



ISRRT
INTERNATIONAL
SOCIETY OF
RADIOGRAPHERS
& RADIOLOGICAL
TECHNOLOGISTS

news & views

APRIL 2017

from around the world

The Official Publication of the ISRRT





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ISRRT Editorial Committee:

Dr Fozy Peer
Mr Alain Crompt

Editor:

Rachel Bullard

Production & Design:

Deep Blue Design Studio,

deepbluedesign1@me.com

www.isrrt.org

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ISRRT Officers: Board of Management

PRESIDENT

Dr Fozy Peer,
PO Box 1435, Windsbeck,
KwaZulu-Natal, South Africa 3631
Tel: 27 31 2401881; Fax: 27 31 0865215256
Email: fozypeer@gmail.com

VICE PRESIDENTS

The Americas

Terry Ell
228 Signature Pt. S.W., Calgary
Alberta, Canada
Email: terry.ell@albertahealthservices.ca

Asia and Australasia

Dr Napapong Pongnapang
Depart. of Radiological Technology,
Faculty of Medical Technology,
Mahidol University, 2 Prannok Rd,
Siriraj Hospital, Bangkok 10700, Thailand
Tel: +66 2 419 7173; Fax: +66 2 412 4110
Mobile: +66 81 900 2210
Email: napapong@hotmail.com;
mtnpp@mahidol.ac.th

Europe and Africa

Mr Philippe Gerson
Cadre Paramédical Pôle Imagerie
Hôtel Dieu de Paris
1 Place du Parvis Notre Dame
75004 Paris, France
Tel: +33142348228; Fax: +33142348741
Mobile: +33630191555
Email: philgerson@neuf.fr

REGIONAL DIRECTORS

The Americas

Sharon Wartenbee
504 Autumn Lane, Sioux Falls, SD 57105 USA
Email: wartenbee@sio.midco.net

Asia and Australasia

Tan Chek Wee
National University Health System
Department of Radiation Oncology
Medical Centre Level 8
5, Lower Kent Ridge Road, Singapore 119074
Tel: +65 67728380
Email: sunrisepl@hotmail.com

Africa

Boniface Yao
18 BP 720, Abidjan 10, Cote d'Ivoire
Mobile: (00225) 07052526/55066420/
40097740
Tel: (00225) 21242900 poste 240
Email: kwame_boniface@yahoo.fr

Europe

Bodil Andersson
Temyntsgränd 3, SE-296 33 Åhus, Sweden
Mobile: +46 (0) 703 697122
Email: bodil-t.andersson@med.lu.se

TREASURER

Mr Stewart Whitley
UK Radiology Advisory Services Ltd
38, The Brooklands, Wrea Green, Preston

Lancashire, England PR4 2NQ
Tel: +44(0)1772 686689;
M: +44(0)7973458499
Email: aswhitley@msn.com

DIRECTOR OF EDUCATION

Dr Maria Y.Y. Law
Medical Physics and Research
8/F, Lee Shu Fan Block,
Hong Kong Sanatorium and Hospital
2 Village Road, Happy Valley, HK
Email: maria.law@polyu.edu.hk

DIRECTOR OF PROFESSIONAL PRACTICE

Ms Donna Newman
300 NP AVE #307
 Fargo North Dakota 58103
Tel: +1 (701) -234-5664
Email: donna.newman@sandfordhealth.org

DIRECTOR OF PUBLIC RELATIONS & COMMUNICATIONS

Alain Crompt
7700 rue du Mans # 606
Saint-Leonard, Quebec, Canada H1S 1Z9
Email: alaincrompt@videotron.ca

CEO SUPPORT SERVICES

Mr Dimitris Katsifarakis
Kalavriton 10 Moschato Attiki
183 44 Greece
Tel. 0030 6946 061398
E-mail: ceo@isrrt.org

FINANCE COMMITTEE

Dr Fozy Peer, Mr Stewart Whitley, Dr Napapong Pongnapang, Mr Philippe Gerson, Mr Terry Ell. See Board of Management for Finance Committee addresses.

ISRRT Committees Regional Representatives

EDUCATION COMMITTEE

The Americas

Dr Robin Hesler
594 Upper Paradise Road
Hamilton,
ON, Canada L9C 5P6
Email: lscolonel@rogers.com

Africa

Hesta Friedrich-Nel
Department of Clinical Sciences, CUT
Private Bag X20539, Bloemfontein
9300, South Africa
Email: hfried@cut.ac.za

Europe

Ian Henderson
School of Health Sciences
Robert Gordon University
Garthdee Road, Aberdeen
AB10 7QG Scotland
Email: p.i.henderson@rgu.ac.uk

Asia and Australasia

Yudthaphon Vichiani
396/20 Jarunsanidwong 32 Rd.
Siriraj, Bangkoknoi, Bangkok 10700
Email: yudthaphon@gmail.com

PROFESSIONAL PRACTICE COMMITTEE

The Americas

Christopher Steelman
6313 Central Park Road #6313 Charleston,
SC 29412, USA
Email: csteelman@isrrt.org

Asia and Australasia

James Ho Namkoong
PETMRI Center
Department of Radiology
Seoul National University Hospital
101 Daehak-ro
Jongro-gu, Seoul, 110-744, Korea
Email: koreajamesho@gmail.com

Africa

Elizabeth Balogun
Plot 526 Aina Akingbala Street
Omole Phase 2 Estate
Isheri, Lagos
Email: kanmibalo@yahoo.com

Europe

Piret Vahtramae
Parnu Hospital
Ristiku 1, Parnu 80010, Estonia
E-mail: piretv@ph.ee or piretv@gmail.com

PUBLIC RELATIONS & COMMUNICATIONS COMMITTEE

The Americas

Ms Aneesa Ali
Email: aneesaali3042@gmail.com

Asia and Australasia

Mr Robert T.L. Shen
Dept. of Radiology, Veterans General Hospital
201, Sec. 2 Shipai Rd., Taipei, Taiwan 11217
Email: tlshen@yahoo.com

Europe

position vacant

Africa

Ayodele Okhiria
HR & Medical Department
Chevron Nigeria Limited,
2, Chevron Drive, Lekki Peninsula
PMB 12825, Lagos, Nigeria
Email: delok01@yahoo.com
modelman1956@gmail.com

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

Production Editor
Mrs Rachel Bullard
Email: deepbluedesign1@me.com

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You are invited to comment in relation to the
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for future issues.

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

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

For further details or to advertise your program or new
publications please contact the ISRRT CEO Support
Services:

Mr Dimitris Katsifarakis
The College of Radiographers
207 Providence Square,
Mill Street,
London SE1 2EW
Telephone: 020 7740 7200
Email: ceo@isrrt.org

World Radiography Educational Trust Foundation (WRETF)

General Manager: Ms Sue Marchant
143 Corfield Street,
Bethnal Green,
London
E2 0DS UK
susanmarchant@wretf.org

ADVERTISING INFORMATION

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Dr Fozy Peer
ISRRRT President

President's message

I cannot believe that we are already well entrenched into 2017. It seems like we celebrated the start of the new-year just a few days ago.

Since the last Newsletter, we have attended RSNA during late November – early December 2016. We were fortunate to meet many exhibitors and renew and/or secure some new corporate sponsors. We also attended the Associated Sciences meeting where amongst other things we confirmed speakers for the 2017 Associated Sciences tract.

Sharon Wartenbee attended her first meeting as an ISRRRT Board member in her role as Regional Director for the Americas, where she met with the Pan American Health Organization (PAHO) representatives in Washington DC.

PAHO is an arm of the World Health Organisation (WHO). Pablo Jiminez from PAHO volunteered to facilitate the interpretation of correspondence from English to Spanish for the Spanish speaking countries.

Professor Maria Law, the Director of Education of ISRRRT and Dr Yudthaphon Vichianin, the ISRRRT Education Regional Co-ordinator for Asia/Australasia conducted a very successful workshop at the University of Medicine and Pharmacy in Ho Chi Minh City, Vietnam, to review their curriculum, and in particular to discuss about the up-to-date teaching methods and student assessments (see page 22 in this issue).

Dimitris Katsifarakis took up the position of CEO Support Services as of the beginning of January 2017. We look forward to working with Dimitris in his new role. Dr Sandy Yule will mentor Dimitris until June 2017 after which he will ease into retirement. We thank Sandy for his unstinting role as CEO of the ISRRRT for the past 14 years. Sandy will be dearly missed. The SCoR has allocated an Admin Secretary to the ISRRRT. Dimitris communicates with Liz on a regular basis. For now we welcome Liz in her role as part-time admin support to the ISRRRT.

In early January 2017, Stewart Whitley and Sandy Yule visited the ISRRRT archives in the John Ryland's Library in Manchester, UK to add material to the archives.

Alain Crompt, Director of Public Relations and Communications, represented the ISRRRT at the Imaging Winter School on Quality Improvement and Radiation Safety in Canada, in February, where he presented on the actions taken by the ISRRRT on the Bonn Call-for-Action.

I was invited to present at the 9th Biennial Pan African Congress of Radiology and Imaging (PACORI) in February in Dar-Es-Salaam, Tanzania where Tanzania officially launched AFROSAFE. Boniface Yao, the ISRRRT Regional Director for Africa, and I attended the launch of the Africa Radiography Forum during this meeting.

The ISRRRT was asked in reference to the 'WHO Compendium for Innovative Technologies for Low Resource Settings' this year, for assistance in reviewing the price of the X-ray device. Stewart Whitley kindly reviewed this document. Our expertise on this



President's message



President Hakon and Fozy Peer signing the corporation agreement between EFRS and ISRTT.

topic will help to promote not only the 2016 Call and Compendium, but more importantly increase access to appropriate technologies in low resource settings.

At ECR 2017, we had fruitful meetings with the EFRS, the IAEA and WHO. The ISRTT and the EFRS renewed the revised corporation agreement between both organisations for a further 5 years, after which it may be re-visited. Once again, we were privileged to meet with Dr Maria Perez from WHO. She indicated that she will arrange joint meetings of the ISR, IOMP and ISRTT as we now were under her wing at the WHO. She will continue to collaborate with the ISRTT on various issues, including matters related to patient safety culture and radiation protection.

The IAEA, requested that we work with them regarding a needs assessment related to basic training and radiographic qualifications currently available in member countries. It will be appreciated if member countries could complete the on-line survey once it is circulated. They also requested that we collaborate with them on a publication related to radiation protection and patient safety.

The IAEA also requested collaboration on a potential workshop to bring radiography educators in Africa together, and to encourage them to work on educational programs for radiographers in the region to include safety culture and ethics.

We met various vendors during ECR; where we were able to get some new corporate members and other companies to continue with their corporate membership of the ISRTT. The ISRTT-Philips



Dimitris Katsifarakis, Fozy Peer, Richard Evans.

Dosewise Award for 2016 was presented to Mr Seyoung IM from South Korea jointly by the CEO of Philips and myself as the ISRTT President.

Tim Agadakos represented the ISRTT at the HERCA meeting on CT-optimization protocols held in Vienna in March 2017. Dimitris Katsifarakis and Bodil Andersson, the new Regional Director for Europe, attended the IAEA meeting on the 'Accidental and Unintended Exposures' in Vienna in March 2017.

As the international body representing Radiographers/Radiological Technologists, members of the ISRTT Board of Management are invited to attend many national and/or regional meetings in their respective regions. I applaud the members for voluntarily giving their time and attending the different meetings for the benefit of our profession.

Best wishes. ■

Dr Fozy Peer
President, ISRTT



Dimitris Katsifarakis
ISRRT CEO Support Services

CEO Support Services report

It is a great honor for me to write my first message to you since my recent appointment as the Chief Executive of the ISRRT.

ISRRT has evolved through the determination of those Radiographers/Radiological Technologists who preserve a strong commitment to humanity values in order to unify the services to the patient through ionizing radiation, regardless of religion, colour or cultural and personal preferences. These commitments underpin the ISRRT Vision, Mission and Strategy.

I have been a member of the ISRRT since 1989. It was the same year I was elected as President of the Pan-Hellenic Society of Radiologic Technologists. The values and moral principles of the ISRRT have been deeply engraved in my mind and soul, day by day, all through those early years. I have been taught by examples set by remarkable personalities, and mother figures of the ISRRT such as Miss Marion Frank and Mrs Adrienne Finch.

I have been selected as the new Chief Executive of the ISRRT through a democratic, transparent and carefully designed and executed procedure. I succeed Dr Yule, a real gentleman of our profession, the 5th CEO of the organisation, since 1962. The inclusive title of my position was revised to “Chief Executive Officer Support Services” according to the legal requirements of the Charity Commission.

The radiography profession has a history of more than 100 years, and has gained reverence from the Health Care Providers Community. In fact it has moved forward for those who are tertiary education graduates and for those who strive to specialise through Postgraduate courses such as Master (MSc) and doctorate of Philosophy (PhD).

Unfortunately, this is not the case in some parts of the world. There are a few countries offering limited educational potential for radiographers/rad. technologists which in turn limit the prospects for patients to benefit from a more advanced level of imaging and/or therapeutic services.

ISRRT is devoted to transferring knowledge and professional best practices to those countries in need, by collaborating with the national radiography societies. In addition, the ISRRT endeavors to convince the governing bodies in these countries to further advance radiography studies.

My role as the new CEO Support Services is to explore the limits of this collaboration and to facilitate the Board of Management mission to expand the scope of the ISRRT.

One more crucial aspect of my work is to maintain and cultivate the good relationships ISRRT has with important and of great importance organisations such as the WHO and the IAEA. As you may know ISRRT maintains a Non –governmental Status with the WHO which I assure you will be further maintained and improved.

IAEA invites the ISRRT to participate in every Radiation Protection or Quality Assurance/ and Clinical Audit Technical meeting, as well as to participate in the revision of important Documents concerning the aforementioned issues. These actions highlight the high opinion that the IAEA has of the radiography (imaging and therapy) profession as a pillar to the patient's welfare.

ISRRT has also developed and promoted relationships with other stakeholders in radiation medicine such as IRPA, ISRQSA, ISR, HERCA, PAHO, PACORI, ESR, to name a few. Also, ISRRT upholds a solid relationship with our colleagues of the EFRS. My long term experience attained after many years of ISRRT representation at meetings and committees and IAEA collaborations confirm that this relationship is of a high importance.

Society-members are of vital importance for the ISRRT. The number of the national societies joining the ISRRT is continuing to escalate, and I am pleased to say that the vast majority, sustain their membership by paying their annual fees promptly. Recently we noticed few societies with expired membership have returned and have been rather enthusiastic in rejoining the ISRRT. Hence on behalf of the Board of Management I would like to welcome them back.

Liaising with Council Members and their corresponding Societies, as well as with ISRRT Associate Members will consume most of my working day. I am available almost every day for every Council Member to communicate, to discuss issues of common interest and to facilitate the communication with the Board of Management.

ISRRT is a great, powerful organisation. It is great because its Vision is great. It is powerful because all of you, each and everyone of you give power, support, devotion and respect for the work ISRRT has been doing for almost 60 years now.

I want to reassure you that if ISRRT had a role to play in the past, it will definitely have a role to play in the future.

Let's work all together as we do all these years, toward this aim.

My warmest regards. ■

Dimitris Katsifarakis



Stewart Whitley
Treasurer

Treasurer's report

This is a short report to record that the Treasurer's report for 2016 was presented to the ISRR Board and Council at the ISRR World Congress in Seoul October 2016.

The official accounts for 2016 are in the process of being compiled by our official accountants Wormald & Partners based in Bristol, UK and they are expected to be available June 2017 soon after which they will be presented to the England and Wales Charity Commission.

2017 will see workshops approved by the ISRR Board being held in the Côte d'Ivoire, Africa; Jakarta, Indonesia; Dominican Republic in conjunction with PAHO/ASRT and Managua, Nicaragua in conjunction with RADAID.

Additionally representatives of the ISRR BOARD will be attending or have attended important meetings of the IAEA and WHO which include; IAEA technical meeting on Accidental and Unintended Medical Exposures, March 2017 in Vienna; HERCA meeting on CT Optimization March 2017 in Vienna; 3rd WHO Global Forum on Medical Devices, 10-12 May 2017, Geneva and the International Conference on Radiation Protection in Medicine: Achieving Change in Practice will take place on December 11-15, 2017 in Vienna, Austria.

Such meetings provide the platform for the radiographer/radiological technologist's input into policy making at the global level and making our voice heard.

All of these activities are funded from the resources gathered through membership fees from Member countries, associate membership as well as our Corporate partnerships and income generated from the ISRR investments. These resources plus additional associate membership fees from Australia and Canada, where all members have been converted to associate membership, make this representation at the world stage possible.

At the time of writing I am starting the process of establishing the budget for 2018. This includes member organisations giving their ideas for workshops and other activities to the respective ISRR Board members. The process will start in April 1 with Board members presenting their ideas to the Finance committee, via the Director of Education, by June 15, 2017. So now is an opportunity to express your ideas and dialogue with the relevant Council member and their respective Regional Vice President and Regional Director.

Regarding PayPal I am pleased to report that we have been able to set up a PayPal account and at the moment new associate members can register and pay for one year's subscription via the website. We are still working on an expanded system which will enable three years subscription and other payments and donations to be made – watch this space. That said now is the opportunity to join as an associate member!

We are always looking for new Corporate sponsors and ideas to generate funds for all our activities. So I invite ideas that would generate valuable funds – please contact me at aswhitley@msn.com

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

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

Stewart Whitley



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Alain Cromp
Director of Communications and
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Communications and Publications report

Website

The CEO and myself are working on the new website for the ISRRT. We are in the process of evaluating the proposals for a complete new website that will best serve the association and all the members of the ISRRT. Our goal is to have a nice visual and a navigation through the website that will be easier, more intuitive and with much better and useful information for everybody.

The new version of the ISRRT website should be online before the end of 2017 after approval by the Board.

World Radiography Day 2017

The production the World Radiography Day 2017 poster is well underway. The Board is in the final selection to choose the best theme. The poster will be available on time for the week in November.

Canadian Organization Of Medical Physicists

I was invited to the Imaging Winter School on Quality Improvement and Radiation Safety in Canada during the first week of February 2017 to present the actions taken by the ISRRT and the CAMRT on the Bonn Call-for-Action.

