide treatments and finally key elements of regulatory and legislative requirements, risk/benefit of radiation doses with formal education needed in nuclear medicine.

Panel Discussion 6:
Training at introduction of new technologies or new equipment during the equipment life cycle

Donna Newman, also participated as a Panelist in Discussion 6: Training at introduction of new technologies or new equipment during the equipment life cycle. The three main weaknesses I presented were a lack of comprehensive training on new technology in less resource member states, lack of resources in some countries to support standardized length of training for new equipment and lack of an ‘operators manual’ availability in a local language. Finally, I presented failure of training material to be adapted to learning capacity.

We were than asked to present solutions which I presented including the fact that vendors need to develop full modules relating to QC, optimziation, dose, radiation protection and safety with new technology. Also suggested was CPD development after initial training to ensure competency and that this material can be distributed to member societies through their international societies in partnership with IAEA. Secondly that training content needs to be standardized, harmonized and delivered as part of all purchases. Finally, scenario approaches to new technology should be developed to train the users with adaption and flexability to different learning styles.

The final day of the meeting combined the eight strengths were found to be common in all the panel discussions including a consensus and awareness that education, training, qualification and competence of health professionals underpin radiation protection and safety. The International Basic Safety Standards (GSR Part 3), the IAEA Safety guideen SSG-46 provide a sufficient base for setting appropriate regulatory framework for education and training of health professionals.

Common Weakness include poor knowledge, skills, and competencies of radiation protection of patients and staff, including non-radiologists with poor knowledge of existing regulatory requirement for radiation protection. The list went on to include; lack of understanding of dose descriptors, radiation dose effect and diagnostic reference levels in diagnostic and interventional procedures, insufficient and inadequate use of new technologies/equipment and feature exist; lack of access to qualified medical physicists in many countries, heterogeneity of education levels of medical radiation technologist/radiographers. Also stressed was a lack of heterogeneity of regulatory and legislative requirements regarding radiation protection training, including accreditation of training providers and the insufficient involvement of professional bodies in establishing regulatory requirements.

Meeting recommendation include: The IAEA requested cooperation with partnering international organizations and professional bodies to develop guidance documents on education and training in radiation protection for health professionals. The publication needs to be focused on “how to” implement the requirements for qualification and competence in radiation protection and safety in medical uses of ionizing radiation of various groups of health professionals.

Also discussed as a outcome was the preparation of more training resources and the availability to educational and training providers and the self-learning at international levels. Availability of certified training that is tailored for health professionals and validated for continuous professional development. As the discussion continues with the stakeholders a formulated formal agreed upon plan will be presented to the radiology community for implementation. Watch the ISRRT new feed for the final approved report in the near future.
IRPA REPORT

WEBINAR | JANUARY 25, 2021
REPORT BY DR NAPAPONG PONGNAPANG, VICE-PRESIDENT ASIA AND AUSTRALASIA
Dr Napapong Pongnapang, Vice-President Asia and Australasia represented the ISRRT attending online webinar during 15th International Congress of the International Radiation Protection Association (IRPA) on January 25, 2021. The on-site conference was held at COEX center in Seoul, South Korea. Dr. Pongnapang participated as one of the panelists on Bonn Call for Action updates, together with representatives from IRPA, WHO, IAEA, IOMP and the host country, Korea. During his presentation, Dr. Pongnapang highlighted activities carried out by the ISRRT on several actions from the Bonn Call for Action, which the ISRRT Board has approved the activities since 2015.

The reported achievements of ISRRT include the enhancement of justification and optimization of medical exposure, especially radiographers’ flow-chart in justification. Activities related to optimization include the implementation and use of Diagnostic Reference Levels (DRLs) and roles of radiographers on Quality Control of radiological equipment. International collaboration with IAEA, WHO and member societies were also highlighted amid COVID-19 pandemic, with online education platforms developed by the ISRRT. Role of ISRRT on supporting education and research in the fields related to the Bonn Call for Action was also highlighted during the online seminar.

The ISRRT has commitment to be voice of radiographers and radiological technologists on the international level. The organization would like to thank member societies and affiliated organization for supporting ISRRT to achieve the goal of promoting quality healthcare to the patients.
ISRRT PARTICIPATES IN ONLINE ECR, 2021

REPORT BY DONNA NEWMAN, ISRRT PRESIDENT
ISRRRT was like many other organizations, disappointed that we could not meet in person for the ECR 2021 but made the best of what we could of the meeting which was once again held online. Unfortunately, the Pandemic has forced most professional meetings to the held-on-line. It now seems that the world will have to wait for the vaccine to be can be distributed throughout all countries around the world before professional meeting will move back to face to face meetings.

Like most organizations the ISRRT at ECR 2021 still participated and hosted a live session of 'ISRRT meets Singapore' which demonstrated the vital role that radiographers play in the medical imaging profession. Speakers from Singapore presented practice, education system and unique challenges that face radiographers in Singapore. Napapong Pognapang, ISRRT Vice President Asia/Australia, and Donna Newman ISRRT President hosted the meeting with Singapore’s President Denise Choong Ai Wen presented on Singapore’s healthcare system and the radiography profession. Denise discussed that Universal coverage with multiple layers of protection to ensure no Singaporean is denied access to basic healthcare because of affordability issues. Singapore is facing the same issue most countries are around the world with need for more manpower and financial resources to meet the needs of the aging population and increased life expectancy which will lead to increased health burdens and rising cost for health care.

Michael Ong Kah Leong spoke on radiology services in Singapore and explained the types of services offered and how Singapore’s population access these radiology services. Mr Kah described that the high-end services are centralized in the public sector. Mr. Kah also described that equipment and radiation personnel are regulated by the Radiation Protection Act. Gabriel Leong Kok Wah from Singapore presented on the role of the Allied Health Professions Council (AHPC) and the regulations of the Profession. He described the AHPC set up in Singapore with a Director which is nominated by the Ministry of Health. The Council is consisted of persons with ten years’ experience in each of the prescribed Allied Health Professions and an additional two other persons. The AHPC role is to not only approve applications for registration and issue certifications, determine and regulate the standards of practice, competence and conduct of professions, but also to accredit program for continuing professional education.

Chek Wee Tan, ISRRT Regional Director of Asia/Australia, spoke on the radiography education system and discussed the history of the profession in Singapore. Chek Wee also discussed the current radiography educational issues and the challenges Singapore may see in the future with the healthcare worker shortage.
Singapore has a high admission criterion to qualify for radiology programs in their country with a strong focus on math's and science backgrounds. Singapore is preparing for the future of the profession in both diagnostic radiography and radiation therapy, by including industry in consultation with academic in the curriculum review committees to ensure relevance and graduates employability. Also under consideration is the continuous professional development of qualified staff to ensure it also stays up with current trends in technology.

The panel discussion was filled with great questions relating to workforce shortages and how Singapore will address these as well as matters the distribution of high-end equipment in the country and the qualifications for educators that are running and teaching programs within Singapore.

This ISRRT session was a great opportunity to see how the Radiography and Radiation Therapy professions are organized in a highly technology developed country. We thank our speakers for their expertise and time to show case their profession in Singapore.

I had a chance to follow the new EFRS President Charlotte Beardmore during her 2021 ECR Table talk with ECR President Prof Dr Michael H. Fucsjager.

