



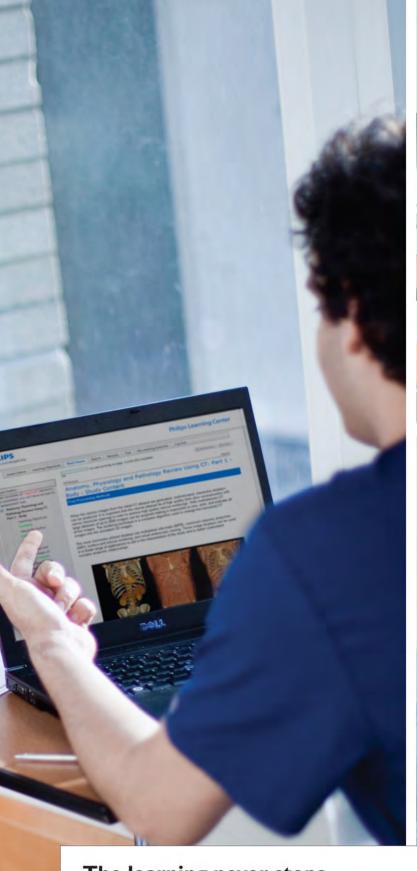
The Official Publication of the ISRRT















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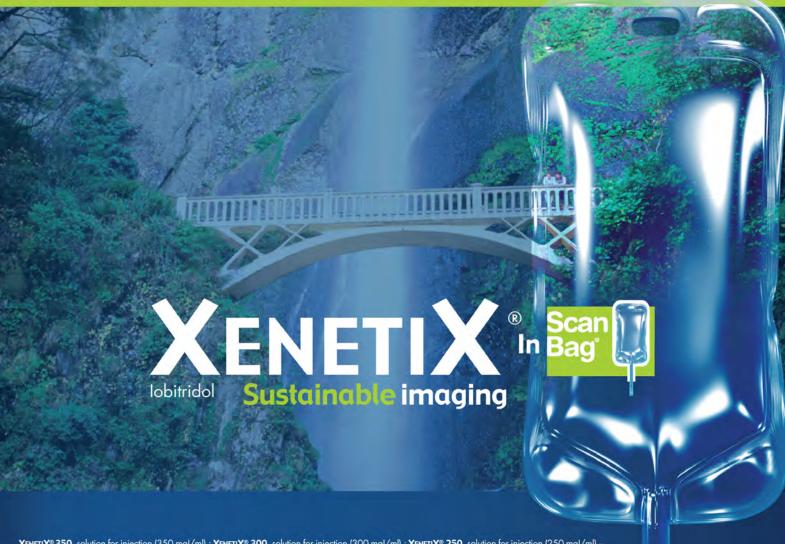
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Deadline for the twice yearly issues are: April 1 (May issue)

October 1 (November issue)

All material must be sent electronically. Advertisements and images to be sent as high resolution PDF, TIF, EPS, JPEG files.

You are invited to comment in relation to the ISRRT Newsletter editorial content and make suggestions for future issues.

All comments will be considered by the Editor and her Committee.

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A section is reserved for the advertising of educational programs, courses or new radiological texts.

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Dr Michael D. Ward, Ph.D., RTR, FASRT President, International Society of Radiographers and Radiological Technologists

President's message

Greetings to my colleagues and friends across the globe!! As I sit here preparing an update for the ISRRT "News and Views from Around the World", I couldn't help but reflect on the amount of change that has happened around the world in just the past three years since assuming office as President of the ISRRT. While technology in medical imaging and radiation therapy is advancing around us, major strides in research to cure disease and improve treatment are positively impacting patient care. However, the world's resources are shrinking and poverty in many sectors is growing. The Nobel Prize Laureate in Literature, Maurice Maeterlinck, once said, "At every crossway on the road that leads to the future ... each progressive spirit is opposed by a thousand men appointed to guard the past." Strangely enough, this is the past that somebody in the future will be longing to go back to. Accepting change, embracing life's challenges, using your unique gifts to make a difference and staying focused on the passion that brought you into the radiologic sciences profession will keep you from being one of those "progressive spirits" fighting against the inevitable future.

I'm pleased to say that the "ISRRT Dosewise Radiographer" competition will be taking place this year. Our Dosewise competition partner, Philips Healthcare, has been working very hard to provide the infrastructure and financial support for this outstanding activity. We have timed the announcement for the competition to coincide with the 2013 "World Radiography Day". The winner of the competition will be fully supported to attend the June 2014 ISRRT World Congress in Helsinki, Finland. More details can be found in this edition of the ISRRT "News and Views."

Since my May 2013 report, I have represented the ISRRT at the following places/events:

- · Washington, DC, United States: First Global Summit on Radiological Quality and Safety
- St Johns, Newfoundland, Canada: 71st CAMRT Annual General Conference
- Liverpool, England: United Kingdom Congress of Radiology
- Durban, South Africa: Society of Radiographers of South Africa and the Radiological Society of South Africa joint Congress
- St Michael, Barbados: The Barbados Association of Radiographers & The Barbados Health Information Management Association, Joint Conference
- Kuala Lumpur, Malaysia: Malaysian Society of Radiographers, Geriatric Medical Imaging Conference

It was my pleasure to represent the ISRRT at the First Global Summit on Radiological Quality and Safety. The sponsors of the summit were the American College of Radiology (ACR), the European Society of Radiology (ESR), and the International Society of Radiology. The program was divided into three themes: appropriateness of imaging, radiation protection/infrastructure, and quality and safety. Participants came from global organizations, including the International Atomic Energy Agency (IAEA), the World Health Organization (WHO), and other institutions as well as industry representatives with an interest in imaging. The goal was to exchange ideas and solutions and share concerns

to arrive at a better and more uniform approach to quality and safety. Participants were asked to use the information presented in the meeting to develop strategies and tactics to harmonize and promote best practices worldwide. These strategies were summarised at the conclusion of the meeting. A white paper will be coming out very soon and will detail some of the major themes. These themes included:

- · Appropriateness of Imaging
- Radiation Protection/ Infrastructure
- Quality and Safety
- Strategies for Solutions My presentation during the summit was titled, "Best Practices – Professional



ISRRT President Ward, speaking to the CAMRT delegates at the Annual General Conference in Newfoundland, Canada.

President's message



ISRRT President Ward, sitting with newly appointed CAMRT CEO, Francois Couillard and Dr Sandy Yule, ISRRT CEO

Guidelines and Technical Standards: The Radiographer's View [with a] United States Perspective." The presentation was well received and a portion will be captured in the upcoming white paper. EFRS President, Professor Graciano Paulo also attended and gave an outstanding presentation that reflected on the European perspective on professional guidelines and technical standards.

ISRRT CEO, Dr Sandy Yule and I were invited by the Canadian Association of Medical Radiation Technologists to attend their May 2013 Annual General Conference that was held in St. Johns, Newfoundland, Canada. We attended their general meeting, portions of their educational lectures and the presidential banquet. During the conference, I was invited to give the ISRRT update to an audience that received it very well and were very supportive of the ISRRT. During this conference, Sandy and I met with several elected officials and CEO's of the ASRT, CAMRT, and Australian Society. We discussed how we can continue to work together and support each of our respective missions and goals.

I was invited by the organising committee of the Society of Radiographers of South Africa and the Radiological Society of South Africa to attend their conference and represent the ISRRT. This three day meeting was held at the International Convention Centre in Durban where oral and poster scientific presentations were given by radiographers and radiologists. ISRRT Board Member, Dr. Fozy Peer was one of the conveners of this outstanding joint society congress of radiographers and radiologists. I was honored to have been asked to give the opening presentation for a session on Role Extension for Radiography. I presented a one hour talk entitled "Role Extension in Radiography: The ISRRT Perspective – A United States View." It was well received and set the stage for four additional presentations by other speakers on related topics. I was able to sit in on lectures throughout the remainder of the conference and participated in times of open discussion of a variety of topics. After the Congress, I took a couple of additional days to enjoy a wonderful safari/spa experience in Durban.

As always, the ISRRT and its Board of Management will continue to support the Mission and Vision of the Society and to represent our profession across the globe. I invite you to read through the ISRRT Newsletter to capture all of the news related to the society and our profession.

Kindest Regards, Dr Michael D. Ward, PhD, RTR, FASRT President, ISRRT





Will you be the

ISRRT DoseWise Radiographer of the year in 2014



And the winner is ...?

Win a chance to speak at the 18th ISRRT World Congress in Helsinki, Finland.

In support of radiation dose management awareness, the International Society of Radiographers and Radiological Technologists (ISRRT) joins with Philips to give one radiographer the opportunity to become the ISRRT DoseWise Radiographer of the Year for 2014.

To enter, tell us what you have done to improve patient safety by managing radiation. The winner will have the opportunity to speak at the 18th ISRRT World Congress in Helsinki, Finland (June 12th to June 15th 2014).

Critertia

A select panel representing the international and diverse nature of the ISRRT (and its member societies) will review all entries. The panel will select a winner who they feel has successfully communicated what they have done to improve patient safety through dose management. The winner will be announced in conjunction with the European Congress of Radiology (ECR) in Vienna, Austria from March 6-10, 2014.

Past winners wish good luck

"My best wishes go to the entrants for this year's competition. I look forward to reading your entries and trust you will enjoy being a participant in this fantastic competition as much as I did."

Sandy Pridgeon

Former Radiologist of the Year

"ISRRT DoseWise Radiographer of the Year Award is the hallmark of recognizing such dedicated medical radiation practitioners who are devoted to lower dose in clinical imaging through their rational practice and innovative research." Yogesh Jhalnaugural

Winner of ISRRT DoseWise Award (2010)

Don't wait! Enter now at www.dosewise.com



The contest officially opened on World Radiography Day November 8, 2013. Submission of entries will be accepted until February 6, 2014.

Review official rules at www.dosewise.com/Content/conditions_of_entry.html

See you in Helsinki! Good Luck!





Dr Alexander Yule

Chief Executive Officer report

ISRRT President Michael Ward has given a report on the very successful conference of the Canadian Association of Medical Radiation Technologists (CAMRT) which we attended in May in St John's, Newfoundland, Canada. I would like to echo his sentiments and add one or two items.

During the conference we had a breakfast with the CAMRT President Amanda Bolderston and Francois Couillard, CAMRT CEO during which time we discussed how the ISRRT and the CAMRT could continue to work together in areas of education and support of developing countries.

I also participated in a Round Table discussion with CAMRT officials, the American Society



of Radiologic Technologists (ASRT) President, Julie Gill and CEO, Sal Martino and the Australian Society of Radiographers (AIR) CEO, David Collier. The ISRRT Vice President of the Americas, Rita Eyer, gave a presentation explaining the role of the ISRRT.



Following the conference I travelled to Toronto where I met with Terry West to discuss the ISRRT account which is held in Canada. This account enables the ISRRT to deposit Canadian and United States currency which can be used to pay the expenses of Board members living in both countries.

The next event I attended was in June in Liverpool, UK. This was the United Kingdom Congress of Radiology (UKRC). As usual the ISRRT had a complimentary booth there and I would like to thank the organisers for their continuing support. Attending this conference give us the opportunity of meeting with registrants and companies both at the booth and during conference.

A successful meeting was held with the Society of Radiographers UK during which a "World Radiography Day" Facebook page was discussed and also support for the Travel Fund for the 2014.ISRRT President Michael Ward and ISRRT Treasurer Stewart Whitley also attended the conference.

In August I met with Philips Healthcare, Eindhoven, The Netherlands to discuss our





future co-operation. Philips Healthcare is a Platinum Sponsor of the ISRRT. Amongst items discussed were the continuation of the successful Dosewise competition and a project relating to women's health/mammography in Africa

I am pleased to report that the Dosewise competition will be held once again and details will be found in another section of this months "News and Views". I would like to encourage radiographers and Technologists to enter.

Following our meeting I was given a tour of the impressive Philips Business Park Showroom and the factory.



Stewart Whitley and I visited Helsinki, Finland in early September, to meet with Paivi Wood, CEO of Society of Radiographers Finland, to discuss progress for the ISRRT World Congress 2014.

We discussed the budget, publicity for Congress, the Exhibition, the Opening and Closing Ceremonies and the Travel Fund.

This was an excellent meeting and we were assured that the organisation is going well and that the budget requirements are being monitored. Space requested by companies for the exhibition is at present satisfactory and further work is being undertaken in this area

I hope to see many of you in Helsinki for what will be a great Congress in a superb venue.

In September I also met with GE Healthcare Ltd which is another of our Platinum sponsors. As part of the meeting I gave a presentation of ISRRT organisation and activities.

We discussed the future co-operation between ISRRT and GE Healthcare and how this could be achieved. GE Healthcare is very positive regarding working with the ISRRT in the future and I have asked ISRRT Director of Education, Cynthia Cowling, to follow this up with GE.

Alison, my wife, and I visited Washington mid-September for a holiday. During our time in Washington I visited the headquarters of the Pan American Health Organisation (PAHO). I met with Pablo Jiminez, Regional Advisor in Radiological Health Medicines and Health Technologies, Department of Health Systems and Services. We discussed the future co-operation between the ISRRT in the area of workshops in their Region. In particular the medical diagnostic



needs of Haiti were covered and it is hoped to run a workshop in 2014 in conjunction with PAHO and radiography organisations.

At the end of September I participated in a Conference Call with:

Francois Couillard, CAMRT CEO and Terry ELL, CAMRT Council Member to ISRRT. An excellent discussion took place during which I notified them of the recent and future activities of the ISRRT. A good exchange of ideas took place.

They were both interested in the possible setting up of on line courses in education.

Terry is particularly interested in setting up a link to educational establishments and I referred him to the link on the ISRRT website which already exists and asked him to look at this and comment back. This was a very constructive discussions and I am confident that our partnership with the CAMRT will continue in the future

At the beginning of October I attended the Allied Health Professions Conference, Edinburgh, Scotland, UK. The aim of the

conference was to explore the achievements of the Allied Health Professionals in delivering health solutions and to further the vision for the future development of the professions focused on health and social care integration. There were workshops held in the afternoon and one I attended involved exploring how leadership at strategic and practical level has contributed to the integration of health and social care service delivery and transformation of services

There was also an excellent poster exhibition at which three of the posters were from radiographers.

In mid-October I attended the Malaysian Society conference in Kuala Lumpur along with Dr Michael Ward. As part of the conference they celebrated World Radiography Day. I will report this in the May edition of "News and Views". The theme of World Radiography Day 2013 was "Radiographers Optimise Dose" and I am sure that this event was celebrated throughout the world.

The end of 2013 and the first few months of 2014 are going to be a busy time for me. As you are all aware the ISRRT Council meeting takes place during the World Congress in Helsinki. I will be circulating details to all member societies and Council members at the end of November 2013. This is a particularly important Council meeting because 2014 is the year that new ISRRT Board members are elected so it is crucial that all countries attend to take part in the meeting.

Finally I would like to thank the ISRRT President, Dr Michael Ward, the ISRRT Board, all Council Members and member society officers for their continuing help and support and also my wife Alison,

Sandy Yule CEO, ISRRT





Stewart Whitley Treasurer

Treasurer's report

At the time of writing I am pleased to report that the 2012 accounts have been approved by the ISRRT's accountants Wormald & Partners based in Bristol, England. The accounts plus an accompanying report "Report of the Trustees and Financial Statements for the Year ended 31st December 2012 for the International Society of Radiographers and Radiological Technologists" will be submitted to the Charity Commission for England and Wales.

The reports will be circulated to Council Members and National Societies and can be viewed on the Charity Commission website under registered number 276218.

It is encouraging to note that ISRRT made a modest surplus and thanks to your financial support successful workshops were held in Cameroon, Malawi and Jamaica as well awarding research grants.

Financial support was also directed to facilitate activities associated ISRRT's involvement on the world stage which enabled attendance at meetings associated with the WHO, PAHO, IAEA and other international agencies all of which provides invaluable resources and information to all member organisations and members .

The Board also allocated funds to support the Travel Fund, supported by a number of member organisations and individuals, which enabled a number of delegates to attend the successful CAMRT World Congress in Toronto, Canada.

I am also pleased to report that once again we transferred £8,000 from our investment income into the general funds to support workshops.

All of our activities are funded by member societies, associate members, corporate sponsors and surplus income from World Congresses. The Board members are grateful for your on-going financial support.

Just recently the ISRRT Board has approved the following projects for 2014:

- · Haiti Radiography Educational Workshops
- 8th workshop ISRRT Workshop for French speaking African countries Ivory Coast
- Sri Lanka Workshop Digital Radiography for professional development

We look forward to the future and assure you of our ongoing commitment to be prudent and good stewards of our limited resources.

Stewart Whitley Treasurer

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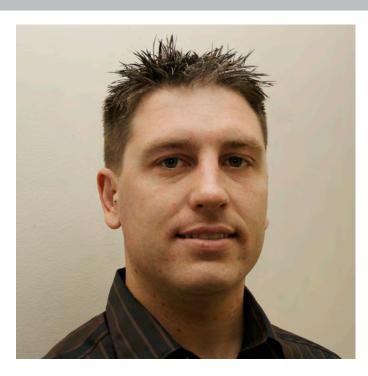
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ISRRT Research Award winner 2013



Nick Woznitza

Reporting Radiographer, Homerton University Hospital, London PhD Student, Canterbury Christ Church University, Kent Qualifying as a diagnostic radiographer from the University of South Australia in 1999, Nick's employment in Australia encompassed several different settings, many rural and remote, with the unique challenges that they bring.

Nick moved to the UK in 2005 as a senior radiographer and began his current role at the Homerton University Hospital in 2008. Nick has completed various postgraduate reporting qualifications at Canterbury Christ Church University, allowing him to provide definitive clinical reports on skeletal, adult chest and neonatal radiographs.

Nick is currently a clinical lecturer for Canterbury Christ Church University, a role he has been performing since 2011 and in December 2012 was awarded the post of honorary senior clinical lecturer at City University, London.

Nick's has conducted several pilot studies which examined radiographer reporting accuracy and influence of radiographer reports on physician management plans, and has presented these results in Australia, America and the United Kingdom. His current research program, as part of a part-time PhD, covers observer agreement in neonatal x-ray interpretation and the accuracy and diagnostic impact of radiographer produced adult chest x-ray reports.

Abstract

X-ray investigations are frequently used by clinicians to aid in patient diagnosis. In response to ever-increasing demands in the United Kingdom, radiographer reporting is often used as a solution to manage radiology workloads while maintaining a patient focused service. Accurate x-ray interpretation is of fundamental importance; however significant observer variation in x-ray interpretation is reported in the literature. There is little, if any work which has compared the accuracy of consultant radiologist and reporting radiographer neonatal x-ray interpretation in clinical practice.

The Royal College of Radiologists and College of Radiographers recent guidance states that radiographers who develop their role to include definitive clinical reporting must perform at a level comparable to consultant radiologists. This hypothesis will be tested in this study. If radiographers are trained to interpret neonatal x-rays and do so to a standard comparable to consultant radiologists, they could provide additional reporting resource across healthcare settings worldwide.

A random selection of neonatal x-rays obtained for clinical reasons will be independently interpreted by two consultant paediatric radiologists and a trained reporting radiographer. These reports will be assessed for agreement by two neonatal consultants, blinded to the origin of the report. Kappa statistic will be used to determine observer agreement for inter-radiologist intra-radiologist and radiographer-radiologist reports.

