

We don't just have a vision of the future.
We have the plan to get you there.



Digital imaging is no longer a vision on some far-off horizon. It's a definite destination. The only questions are why, when and how to reach it. With Agfa the When will be at your own pace. The How will be by harnessing our expertise, experience and customized Solution Sets. And the Why? Well, because going digital is not simply a choice – it's a necessity.

Fast Forward  Digital

www.agfa.com/healthcare

AGFA 
I see more I do more

Contents



Articles

ISRRT Councillor Profile:	
Derlwyn Wilkinson, Barbados	811
13th ISRRT World Congress, Hong Kong, Feb 3-6, 2005	
Reports and photographs	12
Building Bridges across the radiography Globe	16
Reporting by Radiographers: A Personal Paper	23
Spiral CT Examination of 18th-19th Century Mummies	28

Reports

Fiji: Onsite reviews get mixed results	14
Mammography Techniques & Positioning for the Caribbean	15
Kumi Hospital, Uganda	19
17th European Congress of Radiology – ECR 2005	25
58th World Health Assembly	26

News

In memorial, London bombings	9
New pay Structure across the UK	32
News from member societies:	
Africa: Nigeria, South Africa, Benin	29
Europe: France, Germany, Malta, The Netherlands, Sweden, United Kingdom	37
The Americas: Canada, Jamaica	43
Asia/Australasia: Australia, New Zealand, Hong Kong, India, Singapore, Taiwan	34

Regulars

Contact details for:	
Submissions, deadlines, advertising & WRETF	2
Advertising rates	2
Editorial	3
President's Message	4
Secretary General's report	6
Available upon request from the ISRRT	7
The World Radiography Educational Trust Fund	27
Obituaries: Ernst Streller	30
Gertrude Alexander & Anna Ames	31
Letter to the Editor	33
Coming events	33
Authors Instructions	34
Names and addresses of member societies & ISRRT Council Members	46
ISRRT Officers of Board of Management	52
ISRRT Committees Regional Representatives	52

ISSN NO. 1027-0671



Editor: Rachel Bullard

Production & Design:

Deep Blue Design Studio,
Melbourne, Australia

Printer: Penfold Buscombe
Melbourne, Australia

The Board of Management of the ISRRT expresses its appreciation to AGFA who generously support the production and distribution of the Newsletter.

ISRRT Website: www.isrrt.org

WANT TO ADVERTISE INTERNATIONALLY ??

The ISRRT Newsletter would like to invite readers and others to take advantage of the extent of our circulation and advertising service. The ISRRT Newsletter reaches 72 countries, 4500 associate members, libraries and schools of radiography, government bodies and professional societies. The following are costs for mono advertising as at February 2004:

	per issue	per two issues
full page	£300 (US\$550, EUR430)	£550 (US\$1010, EUR790)
half page	£225 (US\$415, EUR325)	£400 (US\$735, EUR575)
quarter page	£100 (US\$185, EUR145)	£150 (US\$275, EUR215)
one eighth page	£60 (US\$110, EUR86)	£100 (US\$185, EUR145)

Camera ready copy 210 x 290mm per one page advert. Digital format acceptable.

Colour advertising costs: On application to Secretary General: issrt.yule@btopenworld.com

Editor: bullard@deepbluedesign.com.au

Editorial Submissions & Deadlines

Remember to e-mail your news before the deadline to: bullard@deepbluedesign.com.au

Or, send it by fax or mail to:

Mrs Rachel Bullard
18 Cheeseman Ave,
Brighton East
Melbourne, Victoria Australia 3187
Tel/fax: +61 3 9578 0843

**Deadline for the twice yearly issues are:
July 1 and January 1 each year**

All material sent electronically that includes complex tables, charts & graphs please send also as hard copy by fax.

You are invited to comment in relation to the *ISRRT Newsletter* editorial content and make suggestions for future issues. All comments will be considered by the Editor and her Committee.

Advertisements/Secretariat

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 Secretary General:

Mr Alexander Yule
143 Bryn Pinwydden
Pentwyn, Cardiff Wales CF23 7DG
United Kingdom
Tel: +44 02920 745075; Fax: +44 02920 742128; E-mail: issrt.yule@btopenworld.com

World Radiography Educational Trust Fund (WRETF)

Secretary: Dr Allan Regisford,
41 Eason Drive, Abingdon, Oxon, OX14 3YD, UK.
Tel: +44 1235 534756; E-mail: allan@regisford.fsworld.co.uk

FOR most of us, the only opportunity to gain an international perspective of our world is when major international events occur. These are primarily sporting events and can include the Summer and Winter Olympics and World Cup – for some of us this can also be the Commonwealth Games which Australia is hosting in March 2006 in Melbourne.

As radiographers, radiation technologists, radiation therapists and sonographers, we also have the opportunity to gain this international perspective from a variety of professional meetings available to us.

These can include the World Congresses in Radiology (ICR) which have increasingly catered for technologists through a much closer relationship ISRRT has developed with our Medical Colleagues.