Congratulation to Charlotte on her new EFRS Presidency and congratulations on a successful ECR 2021. It was exciting to hear Charlotte’s presidential initiatives as well as her highlighting many radiographers’ achievements in the profession regionally as well as Internationally.

During her interview Charlotte discussed the collaborative ISRRT/ EFRS COVID e-learning initiative highlighting this as a resource that was rapidly developed by experts around the world to meet the needs of radiographers during the early days of the COVID pandemic. For those that are interested in this free material it can be found at the ISRRT e-learning platform at www.isrrt.org

Also of interest to our ISRRT members was the table talk session between Chairman Professor Brosi Brjkjacic , Professor Guy Frija Chair of Euro Safe and Dr. Maria Perez from the WHO where it was highlighted the important work done by stakeholders from around the world to produce the Rapid Guide to Chest Imaging. ISRRT was one of those stakeholders that helped write the Annex 1 Infection prevention and control for chest imaging in patients with suspected or confirmed COVID-19 which is part of this guide. The Annex 1 addresses good practices for infection prevention and control for chest imaging in patients with suspected or confirmed COVID-19. Download at www.who.int/publications/i/item/use-of-chest-imaging-in-covid-19

Also discussed was Collaboration with international Stakeholders. The ISRRRT wants to ensure that we significantly contribute to the WHO’s global agenda on Radiation Safety worldwide and ensure that Universal Health coverage happens in all countries. This means that all patients will have access to services they need including prevention, and treatment services for disease they have or predisposed to having in their country.

ECR table talk session with ECR Chairman Prof. Boris Brjkjacic, Professor Guy Frija Chair of Euro Safe and Dr. Maria Perez from the WHO

Collaboration towards joint goals lend to overall success in policy making and global addenda. Dr. Perez discussed during the session how patients remain at the center of most stakeholders work no matter what advanced technology is being discussed. ISRRT is aligned with this global goal and is helping work towards contributing towards the global patient safety addenda in their current projects.

COVID 19 was a dominating theme in many of the talks at ECR with radiology and radiographer sessions.

The pandemic has changed the way radiographers’ practice in their daily practice but as front-line workers we have adapted and contributed to the changing protocols and additional PPE requirements needed to continue performing procedures on both COVID and non-COVID patients.

EFRS President Charlotte Beardmore discussed the resilience going above and beyond experiences and the positive learning and challenges and services that we deliver to our patients. Several presentations discussed that in some areas of Europe there was a need to re-deploy radiography personal to different hospital areas especially during the height of the pandemic. The adaptation to scheduling of appointments to meet the demands and needs of patients and radiographers who also caught COVID-19 and affecting departmental staffing levels during the peaks of the pandemic was discussed.

As ISRRT President, I too experienced this in my own hospital at the height of the pandemic where we were asked to up-scale and deploy additional hours to help out in other areas of the hospital to meet the staffing needs. Speakers highlighted that staff burnout due to the pandemic and finding ways to support the workforce going forward was an important issue that needed to be addressed for all
technologists and radiographers working in radiography field.

One session on Professional Challenges, "Radiographer meeting in Challenges of COVID-19 Pandemic” Moreno Zanardo from Milan Italy discussed challenges that were brought about by the pandemic and approaches and actions taken to return to usual clinical routines. You can see in this picture he highlighted the work that ISRRR, European Association of Nuclear Medicine (EANM), and the World Federation of Nuclear Medicine and Biology (WFNMB) did with the IAEA on a Technical Guidance for Nuclear Medicine Departments. Documents like this were produced in different part of the world to aid professionals in determining adaption to protocols, adaption to schedules and new procedures for PPE. The radiography field is lucky to have so many dedicated individual willing to share their knowledge.

ECR 2022 theme will be building bridges with multi focus on patient centered sessions which is scheduled to be held on March 2-6, 2022 in Vienna, Austria. One new track that is being added is a public awareness track that focuses on European Patient Advocacy groups to help bring patient centered focus to this next year’s meeting. The hope is this meeting will an in-person.
THE IMPACT OF THE CLINICAL EDUCATION HALT ON STUDENT RADIOGRAPHERS DUE TO THE PANDEMIC

VIRTUAL PASYTA 3RD SCIENTIFIC CONFERENCE | MARCH 20, 2021
REPORT BY E. AGADAKOS, ISRRT REGIONAL DIRECTOR EUROPE

| Student radiographers and clinical educators prior to COVID-19. |
The Panhellenic Society of Radiological Technologists (PASYTA) conducted the 3rd Scientific Conference "Dimitri Koumarianos" - New Generation RTs on March 20, 2021. The event was attended by approximately 220 students and qualified radiographers using an e-platform and social media due to the pandemic restrictions.

The presentations by radiography students from the University of Attica, Greece and recently qualified radiographers included all three imaging and therapy streams as well as CT and MRI topics.

During the opening of the conference, from my role as both, Regional Director Europe ISRRT and president of PASYTA, I highlighted the impact of the pandemic on clinical radiography education in Greece and worldwide. Clinical practice of students in Greek hospitals has been halted, consistent with government covid-19 mitigation measures, since April 2020. However the deferment of clinical practice for student radiographers for almost two academic years since the beginning of the pandemic has caused anxiety among students, professors and clinical educators. Clinical placement for students is an integral part of the undergraduate radiography curriculum. Evidently, e-learning has several advantages but is supplementary to in person education.

Webinars and clinical simulation applications are essential didactic tools, but by no means have the capacity to substitute for the experience of the educator nor imitate the hospital environment conditions and the actual patient. Students in their final year of secondary education select other courses and several student radiographers tend to defer their studies and thus reducing the number of graduates entering our profession. As a result apart from the workplace related stress due to the pandemic we are now facing additional and perhaps irreversible challenges due to reduced staffing. The WHO is already concerned with the lack of health professionals in future and this consequence may serve as another potential threat. Professional societies need to address this issue immediately and must collaborate with universities to reverse the situation by persuading government officials and healthcare service providers to re-evaluate the measure and relaunch clinical placements. My message was dedicated to our exceptional colleague, charismatic teacher and devoted friend whom we and radiography greatly miss.

Following my prologue, our invited guests, the Dean of the Faculty of Health Sciences, professor Lida Gogou, the Head of the Radiography and Radiation Therapy Department, professor Eleftherios Lavdas and professor Georgia Economou from the University of West Attica, presented the advanced university undergraduate course as well as the newly established MSc in Modern Applications in Medical Imaging. Furthermore the Dean addressed the conference and renewed the synergy spirit between...
the two organizations. Professor Lavdas kindly commented on D. Koumarianos’ scientific contributions and continued with his presentation on the importance of patient cooperation during MRI examinations. In turn, Professor Economou welcomed the students and provided illustrative details of the late D. Koumarianos’ professional role at the university. The CEO ISRRT, D. Katsifarakis completed the introductory session by reintroducing the beloved professor and author using anecdotal aspects of his life, asking students to continue his legacy.

The scene was then transferred to the protagonists of the conference, our students who demonstrated an advanced level in terms of presentation content and quality. In addition, all students were very well spoken and although several were nervous as it was their very first time, they fulfilled the overall scope of the event.

Our last speaker analyzed his research findings on the level of radiation protection awareness among health professionals in a large hospital of Athens.

