



ISRRRT
INTERNATIONAL
SOCIETY OF
RADIOGRAPHERS
& RADIOLOGICAL
TECHNOLOGISTS

news & views

from around the world

AUGUST 2016

The Official Publication of the ISRRRT



19th ISRRRT WORLD CONGRESS

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ISSN NO. 1027-0671



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The ISRRRT is registered as a charity in the United Kingdom: Registration No. 27 6218.

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Remember to e-mail your news before the deadline to:

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Deadline for the three times a year issues are:

March 1 (April issue)

July 1 (August issue)

November 1 (December issue)

All material must be sent electronically.

Advertisements and images to be sent as high resolution PDF, TIFF, EPS, JPEG files.

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

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

Advertisements/Secretariat

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

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The ISRTT Newsletter reaches 72 countries, 4500 associate members, libraries and schools of radiography, government bodies and professional societies.

The following are costs for colour advertising as at January 2015.

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Dr Fozy Peer
President,
International Society of Radiographers and
Radiological Technologists

President's message

On behalf of the Board of Management of the ISRRT, I would like to ask you to spend a few minutes in recognition of all those colleagues that have passed on and in respect of the many tragedies that have occurred world-wide. We remember in particular, two great leaders and past presidents of the ISRRT; Dr Philip Akpan from Nigeria and Dr Minoru Nakamura from Japan who passed away during this past year.

I am pleased to report that Dimitris Katsifarakis has been appointed to provide the CEO support services for the ISRRT. He was appointed at an interview held in May 2016. The ISRRT selection committee was thanked for the smooth, transparent and democratic process in which the appointment process was convened. Mr Katsifarakis will assume duty as of 1 January 2017. Meetings are being held with the SCoR to finalise the memorandum of agreement for the provision of the administrative support. The address of the ISRRT will be changed to that of the SCoR. These are the initial steps related to change in the ISRRT governance model related to structure and process as identified as an area of concern on the recent surveys undertaken for strategic planning purposes.

In keeping with the strategic initiative, 'collaborate when policy makers require information on the profession' as related to the strategic goal, 'advocate for the profession', the ISRRT was invited to and provided input to the 'WHO: Commission on Health Employment and Economic Growth'.

In March 2016, the United Nations Secretary-General announced the appointment of a Commission on Health Employment and Economic Growth. The Sustainable Development Goals (SDGs) set an ambitious agenda to improve the lives of all, including through improved health and prosperity where health workers and health employment reside at the heart of the SDG agenda. The Commission was charged with proposing actions to guide the creation of health and social sector jobs as a means to advance inclusive economic growth, paying specific consideration to the needs of low and middle income countries. The Commission had to present multi-sectoral responses to ensure that investments in health employment generate benefits across the SDGs. The Commission had to recommend multi-sector responses and institutional reforms to develop over the next 15 years health human resources capacity for achieving SDGs and progress towards universal health coverage. The ISRRT was privileged to be requested and hence contributed input on '**the radiography task force – looking ahead**' to the high level commission on health employment and economic growth. Due to the limitation on words we responded to 3 major questions, namely;

1. How can **education and training models be transformed** to build a fit for purpose health workforce?
2. What are the **conditions needed for investment** in employment in the health and social sector to achieve Universal Health Coverage and produce inclusive economic growth, particularly for women and youth?
3. What are innovative ways of effectively and efficiently **financing health workforce investments** towards achieving the Sustainable Development Goals?

Donna Newman on behalf of the ISRRT spent many hours providing input and reviewing the WHO publication on 'Communicating Radiation Risks in Paediatric Imaging - Information to support healthcare discussion about benefit and risk'. The book was launched earlier this year and is available as a free download.

During March 2016, Donna Newman and Stewart Whitley reviewed the WHO document on 'Priority Medical Devices for Cancer'. They have now been requested to submit comments on the final revision by 15 July 2016.

As the global body representing radiographers, the ISRRT is often invited by other international organisations to provide input and guidance on radiographic issues. The ISRRT and the International Radiation Protection Association (IRPA) signed a memorandum of understanding (MoU) recognising that both organisations complement each other in promoting the safe use of radiation and to enhance the cooperation between both organisations in promoting high standards and ethics in radiation protection. We recognise IRPA as a valuable stakeholder as regards radiation protection of the patient, the public and the radiation health care professional. In our (ISRRT) view the imaging team comprises, the Radiographer, the Radiologist and the Medical Physicist – no one of us should be working independently. Hence it is essential that the organisations like the ISRRT, and IRPA, representing these health professionals, work together.

The ISRRT was invited to join the IRPA 50th anniversary celebrations at the 2016 IRPA Congress held from 9-13 May 2016 in Cape Town. Napapong Pongnapong represented

President's message



Mr Ahmed Meghifene, (IAEA Section Head DMRP), Sandy Yule, Fozy Peer, Harry Delis, (IAEA - Dosimetry and Medical Radiation Physics Section).

the ISRTT where amongst other meetings he was involved with the promotion of the 'Bonn Call for Action' signifying the important role of radiographers and radiological technologists to continue with the safe and effective use of radiation in medicine.

Sandy Yule and I met with representatives from the International Atomic Energy Agency (IAEA) where the ISRTT and IAEA agreed to work together on webinars related to radiation protection.

The ISRTT was represented by Dimitris Katsafarakis at the technical meeting on 'justification of medical exposures and the use of the appropriateness criteria' hosted by the IAEA in Vienna from 7-9 March 2016.

Dimitris also represented the ISRTT at the Heads of European Radiological Protection Competent Authorities (HERCA) meeting on the 'justification of medical exposures'.

Stewart Whitley and Dimitris attended the IAEA 'Workshop for the Development of Harmonized QC protocols for Diagnostic Radiology' from 11-14 April 2016 in Vienna.

The ISRTT has endorsed the IAEA workshop on 'Developing a quality framework to enhance patient care in diagnostic radiology' to be held in October 2016. Napapong Pongnapong will represent the ISRTT at this workshop.

Dimitris will represent the ISRTT at the 1st European Congress of Medical Physics, from 1-4 September 2016 in Athens. The EFOMP-ISRTT joint Session, namely, 'Radiographers' input for improving a safety culture for medical Imaging and therapeutic procedures' will be held on 2 September 2016.

Board members have been actively working on the initiatives identified at the strategic planning meeting held in January 2016. The strategic goals identified are:

- Collaborate to develop and promote international standards
- Empower societies
- Advocate for the profession with the underlying foundation principles of communication and governance.

An update on the strategic plan will be made at the pre-council meeting in Seoul in October 2016.

At the last Council meeting certain amendments were proposed to the statutes. The motions proposed by the working party elected at the last Council meeting will be circulated to all member countries for consideration and will be on the next Council agenda in Seoul for discussion and voting.

The congress committee of the 19th ISRTT World Congress in Seoul, South Korea from 20-22 October 2016 is working tirelessly to ensure not only will the delegates enjoy an academically stimulating congress but also a fantastic social program. See you in Seoul!

Dr Fozy Peer
President, ISRTT



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Optimisation de la Radioprotection et sécurité des Patients



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Dr Alexander Yule
CEO

Chief Executive Officer report

First of all I would like to formally announce that I will be retiring as CEO of the ISRRT on 31 December 2016. I have been CEO since 2002 having been appointed during the World Congress in Holland. I have enjoyed every year in my post and in particular the countless friends I have made over the years.

Being the CEO of such a great organisation has been a tremendous honour and the voluntary work done by all those concerned is to be commended. Without these volunteers the ISRRT could not survive and I am sure that this support will be continued in the future.

I would in particular wish to thank my wife and family for all their support and also the Presidents and Boards during the 14 years I have been in post. There have been many highlights during my time in CEO but one of the best was the recognition of the ISRRT for the work done by my wife Alison by awarding her Honorary Membership of the ISRRT and the Silver Pin.

I have one more newsletter to contribute to but would like now to wish the ISRRT Board, members and the new CEO Support Services, Mr Dimitris Katsifarakis, every good wish for the future. Dimitris has been a close friend of mine for many years and I am sure that he will do an excellent job.

I attended the United Kingdom Congress of Radiology (UKRC) in June in Liverpool. Once again the ISRRT had a complimentary booth there and I would like to thank the organisers for their continuing support. Attending this conference gives us the opportunity of meeting with registrants and companies both at the booth and during conference.

The ISRRT is very proud to be associated with the competition DoseWise Radiographer of the Year which is held in conjunction with Philips Medical and the ISRRT are delighted



Above: President Michael Ward presenting Alison Yule with the Honorary Membership of the ISRRT.

Below and right: ISRRT Platinum Sponsors ELEKTA and Virtual.



to announce that the competition will again be held during 2016. The DoseWise Radiographer of the Year Award was founded in 2010 by Philips and the ISRRT in recognition of the essential role radiographers and radiological technologists play in the safe delivery of the best clinical care to patients. The award recognises excellence in maximising patient and clinical safety by managing medical radiation in the X-ray environment. Philips and the ISRRT are committed to working together to promote the "As Low



Sandy Yule, Stewart Whitley, and Steve Herring, President Elect Society and College of Radiographers.



Sumbo Eyedele Nigeria, Sandy Yule, Opeoluwa Oduwole Nigeria, Alison Yule.



Above: 14 Past Presidents of SCoR.

Bottom left: Sandy Yule, Past President of SCoR, Steve Herring, President of SCoR.

Bottom middle: Sandy Yule congratulates Professor Andy Beavis, Consultant Clinical Scientist and the Head of Radiation Physics at the Queen's Centre for Oncology and Haematology in Hull, on his award of SCoR Silver Medal.

Bottom right: Sandy Yule, Gareth Thomas, SCoR President Elect, Sue Webb SCoR Vice President.

As Reasonably Achievable" (ALARA) principle to ensure that radiographers and radiological technologists, in both developed and developing countries play their essential role in the safe delivery of the best clinical care to patients.

The website with details of the competition will be available in July and the 2016 contest will be open for 2.5 months. The award will involve a trip to the RSNA, Chicago in November 2016 and a presentation to Philips management.

In the first week of July I attended the inauguration of the President of the Society and College of Radiographers in London. This is a very pleasant event which is attended by many organisations and individuals. The College are great supporters of the ISRRRT and I took the opportunity to pass on the good wishes of the ISRRRT Board and Council to the new President.

During October of course the ISRRRT World Congress will take place in Seoul in South Korea and a full report will be given in the next edition of the newsletter. Prior to the Congress Board and Council meetings will be held.

The week of 8th November once again saw the celebration of World Radiography Day and a number of events took place all over the world. Congratulations are due to all countries who participated in the International Day and records of these events will be found on their many websites.

Once again I would like to thank the Board and all others who have helped me throughout 2016 and wish everyone a very good and fruitful future.

Dr Alexander Yule





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My story in the circle of ISRRT so far ...

In 1985, during the 1st Radio-technology Conference in Athens, Miss Marion Frank was an invited speaker and I had the honor and opportunity to meet her as the President of our Society in Greece. Marion informed us about the ISRRT, inviting us to become members. She promoted the ISRRT as a non-governmental, non-Political, non-Rational and Democratic in structure and procedures Society.

During the ISRRT world congress in 1989 held in Paris, Greece was officially accepted as a member of the ISRRT, and I was appointed Council member for the Pan-Hellenic Society.

It was my first time and I participated as an observer at the General Assembly. During the assembly an important issue was discussed: It was the time that a Council decision was made for the change of the “T” letter of the ISRRT. It was changed from “T”echnicians to “T”echnologists. I still recall my short intervention, arguing for the latter: as the term “Techno-logist” is of Greek-origin, I said, I alleged that the “logist” refers to “logos”: which means mind. A techno-logist is the professional who makes choices on the use of the equipment through ones mind and the underpinning knowledge to serve the patient. A technician is a person who merely performs simple technical manipulations under strict instructions. The vote was 75/25 in favor of the “Technologists”.