18th ISRRT World Congress 2014, Helsinki, Finland

Preparations for the upcoming 18th ISRRT World Congress 2014 in Helsinki are in good order.

The website www.isrrt2014.fi is updated with new information,

please visit and find news and information.

The abstract (call for papers) submission will open 1.9.2013 as well as the registration.

Now it's time to start brainstorming and finding colleagues to participate with.

If you have any questions regarding the congress, do not hesitate to contact us!

ISRRT Research Award winner 2013



Above: Bev Snaith and Maryann Hardy.

Maryann Hardy and Bev Snaith

Maryann

Maryann is Professor of Radiography and Imaging Practice Research and Associate Dean for Research within School of Health Studies at Unversity of Bradford, UK . She is an experienced radiographer with additional advanced qualifications in image interpretation and reporting, she has a Bachelor degree in mathematics, a Masters degree in Healthcare Practice and a PhD in epidemiology of children's injuries.

Maryanns is passionate about advancing radiographic practice and promoting service delivery models that effectively utilise technology and engage the skills of radiographers and other healthcare professionals to improve patient outcomes. She is a widely published researcher and author and invited speaker at a wide range of regional, national and international events.

Bev

Bev Snaith was one of the first consultant radiographers appointed in the UK with a role to develop trauma and emergency care serives. She is best known for her work around radiographer reporting, and more recently completed a Postgraduate diploma in abdominal ultrasound. Staff development and skills utilization are a common theme in her work and over the last eight years has supported six consultant radiographers through a local trainee programme.

Bev has had an active role within the profession, having previously served on UK Council and currently is a member of the approvals and accreditation board. She is widely published and is an Honorary Research Fellow at the University of Bradford where she was also awarded a PhD earlier this year.

Improving neonatal chest radiography: an evaluation of image acquisition techniques, dose and technical quality

Abstract

Background

Neonatal radiography is unique in terms of vulnerability of patient group to radiation exposure and distinctive anatomical appearances. Although the European commission published quality guidelines for neonatal chest radiography, these are not readily transferrable to radiographic image acquisition practice. Variation in recommended practice is also evident within internationally acclaimed radiographic technique textbooks. While previous studies have considered dose, field size and image quality, no published research has considered the technical quality of neonatal chest radiographs from radiographic perspective.

Method

A retrospective evaluation of neonatal chest radiography quality and dose will be undertaken across 2 hospital Trusts within the United Kingdom. Assessment of image acquisition quality will be achieved through evaluating position of patient head and arms, degree of inspiration, presence of thoracic rotation or tilt, accuracy of collimation and centering and presence of side marker in the primary field. Entrance surface dose and dose area product will be estimated from exposure parameters and hospital quality data.

Importance of study

Neonatal chest radiography is a frequently undertaken and often poorly executed radiographic examination. Neonates are at high risk from radiation due to the high mitotic capacity of children's cells and therefore represent a priority, and often overlooked, patient group for assuring consistent and high quality radiographic practice. This study is the first to evaluate variations in radiographic image acquisition techniques alongside dose estimation and findings will provide baseline data from which future studies will be developed with a view to setting clear international standards for neonatal chest radiography.



Professor Mary Lovegrove awarded the Inaugural International Allied Health Award for Excellence

Professor Mary Lovegrove OBE has been awarded The Inaugural International Allied Health Award for Excellence. She is well known throughout the world and was ISRRT Vice President for Europe and Africa from 1998-2000.

On October 3, 2013 Dr Jacqui Lunday Johnstone, Chief Health Professions Officer for Scotland and the Convenor of the International Chief Health Professions Officers (ICHPO) Conference, presented Professor Mary Lovegrove OBE with the ICHPO's Inaugural International Allied Health Award for Excellence for her outstanding lifetime contribution to international allied health development. The award ceremony took place at the Assembly room in Edinburgh and was witnessed by over 200 allied health professionals from around the world.

Professor Lovegrove was absolutely delighted to receive this honour and advised the audience that this certificate would have pride of place hanging alongside her UK College of Radiographer's professional certificates.

The Travel Support Fund of the 2014 ISRRT World Congress

The Society of Radiographers in Finland (SORF) and the International Society of Radiographers and Radiological Technologists ISRRT are pleased to announce that this fund will be created to assist radiographers and medical radiation technologists from lower and middle income countries, as defined by the World Bank (see: http://data.worldbank.org/about/country-classifications/country-and-lending-groups#Upper_middle_income) to participate in the 2014 ISRRT World Congress, which will take place from June 12-15, 2014 in Helsinki, Finland.

The first time this fund was opened was for the 2012 ISRRT World Congress which was held in Toronto, Canada. With the successful example of The Canadian Association of Medical Radiation Technologists (CAMRT) and the ISRRT we want to create a same opportunity for new applicants to attend for the world congress.

Contributions to the fund are welcome. Societies and individuals wishing to make a contribution to the fund are invited to contact the ISRRT CEO at isrrt.yule@btinternet.com

Those who have donated are Society and College of Radiographers UK, Society of Radiographers Finland, American Society of Radiologic Technologists, Canadian Association of Medical Radiation Technologists and the New Zealand Institute of Medical Radiation Technology.

The fund will cover the costs of return airfare at the cheapest rate and \$200 for the registration fee and incidentals. Air travel will be arranged by the SORF travel agency.

A selection committee will review applications for support. The selection committee members will be identified by the organizations that have made significant donations for the travel fund.

The judging criteria will be confirmed by the selection committee, but criteria under consideration are that the applicant:

- 1. Has submitted an abstract that has been selected for presentation. Increased weight will be given to those making oral presentations.
- 2. Is a member of the ISRRT Council, representing a country that is up-to-date in its dues payment.
- 3. Has committed to sharing the information they will learn at the congress to strengthen their home society and the profession of medical radiation technology, particularly in their own country. As part of the application, the applicant will be asked to identify how they will do this. The strength of this proposal will be one of the factors considered by the selection committee.
- 4. Has committed to provide, following the congress, a brief report to the ISRRT of one to two pages in which they explain how they addressed selection criteria 3.

Failure to provide a report may result in the payment being reclaimed.

An applicant will not need to meet both criteria 1 and 2, but will earn higher ranking if they do.

An application form and all details will be available as of Monday, October 14th , on the congress website at: www.2014isrrt.fi



ASRT Grand Opening celebration

The American Society of Radiologic Technologists welcomed more than 600 people to its office in Albuquerque, N.M., on June 14, 2013, to celebrate its 30th anniversary in the city and open the doors to its new 30,000-square-foot expansion and renovation.

The expansion provides the association with space and amenities to accommodate its steady growth and expand programs for members. In addition to office and meeting space, the building features a state-of-the-art video recording and editing studio that provides ASRT with the tools to produce continuing education courses, webinars, public service announcements and other professional materials.

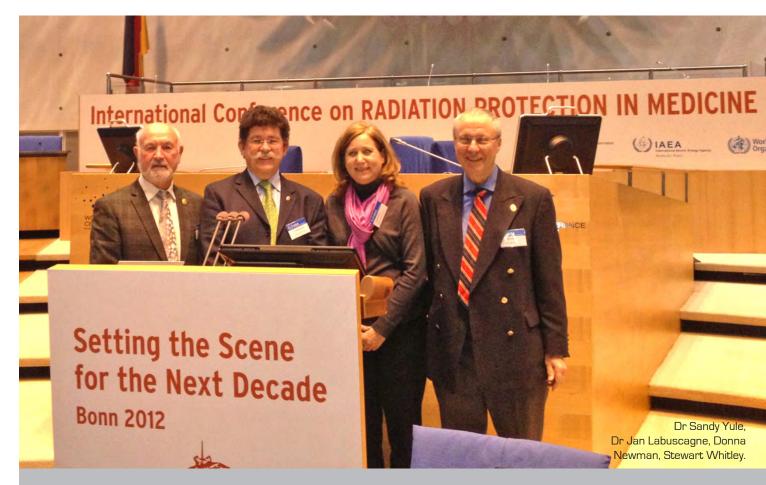
A highlight of the renovated space will be the 4,400-square-foot museum devoted to collecting, preserving and sharing the radiologic science profession's rich history. The museum will tell the story of ASRT and the radiologic technology profession through interactive displays, research archives and educational exhibits. The museum will open in 2015.

Photos by Pat Berrett, Courtesy of ASRT









International Conference organized by the International Atomic Energy Agency (IAEA) & the World Health Organization (WHO)

Setting the scene for the next decade

Bonn, Germany December 3-7, 2012

Submitted by Stewart Whitley, ISRRT Treasurer

Following the report of the Bonn conference in the May 2013 edition of News and Views we can now report that the IAEA and the WHO have now published a Joint Position Statement called the "Bonn Callfor-Action" in which it highlights ten main actions, and related subactions considered as being essential for the strengthening of radiation protection in medicine over the next decade.

The actions are:-

- 1. Enhancing implementation of justification of procedures
- Enhancing implementation of optimization of protection and safety
- 3. Strengthening manufacturers' contribution to radiation safety
- 4. Strengthening RP education and training of health professionals
- Shaping & promoting a strategic research agenda for RP in medicine
- 6. Improving global data collection on radiation exposures of patients and workers
- Improving primary prevention of incidents and adverse event in health care

- 8. Strengthening radiation safety culture in health care
- 9. Fostering an improved radiation benefit-risk-dialogue
- Strengthening the implementation of safety requirements (BSS) globally

The full report of the Bonn Conference and its Call for Action is now available on the IAEA website.

At a recent WHO "Global Initiative on Radiation Safety in Healthcare international Settings" meeting held in Geneva, 10—12 September 2013, attended by Stewart Whitley, Treasurer, these actions were discussed in detail in order to determine how they can implemented across the globe. A full report of the WHO meeting will circulated once published. The action plan will involve Radiographers and Radiological Technologists who play a central role in Radiation Protection. The ISRRT Board will be prioritising how we as an organisation can fulfil this mandate and work with the WHO and IAEA and other international, national and professional organisations to make this a reality.

Stewart Whitley, ISRRT Treasurer

cpd now

Gets a new look

Report by Louise Coleman, Society and College of Radiographers Professional Officer for Education and Accreditation

CPD Now is the Society and College of Radiographers' (SCoR) online continuous professional development (CPD) tool which enables members to plan, record and review their CPD.

We've done a significant amount of development work and have given CPD Now a fresh, new look. The refreshed interface went live to all members on the 23rd September but prior to that 50 users had access to it in order to review, test and comment on the new and enhanced features.

All SCoR accreditation systems are now integrated within CPD Now which will streamline the application and review process.

- · Assistant practitioners
- Practice educators
- · Advanced and consultant practitioners

Applicants are signposted through the process and it is much easier to get Advanced and Consultant Practitioner applications reviewed by CoR Assessors.

Users have always been able to use CPD Now to plan their CPD and now the planning feature has been enhanced. Tasks can be added to each plan which enables users to action plan and then record their CPD all in one place.

As the Health and Care Professions Council (HCPC) CPD audit date approaches registered practitioners' thoughts turn to showing that they meet the HCPC standards of CPD and producing a CPD profile.

The HCPC don't want to review a registrant's whole portfolio of CPD, they want a profile with some examples of the CPD activities undertaken. CPD Now can quickly and easily produce a profile of the activities carried out during the required two year period. The registrant's selected activity evaluations can be added at the end of the profile. With just a few clicks of the mouse (or taps of the screen) a profile can be produced which can be copied into the HCPC's submission template. This is much quicker and far easier than starting to summarise activities when the audit request drops through the letterbox – the vast majority of the work has already been done when the CPD activity was recodrede.

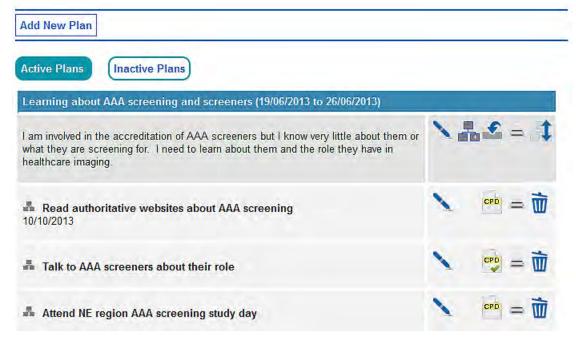


Figure 1 Screen shot of the enhanced CPD planning tool showing an example action plan.

CPD Now has been tested and works all modern operating systems, browsers and mobile devices. There should be no problems recording CPD on the move using a mobile device or while at work using Internet Explorer 7 and above. CPD Now meets accessibility requirements and icons have replaced many of the text links making it easy to use on a touch screen device.

There is still more development work to be done. Over the next few months "pre-packed plans" will be added to the feature list.



These will be template CPD plans that users can simply add to their own list of plans. For example, if a member attends a CPD Now endorsed study day there may be a plan of CPD activities associated with the event. These activities could include a journal article to read, a media clip to watch or even a discussion to have with colleagues.

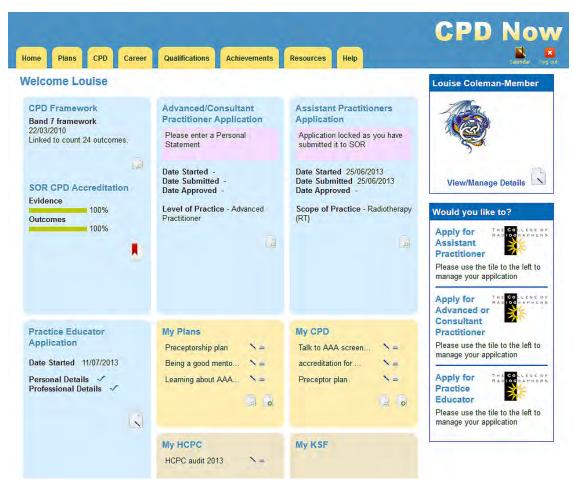
In the near future it will also be possible to highlight useful and relevant learning opportunities to members, depending on what their interests are. For example, if a user highlights magnetic resonance imaging as an interest then CPD Now will be able to point them towards relevant MRI learning opportunities.

The original version of CPD Now will still be available to users, but for a limited time only. It will cease to be available in February next year, or before if only very small numbers are still using it.

The feedback we received from the testers was good and we implemented many of their suggestions. One of the biggest complaints about CPD now has always been that it logs users out after 45 minutes if they don't save their work or move to a new page. While we can't get round this due to the load many dormant users would put on the servers, we have implemented a countdown timer on the pages that users spend most time on. The timer counts down from 45 minutes and notifies users when it is time to save their work.

CPD Now will continue to evolve beyond the current project. Already ideas for a third phase of development have been discussed, and maybe a fourth beyond that. The direction the developments take are very much dependant on what users want from CPD Now.

If you have any thoughts, ideas or comments about it please contact me. LouiseC@sor.org



CPD home page screen shot



Online registration is now open



Helsinki -Daughter of the Baltic,

Society of Radiographers in Finland and ISRRT invites all the radiographers, radiological technologists, nuclear medicine technologist, sonographers and radiation therapists to the 18th World Congress

www.isrrt2014.fi

The 18th ISRRT World Congress June 12-15, 2014

The local organizing committee from Society of Radiographers in Finland (SORF) has had a large amount of work to do to set up the event, but we have been very excited and full of energy to build a congress that is to be remembered.

Helsinki is easy to reach by air and sea. Around 40 airlines operate to Helsinki, and Helsinki-Vantaa airport boasts more than 180 international landings daily. Helsinki also serves as a gateway to Asia. The flight time from Helsinki to several Asian destinations is the shortest from Europe. By sea - from Tallinn the fastest ferry to Helsinki takes less than two hours and there is a large choice of boats operating every hour.

We are expecting 1,400 guests to arrive and enjoy beginning of Finnish summer and Helsinki the beautiful seaside city, Daughter of the Baltic. The congress site is lose the city centre where the majority of the hotels are. The attendees will have the opportunity to enjoy of congress and the city life if the accommodation one chooses is in the city. The city of Helsinki will offer a free public transportation pass to all guests, so travelling around the city is easy and same time one can look around. Access to the congress site is free of charge and easy.

Hospital visits will be arranged, and the Scientific Programme will be done in conjunction with the ISRRT Director of Education, Cynthia Cowling with the theme "Optimizing for Better Care".

The programme will include the following themes:

Pediatric imaging, breast imaging, general radiography, interventional radiography, CT and MRI imaging, quality, dose optimization, management, education, research, EBR (Evidence Based Radiography), sonography, nuclear medicine, molecular imaging and radiotherapy.

The **call for abstracts was opened in September** and will stay open till the end of February 2014. We believe that we all have something to contribute to each other and we urge all our colleagues around the world to send abstracts and attend the World Congress.

The **Travel Support Fund of the 2014 ISRRT World Congress** has been announced by ISRRT and we will work together to give the opportunity to as many as possible radiographers to attend the world congress. The fund will cover the costs of return airfare at the cheapest rate and \$200 for the registration fee and incidentals. Air travel will be arranged by the SORF travel agency. A selection committee will review applications for support. The selection committee members will be identified by the organizations that have made significant donations for the travel fund. To see more, go to www. isrrt2014.fi

Contributions to the fund are welcome. Societies and individuals wishing to make a contribution to the fund are invited to contact the ISRRT CEO at isrrt.yule@btinternet.com

Our social program will consist of many events. Get together party, City Reception that will be held in the City Hall and of course Gala Dinner in the beautiful Långvik. We hope that the Congress will be a place to all the radiographers and radiological technologists to meet and change ideas and experiences and become friends.

Also post congress tour opportunities to St. Petersburg are available.

We want to welcome all of you in Helsinki 12-15th of June 2014, see you there!



IAEA Regional Training Workshop

on the establishment and utilization of diagnostic reference levels (drls) in Africa

Kampala, Uganda February 18-22, 2013

Report by Kalende Rogers, ISRRT Uganda Representative Ernest Cook Ultrasound Research and Educational Institute (ECUREI) Mengo Hospital Kampala (Uganda)

On February 18-22, 2013, Uganda hosted the training of trainers' regional workshop on the establishment and utilization of diagnostic reference levels in Africa. This meeting was facilitated by International Atomic Energy Agency (IAEA) under Thematic Safety Area 3, TCP RAF/9/044: which is about Strengthening Radiation Protection of Patients during Medical Exposure. The workshop was held at Emeralds Hotel in Kampala the capital of Uganda. 23 countries in Africa sent representatives to the workshop. English was the language of instruction which required Francophone countries to send representatives who were familiar with the language.

ORGANIZING BODIES FOR THE WORKSHOP.

The meeting was organized by the IAEA in cooperation with the Government of Uganda through the Ministry of Health in collaboration with Mulago National Referral and Teaching Hospital.

OBJECTIVES OF THE WORKSHOP.

Main Objective

The main purpose of the meeting was to implement one of the requirements in the new International Basic Safety Standards which emphasises Radiation Protection and Safety of Radiation Sources. The International Basic Safety Standards (GSR Part 3 (Interim), is concerned with the establishment and utilization of Diagnostic Reference Levels in medical imaging.