After 4 hours, we concluded that there is need for systematic collaboration between PASYTA and the University of Attica to:

- strengthen radiography education and professional practice
- re launch clinical placements taking into account the current infection mitigation measures
- motivate clinical radiographers to commit to clinical education of students

Ultimately, the New Generation RTs are our future and it is our duty to help them thrive and shine.
Yudthaphon Vichianin, as the ISRRT’s Director of Education, has completed various important tasks approved by the ISRRT Board. The list of projects that have been finalized are as follow:

**CHESNEY-ISRRT research fund project selection**

The aim of the ISRRT Research Fund is to promote research that helps encourage evidence-based practice and improve the standards of delivery and practice in medical imaging and/or radiotherapy. Starting in 2016, to commemorate the Chesney sisters who left in their will a legacy to ISRRT, the fund was name from the ISRRT Research Award to the ISRRT Chesney Research Fund. It is my pleasure to announce that the 2020 ISRRT Chesney Research Winner is the proposal entitled: “Patient safety measures and practices in medical imaging departments in Malawi” by Moses Chipembo Soko, DIP RAD, BTECH RAD, BRAD HONS, (DIAGNOSTIC) from the Radiology department Zomba central hospital.

**ISRRT Live broadcasting via Facebook platform**

After a year of the initiative of the ISRRT Facebook live webinar, we are now having 18 episodes for the webinars that allow all ISRRT members from around the world to watch the re-run on the Facebook platform. Most of the re-run episodes have huge visitors and views from various countries. I would like to thank to our ISRRT President, Donna Newman, and our host Dr. Napapong Pongnapang, Vice president of A/A region. Additional thanks to our director of professional practice, Mr. A. Stewart Whitley as well as the board members and our CEO to support my task as a Director of Education to continuously produce high quality online content for education to our members. In this year of 2021, I wish the pandemic will over soon. The ISRRT team and I had prepared high quality episodes more to come. Up until now from my last report, we have additional episode up to the 18th (as of this writing on March 20, 2021). Please stay tuned for more online webinars from the ISRRT.

### REPORT

**DIRECTOR OF EDUCATION REPORT**

**REPORT BY YUDTHAPHON VICHIANIN, ISRRT DIRECTOR OF EDUCATION**

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I AM PLEASED to report that ISRRT continues to play an important and pivotal role in representing the radiography profession on the world stage. ISRRT is constantly engaged in various activities of the WHO and the IAEA helping to shape the safety culture and professional standards for all our diagnostic and therapy radiography professionals. This has been particularly true and important during the COVID-19 pandemic period. At the time of writing ISRRT representatives have continued to have been active in producing and circulating a number of helpful guidance documents, taking part in many virtual meetings and contributing to many WHO and IAEA initiatives. This report highlights those activities and involvements.

**World Health Organisation (WHO) – Executive Board 148 Session January 18-26, 2021**

Location: Home to WHO HQ – Geneva, Switzerland via Zoom I along with Donna Newman and Dimitris Katsifarakis attended this meeting.

The meeting is based around the WHO’s Pillar Goals which support the WHO Universal Health Coverage ambitions:

**Pillar 1:** One billion more people benefitting from universal health coverage.

**Pillar 2:** One billion more people better protected from health emergencies.

**Pillar 3:** One billion more people enjoying better health and well-being.

**Pillar 4:** More effective and efficient WHO providing better support to countries.

A full report is given in this edition of News & Views.


This important draft document with the focus on the WHO Global action on patient safety provides a Framework for action which addresses the vision, mission, and goal of the of the WHO. It sets out a Framework for Action with a list of suggested actions for governments, non-State actors, international organizations, intergovernmental organizations, the WHO Secretariat and, most importantly, for health care facilities. These actions have been grouped under the following seven strategic objectives (SOs).

**SO1:** Make zero avoidable harm to patients a state of mind and a rule of engagement in the planning and delivery of health care everywhere.

**SO2:** Build high reliability health systems and health organizations that protect patients daily from harm.

**SO3:** Assure the safety of every clinical process.

**SO4:** Engage and empower patients and families to help and support the journey to safer health care.

**SO5:** Inspire, educate, skill and protect every health worker to contribute to the design and delivery of safe care systems.

**SO6:** Ensure a constant flow of information and knowledge to drive mitigation of risk, a reduction in levels of avoidable harm and improvements in the safety of care.

**SO7:** Develop and sustain multisectoral and multinational synergy, solidarity and partnerships to improve patient safety and quality of care.

ISRRT has made several comments on the draft with specific reference to aspects of Diagnostic Imaging which seemed to be missing.

It is expected that the WHO Global action on patient safety will be fully adopted at the next Seventy-fourth World Health Assembly which will take place 24th May – 1st June 2021 in Geneva, Switzerland.

**Launch of IAEA Safety Culture Traits Handbook and ISRRT Webinar February 28, 2021**

The IAEA has recently launched the Radiation Safety Culture: Trait Talks Handbook, a study manual that offers practical recommendations for medical professionals to strengthen patterns of good behaviour and attitudes that contribute to a safe environment.

“Medical radiation procedures, such as X-rays and radiotherapy, are beneficial in diagnosing illness and destroying cancer, but as long as humans are involved in these procedures, they...”
must also take the necessary precautions to protect their patients, colleagues and themselves from potential harmful effects of radiation. One way to do that is by building a robust safety culture,” said IAEA Radiation Protection Specialist Debbie Gilley, who oversaw the development of the Handbook.

The ISRRT Board welcomes the opportunity to embrace and promote the use of this resourceful tool for all radiographers. In doing so it organised a global webinar February 28. It was a great event with Debbie Gilley for the IAEA explaining the 10 traits linked to the establishment and promotion of Radiation Safety Culture in Medicine, Stewart Whitley gave a presentation based on how Trait 1 – ‘Individual Responsibility’ should be delivered following which we had a mock facilitated discussion of how the handbook should be used in practice. We were delighted to have on the panel discussion:

- Donna Newman ISRRT President (USA, Nuc Med)
- Dean Harper President of the Irish Institute of Radiography and Radiation Therapy (Ireland, therapy)
- Elizabeth Balogun ISRRT Regional Coordinator for Professional Practice for Africa (Nigeria)
- Peachy Luna (ISRRT International Council member for the Philippines)

Before the question-and-answer session we played a short video focusing on the Trait 1 ‘Individual responsibility’ This was produced by Rodanthi Karavelaki, a therapy radiographer from Greece, who won first place in the trait Personal Accountability video competition for the IAEA.

The webinar can be found and viewed in the ISRRT Facebook page.

WHO radiation risks communication in paediatric imaging – announcement of course and special event virtual meeting

March 2, 2021
The World Health Organization (WHO) issued requests for support to invite applicants for the pilot English-language cohort of the WHO Scholar Level 1 course on radiation risk communication to improve benefit-risk dialogue in paediatric imaging.

Donna and I were both involved in this activity by inviting colleagues in our countries to sign up to this course. Having successfully done so we were invited to sit as panellists on the special event which took place on the March 2, 2021.

Over 3,300 people have registered for the event and listened to the panellists Drs Don Frush (Image Gently), Joanna Kaszni-Brown, and Maria Perez (WHO). There was active audience participation with live questions and feedback on a number of issues. Donna was able to speak on behalf of the ISRRT.