Two years later, the Panhellenic Society hosted the ISRRT’s 9th International Teacher Seminar in Itsea, Greece where I chaired the local organising committee.

What an experience! Now-a-days, it seems impossible for such an event to be organised without emails, mobile phones, and internet facilities for participants from 35 countries.

And yes, it was a success.

In 1992, the ISRRT’s World Congress was held in Vienna, at the Hoffburg palace. What an experience for me to participate in the flag ceremony, holding the flag of my country.

One year later (1993) the European Society of Radiology (ESR) invited the ISRRT to participate in the ECR’93, by setting up its own scientific subcommittee: “Radiographers”.

The scientific sub-committee was set up under the chair of one of the great professional figures of our profession, Mrs Adrienne Finch. The European Region of the ISRRT worked hard and established good educational and scientific sessions during ECRs year by year. I was a member of the sub-committee for more than 10 years, and I had the honor to Chair the scientific committee of “Radiographers” in 2008.

When Marion broadened my way of thinking to accommodate for the cultural differences as a chance and opportunity for progress, I began to feel my belonging to the profession. Adrienne taught me to go deeper into the causes, to seek the origin of the problem and to speak only using arguments avoiding beliefs.

Another important experience for me was my involvement during European Union’s negotiations and workshops for the preparation of the well-known European Union’s Radiation Protection Directive(s).

In 1999, I was appointed by the Secretary General (the former title of the CEO), Mr Terry West to accompany the Vice-President Europe Africa, Mrs Mary Lavegrove, to the Luxembourg meeting organised by the European Union to represent the Radiography profession during the preparation of the Rad. Protection 97/43EURATOM Directive.

Once again, another valuable experience, to be involved, to confer and defend our profession in such high level meetings with the European Union authorities. I intentionally use the phrase “to defend” because at that time, opinions by other professions intended the radiography profession to stay as it was, despite the educational and technological evolution of the times. There were 3 annual meetings on this subject and I was asked to accompany the Vice president Europe-Africa to them.

Some years later, in 2005 the Vice president Europe Africa, Mrs Niru Kolmanskog asked me to represent the European Region of the ISRRT to the newly formulated EMAN-ALARA network, a consortium of Regulatory Bodies for radiation protection in Europe and two Professional societies, the ISRRT and the EFOMP.

It was a real experience to participate in discussions with the directors of Nuclear Reactors and medical physicists and to describe the role of the radiographer in radiation protection of the public (Patients and families are members of the Public).

A rather critical moment for me was the year 2006, particularly, the elections for the Board in Denver. Although, I considered myself as the most preferred candidate for the upcoming Vice-Presidency Europe-Africa, I was overpowered during the elections. I confess that it was an unpleasant moment which lasted a few hours.

I clearly recollect the friendly response by President, Mr Robert George, who posed the question with the CEO, Dr Sandy Yule: “Are you still with us?”

I immediately replied without second thoughts: “Yes, I am! I always am.”

I continued with the same passion my involvement into the ISRRT affairs, particularly in the European region. I was lucky enough to gain the trust of the President Mr Robert George, and the CEO Dr Sandy Yule, and certainly of my colleagues. When some problems knocked the European door of the ISRRT, leaving us without a Vice President, I was asked to represent the Society in important meetings with European authorities and other professional organisations. Hence, I represented the ISRRT at the IAEA and the 1st International Conference for Radiation Protection for the first time.

The year 2010, I was elected as Regional Director Europe. I had the chance to collaborate with brilliant and complete personalities and colleagues from the Board. They relied on me to represent the ISRRT at numerous meetings with the IAEA, the WHO, the HERCA, and to speak on behalf of the ISRRT during Scientific Congresses.

Finally, I was a candidate for the position of the next CEO, and was unanimously chosen. As I am writing these lines my mailbox is flooded by emotional and warm messages from colleagues around the world, members of the great ISRRT family, congratulating me.

To those personalities who shaped me with their personal behavior and professional values, and to those friends who expect that I will steer the ISRRT for the upcoming years, I promise that I will do all my best by walking the path they have opened for us. With my very best regards.

Dimitris Katsifarakis



Dr Minoru Nakamura

obituary

Dr Minoru Nakamura

1927 – 2016

Dr Minoru Nakamura passed away peacefully at the age of 89 years on May 7, 2016 in Suzuka, Mie Prefecture Hospital.

He was the President for the ISRRT 1994 to 1997 and was the Japan Radiological Technologists (now the Japan Association of Radiological Technologists) Honorary Chairman.



Obong Effiong Philip Akpan laid to rest

Report by [Elizabeth Balogun](#), Chief Radiographer, NOHIL Lagos

It was reported in the last issue of the *ISRRT News & Views* newsletter that Dr Obong Effiong Philip Akpan recently passed away. He was the first African President of ISRRT and was laid to rest on April 22, 2016 at Akwa Ibom state, Southern Nigeria.

Right: Folding the ARN flag before handing over to the family is Mr CL Abara a past president of the Association of Radiographers of Nigeria while watching is our amiable president Dr Mark Okeji, Elizabeth Balogun (obscured) and Prof KK Agwu (First professor of Radiography in Nigeria).



Below left: The cub bearers bearing the coffin

Below right: A group photograph of radiographers in attendance.



Association of Educators in Imaging and Radiologic Sciences

www.aeirs.org

Rebecca Ludwig, Ph.D., FAEIRS, FASRT



As I mentioned previously, Annual Meeting preparations for the 50th anniversary of AEIRS, to be held July 13-14, 2017 in Saint Louis, Missouri, USA are well underway. We look forward to an outstanding event in honor of this milestone. More information will be available soon at www.aeirs.org

Typically the issues in the imaging disciplines are universal. Dr Laura Aaron touch on something I think you would enjoy, so I am sharing an excerpt from her editorial article in the recent issue of *Radiologic Science and Education*, Vol. 21 No 1 entitled "Our Passion for the Profession":

"Educators in the radiologic sciences are dedicated individuals who work hard to help students become professionals. Each student comes with a different set of challenges that must be addressed to develop the skills, attitudes, and behaviors that are needed for success in the imaging and radiologic sciences. I often witness the countless hours of preparation and reflection that faculty commit to preparing for their students. Educators are constantly working to find new ways to help students overcome the struggles they face. Their passion for their work is evident in the time spent working with and caring about the students in their programs."

"One of the things that always strikes me as I work with authors of the manuscripts published in the journal is the passion that each of them has to improve our profession. The research that is conducted and issues raised by the authors always have one common theme: a tireless effort to pursue excellence in the imaging sciences. The articles published in the journal are additional tools that each of us can use in our pursuit of improvement. The research may confirm an idea that we have or offer a new perspective...."

Laura Aaron, Ph.D., R.T.(R)(M)(QM), FASRT, is Professor and the Director of the School of Allied Health at Northwestern State University in Shreveport, Louisiana. She may be contacted at carwilel@nsula.edu.

We are all in the imaging disciplines because we care about humanity and we find our passion in our work. As the world we live in becomes more globally complex and perplexing, we share a common bond to serve the greater good. I believe there is far more good than bad in our universe, and I know you feel that way too. Thank you for helping make the world a better place for all of us.

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My goal is that this resource will give you a strong base of understanding about some fundamental principles of X-ray interpretation, and knowledge about some of the abnormalities that x-rays can show to the trained eye
Dr. Ian Cowan MB.ChB. FRANZCR
Radiologist New Zealand

Radiographer Quotes from feedback following Uganda workshop on Image Interpretation.

All the information on the CD was superb and to me it acted as a reference source for those who do not have other reference books on imaging

Guided me in clinical discussion with General Practitioner for patient better outcomes with good diagnosis and decision making on case management

A comprehensive atlas of X-ray image interpretation.

It will be very useful since it gives the radiographer confidence in providing a documentary opinion on their product.

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1st Edition 2009, 2nd Edition 2013

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Instructions for Windows™ 7: Insert disc then open 'autorun'



Rev James William Ampofo

Rev James William Ampofo

ISRTT Council Member, Ghana

He is the President of the Ghana Society of Radiographers, GSR. He is also a Deputy Chief Radiographer and the Radiography Team Leader of the Advanced Imaging Centre, Korle Bu Teaching Hospital, Accra, Ghana.

He is a diagnostic radiographer who practices in Magnetic Resonance Imaging, Computed Tomography and Medical Ultrasonography.

Rev Ampofo initially trained as a Radiologic Technician at the School of Radiologic Technology in Korle Bu, Accra from 1989-1992. He went on to study radiography at the Instituto Superior de Ciencias Medicas "Victoria de Giron", Havana City, Cuba and graduated with BSc Medical Imaging in July 1997. He combines clinical work with teaching. From 1998 to 2006, at different times, he taught Patient Management, Anatomy and Imaging at the School of Radiologic Technology, now the Department of Radiography of the School of Biomedical and Allied Health Sciences of the University of Ghana. He has been Clinical Instructor in CT (2001 to date) and MRI (2007 to date).

He holds MSc in Medical Ultrasonography from the University of Ghana and also a Postgraduate Certificate Education (PGCE) in Radiation Protection from the School of Nuclear and Allied Sciences of the University of Ghana and the International Atomic Energy Agency.

He has attended several short courses both in Ghana and abroad. Among them a course on Radiation Protection and Management of Radiation Sources, organized by the International Atomic Energy Agency from November 2011 to April 2012 in Accra and an International Training Programme in Radiation Protection, Medical Imaging and Radiotherapy at the Vrije Universiteit Brussels, Belgium, from Aug -Dec 2001.

He is a regular resource person at scientific conferences and workshop for radiographers and student radiographers.

He was the Vice President of the Ghana Society of Radiographers from 2012-2014 after which he was elected the President.

He has written a number of papers and articles on the following subjects: Radiation safety of the pregnant worker in diagnostic radiography, Ultrasound fetal biometry, Clinical application of Magnetic Resonance Imaging, Non-ionic intravascular contrast media and Digital subtraction angiography in the study of dissecting aneurysm.

He is also an ordained minister of the Gospel of Jesus Christ with the Lighthouse Chapel International denomination.

He lives in Accra Ghana with his wife, also a radiographer and four children.



You can become the ISRRT DoseWise Radiographer of the year

You are the first line of defense for radiation dose management. Patients and staff rely on your skills to balance clinical image quality with dose management. We want to celebrate your efforts.

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A panel of experts from ISRRT will judge all cases submissions and will select the single best. The winning radiographer will be provided with airfare and entry to RSNA2016 and the opportunity to present their concept to their peers.

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The value of knowledge sharing cannot be underestimated. Please take a moment to add your unique insights. You may find yourself a winner.

Case submissions will be accepted through to October 21, 2016.

DoseWise is a Philips radiology philosophy consisting of educational tools, protocols, software and hardware.



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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 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:

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as well as in print



From left-right: Ola Holmberg (IAEA), Napapong Pongnapang (ISRRT), Axel Böttger (HERCA) and Renate Czarwinski (IRPA).

2016 International Radiation Protection Association Conference

Cape Town, South Africa

May 9-13, 2016

Report by [Napapong Pongnapang](#), Vice President for Asia/Australia

Dr Pongnapang represented the ISRRT by attending a Panel session on “International Response to Bonn Call-for-Action” during the 14th International Radiation Protection Association Conference (IRPA) in Cape Town, South Africa. Members of the panel included representatives from WHO, IAEA, IRPA, HERCA, NCRP and ISRRT. Dr Pongnapang presented the ISRRT initiatives in response to the Bonn Call-for-Action regarding roles of radiographers in justification and optimisation of medical exposure, education of radiation protection and promotion of strategic research agenda for radiation protection in medicine. The ISRRT action plan to the Bonn Call-for-Action was also promoted signifying the important role of radiographers and radiological technologists to continue positively to safe and effective use of radiation in medicine.