Specific Objective

The meeting was to discuss and perform practical exercises covering all aspects of the process involved in initialising the activity of setting up DRLs in a country and how to utilise them as an on-going part of optimisation of patient radiation protection.

BACKGROUND INFORMATION ON THE WORKSHOP

This meeting was programmed as a follow-up action based on the regional priority identified under the Regional Project RAF9044 which involves Strengthening Radiation Protection of Patients during Medical Exposure.

The first Regional Coordination Meeting (RCM) was organised by the International Atomic Energy Agency (IAEA) in cooperation with the Government of Zambia through the Ministry of Education, Science and Vocational Training under the University Teaching Hospital, Biomedical and Nuclear Medicine, under the Technical Cooperation Project RAF/9/044 "Strengthening Radiation Protection of Patients during Medical Exposure" from 13-17 August 2012, in Lusaka, Zambia.

The first RCM discussed and developed strategies for this cycle of the project to improve the level of radiation protection of patients undergoing medical exposure. The following regional needs were identified and regional training workshops were one of the strategies to these needs:

- QC Tests on Analogue Imaging Systems Mammography, Conventional Radiography and Fluoroscopy (Accra, Ghana January 14-18, 2013).
- Establishment and utilization of DRLs (Kampala Uganda, February 18-22, 2013)
- QC Tests on Digital Imaging Systems Mammography, CT, Digital Radiography and Digital Fluoroscopy (South Africa).
- Examination protocols developed for optimization of Patient Protection. (Namibia)
- 5. Training on using the reporting systems on SAFRAD and SAFRON Regional Workshops (Algeria)

PARTICIPATION

The Regional Meeting was attended by participants from 23 countries participating in RAF 9044. The persons nominated were those involved in the use of radiation in medicine and had a strong technical interest in patient radiation protection. These are in a position to facilitate, motivate and cooperate with other persons, in their own facility and in other facilities in their country, to carry out the necessary steps, after the meeting, to bring about the implementation of Diagnostic Reference Levels (DRLs) in their country. These included medical physicist, medical radiation technologist, radiologists and post graduate students. The countries that were represented included Uganda, Algeria, Benin, Burkina Faso,

Cameroon, Egypt, Ethiopia, Gabon, Kenya, Mali, Malawi, Morocco, Namibia, Niger, South Africa, Senegal, Sierra Leone, Sudan, Tunisia, United Republic of Tanzania, Democratic Republic of Congo, Zambia and Zimbabwe.

Participants from Ghana, Madagascar and Nigeria were unable to attend due to unavoidable circumstances but they were able to send their presentations.

Uganda had 23 local participants from Mulago National Referral Hospital, College of Health sciences, Makerere University, Department of Radiology, Ernest Cook Ultrasound Research and Education Institute (ECUREI) Mengo Hospital, Uganda Cancer Institute, Besta Diagnostics, Kabale Regional Referral hospital, Jinja Regional Referral Hospital, Atomic Energy Agency, Makerere University department of medical physics.

The facilitators were from IAEA and included John Le Heron, (Radiation Protection Specialist, Radiation Protection of Patients Unit, Radiation Safety and Monitoring section, IAEA), Dr. David Sutton (Medical Physics, Ninewells Hospital, Dundee, UK) and Collin Martin (medical physicist UK).

OVERVIEW

The Opening Ceremony was held on the 1st day of the meeting on the February 18, 2013, at 11am, at Emeralds Hotel, venue for the conference. The Guest of Honour was Hon. Dr Asuman Lukwago, the



Christopher Ndizi the Tanzanian representative during the conference.

Permanent Secretary, Minister of Health.

The local organiser, Dr Kisembo Harriet (Radiologist), in her opening remarks, welcomed the participants, the facilitators and the Ministry of health officials. She thanked PS for initiating the process of hosting this regional meeting and thanked IAEA for facilitating the meeting. The following were acknowledged for their contribution towards organizing for this meeting, Mbarara University Teaching Hospital, SYS International company, Pacific Diagnostics Ltd, Achelis Uganda Ltd, Star Pharmaceuticals, Uganda Cancer Institute and Atomic energy Agency. She introduced the participants from the 26 African countries that confirmed participation.

The function was attended by the National Liason officer (NLO), Ms Sarah Nafuna, pictured below, who also represented the Ministry of Energy (MOE). She gave a key note address on the Status of



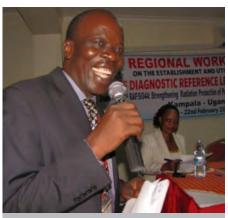
Ugandan representatives pause for a group photograph with the IAEA facilitators.



Ms Sarah Nafuna, the IAEA National Liason Officer, Ministry of Energy during the workshop.



IAEA representative Dr John Le Heron, addressing the delegation.



Dr Amandua Jacinto the Commissioner Clinical Services, Ministry of Health, Uganda.



Dr Harriet Kisembo, the local organiser and counterpart coordinator of RAF/9/044.

Thematic Safety Area 3 (TSA 3) in Uganda: Optimization of radiation Protection of patients during medical exposures: Ms Sarah Nafuna NLO Ministry of Energy,

IAEA was represented by John Le Heron, one of the facilitators, who emphasised IAEA commitment to establishment and ensuring BSS in the entire region of Africa, through various projects.

The commissioner Clinical Services MOH, Dr Amandua Jacinto, invited the PS (MOH) to open the workshop.

The Permanent Secretary (PS) welcomed the participants to Uganda and appreciated the cordial relationship the Government of Uganda has with other African states. He emphasised Government commitment to ensuring safe use of radiation.

The PS noted the packed schedule the participants had and offered them some social dinner at Ndere cultural centre and a trip to the source of the Nile to have a glimpse of Uganda diversity of culture and nature.

The Deputy Executive Director, Mulago National Referral Hospital, Dr. Doreen Birabwa Male- gave a vote of thanks. Other dignitaries who graced the opening ceremony included: ass. Commissioner clinical services MOH, Dr Amonye Jackson, Registrar Allied health Professions Council MOH, Mr Mpiima Kibirango Patrick, The CEO Atomic Energy council, Mr Deo Luwalira.

SCOPE AND NATURE OF THE WORKSHOP

The format included some presentations, but the main component was

practical exercises and discussions on: deciding on the measurements that need to be made and how; designing methodologies for collecting data; working with the results of such measurements; using the data to set national values; and then setting up processes to utilise the established DRLs, and leading to their periodic review.

At the end of the meeting participants had a clear picture of how they would go about getting DRLs established and used in their countries.

CONCLUSION

The objectives of the training workshop on establishment and utilisation of Diagnostic reference Levels were fully accomplished. The participants were equipment with knowledge and skills requirement to establish DRLs. The participants committed themselves to fulfilling their roles, so that the expected outcome of the training is achieved at the national level.

The local participants agreed to form a task force and steering committee, tentatively with Dr Kisembo Harriet as the chairperson, Mr. Bayo Jinnous as the Vice chairperson and Mr. Kalende Rogers as the general secretary, in spear-heading DRLs in Uganda. They however, noted the importance of the PS, MOH through the commissioner clinical services for logistic and financial assistance. The steering committee was to be made of all people who attended the training.



Mr Kalende Rogers.



A discussion group of some of the participants during the workshop.

OTHER EVENTS

- 1. Social events included a dinner and cultural dances at Ndere troupes Centre, courtesy of the PS, MOH.
- 2. A cocktail was also held at Emeralds Hotel, courtesy of IAEA.
- A trip to the world life center Entebbe, also took place courtesy of MOH.

WAY FORWARD

As a nation (Uganda), we identified the need to start on the process of establishing and utilising DRLS. The local participants decided to form a steering committee, made up of all members who attended the training, and led by Dr Kisembo Harriet with Kalende Rogers being the Secretary to that focus group. The committee came up with an action plan. This was initiated and we identified need to collaborate with the various Ministries and Institutions involved such as (MOH and MOE, AEC).

ACKNOWLEDGEMENT

Special thanks goes to IAEA for their financial and technical assistance. Special thanks to the IAEA technical facilitators John Li Heron, Workshop facilitators Dr David Sutton and Dr Collin Martin, who did a wonderful job.

Special thanks are also conveyed to Ms Daniella Caratas, the PMO RAF9/044. Sincere thanks to the PS, MOH for the financial contribution and also by gracing the opening ceremony as the guest of honour. Dr Amandua Jacinto and Dr Amone are appreciated for all the logistics and paper work.

I would also like to acknowledge Dr Kisembo Harriet the local Organizer and Counterpart coordinator of RAF9044, Uganda, who was supportive in compiling this report and organising the event.

I would like to thank the organising committee for the DRLs workshop, spear headed by Dr Amandua Jacinto (Commissioner Clinical services, MOH), Dr Birabwa-Male Doreen (DED, Mulago), Dr Byanyima-Rosemary, Dr Muyinda Zeridah, Mr Embati Richard, Ms Nakatudde Rebecca, Mr Katumba Moses (Secretary, Atomic Energy Council), Ms Irene Nalweyiso Kabanda for the tireless efforts put in to see the success of this workshop.

The management of Emeralds Hotel, the venue for the workshop, is appreciated for providing a comfortable and a friendly environment for the success of the workshop.

Once again, the following are sincerely acknowledged for financial



Left to right: IAEA Facilitators. Collin Martin, John Le Heron, Dr David Sutton.

facilitation of the meeting, Ministry of Health, Mbarara University Teaching Hospital, SYS International company, Pacific Diagnostics Itd, Achelis Uganda Ltd, Star Pharmaceuticals, Uganda Cancer Institute and Atomic energy Agency.

Kalende Rogers

ISRRT Country Representative for Uganda Vice Secretary General Uganda Radiography Association General Secretary for Uganda National DRL Steering Committee



Participants from Benin and Burkina Faso listening attentively during the conference.



Mr Kalende Rogers.



Technologist Community had a voice in the revision of the new Safety Guide that is being revised as a supplement to the Basic Safety Standard's: Chapter 5 Nuclear medicine section revision meeting

Vienna April, 2013

Submitted by Donna Newman, Director of Professional Practice

The IAEA has a United Nation's mandate that includes developing international safety standards and providing their applications. The Basic Safety Standards that were completed in 1996 met this mandate. Since then they have been reviewed in 2005 and revised in 2007-2011. The IAEA approved the revision in 2011 and cosponsor approval happened in 2012 by member states. The BSS covers all uses of radiation including medicine.

The BSS plays an important role in countries that receiving technical assistance from the IAEA and it also provides a template for national regulations. These new BSS should provide a effective regulatory basis for radiation protection in medicine for the next

decade. The BSS are the Basic requirements but further action is needed to understand how to implement in practice thus the Safety series was developed compliment the BSS.

Because there was a revision of the BSS it made it necessary to review the existing safety guide series, 38, 39, and 40. The Safety guide is being cosponsored by relevant UN organisation (WHO, PAHO, ILO and IAEA) with cooperation in development from International and regional organisation such as International organization or medical physics, International Society of Radiology, International Society of Radiographers and radiologic technologist, World federation of nuclear medicine and biology and European

Society for Therapeutic radiology and Oncology.

The new Safety Guide that is being developed is called"Radiation Safety in medical Uses of Ionizing Radiation". In April, I attended a meeting in Vienna Austria to help with the Nuclear medicine Chapter in this new safety guide. As a group we had great representation from the radiology community. Angelika Bischof, from Switzerland, represented the radiologist voice, Donna Newman from the USA, the technologist voice and Paul Cardew from Australia and Sigrid Leide, from Sweden the physicist voice. Cari Cariborras from the USA served as a historian for the Basic Safety Standard's document to ensure continuity. John Heron served as the facilitator for the meeting from the IAEA along with several staff members from the IAEA. At the end of the week a very rough draft was finished for chapter 5. Chapter 5 was dedicated to all aspect of the radiation safety and specific recommendation in nuclear medicine to meet the BSS. Discussion centered on the Medical Exposure with detail given to responsibilities, Justification, Optimization of protection accidental exposure and records and review of documentation. The Medical exposure covers guidance for the patients, carers and comforters and of volunteer as part of a program of biomedical research for nuclear medicine. Occupational exposure is also covered in detail again describing the various responsibilities, arrangement under the radiation protection program, and assessment of occupation exposure and educational and training. Chapter Five goes into aspects regarding the responsibilities of the various parties such as Medical practitioners, Medical physicist and Medical radiation technologist as it relates to nuclear medicine. Particular detail as it applies to new procedures and hybrid imaging had to be incorporated in the safety guide Finally Public exposure is covered with elements on responsibility and arrangements



Group at work revisiong Chapter 5 nuclear medicine section

protection program and how to assess public exposure. I am excited to say I have been asked to be the Chairman of our group as the gentleman that was suppose to fill this role was unable to and so they asked if I would step in. The Chairman from each of the three groups along with several other members will be returning to Vienna in August to finish writing Chapter one and Chapter two which is going to become one document from all three separate books. I am looking forward to the new challenge and will report out after the meeting the new updates.

I think it is important to notice the overall objective of the revised Safety guide is to describe how to apply the revised BSS requirements to medical uses of ionizing radiation. The safety guide is intended to be primarily for regulators and end-users but can have relevance for professional bodies, ethic committees and supplier of equipment and software. The safety guide can also be used to develop national regulatory guides and also present the international consensus recommendations to ensure the fulfillment of safety requirements. The justification to the revision of the BSS has resulted in new and changed requirements, applicable to medical uses or radiation and has then mandated a new safety guide to reflect the standards. The guide is filled with recommendation that are action's to be taken, condition's to be applied or procedure to be followed in order to comply with the BSS.

After the draft is completed it will then be coming to the member state maybe as soon as Feb 2014 for input to this document to ensure that a complete consensus is represented. Please take time to review and add your expertise to ensure we have a complete safety guide. The hope is to have endorsement sometime in 2015 and have it go to publication that same year. It will take hard work and the input of all relevant parties to make this happen.

Donna Newman



4th Annual URA conference

Kampala, Uganda May 3-4, 2013

Report by Kalende Rogers, ISRRT Country Representative for Uganda

The venue

The 4th annual Uganda Radiographers Association Scientific Conference was held at the Faculty of Food Science and Technology Conference Hall in Makerere University Kampala (MUK) Uganda.

The Theme

The theme was "Role of imaging in infectious diseases," I loved this theme because it was specifically selected to address the increasing infectious diseases in Uganda and Sub-Sahara Africa so it came in the real nick of time, and Ugandans wanted to hear it.

The Sponsors

There were 12 different companies and/or exhibitors who sponsored the conference. Many companies contributed immensely to the success of this conference and i will not stammer to mention the contributions of Allied Health Professionals Council, Star Phamaceuticals/carestream, Crown Health Uganda Ltd, Sonosite Kenya Ltd, Pacific Diagnostics, Uganda Society for Advancement of Radiology and Imaging (USOFARI), Philips, Medicomp techno serve Ltd, International Education Link Institute (IELI), Achelis Uganda Ltd, EBEC Uganda Ltd and many more others.





The speakers

These were both international and local speakers totaling to 27 and they included Radiographers, Radiologists, Students, Medical physicists' exhibitors and lecturers.

The participants

A total number of 150 people participated and among these included Radiographers, Radiologists, Medical physicists, Application specialists, Sales men, Exhibitors, Administrators, lecturers, students, well-wishers, among others.

The conference however, was dominated by Medical imaging and biomedical students. I was particularly amazed with the student attendance of the 4th URA scientific conference and this gave me courage as a trainer that the breed of qualification of the forthcoming professionals will be good. This was contrary the previous trend where the Radiographers predominated the list.

Countries represented

Among the countries represented were Uganda, Kenya, Tanzania, Rwanda, Zambia, Zimbabwe, and Congo Kinshasa.

Conference days

This was a two day conference.

Day one of the conference

The first day was the opening ceremony which was graced by Mr Waira Abel the vice president of Uganda Radiography Association (URA) who gave a welcome speech on behalf of the president URA. He thanked the sponsors and participants for coming in large numbers. He also welcomed visitors from our neighbouring countries.

He highlighted the activities that URA executive committee had successfully participated in ever since its inauguration into power in 2012 which included cerebrations of the 2012 World Radiography Day which was internationally recognised to commemorate Rontgen's discovery of x-rays in 1895. The activity's theme was "Radiography guides the clinical pathway."

The president also represented the association in South Africa during the Africa health conference in which URA was given a stall for exhibition.

The president notified the general assembly of the requirement by Allied Health Professionals Council to register our association as a company with the registrar of companies in Uganda before 30/06/13.

The president informed the general assembly of vacant posts within the executive. These included the ISRRT country representative and the chairman Uganda Radiography Board. This came as a result of the elected chairperson absconding from duty without notice. The President noted the need to have tentative chair holders to occupy the above vacant positions before the general assembly next year 2014 when new heads shall be elected. Members gave the executive committee the mandate to elect an ISRRT representative. The URA executive committee nominated Kalende Rogers to be the acting Representative ISRRT and Mr Tumwebaze Mathias, the Acting Chairperson Uganda Radiography Board.

He declared the meeting open and the first presenter was welcomed. The master of ceremony was Mr Tumwebaze Mathias a Chief Radiographer working with Makerere University College of Health Sciences but he delegated Mr Kalende Rogers to that role in absentia.

Day two of the conference

There was a stake holders round table meeting during one of the breaks at the conference and its agenda was to discuss the harmonization of radiography training in East Africa. This was a continuation of the regional meeting held in Rwanda a week back during the PACORI conference where the agenda was Harmonization of Radiography



Ultrasound machines displayed on the exhibition verandah as participants go round the exhibition site.



Participants observing and listening to one of the exhibitors in the exhibition area.

profession in East African states. The meeting in Rwanda was chaired by the Registrar Allied Health Professionals Council Uganda who is also the chairman East African Health professionals' steering committee.

Representatives from Uganda, Kenya, Tanzania and Rwanda were involved in the discussions. Burundi had no representative. Among the representatives were: Ceasar Barare from Kenya, Mamati Anthony from Kenya, Bule Stephen from Uganda, Kalende Rogers from Uganda, John Baptist Ndahirwe from Rwanda, Mathias Tumwebaze from Uganda, Juma Ojwang from Uganda, Embati Richard from Uganda, Malika Catherine from Tanzania, Habimana Jean Felix from Rwanda and Ongige Charles from Kenya

Other members who were not particularly under the East African community but were present as observers and witnesses are Tatenda Madzorera from Zimbabwe and Adelia Chipili from Zambia.

Closing and awarding ceremony

All the presenters and participants were given certificates of presentation and attendance respectively on day two of the event and these increased their Career progressional Development points.



Review of IAEA Safety Standards

Vienna May 13-17, 2013

Submitted by Cynthia Cowling, Director of Education

I was nominated by Pablo Jimenez (PAHO) to represent Radiography on this review panel for review of RS-G-1.5. The team consisted of John Le Heron as IAEA lead, Dr Cari Borras, and Anthony Wallace, Medical Physicists,Dr Dennis Remedios and Dr Kwan Hoong Ng, Radiologists and Dr Duran Cardiologist. The units covered by this group were for updating of safety standards for MEDICAL EXPOSURE IN DIAGNOSTIC AND INTERVENTIONAL RADIOLOGY.

This was an important task and I felt honored and slightly overwhelmed to represent my diagnostic colleagues. There were over 900 pages of pre reading to be covered and I consulted with local radiographers and Ppysicists locally in Melbourne before travelling to

Vienna.

