

**REPORT OF THE 20<sup>TH</sup> WORLD CONGRESS OF THE INTERNATIONAL SOCIETY  
OF RADIOGRAPHERS AND RADIOLOGICAL TECHNOLOGISTS (ISRRT) 12 – 15  
APRIL 2018 – TRINIDAD AND TOBAGO**



**Attendees of the 20<sup>th</sup> World Congress of the ISRRT from the African Region**

## **1. INTRODUCTION**

The ISRRT, a grouping of Radiographers and Radiological Technologists from all over the world, held its 20<sup>th</sup> World Congress at the Hyatt Regency Hotel in Trinidad and Tobago (T&T) from 12<sup>th</sup> – 15<sup>th</sup> April 2018 under the theme “WE CARE”. The congress brought together four hundred and fifty (450) delegates from ninety six (96) countries. The delegates were able to share research experiences, learn from one another, and debate the current and future developments in medical imaging. In addition fifteen (15) companies that are involved in manufacturing and marketing of imaging related materials were also in attendance. The congress was opened by an official from the Ministry of Health of T&T and the President of ISRRT Dr Fozy Peer. The President of the Trinidad and Tobago Society of Radiographers Mr. Aleth Bruce also made his welcome speech.

The objective of this congress was to bring Radiographers, Radiological Technologists and Radiation Therapists together under one roof to open dialogue on issues faced in the profession, technological development, and strategies on becoming more engaged.

Attendees to the congress included Radiographers, Radiological Technologists, Radiotherapists, Radiography Educationists, Nuclear Medicine Technologists, Medical Physicists and Radiography Administrators. Each day of the conference started with plenary in which a lecture was presented by renowned Medical Imaging professionals focusing on specific topics. Thereafter research findings, case studies were presented. These were divided into various sections namely;

- Advanced practice
- Computed tomography and MRI
- Radiography Education
- General Imaging
- Dental Radiography
- Health and safety
- Imaging informatics
- Mammography
- Professional development
- Quality management
- Radiation protection
- Radiotherapy
- Ultrasound

## **2. PRE-CONFERENCE**

### **2.1 ISRRT Council Meetings**

Before the main congress, ISRRT council meetings were held. For the first time Malawi was represented at the ISRRT Council meeting held on Tuesday 10<sup>th</sup> April 2018 during which the activities centered on elections of vacant posts in various regions and capacities.

## **2.2 Pre-congress workshop**

There was a pre-congress workshop on 12<sup>th</sup> April during which Radiation Protection and Safety issues were presented and discussed. The main topics presented were as follows;

- Bonn Call for Action 2017- ISRRT Global Assessment of Progress. Speaker: Donna Newman – Director of Professional Practice ISRRT
- Radiation Protection in Africa – The Journey so far. Speaker: Elizabeth Balogun, Regional Director for Professional Practice in Africa.
- Radiation Protection and Safety Panel Discussion on Bonn Call for Action Assessment around the world
- Radiation Protection in Medical Imaging: A Holistic Overview. Speaker: Michael Latimer.
- Radiation Protection in Pediatric Imaging. Speaker: Michael Odgren
- Radiation Safety in Radiation Therapy. Speaker: Sandra Hayden

## **3.0 OPENING CEREMONY AND PUBLIC LECTURE**

### **3.1 Opening ceremony**

The opening ceremony was marked by a parade into the conference hall by Council members from all countries represented in ISRRT, followed by traditional dances and official opening speeches.

### **3.2 Hutchinson Public lecture**

After the official opening ceremony there was a public lecture entitled ‘**Why Well Skilled Radiological Technologists and Radiographers Are Needed More Than Ever To Face Public Health Challenges**’, presented by Dr Pablo Jimenez, from the Pan American Health Organization (PAHO).