I was also on a panel on radiation protection with:

- Dr Guy Frija, Radiologist consultant and Professor Emeritus, University Paris-Descartes Chair, Eurosafe Imaging Campaign (ESR)
- Dr David Koff Professor and Chair Department of Radiology McMaster University Radiologist-in-chief Diagnostic Imaging Hamilton Health Sciences

This conference was organized by:

- The Canadian Organization of Medical Physicists (www.comp-ocpm.ca)
- Canada Safe Imaging (<http://canadasafeimaging.ca/fr/>)



ISRRT WEBSITE

The ISRRT website carries up-to-date addresses of all member societies and information on the ISRRT and details of future meetings.

www.isrtr.org

or contact the ISRRT CEO:

ceo@isrtr.org

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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Nobel laureate Sir Peter Mansfield, PhD.

VALE

Sir Peter Mansfield

1933–2017

MRI pioneer Sir Peter Mansfield dies

Report by [Kate Madden Yee](#)

Nobel laureate Sir Peter Mansfield, PhD, who performed early research in nuclear magnetic resonance that led to the creation of MRI, died on February 8, 2017 at the age of 83, the University of Nottingham announced.

Mansfield was born in London in 1933 and joined the University of Nottingham in the U.K. as a physics lecturer in 1964. With collaborator Paul Lauterbur, PhD, he used nuclear magnetic resonance to image the internal structure of objects, visualizing a human finger in 1976. Mansfield retired from the university in 1994.

In 2003, Mansfield and Lauterbur shared the Nobel Prize in physiology or medicine for their contributions to the development of MRI. But the award also prompted controversy when U.S. physician Dr. Raymond Damadian was snubbed by the Nobel Committee, despite early work he performed using nuclear magnetic resonance that was contemporaneous with the work done by Mansfield and Lauterbur.

Damadian went on to sponsor a contentious public relations campaign criticizing the Nobel Committee's decision. The controversy continued to simmer years later, such as when a Damadian ally gave a talk at the European Congress of Radiology (ECR) in 2014 criticizing the Nobel Committee's decision.

In addition to his early work in MRI, Mansfield also invented echo-planar imaging, which is the key to functional MRI, the University of Nottingham said.

His scientific contributions have had great influence, said Vice Chancellor Sir David Greenaway in a statement.

"Few people can look back on a career and conclude that they have changed the world," Greenaway said. "As a scientific leader and a highly prized colleague, he will be greatly missed in our university. But he has left an extraordinary legacy which will continue to inspire others to change the world."

Mansfield is survived by his wife, two daughters, and four grandchildren. The university has set up an online book of condolence. ■



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Stanley Eustace.

VALE

Stanley Eustace GM
1921–2016

From bookbinder to Chief Radiologist

STANLEY, or Stan as he was usually known was born in 1921, the second son of Maud and Fredrick Jabez Eustace. His childhood was spent in Crofton Park in SE London, where he attended the local schools and Methodist Church. He enjoyed playing the piano, which he did to a high standard and this talent would play a large part of his life in future years. He also learned many practical skills from his father.

On leaving school his parents arranged for him to start an apprenticeship in bookbinding – just about the most unlikely trade he would have chosen for himself.

His apprenticeship ended rather abruptly when during the Second World War he joined the Royal Air Force to train to be a navigator. Like his father Fredrick, he excelled in maths and this was an opportunity for him to use this ability in a very practical way. His training took place in England then South Africa and on qualification he was sent to join the Bomber Squadron based in Foggia in Italy. He flew on many successful missions, though on two occasions he was forced to bail out and thankfully landed safely by parachute in unoccupied territory.

After being demobilised at the end of the war he trained to become a Radiographer at the Royal Northern Hospital in London. It was during this period that he met and married Doreen Highman. Initially working in England, Stan and Doreen then moved to Nigeria where he was one of a small team creating and then running a national School of Radiography in Lagos.

Just prior to their departure to Nigeria, Stan witnessed an armed attack on a Bank Clerk. Stan managed to pull the thief to the ground and hold him until the police arrived. For this brave act Stan was awarded the George Medal and the City of London's Binney award for that year.

While working in Nigeria, his son Colin was born. Once the school was up and running smoothly Stan, Doreen and Colin returned to England where Stan continued his career as the Superintendent Radiographer at St. Marks Hospital in London.

In the course of time his twin daughters, Angela and Heather were born and the family moved to Bushey in Hertfordshire. Needing to furnish and refurbish the new house, Stan confidently tackled carpentry, electrical, plumbing, decorating and landscaping jobs in and around the house. He was particularly good at carpentry and during an evening course in joinery he made an oak dining table and four chairs that are still in use today. The wood for that project came from redundant school desks.

Soon after his daughters were born Stan came out of medical radiography and trained to become an industrial radiographer working at De Havilland and rising to become their Chief Radiologist. He was also a founder member of the British Society of Non-destructive Testing with a keen interest in producing their periodical journal.

Changes of ownership and amalgamation led to Stan's post becoming ►



VALE: Stanley Eustace

redundant and in December 1967 he found himself unemployed with a family of five and a mortgage to support. While working in the industry he kept in touch with medical radiography by working weekend shifts at the Peace Memorial Hospital in Watford.

Stan noted that the X-ray department at the hospital in Watford was frequently struggling to provide enough staff to man the department 24 hours a day, 7 days a week.

Although, for many years, hospitals had used agency nurses to augment their own staff, there was not an agency that could supply Radiographers. Stan had in the back of his mind that he could open such an agency and his post being made redundant turned out to be just the stimulus he needed to have a go. In 1968 The Agency of Radiographers was founded, initially with Stan spending a considerable amount of time 'on the road' introducing the agency to superintendents in the London area while his wife, Doreen manned the office.

The Agency grew week by week and turned out to be a great success. Stan decided to expand the service to provide the staff from the remaining Professions Supplementary to Medicine. To include the new professions he started a second company, Corinth Paramedical Services, which was based in central London. Unfortunately this expansion took place just before the NHS as a whole was instructed to significantly curtail the use of agency staff.


A couple of lean years followed but the agencies survived the recession and started to grow again. It was at this point that his son, Colin joined the company. The two companies amalgamated under the banner of Corinth Medical. In the following 22 years the agency went from strength to strength. Not wanting to retire in his sixties Stan took on the roll of a Non-executive Chairman and continued to attend board meetings and 'Fly the Flag' at professional conferences, both in the UK and overseas. This left his son, Colin to run the day-to-day activities of the company. Out of the blue, in 2000 an offer was made to buy Corinth Medical, which Stan and Colin accepted and in October of that year they both found themselves happily unemployed.

During his life Stan achieved much praise and recognition for his contributions to public services and, in particular, Radiography. ■

- Awarded the George Medal for bravery
- Member of the Watford Chamber of Commerce
- Member of two Department of Health and Social Services Appeal Boards
- Vice Chairman of a newly formed alternative society of Operating Department Practitioners
- Awarded the Society of Radiographers Silver Medal for outstanding services to Radiographer
- Granted admission to the Livery Company of Air Pilots and Navigators
- Granted the Freedom of the City of London
- Founder member of the International Society of Radiographers and Radiological Technician's (ISRR)
- Trustee of the World Radiography Education Trust Fund (WRETF)
- Member, Officer and organist in a number of Masonic Lodges.

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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.

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1st Edition 2009, 2nd Edition 2013

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Diary Dates 2017

April 21-22

1st Joint Radiology Training Day

The Tunisian Association of Radiological Technologists (ATTR) in collaboration with the Algerian Association of Radiological Technologists
Hammamet, Tunisia

April 27-30

Annual General Conference (AGC)

Hosted by CAMRT and the Ontario Association of Medical Radiation Sciences
Ottawa, Canada

April 2017

French MRI Congress for Radiographers

Strasbourg, France

June 2017

Radiotherapy Congress

France

June 22-25

ASRT Educational Symposium and Annual Governance and House of Delegates Meeting

Orlando, Florida

June 23-25

21st Asia-Australasia Conference of Radiological Technologists

Hong Kong Science Park, Sha Tin, Hong Kong

June 24-26

ASRT Radiation Therapy Conference

San Diego, California

November 10-12

"Breaking the Silos: Innovation, Intervention, Integration"

The Barbados Association of Radiographers (BAR) in conjunction with The Barbados Health Information Management Association (BHIMA) 3rd biennial conference
Bridgetown, Barbados

2018

April 12-15

20th ISRRT World Congress

Port of Spain, Trinidad and Tobago

Contact: email: soradtt@yahoo.com www.soradtt.com



This is one of only two purpose-built neonatal MRI machines in the world.

World's smallest MRI helps tiny babies

Report by [Fergus Walsh](#), BBC News online

Doctors in Sheffield, UK, are pioneering the use of a compact MRI scanner for imaging the brains of premature babies.

THE machine, at the Royal Hallamshire Hospital, is one of only two purpose-built neonatal MRI scanners in the world. At present, ultrasound is normally used to scan the brains of newborns.

Prof Paul Griffiths, of the University of Sheffield, said MRI was better at showing the structures of the brain and abnormalities more clearly.

Clearer images

So far about 40 babies have been imaged in the MRI scanner, which was built by GE Healthcare with funding by the Wellcome Trust.



One of them, Alice-Rose, was born at 24 weeks and had two bleeds in the brain. Her parents, Shaun and Rachael Westbrook, said the MRI scan was very helpful.

Shaun told me: "It's a much crisper image and a lot easier to understand than the ultrasound."

Rachael added: "It's been a rollercoaster since Alice-Rose was born on 6 November: not everything was fully formed, and she still weighs only 2lb 13oz (1.28kg).

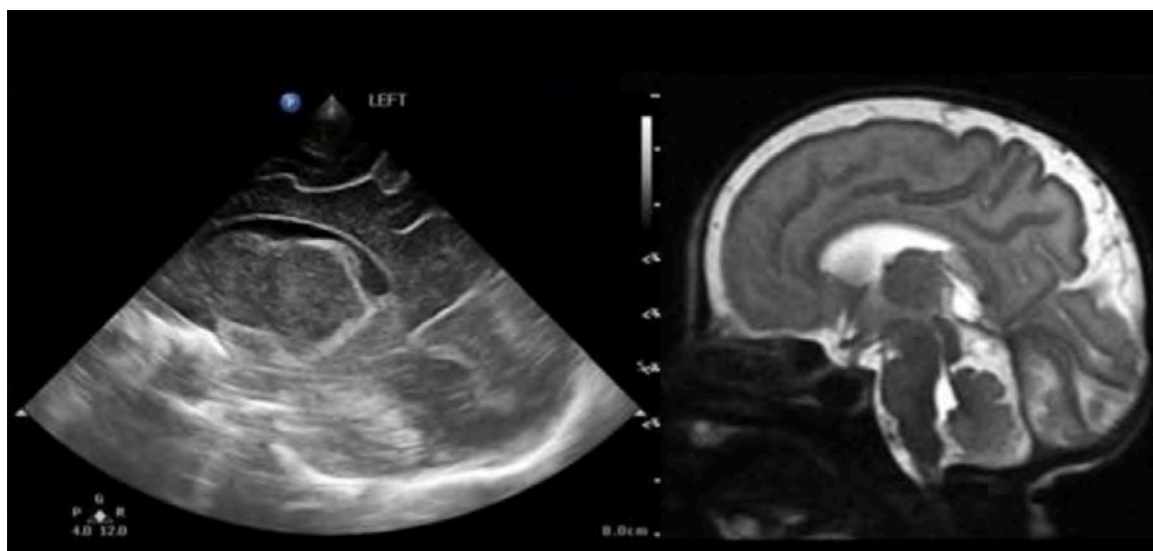
"The MRI was reassuring as it meant you got a better look at her brain."

Ultrasound of the brain is possible in newborn babies only because the bones in their skull are not yet fused.

Ultrasound v MRI

The sound waves can travel through the two fontanelles – the soft spots between the bones.

Prof Griffiths said: "Ultrasound is cheap, portable and convenient, but the position of the fontanelles means there are some parts of the



Ultrasound image (left) of Alice-Rose with MR image (right). The MRI shows the structures of the brain with greater clarity.

Image: University of Sheffield.

brain which cannot be viewed.

“MRI is able to show all of the brain and the surrounding anatomy, making the images easier to explain to parents.

“From a diagnostic point, the big advantage is that MRI is able to show a wider range of brain abnormalities, in particular those which result from a lack of oxygen or blood supply.”

MRI scans are rarely performed on severely premature babies because the risks involved in transferring and handling a sick infant can outweigh the benefits.

Prof Griffiths said: “MRI machines are huge, heavy objects which are sited in the basement or ground floor of hospitals, whereas maternity units are usually higher up, or in a completely different building, so it can mean a complicated journey to get a baby to and from the scanner.”

Evelina Children’s Hospital in London has a full-size MRI scanner within the neonatal intensive care unit.

The compact baby MRI machine at the Royal Hallamshire is not much bigger than a washing machine and just metres away from the neonatal intensive care unit, meaning that specialist staff are on hand in case of problems.

The concept for a dedicated neonatal scanner was originally developed more than a decade ago by Prof Griffiths and Prof Martin Paley, of the University of Sheffield.

Two prototype 3 Tesla neonatal MRIs were eventually built - the other is in Boston Children’s Hospital in Massachusetts - although it is no longer in use.

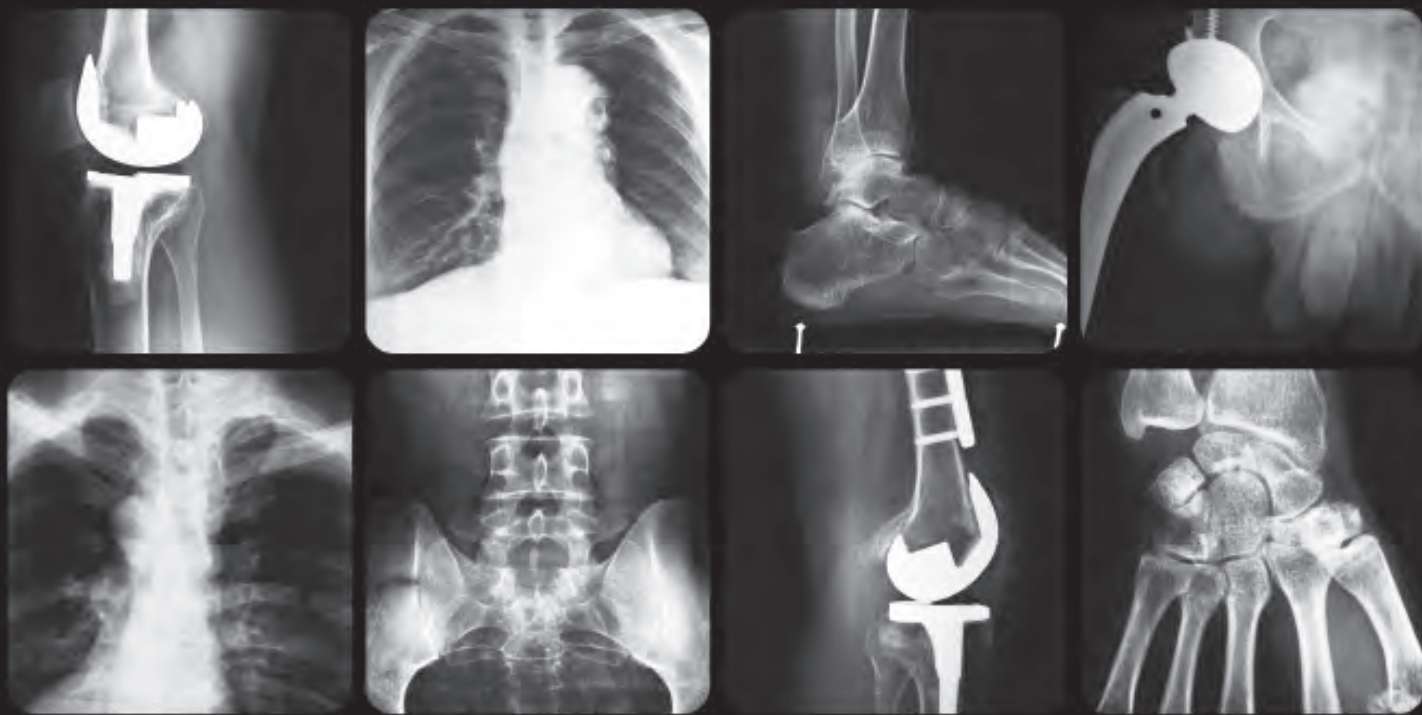
Neither machine has regulatory approval for clinical use, and both remain purely for research.

Prof Griffiths said the next step would be to do a trial in premature babies to show definitively that MRI produces a better diagnosis and whether it altered the clinical management of children.

It is not known how much a neonatal MRI machine would cost, should the system eventually get commercialised, but full-size scanners are typically priced at several hundred thousand pounds.

Cincinnati Children’s Hospital has a 1.5 Tesla neonatal MRI scanner that was adapted from adult orthopaedic use. ■

This article has been reprinted with permission from BBC News online.



Ghana: World Radiography Day

November 8, 2016

Report by [Prince Rockson](#), President Ghana Society of Radiographers

IT WAS an incidental finding! What started out as a physics exploration in a cathode ray tube produced a glow not only within the precincts of academia but also laid the foundation for medical imaging, an integral part of the dispensation of healthcare today. The birth of this enigmatic electromagnetic wave christened 'X' ray also ushered in a profession whose primary responsibility it was to employ the knowledge of this ray to produce images of the body to help identify and characterise diseases. This is radiography! Radiography is thus a branch of health care that deals with the usage of radiation in image production to facilitate diagnoses (diagnostic radiography) and also treatment of cancer (Radiotherapy).

Since the discovery of X-ray by Wilhelm Conrad Roentgen in November 1895, radiography has progressed from basic to advanced x ray imaging (CT) and further to the use of ultrasound, magnetic flux and positron emission in image production. Due to the intricate linkage with technology, radiography is one of the fastest growing specialties in the dispensation of healthcare.