For the special occasion of celebrating 50th anniversary of the International Radiation Protection Association (IRPA). The ISRRT also represented on the congratulatory panel and President Fozy Peer also sent a congratulatory speech to the IRPA. The collaboration between the two organisations was strengthened by a Memorandum of Understanding which has been agreed between the Executive Committee of the International Radiation Protection Association (IRPA) and the International Society of Radiographers and Radiological Technologists (ISRRT).

In contribution to the scientific program at the 2016 IRPA meeting, the ISRRT, through VP Napapong Pongnapang, hosted a refresher course on Hybrid Imaging; Radiation Safety Challenges and Compliance Issues.

On behalf of the ISRRT, VP Napapong Pongnapang congratulated President Renate Czarwinski (IRPA) for her successful conference and looks forward to collaboration between the two organisations in the future.





3RD REGIONAL IRPA WHO IOMP WORKSHOP ON RADIATION SAFETY CULTURE IN HEALTHCARE : A FOCUS ON PAEDIATRIC RADIOLOGY



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Boniface Yao, Mrs Nicole Michenaud, The Radiographers School Manager and Mrs Dudignac, a teacher in charge of CPD.



Mr Boniface Yao ISRRT Regional Director Africa and Mr Fabien Voix President of APPE.

ISRRT Africa Regional Director invited to visit France

Report by **Boniface Yao**, ISRRT Regional Director Africa

Participation in the Open Days of Radiographers' School in Bordeaux, France.

March 5, 2016, after an invitation from the Board of Management, I visited the School of Radiographers "Institut de Formation des Manipulateurs d'Electroradiologie Médicale" situated in the commune of Pessac in Bordeaux, France, to attend the open days of the Institution.

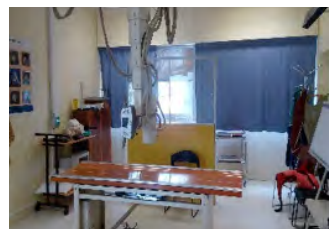
I had successful exchanges with the Management Board represented by Mrs Nicole Michenaud, Senior Radiographer, and Manager of the School, as well as an outstanding discussion with the teaching staff about the perspective of partnership with radiographers schools in Africa.

Skills lab and teaching materials

I also visited the skills lab rooms on guidance of the teachers in charge of the different activities, which made me appreciate the effectivity and quality of radiographer training.

As an ISRRT Officer, I took advantage of the occasion to represent the ISRRT and the WRETF, stressing on the need to collaborate with African institutions under the umbrella provided by the ISRRT and WRETF through special programs that are in place:

- the twinning program ;
- the Bursary for professional visits or conference participation;
- books and teaching material donation from wealthy institutions



Radiography techniques Room.



Anatomy review room.



Institut des Métiers de la Santé (IMS); the Institute which hosts the School of Radiographers.



Boniface YAO and Mr Olivier Marie-Anne in Injection and patient care room.



Students..

Both Staff and Managers were very receptive and thanked me for the interest that such a Society as ISRRT could place in their institution.

I ended my visit by a short meeting with the students. I congratulated them for their hard work. I also encouraged them to derive the most they could from all the opportunities that the institution offers them. Together we planned to set a partnership with the students radiographers from African institutions.

The 57th Congress of AFPPE in Brest, France



Degemer mat (in Breton language), Welcome.

The second activity of the month was my participation in the 57th Congress of the French Society of Radiographers which took place in Brest, France, March 31 to April 3, 2016.

Though it was a national congress, foreign association

leaders were invited. Thus, the American Society of Radiologic Technologists ASRT was represented by the current President, Mrs Sandra Hayden.

African region was represented at the highest level through the presence of the ISRRT Regional Director (Boniface Yao), the National President of Burkina Faso radiographers Association, ABPPER (Mr Job Ouedraogo) and his Secretary General (Mr Kologo).

The program was composed of a scientific session, a congress session, and exhibition by biomedical sponsors.



From left to right : Mr Kologo (CEO ABPPER), Mr Job Ouedraogo (President ABPPER), Mr Fabien Voix (President AFPPE) and Boniface Yao.

The scientific session was made up by lectures in various fields (diagnostic and interventional radiology, ultrasonography, nuclear medicine, radiotherapy, radiation protection, CT scan, MRI and communication). Through the lectures, we discovered the tremendous evolution of radiological technology in France.



Mr Boniface Yao ISRRT Regional Director Africa and Mrs Sandra Hayden President of ASRT.

I conducted a delegation of three members, as stated above to meet the president of AFPPE and the President of ASRT. The main subject was cooperation with Africa in the field of radiography and radiological technology, in providing teaching materials and trainers for regional workshops. Further discussion is to be continued with the president of the French Association of Radiographers (AFPPE) about cooperation in E-learning training for Francophone African Radiographers.

Discussion with IRSN (Nuclear and Radiation Protection Agency in France) officers resulted in an invitation to visit the European Nuclear Safety Training and Tutoring Institute (ENSTTI) in Paris as of September 2016 in order to participate to their radiation protection officer certificate program.

I raised the new issue relevant to cooperation with Francophone African Radiation protection and Nuclear Safety institutions for technical assistance; which was warmly welcomed.

My visit to French institutions of radiology and participation in congress represents an international collaborative research option within the ISRRT Africa Europe region. The aim is to share our experiences of professional practice, seek for technical assistance and promote technology transfer towards some areas in Africa region where needs arise.

It's my pleasure to thank, on behalf of the ISRRT, the staff of the School of Radiographers in Bordeaux, the Board of Management of the French Society of Radiographers (AFPPE) and the President of the American Society of Radiologic Technologists (ASRT) who kindly offered to help African radiographers to meet the challenges of technological development in the field of medical imaging and radiotherapy.

Communicating Radiation Risks in Paediatric Imaging

Information to support healthcare discussion about benefit and risk

– free book available for download

Report by **Donna Newman**, Director of Professional Practice ISRRT

WHO has just published the document “Communication radiation risks in paediatric imaging: Information to support health care discussions about benefit and risk”. This document is intended to be a tool for health care providers to communicate about risks associated with paediatric imaging procedures. The document is available to download and distribute and use in our everyday practices of radiology as professional. You will find this document on the ISRRT website www.isrtr.org or www.who.int/ionizing_radiation/pub_meet/radiation-risks-paediatric-imaging/en/. The document has been written in English but you will also find there the executive summary in Arabic, Chinese, English French, Spanish, Russian and Portuguese on the WHO’s website. The ISRRT wants to take this opportunity to thank each of the members that contributed their expertises in the review process over the last four year of these past several drafts. As the official global voice for technologist through the world the

ISRRT is always asked to review draft documents pertaining to our profession from the WHO. Members expertise ,dedication and willingness to contribute their expertise remains the driving force to keeping the technologist voice included in these global documents that are being developed and distributed throughout the world.

In the World Health Organization announce for distributing the book they thanked everyone that had contributed to the making of this document. I am happy to report that the ISRRT had representation and involvement in every event that was held to develop this document. As Director of Professional Practice I represented the technologist voice at the Side Event on Imaging to Save the Kids that was held last year at the 68th World Health Assembly which covered Risk Communication in imaging Children. I was presented on ISRRT contribution and collaboration on this subject. I also presented at the workshop on Risk Communication in Bonn Germany in 2012 and presented the technologist role in pediatric procedures. We introduced the idea of the team approach and each member of the team plays an important role in risk communication in working with children to ensure they aren’t receiving more radiation then is needed. Cynthia Cowling as Director of Education in 2010 presented at the first workshop on this subject and helped develop the framework for this draft document. I remember her telling me that it needed more technologist voice in the document. Since 2012 I have also been involved in two Webinars to review comments that were given and again expand the document to include more information. I want the membership to know that each time I was asked to review and compile input from this particular drafts document which by the way included four reviews over this past four years, I am happy to report that I received meaningful additions and corrections to the data in the book from our members. I believe that because of the members expert voices and contribution the end document was enhance and definitely include the technologist voice. Once more thank you again and remember that the technologist voice is important and because of your dedication our efforts to always collaborate with the World Health Organization will continue. As many of you may realise that global consensus takes a long time with this project starting in 2010 and finally getting a completed in 2016 but in the end the health care community ends up with a good product that can be used by many in the medical community.

As a professional organisation we can each contribute again to the global impact of each of our member societies help in the strategic dissemination of this resource to its membership to be used for information and education for patients, families and community about communicating risk and benefit on pediatric cases in radiology as well as a resource for advocacy for patient advocates, patient organisation and professional bodies to use as a resource.

This new resource covers important information about pediatric procedure; chapter one presents the scientific background of radiation doses in pediatric procedures and provides an overview of known and potential risks associated with radiation exposure during childhood. Chapter two covers the radiation protection concepts and principles



and summarises the key factors to establish and maintain a radiation safety culture in health care to improve practice. Finally, chapter three covers Risk Benefit Dialog and how to do this during your procedures with Pediatrics also providing practical tips to support the risk-benefit discussion. Chapter three also includes examples of questions and answers patients may have about radiation risk and how a professional might answer the question. Each chapter includes colorful graphs and inserts that give valuable information that can be used in everyday practice for all members of the health care team including technologist, radiologist, physicists, referring physicians and nurses.

This tool is to be used to help communicate with the following stakeholder regarding risk and benefit including fellow professional, the patients, with pediatric family who child is having the procedure or the representative with the child and also can be used as a way to educate a wider community.

This tool will also help to improve the radiation safety culture by helping to share the correct attitudes, values and norms related to patient safety while ensuring safer and more effective health care delivery. It will also help in clinical governance, clinical effectiveness, clinical audit, risk management strategies, education and training.

This book helps to contribute to optimisation as low as is reasonable achievable because we know that one size doesn't fit all so we need to use appropriate equipment, customises exposures for the specific patients especially paediatrics use clinical indication specific protocols accept imaging quality sufficient to answer the clinical question. By using this type of imaging as professional's we will imperative balance benefit against risk implement the rule for Justification. We all have an important role to play in the team Justification and Optimization of dose to the paediatric patient.

The ISRR is asking its members to download and distribute this document within their own countries and make it available to all stakeholders to be used within their work places.



It is our pleasure to invite you to participate in the Baltic Congress of Radiology 2016 that has been organized by Latvian, Lithuanian and Estonian societies.

This will be the 8th Congress for Radiographers and the 6th Congress for Radiologists.

The Congress will be dedicated to the developing field of Nuclear medicine in the Baltic States – Positron Emission Tomography, followed by extensive scientific program of plenary lectures, up-to-date lectures, categorical courses, poster and scientific sessions for radiologists and radiographers. This congress will have also focused sessions on Ultrasound, Pediatric and Breast imaging. Highly qualified experienced international and local faculty have been chosen to cover new trends of radiology and discuss different aspects of daily practice. Scientific lectures and case discussions are incorporated in each session to show recent advances in our field.

On the first day we will have a School of Radiology - an event that was given life by the Lithuanians in Vilnius 4 years ago. This year, the special topic for the School of Radiology will be PET in Oncology.

For further information please take a look at www.balticradiology.com

Mrs Piret Vahtramäe
Estonia

Professional Practice Committee

Update on Global Projects news

Report by

Donna Newman, Director of Professional Practice ISRTT

The Professional Practice Committee has been working hard for ISRTT members since the April issue of *News & Views*. I would like to take this time to update you on the global projects affecting our profession in which our committee has been participating in for the last three months. Following this, the regional coordinators will present news relating to professional practice and radiation safety.