The work took all week and was a very worthwhile and exhaustive experience, ably steered by John Le Heron. The week resulted in a draft document which we have subsequently studied and provided feedback to. The first final draft will be available sometime in September for a further examination.

I know I learnt as much expertise as I provided but I know my input as the sole radiographer on the group was well received and the entire group worked extremely well as a team.

This is the kind of activity which forms the cornerstone of the Role of the ISRRT and I am very pleased to have been able to assist in this important activity.

ISRRT Professional Practice Committee

September 2013

Report by Sharon Wartenbee, Professional Practice Committee, The Americas

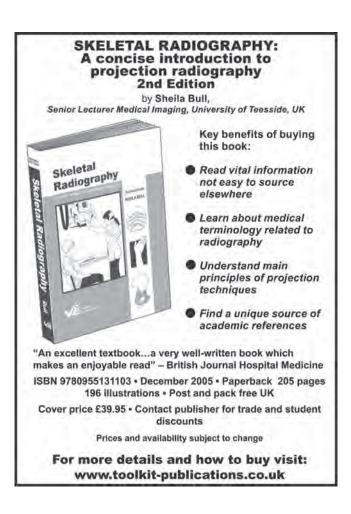
The ASRT Annual Governance and House of Delegates meeting was held June 14-16, 2013 in Albuquerque, New Mexico. Delegates from each affiliate and modality meet annually to debate and vote on motions and proposed changes to the ASRT by-laws and to adopt clinical practice and educational standards.

The delegates primary duties are to represent the radiologic profession and their affiliate or chapter. This year the House of Delegates approved revision to the nuclear medicine, computed tomography, radiography, limited x-ray machine operator standards. These revised standards are posted at www.asrt.org

National Radiologic Technology week is November 3-9, 2013. Recognise the professionals in your organisation and CELEBRATE! RSNA (Radiologic Society of North America) will be having the

99th Scientific Assembly and annual meeting on December 1-6, 2013 at McCormick Place in Chicago, IL. The ASRT will again feature a one and one-half program with education specifically designed for the radiologic technologist and radiation therapist.

Sharon Wartenbee







Donna Newman represents the nuclear medicine safety guide group as a technologist voice at the

Radiation Safety Guide in Medical Uses of Ionizing Radiation

Vienna August 19-23, 2013

Submitted by Donna Newman, Director of Professional Practice

August 19-23 the Draft group for Safety Guide (DS399) met at the IAEA in Vienna Austria to begin discussion about the combination and rewrite Chapter One and Chapter Two. A representative from each of the three group were chosen to present the different voices during the combination of Chapter One and Chapter Two of the safety guide. Mary Coffee, radiation therapist from Ireland, was asked to represent the Radiation Therapist safety guide section, Anthony Wallace physicist, from Australia was asked to represent the diagnostic radiology and image guided interventional section safety guide section, Dr Maria Perez (WHO) represented the physician's voice, Cari Cariborras, physicist from USA acted as historian from the BBS work group and I was asked as a technologist from US to represent the nuclear medicine safety guide group. Together with John Heron and Ola Holmberg from the IAEA staff spent five days combining and

rewriting Chapter One and Chapter Two from the three previous safety guides (Nuclear medicine safety guide, Radiation Therapy safety guide and Radiology and interventional Safety guide).

Much discussion happened regarding the overlap of data and common themes that applied in all three safety guides in the first two chapters. The decision was made that the three books would be combined into one safety guide and that chapters one and two would be combined and rewritten.

In the new safety guide chapter one covered the background, objective, scope and structure of the safety guide while chapter two covered the framework for radiation protection and safety in medical uses of radiation.

The IAEA fundamental safety principles present the fundamental safety objective and principle of projection and safety. Requirements

designed to meet these area established in the radiation protection and safety of radiation sources is the International basic safety Standard (BSS) with were jointly sponsored by the IAEA and seven other international organisations. This safety guide is being prepared and rewritten by the IAEA, the WHO, the PAHO and the ILO to provide guidance on fulfilling the requirement set for in the BSS with the use of ionization radiation. The objective of the safety guide is to recommend how medical uses of ionizing radiation should be carried out within the framework of the BSS and other IAEA safety standards. The scope the safety guide is to provide recommendation for ensuring radiation safety to include diagnostic radiology; image guided interventional procedure, nuclear medicine, radiation therapy and dentistry. They also include subspecialties in medicine where ionization radiation is used. This was to include the types of exposure situation and exposure.

The framework for radiation protection and safety in medical uses of radiation take place in many setting including hospitals, medical centers, health clinics specialist clinics as well as dental practices. Since the BSS covers the possibilities of all medical radiation facility. The BSS is based around the three types of expose situation, planned exposure situation, existing exposure situation and emergency exposure situations. So this safety guide will cover each individually and give detail of each in the coming chapters. Since Medical uses of ionization radiation involves all categories of exposure, occupational exposure, medical exposure and public exposure this safety guide will give guidance on how to meet the different requirements for radiation protection as it differs according to the category of exposure. This chapter also includes the application of the radiation protection principles to include justification, optimization of protection and

safety and dose limits were covered as well.

The graded approach is explained in this chapter to included the roles and responsibilities of entries of radiation program beginning with the role and responsibility of the government, health authority and regularity body. Discussion of the role of professional bodies and their responsibility to radiation protection and safety are also covered. The facility and all it entities were also covered starting with medical radiation facility, ethic committees suppliers of sources, equipment and software matainence and servicing organization, referring medical practitioners and patients role and responsibility.

Chapter Two also covered the Education training qualification and competence of each of the entries of the radiation program. These entries include radiological medical practitioners, medical radiation technologists, Mmdical physicist, radiopharmacists, other health professionals in the medical radiation facility, radiation protection officers suppliers, installation, maintenance and servicing personnel, on-going competence, equipment and software specific training.

Chapter two finishes by explaining the role and responsibility of the overall management system of the facility and how each play a very important role in the protection and safety including the CEO, upper administration down to the middle manager, and leads of each of the departments.

Later next year member state will have an opportunity to review the draft document. I want to urge all technologists to get involved and contribute to the details of this safety guide by commenting on the draft documents.

Donna Newman
Director of Proffessional practice

Diary Dates

November 28 - December 1

Annual National Convention Philippines

December 1-6

RSNA (Radiologic Society of North America) 99th Scientific Assembly and annual meeting

March 6-10

European Congress of Radiology Austria Centre Vienna

2014

May 29-June 1, 2014

CAMRT Conferenc Edmonton, Alberta, Canada



Follow-up workshop on

Tool to communicate radiation risk and benefit in paediatric imaging, ISRRT participates via Web-ex

Geneva, Switzerland September 9, 2013

Submitted by Donna Newman, Director of Professional Practice

The Third workshop in the continuation of the Global Initiative on Radiation Safety in Health care settings Expert Meeting on Radiation risk Communication as held on Monday September 9 in Geneva Switzerland at the World Health Organization Headquarters. As director of Professional Practice and a member of the second workshop on Draft Tool to communicate radiation risk and benefits in paediatric Imaging I participated in the afternoon session via Web-ex and was able to hear and contribute to the Feedback and breakout session. This gave the technologists a global representative voice in the feedback section of the last version of the draft documents before the final version will be printed in January 2014.

To give some history for those who are not familiar with this project in 2008 the WHO launch a Global Imitative on Radiation Safety in Health Care Settings with three area of concentration.

Risk assessment, to assess risks and potential impacts, risk communication, to engage and communicate with stakeholders and Risk Management to implement policies and health interventions. One of the initiatives proposed was to develop a guidance tool tailored to improve radiation risk communication for the paediatric population for referrers, stakeholders, patients and careers in addition to health care professionals. The first workshop was held at the WHO Headquarters in 2010; Cynthia Cowling represented the ISRRT at this workshop where the concept and first draft was developed regarding Radiation risk communication in paediatric imaging communication tool. It was thought in the beginning that one tool might work for all stakeholders.

But at the Second workshop was held in Bonn, Germany Dec, 2012 at the pre-meeting workshop it became apparent that different



communication tools would need to be developed depending on your target audience. I attended as our representative for the ISRRT and presented the role of the technologist in the Communication of Paediatric procedures along with several other key experts to describe the current environment and give background of the entire stakeholder that were attending the workshop.

The purpose of the workshop was to test the tool for radiation risk communication in paediatric imaging, to identify gaps, needs and collect stakeholder's feedback and to improve informational, motivational and persuasive messages tailored to different end-users for effective radiation risk communication of radiation benefits and risks. The executive summary from the workshop summarized that awareness of radiation risk and radiation exposure in paediatric imaging procedure amongst referrers, patients and the public is low. There is a need to develop and implement a risk communication tool to help good medical practice and educate the health care professionals. It was also discovered that the messages needed to be tailored to evidence based key messages and that communication experts should be used to ensure the language and delivery meet the different end-users. It was also decided that it should be a team action and will include the front line professional the radiographer. Also decided at this workshop was the next step would be to take the draft documents and the feedback from this work shop and to rework the document with evidence based information and trustworthy advice to improve the referring physicians understanding and communication of radiation risks in paediatric imaging. They will provide this new draft at the meeting to be held in Geneva in September 2013 with the relevant stakeholders to review again before the document is finalised.

Dr Maria Perez as the organizer and facilitator of the meeting started the day off with a overview of the project, and reviewing the current structure of the draft tool. The rest of the morning was spent listening to a Core group of presentations with round table discussion after. Several of these key speakers gave an overview of paediatric imaging. Among the speakers subjects covered were the trends, doses and risks presented by Dr Jerrold Bushberg and Dr Michael Boyd from the US environmental Protection Agency.

Dr Donald Frush of Image Gently Campaign and Alliance for Radiation Safety in Paediatric Imaging for US talked about explaining the risks: the do's and Don'ts practical tips and Dr Donald Mill of the Food and Drug Administration of the US talked about appropriate use of radiation in paediatric imaging.

Finally the morning session ended with a talk from Mrs. Birgitte Holmark form the WHO network of patients for Patient Safety and Mrs. Nittia Prasopa-Plaizeir of the WHO Patient Safety programme on dialogue with patient, parents and carers.

The afternoon session which is what I used the Web-ex to log in and listen to the discussion from the breakout sessions where the groups were divided into three groups one to review Basic Science which is Chapter one and two of the tool. The second group was to review Chapter three and four Essential of radiation protection and finally Group Three toe review Chapter Five and Six which is Basics of risk communication. All three groups were asked to give feedback on the Appendixes. The discussion of the chapters were to look at the logical structure of the sections, review the titles, figures and tables , look for accuracy, consistency, clarity vagueness redundancies and gaps and finally any other suggestions for a complete documents.

Lots of discussion came from the meeting degrading the chapters and at the end of the day we were all asked to review the document one more time and get any suggestions in within one week for the final version. As Director of Professional practice for the ISRRT I sent the documents to my committee to review but because of the short deadline and needing to make sure we had expert input for all of the modalities in the documents the board along with several other expert technologist gave pertinent recommendation to the document to create a more vital documents. I want to thank all that helped with this short turnaround time in providing input. I do believe that as long as we continue to provide our expertise and meet the deadlines provided we will always be asked to participate globally.

Overall the responses received were that they liked the format of the new draft, document the design was good and accurate information. It was apparent that the comments from the second draft in December 2012 had been considered and this new draft document had incorporated many of the ideas that were submitted. I used the tracking update in the actual documents and combine all the comment into one document and submitted the detailed suggestion to the document and submitted it within the one week deadline. One final comment that we submitted was that we realized that this communication tool was targeted for the referring physician's but we believed this tool could be expanded and adapted to reach of the other health professional such as Radiologist, technologist and manufactures. We are hoping there will be future projects targeted at these professionals as well.

Finally I want to let everyone know a decision was made to have the final documents done for distribution for January 2014. Discussion on how to disturb the tool also came up with possible with ideas including pilot testing; train the trainer workshop, the website.

Be watching for the final document after the first of the year.

Donna Newman Director of Proffessional Practice



WHO "Global Initiative on Radiation Safety in Healthcare international Settings"

Geneva September 10-12, 2013

By Stewart Whitley, ISRRT Treasurer

Stewart Whitley, Treasurer, attended the WHO meeting on behalf of ISRRT which was called to mobilize the health sector towards safe and effective use of radiation in medicine.

The meeting was attended by a number of international and governmental organizations including other professional groups including Graciano Paulo and Csaba Vandulek representing the EFRS.

The meeting focused on the Bonn Conference and its "Call for Action" as well as the new BSS. Additionally, there was feedback on two recent WHO meetings: "Communication of radiation risk and benefits in pediatric imaging" and "Medical imaging of asymptomatic people for individual health assessment"

There were a number of break-out groups focusing on the risk management of rolling out the new BSS and the Bonn Call for Action points.

The Bonn Call for Actions are:

- 1. Enhancing implementation of justification of procedures
- 2. Enhancing implementation of optimization of protection and safety
- 3. Strengthening manufacturers' contribution to radiation safety
- 4. Strengthening RP education and training of health professionals
- Shaping & promoting a strategic research agenda for RP in medicine
- Improving global data collection on radiation exposures of patients and workers
- Improving primary prevention of incidents and adverse event in health care

- 8. Strengthening radiation safety culture in health care
- 9. Fostering an improved radiation benefit-risk-dialogue
- 10. Strengthening the implementation of safety requirements (BSS) globally

In order to take this important project forward the need for establishing task groups and focused expert groups on specific areas were identified i.e. radiation risk communication, research, medical imaging of asymptomatic people, resource mobilization, radiotherapy and clinical audit.

A Roadmap and timeline was presented at the final session identifying; Review/update of the Strategy by September 2013; Development of the work plan by December 2013, Implementation of the GI 2014-2015 and Monitoring, evaluation, reporting by December 2015.

The ISRRT Board will be working closely with WHO to assist with other partner organization to make this project a reality.

Stewart Whitley ISRRT Treasurer

Stewart Whitley and Csaba Vandulek EFRS, radiology services manager at the University of Kapovsvar Health Centre, Hungry.



ISRRT Regional Director for Europe Africa to serve as expert on panel

Dimitris Katsifarakis has been invited by the International Atomic Energy Agency (IAEA) to serve as an expert panel member for the IAEA website on the radiation protection of patients (RPOP) expert group,

www.rpop.iaea.org

This is both an honour for him and all radiographers and technologists throughout the world and although he has been appointed as an individual this is also an honour for the ISRRT.

This is because of Dimitris' significant contributions to the international field of imaging and his interest in the radiation protection of patients.



Technical meeting on

Smart card/smart tracking dose

IAEA Vienna, Austria September 23-25, 2013

Submitted by Dimitris Katsifarakis, Regional Director for Europe

I attended the technical meeting on the Smart card/smart tracking dose which held on IAEA headquarters in Vienna, on behalf of ISRRT, between 23-25th of September 2013.

The meeting was the 3rd to be held on this subject and aimed to propose a uniform way to track the dose to the individual patient and to record it on a file for further reference.

The meeting was attended by a number of countries from around the world, and also by the Food and Drug Administration (FDA) of USA, the European Society of Radiologists (ESR), the ACR (American College of Radiologists) and representatives of the International Manufacturers Association.

The meeting focused on ways to build up a system for tracking

the dose the individual patient received through various examinations (mainly CT and interventional) at local, regional, state or international level.

This system of dose tracking can be used to:

- 1. Provide a tool for justification and optimization.
- 2. Record individual patient examination specific radiation dose/ exposure (metrics) as a component of the mandate for accounting for all relevant imaging information (examinations).
- Be harmonious with the consensus positions on individual and cumulative dose metrics, to assist in potential risk assessment.



From left to right Dr D. Husseiny from Egypt, Mr D. Katsifarakis Regional Director Europe ISRRT, and Mrs C. Wangui, Kenya.

Barriers which have to be overcome by the relevant stakeholders are the available local resources (age and technology of the equipment) and the social, cultural, political climate in healthcare, especially related to patient confidentiality.

The consensus report of those meetings should be taken into account in the revised Basic Safety Standards (BSS) so as to incorporate patient radiation exposure tracking.

In my presentation and the discussion during the 3 days meeting I put forward the ISRRT's point of view and stressed the will of the ISRRT to promote dose reduction in every individual patient without reducing the clear imaging benefit of each examination. I also emphasied the fact that Radiographers/Technologists are the practitioners best placed to communicate the dose and dose related risk to the patient and also to the referring physicians.

The radiography profession, both diagnostic and therapeutic, is now well acknowledged by all other stakeholders and during the meeting all of them always made clear reference on the important of the role of the Radiographers/Technologists in dose tracking and in the communication of risks to the patient and others.

At the meeting I met a number of attendees from across the world with whom the ISRRT can possibly co-operate with to help us to reenforce our relationship with the radiographers in their countries:

It was an excellent meeting which enhanced the reputation of the ISRRT and demonstrated the respect held for the ISRRT by all organisations involved in medical radiation.

Dimitris Katsifarakis ISRRT Regional Director Europe



Pan American Health Organization

Washington DC September 30 - October 4, 2013

By Rita Eyer, ISRRT Vice President of the Americas Region

From September 30th until October 4th of this year I had the honor of attending the 52nd Directing Council Meeting of the Pan American Health Organization which is held annually in Washington, DC. This was the first meeting for the new Director of PAHO, Dr Carissa Etienne, from Dominica, to Chair. She certainly did an excellent job of conducting a very busy schedule that spanned the entire week. Dr Margaret Chan, World Health Organization Director General, was also in attendance for the first three days of the meetings. In previous reports I have mentioned what an incredible leader I find Dr Chan is.

A. The Action Plan for the Control and Prevention the Four Non-Communicable Diseases (NCD's):

There are a few agenda items that were discussed:

The Non-Communicable Diseases, consisting of cardiovascular disease, cancer, chronic respiratory disease and diabetes are the leading cause of preventable and premature death and illness in the Region of the Americas. Their four common risk factors, namely tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol; and the related biological risk factors raised blood pressure and raised blood glucose. At the same time, the plan recognizes

significant co-morbidities: overweight and obesity; mental health conditions, especially depression and dementia; and oral and renal diseases. These risk factors also further compromise quality of life. These diseases cause substantial social and economic burdens, especially because of the staggering cost in expenditures for treatment, the 4 NCD's are threatening the social and economic development of so many countries in the Region. While Member States in the Region are making significant advances in both preventing and controlling NCDs, these diseases continue to present significant challenges. As Dr Margaret Chan pointed out, country policies and actions require renewed attention to implementing and scaling up effective, evidence-based and cost-effective NCD interventions, and developing and applying new knowledge to combat these diseases. She also emphasize the point that tobacco use is still a huge problem In the Americas and hopes that tobacco producing nations can soon find alternate crops. The overall goal of the Regional Strategy for the Prevention and Control of Noncommunicable Diseases is to reduce avoidable mortality and reduce the socioeconomic burden of these diseases by taking approaches that promote well-being and reduce inequity, minimizing exposure to risk factors, and increasing exposure to protective factors. Medical radiation technologists and radiation therapists play major roles in the diagnoses, treatment, and ongoing follow-up in each of the four Non-Communicable diseases and in chronic renal disease that has also become a concern. Chronic renal disease was discussed during this PAHO meeting, an issue raised by El Salvador. It has unknown etiology and is becoming of more frequent occurrence in young men working the fields in the Latin American countries.