The course supports the information already provided in the WHO document ‘COMMUNICATING RADIATION RISKS IN PAEDIATRIC IMAGING - Information to support healthcare discussions about benefit and risk’ which can be found at WHO | Communicating radiation risks in paediatric imaging.

Technical meeting on Developing Effective Methods for Radiation Protection Education and Training of Health

March 8-10, 2021 (held virtually)
Donna Newman, ISRRT President, Stewart Whitley ISRRT Director of Professional Practice and Napapong Pongnapang ISRRT Vice President Asia/Australia attended this virtual meeting which consisted of 230 nominated participants.

Each of us was selected to join as panellists on different topics over the three-day period on different aspects of delivering Developing Effective Methods for Radiation Protection Education and Training of Health.

A full report of the meeting can be seen in this April edition of the ISRRT's New & Views.

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

REGIONAL REPORT THE AMERICAS – Christopher Steelman
ASRT Statement Supports Discontinuation of Gonadal and Fetal Shielding
On January 12, 2021, the American Society of Radiologic Technologists (ASRT) Board of Directors released a statement
AAPM Position Statement on the Use of Patient Gonadal and Fetal Shielding supporting the discontinuation of the use of gonadal and fetal shielding specifically during abdominal and pelvic radiography. In April of 2019, the American Association of Physicists in Medicine (AAPM) released a position statement outlining the reasons for discontinuing the routine use of fetal and gonadal shielding in medical imaging. The AAPM is a scientific and professional organization, whose clinical practice is dedicated to ensuring accuracy, safety and quality in the use of radiation in medical procedures such as medical imaging and radiation therapy.

Soon after the ASRT’s statement The National Council on Radiation Protection and Measurements (NCRP) released Statement No. 13, NCRP Recommendations for Ending Routine Gonadal Shielding During Abdominal and Pelvic Radiography. This statement, along with an Implementation Guidance for Ending Routine Gonadal Shielding During Abdominal and Pelvic Radiography, "offers a roadmap for moving away from the long-held practice – including suggestions for revising state and local regulations."

Since the spring of 2019, the ASRT Board of Directors has engaged in multiple, in-depth discussions on the issue. That comprehensive assessment has resulted in the ASRT announcement on Jan 15, 2021 in that "Significant advances in technology have resulted in reduced patient radiation dose during radiographic procedures, opening the door to this change in clinical practice. However, the radiation protection methods implemented by registered and certified radiologic technologists remain an essential component of high-quality and safe medical imaging procedures. While shielding placed outside of the exposed field may offer only limited additional reductions to patient exposure, this low-risk practice is an important component of our comprehensive efforts to reduce excess radiation dose during our procedures."

"The ASRT Board supports the continued use of lead shielding during radiographic procedures where shield placement is appropriate and aligned with minimizing patient radiation exposure. For example, the placement of a lap shield during a radiographic extremity procedure carries little-to-no risk of exam interference or error, but may significantly increase patient comfort and confidence, thus helping to reaffirm our profession’s commitment to maximizing safety. The elimination of all patient shielding from standard practice could exacerbate the radiophobia that exists among the public and our patients due to widespread media coverage of the published risks associated with medical radiation exposure.

Resources
- NCRP Recommendations for Ending Routine Gonadal Shielding During Abdominal and Pelvic Radiography NCRP Statement No.

ASRT Presses Health Officials for Vaccines
The American Society of Radiologic Technologists (ASRT) has contacted public health officials in every state to ensure that radiologic technologists, radiation therapists, nuclear medicine technologists and sonographers are included in the first phase of COVID-19 vaccination plans as recommended by the Advisory Committee for Immunization Practices. The ASRT was joined by the Society of Nuclear Medicine and Molecular Imaging and the Society of Diagnostic Medical Sonography in the push to ensure that radiologic technologists are considered along with doctors and nurses as frontline health care personnel.

In a December 2020 ASRT Announcement they shared “Medical imaging professionals have played a crucial role in the care and management of COVID-19 patients by performing a multitude of imaging exams. A few examples include chest x-rays on patients with suspected or confirmed coronavirus, post-intubation images of patients on ventilators and sonography procedures on COVID patients with blood clots and vascular complications. Medical imaging professionals may also travel to patients’ homes and to long-term care facilities to image those individuals who need care but may not be able to travel to a health care facility while radiation therapists have continued to care for cancer patients throughout this pandemic.”

REGIONAL REPORT AFRICA – Elizabeth Balogun

The COVID-19 is very much still around with most nations still experiencing the second wave. There is therefore a lot of restrictions on physical training which has been replaced with virtual platforms. Yet so much was done around the pandemic rather than practice.

Although Africa continent has also experienced the second wave but with little fatalities as reported in other continents. The much talk about Vaccines is also yet to widespread in Africa with only South Africa and Rwanda reporting possibilities of early vaccinations.

There are still some good news coming from the continent of Africa which is worth sharing and they are as follows:

ETHIOPIA

The much desired MSc program in Radiography is for the first time launched in Ethiopia at the Blue Hora University on January 4, 2021. This has put to an end the Ethiopian Radiographer and Radiological Technologist Association struggle for more than eleven years.
This is also a ray of hope for better trainers and lectures in the nearest future.

Meron Kumlachew

KENYA

A unique event occurred when a group of Kenya Radiographers graduated from their BSc program, the presence of an elderly man fascinated all present who despite reaching the age of retirement still pursue his passion for knowledge and good practice. Let’s meet him.

Mr Mwangi Kihoro personal profile:
Born in 1954 at Gatara, Murang’a County- Kenya.
Mwangi was brought up in Kimothon forest, Trans-Nzoia County western Kenya, where his father worked in Forestry department.

SCHOOL LIFE:
Primary – Kimothon primary – Eldoret Union primary-Kaptama primary
Secondary - Kapsabet Boys High School [1978]
College - Kenya Medical Training College (KMTC) -1988, Diploma in Diagnostic Radiography (DDR).
University - Jomo Kenyatta University of Agriculture and Technology [JKUAT] – 2020, BSc. Radiography.

MARITAL STATUS: Married to one wife Esther and together are blessed with 4 children; 2 boys and 2 girls and 2 grandchildren.

WORK HISTORY: Started work on July 1, 1988, at the Kitale District Hospital, currently the Trans Nzoia Referral County Hospital, Kitale. He retired from the Ministry of Health Government of Kenya from Trans Nzoia County Hospital station in 1995. He proceeded to work at ICRC War Wounded Hospital [1995 – 2004]; Cherangany hospital [2009-2010]; Elgon View Hospital Bungoma [2010-2014]; St. Damiano Mission Hospital[2016-2019]; Nairobi Women’s Hospital [2019-2020]; Nakuru War Memorial Hospital [2020 for 5 months] and currently at St. Anthony Hospital, Nakuru County, Kenya.

MOTIVATION: He yearned for a higher qualification in his line of profession in order to serve with high confidence and authentic approach thus a decision to go back to school at old age to pursue his bachelor’s degree in Radiography. His recent qualification not only removed the ceiling of his academic horizon but also caused him great thirst in pursuit of a postgraduate qualification - God willing. A story of a prominent Kenya politician the late G.G. Kariuki who was studying for his PhD at old age has remained a motivation to his late behavior and actions.