Aside the enigma surrounding its discovery, X-rays constitute a double edged sword. The benefits of X-rays are unequivocal nevertheless studies done amongst survivors of the Hiroshima, Nagasaki and Chernobyl disasters have demonstrated some deleterious effects, notably cancer. Unlike light which is also a part of the electromagnetic spectrum, X-ray is invisible hence its presence can only be inferred from its effects. The relationship between xray and cancer is largely one of probability as such one cannot readily determine the dose of radiation that is harmful. The guiding principle is therefore that of caution, judicious use of radiation bearing in mind its effects and

keeping doses as low as possible. The radiographer is thus the health professional trained to protect the patient and general public from the harmful effects of radiation but still produce an image that will aid diagnosis. We radiographers are the custodians of radiation protection.

The knowledge of radiography even amongst health professional leaves a lot to be desired. Radiographers are called x-ray operators, x-ray men women or technicians. From the ongoing discussion, it's pretty obvious that these descriptors are overly simplistic and concrete and demonstrate a wretched dearth of understanding of the scope of the profession. An amusing allusion is to call a farmer a seed planter! The name Radiography is an amalgam of two words: radio denoting radiation and graph, the Greek root for writing. Radiography therefore literally implies writing with radiation!

Over the years radiography has progressed from the basics of training people on the job to taking photographs of broken bones and chest xrays to formal training of persons in the ethics of medical practice, radiation protection, radiographic technique, patient management and equipment. It is a four year degree program offered currently by the University of Ghana with prototypes in University of Cape Coast, KNUST and the University of Health and Allied Sciences (UHAS) at different stages of completion.

The role of the radiographer in health delivery over the past century has undergone significant evolution with consultant radiographers now undertaking image interpretation, research and teaching.

The future of the profession in Ghana remains very bright with prospects in academia, research and advanced clinical practice.

Our motto is *servitas humanitatis* ... We serve humanity. ■



VI Polish Workshop connected with the International Day of Radiology

The Greater Poland Oncology Centre
Poznan
November 19-20, 2016

Report by [Dorota Wojtusik](#) and [Jolanta Tomczak](#), Organising Committee, The Polish Society of Electroradiology

VI Polish Workshop connected with the International Day of Radiology was organised by The Polish Society of Electroradiology, The Greater Poland Oncology Center and The Electroradiology Department of University of Medical Sciences. The event took place in The Greater Poland Oncology Centre in Poznan on 19-20 November 2016.

The conference embraced two thematic blocks: radiology and radiotherapy. The inaugural lectures were delivered by Prof. Dr n. med. Julian Malicki – lecture entitled “The potential trends in education of electroradiologists in Poland” and Martijn Kamphuis MS.C (Netherlands), the member of the board of ESTRO RTT Committee who had a speech “3D Imaging in the era of adaptive radiotherapy”.

The lectures were divided into the following thematic modules:

1. Advanced imaging techniques and control of mobility during treatment
2. Hyperthermia and radiotherapy intraoperative
3. Modern approach to methods of immobilisation in radiotherapy
4. Radiology
5. Mammography and prevention

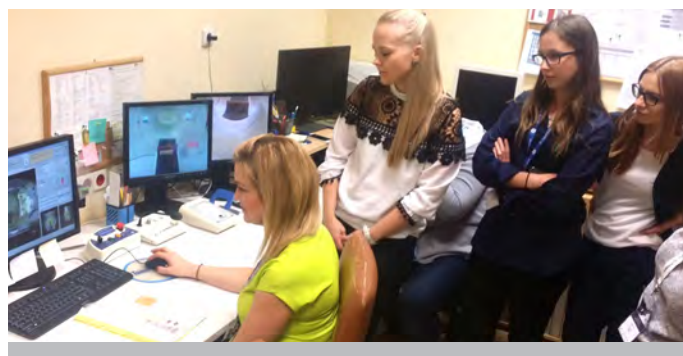
All the lectures aroused a great interest and raised many questions followed by talks in the conference hall.

The second day of the workshop was dedicated to practical classes: medical emergency - first aid in emergency cases in departments and wards (Msc Radoslaw Zalewski), 3D printing in medicine (Mr Mikolaj Maksym,) and workshops with contouring the radiation therapy (Msc Anna Kowalik, Msc Bartosz Bak).

Likewise, practical problems were addressed when visiting The Department of Radiotherapy of The Greater Poland Oncology Centre (Msc Natalia Chuda).

Once again, we congratulate the students of scientific circle “Radioaktywni” function at the Medical University of Bialystok (President, Aneta Matelska, Deputy, Tomasz Latoszek, guardian Msc Ewa Pasięka) for the first place in a competition organised by the PTE on the most active student scientific circle in the field electroradiology in the academic year 2015/2016. Congratulations and we wish you continued success in the scientific field.

We also thank the students electroradiology University of Medical Sciences: Weronika Szyszka, Anita Nowak, Magdalena Biela and Pawel Bak for help in organising the workshop and registration of participants. ■





Participants at UMP of HCMC.

Reflections on Education Workshop

Ho Chi Minh City, Vietnam
December 26-29, 2016

Report by

Maria Law, Director of Education

Yudthaphon Vichianin, Regional Co-ordinator for Education – Asia/Australasia

Mai Thi Bach Tieu, Lecturer, University of Medicine and Pharmacy

Sylvie Feuerle, Head Radiographer

Part I: Background and Introduction of the Education Workshop

Many countries in Asia operate a “3-in-1” radiological technology program. They have medical imaging, radiation therapy and nuclear medicine taught in the same program of 3 or 4 years. When graduates obtain their practice licence, they then can choose to work in any of the three disciplines.

One of the radiological technology education programs in Vietnam is hosted by the University of Medicine and Pharmacy (UMP) in Ho Chi Minh City (HCMC). The lecturers of the radiological technology program invited Professor Maria Law, the Director of Education of ISRRT, and Dr. Yudthaphon Vichianin, the ISRRT Education Regional Co-ordinator for Asia Australasia to conduct a workshop to review their curriculum, in particular to discuss about the up-to-date teaching methods and student assessments.

Soon after Christmas and on 26 December 2016, Prof. Maria Law and Dr. Yudthaphon landed in Ho Chi Minh City in the morning. They were received by the Chairman of the Ho Chi Minh City Association of Radiological Technologists (HART) Mr. Loc Van Thai, and Miss Mai Thi Bach Tieu and Miss Ngoc Loan Tran Thi from UMP. They then visited two hospitals, one public and one

private, where there were radiation therapy facilities and discussed with the Radiation Oncologist, Dr. Cung Thi Tuyet Anh of the Oncology Hospital and the Head Radiographer, Ms Sylvie Feuerle of the FV Hospital, about the radiotherapy standards in their respective hospital and in Vietnam.

Radiation therapy professionals in Ho Chi Minh City felt a lack of training on the whole for the practicing radiation therapy technologists, most of whom were converted from nurses without radiotherapy knowledge. While a revamp to the UMP curriculum was discussed, remedial training to the practising technologists was also deliberated. A radiation therapy workshop was being planned for mid year in 2017. Funding is being solicited from various sources to realise the radiation therapy workshop.

The Education Workshop in HCMC was thus in three parts. The first part was a curriculum review, the second part was on teaching and assessment and the third part was organization of a future workshop for radiation therapy.

After the workshop, three of the participants wrote about their views, their reflections and their motivation to enhance the training within the university and the country. Below are the three pieces of

writings from Ms Mai Thi Bach Tieu and Tran Thi Ngoc Loan, both of which are lecturers of the UMP and from Ms Sylvie Feuerle, the Head Radiographer of the FV Hospital in HCMC.

Part II:

Reflection 1 -

From Learning to Action – An educator's reflection

By Mai Thi Bach Tieu

The three days working with Professor Maria Law and Dr Yudthaphon Vichianin was a great experience for each of us. It did not only provide information of the education of Radiological Technologists (RTs) in the region, modern teaching and learning methods but also gave us food for thoughts, as well as augmented my energy and enthusiasm for education.

On 27th December, 2017, we shared the radiological technology curriculum in Vietnam, Thailand and Hong Kong. After learning about the various radiological technology training models and looking back at the current UMP curriculum, we have a stronger desire for reformation and proper attention to education in UMP.

Regarding the current program in UMP is a “3-in-1” radiological technology program, we found it necessary to have a better ratio of content among the three disciplines: medical imaging, radiation therapy and nuclear medicine so that more time can be devoted for radiation therapy.

We really want an innovation in education but it is difficult to change the whole structure of the curriculum because of the management mechanism and more preparation is needed. The first step that we can do now is at subject level with attention to lecture quality, learning and teaching materials, reference sources and teaching and learning methods. We also need to annually review the curriculum to make a little change at a time before implementing any major changes.

Compared to other countries, we recognize the differences and limitations of facilities and education management system in Vietnam, we are considering taking the step towards a more comprehensive revamp.

The program with the three disciplines started just recently. Before that, it included very simple concepts of nuclear medicine, radiation therapy and even CT, MRI. The teaching was mainly from

clinical experience rather than from formal documents or books. We found online sources sometimes confusing. Prof Maria Law and Dr Yudthaphon provided us some good reference books for learning and teaching. It is valuable information.

There was an effective and exciting discussion between UMP lecturers, clinical mentors and invited guests together with Prof. Maria Law and Dr. Yudthaphon who gave us comments and advice. The review and discussion provided many ideas for us to refine our curriculum to meet the core competencies of a qualified radiological technologist and the employers' expectations.

A workshop on teaching and assessment was conducted on 28th December. It started with an overview of teaching methods, then followed by e-learning, the hybrid classroom, learning through research projects. The afternoon was all about assessments, clinical teaching and assessments. Other than the staff from the university, a few clinical mentors from the clinical departments also participated. The majority of the audience were students from the department. Their aim was to learn more about other parts of the world as well as English.

Most of the classes taught in traditional passive methods proved ineffective. The workshop helped us to redefine the goals of education, to consider what students really need for the real world of work. Modern teaching and learning methods which develop students' abilities of self-learning were introduced and would encourage students' independent thinking, stimulate students' curiosity, induce creativity, and empower students to face challenges of the modern world. The many ideas from the workshop were turned into a to-do list:

- Prepare teaching and learning materials in various formats
- Apply active teaching methods and collect students' feedback
- Learn and apply e-learning and hybrid class
- Use professional terms in English more often to help students get familiar with them.
- Consider the use of portfolio as a tool of assessments
- Promote researches and learning through research projects, starting from papers publication and applied projects with students as Dr Yudthaphon's suggestion.

Besides, what we really like about the workshop was that the advisors were very friendly, full of enthusiasm and work with their heart. This made the workshop a funny, interesting and friendly conversation where we felt comfortable to raise questions on what we did not



Speakers for the Workshop, Prof Maria Law and Dr Yudthaphon Vichianin.



HART members at the farewell dinner.



Chairman of HART gave out Certificates of Appreciation to speakers.



Prof Maria Law and Dr. Yudthaphon Vichianin were received by the Chairman of the Ho Chi Minh City Association of Radiological Technologists (HART) Mr Loc Van Thai, Miss Mai Thi Bach Tieu and Miss Ngoc Loan Tran Thi.

understand, what we thought, what we needed and what we wanted to share.

I was very excited in working with Prof. Maria Law and Dr. Yudthaphon. I do not want to attend seminar and workshop just to get information and then shelf it. I am looking for information to understand UMP policies and procedures of doing projects. I hope we can find funding to do projects on education. I have also gathered a group of student volunteers who are willing to collaborate in projects. Our students are disadvantaged compared to students in other countries because of the poor facilities, and unsatisfactory learning conditions and environment. We find it our responsibilities to provide a more favourable learning environment for our students.

In summary, the few days had been really effective, providing us much information, expanding our horizons, broadening our understanding, offering us many ideas, bringing us lots of emotions and affections, and burning up again inside us a stronger flame of enthusiasm for education. We sincerely thank the ISRRT, especially Professor Maria Law and Dr Yudthaphon Vichianin, for all the special things they did for us.

Part II:

Reflection 2 -

Highlights and Reflections about the Workshop

By Tran Thi Ngoc Loan

This is a useful workshop for our lecturers in the Department of Medical Imaging Technology, University of Medicine and Pharmacy at HCMC, three days working with a lot of interesting information. It helped us a lot in redesigning our curriculum in the near future.

1. The Curriculum workshop

We listened to the different curricula from Hong Kong and Thailand. The Thailand curriculum has a ratio 2:1: 1 for Imaging: Radiotherapy: Nuclear Medicine. I think this is a good path for us to follow because our curriculum is nearly the same as that of Thailand.

Therefore, it is easy if we change it gradually.

In the afternoon we discussed about whether we needed to translate the textbooks into Vietnamese because our students are poor in English. It was suggested to combine English and Vietnamese in our lectures, i.e. to use the technical terms in English but explaining in Vietnamese. I think it is the good suggestion because with such combination our students can gradually be familiar with the technical terms in English and they can learn by themselves when they graduate from university.

Prof. Maria Law suggested us a way to increase the number of credits for Radiation Therapy such as by putting Nuclear Medicine (NM) as a post-graduate program. This would save more study time for Radiation Therapy. It is really a good direction for us to change the curriculum.

The meeting also created a good chance for us to hear from the medical staff of the University Medical Centre (UMC) and the FV hospital. They shared their opinion about the quality of graduates from UMP HCMC in a constructive way and we hope we can improve the weakness and maintain the strengths in the future.

Some questions about "How to make students more active in learning?" were discussed and experience was shared by our two experts from ISRRT sincerely. Some examples of use of portfolios as assessments were shown and it stimulated me to adopt it in my teaching.

The video clip about a virtual simulation tool for radiotherapy training was shown. We wish we could have one as it is really useful for our teaching and learning.

2. Workshop on learning and teaching

Many types of teaching and learning methods were delivered to teachers and students in UMP. Some were traditional and some were new. This had addressed my curiosity in which types of teaching methods that teachers in other universities use to teach their students.

3. Organisation of Radiotherapy workshop

This was a meaningful meeting because this was the first time for the ►

enthusiastic professionals in radiotherapy to meet and discuss about the developments of Radiotherapy in Vietnam. In addition to the two experts from ISRRRT, those in the meeting included: teachers in UMP (who were responsible for teaching radiological technology students in UMP HCMC), Mr Thai Van Loc (President of HART), Dr Tuyet Anh from Oncology Hospital (who had helped build the new curriculum of Radiotherapy for RT in HCMC), Ms Sylvie from FV hospital (Head of Radiographers in FV hospital, and she had experience in training for Radiotherapists in her hospital), and Mr Tan Chau – a Medical Physicist. Everyone showed interest in the discussion. They shared their own opinions about the challenges of education of radiotherapy in Vietnam. Some good suggestions were given to solve the problem and improve the quality of education.

We were also showed the IAEA Handbook for the Education of Radiation Therapists (RTTs), which contained a lot of details about the definition of RTTs, core competencies and the scope of practice for RTTs. The reference was really useful for building our curriculum for RTTs in the near future.

Then there was a lively discussion about the workshop for Radiation Therapy in HCMC with the cooperation between experts from international, local experts in Vietnam and Medical Physicist(s). We looked forward to the successful organisation of the Radiation Therapy Workshop in mid 2017.

Part II:

Reflection 3 -

A reflection on the training of future technologists

By Sylvie Feuerle

Lots of ideas and examples of the existing radiographer curricula in the region (from Hong-Kong & Thailand) and International references (from IAEA) had been exchanged during this very constructive workshop. It should help the teachers of the Medical Imaging Technology branch from the University of Medicine and Pharmacy of HCMC to review the radiographer curriculum and to prepare them to better meet the future needs of the hospitals.

Some important questions have been raised: Are the hospitals,

as customers of the University, happy with the quality of the newly graduated radiographers? What skills are needed in hospitals and how to get these skills? Should the students' training include the 3 specialties (Imaging-Radiotherapy-Nuclear Medicine) in 1 Curriculum or should it be 2 in 1 (Imaging-Radiotherapy)? Should we keep teaching Nuclear Medicine while it is a minor need on the market? Are the students satisfied with their curriculum (as customers of the University)? Is there a need of accreditation of the University program?

It was also evident that the way that the teachers had to teach theory at the University and practice clinical in hospitals, while giving personal mentoring to each student may not be sustainable in the long term. This clinical duty took up too much of their time. A network with affiliated hospitals and responsible persons in each of these hospitals, with someone from the University to coordinate between students, university and hospital (clinical associate) has been presented as an example of organisation of the clinical practice for students. In such a model, it is important to define clinical practice objectives, to explain and train professionals using the University evaluation tools, and to brief students before they go to hospital departments.

Regarding the therapeutic radiographer training in HCMC, the first batch of 4-year bachelor students for whom 45 hours of theory on radiotherapy had been included in their curriculum with two weeks of clinical practice in radiotherapy departments are now graduated. This has been made possible with the strong support of Dr Cung Thi Tuyet Anh from Oncology Hospital. It will be interesting to see the impact of this new training in the radiotherapy departments that will recruit them. This can become an example to follow for the whole country.

About the method for teaching, some example of effective techniques have been presented, with more active participation of the students for an active learning and with the advice to guide them to explore things and to think by themselves. Currently, university does not have research component but is something to be added for the near future.

All these should now be thought by all stakeholders, academic or clinical alike, and to be applied for re-designing the radiographer curriculum for the years to come. ■



Delegates from Nigeria, Kenya, Ghana, Tanzania and Botswana at PACORI

PACORI 2017

Dar Es Salaam, Tanzania February 16-19, 2017

Report by [Hesta Friedrich-Nel](#) and [Ayodele Okhiria](#)

The 9th Biennial Conference of the Pan African Congress of Radiology and Imaging (PACORI) took place at the Julius Nyerere International Convention Centre in Dar Es Salaam, Tanzania, February 16-19, 2017.

A few interesting facts about the city: Dar Es Salaam, or 'Dar' in short, means 'safe port'. The vibrant city is the business centre of Tanzania. Many of the streets in 'Dar' reflect the celebration of a number of world leaders as the visitor will find Samora avenue, Mandela drive, Barack Obama drive and the Julius Nyerere suspended bridge. Zanzibar is reachable by ferry or plane. Tanzanians speak Swahili and English and are very friendly people.