B. The Third Global Forum on Human Resources for Health:

The Third Global Forum on Human Resources is to be held in the Brazilian city of Recife from November 10-13 this year, with the theme "Human Resources for Health: Foundation for Universal Health Coverage and the post-2015 Development Agenda." The Forum, which would bring together numerous stakeholders from governments and international organizations, would build on the progress made in the first two forums, held in Uganda in 2008 and Thailand in 2011, seeking to renew the commitments made at those two gatherings and to establish new ones. This forum is also intended to raise the priority of the issue of human resources for health on the global health agenda, highlighting the crucial role of health personnel in continued progress towards the Millennium Development Goals and in the achievement of universal health coverage.

In addition, the Forum would identify key human resources issues for the post-2015 development agenda. The program would consist of high-level roundtable discussions on five themes: leadership, partnership and accountability; the financial requirements for strong health resource policies; legal and regulatory support; empowering health workers; and innovation and research. Expected outcomes included a Declaration of Recife, which, it was hoped, would help to shape the global health agenda and the post-2015 development agenda; a mechanism to foster further cooperation on the issue of human resources for health; and a mechanism for monitoring progress on the commitments assumed at the various Global Forums. Further information should be able to be found on the Global Health Workforce Alliance website. It is also intended that this delegation will put forward a proposed resolution on the topic for consideration by the PAHO Governing Bodies. The Delegates at the PAHO



Dr Margaret Chan, Director General WHO addresing delegates.



Dr Carissa Etienne, new PAHO Director.

Meeting thanked the Government of Brazil for organizing and hosting this upcoming Forum. Many Governments are committed to increasing health workforce training in order to reduce reliance on foreign personnel from resource-limited countries. Many nations are supporting training opportunities for health care personnel in other countries, especially in Africa, in order to help increase their pool of trained professionals. I spoke with several national representatives and distributed my ISRRT business card stating that I sincerely hope that the ISRRT is considered in future discussions on human resources issues.

C. Strategic Plan 2014-2019:

The PAHO Strategic Plan is intended to guide and ensure continuity in the preparation of programs, budget and operational plans between 2014-2019- areas that you are very aware of in regards to formulating strategic plans. This Strategic Plan responds to the Health Agenda

for the Americas, the regional mandates, and collective priorities of Members States, as well as the Twelfth General Programme of Work of the World Health Organization. The theme is "Championing Health: Sustainable Development and Equity," which focuses on reducing inequities in health in the Americas Region by addressing the social determinants of health and the progressive realization of universal health coverage. This Strategic Plan represents a very comprehensive set of results that the Pan American Health Organization aims to achieve and is intended to serve as the means of accountability of the Member States. It is intended to recognise the advances in transparency and results-based planning that the Strategic Plan represents, encouraging Member States to identify their priorities and resources needed in order to achieve the targets of the Strategic Plan. It is also intended to have members use the Strategic Plan to provide direction during the period 2014-2019 in order to advance the Health Agenda for the Americas and the global health agenda contained in the Twelfth General Programme of Work of the World Health Organization. The twelfth in the series that covers till 2019 is part of the extensive programme of reform as well as high level strategic vision for the work of WHO and emphasizes that "health is not merely the absence of disease."





Kaviba Medlen, Dr Pablo Jimenez.

Speaker Dr Hospedales with Maria Villanueva and Dr Jimenz to the left.

D. Update on the Millennium Development Goals (MDG's) and Action Plans:

In 2011 the Member States of the Pan American Health Organization have expressed a clear commitment to achieving the Millennium Development Goals, in the conviction that health plays a crucial role in social, economic, and political development. The MDGs and their related targets are key to PAHO's commitment to health policies with quantifiable results. The Organization believes that the best way to address the MDGs is by strengthening equity in health, prioritizing the vulnerable areas, groups, and populations living in poverty. The Region of the Americas is on the path to achieving MDGs related to health, which includes progress in water and sanitation services and in health determinants. These advances, however, occur at the national level and are not comparable to advances at the sub-national level. According to data from the Economic Commission for Latin America and the Caribbean (ECLAC), while poverty and extreme poverty levels are lower than ever in the Region, they are still a problem that must be tackled as a critical health determinant at the regional and national levels. ECLAC estimates that 167 million Latin Americans were living in poverty in 2012. Of these, 66 million were living in extreme poverty, with incomes insufficient to ensure an adequate diet. Reducing chronic malnutrition therefore continues to be a priority. Also noted:

- Estimates of new HIV infections in the countries of the Region reflect a reduction in morbidity and mortality from HIV.
- For the 2000-2011 period, the Region reported a 58% reduction in morbidity, and a 70% reduction in mortality from malaria.
 Seventeen of the 21 malaria endemic countries had successfully reduced this disease in 2011, with 12 of those countries registering reductions of over 75%.
- 3. All 35 Member States have made progress in tuberculosis control, with a detection rate of 84% of the cases that WHO estimated for the Region of the Americas in 2011.
- 4. According to the data reported on sustainable access to safe water, access to improved water sources was 96% (99% in urban areas and 86% in rural areas) in the Region of the Americas.
- Public health interventions that have contributed to reductions in infant mortality.
- 6. In several of the PAHO countries strategies such as expanded

prenatal care coverage is helping to reduce maternal mortality and morbidity.

E. Cooperation for Health Development in the Americas:

There was quite a significant discussion on this subject during the Directing Council Meeting. The bottom line is that cooperation and partnerships among countries optimises existing health capacities and encourages the sharing of knowledge and skills between partners. Such cooperation can strengthen and accelerate health development at all levels and across all regions. At the national level, cooperation among countries can create momentum for change. These results can be multiplied through inter-country exchanges, which then have the potential to impact sub-regional and regional integration processes as well as global health policy debates. All these processes create necessary dialogue and diplomacy among countries. All levels of health development can benefit from the innovations and important lessons that emerge. Health can bring countries and partners together around shared values and common problems to reach much-needed public health solutions. Over the years, many countries in the Region have made important strides in addressing shared health goals, such as reducing the burden of vaccine-preventable diseases, promoting an equity based approach to health care, and decreasing child mortality rates, to name a few. In the process valuable development expertise has been gained that could be useful to others facing similar challenges. Likewise, the countries of the Americas stand to benefit from health advances made in other regions that can be applied locally. Building on its years of experience, PAHO seeks to strengthen its capacity to promote these types of cooperation as viable, effective, and sustainable tools for health development.

F. Other Items to Mention:

In Dr. Etienne's Annual Report she mentioned that in the PAHO partnership with the International Atomic Energy Agency (IAEA), PAHO Collaborated in the development of the agency's new (2016–2021) strategic plan and has played an important role in ensuring the safety and good working order of radiation therapy equipment in the Region. During 2012–2013, more than 150 pieces of radiation therapy equipment were inspected, and the IAEA's thermoluminescent dosimetry postal dose audit service was used to certify equipment calibration. She stated that through a joint project

with Rotary International 30 pieces of basic digital radiography equipment in first-level care institutions in Guatemala were installed and calibrated. PAHO also worked with RAD-AID to increasing radiology services in the developing world as well as to provide education and training, assessments, and equipment planning in Haiti. She also pointed out that Trinidad and Tobago received support in managing radiation overexposure.

Because of my attendance at the PAHO meetings I was able to meet with Dr Pablo Jimenez and Ms Kayiba Medlen during my time in Washington. Dr Pablo Jimenez is the PAHO Regional Advisor in Radiological Health. Kayiba is the PAHO/WHO Consultant, Radiological Health Systems based on Primary Health as well as the General Programs Manager for RAD-AID. She works very closely with Dr Jimenez and has her Masters in Primary Health as well as being a Medical Radiation Technologist. It is so fortunate for the ISRRT that both Dr Jimenez and Kayiba are so willing to help us throughout the Americas Region. We discussed in detail:

The daylong celebration that PAHO, specifically Kayiba, is in the final stages of planning a major celebration for World Radiography Day on November 8. Besides myself, the speakers who will take place in this broadcast are: Introduction by PAHO Director, Dr Carissa Etienne; Adriana Velazquez, Coordinator of Diagnostic Imaging and Medical Device Unit, World Health Organization Headquarters who will provide remarks from the WHO; the CEO from RAD-AID International, Dr Daniel Mollura who will present "Radiology Past, Present, and Future: The Way Radiology Revolutionized Medicine" and "The Benefits of Radiology in Global Health"; the Inter-American College of Radiology President, Dr. Gloria Soto, on "The current Status of Radiology in the Latin American and Caribbean Countries"; Dr Donald Miller, Chief Medical Officer for Radiological Health, Food and Drug Administration (FDA) who will present "The Need for Proper Regulation for Radiological Technologies from a Public Health Perspective"; Dr Simone Kudlulovic, President of the Latin American Association of Medical Physicists (ALFIM) who will speak on "Quality and Safety In Radiology and the State of Medical Physicists in Latin America"; "Trends in Non-Communicable Diseases in Latin America and the Caribbean, Role of Radiography in Controlling Cancer and Cardiovascular Diseases(CVD's)" by Dr. Branka Legetic, Unit Coordinator Non Communicable Diseases and Disabilities; "Role of Radiology in Controlling Tuberculosis in Latin



America and the Caribbean" presented by Dr. Mirtha del Granado, Advisor Tuberculosis at PAHO; "Role of Radiology in Pediatric Pneumonia in Latin America and the Caribbean" presented by Dr Desiree Pastor Advisor PAHO; "Role of Radiology in Reducing Maternal Mortality" presented by Dr. Gina Tambini, Director Family, Gender and Life Course, PAHO; "Training Radiologists in Latin America and the Caribbean" presented by Dr. Bradley W. Short, American College of Radiology(ACR); "Training Radiographers and Technologists in Latin America and the Caribbean" by Elena Cotelo; "Increasing Access to Radiology: A Case Study on the Installation of 29 Digital Units in Guatemala" presented by Dr. John Vanden Brink, Rotary International; "Educator/Sonographer Experience in Haiti" presented by Leigh Giles Brown, Howard Community College Maryland; I will be speaking on the part of the ISRRT "The Role of Radiology in Settings With Limited Resources"; Closing remarks will be presented by Dr. James Fitzgerald, Director of Health Systems and Services from PAHO. At the end it is intended that an ultrasound unit will be set up in the lobby and a demonstration provided by a sonographer. Kayiba will be sending the final agenda and a newsletter to all PAHO related organizations, including ISRRT very shortly. Dr Sandy Yule and I will ensure the information on this great day will be disseminated to all ISRRT member societies.

Dr Jimenez, Kayiba and I discussed the possibility of ISRRT partnering with PAHO, ASRT, and CAMRT for the next radiography and ultrasound educational programs in Haiti. We all agree there must be a clinical component to the seminars not just didactic information being provided and that the ISRRT, ASRT and CAMRT are concentration on courses for medical radiation technologists. Once more concrete information has been established I will make certain to communicate in more detail with Cynthia. Kayiba and I also talked about other workshops that PAHO would like to see the ISRRT partner with them. One possibility is an accreditation of a university program; another is instruction for technologists from several South American countries on digital mammography as Guatemala has just had confirmed that they will receive the funding for 10 digital mammography units; and a CT training course based in Jamaica but inviting technologist from other close by nations as well. Kayiba has been very busy producing educational webinars. These webinars are in a modular format which in itself is proving to be highly successful as the technologists can cover the areas in the time frame his/her schedules allow and are not having to pay the high costs associated with travel for courses.

Dr Jimenez has also been assisting me in attempting to strengthening partnerships with our peers in South America specifically through his affiliations with them. While I was in Washington he enabled a teleconference to take place between Dr Gloria del Soto, the Inter-American Congress of Radiology President, who resides in Chile, with Kayiba and I. She is assisting greatly in establishing contacts for me in Chile as well the other South American countries.

In keeping with the ISRRT Strategic Plan here are the accomplishments towards our objectives:

Which Categorical Initiative Does this Activity/Conference more closely address:		
Communication	X	
Focus on Developing Nations	X	
Collaboration with Member Societies or Regional Networks	X	
ISRRT Governance and Structure		





Radiation protection in CT & interventional radiography

Kaunas Klinikos, Lithouania October 4-6, 2013

Report by Dimitris Katsifarakis, Regional Director for Europe

I attended the above workshop organized by the ISRRT with the contribution from the EFRS. Mr Ian Henderson, Mr Dean Pecarovic and I were the instructors with Mrs Elena Karazijaite as the head of the local organizing committee. The workshop was over 2 days and was held in the x-ray department of the Kaunas Klinikos, the University hospital of Kaunas city.

Forty nine participants were registered for workshop, from three countries, namely, Lithuania, Latvia, and Estonia. The majority of the delegates, were from Lithuania, comprising nurses with limited theoretical background in radiography and radiation protection. The Latvian participants (14 persons) and the three participants from Estonia were radiographers with a university degree.

During the entire duration, there was good interaction between the instructors and the audience. Even during the breaks there were a number of participants who had discussions with the instructors.

The practical workshop was held in the CT and Interventional suites

The president of the Latvian Society of Radiographers, Mrs





Guntra Kucika said that there were more Latvian radiographers interested to participate in the workshop, but they could not be registered due to the limited number of the participants. I requested her to contact the ISRRT's board through the CEO Dr Yule, and to propose for a seminal of Baltic countries with a higher number of participants which can be self-sustainable financially.

During the opening of the course, Ian and I had the opportunity to underline the commitment of the ISRRT to the continuing education of radiographers for the benefit of our patients. I transferred the Board's continuing interest to improve the quality of the radiation services delivered to patient. I also said that we are cooperating with

EFRS in Europe, to unite the Radiography personnel working in the field of imaging and therapy with radiation for the improvement of the services offered to the public.

I want to express my thanks to:

- Vice president Europe Africa Philippe Gerson and the EO of EFRS Mrs Dorien Pronk for their effort to organise the workshop.
- The head of the local organising committee Mrs Elena Karazijaite,
- The instructors to the course Mr Ian Henderson and Mr Dean Pecarovic for their excellent presentations.

Finally I deeply thank the Board of ISRRT and the CEO Dr Yule who embraced the idea of the workshop and made it happen in that part of Europe.

During the workshop I distributed leaflets and brochures for the forthcoming Congress in Helsinki, 2014

On a personal note, it was my great

pleasure to meet the three Estonian radiographers, whom I had lectured seven years ago during an educational activity I had in Estonia in 2004, where I was invited by the school of radiography there. Back then they were students, now they are competent radiographers!

Dimitris Katsifarakis





Romanian National Congress

Bucharest, Romania October 10-13, 2013

Philippe Gerson, ISRRT Vice President Europe and Africa

I attended the 19th Romanian Congress of Radiology and Medical Imaging, 5th National Congress of MRI and 7th Symposium of the Romanian Chapter of ISMRM from October 10-13, 2013 in Bucharest, Romania

During the ECR 2012, I met Pr Lupescu, Chief of the Radiology department of the Fundeni Clinical Institute and member of the Romanian Radiologists Society. She wanted to improve the radiographers situation in Romania so we decided to organise together a radiographer session during the 2013 conference. We also met each other in October 2012 during the JFR (Annual French speaking countries conference in Paris). Before the conference, I had the opportunity to visit Pr Lupescu at the hospital (Fundeni Clinical Institute) in Bucharest and where I met my colleague Mariana Iordache, chief radiographer and nurse of the department. During my discussion with all the staff I was able to better understand the situation of our colleagues in Romania.

There are few radiographers in Romania, only two or three schools for 22 millions inhabitants. One school, which is very active, graduates 30 radiographers per year with a three year program but only with education in general radiography. This school is located in the north of Romania and there is another one in the east. Another issue is that the best radiographers move to other countries (Germany, UK) because of better salaries.

Most of the Xray exams are being performed by nurses with probably a lack of education in radiation protection. All the slices imaging exams (CT, MRI, US) are done by residents under the umbrella of senior radiologists. That's why, in the department I visited, they were 18 nurses and 45 residents; for 2CT, 2 MRI angio, mammo, US and conventional radiology.

The residents perform the radiographers' roles and nurses handle injections, put patients on the table and perform administrative tasks. This is an amazing situation – I have never seen anything like this in all my travels prior to this visit. Romania is now a modern country in the EU but

the health organisation is not. Pr Lupescu and Pr Haba, both Radiologists, would like to improve this situation.

As many Romanian radiologists, they were educated in France and were convinced by the necessity to increase the education level of radiographers and to speak to the government to create schools in emergency.

This will be a challenge – it was very interesting to be involved with the first steps of planning to set up an European education programme for radiographers in a new school in Iasi where Pr Haba is Chief of the Radiology department. Two retired French directors of the radiography schools have volunteered to help Mrs Haba with this task, they will communicate initially by email and then travel to Romania to start the programme.

Concerning my presentation about ISRRT, they were 17 people in the conference room and of course a few radiographers – this was the first time in my life to have such a small number of attendees.

There was a presentation by a radiographer in MRI who came to the conference after seven hours travel by bus so as to meet me as ISRRT Vice President for Europe and Africa.

Nevertheless, I was invited to all the dinners with the Romanian and French radiologists and had very interesting discussions explaining what the ISRRT is – they were very impressed. Some older radiologists are a little bit anxious by the power of radiographers in other countries. Some very well known French radiologists, including the new President of the European Society of Radiology (ESR), President Pr Guy Fija, gave their support to ISRRT and to me and advised Romanian radiologists to change their organisations to include radiographers.

Many thanks to the Romanian Society of Radiologists for covering my expenses for accommodation, food and taxi fares.

Philippe Gerson



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The Americas Report

October 2013

Rita Eyer, ISART Vice President, Americas Region
Patricia Johnson, Regional Director of the Americas Region

Both the ISRRT Regional Director of the Americas, Mrs. Patricia Johnson and I have been striving to achieve ongoing and better communication, collaboration with member societies and Regional Networks, as well as focusing on developing nations in the Americas in the 2013 year. Our attention was directed to spearheading an educational workshop in Haiti – and as there is still significant assistance that is required, we will organise additional workshops again in 2014. The ISRRT Director of Education, Cynthia Cowling, has reported on the educational seminar in Haiti. Patricia and I continue to encourage our South American peers to join the ISRRT as we know we have so much to gain from one another. Most times our communication and networking occurs through e-mail correspondence but I also had the wonderful opportunity to attend the CAMRT Annual Conference and the Pan American Health Organization (PAHO) Directing Council Meeting that allowed for face-to-face discussions. You will find the PAHO Directing Council Meeting information elsewhere in this Newsletter.