HOBBIES - Reading, Video Editing, Watching videos and listening to music.

ADVICE TO RADIOGRAPHERS IN KENYA AND ABROAD: His piece of advices to individual Radiographers is to consider beyond the sky as the limit, to work hard to achieve their dreams and missions in order to collectively grow our profession. The profession can only be attaining full recognition when radiographers in their numbers Bachelors, Masters and PhDs in Radiography and serve humanity to the glory of God.

His challenges were raising school fees and that is why it took him time to go back to school. He also had to travel for around 400kms to and from making it 800kms every week to attend classes and look for accommodation.

Jevas Kenyaya
Honorary Secretary and the ISRRT council representative

NIGERIA

The good news of graduation and getting additional feathers to one’s cap is still in the air. A couple of graduates just finished their PhD recently in one of the Nigerian Universities and the testimony of one of the graduating students was unique.

Dr Ime Okon, [right] one of the latest PhD graduates from Nigeria

Find below in his own words.

I wish to appreciate my esteemed radiant colleagues for their encouragement and support leading to my award of a doctorate degree. It was a wonderful journey through the walls of education. From University of
Calabar (Malabite) to University of Nigeria (Lion) and ended at Nnamdi Azikiwe University (Zikite). I had the privilege of being impacted directly by all the Nigerian professors in the Radiography under a lecture room setting. It was a rare encounter of which I’m not aware of any precedent and this has improved on my practice as well as nurturing of the younger colleagues. I want to say thank you to all my teachers.

Dr Ime Okon
Deputy Director Radiography, lecturer and clinical instructor
Akwa Ibom, the South Region, Nigeria

About Radiographers Hangout

Radiographers Hangout is a forum created to foster effective communication amongst Radiographers. Dissemination of credible professional information is key to building a strong purposeful practice. The tradition by some radiographers of having to leave professional issues unattended until annual conferences/meetings will soon be a thing of the past; also, the demerits associated with that. Through technological means, which is also suited for this pandemic, radiographers are provided the platform to hear and voice out issues pertaining to professional growth. More so, from very credible professional sources.

The Maiden Event:
Radiographers Hangout event first held on January 30th, 2021 with the theme “Willful Blindness in Radiography- A Catalyst for Quackery”. The subject matter was well discussed amongst all the Radiographers that participated. Presentations were made and a very informative Q & A session was also featured.

The support and encouragement given by very senior Radiographers, vis-à-vis the enthusiastic drive of the younger generation of Radiographers beaconed a bright future for Radiography in Nigeria.

Participants:

The Maiden event had 144 radiographers in attendance. Both local and international practitioners had the avenue to share professional ideas that could improve professional practice.

President of Association of Radiographers of Nigeria ARN, Dr. Dlama Joseph Zira [B.Rad, Msc., PhD., MISRRT, MNSRP, MARN] in his keynote speech rekindled hope for radiography practice and education in Nigeria.

A fact-rich presentation by Flying Officer Kyumen Anthony of the Nigerian Airforce answered lot of questions about the “breeding of quacks” that have puzzled many Radiographers.

Also present was Mrs. Elizabeth Balogun [DIR [Yaba], BSc [Scotland], MSc [Leeds], MBA [LASU]] Assistant Director Radiography, National Orthopaedic Hospital, Igbobi Lagos. She is a Fellow of the Association of Radiographers of Nigeria, ISRRT’s Regional coordinator for Professional practice for Africa and the immediate past President of ARN. Her valued presence flavored the event, as she graciously elucidated more on the issues that pertains to the growth of Radiography practice.

Way Forward:
A feedback survey conducted after the event sampled the opinion of radiographers on steps to take to ensure longevity of the platform. A regular monthly meeting was suggested by majority of the participants. Speakers to be featured and topics to be discussed were also gotten.

The dream is that this forum would expand not just within Nigeria, but to the whole of Africa and the world at large.

Hena Bata B.Rad. MSc.
Convener, Radiographers Hangout.
radiographershangout@gmail.com
Senior Ambassadors Announced

The World Radiography Education Trust Foundation is proud to announce the elevation of Evelyn Wasike (Kenya) and Mohammed Abd Alghani (Palestine) to Senior Ambassadors. This honor is bestowed upon Ambassadors who have made significant contributions to fulfilling the WRETF’s mission of promoting a global culture of volunteering to increase access to education in the science and practice of radiography, radiation, and allied subjects throughout the world.

WRETF Ambassador Program Expanding

The Ambassador Program is currently seeking new volunteers. The Foundation maintains a presence in twenty countries and plans to double that number in the upcoming year. The Ambassador Leadership Development Program is focused on developing the full potential of its participants and increasing the efficiency and effectiveness with which they develop and deliver educational resources in their own medical imaging communities. Through project-based learning, participants acquire the knowledge and skills necessary to lead initiatives that lessen their community’s dependence upon the philanthropy of others.

WRETF Ambassadors are selected based on their leadership potential in the field of medical imaging or radiation therapy and their desire to serve others. Professionals who have demonstrated these qualities are invited to submit a statement indicating what they hope to achieve for their respective countries and the Foundation during their first year as an ambassador. This information can be submitted on the WRETF website: https://www.wretf.org/wretf-ambassadors

The WRETF is dedicated to developing the next generation of leaders who will be capable of addressing the complex challenges that increasingly confront medical imaging professionals.

Educational project Funding

The WRETF has added a “projects” category to our highly successful bursary program. Applicants now have the opportunity to propose a project such as hosting a conference or meeting, starting a publication, research etc. that has the goal increasing access to education. In keeping consistent with our mission to increase access to education in the science and practice of radiography, radiation and allied subjects throughout the world, preference is always given to applicants applying from countries lower on the the United Nations Human Development Index UNHDI - hdr.undp.org/en/composite/HDI

We invite the world to learn more about the WRETF and the Bursary, Educational Partnership, and Leadership Development programs at www.wretf.org/

Christopher Steelman
Chairman
ISRRT subscription can be made via PayPal

Associate Membership subscription for ISRRT can be made via the ISRRT PayPal account for one and three years subscription via the website as well as accepting donations.

Now is the opportunity to join as an associate member!

website
www.isrrt.org

We are always looking for new Corporate sponsors and ideas to generate funds for all our activities.

Ideas are invited that would generate valuable funds – please contact ISRRT Treasurer Philippe Gerson at philgerson@neuf.fr

ADVERTISING INFORMATION

The ISRRT Newsletter would like to invite readers and others to take advantage of the extent of our circulation and advertising service.

The ISRRT Newsletter News & Views reaches 72 countries, 4,500 associate members, libraries and schools of radiography, government bodies and professional societies.

The following are costs for colour advertising as at January 2020.

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# NEWS FROM MEMBER COUNTRIES

## AUSTRALASIA

### INDONESIA

Indonesian radiographers vaccinated jointly and beat pandemic

The Indonesian Society of Radiographers motivates all Indonesian radiographers to take part in the government program of mass vaccination to suppress the transmission of COVID-19 and stop the pandemic. Vaccination is the seriousness of the Indonesian government in dealing with the COVID-19 pandemic, by providing free vaccinations to Indonesian residents, it is hoped that herd immunity will soon be formed, it is necessary to vaccinate around 70 percent of Indonesians or 181.5 million people to obtain community immunity.