The pre-conference workshop was hosted by the IAEA with the theme: Radiation protection in medical imaging. During the workshop there was an update on AFROSAFE with the launch of the AFROSAFERAD implementation tool matrix. This matrix is available as a downloadable document on the SORSA website www.sorsa.org.za. The conference program from February 17-19 was packed with interesting and informative papers presented by among others radiologists, radiographers and physicists. The sessions on the final day of the conference that I attended offered an interesting variation from the role of imaging in brain death, orbital ultrasound, causes of spinal stenosis, CVA imaging, traumatic brain injury imaging, obstetric and abdominal ultrasound and age assessment, to mention a few. Adequate time was allowed at the end of each session for questions and discussions so as to stimulate further dialogue.

Hesta Friedrich-Nel and Japhet Mwanzamilla, a first year radiography student at MUHAS in Tanzania.





Panel discussion after the session during the conference provided active engagement time with the presenters.

On the social side, opportunities for networking were available, with the highlight the gala dinner on Saturday evening at the Peacock Hotel. Guests were glued to their seats with the performances of the traditional performers. And as always, when the music plays, all the delegates feet are led to the dance floor.

During the closing session, the respective chairpersons of TARA (Mr Mkoloma) and TARASO (Dr Jafta) presented closing remarks and reflected on the constructive dialogue during the conference. The next conference will take place from February 13-17, 2019 in Accra, Ghana.

Kind acknowledgement to SORSA for funding to attend the conference.

Hesta Friedrich-Nel, Director Professional Practice

The 9th Pan African Congress of Radiology and Imaging

The Pan African Congress of Radiology and Imaging (PACORI) took place from February 17-19, 2017 at the, Mwalimu Julius Nyerere Convention Centre (JNCC), Dar es Salaam, Tanzania.

PACORI is a bi-annual congress that brings together the largest gathering of practitioners in radiation medicine and manufacturers in Africa. In attendance were radiologists, radiographers, medical physicists, radio-oncologist and diagnostic equipment manufacturers. Over 300 delegates attended the 2017 congress.

Among the prominent guests and delegates were the ISRRT President Dr Foz y Peer, supported by the Regional Director and the Regional Coordinators for Education and Public Relations.

Highlights of the congress included the launching of Afrosafe,

and the African Radiography Forum (ARF) a regional federation of radiographers.

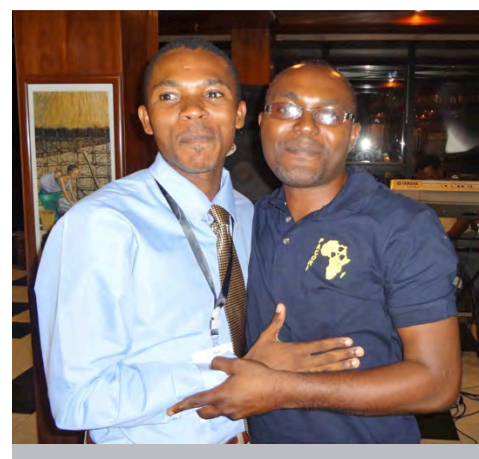
At the launch of the ARF, Dr Peer encouraged the leadership to ensure the creation would further strengthen the ISRRT and its objectives.

The next PACORI is scheduled to take place 2019 Accra, Ghana. ■
Ayodele Okhiria, PR and Communications Director, Africa

Below: An interesting observation in Dar Es Salaam.

Bottom left: Delegates at PACORI.

Bottom right: Mr Stephen Mkoloma, Chairperson of Tanzania Radiography Association (TARA) with the first year student who won the competition. The prize-giving ceremony took place at the conference gala dinner on 18 February 2017.





Mentoring benefits

Report by [Nicole Dhanraj](#), Radiology Director at the Guam Memorial Hospital Authority, Guam

As a radiology student in the United States, during clinical rotations at various institutions, students are paired with a mentor or an experienced technologist. This is quite beneficial to the student as it can be daunting for the new professionals as the field of radiology encompasses a vast sphere of knowledge from the technology, to regulations to learning the various radiologic techniques and procedures. Upon graduation, new radiology professionals may be fortunate to be paired with someone for a short period to “shadow” the daily routine, get acclimatized to the organization and become more familiar with the department. Others may not be as fortunate and thrown into the “fire”. Though some may be able to survive the trauma of being thrown into operations, in the majority of times, these employees become frustrated, unhappy and ultimately do not perform at their best.

Consequently, it is important for both managers and radiology professionals to understand the tremendous benefits of having a mentoring program. A mentoring program can be formal or informal. It does not have to be only at the beginning of a radiology professional's career, or at the beginning of a new job but beneficial if available throughout the radiology professional's career path. Mentoring is advantageous to the mentee, the mentor and the organisation.

For the mentee

Having a mentor in one's pocket can alleviate stress of a new job or organisation. Mentors can be there as a sounding board for new professionals who may have questions and concerns and need more direction. Mentors can assist in overcoming fears associated with performance of duties and effectively deal the ups and downs experienced throughout the career journey. Mentors are able to pass on their knowledge on dealing with stressful situations such as emergencies and dealing with these situations in a professional manner. Mentees develop the self-confidence to manage and deal with situations thrown at them. Mentees can feel a sense of empowerment to act in confidence and make crucial decisions. The mentor helps the mentee take better control of his career by motivating the mentee to navigate the career journey more effectively and with greater purpose. A mentor can assist in the journey from being good to becoming excellent.

A mentor is also effective in boosting the mentee's morale and self-confidence by giving praise when it is deserved. When performance falters, the mentor reaffirms the goals and the positive behaviors necessary to achieve the desired success. Positive reinforcement is a key tool in the mentoring process.

Dynamic learning especially as various situations and scenarios are encountered is valuable. Therefore, having a mentor alongside the mentee on a frequent basis allows knowledge sharing and practical application on the spot. This feedback is also a stepping stone to teach the mentee how to accept and use professional critique. Such feedback and communication is also an avenue to improve interpersonal skills.

Mentees can learn from the mentor's past experiences and use those lessons to propel themselves forward. Mentors can lend invaluable support to a career where mistakes can be costly for the mentee. Seasoned professionals have been through various challenges. Learning from such experiences can help mentees to steer clear of unworkable situations during their career.

Mentors can help to fast track the mentees' careers by providing effective insights of how things are done, ways of getting it done right the first time, quickly achieving the knowledge and skills to master their performance of duties as well as take advantage of career opportunities. This wealth of knowledge is a treasure chest for the mentee.

For the mentor

Mentoring in the radiology profession is an excellent way of "giving back" to the organisation, profession and a means of self-fulfillment. Mentoring stops complacency as mentors need to be consistently on the cutting edge or at least continually striving for higher standards so that they can be the best role model for their mentees.

Mentoring can also increase a mentor's confidence and improve their interpersonal interactions. Mentoring also cultivates a mentor's skills. During mentorship, mentors can gain critical skills that will grow their leadership capacity. Mentors learn how to be diplomatic, communicate effectively, and be supportive.

Mentoring is also an avenue for mentors to gain recognition for their skills and experience from their peers and the organisation. Whether compensated or not, mentoring adds a sense of increased value for mentors. Though the mentee is typically the one invigorated by the mentor, such a partnership can also re-energise and boost the mentor's career.

For the organisation

Mentoring supports a positive work environment. Whether an organisation chooses to have a formal or informal program, either

program conveys to employees that leadership is interested in the success of its employees and willing to support a mentorship program. Mentees are encouraged to grow from junior staff to the leaders of tomorrow. Through mentoring, mentors can discover potential problems that can impact the organisation. These insights can help understand moods and attitudes and address further problems early without being detrimental to the organisation.

Mentorship programs promote retention, loyalty and job satisfaction. The commitment to providing employees with long term support encourages them to stay. Happy and satisfied employees are more productive and the organisation benefits from low turnover.

A mentoring culture fosters development of work relationships especially in a multicultural workforce. Such a culture also promotes collaboration which is especially important for those that can remain in the "dark" or sidelines.

Conclusion

Mentoring can be an enjoyable experience. It's important to be light hearted; it will help the mentee to be at ease. It is an exhilarating feeling to know that you have helped to nurture and grow someone else's career and their life aspirations. Enjoy that humility and the feeling of accomplishment. When you mentor someone, they are very likely to use the wisdom they received and share that knowledge to help others. Therefore, it becomes a continued beneficial cycle.

It is important to recognize that a mentor is not a leader but a coach. A person can be a good leader but is unable to fulfill the role of a mentor. Having a mentor is like having a football manager and coach. The manager knows the tactics of the game, but the coach deals with the player one to one and grooms him to be the best player.

Anyone can plant a seed but not everyone can actually cause the seed to grow healthily. It's the one that nurtures the plant allows it to grow and flourish in all its glory. Similarly, a mentor is nurturer. A mentor identifies weakness and nurtures the mentee to improve on those weaknesses and become the best.

Lastly, there are no geographical or professional boundaries when it comes to mentoring.

Mentors need not work in the same organization, industry or even country. It may facilitate the process easier, but it is not necessary. Feel free to reach out to those that would be a good fit to help you grow in the manner you seek. I encourage you to find a mentor or become a mentor today! ■



Education program for Reporting radiographers in Norway

IN 2013 the Norwegian Society of Radiography asked the consultancy group NIFU to investigate and find solutions to the bottleneck problems related to medical imaging in hospitals in Norway.

In short NIFU concluded that to solve the challenges with long waiting lists on medical imaging, radiographers had to take on some of the radiologists tasks and become reporting radiographers. To accomplish this, the radiographers had to be educated to take on these tasks.

The Norwegians Society of Radiographers has since then supported the project of the Norwegian Universities and Colleges to establish an education program for reporting radiographers, and we are very proud to announce that the program started in autumn 2016. Establishing the education program for reporting radiographers has been a collaboration between The Norwegian University of Science and Technology, The University College of Southeast Norway, The Oslo and Akershus University College of Applied Sciences,

radiographers, radiologists, reporting radiographers and managers from several Norwegian hospitals. The Norwegian Society of Radiologists were not positive to the initiative, but there were still enough local radiologists who agreed to be mentors.

The purpose of this new program is to give radiographers knowledge and capability to be reporting radiographers and make a difference in their workplace in helping reduce the queues and waiting time for patients in need of diagnostics and treatment.

The education program is part time and on master level, and the duration is 1.5 years with regular group meetings and lectures. ■

Pictured above:

The first group to embark on the journey of becoming reporting radiographers in Norway. From the left: Synnøve Berge, Per Andre Henerhaugen, Henriette Vingelsgaard, Torfinn Korsvold, Camilla Samuelsen og Eirill Solberg Tornes.

Link to the education program:

<http://www.hioa.no/Studier-og-kurs/HF/Evu/Tolking-og-beskrivelse-av-skjelettroentgenbilder>



AITRI – EAEHP – UCD

Intensive English Courses for radiographers

As part of a 4 year long collaboration between ISRRT member organisation, the Associazione Italiana Tecnici di Radiologia Interventistica (AITRI) from Italy, the European Academy of English for Health Professionals (EAEHP), and the School of Medicine in University College Dublin (Ireland), over 100 radiographers and radiography students from across Europe have participated in intensive English language courses for radiographers in Dublin.

The courses are specifically designed for radiographers and cover key areas such as:

- Patient communication
- Technical vocabulary specific to the field
- Writing/reviewing scientific abstracts
- Develop the ability to interpret a scientific research article
- Prepare and deliver an oral presentation

The objective of the courses is to help non-native English speakers gain confidence in using English in the workplace, with patients and staff; to facilitate conversations with international colleagues in the profession; and to gain the confidence to consider submitting

abstracts to and presenting at international scientific congresses. Courses are delivered in an interactive format with a focus on learning through practice. They are suitable for all levels and have a maximum of 12 students per course. Host family accommodation can also be arranged in Dublin for the week of the course as well as social activities in the evenings in Temple Bar and an optional guided sightseeing tour on the Saturday of each course.

The next intensive course for Radiographers will take place in the School of Medicine, University College Dublin, Ireland from the June 12-16, 2017. For more information please contact the EAEHP Team at info@eaeht.org or go to our website www.eaeht.org ■

AITRI - Associazione Italiana Tecnici di Radiologia Interventistica
via San Gregorio, 53
20124 Milano
www.aitri.it
info@aitri.it



A new graduate's experience at the 19th ISRRT World Congress

Report by Ikken Aisin

DURING the 19th International Society of Radiographers and Radiological Technologists (ISRRT) World Congress in Seoul, Korea this past October, I presented my literature review, "The Diagnostic Value of CT and MRI on Detecting Peripheral and Central Vertigo." CAMRT CEO François Couillard and President Karren Fader were very supportive and attended my presentation.

The purpose of my research was to compare the accurate rate of CT and MRI, and to discuss the relevant clinical applications. Initially, the idea of researching this topic came from a personal experience of a vertigo episode.

When choosing an imaging modality for diagnosis, the ER physician and the radiologist had different opinions, so I started looking for more information to gain a better understanding of vertigo. With a literature search, I found that MRI was proven to have overall higher accuracy in detecting both peripheral and central vertigo. Currently, CT is the first choice modality in clinical practice. However, some patients may need MRI if findings from the CT are inconclusive. To save unnecessary radiation and healthcare costs, a physician has a great responsibility when selecting the right imaging modality for the right patient. In addition, because central and peripheral vertigo present with different clinical signs, knowing the differences is the key to making diagnosis more efficiently.

The paper can be found on the BCAMRT website or my personal website (<http://ikkenaisin.wixsite.com/home>)

Among the many amazing sessions I attended, I especially enjoyed "Global Look at Justification and Optimization" presented by Donna Newman, the ISRRT Director of Professional Practice. According to Newman, as the last professionals to see the patients before imaging, MRTs have a responsibility to justify and optimize the radiation dose being delivered. In the didactic portion of my education, radiation safety was emphasised in every subject and class. However, during my clinical practice, I have observed that many of the healthcare professionals are so focused on performing procedures that some of us overlook the justification of prescribing radiation to our patients.

For instance, portables are ordered for inpatients that are capable of getting to the imaging department; duplicate x-rays may be performed if patient history isn't checked; and patients who receive regular imaging tests are not always monitored for accumulated dose. I absolutely agree that we need to follow ALARA principle, and I think it is our duty to foster good communication to ensure other professionals practice safe and knowledgeable use of radiation as well.



There is still significant room for improvement in safety practice. At ISRRT I was encouraged to speak with manufacturers and companies who are making progress to facilitate safety practice – many that I have met at the conference are building radiation-reduction features into their equipment, and some of the PACS vendors now have web-based radiation dose management systems to analyze and monitor dose data for each patient.

As a new MRT, I am comfortable working in general x-ray. I have come to realise that there are areas that I still need to improve; for instance, operating room (OR) work and fluoroscopy. I believe devoted practice in these areas is crucial to help one to become proficient, but clinical training at these specialties sometimes can be less accessible.

However, at ISRRT I found out that virtual reality technology could be a solution to these problems – I stopped by the VR booth and simulated a pelvis x-ray. What a great alternative option for practicing positioning, and possibly saving some time waiting for an available x-ray lab!

In addition to attending great sessions, exploring the ISRRT tradeshow, and presenting my research, I was invited to tour a major medical facility in Korea – the Samsung Medical Center – which provided me an opportunity to observe how medical professionals manage their stressful workload in a complex environment. Attending a conference like this right after graduation was absolutely eye-opening for me. Thanks to the British Columbia Institute of Technology, I was privileged to go on this trip with full sponsorship.

The 20th ISRRT conference will be held in Trinidad and Tobago in 2018. I certainly look forward to attending this type of conference again! ■



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Update for ISRRT Member Societies on Resolution 65.19 on SSFFC medical Products from the WHO World Health Assembly

Report by [Donna Newman](#), Director Professional Practice

<http://www.who.int/medicines/regulation/ssffc/mechanism/en>

<http://apps.who.int/medicinedocs/en/>

Essential Medicine and Health Products information Portal, A World Health Organization Resource

<http://apps.who.int/medicinedocs/documents/s19577en/s19577en.pdf>

(MDS-3: Managing Access to Medicines and Health Technologies (Third Edition))

AS part of the ISRRT Strategic Plan the ISRRT board has committed to the strategic goal of collaborate to develop and promote international standards. The Board continues to do this through their strategic priority to Contribute to and promote a radiation protection safety culture. This update on Resolution 65.19 SSFFC on medical products falls under this strategic priority. As part of this initiative the ISRRT boards has followed their strategic measure to Collaborate with and contribute to other stakeholders to enhance radiation protection and safety with the WHO. As the ISRRT is a nongovernmental organisation in official relations with WHO a letter was sent asking our organization to participate in global electronic survey if we felt it was relevant to our profession.

The fundamental role of the working group on resolution 65.19 from the WHO first established in 2012 was to ensure the availability of quality, safe and efficacious medical products. There are falsified medical products manufactured in many countries these falsified products come in both large scale and small back street operations. The products include table machines, ovens, specialist equipment, ingredients and packaging materials that are falsified or counterfeited. With the increase in internet manufacturing, distribution and supply of SSFFC medical products have crossed the global market. Countries that are low and middle income with areas of conflict or civil unrest usually have the greatest burden of SSFFC medical products because of weak or nonexistent health systems.

The WHO member State Mechanism was established as a global forum to convene, coordinate, decide and organize activities to address SSFFC medical products. It was established in order to protect public health and promote access to affordable, safe efficacious and quality medical products. Also developed was the WHO Surveillance and monitoring system of SSFFC medical products in 2013, currently 113 countries participate in this surveillance and monitoring program which issues medical product alerts and accumulates body of evidence regarding SSFFC medical products while identifying weaknesses and trends in the market.