The Canadian Association of Medical Radiation Technologists (CAMRT) Annual General Conference took place May 22-25th, 2013 in St John's, Newfoundland. It had been approximately a year since the 17th International Society of Radiographers and Radiological Technologists (ISRRT) World Congress was held in Toronto, Canada where we celebrated the 50th Anniversary of the ISRRT and the 70th Anniversary of the CAMRT. A World Congress had not been held in Canada for fifty years so what an experience this ISRRT World Congress was for the CAMRT members in attendance. The CAMRT President and Chair of the Board, Amanda Bolderston, and the Newfoundland Association of Medical Radiation Technologists

(NLAMRT) President, Nicole Jenkins, as well as the Conference Co-Chairs, Arlene Collins and Christa Coombs warmly welcomed all Conference participants to St. John's. Besides me, ISRRT President, Dr Michael Ward and ISRRT CEO Dr Alexander (Sandy) Yule represented the ISRRT so that CAMRT members had many occasions to speak with each of us regarding the role of the ISRRT. Dr Ward gave an excellent presentation on "What are the International Society of Radiographers and Radiological Technologists." Being present at this conference allowed Michael, Sandy and me to meet the new CAMRT CEO, Mr Francois Couillard. The strong partnership that has been in place between the ISRRT and the CAMRT since 1962 is still very much in existence. The ISRRT and the CAMRT, like other ISRRT member nations, share many commonalities including a vision to continue to strive for the future, objectives, and core values. All CAMRT members have been Associate Members of the ISRRT for just over three years now.

There were MRT's present from as far west as British Columbia to those who hailed from their own province of Newfoundland. All had come to learn of the updates occurring in the radiation sciences field in all parts of the world. What impressed me most significantly was the high caliber of the presentations by fellow medical radiation technologists. The topics that were presented in each of the disciplines zeroed in on radiation dose reduction techniques, multimodality imaging, and best practices guidelines with exemplary patient care as the underlying theme throughout. The very prestigious CAMRT Welch Memorial lecture was given by Ms. Irene O'Brien, an honor she without question deserves, on the topic of "MRT's: Bridging the Gap in the 21st Century." Irene



America's Irene O'Brien receiving Welch Memorial Award from CAMRT President Amanda Bolderston.

is a registered MRT and educator originally from the province of Newfoundland. All CAMRT Members were thrilled to see Irene receive the acknowledged she deserves for her outstanding accomplishments, especially former students and colleagues from Newfoundland. Irene is currently the Dean of the School of Health Sciences at the College of the North Atlantic's International Campus in the Middle East State of Qatar. In her commemorative address Irene shared the challenges and triumphs she faced in the introduction and delivery of both the Canadian curriculum and Canadian standards of practice into an international professional practice environment. In her very informative lecture, Irene pointed out that Oatar has just been accredited through the Canadian accreditation process - a very momentous accomplishment! Irene is certainly a potential resource for so many nations.

Caitlin Gillan was this year's CAMRT Fellowship Award recipient. The CAMRT Fellowship Award is the pinnacle of achievement within the CAMRT, an honor bestowed upon select medical radiation technologists. To become an FCAMRT an individual must have consistently demonstrated advanced competence, personal commitment and contributed to the growth of the profession and the association beyond the normal scope of practice. Those chosen support, encourage and advise CAMRT members serving as role models and mentors to their peers. Caitlin's Fellowship Project – another mandatory criterion for achieving this award - was "There's no "I" in IGRT: the role of interprofessional education in the collaborative integration of transformative technology." Caitlin is a radiation therapist from the Princess Margaret Cancer Centre in Toronto and a perfect example of one who "walks the talk."

And not only were there Canadian MRT's present at this conference, there were MRT's from the United States and Australia! Dr Sal Martino, the American Society of Radiologic Technologists (ASRT) CEO, and David Collier, CEO of the Australian Institute of Radiography (AIR) were also in attendance. The ASRT President, Jillian Gill and colleague Heather Moore spoke on Hybrid Course Design at the Pre-Conference Educational Workshop – a topic of considerable interest in all areas of the world and hopefully one that will be presented in Helsinki. The Lecture Hall was over flowing for Dr Ward's lecture and so many Canadian members commented on how much they appreciated someone from that level of the ISRRT organization coming to meet them. They now fully comprehend what it means to belong to this charitable society and how worthwhile it is. How appropriate too that the ASRT's Foundation 2013 International Speakers Exchange Award (ISEA) winning recipient, Ms Terri Fauber, provided her research information at the conference. Terri had investigated the effect of reducing x-ray field size on patient dosimetry during lumbar spine imaging. As Terri pointed out technologists from all around the world share the commitment to limit patient radiation exposure and we must continue to collaborate to achieve best practices in the radiologic sciences.

Bronwyn Hilder from Australia encouraged radiation therapists to increase our knowledge, skills and experience in order to enhance our daily practice as well as become more involved in radiation oncology projects. Lee Hales from Roswell Park Cancer Institute in Buffalo, New York and Sarah Kristensen from the British Columbia Cancer Agency Fraser Valley Centre in Canada described the differences in dosimetry training and continuing education opportunities in dosimetry between the USA and Canada.

During this CAMRT Conference there were also leading edge workshops, panel presentations, poster sessions and lectures that included all of our professional disciplines. The Key Note speaker



America's Caitlin Gillan receiving CAMRT Fellowship Award from CAMRT President Amanda Bolderston.

was the distinguished Mr Andre Picard, the public health reporter and columnist for the Toronto Globe and Mail. He credited the CAMRT in its "Very Image of Care" brand and in the ongoing exemplary patient care demonstrated in the delivery of our practice.

Throughout the conference there were countless opportunities for MRT's to network and share experiences in each of our disciplines and again the caliber of the presentations was simply outstanding! Here are but a few more lectures to mention on the topics of great significance: "Radiation Dose in Digital Radiography," "Strategies for Reduction of Radiation Dose and Contrast Dose in Neuro Without Compromising Image Quality;" "ALARA and Pediatric Imaging in Radiation Therapy;" "Providing Orthopedic and Traumatic care in Developing Nation After a Natural Disaster;" "The Future of Nuclear Cardiology;" 'Speaking Up: An International Comparison of the Willingness of radiation therapists to Report Errors in Clinical Practice."

In keeping with the exceptional hospitable nature of our Newfoundland peers, the social events proved to be a wonderful time for fostering long lasting friendships. The Conference social events began with the CAMRT Foundation fundraiser on famous George Street on the Wednesday evening. Thursday evening was a true Newfoundland "scuff" with singing and dancing as well as delicious delectables from the nearby sea. This was a true Newfoundland kitchen party! Friday night was the superb President's banquet with award presentations given out by CAMRT President Amanda Bolderston.

Two results of this Conference became very evident to me – so many of those MRT's in attendance would like to become more actively involved in the ISRRT and, secondly, several hope to be able to attend the ISRRT World Congress in Helsinki, Finland. Fellow ISRRT members are looking forward to meeting with you and hearing you deliver your presentation in Finland!

And please let us know what you might like to do at the ISRRT level. Check out www.isrrt.org

The evolution of the EU radiation protection legislation: An overview

Report by Dimitris Katsifarakis, Regional Director for Europe

Objective: The purpose of this paper is to briefly describe all the European's Union legislation developments for Radiation protection of the population, the employees and the patients, providing colleagues outside EU's countries a practical guide on that field.

Conclusion: Some decades ago the three cornerstones of the system of radiation protection were established: Justification, Optimization and Dose limitation. European's Union legislation always following the recommendations of ICRP and is progressively developing and enforcing the three aforementioned pillars of radiation protection towards a beneficiary use of the ionizing radiation for medical or non-medical purposes.

During the past 55 years, radiation protection of the population in the European Union (EU) attracts special attention. From the Euratom Treaty, in 1957, up to the latest Directive 97/43, a number of Directives were introduced, aiming to raise the standards regarding the protection of the population, workers and the patients from the potential harmful effects of ionizing radiation.

The EURATOM Treaty (EURATOM, 1957)

In 1957, six European countries (Belgium, France, Italy, Luxemburg, The Netherlands, and the West Germany) agreed to sign up a Treaty (today known as EURATOM Treaty) for the safe use of nuclear energy for peaceful purposes.

A number of legislative acts, known as Directives, were derived from the Euratom Treaty. A Directive requires by a member state to achieve a specific result without whoever dictating the means of achieving it.

Directives derived by the EURATOM treaty can by distinguished in two major categories. The first category is related to the health of the general population exposed to the potential harmful effect of ionizing radiation; and to workers who are occupationally exposed to the ionizing radiation. This category is known as Basic Safety Standards (BSS) directives.

The second category of the Directives is mainly related to the protection of the patient and to the people who are offering to help during a medical examination or treatment involving ionizing radiation. These set of Directives are also known as Medical Exposure Directives (MED).

BSS Directives (1959)

The first legislative acts established in 1959, following the EURATOM Treaty, were the BSS directives. They were focused in outlining the Basic Safety Standards for protection of the occupationally exposed staff and the general public from the dangers of ionizing radiation. The "basic standards" as described in article 30 of the EURATOM Treaty are: (1) the maximum doses should be compatible with adequate safety; (2) there should be a maximum permissible degree of exposure and (3) surveillance of contamination and of fundamental principles governing the medical supervision of workers.

There were 28 articles in that BSS Directive. Amongst the relative extensive number of assigned physical and radiological terms, REM was adopted as the dose unit for an occupationally exposed person, RAD as the unit of absorbed dose, and RBE adopted as the biological effective dose which is expressed in REM.

Important provisions introduced by the BSS directive were the following:

 For the occupational health of the Workers: They should be medically assessed before being given permission to work in an area with ionizing radiation, and they must be physically and medically

- surveyed. Workers should have regular medical surveillance and their medical records should be kept for a period more than 30 years after the cessation of the work. During pregnancy and /or nursing period, women must not be employed in work involving high risk. Persons under the age of 18 must not work with ionizing radiation.
- For the training to work with ionizing radiation: Workers should be trained and provided with adequate information regarding the hazards related to ionizing radiation exposure. Additionally, they should get familiarized with the importance of complying with the medical requirements of the BSS Directive.
- For the work areas: Work areas with ionizing radiation installations
 are distinguished to controlled areas (the workers there are liable to
 receive a dose higher than 1,5REM/year) and protected areas, and
 they should be physically surveyed. New installations should pass
 acceptance tests. Moreover, the technical devices for protection and
 the measuring instruments must be checked for their effectiveness.
- For the accumulated dose of the population: The term Maximum
 permissible dose compatible with adequate safety (mpd) was
 introduced by that Directive. For the population it was defined as
 a 5 REM per head accumulated up to 30 years of age. There were
 also upper limits for partial exposures of the body, including internal
 organs or external parts of the body.

The BSS Directive was updated in 1962 and amended 17 years later by the 76/579 Directive.

Directive 76/579 (1976)

A number of amendments and changes have being observed in the 76/579 Directive:

- Each member state should report activities involving a hazard arising from ionizing radiation.
- Work places were demarcated, classified and renamed to controlled areas and supervised areas.
- Workers classified in 2 main categories: (1) Category A included those who are liable to receive a dose greater than 3/10 of the annual maximum permissible dose, and (2) Category B included those who were not liable to receive this dose.
- Workers belonging to category A were systematically assessed regarding their individual doses, and their doses and medical records should have being kept for at least 30 years. The same applied to the apprentices and students.

A new principle emerged. According to that, every exposure of people to ionizing radiation should have being kept As Low As Reasonably Practicable (ALARP). That principle later (1980) changed to the ALARA one.

Some changes to the maximum permissible doses (mpd) of the occupationally exposed people were introduced by the BSS as are

Body part/organ	BSS Directives (1959)	76/579 Directive (1976)	80/8369 Directive (1980) ¹	6/29 Directive(1996)
Whole Body	5rem/year	5rem/year	50mSv/year [5rem/year]	100mSv/5years or 50mSv- any single ye
Bone marrow/gonads	5rem/year, 3rem/quarterly	5rem/year, 3rem/quarterly	50mSv/year (5rem/year)	
Thyroid/bone (excld. extremities)	30rem/year 8rem/quarterly	30rem/year 15rem/quarterly		
Skin	30rem/year 8rem/quarterly	30rem/year 15rem/quarterly	500mSv]/year [50rem]/year	500mSv/year
Hands/forearms/ feet/ankles	60rem/year 15rem/quarterly	75rem/year 40rem/quarterly	500mSv (50rem)/year	500mSv/year
Internal organs (excld. blood forming organs, lenses)	15rem/year 4rem quarterly	15rem/year 8rem/quarterly		
Lens of the eye			300mSv/year [30rem]/year	150mSv/year
Featus/unborn child		1rem (Period of time declaration to delivery)	10mSv (1rem) Period of time declaration to delivery	1mSv (Period of time declaration to delivery)

Table 1: Maximum permissible doses for occupationally exposed workers.

shown in table 1. However mpd for whole body exposure, bone marrow and gonads remained unchanged. The term mpd later (1980) was replaced by the term limitation of doses for exposed workers.

The 76/579 Directive introduced for the first time dose limits for the population specifically (see table 2).

The directive 80/836 (1980)

The directive 80/836 (1980) amended the previously mentioned directives. The term RAD was replaced with the term Gray, and the term REM with the term Sievert. Additionally it introduced effective

dose as a new term referring to the sum of the weighted average dose equivalents in the various organs or tissues. The nowadays well known principles of optimization (ALARA), justification and dose limitation were firstly established by that Directive.

The Optimization or ALARA principle: "...all exposures shall be kept As low As Reasonably Achievable" replaced the precious's directive 76/579 principle of ALARP.

The Justification principle: "...every activity resulting in an exposure to ionizing radiation shall be justified by the advantages which is produces" which in combination with the ALARA principle applies also today to all medical exposures. The 3rd principle introduced the dose limits: "...the sum of the doses and committed doses received shall not exceed the dose limits laid down in this Title (WN Directive 80/836) for exposed workers, apprentices and students and members of the public". Directive 80/836 orders that this particular principle "...shall not apply to the exposure of individuals as a result of medical examination and

Dose limits for the public			
Body part / organ	76/579 Directive(1976)	80/836 Directive (1980)	96/29 Directive (1996)
Whole Body	0.5rem/year	5mSv/year (0.5rem)/year	1 mSv/year
Skin [5rem/year]		50mSv/year	50 mSv/year averaged over any 1 cm² area of skin
Lens of the eye		30mSv/year (3rem/year)	15 mSv/year
Featus / unborn child		10mSv (1rem) Period of time declaration to delivery	1mSv (Period of time declaration to delivery)

Table 2: Dose limits for the public.

treatment undergone by them".

A quantitative determination of the dose limits for a female employee of reproductive capacity was established, stating that the dose shall not exceed 13mSv in a quarter to the abdomen area.

The accumulated (during the time period between declaration of pregnancy and delivery) dose to the fetus, was established by the Directive 80/836 in order to remain as small, as reasonably practicable, and in no case exceed the limit of 10mSy (see table 1).

The dose for the eye lens especially was established up to a limit of 300mSv/year.

The dose limit for the skin increased to 500mSv/year while the dose limit for the arm, forearm and legs decreased to 50mSv. Workers should have access to the results of their individual monitoring including the methods that these results have been estimated. They also should be medically surveyed by approved medical practitioners.

Finally there was a provision for the Quality Control of the installation, equipment, protecting devices and techniques and of the measuring instruments.

96/29 BSS Directive (1996)

The main pillar of the current EU legislation is the Directive 96/29 which came into force in 1996, and replaced the 84/467 one. The 96/29 Directive established the basic safety standards (BSS), applies to normal and emergency situations and has been supplemented by more specific legislation.

Noticeable amendments of the previous 84/866 are:

Member states should justify all new classes or types of practice with ionizing radiation before being adopted, taken into account their economic, social or other benefits in relation to the health detriment they may cause.

The optimization (ALARA) shall take also into account financial and social factors.

Prior authorization is being required by a member state for the use of medical equipment using ionizing radiation (x-rays, or radioactive sources).

The dosimetry monitoring of the workers should be undertaken by approved dosimetric services.

New dose limits for exposed workers were established: the new limit for effective dose for them should not exceed 100mSv in a consecutive five-year period, subject to a maximum effective dose of 50mSv in any single year.

The limit for the lens of the eye should not exceed 150mSv/year For the skin, hands, forearms, feet and ankles should not 500mSv/year.

Dose to the public should not exceed the limit of 1mSv per year(see table 2), while the dose to the unborn child (featus)shall be comparable with that provided for members of the public, and in any case should not exceed the dose of 1 mSv during at least the remainder of the pregnancy.

According to the 96/29 Directive, dose limits are not taken into account the following:

- Exposure of individuals as part of their own medical diagnosis or treatment;
- b. Exposure of individuals knowingly and willingly helping others during a medical procedure (other than as part of their occupation).
- c. Exposure of volunteers participating in medical and biomedical research programs.

Directive 84/467. [1984]

WHO, UNSCEAR, and the ICRP repeatedly reviewed the problem that the medical exposure to radiation is by far the major source of exposure to ionizing radiation. In the year 1984 the Council of European Communities acknowledged that and issued the 84/866 Directive. The 84/866 Directive outlines the basic measures for the radiation protection

of persons undergoing medical examination or treatment, as well as the medico legal exposure of a person to the radiation.

The Directive 84/467 mentioned that medical use of the ionizing radiation must be effected under the "responsibility of doctors or dental practitioners or other practitioners who are entitled to perform such medical procedures in accordance with the national legislation, and who, during their training, have acquired competence in radiation protection and received adequate training appropriate to the techniques used in medical and dental diagnostic radiology, in radiotherapy or in nuclear medicine".

The same Directive mandated that medical and dental radiological equipment must meet pre-established criteria of acceptability set up by the competent authorities of each member state. Radiological equipment also must be recorded, surveyed, and controlled for their quality of performance thoroughly. By that Directive also discouraged both the *unnecessary proliferation of equipment* and the usage of the non-intensifier fluoroscopic examinations.

The effort through that Directive was to restrict the non –justified exposure of patient.

Towards this aim the Directive:

- a. Prohibited the carry out of any radiological procedure that was nonmedically indicated.
- b. Demanded before any of individual or collective preventive examinations (including those of nuclear medicine) to be carried out, to be medically and epidemiologically justified.
- c. Encouraged the alternative techniques likely to prove at least as effective from a diagnostic or therapeutic point of view and to involve a lesser risk to health.

Medico-legal or insurance purposes procedures regulated also by that Directive. The provision was that those procedures must being performed only in case of inability to have access to the results of previous examinations, and special care should be taken to ensure that such procedures were justified.

97/43/Euratom or MED (1997)

The 97/43 Directive, known also as the Medical Exposure Directive (MED) is in act nowadays. It repeals the Directive 84/467/Euratom and supplements the 96/29 Directive.

This Directive applies to those who are medically exposed as patients and to individuals either as part of their occupational health surveillance or their health screening programs. Moreover, it applies to healthy individuals or patients voluntarily participating in medical or biomedical research programs and to the exposure of individuals as part of medico-legal procedures.

Additionally 97/43 Directive applies to the exposure of individuals knowingly and willingly helping in the support and comfort of persons undergoing medical exposure.

Directive shares the responsibility of the exposure of a patient between the prescriber, who is referring that patient for the exposure, and the practitioner, who undertakes the responsibility of that exposure. The clinical responsibility of the medical exposure must be undertaken by the practitioner. Member States shall ensure that recommendations concerning referral criteria for medical exposure, including radiation doses, are available to the prescribers of medical exposure. As the exposure has also practical aspects, those can be delegated by the holder of the installation or the practitioner to an individual, who is properly theoretically and practically trained to undertake them. There must be established protocols for every type of standard radiological practice for each equipment. The practitioner and those who may undertake the practical aspects of the exposure must have adequate competence in radiation protection.