First, a project that is being completed as I write this newsletter and which I am excited to share with the membership: the Final Draft of the WHO list of Priority Medical Devices for Cancer Management is being reviewed by the ISRTT board and the professional practice Committee as we speak. This will be the last time we have input to the information being provided in the manual.

The project was developed in response to the need for a model reference list of basic and priority medical devices needed for low and middle income countries. The WHO, through its resolutions and the rise of noncommunicable diseases, identified the need for member states to have access to resource documents that identified appropriate basic and priority medical devices to use as a reference.

This specific list will provide the general medical devices required in clinical units, the priority medical devices required in cancer management and the specific devices required for the management of the six most common cancers affecting men and women globally – breast, cervical, colorectal, leukemia, lung and prostate.

The manual is divided into three sections. The first covers the global increase in cancers and the WHO's global goal to manage non communicable diseases. The second section describes the methodology used to select the medical devices that support the

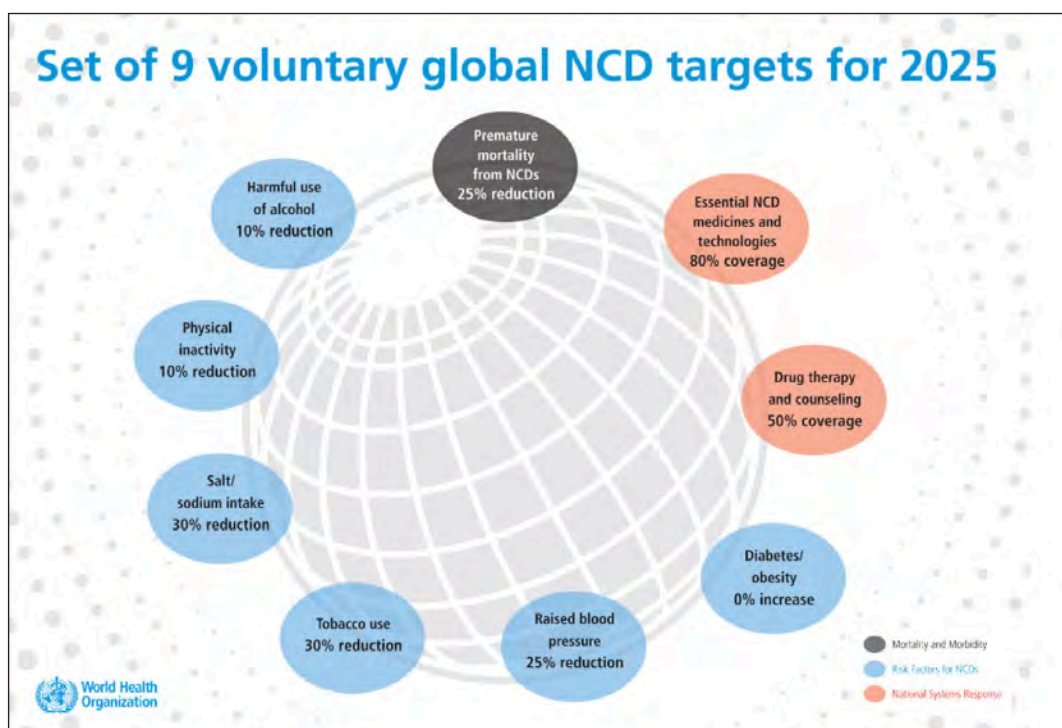
clinical intervention required for the diagnosis, treatment and monitoring of cancer along with palliative efforts based on evidence-based information. The third section consists of the lists of priority medical devices required for a country's infrastructure to manage cancer under seven different units of health care services: vaccination and clinical assessment including endoscopy; medical imaging and nuclear medicine; surgery; laboratory and pathology; radiotherapy; systemic therapy; and, finally, palliative care. This section also includes basic technologies required to provide general series and specific priority medical devices to manage cancer.

Although not the main focus of the document, there is also information on the infrastructure, human resources and quality management which are also needed to set up services for cancer care in a country.

The last section of the book focuses on activities that should be performed to assess the ability to provide these services. Although there are many more activities that can be done relating to this subject, this book is a comprehensive start.

The book and project are intended to be used by ministries of health, public health planners, health technology managers, those in disease management, researchers, policy makers, and funding and procurement agencies, and to support advocacy groups for cancer patients. Some of you may not know this, but there are 30 countries in the world that have no cancer care whatsoever. Can you imagine living in one of those countries and being diagnosed with cancer?

The beginning of the project started with the conduction of a literature search to determine and collect international guidelines for



each of the six cancer types mentioned previously. Guidelines were reviewed for prevention, screening, diagnosis, treatment, follow-up and palliative care, through which the preliminary equipment list was determined. The clinical interventions were extracted from each of the guidelines that were collected and the medical devices needed to carry out each of these were identified and compiled. These can be categorised according to clinical areas such as surgery, laboratory medical imaging, radiotherapy and so on. Technology needs were also determined for each intervention.

I am very proud of the ISRRT's contribution to this book and project over the last year. I can never say it enough, but a heartfelt thanks to everyone who uses his or her expertise to make a complete document that has evidence-based information in it. I believe that the diversity in expertise we have in our ISRRT community allowed this information to be shared.

A few of you may remember a meeting that was held in Geneva, Switzerland, in April 2015, where the ISRRT was asked to participate and provide feedback on a draft spreadsheet containing a list of priority medical devices for cancer management targeting low- and middle-income sectors. As Director of Professional Practice I combined the input from my Professional Practice Committee, the Education Committee, the ISRRT Board and many of you members who are our key experts from within our societies.

With that information the WHO had an advisory committee that met to review the findings and input from the consultations with the NGOs and experts. By September 2015 this advisory committee then developed a new list of equipment that would be needed along with a timeline for the remainder of work. This group also defined the working groups and objectives for an expert review of the list.

An advisory committee from the WHO nominated experts to form these five groups, 83 people were nominated and 60 experts ended up working on the next step of the project.

I was asked to sit on the Imaging and Nuclear Medicine Committee. The others were Pathology and Laboratory, Surgery, Systemic Radiation Therapy and Palliative Care.

We met for half an hour via teleconference every Tuesday in November and December 2015 to review and discuss the new preliminary list. We also had a teleconference to discuss the finalised list and discuss unit infrastructure, human resources and quality management. We reviewed the basic medical devices for each clinical area for reliance and determined basic services, functions and interventions. We also decided on specific basic medical devices for cancer management.

Discussion by this group determined if any medical devices could be used for multiple cancers for ease of use and ease of training. Affordability was also determined.

We met again in February and did a review by email to develop the wording that was used in the manual.

The final publication discusses the continuum of care for a patient, and says that prevention and early detection should take place in a primary healthcare setting, with a referral to a secondary level for diagnosis and treatment. This is where the need is for medical imaging and high-priority medical devices, which are those that are absolutely necessary for cancer management in a district hospitals and at the second level of care.

At the third level tertiary health system are priority medical devices that are considered standard for cancer care but, due to financial and infrastructure requirements, may be better suited to a specialised hospital. Nuclear medicine, radiotherapy and systemic therapy all fall into this category.

We are now in the final stage where all members of the consultation and expert groups are being asked to review their section and see if anything else is missing or inaccurate before



Chris Steelman, ISRRT Regional Director of Professional Practice and Donna Newman, ISRRT Director of Professional Practice at the ISRRT booth at the ASRT meeting in the exhibit hall promoting ISRRT mission and highlighting the work professional practice has worked on this past year.

final publication, and country workshops and dissemination of the publication will be done. The ISRRT Board as well as the Professional Practice Committee is giving one last look at each section and, again, giving feedback to ensure that it is consistent and that appropriate medical devices are on each list.

Another important project that the Professional Practice Committee worked on in April and May was a call from the European Commission initiative on breast cancer guidelines for all breast cancer care processes, including the non-disease specific but relevant to palliative care.

The commission is reviewing and considering recommendations for all breast cancer care processes to support with evidence the selection of requirements and indicators to be included in the European Quality Assurance scheme for breast cancer services.

The call was for guidelines which include screening, diagnosis, treatment, rehabilitation, follow-up and palliative care. The commission was reaching out to guideline developers, the scientific community, and national and international societies for breast cancer care that have been established in the last 10 years. The Professional Practice Committee reached out to their regions and collected breast cancer guidelines from several countries. I used the Platform that was provided to upload the documents for consideration. As an international organisation we will continue to contribute as we are

called upon.

Finally, I attended my national ASRT meeting held in Las Vegas, Nevada, this past June where our national governance meeting was held. The House of Delegates has representatives from around the United States that convenes and discusses professional practice issues as well as scopes of practice for our profession. Just as I have seen globally we are all working toward radiation protection and radiation safety issues for our patients everywhere. Our meeting was no different as technologists discussed practice standards and scopes of practice with training requirement in several disciplines.

I found it very interesting, after having travelled internationally, that as professionals we are all trying to ensure radiation protection and safety no matter what country we are in. No matter what the regulations are in that country we all look out for our patients and ensure protocols are established to ensure the lowest dose is given.

The ASRT gave the ISRRT a free booth at the exhibit hall, where the regional officers all participated in educating technologists about the mission of the ISRRT and the past year's event. My regional director of professional practice, Chris Steelman, and I had an opportunity to work together and share the important work our committee has worked on this past year as well.

Submitted by **Chris Steelman**
America's Professional Practice Regional Coordinator

The American Society of Radiologic Technologists House of Delegates convenes each year to debate and vote on motions and proposed changes to the ASRT by-laws and to adopt clinical practice and educational standards. This year the meeting was held in Albuquerque, N.M. on June 25-28, 2016. There are 15 Chapters, each representing specialty areas of medical imaging. And although each modality has a diverse agenda, each has been challenged to address a common item, the discussion of the ASRT's Position Statement titles Qualifications for Performing Image Acquisition with Hybrid Imaging Equipment in Fusion Mode. That position statement reads: It is the position of the American Society of Radiologic Technologists that radiologic technologists performing multiple modality fusion imaging be registered by the American Registry of Radiologic Technologists, Nuclear Medicine Technology Certification Board, American Registry for Diagnostic Medical Sonography or equivalent and be educationally prepared and clinically competent in all components of the specific fusion procedures.

The ASRT recognises that as imaging technology evolves so to must a society's position statement. Rapid advances in Nuclear Medicine, Computed Tomography and Magnetic Resonance provide undisputable evidence that the world's medical imaging community is far from finished developing technology to improve patient care. Today, diagnostic imaging is on the verge of explosive growth in a specialty known as fusion imaging. Fusion imaging often combines two independent imaging modalities to enable a procedure that demonstrates an organ's function with one that depicts the organ's anatomy. Fusion imaging is possible between many existing imaging technologies and is rapidly becoming a clinical reality. For example Nuclear medicine procedures such as positron emission tomography (PET) and single photon emission computerized tomography (SPECT) are unparalleled in their ability to assess information about metabolic function, while Computerised Tomography (CT) and Magnetic Resonance (MR) are superior at depicting anatomy. However, radiographers who perform CT often lack nuclear specific training, and nuclear medicine technologists who specialise in PET may lack background in CT techniques. The challenge fusion imaging presents the ASRT is developing a position statement that articulates

its position that imaging technologists should be "educationally prepared and clinically competent in ALL components of the specific fusion procedures.

In another example of an organisation keeping pace with rapidly accelerating advancements in medical imaging technology is The American Registry of Radiologic Technologists (ARRT). The ARRT We certifies and registers technologists through administration of education, ethics and examination requirements. With the philosophy that "Once certified, forever qualified" no longer meets the expectations of patients or the profession, the ARRT is busy preparing to implement its Continuing Qualifications Requirements which will launch in 2018. All ARRT radiologic technologists' certifications earned on or after January 1, 2011, are time-limited to 10 years.