As a global voice for technologists as Director of Professional Practice I filled out this survey on behalf of the ISSRT and want to share some of the Survey content as well ask communicate the SSFFC working group projects. One question that was asked was how relevant is prevention, detection and response to sub standard spurious falsely labelled falsified and counterfeit medical products to your work? I provided the following information to the WHO on Global Medical Imaging equipment market. Although most of the information refers to medication and smaller equipment information relating to our industry seemed relevant to demonstrate who the ISRRT represents in the global market. During a search I found the following information regarding our industry which really consists of just a few manufacturers, Philips Healthcare, GE Healthcare,

Siemens Healthcare, and Care Stream Health, Inc. which list some of the major manufactures for our imaging equipment. Because there are really just a few manufacturers I am not aware of detection of falsified or counterfeited medical equipment related to our major equipment used in the imaging field. There may be more of this in other area other than our major equipment used in our daily work. I included the following categories for reporting purposes to the WHO for diagnostic imaging equipment by product for their records. The global medical imaging equipment market is segmented into the following categories:

- Medical Imaging Equipment Market, by Product
 - X-Ray Devices
 - Stationary
 - Portable
 - Ultrasound Systems
 - Cart/Trolley Based Ultrasound System
 - Compact/Portable Ultrasound System
 - Computed Tomography (CT) Scanners
 - Stationary
 - Mobile
 - Magnetic Resonance Imaging (MRI) Equipment
 - Closed
 - Open
 - Nuclear Imaging Equipment
 - SPECT Scanner
 - PET Scanner
- Medical Imaging Equipment Market, by Technology
 - X-Ray Devices
 - Analog X-ray Technology
 - Digital Radiography
 - Computed Radiography
 - Ultrasound Systems
 - 2-D
 - 3-D & 4-D
 - Doppler
 - High Intensity Frequency Ultrasound (HIFU)
 - Lithotripsy
 - Computed Tomography (CT) Scanners
 - Stationary
 - Mobile
 - Magnetic Resonance Imaging (MRI) Equipment
 - Low-Slice
 - Medium-Slice
 - High-Slice
 - Nuclear Imaging Equipment
 - SPECT Scanner
 - PET Scanner

Although we may not necessarily see counterfeiting in our global imaging equipment throughout the world while researching the SSFFC website the ISRR board felt it important to share the overall aspect of the resolution to our member societies ensuring our member societies have access to the appropriate information websites in case they are seeing counterfeiting within their countries to report this information to the correct resources.

Another question that was asked is have you received information about the member state mechanism on SSFFC medical products. I answered that I was unaware of any information provided on this site. I am providing educate and information on how to access this website for your use. The portal website is part of the project that acts as a important WHO resource on Essential Medicines and Health Products Information Portal which supports efforts to improve access to essential medicines and health products by making related, full-text articles, you can find the portal at <http://apps.who.int/medicinedocs/en/>

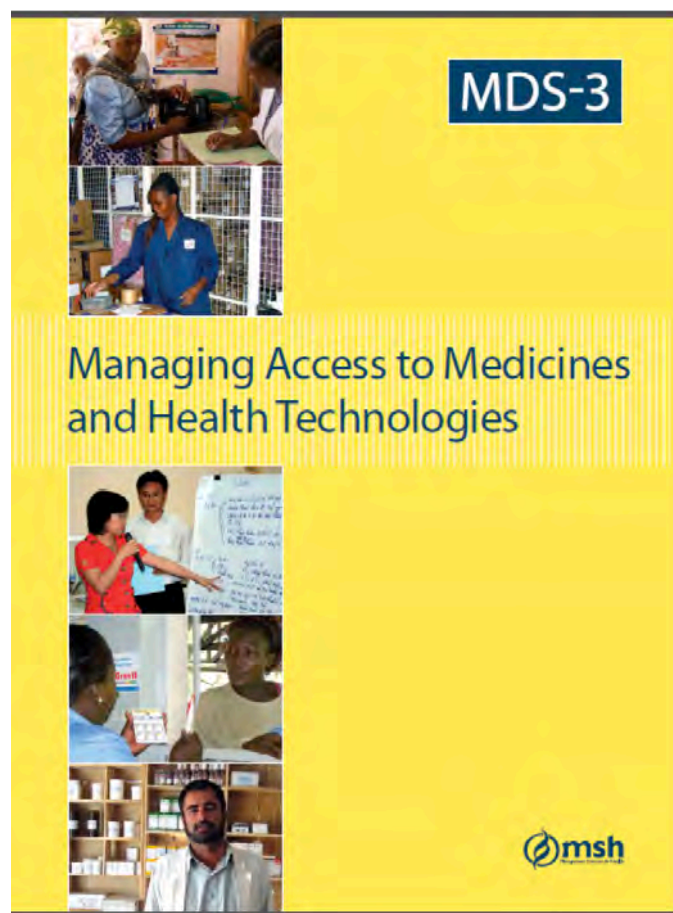
I have also included the link in the beginning of this article for anyone that is interested in seeing the more than 5673 medicine and health products publication from the WHO and other UN partners, global NGO's and development agencies. One important book which can be accessed and downloaded at the following site on Pharmaceutical medicine and what is need to ensure that FFSSC isn't happening in this area. The book reviews Managing Drug Supply (MDS) is a reference on how to manage essential medicines in developing countries. The third edition, MDS-3: Managing Access to Medicines and other Health Technologies reflects the dramatic changes in politics and public health priorities, advances in science and medicine, greater focus on health care systems, increased donor funding, and the advent of information on technology. There are chapters in the book on how a national medicine policy (NMP) is a political commitment and a guide for action that shows how the government will ensure that efficacious and safe medicines of good quality are affordable, accessible, and rationally used.

The book also shows how a NMP provides a framework for coordinating the activities of all the parties involved, such as the public and private sectors, nongovernmental organisations (NGOs), donors, and other interested stakeholders; it also defines the role that the public itself should play.

The medicine policy of one country may be similar in many ways to the medicine policies of other countries, but the policies will likely differ in what they emphasize and in how problems can best be tackled. A national government will be the principal agency responsible for creating the overall NMP and putting it into practice collaboration will be needed with prescribers, dispensers, consumers, and those who make, market, distribute, and sell medicines.

The book examines the components of an NMP and countries must choose the elements most relevant to their situation and most realistic, given their available human and financial resources. I hope this important information to the website with all its resource help disseminate important information needed for countries facing counterfeiting of medical products.

The survey also asked what relationship we had to the mechanism portal with the answers including you are a member of the steering committee, gave direct into input to the building of the mechanism portal, attended meeting on the mechanism or interested in the outcome of the mechanism. I answered that the ISRR is interested in the outcome of the mechanism as we haven't been involved in any aspect of this project. With limited resource and budget I believe the most relevant part for the ISRR to participate in this global project is to be a resource of information and present the outcomes of the projects to their member societies in-case a particular country is interested in the information or need a resource related to their



countries. I think it is important to understand an overview of what resolution 56.19 at the 2012 WHO Health Assembly overall goals and objects of this project. See a overview below:

General goal

In order to protect public health and promote access to affordable, safe, efficacious and quality medical products, promote, through effective collaboration among member states and the Secretariat,

The prevention and control of substandard/spurious/falsely-labeled/falsified/counterfeit medical products and associated activities.

Objectives

- 1) To identify major needs and challenges and make policy recommendations, and develop tools in
The area of prevention, detection methodologies and control of “substandard/spurious/falsely labeled/ falsified/ counterfeit medical products” in order to strengthen national and regional capacities.
- 2) To strengthen national and regional capacities in order to ensure the integrity of the supply chain.
- 3) To exchange experiences, lessons learnt, best practices, and information on ongoing activities at national, regional and global levels.
- 4) To identify actions, activities and behaviors that result in “substandard/spurious/falsely labeled/falsified/counterfeit medical products” and make recommendations, including for improving the quality, safety and efficacy of medical products.
- 5) To strengthen regulatory capacity and quality control laboratories at national and regional levels, in particular for developing countries and least developed countries.

- 6) To collaborate with and contribute to the work of other areas of WHO that address access to quality, safe, efficacious and affordable medical products, including, but not limited to, the supply and use of generic medical products, which should complement measures for the prevention and control of “sub-standard/ spurious/ falsely-labeled/falsified/counterfeit medical products”.
- 7) To facilitate consultation, cooperation and collaboration with relevant stakeholders in a transparent and coordinated manner, including regional and other global efforts, from a public health perspective.
- 8) To promote cooperation and collaboration on surveillance and monitoring of “Sub-standard/ spurious/ falsely-labeled /falsified/ counterfeit medical products”.
- 9) To further develop definitions of “substandard/spurious/falsely-labeled/falsified/counterfeit medical products” that focus on the protection of public health.

In the survey there were several questions related to the general goal and objective and if these objectives were being achieved.

A question about at what level the appropriate mechanism for adequate platform to foster intermediate collaboration to promote the prevention detection and response to SSFFC medical products should be at a Global level, Regional level or National level. With such a limited budget I answered that global level should be for overall information and a central location for information regarding SSFFC for regional and National level activity use.

I believe that the WHO committee has achieved this by creating a portal where much of this information can be found.

The survey included a question asking how to priorities projects that should be to undertaken to address to prevent and response to SSFFC medical products. As a global voice I reported that the best use of budget is to make the following, the two highest priorities. First being to focus on the current state of affair of WHO is working on in regards to access to quality safe and effective medical products and the second priority to have recommendations on a effective risk communication awareness campaign of SFFC medical devices.

Finally if the WHO budge allows prioritize working on definition of SSFFC medical product to help educate the medical community to understand all facets of this project. I have included the overall reporting details of this project from the WHO website regarding this project for your information.

Reporting and review

- 1) The functioning of the Member State mechanism shall be reviewed by the World Health assembly after three years of its operation.

- 2) The Member State mechanism shall submit a report to the Health Assembly through the Executive Board on progress and any recommendations annually as a substantive item for the first three years and every two years thereafter

Relations with other stakeholders and experts

- 1) As needed, the Member State mechanism should seek expert advice on specific topics, following standard WHO procedures for expert groups.
- 2) As needed, the Member State mechanism will invite other stakeholders to collaborate and Consult with the group on specific topics.

For more information on members this 2017 WHO survey the results will be reported out at the May 2107 WHO World Health Assembly in Gene via Switzerland. The ISRRT CEO Dimitris Katsifarakis will represent the ISRRT. The ISSRT among other stakeholder have filled this survey to help the WHO determine the Work Plan, Prioritized Activities and Working Groups initiatives for this resolution 56.19 regarding SSFFC medical devices in the eight specific areas listed below:s

The high level activities contained in the work plan are as follows:

- Strengthening and capacity building of national and regional regulatory authorities and quality control laboratories
- Cooperation and collaboration among national and regional authorities and exchange of experiences, lessons learn best practices and information on ongoing activities at national, regional and global levels
- Communication, education and awareness raising
- Facilitate consultation, cooperation, and collaboration with relevant stakeholders in a transparent and coordinated manner, including regional and other global efforts, from a public health perspective
- Identify actions, activities and behaviours that result in SSFFC medical products
- Strengthen national and regional capacities in order to ensure the integrity of the supply chain
- Collaboration on surveillance and monitoring
- Collaboration with and contribution to the work of other areas of WHO that address access to quality, safe, efficacious and affordable medical products, including but not limited to the supply and use of generic medical products, which should complement measures for the prevention and control of SSFFC medical products. ■



ISRRT is changing to payments via PayPal

The ISRRT is pleased to report that we have been able to set up a PayPal account and at the moment new associate members can register and pay for one year's subscription via the website isrrt.org

We are still working on an expanded system which will enable three years subscription and other payments and donations to be made via PayPal.

That said now is the opportunity to join as an associate member!

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

Ideas are invited that would generate valuable funds –
please contact ISRRT Treasurer Stewart Whitley at aswhitley@msn.com

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My Dear Colleagues,

I'd like to personally invite each of you to the ISRRT 20th World Congress with the global theme **"We Care"**.

It's an exciting time for the Society of Radiographers of Trinidad and Tobago as we look towards hosting you on the **April 12-15, 2018**. The world of radiography, medical imaging and radiation therapy is an exciting area to be a part of, and we are inspired by your dedication, hard work and care for our profession so that we are always at the cutting edge.

I'd like to give you an idea of what you can expect and what we hope to achieve over the next few months.

Deadline for Abstract Submission	– 12th August 2017
Registration opening	– 12th July 2017
Closing of Early Registration	– 12th January 2018

Our local and regional colleagues and our government and corporate partners are very proud of where we are today and excited about where we are headed.

You are truly our greatest asset today and tomorrow, and we cannot accomplish what we do without your support. I ask you to stay engaged, keep us proactive and help us shape the next World Congress to total success. My personal respect and thanks goes out to all of you.

Reshma Maheepat
President
Society of Radiographers of Trinidad and Tobago

Professional Practice update

Report by [Donna Newman](#), Director Professional Practice

AS part of the ISRRT's strategic priority to contribute to the promotion of professional practice, the Professional Practice Committee has developed several new position statements and presented these to Council at the World Congress held in Seoul, South Korea, last October. As agreed upon by Council the ISRRT CEO has sent out the three draft position statements – on the administration of contrast agent, the authorisation and justification of medical exposures and the optimisation of medical exposures – for input from member societies. I urge all societies to review and give input to these documents.

The deadline for input is April 7, 2017. After this the ISRRT Board will again review and post these documents for societies' use on the ISRRT website under the Governance tab.

Several other position statements are found under this tab, including the ISRRT position statements on image interpretation, the protection of children and the donation of medical equipment. Please feel free to download and use these documents to help elevate professional practice globally.

All regional coordinators who attended the World Congress last year attended a Council meeting with the Director of Professional Practice, the Director of Education and the Director of Public Relations to discuss issues and concerns relating to professional practice, education and public relations for the ISRRT. This also gave the regional coordinators an opportunity to network with each other.

It was agreed upon that all projects would be sent to the entire

group for input to allow an opportunity to take advantage of additional expertise.

On this page you can see the group photos that were taken at the meeting so you can put a face to your regional coordinators' names.

Cancer priorities

An update on the WHO's priority medical devices for cancer management is slated to be launched later this year. In July last year Draft version 14 was shared in a presentation in Sri Lanka for input from the South East Asian member states. Some 500 requests for changes were made, including a new annex. Consultations in Ethiopia and Nigeria also resulted in edits being made, while a draft version and information were presented at conferences in London, at ESMO Copenhagen, in Paris at the UICC meeting and in Tokyo at the HTA meeting.

A compilation of more than 2000 edits come from these consultations, and the document is now in its final executive publication approval stage. Having served on one of the expert committees, ISRRT President Fozy Peer received a copy of this final book and asked me to do a review on the final version. I made the following edits for consideration on behalf of the ISRRT and submitted the changes by the Feb, 2017 deadline.

Under the human resources and training section I asked for the following to be added to the list of radiographers' responsibilities:



Public Relations Regional coordinators from Africa Region Ayodele Okhiria, America Region Annesa Ali, Director of Public Relations Alain Crompt and Asia Region Robert Shen.

responsible for involvement in team approach to protocol development with radiologist, radiographer/radiologic technologist and physicist.

Another addition I asked to be added was Authorisation and Team approach to justification when the radiological medical practitioner (radiologist) is unavailable or MRT/radiographer working in accordance with the guidelines issues by the practitioner (last person with patient before exposure is made).

This statement had already been added to the nuclear medicine chapter under the radiographer/nuclear medicine technologist roles in

the current draft of the book. I asked that it be added to the section for radiographer's role under radiography, MRI, CT and ultrasound as the same role exists here.

Another addition I also asked for was that the implementation of radiation protection protocols (in coordination with medical physicists and radiologists) be added to the Nuclear Medicine chapter under human resources and training, as this was again in the radiographers' section but not in the nuclear medicine section.

As an organisation we will now have to wait for the publication to see if our edits are considered in the final version of the book. ■



Regional coordinators of Professional Practice from Africa Region Elizabeth Balogun, America Region Christopher Steelman with Director of Professional Practice Donna Newman.



Regional coordinators of Education from Africa Region Hesta Friedrich-Nel, Asia Region Yudthaphon Vichiani with Director of Education Maria Law.

Asia and Australasia update

Report by [Robert Shen](#), Asia and Australasia Public Relations & Communications

AFTER the ISRRT World Congress in South Korea in October last year, the following events in the AA region were held.

2016

November 4-6: Taiwan Association of Medical Radiation

Technologists, TAMRT held its 7th International Forum in conjunction with both its AGM and the 4th ARTS (Asian Radiation Therapists Seminar), invited guest speakers and international friends from nearby organisations attended. And some 1500 participants in total attended.

December 1-4: PART

PART celebrated its founding 62nd Anniversary and 47th National Conference with more than 3000 members, and students joined the meeting. I was invited for a keynote speech by the Vietnam Association's Mr Loc, the President of Ho Chi Ming City. A very touching and successful conference which was held in the beautiful city Baguio, 300km from Manila. I was nominated as the regional PR Officer for Asia Australasia, it's an honour and was attended by many of the younger generation and students. The students were from some of the main colleges in The Philippines.

2017

February 9-11: Thai Society of Radiological Technologists

TSRT held its 2017 AGM in Chiangmai, the northern city in Thailand, held at the Lotus Hotel, there were some 400 participants in attendance, including some 30 invited guests and attendees from abroad. They were from Japan, Korea, Taiwan, Singapore, Malaysia, China, Hong Kong, Vietnam, Myanmar, Cambodia, Indonesia and Macau. A continuing education program on MRI was available for local participants, and another section for all attendees in English as part of the international program, the post presentation and oral speeches. All AA regional officers of ISRRT were invited, and most of the regional member society Presidents or representatives.

February 25: The Korean Radiological Technologists' Association

KRTA elected its new term committee, the present Seoul RT Association President, Mr Woo Wan-hee won the title of KRTA President-elect, and will commence the new position from late April this year.

March 25-26: Taiwan

Two days memorial event for Taiwan RT Society for its 50th Founding Anniversary and the 2017 AGM, many invited guests and colleagues attended. CEO Support Services Mr Dimitris and other Board members and regional officers attended, regional RT members were invited to present papers and other social activities, this event was held at Yuan Pei Medical University of Technology, which is located some 100km from Taipei.

June 23-25: Hong Kong Radiographer's Association

HKRA will host the 21 AACRT conference in conjunction with 5th Asia Radiotherapy Symposium and 3rd Hong Kong Radiographers & Radiation Therapists Conference, this Pan Regional activity currently including some 20 member societies, the AA region, covers our ISRRT AA regional country members. As the host indicated, now more than 100 papers had received already.

September 10-11: Macau Radiological Technologists Association

MRTA will take place its 2017 AGM and open up for international forum, invite all radiographers or RTs cast their study papers for this two days academic matter, neighboring member societies are cordially welcomed to the fantastic city.