Vaccination is given in stages. The health ministry’s COVID-19 vaccination technical guidelines have been prepared, done in two stages. The first vaccination was carried out in the period January-April 2021. Prioritized for 1.3 million health workers and 17.4 million public service workers in 34 provinces.

The second phase of vaccination is intended for 63.9 million vulnerable people and 77.4 million other people who are given according to the cluster approach. carried out from April 2021 to March 2022. Further vaccinations are given to elderly people over 60 years, which number around 21.5 million people. PARI always motivates all radiographers to take part in mass vaccinations with various outreach activities such as meetings, webinars, outreach and providing CPD.

2 months after the vaccination program was implemented, PARI conducted a survey to determine the condition of the radiograph’s vaccination, from 4246 respondents 73% or about 3108 radiographers had the first stage vaccine, and 22% or around 934 radiographers had participated in the first and second stage vaccinations, the value was increasing every day. President of PARI Dr H. Sugiyanto, S.Pd, M.App.Sc (MRI) participated in the mass vaccination line and sent photos and documentation of activities to members of Indonesian radiographers to encourage the vaccination program. Hopefully this mass vaccination can drive out COVID-19 and free Indonesia from the pandemic.

Giek Sugiyanto, Agung Nugroho Setiawan, Putu Adi Susanta

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## NEW ZEALAND

As New Zealand glides into Autumn many of you will be welcoming the promise of Spring and all that it brings. It is hard not to focus on the impact of Covid and how each of us is facing a ‘new normal’. Vaccination, like Spring, brings new hope – hope that healthcare workers have some rest, hope that the ordinary everyday problems for our patients can be addressed and hope that this virus can be overcome. The world has seen huge collaboration across research fields, treatment options and creativity all of which will lead to new and improved opportunities for healthcare and learning in our future. ISRRT is a wonderful example of this collaboration and on behalf of the NZIMRT I wish to thank the Board for leading the many opportunities for learning and sharing over this last tumultuous year.

New Zealand has been fortunate to maintain its ‘bubble’ to date, but with that comes a complacency about safety and doing the right thing. The NZIMRT continues to maintain and update a resource page for members in regards to safe practice in a Covid world. A number of local workshops have
been held or scheduled within regions and these are hybrid events allowing for onsite and virtual attendance. While initially a challenge to many of us the diversity of presentations and ease of achieving have resulted in great support. The joint ASMIRT/NZIMRT “2021 Revision Conference” scheduled for June 4-7, 2021 is to be a hybrid event as it is unlikely at this stage that New Zealanders will be able to travel. While the inability to see friends and network is disappointing, the opportunity to share learning and knowledge despite our barriers is exciting. I encourage colleagues worldwide to visit the conference website as there will be many options for participation. 

https://conference.asmirt.org/2020/
The NZIMRT is planning a symposium in Queenstown in September 2021 and we are hopeful that this may result in a face-to-face meeting for the country.

Keep safe and stay well.

Kathy Colgan
NZIMRT ISRRT Director

THE AMERICAS

AMERICA

Two new books highlight ASRT and affiliate society history

To commemorate its Centennial, the American Society of Radiologic Technologists has published two new books chronicling the history of the Society and its state affiliate societies. The Shadowmakers: A History of Radiologic Technology, highlights the challenges, obstacles and successes ASRT has encountered during its 100-year history. The extensively researched volume covers the early pioneers in the profession, the Society’s formation and growth, legislative and regulatory initiatives, continuing education, technological advances and much more. The new book is updated, revised and expanded from the first edition published in 1995. Growing a Profession: A Chronicle of ASRT Affiliate Societies, written by William Brennan, M.A., R.T.(R)(CT), tells the story of the ASRT’s 54 affiliate societies and their role in supporting radiologic technologists at the state and local levels. The keepsake edition includes some never-before-seen photographs that chronicle the rich history of the affiliates and profiles the volunteers who have served as affiliate leaders during the last 100 years. “There’s no denying that ASRT and its affiliate societies have shaped the radiologic technology profession in the last century,” said ASRT President Michael Odgren, B.S., R.P.A., R.R.A., R.T.(R)(CT). “ASRT and affiliates continue to lead the way in championing patient safety, spearheading high-quality education and improving the professional status of all medical imaging and radiation therapy personnel. These books are now part of our enduring legacy.” The books are available with a donation to the ASRT Foundation, the philanthropic arm of ASRT.

Radiologic Technologists Play Crucial Role in COVID-19 Diagnosis

As COVID-19 continues to spread in communities throughout the country, Americans continue to rely on radiologic technologists to provide high-quality care for patients affected by this often-devastating disease. Last year’s National Radiologic Technology Week®, celebrated Nov. 8-14, 2020, was a reminder that every day, radiologic technologists are working tirelessly in hospitals and clinics across the country to care for the sick and injured. Radiologic technologists perform tens of thousands of x-ray, magnetic resonance imaging, computed tomography, mammography, nuclear medicine, cardiac and vascular interventional, and ultrasound procedures every week. NRTW® is marked annually to recognize the essential role of the more 340,000 registered and certified radiologic technologists in the United States. The observance takes place each year during the week of Nov. 8 to commemorate the discovery of the x-ray by Wilhelm Conrad Roentgen on Nov. 8, 1895. ASRT has a profound commitment to the ongoing support and advancement of radiologic technologists by protecting patient safety, advancing health care standards and promoting and enhancing the profession.

ASRT Foundation Funds New Research Study on COVID-19 and Burnout

The ASRT Foundation has awarded funding to a researcher at Weber State University in Ogden, Utah. Tanya Nolan, Ed.D., R.T.(R), is investigating correlations between burnout and self-esteem among imaging professionals, educators and students during COVID-19. Dr. Nolan is an associate professor at Weber State University who serves as the Director of Diagnostic Medical Sonography and MSRS Innovation and Improvement. “With the generous grant provided by the ASRT Foundation,” Dr Nolan said, “I believe an
increased understanding of the mental, psychological and physical conditions experienced by imaging professionals, educators, and students impacted by the COVID-19 pandemic is vital to the support and care of patients and the future of our profession.” The ASRT Foundation, philanthropic arm of the American Society of Radiologic Technologists, funds and shares the research and analysis of many issues that affect medical imaging technologists and radiation therapists, helping to cultivate the next generation of researchers.

ASRT Survey Reports Some Student Enrollments Decline Slightly
Radiography and nuclear medicine educational program directors report that the number of enrolled students declined marginally in 2020, while radiation therapy programs saw a slight increase, according to a survey conducted by American Society of Radiologic Technologists. Entering class enrollments and longitudinal enrollment data are among the findings released this month in the *ASRT Enrollment Snapshot of Radiography, Radiation Therapy and Nuclear Medicine Technology Programs - 2020*. The survey also tracked the impact of COVID-19 protocols on educational programs. According to the survey results, an estimated 15,620 students were enrolled in radiography programs in 2020, down from 15,972 in 2019. Nuclear medicine programs saw a decrease as well with an estimated 1,076 students enrolling in nuclear medicine programs in 2020, down from 1,129 in 2019. Radiation therapy programs grew, but only slightly. An estimated 1,182 students enrolled in American Registry of Radiologic Technologist-certified radiation therapy programs in 2020, up from 1,155 in 2019.