Directive 97/43 enforces also the acceptance test of the equipment, the Quality assurance, Quality control and the Clinical Audit.

Epilogue

Except from the above mentioned directives, there are many others related to the protection of the population from the radon, the industrial use of the nuclear particles etc.

Radiation protection legislation in the EU has a long history and has been fed by scientific knowledge and by the recommendations of the ICRP. The need for the unification of the long list of Euratom Directives is obvious within the EU.

A new proposal for a unified directive (2012) for the radiation protection of the general public, the occupationally exposed people and the patient, either from natural, indusial or medical sources has been published since May 2012. The new Directive was introduced by the EU Council in order to substitute MED, which is already 16 years old.

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ISRRT WEBSITE

The ISRRT website carries up-to-date addresses of all member societies.

Please contact:

isrrt.yule@btinternet.com

Here you can find information on the ISRRT and details of future meetings.

COMMENTS ON THE NEWSLETTER

You are invited to comment on the presentation and contents of the newsletter and make suggestions for future issues.

Your comments will be considered by the Editor and her Committee. email: deepbluedesign1@mac.com

Journal of Medical Radiation Sciences: peer reviewed, free to read, download and share

I am excited to announce a new journal named the Journal of Medical Radiation Sciences. As the Editor-in-chief I would like share with you how the journal was conceived, its focus, scope and plans for the future.

The Journal of Medical Radiation Sciences is

- An Australia and New Zealand peer reviewed journal in diagnostic radiography/medical imaging, radiation therapy and nuclear medicine science.
- Free to read, download and share. JMRS is an open access journal (www.jmrsjournal.com) with some authors exempt from payment.
- Supported by the professional bodies of medical physics, radiology and radiation oncology in Australia and New Zealand.
- Supported by the International Society of Radiographers and Radiological Technologists (ISRRT).



Figure 1.

Background

The peer reviewed journals of the Australian Institute of Radiography (AIR), The Radiographer and the New Zealand Institute of Medical Radiation Technology, Shadows merged in 2013 to form a joint journal named Journal of Medical Radiation Sciences or JMRS. The front cover is shown in Figure 1.

Wiley-Blackwell, one of the largest and internationally renowned professional society publishers was appointed in August 2012 as the publisher of JMRS. JMRS is published as an open access journal at www.jmrsjournal.com. Four journal issues are published per year in March, June, September and December. As soon as a manuscript is accepted it is published online as 'Early View' prior to inclusion in a journal issue.

Content of Journal of Medical Radiation Sciences

As the name implies, JMRS encompasses all three strands of medical radiation sciences: diagnostic radiography/medical imaging, radiation therapy and nuclear medicine. The journal also includes sonography and the complementary disciplines of medical physics, radiology and radiation oncology (refer to Box 1). The JMRS covers topics ranging from technical, diagnostic, treatment, educational and patient care related issues. The types of manuscripts that JMRS accepts for publication include original articles, reviews, commentaries, study protocols, case reports and educational (or 'how to do it') papers relevant to JMRS (refer to Box 2).

Authors are highly encouraged to submit motion images in addition to static images. Online readers benefit from the addition of

motion images which are also uploaded onto JMRS YouTube.

Visit the JMRS website (www.jmrsjournal.com) where you can register to receive a notification by email when new articles are uploaded. Previously published articles of The Radiographer can also be accessed in the JMRS website.

Manuscript submission, peer review and resources for authors

Authors can submit their manuscript in the JMRS website and they can track the progress of their manuscript easily online. All manuscripts undergo a double blinded peer review process. The decision to accept a manuscript is based on the recommendations of the deputy editor, associate editor, and the two blinded peer reviewers. Authors are encouraged to visit the JMRS website and view the resources for authors such as the list of companies that the publisher recommends to use for English-language editing service and relevant websites to assist with scientific writing.

If authors require any assistance please contact us by email at JMRS.EO@wiley.com.

Why publish in an open access journal?

Randomised controlled trial studies have shown that open access articles has greater readership than subscription only articles (refer to Table 1). After 12 months of publication, open access articles are downloaded twice as frequently compared with subscription only articles. However, there is no statistical difference in the frequency of citation in 1, 2 and 3 years.

There is a growing trend that the reports of publically funded

Box 1: Journal of Medical Radiation Sciences aim and scope

Journal of Medical Radiation Sciences (JMRS) is an international and multidisciplinary peer-reviewed Journal that accepts manuscripts related to medical imaging/diagnostic radiography, radiation therapy, nuclear medicine, medical ultrasound/sonography, and the complementary disciplines of medical physics, radiology, radiation oncology, nursing, psychology and sociology. Manuscripts may take the form of: original articles, review articles, commentary articles, technical evaluations, case series and case studies.

JMRS promotes excellence in international medical radiation science by the publication of contemporary and advanced research that encourages the adoption of the best clinical, scientific and educational practices in international communities.

JMRS is the official professional Journal of the Australian Institute of Radiography (AIR) and the New Zealand Institute of Medical Radiation Technologists (NZIMRT).

Box 2: Types of papers submitted in Journal of Medical Radiation Sciences

Original Article: Describes a research including a systematic review and meta-analysis; and quality improvement.

Review Articles: This will usually be at the invitation of the Editors.

Commentary: Discusses relevant aspects of a practice or an issue. Opinions and recommendations are expressed with the support of evidence from the literature.

Study Protocol: The aim of publishing study protocols is to inform readers of research projects that are proposed to commence or are ongoing. The study protocol must have full research ethics approval to be considered for publication.

Technical Evaluation: An emerging technology or a new technique in medical radiation sciences.

How To Do It: An invited educational article relevant to medical radiation sciences professionals. Unsolicited proposals for How To Do It may be submitted; however, in this case authors should only send an outline of the proposed paper for initial consideration.

Case Report/Study: Describes one of the following:

- Previously unreported interventional technique in a recognised disease.
- Previously unreported, relevant imaging observations on recognised disease or lesion.
- · Previously unreported clinical condition.
- Previously unreported complication of a radiological procedure

Pictorial Review: The aim of a pictorial review is to provide an up-to-date visual portrayal of a topical issue, having particular educational value.

Editorials: An invited commentary on an article published in the same Journal issue.

Letters to the Editor: Letters to the Editor intended for publication may be submitted on any matters of interest to readers of Journal of Medical Radiation Sciences. A letter commenting on an article that has appeared in a previous issue of Journal of Medical Radiation Sciences are welcome.

research must be made open access within 6 to 12 months from the date of publication. This was recently introduced by the National Health and Medical Research Council (NHMRC)4 and the Australian Research Council5. The Research Council United Kingdom (RCUK) also mandated the publication of their funded research in open access journals.6 It is therefore likely that other funding agencies will follow.

Article publication charge

The first 40 articles/year that are approved for publication and authored by at least one AIR or NZIMRT member are exempt from the article publication charge. The publisher Wiley-Blackwell automatically waives the article publication charge if the author resides in one of the countries listed in Table 2.7Also, an author may receive a 50% discount to publish if he/she resides in one of the countries listed in Table 3.7 The following papers are also fully exempt from payment: editorials, short commentaries and correspondences. Non-members pay an article publication charge of around AU \$1500.

Support from related professional bodies

The editors of the professional journal of the Royal Australian and New Zealand College of Radiologists (RANZCR), Journal of Medical Imaging and Radiation Oncology (JMIRO) support JMRS. The editors have the option to recommend to the authors to submit their manuscript to JMRS when the content is deemed more appropriate to the JMRS target audience. At a click of a button, authors are able to transfer their submission to JMRS with ease. Also, the referencing style is the same in both journals to ensure a hassle free transfer. All transferred manuscripts follow the JMRS peer review process.

In addition, other related professional bodies have supported JMRS. The Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM, www.acpsem.org.au) routinely promote new released issues to their members via email. The International Society of Radiographers and Radiological Technologists (ISRRT, www.isrrt. org) and the Australian and New Zealand Society of Nuclear Medicine (ANZSNM, www.anzsnm.org.au) included the journal icon and web link on their websites.

If you want each member of your professional body in your country to receive information about JMRS please contact us. If you consider your topic suitable to our audience of allied health practitioners, medical physics, radiologists, radiation oncologists and researchers, I urge you to choose JMRS.

First themed journal issue

Plans are underway to publish the first themed issue in breast imaging

Table 1: Full text downloads of open access articles compared to subscription only articles from randomised controlled trial studies.				
Author/year of publication	n articles	Topic (n journals, n publishers)	Full text downloads	
Davis 2008 ¹	247 OA 1372 S	Physiology [11, 1]	6 months after publication 89% higher for OA	
Davis 2010 ²	247 OA 1372 S	Physiology [11, 1]	12 months after publication 119% higher for OA	
Davis 2011 ³	712 OA 2533 S	Medical, life sciences, multidisciplinary sciences, social sciences, humanities (36, 7)	12 months after publication 115% higher for OA	
OA – open access;	OA – open access; S – subscription only			

Table 2: Country of residence of authors that are exempt from payment to publish in Journal of Medical Radiation Sciences⁶

Afghanistan Guinea-Bissau Republic of Moldova

Angola Guyana Rwanda Bangladesh Haiti Samoa

Benin Honduras Sao Tome and Principe

Bhutan Kenya Senegal Bolivia (Plurinational State of) Kiribati Sierra Leone Burkina Faso Solomon Islands Kyrgyzstan Burundi Lao People's Democratic Republic Somalia

Cambodia Lesotho South Sudan Sudan Cameroon Liberia Cape Verde Madagascar Swaziland

Central African Republic Malawi Syrian Arab Republic

Chad Maldives Tajikistan Comoros Mali Timor-Leste Congo Mauritania Togo Côte d'Ivoire Micronesia (Federated States of) Tokelau Democratic People's Republic of Korea Tuvalu Mongolia Democratic Republic of Congo Morocco Uganda

Djibouti Mozambique United Republic of Tanzania

Equatorial Guinea Myanmar Uzbekistan Eritrea Namibia Vanuatu Ethiopia Nepal Vietnam

Gambia Nicaragua West Bank and Gaza Strip

Ghana Niger Yemen Guatemala Nigeria Zambia Guinea Papua New Guinea Zimbabwe

Table 3: Country of residence of authors that are eligible to receive a 50% discount to publish in Journal Medical Radiation Sciences⁶

Albania Kosovo

Marshall Islands Algeria Armenia Mauritius Azerbaijan Montenegro Belize Nauru Bosnia and Herzegovina Palau Paraguay

Botswana Colombia Peru

Saint Kitts and Nevis Cuba

Dominica Saint Lucia

Dominican Republic Saint Vincent and the Grenadines

Seychelles Ecuador El Salvador Sri Lanka Fiji Suriname

The former Yugoslav Republic of Macedonia Gabon

Georgia Tonga Grenada Tunisia Turkmenistan Iraa Ukraine Jamaica

Jordan

and radiation therapy. I would like to invite you to contribute to this themed issue. The deadline for manuscript submission is in September 2014. For further enquiries please do not hesitate to contact me at JMRS.EO@wiley.com

Routinely visit the JMRS website to view the online only themed issues.

Printed copies of the JMRS journal

The electronic copy of JMRS is free to access, download and share. Printed copies of the journal are also available but with a subscription fee. Please contact the Australian Institute of Radiography at info@air. asn.au for more information.

Cherry Agustin BAppSc, MPH Editor-in-chief, Journal of Medical Radiation Sciences Email: JMRS.EO@wiley.com www.jmrsjournal.com

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free e-book for ISRRT members

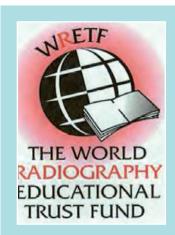
The British Institute of Radiology has just published

The Safe Use of Ultrasound in Medical Diagnosis edited by Gail ter Haar.

Sonographers and other practitioners increasingly need to be knowledgeable about the safety of a diagnostic ultrasound scan as the onus has now shifted from the manufacturers to the person performing the scan.

This book, now in its third edition, is written for the practitioner and covers basic concepts important to the safe use of ultrasound and directs readers to extensive literature on the topic.

As part of the BIR's open access initiative, BIR Open, the eBook version is FREELY AVAILABLE ONLINE at: www.birjournals.org/site/books/ultrasound.xhtml as well as in print



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www.wretf.com

The World Radiography Educational Trust Fund

By Hon Secretary Sue Marchant

Activities

Following a Trustee teleconference in July, Trustee Philippe Gerson, put the Honorary Secretary in touch with a radiographer from the Tunisian radiographers' association who is also Editor of their national radiography magazine. This led to an interview being given on the work of the WRETF which will appear in the next issue of their magazine.

Each Trustee now has a specific area of responsibility reflecting their special interests or experience.

Trustee Delia Dephoff attended The New Zealand Institute of Medical Radiation Technologists (NZIMRT) annual conference in Hamilton, NZ at the end of August. The conference attracted nearly 400 delegates from around NZ and Australia as a representative from the World Radiography Educational Trust Fund (WRETF). She had the opportunity to speak to delegates about the work of the Trust.

Also attending the conference, pictured below, were the International Society of Radiographers and Radiologic Technologists (ISRRT) representative from New Zealand, Kathy Colgan and the ISRRT Vice President for Asia Australasia, Maria Law. Delia was invited to a NZIMRT board meeting with Kathy and Maria, where there was a discussion about how the NZIMRT, ISRRT and WRETF can work together in the Pacific region.

Delia also received text books for WRETF and thanks the University of Otago and

SIMTICS for their kind donations which now mean she holds a reasonable stock of books in New Zealand. Other surplus textbooks from SIMTICS were sold and the proceeds donated to WRETF. These funds were in addition to a fund raise from a raffle which was well supported by conference delegates.

Twinning

Trustee Delia Dephoff also continues to drive forward the twinning programme with a number of departments now linked together.

Ambassadors

The role of Ambassador continues to develop. The 7th ambassador was appointed in August. Chris Steelman is based in the USA and will support Trustee Alex Ramirez. Boniface Yao, was appointed as an ambassador earlier this year. Trustee Philippe Gerson, manages the ambassador programme which was established in 2011. With Philippe's contacts internationally, it is hoped that the programme will further develop.

Website

The new look website is now established. Trustee Alex Ramirez is looking after the social media aspect of the site, so helping the Trust to reach out to more radiographers, technologists

> and assistants in the developing world who are used to using such modern social media to communicate.

Visit the website at www.wretf.org

Bursary Scheme

Now that the Trust is reasonably stable financially, Trustees took the decision in July to establish a new initiative of offering some bursaries for further study, educational visits or attendance at workshops and conferences. An amount of money has been ring-fenced for this scheme and it is hoped that around four recipients each year will receive



L-R: Kathy Colgan, Maria Law and Delia Dephoff

The World Radiography Educational Trust Fund

a contribution to assist with travel, subsistence and fees. The scheme is being launched, along with the new look website, on November 1, 2013. Trustee Mary Lovegrove, brings her wealth of experience in the field of radiography education, to the future development of the bursary scheme.

New Trustee

The Trust is pleased to announce the appointment of Michael Ong of Singapore, as a Trustee from September 2013. Michael brings a wealth of experience and with his contacts, the Trust is looking forward to helping more departments in need of our support especially in the Far East region of the world.

Donations

A number of books on ultrasound were received from a retired radiographer in the UK. These are most welcome since our store of books on ultrasound was sparse. Books and journals, if fairly recent issues, are welcomed and can be sent to the Hon Secretary of the WRETF C/o The Society and College of Radiographers, 207 Providence Square, Mill Street, London SE1 2EW. UK.

Monetary donations can either be sent to the Hon Treasurer Alan Budge at: 108, Clares Green Road, Spencers Wood, Reading, RG7 1DU, UK,



Staff at Douala General Hospital Cameroon with books donated by WRETF 2013.

Or, if preferred, a donation can be made electronically. Please see the leaflets on the website for more details.

Sue Marchant Honorary Secretary



Mr Chris Steelman recently appointed ambassador

Chris is based in California and has diverse experience – 18 years in the business side of healthcare before becoming a radiologic technologist. He is focussed on increasing access to radiography education in the developing world and is currently an Instructional technology systems manager for RAD-AID International.



Mr Boniface Yao recently appointed ambassador

Boniface is from the Ivory Coast in Africa and is well-known to the ISRRT, since he is currently Regional Co-ordinator for Professional practice in Africa. He not only has a number of years experience in the practice of diagnostic radiography, but also in curriculum development, teaching and management of educational programmes in health care.

News from member countries

ASIA/AUSTRALASIA

AUSTRALIA



Our annual conference was held in March in Hobart and we welcomed Ms Jo Page as the incoming President of the Australian Institute of Radiography

(AIR) and farewelled Mr Bruce Harvey the immediate Past President.

The AIR has recently completed a detailed review of the existing Competency Based Standards for the profession. In line with current terminology, the draft document renamed Professional Practice Standards is now under consideration across the membership.

The national registration of all Australian medical radiation practitioners has brought about considerable change for members of the AIR. The Medical Radiation Practice Board of Australia (MRPBA) has been releasing a number of draft papers for comment on Professional Capability Standards, and the Supervised Practice Standard. The MRPBA activities continue to extend into areas more normally part of the professional association. Accreditation of educational programs for registration is now the role of the MRPBA. The AIR has made submissions in response to the MRPBA draft documents.

The AIR has been developing a new area of activity. Medical Radiation Learning Online (MIRLO) is a subsidiary of the Australian Institute of Radiography, and is being launched officially on World Radiography Day 2013. MIRLO is a gateway to quality learning resources for medical radiation practitioners which can be accessed online from anywhere. There are two main areas of learning either professional development or personal development. From November 8, it will available at www.mrlo.org

In July the inaugural meeting of the Radiology Tripartite Group was held. This brings together the three key professional groups involved in medical imaging to maintain communication between the professional bodies and consider key issues affecting the sector.

"The Journal of Medical Radiation Sciences" JMRS is a quarterly publication and I strongly encourage practitioners from the regional and globally to consider submitting manuscripts for publication.

On behalf of all AIR members I would

like to send our best wishes to our colleagues around the world and look forward to seeing many of you at the 18th ISRRT World Congress in Helsinki in 2014.

Pamela Rowntree Councillor for Australia

NEW ZEALAND



The New Zealand Institute of Medical Radiation Technology (NZIMRT) was delighted to have the opportunity to welcome Maria

Law, Vice President Asia / Australia to our Annual Conference, held in Hamilton in August. Maria met with the NZIMRT Board of Directors (BOD) and discussed some of the recent ISSRT projects including providing information about the ISRRT Research Award. Maria delivered a presentation to conference delegates titled 'The Role of ISSRT in Global Accreditation of Radiography Education' which generated some discussion.

The focus for the conference was "Innovation through Ingenuity" with many of the presentations looking at new ideas and ways of achieving improved results for patients. The 2013 Annual General Meeting (AGM) was held during the conference and the membership approved the new Rules for the organisation, bringing them into line with the new organisational structure. Lee Wilson handed the President's Chain to Jill McConnachie from Southland and the BOD look forward to another busy year.

Delia Dephoff, as a Trustee for the World Radiography Education Trust Fund (WRETF) spoke about the work of the Trust, the twinning programme and the new scholarship programme being offered by WRETF.