At John Hopkins Research Center at Makerere Hospital, Uganda. From left Margaret Mligo from Tanzania, Mr Stephen Bule-Radiographer/Lecturer/Research Fellow and Elizabeth Balogun on a research visit.



At Kenyatta National Hospital, Kenya. Mr C. Barare, former Regional Director ISRRT, Radiation Therapist/Dosimetrist and Elizabeth Balogun after a tour of the newly acquired treatment planning and radiotherapy center.



Radiation safety regulations' training and assessment for diagnostic radiographers in South Africa

Belinda vd Merwe (PhD Health Professions Education), Central University of Technology, South Africa

Globally the intentional of guidelines and requirements regarding the use and ownership of medical x-ray equipment is to abide by the As Low As Reasonable Achievable (ALARA) principle. The ignorance of radiation workers with regards to the radiation safety requirements however, is currently presenting concern. The enhancement of the Radiography curriculum to a four year Bachelor qualification provides opportunity for action research and to explore the training and assessment to meet amongst others, the ALARA principle that will address national and international concerns and criteria.

The objective of the study was to determine the outcomes of the radiation safety requirements' training and assessment in order to implement teaching, learning activities and assessment to prepare radiography students that will be well trained for practice.

The method of investigation included a contextualisation of the available regulation documents, a Delphi process to determine the content of the training and a questionnaire to test students before and after training.

As a result, consensus regarding the content that should be part of the radiography students' training was reached and formed part of their training. This was done to ensure that students delivered to the profession would be effective not only in their work but also be well trained in the requirements for radiation safety and quality tests of medical x-ray equipment.

Even though curriculums at the different South African tertiary institutions offering radiography training include academic exposure to the aspects pertaining to the regulations, the authentic interpretation of the qualification exit-level outcomes vary in terms of the content and assessment of programmes offered. In addition, the number of diagnostic and interventional medical procedures using ionising radiations is rising. Subsequently, the procedures resulting in higher patient and staff doses are also performed more frequently.

The Central University of Technology was fortunate to engage in a curriculum review process that lead to be one of the first training institutions for Radiography in South Africa to implement a four year qualification in Radiography in 2014. The curriculum development process lent itself to an action research project and through the use of the Delphi technique lead to an improved curriculum.

Recertification will require completion of the CQR process. CQR is a self-assessment process, not a test that can be passed or failed. This assessment is designed to evaluate strengths and weaknesses in knowledge based on the qualifications expected of those becoming certified in the current year. Through the self-assessment findings, technologists receive a customised list of "targeted" learning opportunities. These are learning-specific topics targeted to identified knowledge areas. The ARRT is working with a number of committees made up of volunteers from across the profession to develop a meaningful CQR process. The ARRT hopes that CQR "provides the opportunity to demonstrate that your knowledge and skills are up-to-date, helping you re-energise your passion and enjoyment of work and your connection to patients and healthcare."

Submitted by **Elizabeth Boligen**,
Professional Practice Regional Coordinator Africa

TOGO: Held their annual national workshop of Radiology on May 13-14 where radiation protection and optimisation of radiation dose was a sub topic.

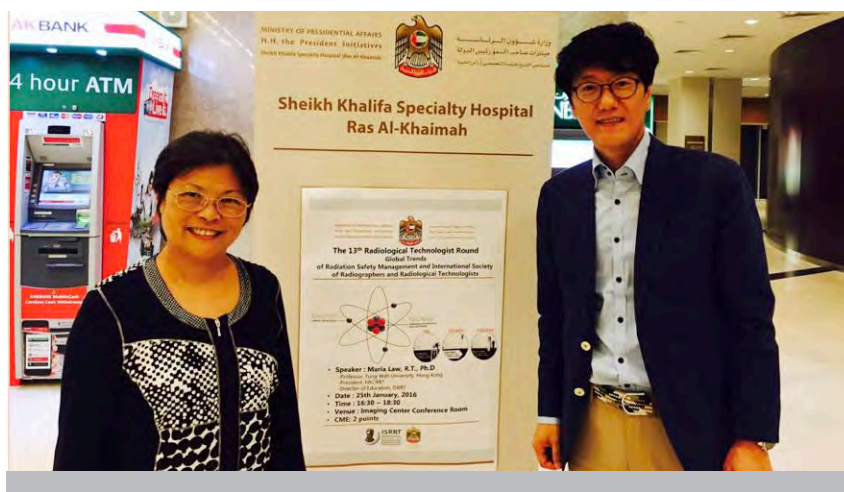
KENYA: A visit to their new radiotherapy department showcase their newly acquired treatment planning system for better protection to patients

UGANDA: It was an example of Africans supporting each other for knowledge and expertise. A few radiographers from neighboring country and myself were there to exchange knowledge for better practice and protection of our patients from unnecessary radiation doses.

Submitted by **James Ho**
Professional Practice Regional Coordinator Asia/Australia

Dr Maria Law, ISRRT Director of Education, held a special lecture at Sheikh Khalifa Specialty Hospital, Ras Al Khaimah, United Arab Emirates January 2016. The title was “Global Trends of Radiation Safety Management and International Society of Radiographers and Radiological Technologists”. Dr Maria delivered the “Bonn Call-for-Action” which was the joint statement of IAEA and WHO and the introduction of ISRRT. This was the first lecture from ISRRT here in Middle East Asia and the participants were from UAE, India, Jordan, Egypt, Pakistan, Philippines, and Korea. They could understand the recent global trends and know even ISRRT from the lecture. And also, Dr Mohamed M Abdelfatah Abuzaid from Medical Diagnostic Imaging, College of Health Science, University of Sharjah told that “it was so great change to know the world organisation for radiographers and would like to attend the 2016 ISRRT World

Congress in Seoul” And he submitted his scientific paper to Seoul already now. This lecture was organised by Mr Ho NamKoong (James), Regional Coordinator for Professional Practice in Asia and Australasia, ISRRT. He was dispatched here in Sheikh Khalifa Specialty Hospital from Seoul National University Hospital last year. And also, one more special lecture now is ready to start Mr Wanhee Woo who is the president of Seoul Radiological Technologists Association and the chairman of Brest Imaging Technology Society of Korea on May 26th 2016 here again. He will give a lecture with the topic of Imaging Quality and Dose in Mammography and Current Status of Radiological Technologists in Korea 2016” All these lectures was already approved by the Ministry of Health, United Arab Emirates with 1.5CME. The Radiographers and Radiological Technologists working here in UAE don’t know the organisation and activities of ISRRT. So, these kinds of lectures will be a valuable chance to recognise the recent activities in the world.





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High-Level Commission on Health Employment and Economic Growth Project expert group seeks input from the ISRRT

Submitted by

Donna Newman, Director Professional Practice

Fozy Peer, President

Stewart Whitley, Treasurer

The ISRRT was asked to contribute as a NGO, with official relationships with WHO, to the Commission on Health Employment and Economic Growth, who is proposing actions to address creation of health sector jobs primarily for low and middle income countries

The commission is charged with proposing actions to guide the creation of health and social sector jobs. The commission will gather the information by an appointed expert group which was pulled together to address this global issue which is multifaceted and complicated. The Commission was appointed in response to a United Nations General Assembly resolution (A/70/L.32) recognizing that investing in new health workforce employment opportunities may add broader socio-economic value to the economy and contribute to the implementation of the 2030 Agenda for Sustainable Development.

The global economy is expected to create around 40 million new health sector jobs by 2030. These jobs are projected to be in middle and high income countries. The demand for these jobs is needed to sustain the sustainable development goals. Contributing and complicating this is the fact that it is also projected is an expected shortage of 18 million health workers in the global economy unless something is done to counter this. The commission is tasked with presenting multi sectoral responses towards not only filling the shortage in middle and high income countries but to address goals for low and low-middle income countries. The commission believes that by doing this they will not only have enough health care workers to achieve the sustainable development Goals, but also provide employment for work with emphasis on women and youth. The commission will be drawing information from education, employment, health and foreign affairs sectors of government as well as international organisation, academia, and professional organisations.

The expert group will deliver a report to the commissioners in June of 2016. This expert group work is being supported by the WHO, International Labour Organization (ILO) and the Organization for Economic Co-operation and Development (OECD) and has included the ISRRT as an International NGO organization that has an official relationship with the WHO to contribute to this important global project.

Taking on this opportunity gives the ISRRT, along with other professional organisations, gives us a unique opportunity to play a critical role in helping determine some of content of the recommendations to ensure that the radiographers/technologist's voice is heard and included in this important global project.

Below is a summary from the commission's report on what it hopes to accomplish from the project:

In brief, the Commission seeks to:

- Recommend multi-sector responses and institutional reforms to develop over the next 15 years health human resources capacity for achieving SDGs and progress towards Universal Health Coverage (UHC). These actions will enable inclusive economic growth by creating a sustainable local source of employment.
- Determine innovative sources of financing and the conditions

needed to maximise socio-economic returns from investments in health and social sector employment.

- Analyses the risks of global and regional imbalances and unequal distribution of health workers and assess the potential beneficial and adverse effects of international mobility.
- Generate the political commitment from government and key partners necessary to support the implementation of the Commission's proposed actions.

The ISRRT was asked to choose from any of the 13 questions that needed to be added by the Commission and contribute in 750 words a summary of the issue and how to address the question. President Fozy Peer received the invitation and asked Donna Newman, Director of Professional Practice and Stewart Whitley, Treasurer, to gather the research needed to answer these questions on behalf of the ISRRT. During several internet discussions the group decided to address the following questions that represented the issues and solutions that would affect radiographer/technologist health care workers leading up to the sustainable goals as related to health technology and workforce in radiology by 2030. Dr Peer, our President submitted our work along with a list of supportive references to the taskforce for consideration in the finished commission report. See below a summary of our report that Dr Peer submitted on behalf of our organisation to the Taskforce group.

ISRRT Response

Solutions are needed in many countries, especially in low-resource settings, to train radiographers in both basic radiography and in the more advanced radiological procedures. The diversity of radiographic practice, together with increasing service demand and the introduction of new technologies dictates that radiographers require constant updated education and training. With this comes the inclusion of new roles/positions to develop individuals to undertake specific tasks and activities that fill the gaps in service delivery due to shortages of trained staff including radiologists. This will not only benefit the patient but also address the need to develop career progression opportunities for the workforce. With new roles comes the need to develop/enhance education and training programs.

How can education and training models be transformed to build a fit for purpose health workforce?

Many middle-to-high income countries have/are employing the 4-tiered education system, for example, United Kingdom where as part of a major modernisation initiative in imaging services improvements in service delivery has been accomplished. The levels go from basic radiography to post graduate education. This system could address the needs in low-to-middle-resource countries.

1. Assistant Radiographer

An assistant practitioner performs protocol-limited clinical tasks usually under the direction and supervision of a registered practitioner or could work unsupervised by defining the scope of practice. ►



2. Radiographer

A practitioner autonomously performs a wide-ranging and complex clinical role; is accountable for his/her own actions and for the actions of those they supervise.

3. Advanced Radiographer

An advanced practitioner, autonomous in clinical practice, defines the scope of practice of others and continuously develops clinical practice within a defined field.

4. Consultant Radiographer/Radiologic Assistant

A consultant practitioner provides clinical leadership within a specialisation, bringing strategic direction, innovation and influence through practice, research and education.

The advantage of this system allows for entry level Radiographers directly from school to have a qualification within a short period of training of approximately two years; and for those Radiographers

wishing to continue training an opportunity for career progression to the position of Radiographer. It also addresses the shortage of Radiologists in many countries where the Advanced and Consultant Radiographers assisting with reporting on images, and other high level tasks.

The recent combination of imaging modalities in hybrid systems, e.g., PET with CT calls for additional training. Many basic and some post graduate courses are also offered by the International Atomic Energy Agencies (IAEA), for example, PET-CT to address this need.