“We also asked educational program directors a series of questions about the effect of COVID-19 protocols on their programs,” said ASRT Associate Executive Director, Myke Kudlas, M.Ed., R.T.(R)(IQM), CIIP, PMP, CAE. “In April, nearly 74 percent said COVID-19 has reduced their ability to place students in a clinical setting. A follow-up survey in October, however, indicated a large shift toward allowing students back into clinical rotations from the April 2020 survey.” ASRT sent the survey to all directors of radiography, radiation therapy and nuclear medicine technology programs currently recognized by the ARRT. ASRT sent the survey by email to 957 program directors in October 2020: 353 participated, a response rate of 36.9 percent. ASRT has conducted the survey every year since 2001.

Donna Long
Council Member

ASRT Foundation selects award recipients for International Collaborative Clinical Research Grant
Brian Johnson, Ph.D., R.T.(MR)(N), CNMT, and Christine Heales, Ph.D., DCR(R), MSc (Medical Imaging), PgC (MRI), PgC (Academic Practice), PgC (MRI Reporting), have been selected as recipients of the ASRT Foundation’s International Collaborative Clinical Research Grant. The first-ever award pairs a U.S.-based researcher with an international co-investigator to conduct a research study.

Their study will consider the ability of a lesser-known magnetic resonance imaging technique, intravoxel incoherent motion, or IVIM, to assess multiple sclerosis lesions without the use of gadolinium-based contrast agents. The study could benefit the multiple sclerosis community as MS patients require multiple follow-up scans. In addition, the procedure under investigation could result in increased patient safety. IVIM is a technique that can be acquired on most current clinical MRI scanners, enhancing the ability for clinical adoption.

Dr. Johnson is a magnetic resonance national clinical service specialist at Philips, co-creator of ImagingU, an online MRI education resource, and a research associate at the University of Texas Southwestern Medical Center. He received his undergraduate degree in radiologic sciences from Thomas Jefferson University and earned a doctorate in kinesiology with a concurrent master of science in bioengineering from Pennsylvania State University. Dr. Johnson has more than 15 years of combined clinical and research experience utilizing advanced MR applications and ultra-high field MRI systems.

Dr. Heales specializes in MR at the University of Exeter, a public research university in Exeter, Devon, South West England, United Kingdom. In addition to teaching and supporting research within the Exeter medical imaging program, Dr. Heales is a reviewer for the journal Radiography, an approval and accreditation assessor for the Society and College of Radiographers, as well as an external examiner in postgraduate CT and MRI for City University of London. She has a Ph.D. in physics from the University of Exeter.

The ASRT Foundation International Collaborative Clinical Research Grant supports medical imaging and radiation therapy professionals aspiring to partner with an international colleague to conduct a clinically focused scientific research project in radiologic technology. An initiative spearheaded by former ASRT President Melissa Jackowski, Ed.D., R.T.(R)(IM), FA-ASRT, the three-year program is designed to foster international collaboration in the medical imaging and radiation therapy research communities.

Sharon Wartenbee
Regional Director of America’s
TRINIDAD & TOBAGO
Effects of Covid-19 virus on Radiography Education in Trinidad and Tobago
The College of Science, Technology and Applied Arts of Trinidad and Tobago, (COSTAATT) offers a Bachelor of Science Degree in Radiography. Theoretical courses continued on-line from mid-March, 2020, however, face-to-face education ceased for the purposes of controlling and preventing the spread of the Novel Coronavirus by Public Health Regulations.
On December 10, 2020, the Minister of Health authorized the resumption of the practical laboratory training only.
On January 13, 2021, the said Minister gave approval for clinical practice/internship, only to final year students in all disciplines. Personal Protective Equipment was provided for all students. The number of students per clinical site was limited.
Aleth Bruce
Vice President the Society of Radiographers of Trinidad and Tobago

EUROPE
ESTONIA
Estonian Society of Radiographers new challenges in 2021
Estonian Society of Radiographers were founded on December 9, 1992. In its greatest time there were about 300 members, but today there is 136. The first 15 years went quickly and were productive, creating new regulations and knowledge about the new profession. At some point we as a society ended up where there was no urgent need to develop regulations because the profession was existing, teaching was professionally covered by the college and routine work went on with or without the society. The founding members decided time was right to pass their obligations to younger colleagues. Unfortunately, this did not happen so smoothly and a time of stagnation began. The society was on a minimum level of existence – seminars were held routinely and all that needed to be done was done, but nothing more. Enthusiasm was slowly fading due to the lack of fresh thoughts and younger vibes.

Restart and upgrade
The end of 2020 was like a blessing for all of us. 2021 is hoped to be healthier and all expectations heightened. The same situation is in the Estonian Society of Radiographers – new administration and council elections were announced in hope that it will raise the entire organization from the dust or lack of candidates will announce the end of society. We were facing the actual point where the society was on the doorstep of ending its existence. Luckily, there were enough candidates to keep the society active and also candidates who are full of fresh ideas, enthusiasm and hope. We have worked out changes in the societies statutes. One of the main changes is that the number of members in administration will be 5 including president, instead of 3 like was set in the past. This change gave the administration the possibility to divide obligations and work out a structure to cover fields in organization structure that were not covered previously.

Administration divided main fields accordingly:

President – main representative including society introduction lectures in college, taking part in different events to represent the profession and its wide purposes in every possible way, communicating international organisations, leading all processes to develop society.

Public relations ambassador – taking care of more frequent communication with members and public, using different media channels and creating new level in information sharing using social media, website and communicating partner societies.

Marketing ambassador – creating a motivational program to members, to raise activity and willingness to take part in society activities and also workout the branding for the society to be noticed by the younger radiographers.

Education and trainings ambassador – gathering database of training and seminar subjects, organizing training and webinar events.

Financial ambassador – managing members database and financing, counting member fees inside and outside of national society. Planning society finances to be able to support new projects and plans for the development of the society.

Challenges to accomplish
Expectations are high or they are not existing at all. Both ways it is challenging for the new administration of the Estonian Society of Radiographers. The first challenge was to start using more social media channels to create a bond and strengthen the communication between members and administration. First good example was introducing all the new elected council and administration members with a picture and short biography on the societies Facebook page. The feedback was very good. The society is now using social media platforms to promote all the main actions taken by the society so that members are updated and can feel themselves included. Main challenges include creating a new website and an attractive education environment with the ability to share webinars and questionnaires. There is a plan to create web shop for members to be able to purchase extra gifts with the society branding and create motivational
program to gather activity points to be able to use these points to purchase societies goods. There are many radiographers who also do handicraft and what would be the better than society branded goods done by a radiographer.

There is so much more to do – national development plan about radiographers’ profession, code of ethics, new support plan for master degree education for radiographers etc. Enthusiasm and willingness are there and just wait to be settled in actions. We hope that in the next four years we can talk about “golden times” of the Estonian Society of Radiographers and be proud of a much higher number of members than has been previously. Hope that our example will give other societies also hope to rise and do again.

Under our hearts there is always love against radiography that would not let us to stay still.

FB: Eesti Radioloogiatehnikute Ühing
Web page: www.erty.ee

With all the best,

Maare-Liis Oinus
President of Estonian Society of Radiographers

GREECE

The family of ISRRRT is expanding. In January, both, the Greek and French Societies of Radiological Technologists endorsed the Emirates Medical Association-Radiographer Society of Emirates application to become a member of the ISRRRT. My national society and other societies worldwide have a crucial role and their voice is effective enough to promote our profession.