September 22-24: Japan Association of Radiological Technologists

JART will hold the Japan Congress for Radiological Technologists in Hokkaido, the famous northern state of Japan. Further information is on the JART website, this conference JART may try to help some developing country RTs to join with travelling and accommodation assistance. ■



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World Radiography Educational Trust Foundation

News

The Executive Group – consisting of the three officers – Chairman, Honorary Treasurer and Honorary Secretary, supported by the General Manager – continue to hold a teleconference call monthly. Discussion points centre around governance, finance and fundraising items.



Ian Henderson, pictured left, has recently been appointed as a Trustee. Ian is well known in the field of radiography education and will bring a huge amount of experience to the

Trust's education development program.

Alan Budge, Honorary Treasurer and Sue Marchant, General Manager arranged a meeting with Sandy Yule, outgoing Chief Executive and Stewart Whitely, Honorary Treasurer of ISRRT in December 2016 held at the Society and College of Radiographers in London. It was a great pleasure to be able to also meet Dimitris Katsifarakis, incoming Chief Executive, at the same time. A very positive dialogue took place between the officers of both organisations.

Support

Applications for support via educational resources has been disappointing recently. Trustees are considering alternative ways to provide or enable education in the fields of radiography and radiation therapy to our colleagues in low to middle income/developing countries.

Ambassadors

The Ambassador program continues to grow and benefit the aims of the Trust.

Bursary Scheme

Two recipients were successful in the last round of applications. One has been to the recent PACORI conference in Tanzania and the second will have attended a conference in Bordeaux in March.

Social Media

The WRETF Facebook Group continues to increase its members, each providing a different and interesting perspective on radiography and radiation therapy in many

Fundraising

The Honorary Treasurer and the Trust's Fundraising Adviser are looking at ways to ensure the viability of the Trust's bursary scheme for the future.



News from member countries

THE AMERICAS

AMERICA



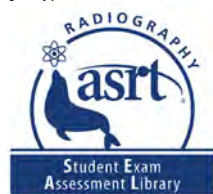
New member benefit offers more Continuing Education options



Meet the Directed Reading Flex Plan™, a new benefit launched in December 2016 that allows members to

access continuing education materials quickly and in content areas of their choice. The Directed Reading Flex Plan solves a common problem facing radiologic technologists: securing practice-specific CE content to meet their registration or state licensure requirements. For example, RTs in some states need CE credit specific to digital imaging content. The Directed Reading Flex Plan provides a solution for this group, as members can choose articles approved for digital imaging credit and immediately take the CE quizzes. "The Directed Reading Flex Plan alleviates the frustration of many R.T.s when it comes to continuing education," said ASRT Associate Executive Director Myke Kudlas, M.Ed., RT(R)(QM), CIIP, PMP. "As national, state and institutional CE requirements evolve, R.T.s can use the Directed Reading Flex Plan to immediately find the CE they need to meet these requirements." Since its launch, more than 20,000 members have enrolled in the ASRT Directed Reading Flex Plan. For more information, please visit www.asrt.org/flex

New online radiography exam review program debuts



The ASRT launched the Radiography Student Exam Assessment Library™ in February 2017. The online review tool helps students

prepare for a radiography certification exam. Radiography SEAL™ provides students with online practice exams of 100 questions each that cover all four major content areas of the certification exam. Developed by experienced educators, the product offers detailed feedback on answers to help students gain greater

understanding of the material. The review tool also allows students to make notes and save questions for later. Exam topics include patient care, safety, patient interactions, image production and procedures. There are 15 unique Radiography SEAL assessments currently available. "Students have asked for this for a long time and we're happy to be able to offer it as an enhancement to ASRT membership," said Myke Kudlas, M.Ed., R.T.(R)(QM), CIIP, PMP, ASRT associate executive director. "ASRT is already a trusted resource for educational materials, and we believe this will become an indispensable tool for students working to prepare for the radiography exam." For details, see www.asrt.org/seal

Radcademy® Road Show



At The National Museum of Nuclear Science and History, more than 200 middle school students recently discovered ASRT's Radcademy® program. The students were part of an educational fair inspiring young people to learn more about science,

technology, engineering and math. The Radcademy initiative helps students in STEM programs explore the scientific concepts of x-rays, other forms of diagnostic imaging and radiation therapy. Find more about Radcademy at www.asrt.org/radcademy

ASRT Public Relations Coordinator Greg Crutcher helps STEM students discover the scientific concepts of radiography using the organization's Radcademy program at the National Museum of Nuclear Science.

Beaming with pride for National Radiologic Technology Week®

ASRT's annual National Radiologic Technology Week® celebration took place Nov. 6-12, 2016. The week-long celebration brings attention to the important role medical imaging and radiation therapy professionals play in patient care and health care safety. The 2016 celebration commemorated the discovery of the x-ray by Wilhelm Conrad Roentgen on November 8, 1895, with an eye-catching poster of a highly digitised image of Roentgen and the theme Beaming with Pride.

ASRT enrolment survey shows gains, losses

Directors of radiologic technology educational programs report that the number of students enrolling in radiography and nuclear medicine programs increased slightly in 2016, while radiation therapy programs saw a decline. Entering-class enrollments, student accommodation availability and future enrollment levels were among the findings in the Enrolment Snapshot of Radiography, Radiation Therapy and Nuclear Medicine Technology Programs 2016 conducted by the American Society of Radiologic Technologists. Survey results showed an average of 21.1 students per class for radiography programs in 2016, slightly up from the average of 20.7 reported in 2015. Overall, there were an estimated 15,537 students enrolled in radiography programs and 1,368 students in nuclear medicine programs in 2016. "Over the last several years, our surveys continue to show that program directors are consistently turning away some students, even though they might be able to fit them in the classroom," said ASRT Director of Research John Culbertson, MA, M.Ed. "We'll continue to monitor this trend to see if it continues in the 2017 enrollment survey. We'll also conduct a staffing survey in 2017 to see how it compares with these results." ASRT has conducted the annual survey since 2001. The survey is available at <https://www.asrt.org/main/news-research/survey-research-and-studies>

ASRT@RSNA: Education sessions targeted to technologists

Radiologic technologists gathered in Chicago Nov. 30-Dec. 1, 2016, for ASRT@RSNA 2016, a popular one-and-a-half-day program with education specifically targeted to technologists. The annual event is held in conjunction with the RSNA meeting, which brings more than 50,000 radiologists, radiation therapists, and other radiology professionals from around the world to view leading edge technology and see the latest research on medical imaging.

ASRT Publication Update

From November 2016 through February 2017, ASRT produced, printed and mailed five member publications, totaling more than 765,000 copies.

- October/November 2016 ASRT Scanner
- Dec 2016/Jan 2017 ASRT Scanner
- February/March 2017 ASRT Scanner
- Nov/Dec 2016 Radiologic Technology
- January/February 2017 Radiologic Technology

Upcoming ASRT Events

- June 22-25, 2017, Orlando, Florida
ASRT Educational Symposium and Annual Governance and House of Delegates Meeting.
- Sept. 24-26, 2017, San Diego, California
ASRT Radiation Therapy Conference

Donna Long**US Council Member****Two honored with ASRT Foundation International Speakers Exchange Award**

Two speakers selected as recipients of the International Speakers Exchange Award for 2017 will give presentations at conferences in England and Canada this year. The ASRT Foundation has presented the award to medical imaging and radiation therapy professionals for more than a decade.

Regina Ley, A.S., R.T.(T), and Carole South-Winter, Ed.D., R.T.(R)(N), CNMT, were selected for the award.

Ley will present "The Quest for Hakuna Matata – My Journey into Community Global Outreach" in April at the Canadian Association of Medical Radiation Technologists Annual General Conference in Ottawa, Ontario.

South-Winter will present "Opinion Leadership in Health Care: A Study of Ghana" in June at the United Kingdom Radiological Congress in Manchester, England.

ASRT Foundation to receive the 2017 ACR Foundation Global Humanitarian Award

The ASRT Foundation is pleased to accept the 2017 ACR Foundation Global Humanitarian Award to be presented at the American College of Radiology annual meeting in May. The award recognises the ASRT Foundation Community Outreach Fellowship Program's international outreach efforts. In a letter announcing the award, the ACRF said it "was impressed with the level of commitment and service that the ASRT Foundation has made to improving medical imaging across the world specifically the dedication to helping those in underserved and developing areas."

The ACRF Global Humanitarian program awards individual radiologists, organisations and industry groups, and radiology allied health workers for their extraordinary volunteer efforts to improve quality access to sustainable radiological care throughout the world.

ASRT Foundation Community Outreach Fellowship Program

Working in conjunction with our partner RAD-AID the ASRT Foundation

Community Outreach Fellowship Program has supported technologist volunteer work in eight countries. From Kenya to Nigeria to Laos and Ghana ASRT members have provided patient care services and education for local health care personnel. The breadth of the services provided ranges from training on equipment sanitation to providing education on 3-D conformal radiation therapy treatment planning. ASRT Foundation Scholarships

The Foundation recently completed its annual scholarship application and review process. It is anticipated that some 70 students will be awarded scholarships with 50 of them going to current radiologic technologists to pursue additional certifications and advanced education.

ASRT Educational Symposium and Annual Governance & House of Delegates Meeting

ASRT will host its annual Educational Symposium on June 22, 2017, in Orlando, Florida. Educational topics will cover the areas of general radiography, women's health, computed tomography, management and courses specific to student attendees. The opening session will feature a presentation titled "A Team Approach to Patient-centered Imaging" by Dr Susan John, the John S. Dunn Distinguished Chair, Diagnostic and Interventional Imaging at Memorial Hermann – Texas Medical Center in Houston, TX.

The Educational Symposium will be followed by the Annual Governance and House of Delegates meeting June 23-25.

Sharon Wartenbee**Regional Director for the Americas****CANADA****75th Anniversary of the CAMRT**

CAMRT will be celebrating its 75th anniversary in 2017. The special occasion is being celebrated in many ways over the year. One important focal point will be the CAMRT-OAMRS Annual General Conference in April 2017.

2017 CAMRT-OAMRS Conference

In 2017, the CAMRT is working together with the Ontario Association of Medical Radiation Sciences to host an Annual General Conference (AGC). The event will take place from April 27-30, 2017 in Ottawa, Ontario. It promises to be a

very successful event, with high quality education and workshops and many opportunities to network and socialise with fellow MRTs.

This special event is also taking place in Ottawa during the celebrations for Canada's 150th year. As the capital of Canada, Ottawa will be at the heart of the celebrations, with special events that week and throughout 2017.

CPD from CAMRT

The popular and user-friendly CAMRT repository (www.camrt.ca/repository) allows users to search through dozens of courses, webinars and events from the CAMRT and its partners to identify opportunities 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 as accepted by the ARRT and others.

Journal of Medical Imaging and Radiation Sciences (JMIRS)

JMIRS (www.jmirs.org) is calling for papers for its second special issue of 2017 focusing on Image Guided Therapy. For this issue, JMIRS is targeting articles from all over the world that provide multi-disciplinary perspectives on the topic. Submissions 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 the cover letter.

Support for those interested in working in Canada

The CAMRT encourages those thinking about working as MRTs in Canada to check out its two learning modules for Internationally Educated Medical Radiation Technologists (IEMRTs). The first module on describes practice/employment in Canada. The second is a module providing education on "How to Write a Competency Based Exam". Both modules are available in the [certification](#) section of the CAMRT website.

Marcia Smoke

smokem@hhsc.ca

TRINIDAD AND TOBAGO



A warm welcome to one and all for the 20th ISRRT World Congress to be held from 12-15 April, 2018 in the Caribbean Islands

of Trinidad and Tobago. The venue is the Hyatt Regency Hotel in the capital city of Port of Spain, Trinidad. Preparations are ongoing.

Please visit the website: isrrt2018.org.tt for updated information.

Aleth Bruce

ISRRT Council member

AUSTRALASIA

SINGAPORE



Singapore Society of Radiographers - Breast Cancer Awareness Public Forum 2016

To celebrate World Radiography Day

2016, Singapore Society of Radiographers (SSR) collaborated with the Singapore Radiological Society (SRS) and the College of Radiology Singapore (CRS) to organise a public forum on Breast Cancer Awareness which was held on 19 November 2016.

The public forum aimed to promote breast cancer awareness, screening, and advocate the importance of early detection and prevention amongst all level of community.

We brought together experts from various fields such as breast radiographers, radiation therapists, radiologists and radiation oncologists to provide a holistic overview of breast cancer from screening to treatment. The topics presented include community breast screening program, breast cancer diagnosis, holistic treatment methods, and support for patients undergoing treatment.

At the end of the forum, we received many encouraging feedback from the public. We have received many positive



Event brochure for the participants.



SGH Specialty Nursing (breast care) set up a breast cancer awareness booth to educate the public on breast cancer screening and prevention during the public forum.

feedback from the participants on how the various talks have helped them to better understand the journey of the breast cancer patient and the various roles played by different healthcare professionals. Many were encouraged to learn about the community support that has already been put in place in Singapore. On behalf of the team, SSR would like to extend her heartfelt gratitude to all the speakers and invited guests for making the event a success. Together, we are glad to be able to do our part for the community in promoting breast cancer awareness.

Inaugural SSR

Annual Scientific Meeting 2017

On 25 March 2017, SSR would be holding its inaugural Annual Scientific Meeting (ASM) at Singapore Institute of Technology (SIT). Since the theme for this ASM is "Radiography in patient centered care: innovation and advancement", this meeting will focus on a range of stimulating topics

related to innovation and advancement in imaging. Apart from the scientific/education talks, workshops focusing on 'Academic writing' and 'Image interpretation' have also been lined up.



The first speaker at the World Radiography Public Forum Ms Athena Wang from the Singapore Cancer Society.

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:

www.birjournals.org/site/books/ultrasound.xhtml

as well as in print

TAIWAN



2016 IABSRT Board Meeting

On December 11, 2016, the Board Meeting of the 2017 International Accreditation Board

for Special Radiological Technologists (IABSRT) meeting was held in Okinawa, Japan. The Board talked about encouraging its members to promote the IABSRT exam to other Asian countries.

TWSRT offers Radiological Technologists Training Program

On February 27, 2017, TWSRT and Myanmar Society of Medical Radiation Technologists (MSMRT) signed a MOU in Yangon on the Radiological Technologists Training Program, which offers professional training of CT and MRI to Myanmar radiological technologists.

Pictured right.

Top: Taiwan Board

Bottom: Technologists from Taiwan.



EUROPE

FRANCE



In January, over 750 radiographers made the trip to Paris to participate in the French CT Congress, which

had this year a bit of international with communications from Africa (CT status in Cameroun, Ivory Coast and Togo). In March 2017 we held our National Radiographer Congress in Bordeaux and in May the MRI Congress will be held in Strasbourg. More about it in the next newsletter.

In December 2016 there was one piece of legislation that is a very big step forward for the French profession. At last what was the usual practice since many years, or decades in some cases, is recognised by the legislation. Until December, the law specifically forbade the radiography to work alone, even for conventional radiography, the presence of the radiologist was required. In practice, it was obviously not the case but the law was quite specific about that. Now it is different: there are different levels of autonomy for the French radiographers, depending on the injection or not of medicaments. In the case of a radiography,

we can work with a prescription without a radiologist. Finally, the echography is finally recognised as being part of the radiographer job.

Benoit Billebaut

France Council Member

SPAIN



La Asociación Española de Técnicos en Radiología, Radioterapia y Medicina Nuclear, celebra este año 2017 los

días 23, 24 y 25 de junio el XIII Congreso Nacional en Galicia en nuestro Hospital del Área Sanitaria de Vigo, Álvaro Cunqueiro. Fechas importantes y a su vez festivas en toda la Comunidad autónoma.

El título del Congreso "Comprometidos con el cambio" nos indica que el programa que os presentamos está orientado para

conseguir una mejora en nuestros servicios en aspectos como la Humanización, Comunicación, Relación y trato con el paciente, que repercuten directamente en la Calidad, la Formación y Docencia, la Gestión, la Seguridad y en la nueva Tecnología unidos a los proyectos de investigación.

Para conseguir llevar a cabo este proyecto, hemos combinado las diferentes temáticas de las mesas con "aulas" de trabajo y de esta manera llegar a todos los temas y especialidades.

Esperamos que todo ello os anime a asistir, compartir y debatir experiencias con nosotros y a su vez conozcáis el nuevo Hospital, nuestra maravillosa ciudad y su agradable entorno.

Os esperamos.

Un cordial saludo a todos.

M^a Elena Domínguez Domínguez
Presidenta del Comité Organizador XIII
Congreso Nacional AETR
Ver página



AFRICA

GHANA



The Ghana Society of Radiographers is the umbrella association for all practicing medical imaging and radiotherapy professionals in

Ghana. It was founded in the year 1986. The Society has a total of 175 membership as at 2016.

The year began with a National Executive Council meeting in January in Accra to strategise the rolling out of plans envisioned by the Council at its meeting in the last quarter of 2015. The program for the year included:

- National Scientific Workshop in the first quarter of the year
- Zonal Scientific Workshops in the second quarter
- Work on the Society's Database
- Operationalizing the Society's website
- Strengthening the Regional and Zonal Chapters of the Society
- National Scientific Conference and Congress in November

The theme for the year was 'Trends of Technological Advancement in Medical Imaging and Radiation

Therapy in the past decade'. This theme was to guide all activities of the Society and to engage the thinking of our members throughout the year.

Below are some highlights in 2016
The 5th Biennial National Conference and Congress

The Congress was held at the International

Conference Centre of the University of Development Studies in the Northern Regional capital city Tamale from the 4-7 August 2016. It had two major parts: a National Scientific Conference during which scientific papers were presented by members of the Society and a National Congress, in which important issues affecting the Society were discussed and new national officers were elected. Participation was generally very good. There were 150 Radiographers in attendance.

The Conference

This started in earnest on Day 1 of the event. The welcome address was by Rev. J. W. Ampofo (Outgoing President) and the Conference was declared opened.

Presentations

First Presentation was by Rev J. W. Ampofo, titled 'The state of Medical Imaging in Ghana'.

It was followed by a presentation on 'Advances in Medical Imaging the role of the Radiotherapist'. It was delivered by Mr Kofi Kyei Adesi, the then Vice President of the Society.