What are the conditions needed for investment in employment in the health and social sector to achieve Universal Health Coverage and produce inclusive economic growth, particularly for women and youth?

According to the Bureau of Lab our Statistics, the employment of a radiographer is projected to grow 9% from 2014 to 2024, faster than the average for all occupations. As the population grows older, there will be an increase in medical conditions that require imaging as a tool for making diagnoses

In order to meet the sustainable goals set with specific emphasis on 80% technology by 2025 a clear emphasis needs to be put on Education and specialisation for high school student. Learners considering a career as a professional in Radiography need base level education in biology, chemistry, math and physics. In low-to-middle-income countries a successful completion of a certificate program in Radiography may be sufficient but most countries have at least a community college or technical school with a two year associate degree for entry level.

What are innovative ways of effectively and efficiently financing health workforce investments towards achieving the Sustainable Development Goals?

In the field of radiography the development and implementation of coordinated efforts by the health, education, labour and human resources sectors within governments is needed. Governmental policies to contribute to the effort but in addition the private sector also need to contribute to bring success to the sustainable development goals.

In relations to the private sector to sustain and create the workforce needed, one has to create global change by thinking big and

outside the traditional learning environments. One effective way to finance health workforce is to use innovative global learning (distance learning) with already established programs for teaching basic information for radiologic programs and specialty training on specific subjects or skill sets needed in the radiographic profession.

It may be effective to use foundations that are already set up and direct some of this foundation. This may be achieved through a tertiary course that is already established or through a professional organisation that may also have education modules that can be used to train Radiographers and prepare the workforce needed for the future. This will decrease the overall cost for education in the profession and help achieve sustainable development goals. Also by working with professional societies many distance learning education programs are available to elevate health care workers in specific areas of practice.

As a board we believe it is essential to contribute to these global projects on behalf of the technologist voice. By doing this we will ensure that the ISRRT membership issues, resolutions for change in healthcare will be included in the global agenda set by the WHO. The ISRRT board will continue to update the membership with the outcome of this commissions report as we receive updates on this global project.

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VERT helps to transform Cancer Care in Africa



The VERT classroom at Groote Schuur hospital.

The A2C program uses advanced computer technology to create virtual radiotherapy environments. Educationally, this is at the leading edge of radiotherapy training globally. VERT forms a key part of the teaching equipment to offer a 3D virtual Linac in the classroom, helping to bridge the gap between theory and practice.

In the A2C program the emphasis is on the practical “hands-on” learning to ensure that participants become confident in the necessary skills that would allow more complex treatment protocols to be implemented. Teaching environments were created to allow simulation of the treatment protocols and thus to enhance the learning experience. Two virtual classrooms were created at Groote Schuur Hospital in Cape Town housing a VERT™ system and Varian Eclipse™ treatment planning software. The VERT system is the first installation of its kind on the continent.

Throughout the 3-week programme the VERT system and the Eclipse software is used to teach 3D treatment protocols in a variety of sites: pelvis – (cervix, prostate); neuro; breast; and, head and neck. VERT simulates the radiotherapy environment enabling the treatment team to learn in a non-pressured, safe and cost-effective way.

Many African centres are installing more advanced technology in order to establish more targeted treatment protocols for their patients. Certain key skills are necessary in order to move from 2D to 3D conformal radiotherapy protocols. The Access to Care (A2C) Programme in Cape Town is a collaborative training venture between the University of Cape Town and the Cape Peninsula University of Technology, who have partnered with Varian Medical Systems to bring Varian’s international Access to Care training program to South Africa. The integrated, theme-based A2C course takes participants through a step-by-step learning process, emphasizing a multi-disciplinary team approach. VERT plays a key role in the course delivery.

The planning laboratory enables students to use the Eclipse TPS software to learn how to create complex radiotherapy treatment plans. Working much like a flight simulator, the VERT system allows visualisation of patient anatomy and shows the effect of treatment plans on the patient. Likewise, VERT Physics allows the team (RO, MP & RTTs) to learn the dosimetry needed to create QA protocols for patient safety.

VERT enables the radiation oncology teams to experience the treatment process in the same way they would use the real equipment. Additionally, it gives them the opportunity to experience simulated treatment set-up errors and to see the effects they can have with misplaced dose in nearby organs at risk. The combination of VERT with the Eclipse laboratory provides the students the best virtual environment to learn, to explore and to increase their knowledge, skills and confidence in contemporary treatment planning and delivery methods. The Cape Town Access to Care team notes: “You only have to see the faces of the participants using VERT to understand the impact of this exciting, interactive learning environment. It puts modern radiotherapy theory into practice in a safe and fun way”.

What Access to Care students said:

“There was clarity and interaction”

“Put structure to 3D concept”

“Well done! This course was a 5 star one. Thanks for changing the outlook of cancer management in Africa. You are a committed people, very knowledgeable & unselfish, MERCI!”

VERT will offer a virtual Linac in the classroom for more Access to Care projects in Africa.

For more information Email: sales@vertical.co.uk

The 9th French Speaking African Congress of Radiographers: A commitment for more responsibility in patient safety

Report by **Boniface Yao**, ISRTT Regional Director Africa

The application of ionising radiation and radioactive materials in diagnostic, interventional and therapeutic procedures is a powerful tool in medicine and its influence is expected to increase in the years to come, in developed countries as well as in developing countries. However, ionising radiations have some harmful effects on biological systems. Therefore, using radiation in medicine has to involve a careful balance between the benefits of enhancing human health and welfare, and the risks related to patients' exposure.

In order to promote radiation protection and safety in medicine, a joint position statement of WHO and the IAEA, resulted in the identification of responsibilities and a proposal for priorities regarding radiation protection in medicine, for the next decade and is known as the Bonn Call-for-Action.

As its response to the Bonn Call-for-Action, ISRTT, the leading Association and voice of radiation medicine technology and radiation sciences throughout the world, shares in the responsibility for strengthening radiation protection of patients and health workers with its member societies from the three regions (the Americas, Australia/Asia, Europe/Africa), researchers, educators, medical institutions, other professional societies and individual practitioners.

In the majority of African countries, the challenges result, among others, in insufficient awareness about radiation doses and the associated risks, lack of policies and regulation in the training and practice of radiation medicine profession, lack of adherence to institutional clinical practice guidelines and minimal funding and engagement in radiological research.



In order to unite and address safety issues that arise from the use of radiation in medicine in Africa, AFROSAFE RAD campaign was launched at the 8th Biennial Pan African Congress of Radiology and Imaging (PACORI) in February 2015 at Nairobi, Kenya by radiation health workers, to echo the Bonn Call-for-action.

The interim steering committee for AFROSAFE RAD appointed has developed an implementation tool matrix that countries in Africa can use as a template to develop their own radiation safety programs and timelines.

In this campaign African radiation health workers declare that they shall encourage adherence to standards, policies, strategies and activities for the promotion of radiation safety and for maximization of benefits from radiological medical procedures.

The French speaking African ISRTT sponsored workshop has been created in 1997 and remains the major conference of radiographers in Francophone Africa.

The instigator, Mr Philippe Gerson from France is the current Vice President Europe/Africa of the ISRTT.

The workshop is internally managed by Boniface Yao, the ISRTT



Opening ceremony of the 8th Congress 2014, Abidjan, Côte d'Ivoire.

Regional Director Africa, in collaboration with the local association Board.

The 2016 session namely ISRTT-CHESNEY workshop, will be hosted by The national Association of Democratic Republic of Congo(DRC), from September 1-3. Following the ISRTT's response to Bonn Call-for-Action, it has been decided to deal with optimisation of radiation protection and patients safety.

The venue is Venus Hotel of Kinshasa and the event will attract at least 300 participants from 12 countries. The conference is approved by the DRC Ministry of health and the Minister is the Chair person. The inaugural lecture on radiation dose optimisation challenges in Africa will be provided by a local expert of IAEA, in radiation physics as a Guest Speaker.

The conference is practical oriented and aims at teaching the participants a methodology to organise and assure radiation protection for patients and staff at a radiology department. Therefore, the scientific program is made up by plenary lectures and capacity building sessions.

At the opening session, the ISRTT officers (Vice President Europe/Africa and Regional Director Africa) will present the ISRTT response to Bonn Call-for-Action and promote the Chesney Twins who are generous donors of the ISRTT.

During the three days, participants will be involved in various sessions to develop skills and update their knowledge in different fields of radiology, nuclear medicine, radiotherapy as well as in medical imaging modalities using non ionising radiations.

The Biennial French Speaking African Congress of radiographers is one of the most popular event, sponsored by the ISRTT in African region and the increasing interest of member societies opens new perspectives for perennisation in accordance with the development of technology in medical imaging.

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Public Relations – America Report

Sharon Wartenbee, ISRT Regional Co-Ordinator for Public Relations & Communications – Americas

The Society of Radiographers of Trinidad and Tobago (RSTT) held their annual meeting on Sunday, April 17 at the Crews Inn Hotel and Yachting Centre. The theme of the event was “Liver.” The speakers included Dr David Valenti, interventional radiologist; Dr Dylan Narinesingh, oncologist; Dr Rene Ramnarce, Gastroenterologist; and Dr Ravi Maharaj, surgeon. The event was well attended.

The Canadian Association of Medical Radiation Technologists (CAMRT) would like to invite you to the 74th Annual General Conference in Halifax, Nova Scotia. It will be held June 9-12 at the World Trade and Convention Centre. The conference will provide an excellent education program spanning all disciplines of medical radiation technology over the 3 day conference. Two pre-conference workshops on June 9th, 2016 for MRT educators and MRT leaders/managers will also be held. The 2016 exhibit hall will showcase the most innovative and new technologies in all disciplines of medical radiation technology. There will be numerous vendors along with poster presentations. For more information go to the website at: camrt.ca

The American Society of Radiologic Technologists (ASRT) would also like to invite technologists to their annual Governance and House of Delegates meeting in Las Vegas, Nevada on June 24-26, 2016.

Attendance is free, but you must register on the website at: asrt.org. Take advantage of the opportunity to hear the latest information on ASRT Bylaws, position statements and practice standards as they affect your profession. The delegates from each affiliate and chapter meets annually to debate and vote on proposed changes to the ASRT bylaws and to adopt clinical practice and educational standards. In addition the ASRT is offering an educational symposium on Thursday, June 23 in which technologists can earn up to 6 CE credits. Technologists can attend courses in Computed Tomography, General Diagnostic Radiography, Management, Woman’s Imaging, and Student-specific topics. Go to the website at asrt.org to register.

Mark your calendars for the ISRT World Congress 2016 to be held October 20-22 in Seoul, Korea. The Congress will be an excellent opportunity for participants to learn from multidisciplinary collaboration and share cutting-edge technology with colleagues from around the world. The theme of the Congress is “We are R.Ts.” Make plans to attend!!

Diary Dates

2016

September 1-3

9th Congress French

9th International Congress of French Africa of Medical Imaging and Radiotherapy
www.cnpim.org/CAFIMRA2016

September 9-11

Leading the Way: International Advanced Radiographer Practice Conference
Sheffield Hallam University, UK
<https://blogs.shu.ac.uk/ltwrapconference>

September 20-24

ICR World Congress
Buenos Aires, Argentina

October 6-8

Baltic Congress of Radiology
Liepaja, Latvia

October 20-22

19th ISRT World Congress
Seoul, South Korea
For more information contact: www.isrrt2016.kr

October 31-November 4

Training Course on Targeted Radionuclide Therapies
Houston, Texas, United States of America
Contact: international.liaison@ansto.gov.au

November 3-4

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World Radiography Educational Trust Foundation

News

Sophie Durrans – Trustee Assistant – continues to review Trust communication strategies, working with the Trust lead for social media communication. She is currently reviewing the Trust “Twinning” Program and assisting with drafting a Fundraising Plan.