### **3.3 Opening of Exhibitor Hall and Cocktail Reception**

Several companies and organizations exhibited their products in Medical Imaging. These ranged from

## **4.0 PLENARY SESSIONS**

Each day of the congress started with a plenary session and the following areas were covered

**4.1 What makes an effective leader** by Mellisa Kackowski Competence Management Development Specialist for Siemens Healthcare.

**4.2 From Radiographer to Teacher Brains, courage and Heart in Professional Boarderlands** by Bobby Harreveld

**4.3 (a) Imaging in Radiotherapy: A blend of science and Art** by Dr Dylan Narinesingh Associate Lecturer at the University of West Indies

**(b) The MR-LINAC Explained – The Challenges and Clinical Experiences** by Prof. Andrew Beavis founder and Director of Vertual Ltd which manufactures the Virtual Environment for Radiotherapy Training (VERT)

## **5.0 SCIENTIFIC PROGRAMME**

The scientific programme was divided into various sections as stated above and based on my interests and those of my country it was imperative that I attended a cross-section of imaging modalities since it was not possible to attend all. Malawi's interest was basically in areas where we still have a lot of challenges such as general radiation protection; mammography; radiography education and continuing professional development; PACS and teleradiology; quality management and ultrasound among others.

## **6.0 LESSONS LEARNED**

There were a lot of lessons learnt from the congress. Attending the congress for the first time in the history of Malawi gave me a chance to listen to different points of view and learn new ideas and trends in radiography. It was a priceless chance to sharpen my knowledge and skills in a different environment. Below are some of the many lessons that were learned by attending the congress - from plenary sessions, the oral and poster presentations, exhibitions and informal meetings with various attendees;

### **6.1 Mammography**

It was interesting to learn about how mammography has developed other countries as compared to Malawi. There are three mammography machines in Malawi that are working and so far no organized training for such. The Radiographers working with these machines receive on-the-job training of about a week or just a few days. Topics presented such as '*Image quality and Patient Radiation Dose in Mammography at a major Nepali Hospital*' and '*Challenges in Mammography Education and Training Today: The Perspectives of Radiography Teachers/Mentor and Students in Five European Countries*' were eye openers to

the Malawi situation where apart from non-existence of mammography training we also lack the equipment in rural areas.

## **6.2 Radiation protection**

In Malawi we still do not have implemented the Bonn Call for Action due to the fact that infrastructure on Radiation Protection and monitoring is not yet in place. The articles and presentations made at this congress acted as further reminder for the Radiographers Association of Malawi to speed up the process of collaborating with the Ministry of Health and the Department of Environmental Affairs to establish

## **6.3 Education**

There is only one training institution for Radiography in Malawi which is government owned at diploma level. To obtain higher qualifications one has to go outside the country which is often difficult due to the financial implications of such endeavors. Radiography Technology and Education has advanced significantly in all countries over the past century and is it therefore imperative that Malawi should not be lag behind. Experiences from other countries using eLearning and INTEREST-PBL to increase knowledge and improving webinars have been of great interest to us in Malawi that need to be explored and utilized. We need to collaborate with international universities so that we can upgrade our training institution to meet current standards of radiological practice.

The topics presented such as *‘development of critical thinking in diagnostic radiography’*, *‘The use of digital storytelling to Teach Evidence Based Breast Imaging to Radiography Students’*, *‘Implementing the Flipped Classroom in Radiation Safety’*, *‘Promotion of Improved Standards of Radiography Education through Transition Management’* and *‘Perceived Benefits of Near Peer Teaching and Learning with 2<sup>nd</sup> Year Radiography Students at Monash University’* were significantly educative, relevant and worth copying to our situation in Malawi.

## **6.4 Quality management**

The Ministry of Health in Malawi has just embarked upon the improvement of quality management across all health cadres in the country. The radiography profession in Malawi is still undergoing a number of changes to this effect such as; improving staffing levels in the hospitals; provision of training workshops in all fields of the profession by the Radiographers Association of Malawi (ultrasound, general radiography, quality assurance in medical imaging) among others.