Day 2 of the event was packed with presentations, the official opening ceremony and the National Congress.

The first of the day's presentation was by Dr Stephen Inkoom (PhD), a Radiation Safety Officer. His paper was on 'Radiation protection trends in Diagnostic Imaging and Radiation Therapy'.

This was followed by Mr Chris Osam Duodo, a Radiotherapist. His presentation was 'The use of spacers together with fiducial markers in the optimization of rectal dose during prostate cancer irradiation'. Dr Samuel Anim-Sarpong

(PhD) a Senior Lecturer presented on 'Entrance Surface Dose Levels in Paediatric Chest Radiography' with Mr Benard Ohene-Botwe's presentation as the last and was on 'Analysis of Bucky beam perpendicularity of X-Ray equipment'.

The Opening Ceremony

The opening ceremony was graced by dignitaries from the field of health, the academia and politics.

It was chaired by Dr J.Y Mahamah, Northern Regional Director of Health Services. The Guest Speaker was the Minister of Health but was represented by one of his Directors from the ministries. Dr Opoku Krah, Registrar of the Allied Health Professions Council of Ghana delivered an in-depth speech on the theme of the Conference similar to the Guest Speakers speech but further went on to highlight on the key role of the Council as a regulatory body to the practise of Allied Health Profession in Ghana.

Other dignitaries included sister health professional associations who delivered goodwill messages and these included the Ghana Association of Radiologist, Ghana Association of Biomedical Laboratory Scientists and Ghana Association of Physiotherapists.

The occasion offered the Society the opportunity to recognise the contributions of some past radiographers towards the advancement of the profession in Ghana. These were honoured with plaques of citations.

The Congress

Reports and Society issues

The afternoon session was dedicated to the Congress. The outgoing-President presented his report which was followed by the financial report presented by the Acting Financial Secretary.

On issues affecting the practice, Members bemoaned the apparent slowness by the Allied Health Professional Council to utterly weed out quark practitioners in the field of Conventional X-Rays and Ultrasonography. They cried over the government's freeze on engaging new workers in the public sector.

This has rendered some newly qualified radiographers jobless.

A new constitution was read through by the Chairman of the Constitution Review Committee to Congress and was adopted.

Some keynote in the constitution were:

- a) The dissolution of the Executive position of the Treasurer with a new office created as the Public Relation Officer.
- b) The 10 regions of Ghana also reduced

to five GSR administrative regions and these are:

1. Greater Accra Region – ROENTGEN REGION
2. Eastern and Volta Regions – CURIE REGION
3. Western and Central Regions – DOPPLER REGION
4. Ashanti and Brong Ahafo Regions – HOUNSFIELD REGION
5. Upper East, West and Northern Regions- HERTZ REGION

The Elections

New officers were elected to steer the affairs of the Society for the next two years. Mr. Prince Rockson a Senior Radiographer and Head of Radiology at the Cocoa Clinic in Kumasi, was elected as the new President and Council member to ISRRRT.

Below are the new officers and their brief details:

• President

Mr Prince Rockson

• Vice President Mrs Vida Adjeibea Amoah

• Gen. Secretary Pastor Frank Ofori Mintah

• Financial Secretary

Mrs Vivian Della Atuwu-Ampoh

• Organising Secretary

Mr George Fitzberg Nunoo

• Public Relations Officer

Mr Charles Kwabla Dela Dagedzie

The second day of the event ended with a dinner dance in the night.

The Final Day

The final day was a Thanksgiving interdenominational church service. The new President delivered the sermon and took the opportunity to stress home his vision for the Society. He concluded with a farewell message of hope to all participants. A brief NEC meeting was held after the thanksgiving service to review the just ended event. Tamale, the Northern regional capital city was chosen as the venue for the 5th Biennial national Scientific Conference and Congress in 2016.

Sponsorship

The 5th Biennial National Conference and Conference received sponsorship from the following corporate bodies:

- UHG (Universal Hospital Group)
- C&J Medicare Hospital
- AFRIMED
- Cyndex Pharmacy, an agent for Bracco SpA
- BAYER SA
- GECAD, an agent for GE Medical Systems
- East Cantoment Pharmacy Ltd

This year's 121st World Radiography Day

was celebrated in Accra. The theme was "Quality Assurance: The Radiographer takes a central role". This was in line with directives from the mother body ISRRRT. The program addressed the press, students from some selected second cycle schools, student radiographers as well as practicing radiographers. There were over 255 participants.

The students from the second cycle institutions were educated on Radiography as a career path and field of study in the university. Publicity for the event was unparalleled, among them were TV appearances on Metro TV and UTV. There were three consecutive publications in the Daily Graphic of articles written by Radiographers with a press conference which the President of the Society, Mr Prince Rockson delivered the welcome address followed by speeches from the immediate Past President Rev. J.W. Ampofo and Dr S.Y. Opoku, also a former President of the Society and Head of the Department of Radiography from the School of Biomedical Science of the University of Ghana. Mr Lawrence Arthur, a retired Radiographer, former Head of Department and Senior Lecturer Radiography from the School of Biomedical Science of the University of Ghana delivered the Keynote address. Mr Godwin Anamoah, a Deputy Chief Radiographer at the Korle-Bu Teaching Hospital, was the Chairman of the occasion.

All the speakers highlighted on the theme for the year's celebration which was "Quality Assurance: The Radiographer takes a central role"

The core information disseminated on all the media platforms were the awareness creation about the profession and the nagging problem of quacks and their deleterious effect on our health delivery system as a nation.

Goodwill messages from other associations were made including the Presidents of Ghana Medical Association and Ghana Association of Biomedical Laboratory Scientists.

The 121st World Radiography Day Celebration goes down in history as our greatest effort at establishing the needed publicity and awareness creation for our profession. Kudos to the local organizing committee and the Publicity Committee led by the Roentgen Regional Chairman and the PRO respectively. The program was sponsored by the Society.

In conclusion, 2016 was a success for the Society and hope our records at the ISRRRT will be duly updated.

Prince Rockson
GSR President

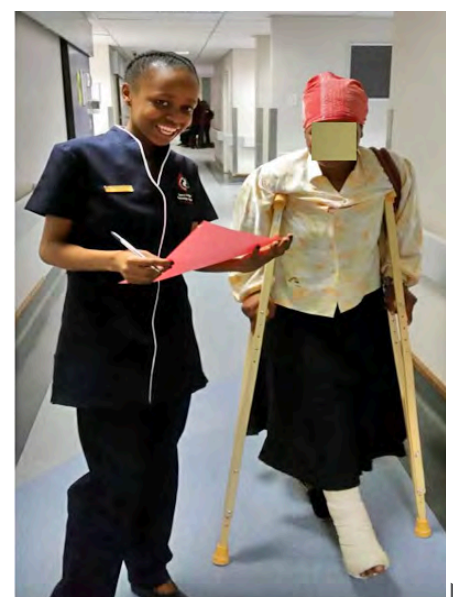
SOUTH AFRICA



Bloemfontein Branch WRD November 2016

During November 2016, the radiography students working at

Pelononi Hospital in Bloemfontein together with their clinical placement co-ordinator Mrs Thozama Mpikeli celebrated World Radiography Day (WRD) by focusing on obtaining information from the patient. The reason was that the theme of WRD was the central role of the radiographer in quality imaging. By means of a short questionnaire – designed by the students – they asked the patients if they understood the role of radiology department in the hospital. The majority of the patients responded that they consider the X-ray department as essential in the hospital.





Top: The presenters, organisers, and session chairpersons.

Top right: Fourth year students from the Bloemfontein branch washed the delegates cars while they attended the seminar .

Above: The new Bloemfontein branch committee for 2017.

Below: The delegates enjoyed fresh air during the refreshment break.

The second part of the questionnaire aimed to determine if the patients received a quality service in the department and commitment from the radiographers. The patients in general indicated that they received a professional service from the radiographers, and that the radiographers are helpful. Areas that radiographers can pay attention to in future are the cleanliness of the rooms, communication with patients, the overall support that they receive in the department, and the opportunity for patients to ask questions. Patients also had to rate their waiting time and the overall service. They indicated that the waiting time was not extensive and that they were overall satisfied with the service. What a sensible way to promote WRD! Congratulations students and their clinical co-ordinator!

Trauma Seminar, February 11, 2017

On February 11, 2017 the Bloemfontein Branch of the Society of Radiographers of

South Africa hosted a seminar with trauma as the central theme. About 50 delegates attended this interesting seminar. The presenters included two radiographers, an

emergency medical care (EMC) practitioner and a law graduate. The presentations focused on (i) shoulder trauma, and (ii) trauma and informed consent. Delegates were reminded that trauma victims are not only those who were involved in motor vehicles accidents or any similar traumatic event. Trauma victims also include those who had to witness the injuries of their family and friends. This group is often neglected or overlooked during the counselling or debriefing process.

Delegates were also reminded of the ethical principles of justice, beneficence, maleficence and confidentiality. Delegates earned five CEUs, of which four were ethics points. The feedback from the delegates indicated that they appreciated the high quality of the papers, as well as what they could learn from each of the presenters.

At the end of the seminar the Bloemfontein Branch of SORSA also conducted its annual general meeting.

Hesta Friedrich-Nel
Council, South Africa



Australia	Australian Institute of Radiography 25 King Street Melbourne, Vic. Australia 3000 PO Box 16234 Collins St. West Melbourne, Vic., Australia 8007 Tel. +61 3 9419 3336 Fax +61 3 9416 0783 Email: info@air.asn.au Website: www.air.asn.au	<i>Council Member</i>	Chris Whennan Email: Chris.Whennan@health.wa.gov.au
Austria	Verband DRTA Österreich, Corvinusring 20 2700, Wiener Neustadt, Austria Tel: + 43 699 1749 8367 Fax: +43 2622 321 2685 Email: office.rtaustria@gmx.at Website: www.rtaustria.at	<i>Council Member</i>	Mrs Sabine Weissensteiner Email: international@radiologietechnolgen.at
Argentina	Argentine Society of Radiology Arenales 1985 PB Ciudad de Buenos Aires (C1124AAC) Argentina Dr Alfredo Buzzi	<i>Council Member</i>	
Bangladesh	Bangladesh Association of Radiology & Imaging Technologists (BARIT) President: SM Abdur Rabm Department of Radiology and Imaging Dhaka Medical College Hospital Dhaka 1207 Mobile: +8801721176300 Email: president@barit.org Mr S.M Abdur Rab Mobile: +8801721176300 Email: president@barit.org Website: www.barit.org	<i>Council Member</i>	
Barbados	Barbados Association of Radiographers c/o X-ray Dept, Queen Elizabeth Hospital Martinsdale Road, St. Michael, Barbados Tel: 246 426-5378 Fax: 246 429-5374 Email: info@imagingandtherapy.bb Web Site: www.imagingandtherapy.bb	<i>Council Member</i>	Derlwyn Wilkinson Email: bar@imagingandtherapy.bb
Belgium	Medical Radiological Technicians of Belgium, Avenue des Paquerettes, 23 B - 1410, Waterloo, Belgium Tel: 32 64 55 71 99 Fax: 32 64 55 71 99 Email: mrtb@skynet.be Mr Eric Bertrand, Rue Provinciale 81, B-4042 Liers Email: Eric.bertrand@hologic.be	<i>Council Member</i>	
Belgium	Vereniging Medisch Beeldvormers VMBV/Philippw Van Laer, Beukendref 96, 9080 Lochristi, Belgium Email: ymbv@mail.be		
		<i>Council Member</i>	Mr Patrick Suvée Gerststraat 4, 8400 Roksem Email: Patrick.Suvee@hologic.be
Benin	Organisation Des professionnels En Imagerie Médicale Du Bénin 02 BP 8125, Cotonou Tel: (229) 39 02 99	<i>Council Member</i>	Mr Antoine Agbo 02 BP 8125, Cotonou Email: ag_antoine@yahoo.fr
Bosnia & Herzegovina	The Association of Engineers of Medical Radiology in Federation of Bosnia and Herzegovina Udruženje Inženjera Medicinske Radiologije Federacije Bosne i Hercegovine		
Botswana	Radiological Society of Botswana PO Box 80789, Gaborone, Botswana Tel: (267) 585475 Fax: (267) 585475 Email Soc: xina@mega.bw	<i>Council Member</i>	Mrs Avis N. C.Bareki , address as Society Email: avis@it.bw
Burkina Faso	Association Burkinabe du Personnel Paramédical d'Electro-Radiologie S/C CHNYO (Service de Radiologie) 03 BP 7022 Ouagadougou 03 Tel: 226 33 37 14 & 31 59 90/91 Poste 506 & 590 Email: abpper@bf.refer.org	<i>Council Member</i>	Mr Landry Power Kabore address as Society Email: kaboreissaka@yahoo.fr
Cameroun	Association Camerounaise du Personnel Technique d'Electroradiologie Médicale Acptimr BP 4856, Douala, Cameroon Tel: 237 2236218 Fax: 237 2222086 Email: acptimr@yahoo.fr Website: www.acptimr.org	<i>Council Member</i>	Mrs Gale Tientcheu Email: galetien@yahoo.fr
Canada	Canadian Association of Medical Radiation Technologists, 10th Floor, 85, rue Albert Street Ottawa, ON K1P 6A4 Tel: 613 234-0012 Fax: 613 234-1097 Email: fcouillard@camrt.ca Website: www.camrt.ca	<i>Council Member</i>	Ms Marcia Smoke Email: smokem@hhsc.ca
Croatia	Croatian Association of Engineers of Medical Radiology, Mlinarska 38, 10000 Zagreb Tel: 00 385 1 4669771 Fax: 00385 1 4669772		

<i>Council Member</i>	Email Soc: vladimir@bahun.com Website: www.hdimr.hr Mr Nenad Vodopija Vlascika 15, 10000 Zagreb Email: Nenad.vodopija@vmskola.hr nenad@hdimr.hr	<i>Council Member</i>	Email: errta2006@gmail.com Esayas Tiruneh
Cyprus	Cyprus Society of Registered Radiologic Technologists & Radiation Therapy Technologists 215 Old Road Nicosia-Limassol 2029, Strovolo, Nicosia, Cyprus Tel: 357 99 646410 / 357 22 604105 www.aktinografia.com.cy / www.psetaa.com Email: psetaa.cy@hotmail.com / psetaa.cy@gmail.com	<i>Council Member</i>	Fiji Society of Radiographers P.O. Box 4307, Samabula, Suva, Fiji Islands Tel: 679 3215548 Email: jsalabuco@govnet.gov.fj Mr Jone Salabuco, address as Society Email: jsalabuco@govnet.gov.fj
<i>Council Member</i>	Mr Thasos Athanasiou, address as Society Email: kalaidjis@logos.cy.net		
Czech Republic	Czech Radiographers Society Sekretariat SRLA CR, Na Zlate Stoce 14 370 05 Ceske Budejovice, Czech Republic Email: info@srla.cz Website: www.srla.cz	<i>Council Member</i>	The Society of Radiographers in Finland PO BOX 140 00060 Tehy, Finland Tel: 358 40 5227 358 Fax: 358 9 61500 267 Email: tomisto@sorf.fi Website: www.sorf.fi Tiina Nousiainen Email: tiina.nousiainen@sorf.fi
<i>Council Member</i>	Mr Cestmir David address as society Email: cestmir.david@medicon.cz		
Denmark	Foreningen af Radiografer i Danmark H. C. Orsted's Vej 70, 2. tv. DK 1879 Frederiksberg C Tel: 45 3537 4339 Fax: 45 3537 4342 Email: frd@radiograf.dk Website: www.radiograf.dk	<i>Council Member</i>	Association Francaise du Personnel Paramedic d'Electroradiologie 47 Avenue de Verdier, 92120 Montrouge Tel: 33-1-49-121320 Fax 33-1-49-121325 Email: webmaster@afppe.com Website: www.afppe.com Agnès Antoine Cadre Supérieur du Pôle MTTC Hôpital de Lagny Lagny-Marne la Vallée Paris France 01 64 30 74 85 Email: aantoine@ch-lagny77.fr
<i>Council Member</i>	Ms Charlotte Graungaard Bech, Dragebakken 289, 5250 Odense SV Email: charlotte@radiograf.dk		
El Salvador	Asociación Salvadoreña de Técnicos en Radiología e Imágenes Diagnósticas 6a calle poniente y 6a ave. sur reparto 6a calle, 3-8 bis #4, Santa Tecla Email: oc.astrid_es_rad@yahoo.com.mx	<i>Council Member</i>	Association du Personnel Paramedical d'Electroradiologie du Gabonais BP 13326 Libreville Mr Apollinaire Mberagana, address as Society Email: samueltrokossa@yahoo.fr
<i>Council Member</i>	Mrs Elizabeth Ventura, address as Society Email: oc.astrid_es_rad@yahoo.com.mx		
Estonia	Estonian Society of Radiographers Sillutise 6, Parnu 80010 Tel: 372 44 7312 Fax: 372 44 73 102 Website: www.eroy.ee	<i>Council Member</i>	The Gambia Association of Radiographers and Radiographic Technicians c/o X-Ray Department, Royal Victoria Hospital Banjul, The Gambia Mr Abdou Colley, address as Society
<i>Council Member</i>	Ms Piret Vahtramae Sillutise 6, Parnu 80010, Estonia Email: piretva@ph.ee		
Ethiopia	Ethiopian Radiographers and Radiologic Technologists Association Churchill Street, Addis Ababa, Ethiopia Inside ERPA, Office number 303 PO Box 20486 Code 1000, Addis Ababa Tel: +251913013983/+251925917753	<i>Council Member</i>	Dachverband für Technologen/-innen und Analytiker/-innen in der Medizin Deutschland e.V. Spaldingstrasse 110 B, D-20097 Hamburg, Tel: 0049 40 2351170 Fax: 0049 40 233373 Email: info@dvta.de Website: www.dvta.de Susanne Huber Email: susanne.huber@dvta.de
		Ghana	Ghana Society of Radiographers Box KB 313 Korle Bu Tel: +233 50 495 5427 +233 24 441 7585 Email: info.ghsor@gmail.com or info@ghsor.org Website: www.ghsor.org Mr Steven Boateng, address as society Email: stboateng2000@yahoo.com