Support

Applications for educational resources continue to be low. Trustees are looking at ways of raising awareness of the valuable support that WRETF can give. This summer sees a first for WRETF. Trustees are supporting an initiative by collaborating with both the UK’s Society and College of Radiographers, and RAD-AID to provide some textbooks to improve library facilities for radiographers in the Kamuzu Central Hospital – a tertiary referral centre with 1000 beds in Lilongwe, Malawi. An MR specialist from the UK went to the hospital in July to assist with some education for the staff. WRETF has provided a box of books on subjects appropriate to the work of the department. It is hoped that WRETF can participate in such a joint venture again.

Ambassadors

Trustee Chris Steelman has completed his review of the Ambassador Program and has made some recommendations on how the program can continue to give added value to the Trust’s work. Ambassadors are encouraged to be proactive in spreading the word about the Trust’s work. He has also had an article about the work of the Trust published.

Bursary Scheme

Trustees recently selected three applicants to receive travel bursaries to enable them to attend conferences. Two recipients are hoping to present at the ISRRT Congress in Seoul in October and the third recipient is hoping to present at a conference in the Democratic Republic of Congo in September. Without the Trust’s help it is unlikely that these recipients would be able to travel to present their work at their chosen conferences.

Donations

The Trust has recently been given two books by the UK’s RAD Magazine. These books complement the current books that the Trust has and will soon be put to very good use providing an educational resource to the international

community of radiographers. The Trust has released a Press Release about the recent donation of funds from the Middlesex School of Radiography History Trust, this is to be found on the Trust’s website.



From left to right: Adrienne Finch, John Twydale, Mary Embleton of the Middlesex Hospitals Schools of Radiography History Trust and Alan Budge and Sue Marchant, Trustees of WRETF



News from member countries

AUSTRALASIA

AUSTRALIA



At our recent AGM in Brisbane on 23 April 2016, voting members of the Institute were asked to consider a change to the Constitution

and the name of the organisation. Following questions from our members and legal advice the Board did not announce the passing of Special Resolution #2.

Further advice was sought with respect to the Special Resolution #2 with the Australian Securities and Investments Commission (ASIC). ASIC have confirmed that the special resolution and process employed, with regards to the change of name of our organisation, up to and during the AGM was correct. As a result of the above, the Board of Directors is pleased to announce that as of Thursday 19 May 2016, the Australian Institute of Radiography is now called the Australian Society of Medical Imaging and Radiation Therapy as displayed on the online ASIC Register of Companies.

More details will be provided as we set about undertaking this change. Thank you to all of our members in their support of this change to our organisation, ensuring we appropriately reflect our members.

Further information regarding these arrangements can be found in the news section of our website:

www.air.asn.au/news.php

Patrick Eastgate
President

Paul Gloster
Acting Chief Executive
Australian Society of Medical Imaging
and Radiation Therapy

THE AMERICAS

AMERICA



American Society of Radiologic Technologists Membership Update

As of April, 2016, ASRT's total membership stood at 153,169. The association's annual net retention rate is 88.28% and its annual net growth rate is 0.01%.

Two more states enact Licensure Laws for Radiologic Technologists

The governors of Tennessee and New Hampshire have signed into law measures that establish licensure standards for radiologic technologists in their states. In Tennessee, the General Assembly adopted Senate Bill 899, a measure that expands licensure conditions to include additional types of health care settings where medical imaging and radiation therapy professionals practice. In New Hampshire, the General Court enacted Senate Bill 330, a law that establishes licensure requirements for radiographers, radiation therapists, nuclear medicine technologists, magnetic resonance technologists, radiologist assistants, limited x-ray machine operators and sonographers. "The ASRT is committed to promoting patient safety and defending professional standards by working with dedicated state affiliate societies," said Sal Martino, Ed.D., R.T.(R), FASRT, CAE, chief executive officer of the American Society of Radiologic Technologists.

ASRT Adds Vascular Interventional Essentials Course to its Continuing Education Lineup

The American Society of Radiologic

Technologists has launched Vascular Interventional Essentials, a new educational program that explores the image-guided procedures of interventional radiology. The 12 module online series provides radiologic technologists with the practical information needed for the interventional suite. The comprehensive collection includes fundamental information on equipment and instrumentation, patient care, venous access sites and procedures and interventional pharmacology. The advanced modules cover dialysis management as well as neurological, thoracic, and abdominal procedures. The series contains more than 300 high quality interventional clinical images.

www.asrt.org/main/continuing-education/earn-ce/featured-ce-courses/vascular-interventional-radiology

ASRT Museum marks first anniversary

The ASRT Museum and Archives celebrated its one-year anniversary in June 2016. Since its official opening last year, the one-of-a-kind museum has been visited by hundreds of educators, students and ASRT members. The museum tells the story of the radiologic technology profession and features state-of-the-art exhibits and interactive displays that showcase the profession's past, present and future. To schedule a tour of the museum, please contact Greg Morrison at gmmorrison@asrt.org

Survey shows slight increase in RT wages since 2013

The average salaries of radiologic technologists rose by 4.8% in the past three years and now average \$65,756, according to the American Society of Radiologic Technologists Wage and Salary Survey 2016. The survey shows that all radiologic technology disciplines and specialty areas



ASRT Museum

saw average annual increases since 2013, with some areas showing greater gains than others. "Compared to the 2013 wage and salary survey, the 2016 survey shows fairly consistent gains across all practice areas," said Myke Kudlas, M.Ed., R.T.(R)(QM), CIIP, associate executive director of learning and membership. "Although this is an improvement, the increase only slightly outpaced inflation over the same time period."

ASRT names distinguished

Author Award winners

The ASRT has announced the recipients of the Radiologic Technology Distinguished Author Award in Honor of Jean I. Widger and the Radiation Therapist Distinguished Author Award in Honor of Harold Silverman, recognizing the best peer-reviewed articles published in ASRT's scientific journals in 2015. Haney Alsleem, Ph.D., M.Sc.(MI), B.Sc., and Robert Davidson, Ph.D., M.App.Sc.(MI), B.Bus., FIR, earned the Widger award for their article "Radiographers' Ability to Detect Low-Contrast Detail in Digital Radiography Systems," which was published in the September/October 2015 issue of Radiologic Technology. Timmerie F. Cohen, Ph.D., R.T.(R)(T), CMD; Jeffrey S. Legg, Ph.D., R.T.(R)(CT)(QM), FASRT; and Melanie C. Dempsey, Ph.D., R.T.(R)(T), CMD, FAAMD, earned the Silverman award for their article, "The Effect of Vertical Off-Centering on Breast Dose During CT Simulation in Accelerated Partial Breast Irradiation Planning," which was published in the fall 2015 issue of Radiation Therapist.

ASRT names winners of Grass-roots Advocacy Awards

The American Society of Radiologic Technologists has awarded the 2016 ASRT Award for Outstanding Grass-roots Advocacy to **Ann Bell-Pfeifer**, B.S., R.T.(R)(M)(QM); **Brenda Greenberg**, R.T.(R)(CT), CIIP; the **Massachusetts Society of Radiologic Technologists** and the **North Dakota Society of Radiologic Technologists**. Established in 2003, the annual award recognizes ASRT members and affiliate societies for outstanding legislative advocacy efforts on behalf of the radiologic science community. Bell-Pfeifer and Greenberg will each receive \$250 and a recognition plaque, while the MSRT and NDSRT will each receive \$500 and a recognition plaque. The awards will be presented at the 2016 ASRT Annual

Governance and House of Delegates Meeting to be held in Las Vegas, June 23-26.

ASRT elects three to Board of Directors

Members of the American Society of Radiologic Technologists have elected three officers to serve on the 2016-2017 ASRT Board of Directors.

- **Amanda Garlock**, M.S., R.T.(R)(MR) of Marysville, Washington, was elected to serve as ASRT's 2016-2017 president-elect. She will serve one term as president-elect, one term as president and one term as chairman of the Board, in accordance with ASRT Bylaws.
- **Melissa Jackowski**, Ed.D., R.T.(R)(M), of Willow Spring, North Carolina, is the Board's new vice president. She is competency management development specialist at Siemens Healthcare in Cary, North Carolina and currently serves as secretary-treasurer.
- **Stephanie Johnston**, M.S.R.S., R.T.(R)(M)(BS), of Holliday, Texas, will serve as the 2016-2017 secretary-treasurer. She is director of the Breast Center of Texoma in Wichita Falls, Texas. She has previously held the roles of president and chairman, in both the Texas and New Mexico affiliate societies.



Voters also elected 29 members to serve in the ASRT House of Delegates. Terms for the newly elected chapter delegates will begin immediately following the conclusion of the 2015 House of Delegates meeting.

ASRT Foundation awards more than 70 scholarships to radiologic science professionals and students

The ASRT Foundation has awarded 71 recipients entry-level and professional scholarships providing more than \$235,000 in support for the 2016-2017 academic

year. Scholarship recipients were selected based on evidence of commitment, leadership, achievement and financial need. The Foundation's Scholarship Review Committee evaluated each applicant and provided recommendations to the Board of Trustees. Recipients were then approved by the Board of Trustees at their spring meeting in Albuquerque. The Foundation's professional scholarship program helps radiologic science professionals meet financial obligations to return to school for completion of a degree or to obtain additional certification.

ASRT Foundation surpasses \$3 Million goal in positioning for a Brighter Tomorrow Campaign

The ASRT Foundation's 30th anniversary celebration campaign has exceeded its initial goal of raising \$3 million in commitments from individuals and organizations, with a few months remaining before the historic campaign concludes. The funds donated will be used to ensure medical imaging and radiation therapy professionals attain the level of education, leadership and influence required to meet the needs of patients for many years to come. Launched in June 2014, the Positioning for a Brighter Tomorrow campaign provides the Foundation – the philanthropic arm of the American Society of Radiologic Technologists – with long-term financial stability in its efforts to empower radiologic technologists and strengthen the radiologic technology profession. In addition, the campaign works to improve collaboration with industry partners to increase the quality and safety of patient care around the world for years to come. The campaign will continue through June 2016.

ASRT Coming Events

- Sept. 25-27, 2016, Boston, MA, ASRT Radiation Therapy Conference, www.asrt.org/events-and-conferences/asrt-radiation-therapy-conference
- Nov. 6-12, 2016, National Radiologic Technology Week®, www.asrt.org/events-and-conferences/national-radiologic-technology-week
- Nov. 30 – Dec. 1, 2016, Chicago, IL, ASRT@RSNA 2016, www.asrt.org/events-and-conferences/asrtatrsna

Donna Long
Council Member

CANADA

**2016 CAMRT Conference**

The CAMRT held its 74th Annual General Conference (AGC) in collaboration with the Nova Scotia Association of Medical Radiation Technologists (NSAMRT) from June 9-12, 2016 in Halifax, Nova Scotia. It was a highly successful event with over 400 MRTs from across Canada and from other countries in attendance.

Seven presentations from the conference were captured on video and will be made available later in the summer to those who were unable to attend through CAMRT's Virtual Conference initiative.

New CAMRT CPD Repository

The new CAMRT repository of continuing professional development (CPD) (www.camrt.ca/repository) is getting great reviews from those seeking CPD in the practice of medical radiation technology (radiography). This user-friendly website allows users to search through dozens of courses, webinars and events from CAMRT and its partners to identify opportunity for professional development and personal growth.

All CAMRT CPD courses are available at competitive rates in distance learning formats to any graduate of a medical radiation technology program, regardless of the country of education. All courses are approved for Category A credit, accepted by the ARRT and others.

Advanced Practice in Medical Radiation Technology

The CAMRT has made significant strides in its efforts to establish advanced medical radiation technology practice in Canada.