## **6.5 Radiotherapy**

A number of presentations were made on research related topics and case studies in Radiotherapy as well as innovative solutions for training and education by VERTUAL. This has been of particular interest to Malawi because the first cancer

center for the country is under construction and training of Radiotherapist is anticipated at the college of health sciences. Advance training of Radiotherapists outside the country is already underway and it is expected that the cancer center will start to operate in the coming year (2019) with the first radiotherapy equipment in Malawi to be installed there.

#### **6.6 Professional development**

It was interesting to learn about professional development courses that focus on increasing knowledge and improving webinars to bridge the gap in professional development. In addition the use of conceptual framework model, interest-problem-based learning (INTEREST-PBL) and Malcom Knowles's theory of adult learning to

#### **6.7 Teleradiology and PACS systems**

The problem of shortage of Radiologists has not spared Malawi. There are only 4 radiologists in the country based only in the two main cities of Blantyre and Lilongwe. With a population of 14 million people and 29 district hospitals there is great inadequacy of these radiologists. This congress offered us an opportunity to meet providers of eHealth Solutions such as VEPRO WebStudio, ACTRM, HTSI Healthcare Solutions among others who provides Teleradiology and PACS services from where Malawi can benefit in reducing the gap of shortage of Radiologists.

#### **6.8 Networking**

In this time and era we are living in a society characterized by internet-based social networking. We learned how networking (using Twitter, Facebook, LinkedIn, whatsapp) has become a vital tool to stay up-to-date with current medical imaging news and events and using such platforms to help clinicians collaborate to provide better patient care. Using whatsapp group for Radiographers in Malawi and e-mail we managed to share the abstracts that were presented at the congress which proved to be an encouragement and motivating experience for the radiographers.

#### **6.9 Ultrasound**

Ultrasound is one of the medical imaging modalities that has developed so much in the past ten years in Malawi. 90% of hospitals (government and private) in Malawi have acquired different types of ultrasound equipment. However in the absence of organized ultrasound training in the country most of this equipment is operated by inadequately trained health professionals (Radiographers, clinicians and nurses in some cases). As an operator dependent imaging modality this poses a very big risk in healthcare provision in general and diagnostic imaging services in particular. It was therefore worth learning from other countries the challenges

they are facing as well as how they organize ultrasound training both for radiographers and clinicians. I also learnt a lot on recent developments in ultrasound both in equipment and scanning techniques. It was also worthwhile formed working relationships with ultrasound equipment suppliers such as MINDRAY

## **7.0 CONCLUSION**

All in all this was an opportunity to strengthen professional relationships with fellow radiographers and also forging new relationships with peers from around the world. I had the opportunity to learn new ideas and trends in the profession which I will share with my colleagues in the Malawi. The discussions and presentations provided new information and tactics on research activities in radiography.

It was a great experience travelling a very long distance to discover a new place, people and culture of T&T in addition to being able to network and connect with attendees from different perspectives and I am optimistic that it will pave the way for scientific cooperation with fellow radiographers worldwide. Personally I have benefited academically and this has made me an active member of the Radiography community worldwide. I look forward to continuing networking with other radiographers both from within Malawi and outside.

I wish to take this opportunity to thank all those that provided financial and moral support and made this trip possible so that Malawian Radiography can now be recognized worldwide. Special thanks to the Board and Management of ISRRT for travel support, Blantyre Malaria Project, Radiographers Association of Malawi and World Wide Pharmaceutical Distributors.

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ISRRT Council members representing Malawi, UK, Finland, Norway and The Netherlands posing with cultural troupe members of Trinidad and Tobago after the opening ceremony.



ISRRT Council Members from the whole world during the opening ceremony the 20<sup>th</sup> World Congress.



Sharing the experiences of ISRRRT 20<sup>th</sup> World Congress with members of staff at the X-ray Department of Queen Elizabeth Central Hospital, Blantyre, Malawi.