Greece	The Panhellenic Society of Radiotechnologists, 85-87 Aristomenous Str, 2nd Floor Athens 104 46 Tel/Fax: 30 2 105 228081; Email: eagadacos@gmail.com Website: www.aktinotechnologia.gr <i>Council Member:</i> Euthimios Agadakos Miriofitoy 59 Egaleo 12242, Athens, Greece Mob: 30 6 97657467 Ph (BH): 30 2 107456482 Ph (AH): 30 2 105989797 Email: eagadacos@gmail.com	India	Email: katrinsig2@simnet.is Indian Association of Radiological Technologists, Department of Radiodiagnosis & Imaging PGIMER, Chandigarh 160012, India Tel: 91 172 27476389 Fax: 91 172 2745768 Email: iartindia@yahoo.co.in Website: www.iart.org.in <i>Council Member</i> Dr S.C. Bansal No. 388, Sector 38A, Chandigarh 160014, India Email: scbansal38@gmail.com
Guyana	Guyana Association of Medical Imaging Practitioners The Senior Radiographer's Office Georgetown Public Hospital Corporation New Market Street, N/C Burge Georgetown, Guyana	Indonesia	Radiografer Indonesia (PARI) Indonesian Society of Radiographers Daerah Jawa Tengah Akta Notaris No. 36 Tanggal 19 Maret 2008 Tel: +62 24 7471258 Email: pari-jateng@hotmail.com Website: http://pari-jateng.com
Hong Kong	Hong Kong Radiological Technicians Association, PO Box 73549 Kowloon Central Post Office Kowloon, Hong Kong Tel: 852 3517 5451 Fax: 852 3517 5199 Email: hkrtal965@yahoo.com Website: www.hkrtal.50g.com Mr Apollo Wong, The Department of Radiology, Kwong Wah Hospital, 25 Waterloo Road, Kowloon Email: wongpl@ha.org.hk	Ireland	Irish Institute of Radiography and Radiation Therapy (IIRRT) 28 Millbrook Court, Kilmainham, Dublin 8 Tel (m): +353 87 1313795 Fax: +353 1 6790433 Email: info@iirrt.ie Website: www.iirrt.ie <i>Council Member</i> Shane Foley Email: shane.foley@ucd.ie
Hong Kong	Hong Kong Radiographers Association Dept. of Radiology, Tuen Mun Hospital, Tuen Mun, NT Tel: 852 22911161 Fax: 852 25747557 Email: info@hkra.org.hk Website: hkra.org.hk <i>Council Member</i> Mr Edward Chan Email: chairman@hkra.org.hk	Italy	AITRI – Associazione Italiana Tecnici di Radiologia Interventistica via della Commenda 28, 20122 Milano, Italia Tel: +39 340 2773464 Email: info@aitri.it Certificated mail: aitri@pec.it Website: www.aitri.it <i>Council Member</i> Diego Catania, Presidente AITRI Email: cataniadiago@hotmail.com
Hungary	Society of Hungarian Radiographers National Health Institute Department of Radiology 1135 Budapest, Szabolcs u. 33 - 35. Tel: 06 1 350 4764 Fax: 06 1 350 4765 Email: hungarian_radiographers@yahoo.com Website: www.mrac.hu <i>Council Member</i> Ms Katalin Lukovich Email: klukovich@ogyik.hu	Ivory Coast	Association Nationale des Techniciens d'Imagerie Médicale de Côte d'Ivoire 21 BP 854 Abidjan 21 Email: antim_civ@yahoo.fr Position vacant <i>Council Member</i>
Iceland	Icelandic Society of Radiographers Felag Geislafræðinga, Borgartúni 6, 105, Reykjavík, Iceland Tel: +354 595 5186; Fax: +354 595 5101 Email: geislar@bhm.is Website: www.sigl.is <i>Council Member</i> Mrs Katrin Sigurdardottir, address as Society	Jamaica	Society of Radiographers (Jamaica) PO Box 38, Kingston 6 Tel: 809 977 2388 Fax: 809 977 2388 Email: societyofradiographers@yahoo <i>Council Member</i> Ms Carlene Rankine
		Japan	Japan Association of Radiological Technologists 31st Floor, World Trade Center Bldg 2-4-1 Hamamatsu-cho Minato-ku, Tokyo 105-6131 Tel: 3-5405-3612 Fax: 3-5405-3613 Email: kimura@jart.or.jp Website: www.jart.jp <i>Council Member</i> Dr Yasuo Nakazawa, address as Society Email: y_nakazawa@jart.or.jp

Kenya	Kenya Association of Radiographers Golf Course Commercial Centre Off Mbagath Way, Kenyatta Market Nairobi. 1st Floor Room 1.14 Tel: +254 272 0607, +254 272 0607 M: +254 724 319582 / +254 726 160562 Email: kenyaradiographers@yahoo.com	50586 Kuala Lumpur Tel: 03-2906674 Fax: 03-2989845 Email: ms_radiographer@yahoo.com www.groups.yahoo.com/group/ms_radiographers
<i>Council Member</i>	Mr Charles Omondi PO Box 90231 Mombasa Kenya Tel: +254 725848273/254 314201 Ext. 3219 Email: comok2004@yahoo.com	<i>Council Member</i> Ms Chan Lai Kuan address as society Email: clkmsr2011@yahoo.com
Korea	Korean Radiological Technologist Association, 18, Mabang-ro 4-gil, Seocho-gu Seoul, 06778, Rep. of Korea Tel: 82 70 8797 7914; M: 82 10 3957 3175 Email: krta@krta.or.kr Website: www.krta.or.kr	<i>Council Members</i> Ms Ivana Pace and Ms Daniella Zammit Email: srm.malta@gmail.com
<i>Council Member</i>	Mr Youngmoon Lee address as Society	Mauritius Mauritius Association of Radiographers 131c Murray Avenue, Quatre-Bornes Tel: 464-2790 Email: rboolkah@intnet.mu
Latvia	Latvian Society of Radiographers Institute of Radiology 13 Pilsonu Street, Riga, LV 1002 Latvia Tel: 371 714 4635 Fax: 371 714 4635 Email: nms@parks.lv	<i>Council Member</i> Mr Dooshiant Jhuboolall 41 Rue des Fauvelles, 92400 Courberoe, France
<i>Council Member</i>	Ms Elita Rutka, address as society Email: elitaru@hotmail.com	Mexico Federacion Mexicana de profesionales Tecnicos en Radiologia e Imagen, Asociaion Civil, Juan Badiano No. 21, Colonia Seccion XVI, Delegacion Tlapan, C.P. 14080 Tel: 52 55 73 29 11, Ext.1236 Fax: 52 55 73 09 94 Email: fmptrimex@yahoo.com.mx Website: www.fmptri.org.mx
Lebanon	Lebanon Society of Radiographers The American University of Beirut-Medical Centre, School of Radiography PO Box 11-0236, Beirut 1107-2020 Tel: 01961 1 35000 ext: 5070 Email: moufidaassi@hotmail.com	<i>Council Member</i> Mr Bernardo Santin Meza address as society
<i>Council Member</i>	Mr Moufid Abou Assi Email: moufidaassi@hotmail.com	Myanmar MSMRT Radiology Department Asia Royal Hospital No.14, Baho Street, Sanchaung Township Yangon , Myanmar Email: msmrt2012@gmail.com or khinmgtn.radiationhealth@gmail.com Website: to be built
Macao	Macao Radiological Technologists' Association – MRTA PO Box No. 9013, Macau Email: mrta@mrta.org.mo Website: www.home.macao.ctm.net/~mra	<i>Council Member</i> Khin Maung Tin Email: xray@asiaroyal.com.mm
<i>Council Member</i>	Ms Cora Ng Email: coranks@gmail.com	Nepal Nepal Radiological Society PO Box 5634, Maharajgunj Kathmandu, Nepal Email: Soc: radiologynepal@hotmail.com General Secretary: Neyaj Ahmed Ganesh Bahadur Pokhare Email: g_pokharel@hotmail.com
Macedonia	Macedonian Society of Radiological Technologists c/o Miroslav Kostadniov, Institut za Radiolgija Klinichki Centar Vodnjanska 17, 1000 Skopje, Macedonia Tel: 389 2 115069; Fax: 389 2 1 66974 Email: rentgen@vnet.com.mk Email: mariokostadinov@yahoo.co.uk	<i>Council Member</i>
<i>Council Member</i>	Mr Zdravko Damjanovski, 32 Victor Villas, Great Cambridge Road London N9 9VP, United Kingdom Email: zak@zdravko.freemove.co.uk	The Netherlands Nederlandse Vereniging Medische Beeldvorming en Radiotherapie, Catharijnesingel 73, 3511 GM Utrecht Tel: 31-302318842 Fax: 31-302321362 Email: info@nvmb.nl Website: www.nvmb.nl
Malaysia	Malaysian Society of Radiographers c/o Department of Diagnostic Imaging Hospital Kuala Lumpur,	<i>Council Member</i> Ms Sija Geers, address as Society Email: s.geers@nvmb.nl

New Zealand	New Zealand Institute of Medical Radiation Technology PO Box 16, Oakura, New Plymouth 4345, New Zealand Tel: 0646 752 7040 Fax: 0646 752 7040 Email: nzimrt@nzimrt.co.nz Website: www.nzimrt.co.nz	<i>Council Member</i>	Ms Kathy Colgan Email: kathy.colgan@lakesdhs.govt.nz Website: www.nzimrt.vo.nz	<i>Council Member</i>	Mr Franck Bisumbula address as Society Email: franckbisumbula@yahoo.fr
Nigeria	The Association of Radiographers of Nigeria, 2-4 Taylor Drive, Medical Compound, P.M.B. 1068, Yaba, Lagos Tel: Sec: Elizabeth Balogun 01 017430682, 08023226160 Email: info@the-arn.com Website: www.the-arn.com	<i>Council Member</i>	Dr Mark Chukudi Okeji Tel: +2348039472126, +2348084923707 Email: markokeji@yahoo.com	Republic of Singapore	Singapore Society of Radiographers Ang Mo Kio Central Post Office PO Box 765, Singapore 915609 Email: exco@ssr.org.sg Website: www.ssr.org.sg <i>Council Member</i> Ms Denise Choong
Norway	The Norwegian Society of Radiographers Raadhusgat 4, oppg.A, 0151 Oslo, Norway Tel: 47 23 10 04 70 Email: nrf@radiograf.no Website: www.radiograf.no	<i>Council Member</i>	Mr Bent Ronny Mikalsen , address as society Email: bent.r.mikalsen@radiograf.no	Senegal	Association des Manipulateurs et Techniciens d'Imagerie du Senegal, BP 3270 Dakar <i>Council Member</i> Mr Amadou Tidjani Ball Email: amadoutidiane143@hotmail.com
Peru	Asociación Peruana de Técnicos Radiólogos Av. Grau 383 Dpto., 603 Lima 1, Lima Tel: 427-0578	<i>Council Member</i>	Mr Magno F. Arias Jiménez Mz E-1 Lt.3 Ciudad del Pescador - Bellavista, Callao 2	Serbia	The Society of Radiological Technicians and Nuclear Medicine Technicians of Serbia Pasterova 14 Street, Institute of Radiology and Oncology of Serbia, 11000 Belgrade Serbia Tel: 38 135 472347 Email: caca2@scnet.yu Website: www.radteh.org.yu <i>Council Member</i> Ms Slavica Pavlovic Email: cacapavlovic@yahoo.com
The Philippines	Rm 5&6 Medical Arts Bldg. Martinez Memorial Hospital, 198 A.Mabini St., Caloocan City Tel: (02) 285 13 93 Email: part_inc@yahoo.com Website: www.part_inc.info/	<i>Council Member</i>	Mr Rolando Banares, Chief Radiologic Technologist Martinez Memorial Medical Centre 198A Mabini St, Caloocan City, The Philippines Email: part_inc@yahoo.com	Seychelles	Seychelles Radiological Association c/o Radiology Section, Ministry of Health, P.O. Box 52, Victoria, Mahee Mrs Sabina Panovska Email: sabinapanovska@yahoo.com
Portugal	Associação Portuguesa dos Tecnicos de Radiologia Radioterapia e Medicina Nuclear, Av Miguel Bombarda, n.º36 - 9ºH, 1050 - 165, Lisboa Tel: 351 217 959 539 Fax: 351 217 959 592 Email: geral@atarp.pt Website: www.atarp.pt	<i>Council Member</i>	Dr Graciano Paulo Email: graciano@estescoimbra.pt	Slovenia	Slovenian Society of Radiological Engineers Društvo Radilskih Inženirjev Slovenije Zaloska cesta 7, S1-1000 Ljubljana Tel: 386 1 5431536; Fax: 386 1 5431 321 Email: ohanuna@onko-i.si Website: www.dri-drustvo.si <i>Council Member</i> Mr Dean Pekarovik Institute of Radiology, Clinical Center Zaloska cesta 7, S1-1000 Ljubljana Email: dean.pekarovik@kclj.si
Republique Democratique Du Congo	Conseil national Des Techniciens Radiologues Republic Democratique Du Congo B.P. 12.956, Kinshasa 1			South Africa	Society of Radiographers of South Africa Physical Address: Unit B44 Pinelands Business Park, New Mill Road Pinelands, South Africa 7405 PO Box 505 Howard Place, South Africa 7450 Tel: +27 21 531 1231 Fax: +27 21 531 1233 Email: sorsa.admin@iafrica.com Website: www.sorsa.org.za <i>Council Member</i> Hesta Friedrich-Nel Email: hfried@cut.ac.za
				Spain	Asociacion Española de Técnicos en Radiología, C/ Reyes Magos 18, Bajos Dcha, 28009 Madrid Tel: 00 34 91-552 99 00 - 3105 Fax: 00 34 91-433 55 04 Email: actr.nacional@infonegocio.com

Council Member: Website: www.actr.org
Ms Marta Soto Garcia, address as Society
Email: martasoto@inicia.es

Sri Lanka The Society of Radiological Technologists
– Sri Lanka
16A Kurunduwatte, Mahabage,
Ragama, Sri Lanka
Website: srtsl.weebly.com
Tel: +94 112957126
Council Member Mr VG Wimalasena
School of Radiography, National Hospital of
Sri Lanka, Colombo 10, Sri Lanka
Email: vgwimalasena@gmail.com

Sweden Swedish Society of Radiographers,
International Secretariat
Email: international@swedrad.com
Website: www.swedrad.se
Council Member Kerstin Hillergård
Email: kerstin.hillergard@swedrad.com

Taiwan Taiwan Society of
Radiological Technologists (TWSRT)
Department of Radiology,
6F-1, No 35, Sec 2, Chongcing N. Rd,
Datong District, Taipei 103, Taiwan
Tel: 886 2 2550 5181 - 2
Fax: 886 2 2550 8402
Email: artroc@mail2000.com.tw
service@twsrc.org.tw
Website: www.twsrc.org.tw
Council Member: Chiung-Wen Kuo
Email: kuocw@mail.ypu.edu.tw

Tanzania Tanzania Association of Radiographers (TARA)
School of Radiography,
Muhimbili National Hospital,
PO Box 65005, Dar es Salaam, Tanzania
Tel: 255-714-273 111
Council Member Mr Stephen Samson Mkoloma
Ocean Road Cancer Institute (ORCI)
PO Box 3592, Dar es Salaam, Tanzania
Email: stephenmkoloma@hotmail.com

Thailand Society of Radiological Technologists of
Thailand, Dept. of Radiological Technology
Faculty of Medical Technology
Siriraj Hospital, Bangkok 10700
Tel: 622 419 7173
Website: www.tsrt.or.th
Council Member Mr Sala Ubolchai
Email: sala1950@hotmail.com

Togo Association Togolaise des Techniciens de
Radiologie et d'Imagerie Médicale ATTRIM
S/C Surveillant de radiologie CHU Campus
(Pavilion Scanner), BP 30284, Lome, Togo
Tel: 00228 90367440 or 0022822254739 /
0022822257808
Email: attrim-togo@hotmail.fr
Council Member AZIAGBA Dogbevi Robert
Email: robert.aziagba@hotmail.com

Trinidad and Tobago Society of Radiographers-Trinidad &
Tobago, General Hospital, Radiology
Department, Port of Spain
Tel: 868-672-5136
Fax: 868-658-0225
Email: soradtt@yahoo.com
Council Member Mr Aleth Bruce
Email: abruce66@yahoo.ca

Turkey Turkish Society of Medical Radiological
Technologists,
Department of Radiology Ankara University
Sıhhiye-Ankara, Turkey
Tel: +905333010745 or +905325967282
Website: www.tmrtdr.org.tr
Email: tmrtdr@hotmail.com
Council Member: Mrs Nezaket Ögür
Email: nezaketogur@yahoo.com

Uganda Uganda Radiographers Association
School of Radiography, Mulago Hospital
PO Box 7051, Kampala
Tel: 256 041 530137
Council Member Kalende Rogers, address as Society

Ukraine Ukrainian Society of Radiographers and
Radiological Technologists,
Lamouosov Str. 33/43, Kiev 03022
Tel: 38044 213 0763/483-61-26
Fax: 380 44 258 9726
Email: babiy@aruk.kiev.ua
Council Member Dyemin Valentin
Email: uarctmri@ukr.net

United Kingdom Society and College of Radiographers
207 Providence Square
Mill Street, London SE1 2EW
Tel: 44-207 740 7200
Fax: 44-207 740 7204
Email: info@sor.org
Website: www.sor.org
Council Member Pam Black
Email: PamB@sor.org

USA American Society of Radiologic Technologists
15000 Central Avenue SE,
Albuquerque, New Mexico 87123-3917
Tel: 505-298-4500; Fax: 505-298-5063
Website: www.asrt.org
Council Member Donna Thaler Long
Email: dlong2@iuhealth.org

Vietnam Ho Chi Minh City Association of Radiological
Technologists – HART
201 Nguyen Chi Thanh, Ward 12, District 5,
HCMC, Vietnam
Tel: +84 8 39551352; +84 983 371 798
Email: Vietnam.art.2014@gmail.com
Council Member Mr Thai Van Loc
Email: thaivanloc@hotmail.com
Website: in the building process



www.isrirt.org