The NZIMRT have decided to focus World Radiography Day celebrations on work that is being performed in the Pacific Islands. Beryl Kelly, Charge Radiographer at Middlemore Hospital, Counties Manukau Health has recently been involved in a New Zealand (NZ) Aid project in Kiribati Island, establishing an x-ray facility at the Marine Training Centre. NZ Aid have agreed that time is also able to be spent offering oversight to the Radiology Department at the main Hospital in Kiribati. Beryl is working with the Senior Radiographer and Hospital management on a business plan to ensure the on-going replacement

and updating of equipment. Beryl is also working with the x-ray staff introducing a local radiography training programme. Much of the support for this work is being funded by the World Health Organisation (WHO). The NZIMRT is encouraging radiographers throughout NZ to do some fundraising on World Radiography Day to support the establishment of the Kiribati training programme.

The NZIMRT are delighted to be able to continue to support the ISRRT Travel Fund, with the Board agreeing to donate \$2500.00 towards funding overseas radiographers to attend the World Congress in Helsinki, Finland.

On behalf of the NZIMRT I would like to extend best wishes to colleagues around the world as we approach the beginning of a new year.

Please visit the NZIMRT website for further information www.nzimrt.co.nz **Kathy Colgan**

ISRRT Council Member

THE AMERICA'S AMERICA



ASRT Grand Opening Celebration The American Society of

Radiologic Technologists welcomed more than 600 people to its office in Albuquerque on June 14, 2013, to celebrate its 30th anniversary in the city and open the doors to its new 30,000-square-foot expansion and renovation.

The expansion provides the association with space and amenities to accommodate its steady growth and expand programs for members. In addition to office and meeting space, the building features a state-of-the-art video recording and editing studio that provides ASRT with the tools to produce continuing education courses, webinars, public service announcements and other professional materials.

A highlight of the renovated space will be the 4,400-square-foot museum devoted to collecting, preserving and sharing the radiologic science profession's rich history. The museum will tell the story of ASRT and the radiologic technology profession through interactive displays, research archives and educational exhibits. The museum will open in 2015.



ASRT Membership Update

As of August 2013, ASRT's total membership stood at 151,318. The association's net annual growth rate is about 3.46 percent and its net annual retention rate is about 87.43 percent.

ASRT Donates \$10,000 for Disaster Recovery Efforts

The American Society of Radiologic Technologists donated \$10,000 to the American Red Cross to assist with disaster relief efforts in central Oklahoma following tornadoes there on May 19-20, 2013. The ASRT made the donation on behalf of its 151,000 members.

Upcoming Events

Join radiation therapists and medical dosimetrists in the heart of Atlanta for the 37th ASRT Radiation Therapy Conference, Sept. 22-24, 2013. Held in conjunction with the American Society for Radiation Oncology and the Society for Radiation Oncology Administrators meetings, the Radiation Therapy Conference includes direct access to the ASTRO exhibit hall. The conference offers an exclusive opportunity to learn from highly trusted sources and network with oncology professionals from around the world.

Following the Radiation Therapy
Conference, radiologic technologists will
travel to ASRT@RSNA in Chicago, Dec.
1-6, 2013. ASRT@RSNA is part of the
Radiological Society of North America's
scientific and educational meeting for the
radiologic sciences. For four years, the
ASRT and RSNA have featured ASRT@
RSNA, a popular one-and-a-half-day
program with education specifically targeted
to radiologic technologists and radiation
therapists.

Nearly 55,000 radiologists, radiologic technologists, radiation therapists, nurses

and other radiology professionals from around the world show up in Chicago each year for RSNA to learn from the world's leading radiology experts, view cutting-edge technology, connect with peers and see the latest research on medical imaging.

New Continuing Education Products Available in 2013

As part of ASRT's ongoing efforts to provide radiologic technologists with continuing education products focusing on different disciplines and specialties, the association launched several new products this year.

Essentials of Digital Imaging consist of seven modules for medical imaging professionals and students. Featuring seven modules, the interactive series provides medical imaging professionals and students with a comprehensive overview of the fundamentals of digital imaging. It includes easy-to-understand animations, videos and a collection of images that reveal the dynamics of producing, analyzing and storing a digital image.

Research and Writing Essentials features seven modules for imaging professionals interested in improving their writing for conducting medical research or increasing their chances of getting articles published in medical journals. Allied health educators also can use the information in the modules to help students improve their writing skills.

ASRT Foundation Update

The ASRT Education and Research Foundation changed its name to the ASRT Foundation earlier this year to better align with its mission and programs. A new logo has been created and is expected to be used officially beginning October 2013.

Last year, in conjunction with RAD-AID International, the ASRT Foundation launched its R.T. Fellowship Program for Developing countries to create additional opportunities for ASRT members to share their expertise and knowledge with medical imaging personnel around the world. To date, almost a dozen fellowship recipients have volunteered their time in developing countries such as India, Haiti, Kenya, Ghana and Malawi.

This year, the ASRT Foundation also established a new scholarship program for R.T.s who want to return to school to earn their first college degree. Twenty R.T.s received the Parsons Degree Achievement Scholarship in 2013, in addition to 51 other students and professionals who earned a scholarship award. All scholarship recipients were selected based on evidence of commitment, leadership, achievement and financial need, and represent the best and brightest technologists in the profession.

For more information about the Foundation's scholarships, awards and programs, please visit www.asrtfoundation. org.

2013 ASRT Annual Governance and House of Delegate Meeting

The 2013 ASRT Annual Governance and House of Delegate meeting took place June 14-16, 2013, in Albuquerque, N.M. More than 150 delegates attended the meeting to vote on issues important to the ASRT and the radiologic technology profession.

In addition to the annual governance meeting, the association hosted the ASRT Educational Symposium on June 13. The Symposium provided a full day of continuing education for radiologic technologists and radiologic technology students. It featured three educational tracks focused on computed tomography, management and general education. In addition, the Symposium included courses exclusively for students. Attendees had the opportunity to earn up to 6 continuing education credits in one day.

As part of the Symposium and annual governance meeting, ASRT hosted the Student Leadership Development Program. Sixty radiologic technology students from around the United States traveled to Albuquerque to attend the Symposium and get a firsthand look at the ASRT House of Delegates activities.

Visit www.asrt.org/events-and-conferences to learn more about ASRT's upcoming events and conferences, and http://www.asrt.org/events-and-conferences/student-leadership-development-program for information about the Student Leadership Development Program.

CANADA



After hosting the successful 2013 CAMRT Conference and Annual General Meeting in picturesque St John's, NL, the CAMRT Conference moves out west to

Edmonton, Alberta for 2014. The dates for next year's event will be May 29 to June 1, 2014. If you are interested in submitting an abstract for the 2014 conference the deadline for submissions is October 16th, 2013.

For more information please see the link www.camrt.ca/conferences/

The CAMRT is moving forward on a number of key initiatives related to MRT practice, namely the CAMRT Best Practice Guidelines, Advanced Practice Framework and a new Description of Practice.

Best Practice Guidelines

The CAMRT Best Practice Guidelines are an evidence based resource that encourages individuals to strive for excellence in their profession. Currently there are 50+ guidelines available online that relate to all areas of MRT practices. A new batch of guidelines will be added to the website sometime in October ww2.camrt.ca/bpg/

Advanced Practice Framework

The CAMRT is in the process of developing an Advanced Practice Framework that will define and elaborate on the important aspects of advanced practice such as the educational requirements, expand on roles and responsibilities suited for advanced practice, now and into the future, and discuss some of the core competencies associated with advanced practitioners themselves. It is hoped the extended definition provided in the framework will promote consistency and understanding for the stakeholders going forward that can be applied in the development of educational programs, in the creation of advanced practice opportunities and roles, and in the shaping of government position statements across Canada. The anticipated date of publication of The Advance Practice Framework is October 2013.

Description of Practice

The CAMRT is currently in the process of developing a Description of Practice document to replace its current scope and standards of practice documents. The main objectives of this project is to better align the description of the profession

with current practice, regulatory status and other CAMRT documents, such as the Best Practice Guidelines. The document will highlight the professional attributes that MRTs aspire to within the workplace.

Mark Given

AFRICA

MALAWI

In November 2012 a colleague from the University of Johannesburg, Tracey Pieterse and myself ran a workshop on Quality Assurance and Pattern Recognition with limited Image Interpretation of plain films of the skeletal system, chest and abdomen. We were co-hosted by the Ministry of Health and the radiographer in the Ministry, Clara Chavula organized the logistics in Malawi. The ISRRT extends a warm word of thanks to Clara, Mr Reuben Mwenda, Dr K. Kamoto and Dr C. Mwansambo, for their cooperation, support and hospitality during our stay in Lilongwe.

Thirty three radiographers from all over the country attended the workshop. The Ministry of Health sponsored these radiographers in terms of travel and accommodation, which the ISRRT really appreciates as it is sometimes difficult for radiographers to attend if they are not sponsored.

Day one and two were divided into two sessions. The first session of each day introduced the participants to QA principles and the theory of Quality Control (QC) tests which were presented by Tracey. The second session of each day was followed by my presentations on normal and abnormal appearances of images of plain films using a checklist system designed by Jenny. The participants were given copies of the presentations.

The groups were then divided into two groups. Each group, according to a roster, was able to participate in hands on workshops on the following QC tests: testing intensifying screens, identifying expiry dates of films and storage thereof, darkroom test, use of a sensitometer and



The group who attended the Malawi workshop. Dr Mwenda next to Jenny and Clara Chavula who is next to Dr Mwenda.



Tracey Pieterse, left, with two of the participants in Malawi and Jenny Motto.

densitometer; producing sensitometric strips, processor control; alignment of central ray and light beam diaphragms; test for light beam alignment, to name a few. Commercially available test tools were used as well as locally available tools e.g paper clips, coins as commercial test tools are not freely available in Malawi. Thank you to the University of Johannesburg for allowing us to take the commercial test tools to Malawi.

In the other sessions each group had a chance to look at films (hard copies) of the chest, skeletal system and abdomen. At each workshop they were asked to write down what they saw on the films, they worked in pairs and had numerous discussions on their interpretation of the films. At the end of each session Jenny went over each film so that participants could check their answers and ask questions. These were very lively discussions. It became very apparent that radiographers in Malawi have almost no radiological support. There was only one radiologist for the whole of Malawi's government hospitals. There are registrars currently training in South Africa, which should alleviate the situation in time.

The most needed skill is to be able to accurately identify pathology of the chest. The need to have a workshop just on the chest was highlighted by the Ministry.

The enthusiasm and appreciation for these workshops shown by the participants is so humbling for us, the facilitators. I never cease to be amazed at their desire to learn more. This is what makes offering such workshops so enjoyable; I only wish we, as the ISRRT, had the resources to go back to each country more regularly. To date we have run workshops in Tanzania, Ghana, Uganda, Malawi and Zambia, all have asked for us to come back soon.

Jenny Motto ISRRT Regional coordinator for Education in Africa

ZAMBIA



In June this year the ISRRT hosted a workshop on Image Interpretation in Lusaka, Zambia. This workshop was very well

attended and we had over fifty delegates. The Radiological Society of Zambia (the Society to which radiographers and medical physicists belong) co-hosted and sponsored some of the financial aspects



The Zambian Group.

of the workshop. The ISRRT is grateful to Mercy Nachalwe and the EXCO of the Society for all their hard work in organising the logistics of the workshop. Thank you to the Ministry of Health who sponsored many of the delegates, thus making it possible for radiographers working outside of Lusaka to attend. To the Cancer Hospital's management for providing the venue, thank you.

The workshop ran over five days. The sessions were divided into presentations using the CD produced by Dr Ian Cowan; Zambian case studies that Dr Rodney Strahan compiled while he was in Zambia; practical sessions looking at hard copies of plain films of the chest, musculoskeletal system and abdomen and quizzes using digital images. Jenny supervised the practical sessions on hard copy films.

The programme was very full and at times we felt that too much was being packed into the time available. This, however, did not detract from the information the participants gained. We also realised that the radiographers needed pattern recognition skills before they entered into the realm of image interpretation as at present their curriculum does not cover this aspect. Zambia also has very few radiologists so the opinion of the radiographers is often sought. The new curriculum that has been developed will incorporate pattern recognition and limited image interpretation, as it is sorely needed in view of the shortage of radiologists especially outside Lusaka, the capital.

Each time we offer these workshops we as facilitators realize that we could do certain things differently and as a result tailor the workshops accordingly. The ISRRT is extremely grateful to Dr Cowan for all the work he has put into



Dr Ian Cowan using the CD on Image Interpretation.

developing the Image Interpretation CD and for the time he gives up to facilitate these workshops. Dr Strahan works in the Northern region of Zambia for a few months each year and was able to bring examples of pathologies frequently seen in Zambia, which were very valuable and we thank him for this.

As always we are always asked, "when can you come back and do a more intensive workshop on the chest", this being the most difficult image to interpret.

A report is not complete until the participants are acknowledged for their participation and enthusiasm. A week, being quizzed on images, is hard work and we thank you for participating.

Jenny Motto ISRRT Regional coordinator for Education in Africa

EUROPE

UNITED KINGDOM



The President of the Society and College of Radiographers for 2013/14 is Pam Black. Pam, a Radiology Service Manager form Liverpool, was inaugurated at a ceremony at our offices in London on July 6. Pam's

father, Leonard Norcross was a Society of Radiographers Council member in the past and was present at the inauguration. (Pictured below).

SCoR is working in partnership with the Royal College of Radiologists (RCR) and the Institute of Physics and Engineering in Medicine (IPEM) on two new boards set up to provide professional policy and strategic leadership for radiation therapy services and for diagnostic imaging services. These important new boards seek to replicate at national level the close partnership working that takes place in departments and to provide leadership for the development of services in both of our specialities.

March 2014 sees a significant change at the SCoR as Professor Audrey Paterson retires as Director of Professional Policy. We will provide some further news about Audrey in the next edition of the ISRRT Newsletter. In the meantime, the process to find and recruit a successor in this vital position will be taking place in November and December. The post will be advertised

in the November edition of Synergy News and on the SoR website www.sor.org .

Following enquiries from radiographers throughout the developing world, we are glad to announce that the SCoR monthly practice journal Imaging and Therapy Practice will soon be available on-line through the HINARI. Our peer-reviewed journal Radiography has been accessible free of charge through HINARI for several years. The content of Imaging and Therapy Practice is intended to be practical and related to day to day issues in clinical imaging and radiotherapy. It is a significant benefit of membership of SCoR and is always available on-line for overseas members. Access through HINARI will provide the content to radiographers working in the developing world. We are thankful to our publishers and website providers, the Deeson Group (www.deeson. co.uk/) for their hard work and support in making this happen. Deesons generously halved the costs of the work as a donation to radiographers around the world. For any enquires about this, please contact Richard Evans at richarde@sor.org.

Of the new policies and guidance documents published recently, the most significant are the code of Professional Conduct: www.sor.org/learning/document-library/code-professional-conduct and the updated scope of practice for radiographers: www.sor.org/learning/document-library/scope-practice-2013.

At the UK Radiology Congress this year, Professor Audrey Paterson delivered the Stanley Melville Memorial Lecture on "Can radiography survive the next decade?"

Audrey warned delegates that great opportunities were coming but, unless they were grasped enthusiastically, there was a danger that other health and medical practitioners will grab the openings that they present.

Against a backdrop of increasing personalised medicine, tailored to the needs of the individual and their condition, the challenges brought about by genomics, nanotechnology and computing power will, according to one commentator, be a normal part of healthcare by 2020.

To ensure that radiography and radiographers have a future, Audrey suggested that the profession must recognise the impact of personalised medicine; embrace molecular imaging and theranostics explicitly within the scope of practice; engage with the wider scientific and medical community on the developments; evolve in-depth understanding of implications for the role of the radiographer; and publish and promote a position paper.

She raised two possible courses of events: first, that the profession's scope of practice would become vast as the 'old' was retained and the 'new' was embraced. Radiographers would become fully embedded in molecular imaging. The second was that the profession would contract to serve a diminishing need for anatomical imaging, whilst molecular would become embedded in the healthcare sciences.

"Whatever happens," she remarked, "the explosion in the growth of molecular imaging will lead to massive development and change ahead. Radiographer roles will still be relevant, regardless of which scenario develops.

"Radiographers are the 'best fit' to be the molecular imaging workforce but, to ensure that this happens, education and training must change, and start to change now." See an interview with Audrey about her lecture here: www.youtube.com/watch?v=FHV4OfiyI6M#t=39



memberships

> Membership

Full membership of societies is open to national societies of radiographers or radiological technologists with similar objectives to the ISRRT. These are: "to advance the science and practice of radiography and allied sciences by the promotion of improved standards of education and research in the technical aspects of radiation medicine and protection".

> Corporate Membership

Corporate membership is open to all organisations wishing to support the work of the ISRRT and who would otherwise not be eligible for full membership. This includes commercial companies, regional or local professional organisations, governments, hospitals, universities and colleges. Corporate members receive certain benefits including preferred space at ISRRT organised technical exhibitions, priority opportunity to participate in ISRRT sponsored educational activities, preferential advertising opportunities in ISRRT publications and official recognition in the ISRRT Newsletter. In addition, hospitals, universities and professional associations can apply to host ISRRT organised seminars and workshops.

Details of Corporate membership are available from the Secretary General. We express our appreciation for the continued support of our Corporate members and invite other industry and professional leaders to offer their support to the advancement of international radiation medicine. Current Corporate members are:

- ELEKTA
- GE Healthcare Medical Diagnostics
- Philips Healthcare
- Bracco Suisse SA
- Wardray Premise Limited
- Durban College of Technology

Associate Membership

Associate membership provides the opportunity for individual radiographers to learn more of the activities of the ISRRT. they do this by receiving a copy of the Newsletter that contains reports on all ISRRT activities and upcoming events. Associate members also receive advance notice of Conferences and Congresses and receive a small rebate on registration fees at these ISRRT meetings. in addition many of our member societies allow ISRRT Associate Members to register for their national conferences at the same preferred members rate if they reside outside the country of the Conference.

Application for Associate Membership Please complete in block letters and return to: Secretary General, 143 Bryn Pinwydden, Pentwyn, Cardiff, Wales CF23 7DG, United Kingdom			
Title (please tick)	Mr Mrs Ms	☐ Miss ☐ Dr ☐ Ot	her
Family Name(s):			
Given Name(s)			
Address:			
I wis	h to support the wo	rk and objectives of the	ISRRT and
	hereby apply fo	or Associate Membersh	p
I enclose payment of	:		
Euro	Pounds Sterling		Canadian Dollars
			1 year \$13.00 Cdn
■ 3 years 28 Euro	■ 3 years £16.00	☐ 3 years \$28.00 US	☐ 3 years \$36.00 Cdn
Signature		Date	
My specialty is (pleas	se tick one or more):		
Imaging Tr	nerapy 🖵 Nuclea	ar Medicine 🖵 Educati	on 🔲 Management
I am a member of my national society which is:			
Please m	ake payment by cheque,	bank draft or money order, pa	ayable to "ISRRT".

	ISRRT Development Fund and include a donation in the amount of:	
	World Radiography Educational Trust Fund and include a donation in the amount of:	0
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Mr 143 Per	nations to Secretary General ISRRT, Alexander Yule 3 Bryn Pinwydden ntwyn, Cardiff Wales CF23 7DG ted Kingdom	

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