During the pandemic lockdown the Panhellenic Society of Radiological Technologists prepared relevant material for COVID-19, on March 22, 2020, uploaded the guidelines for good practices during the pandemic for radiological technologists on its website www.pasyta.gr. These guidelines included practical measures.

The pandemic in Greece unfortunately appears worse compared to the previous year. On March 11, 2020, the World Health Organization was deeply concerned with both the alarming levels of spread and severity and the alarming levels of ineffective and no actions. Thus, it reached the assessment that COVID-19 can be characterized as a pandemic.

Almost a year later, Greece and several countries are experiencing another outbreak. The Hellenic National Health System attempted to find solutions quickly to prepare for the third wave of the pandemic COVID-19. The vaccination program “ELEFTHERIA” which means freedom in English, began four months ago. This period and the number of vaccinations are not enough to decrease the pandemic.

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The sessions commenced on December 23, 2020 and were completed by February 22, 2021. They focused on promoting the rules of radiation protection and had an educational approach. The participation was unexpected. Both, student radiographers and qualified radiographers devoted approximately an average of two hours for each session to participate and ask important questions to the speakers.

The Panhellenic Society of Radiological Technologists celebrated International Woman’s Day on March 18, 2021 with an anniversary webinar. Renown radiographers presented the biography of women leaders, in particular, Vinita Merrill, Kathleen C. Clark, Chesney sisters and Marion Frank and talked about their lifelong dedication toward the development and improvement of our profession and toward radiography.

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regarding how radiological technologists should be protected from asymptomatic patients, rather than established COVID-19 patients. The Panhellenic Society of Radiological Technologists continues to inform and support its members and others radiographers to protect themselves from the pandemic by following these guidelines.

On March 8, 2020, the day I wrote this article, the daily epidemiological surveillance report for the new coronavirus infection by Greek Organization of Public Health (EODY), was the following:

“The new laboratory-confirmed cases of the disease recorded in the last 24 hours are 1,165, of which 4 were identified after checks at the country’s gates. The total number of cases is 206,281 [daily change + 0.6%), of which 51.7% men.

The new deaths of patients with COVID-19 are 39, while since the beginning of the epidemic a total of 6,797 deaths have been recorded. 95.7% had underlying disease and/or age 70 years and older. The number of patients treated by intubation is 477 [67.1% men]. Their median age is 68 years. 84.5% have underlying disease and/or age 70 years and older. Since the beginning of the pandemic, 1,416 patients have been discharged from the ICU. The admission of new Covid-19 patients to the hospitals of the territory is 337 [daily change -21.45%]. The average seven-day admission is 367 patients.”

References
www.pasyta.gr
https://www.who.int

Clinical Imaging Programme developed in partnership with the Society of Radiographers.

Gareth Thomas

APPOINTMENTS

Charlotte Beardmore to lead European radiography federation

Charlotte Beardmore, the Director of Professional Policy for the Society of College of Radiographers, has been appointed President of the European Federation of Radiographer Societies (EFRS).

The federation’s annual general meeting took place in February and over 70 delegates, representing the professional societies and educational bodies across Europe, joined the meeting to hear of the work of the EFRS during 2020 and to look ahead to the next year. Charlotte has served on the EFRS board for a number of years and will be President alongside her role as representative for the SCoR.

The SoR is a prominent member of the Federation and it is great that Charlotte is to be president this year. She is very highly respected in the European radiography community and works very hard for our profession on the international stage. Radiographers in the UK can be very proud that Charlotte has been elected President of the EFRS for this year.


SCoR responds to plans for new NHS reforms

The UK government has announced plans to reform the NHS and social care, aiming to cut bureaucracy and learn from the lessons of the COVID-19 pandemic.

The new proposals will aim to join up health and care services, support recovery from the pandemic by stripping away unnecessary legislative bureaucracy, empowering local leaders and services and tackling health
inequalities. It is good that the innovations and lessons learned during the Coronavirus emergency are reported to be behind some of the changes in the White Paper. We also note that the proposals promise to reduce some of the frustrations and burdens on systems that came as a result of the last reforms in 2012. The SoR will look carefully at the detail in the White Paper and we look forward to the opportunity to comment on behalf of members and the public.


COVID-19 brings dramatic changes to UK radiotherapy

Dramatic changes were seen in the delivery of radiotherapy treatments for cancer during the first wave of the coronavirus pandemic in England. Much shorter radiotherapy courses were delivered, treatments were delayed where it was safe to do so and some increases were seen in order to compensate for reduced surgical capacity, according to new research. The research, led by the University of Leeds, with Public Health England and the Royal College of Radiologists, reveals that there was a decrease in radiotherapy treatment courses of 19.9% in April, 6.2% in May, and 11.6% in June 2020, compared with the same months in the previous year.


SoR appoints professional officer for radiography careers

The SoR is delighted to announce the appointment of Michelle Tyler as Professional Officer for Careers Promotion and Outreach. This important new role for the Society will see Michelle focus on the promotion of radiography careers. Michelle is a therapeutic radiographer with over 25 years of experience working in the NHS and nearly 10 years specialist expertise in university and clinical settings.


SoR protests at delay to full vaccination of radiographers

The Society has welcomed the prioritisation of all healthcare workers and student professionals for vaccinations against COVID-19. It is right that the staff members that contribute at the heart of our health services are protected as quickly as possible so that the vital work to diagnose and treat those infected with the virus can continue and that others needing urgent healthcare can be seen.

So the SoR strongly feels that it is not appropriate to add further stress to our members and other health staff through the introduction of a delay between the first and second doses of the vaccine. We understand the arguments that have been advanced to justify this practice. However, health staff will also be aware that the practice is against the guidance, both of manufacturers and of the World Health Organization.

www.sor.org/news/vaccinations-healthcare-workers

Role extension for advanced practitioner radiographers

An exploratory MSc research project has led to advanced practitioner radiographers delivering biopsy results to breast screening patients - work traditionally undertaken by consultant breast radiologists. The research highlighted challenges and important enabling factors, while establishing that this extension to the role is very much within the radiography scope of practice.

The findings have now been published in the British Journal of Radiology and supported by Health Education England.

www.sor.org/news/role-extension-advanced-practitioner-radiographers

New national guidance on partners attending antenatal scans

NHS England has released updated guidance on supporting people using maternity services during the Covid-19 pandemic. This further aims to facilitate the safe return of a support person to all antenatal and postnatal care settings. The aim of the new document is to provide women with ‘access to support at all times during their maternity journey... Trusts should facilitate this, while keeping the risk of transmission of the virus within NHS maternity services (including to pregnant people, other service users and staff) as low as possible’.


Souvenir baby scans highlight need for professional regulation

The SoR has welcomed a BBC news investigation - which revealed poor practice across private baby scanning services - as reinforcing its campaign for professional regulation of sonographers. The Society was consulted extensively in the BBC’s research, which highlights issues that officers have been lobbying the government and regulators to address this for years.

The investigation focused on boutique services that offered ‘reassurance’ scans and souvenirs which had missed or failed to refer serious problems with babies to the government and regulators to address this for years.


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