The pilot of the ground-breaking advanced practice radiation therapist certification process culminated this June with a structured oral competency-based examination for the three candidates. The pilot process in its entirety is undergoing an intensive study, and there are plans to share the results of the experience starting with a presentation at the upcoming Leading the Way conference on advanced practice in Sheffield, UK from September 9-11.

The CAMRT Advanced Practice Framework, published in the spring of 2014, continues to be a guide for developments in advanced practice roles in medical imaging in Canada.

Journal of Medical Imaging and Radiation Sciences (JMIRS)

JMIRS (www.jmirs.org) is calling for two special issues in 2017. Papers from students and recent graduates of medical radiation technology and related programs for our annual student supplement are due February 1, 2017. Papers for our 2017 special issue focusing on Image Guided Therapy, targeting articles from multi-disciplinary perspectives from all over the globe, are due May 1, 2017.

Please submit all papers to JMIRS using our online editorial system. If it is a special issue submission, please indicate this in your cover letter. Questions? Contact the Managing Editor at editor@camrt.ca, we are happy to help at any stage.

Canadian contributions with RAD-AID

CAMRT's new partnership with RAD-AID International has been a success to-date, providing opportunities to its members to contribute to the healthcare needs of developing countries. Both organizations are pleased that the very first CAMRT-RAD-AID fellow was selected and will be undertaking a mission to Tanzania in the fall of 2016. In addition, CAMRT members have taken up the baton and have taken part or are in line to take part in missions in Africa and by supporting RAD-AID education.

CAMRT Best Practice Guidelines

The CAMRT has added several new guidelines to its extensive Best Practice Guidelines page (<https://ww2.camrt.ca/bpg/>). A new website is being developed, and there will be more content added in the coming year.

Support for those interested in working in Canada

The CAMRT has produced two learning modules for Internationally Educated Medical Radiation Technologists (IEMRTs) interested in working in Canada. Both are available in the certification section of the CAMRT website. The first module on describes practice/employment in Canada. The second is a module providing education on "How to Write a Competency Based Exam".

Marcia Smoke

e-mail: smokem@hhsc.ca

EUROPE

ENGLAND



Pamela Black FCR, pictured below, is one of the most well respected radiology managers in the United Kingdom. She is the Radiology Services Manager at Wirral University Teaching Hospital

NHS Foundation Trust and a trustee of the College of Radiographers. She has been a member of UK Council of the Society of Radiographers and was President in 2013-

14. Pam is currently the Chair of the UK Clinical Imaging Board and Vice chair of Radiology and Oncology Congresses.



Richard

AFRICA

GHANA



The Ghana Society of Radiographers is the sole umbrella professional body for all certified radiographers (diagnostic, therapy

and sonographers) in Ghana. It was established in 1986 in accordance with the Professional Bodies Regulatory Decree, NRCD 143 of 1973. It is a member of the Ghana Federation of Allied Health Professions (GFAHP) and the International Society of Radiographers and Radiologic Technologists (ISRRT). It currently has about 200 registered members.

The Vision of GSR

The vision of the Ghana Society of Radiographers is to foster professional growth and to improve the standards of delivery and practice of radiographers by promoting leadership and by expanding a body of knowledge through education and research.

Objectives of the GSR

The primary object of the Ghana Society of Radiographers (GSR) is to concern itself with all matters affecting the radiography profession in Ghana. The Society therefore

has the following as its objectives:

1. To excel in the provision of best patient care by supporting radiographers to appraise evidence and implement best practice
2. To encourage all radiographers to
 - i. maintain highest professional standards of clinical practice, discipline and etiquette in radiography
 - ii. defend, uphold and maintain the honor and dignity of the radiography profession
3. To Promote and support education and research in radiography.
4. To ensure good relations between GSR and other similar associations or stakeholders both in Ghana and abroad to augment the delivery of healthcare in Ghana.
5. To create awareness of the science and benefits of radiography
6. To act as an advisory body to its members, other associations; private and government institutions and the general public.
7. To confer honor on deserving members

The Mission statement of the Society is ***“Promoting quality health in Ghana through Medical Imaging and Radiation Therapy practice”***

The Ghana Society has the vision of becoming a body that positively influences decisions on radiography in the healthcare delivery in the country. The Society therefore has the following as its Vision statements:

- to uphold and maintain the dignity of radiography practice in Ghana,
- to maintain the highest standards of clinical practice, professionalism and discipline in medical imaging and radiation therapy practice in Ghana,
- to promote and support radiography education and research,
- to collaborate with health agencies and stakeholders and
- to collaborate with similar and other health professional bodies both locally and internationally

Plans of the GSR

Among the challenges facing the practice of radiography in Ghana is low numerical strength, inequitable regional distribution of professionals and the evil of quackery. There are currently about 250 radiographers to a population of about 26million; a radiographer to over 100,000 inhabitants. And worst still, about 75% of these practitioners are concentrated in only 4 out of the 10 regions. There is also the problem of quackery especially in the practice

medical ultrasonography.

As part of the short-to-medium term plans the Society wants to see a significant increase (about 100% increase) in the number of radiographers (over the next 5-10 years), equitable regional distribution of practitioners and a dignified radiography profession. Towards this end, the Society is currently collaborating with the Allied Health Professions Council to rid the profession of uncertified persons practicing illegally. The Society is also collating comprehensive data on the current state of personnel and radiological installations across the country to help policy makers make informed decisions. The Society believes that through that it can lobby the Ministry of Health and other stakeholders in the industry to increase the training of radiographers, ensure equitable distribution of personnel to facilities in the region and also be able to effectively monitor the honouring of service agreement between the Ministry and equipment suppliers.

The Society is reaching out to all radiographers in Ghana to register with it in order to always benefit from the Society's regular continuous professional development programs. Such will ensure that radiographers stay abreast in knowledge and skills with the rapid developments in the practice of radiography.

The Society has plans to work with sister associations in the sub-region to form a federation to project the aims and interests of the profession of radiography.

The Society desires that all radiographers in Ghana will be able to attain the highest level in the practice in order to be able to offer the best of care available in our practice to the patient. It is our vision that every radiographer will be able to develop himself or herself professionally. .

Radiography Education in Ghana

Radiography education in Ghana is a four-year undergraduate program in the University. The entry requirement is a science-biased course in the Senior High School or its equivalent. The prospective candidate should have good passes with a total aggregate of 24 or better at the WASSCE in the following six compulsory subjects: Modern Mathematics, English language, Social Studies, Integrated Science, Physics, Chemistry and either Elective Mathematics or Biology. However, due to the competition the cut-off point for entry since the year 2013 has been between aggregate 10 and 11. Those entering the programme with A-Levels should have at least a C in Physics, Chemistry and either Mathematics or Biology and a pass in General Paper.

Currently two universities offer programs in radiography. The School of Biomedical and Allied Health Sciences (SBAHS) of the College of Health Sciences, University of Ghana offers programs which leads to the award of BSc Diagnostic Radiography and BSc Therapy Radiography. The School of Allied Health Sciences of the Kwame Nkrumah University of Science and Technology offers a BSc Medical Ultrasonography program. These two produce an average of thirty (30) radiographers annually. Three other Universities: Cape Coast University, University of Health and Allied Sciences in Ho and the Central University College have far advanced plans to run programs in the training of radiographers.

Currently it is only the University of Ghana which offers post-graduate programme in Radiography. It runs an MSc in Medical Ultrasonography which is also under review to be expanded into MSc Medical Imaging and MSc Radiation Therapy. Some institutions offer Radiography-related post-graduate courses from which some Radiographers have benefited. This includes the School of Nuclear and Allied Sciences (SNAS) of the University of Ghana which runs a Master of Science program in Radiation Protection in Health

A number of radiographers have enrolled on post-graduate program in foreign universities due to the absence of such programs in Ghana. They are on MSc, MPhil and PHD programs mostly with Universities in the United Kingdom and few others South Africa, China and Australia universities.

There are plans to establish Ghana College of Allied Health Professions to offer to promote specialised training in radiography and the like.

Radiographers-Radiologists Relationship in Ghana

The relationship between radiographers and radiologists in Ghana is a very cordial one. We respect each other as two distinct professions but who work together as a team in the imaging and radiation therapy service. Radiologists are involved in the training of radiographers and are often times invited as resource persons to workshops and conferences of radiographers. We participate in each other's CPDs. In almost all the district and small hospitals Radiographers work alone in the department of radiology but in the bigger hospitals, regional and teaching hospitals the department of radiology has both radiographers and radiologists. Senior Radiographers are also involved

in the training of residents in the teaching hospitals. We also relate well in social activities as compatriots.

Leadership of Radiography in Ghana

The Ghana Society of radiographers is the sole professional umbrella of all certified radiographers in Ghana. It has a National Executive Council made up of the National officers, all regional Chairmen, the immediate past President and a Student representative. The Council is the governing body of the Society. The National Executive is headed by the President who is also the Chief Executive Officer of the Society. The Executive run the day to day affairs of the Society and has a two-year tenure after which they may be re-elected. The National Congress is the highest legislative body of the Society. Congress is currently held biennially to among other things adopt the decisions of the Council, receive reports and hold elections. There are a number of standing Committees of the Council which address specific interests of the Society. The President and the Executive represent the Society in various negotiations with stakeholders in the field; in formulation of policies in the Ministry, in the drafting of bills and legislative instruments, in labour negotiations and at deliberations of the Ghana Federation of Allied Health Professions. The Society has a five-member representation led by the Vice-President on the Professional Specific Committee of the Allied Health Professions Council. They represent the interest of radiography on the Council. The National Executive officers together with the Education and Research Committee organise Continuous Professional Education Programs for

members and actively collaborate with the Department of Radiography in the training institutions.

Achievements of the Ghana Society of Radiographers

Among the landmark achievements of the Society is the establishment of the School of Allied Health Sciences of the College of Health Sciences in the University of Ghana in the year 2001 to run undergraduate programs in Allied Health Sciences with the award of BSc. Members of the Society were very active in the formulation of policies and the drawing up of the curriculum. Members were again very active in all the struggles that finally led to the passing of the Health Professions Regulatory Bodies Act, ACT 857 (2013) which brought into being the Allied Health Professions Council. The first Registrar of the Council was a president of the Ghana Society of Radiographers. The Society has currently drafted the LI to help operationalise the Act. The Society has been able to create awareness about the science and practice of radiography through public education, continuous professional development programs and conferences.

The Society has given common identity to radiography practitioners in Ghana

International Relations

The Ghana Society of Radiographers is a member of the International Society of Radiographers and Radiologic Technologists (ISRRT).

It is eagerly looking forward to establishing closer ties with sister associations in the West Africa and other parts of the world.

Planned programs of the Society in 2016

The activities for the year 2016 have included Zonal Scientific Workshops for Radiographers in the Northern Zone in February and for those in the Southern Zone was on 12th March 2016 at the beautiful hydro-electric town of Akosombo, in the Eastern Region.

The Ghana Society of Radiographers will hold its 5th Biennial National Scientific Conference and Congress from the 4th-7th August 2016 in the Northern regional capital of Tamale. Highlights of the Congress will be the adoption of the reviewed Constitution of the Society, election of new officers and Review and Adoption of the Strategic Plan for the Society for the next decade.

Meanwhile in May 2016 there are two workshops. One organized by the School of Biomedical and Allied Health Sciences of the University of Ghana in collaboration with the Society. The main resource persons is a visiting professor in Medical Imaging and Public Health from the USA. The other workshop is being organised by the Ghana Society for Medical Physics

Radiography is a very rewarding profession. The practitioner gets satisfaction from his interaction with the patient. It is very interesting because it is dynamic and very practical. The future of radiography is very bright. Through advance practice radiographers are going to be relied on more and more.

ISRRT WEBSITE

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

Please contact:

isrmt.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.

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