Indeed, the most recent ICR meeting in Montreal, Canada was almost overwhelmed by technologists thanks to the brilliant efforts of our Canadian colleagues.

This trend began a couple of years earlier in Cancun, Mexico where the various Societies representing Mexican Technologists worked very hard on a technologists program which was very well attended with many visiting speakers from around the world who gave the meeting a truly international perspective.

We will see this all continue in the future as the ISRRT and International Society of Radiologists (ISR) work even closer to make these meetings truly representative of Radiology and Radiation Oncology.

The next ICR World Congress is in Durban, South Africa in 2006 and our South African Technologists under the guidance of Fozzy Peer are a significant part of that program.

The main focus for us however, is our own ISRRT World Congress – dedicated to our role in the delivery of radiation Medicine to the World.

Our World Congresses are rotated through the 3 Regions of ISRRT which gives us the opportunity to experience the particular influences of each Region. Those fortunate enough to attend the ISRRT World Congress hosted by the Hong Kong Society in Feb 2005 will have come away not only with a new understanding and appreciation of how our profession delivers health care in Asia/Australasia, but also of the unique history and way of life of our colleagues in that Country.

It is important for our general education and in our professional life to try to learn about and understand the different cultures of our world.

I'm sure that a technologist returning from the Hong Kong Meeting would have felt differently when they next examined a patient from Chinese origin. I know I was able to tell a patient that I had just experienced Chinese New Year in Hong Kong - they were very excited and asked if I liked all the red and gold colours and fireworks (which I did of course!).

Our next opportunity will be to share time and experiences with our American Colleagues at the ISRRT World Congress in Denver, Colorado June 9-14 2006 and in 2008 in South Africa.

Of course it is not possible for everyone to attend these meetings for a variety of reasons – not the least of which is the cost. Some would say these meetings are elitist and only cater for the few able to afford the cost and time - we also know it is not always possible for bureaucratic reasons for some people to obtain visas.

These meetings have an important role in that we can at least ensure the exposure of the local residents to overseas guests as well – I know that the Hong Kong technologists enjoyed meeting colleagues from many European countries that they had only read and heard about and also enjoyed hearing of the way our Profession functioned in those Countries.

Which brings me to the role of our ISRRT Newsletter so ably produced and edited by Kay Collett and Rachel Bullard.

This is one relatively cheap and effective way in which we can learn more about our World from a technologist's perspective.

We try hard to have articles from our many Societies around the World give their perspective on the way radiography and radiation therapy is practised.

From Asia to Africa, the USA to Iceland, Dublin to Durban we want to hear from you - our colleagues. Your issues, your opinions and your experiences are very valuable to us all.

It is all too easy to accept Multislice CT Scanning as a "must have" when quality control in general radiography, good darkroom techniques and the availability of ultrasound are still the aim of so many across our Regions.

As a retired radiology manager who trained as a diagnostic radiographer far too many years ago to remember, I feel incredibly privileged to have had the opportunity to mix with, and count as friends, radiographers from many countries who have given me a much wider view of the world.

The ISRRT plays a vital role in representing technologists from around the World, but we can only do this with the support and collective wisdom of our 80+ Council Members who ensure that the members of the Board of Management maintain an International perspective.

Rob George, ISRRT Vice President for Asia/Australasia



Robert George with radiography Students from Thailand and Japan.

President's Message

THE highlight of this issue is the activities at the ISRRT World Congress in Hong Kong held from the 3-6 February 2005.

The Local Organising Committee, (LOC) led very well by Dr Maria Law, provided the 625 participants with rewarding scientific sessions and enjoyable social programs. Efficiency and attention to details are the hallmark of their success, evident by the Committee seeing into every problem speedily and ensuring that no one was left unattended, no matter how small the problems were. I must also commend on the way the opening ceremony was organised. The ISRRT Board and LOC were sensitive to the political needs of some countries and we were able to resolve the issues amiably just before the opening to ensure that none of the countries were embarrassed. The Hong Kong Health authorities have also helped in a big way and for this we are grateful.

The council meetings were well attended by 36 participating countries. There were active participation from council members and business was conducted cordially and efficiently. The Council agreed to the amendments and some new statutes. Latvia, Ukraine, Lebanon and Macau were granted membership. The Local Organising Committee has informed us



that the Congress was also a great financial success. Details of the surplus will be circulated at the next council meeting after our finance committee has reviewed it.

In June 2005, I attended the United Kingdom Radiology Congress in Manchester. This is a combined radiologists and radiologists congress jointly organised by the British Institute of Radiology, Royal College of Radiologists, College of Radiographers and the Hospitals Physicists Association.

During the Congress, I had the opportunity to meet Mrs Ann Pollard, President, Mr Richard Evans, Chief Executive Officer and officials of the College of Radiographers. Dr Alexander Yule, Secretary General and I also touched base with radiographers from overseas who visited the ISRRT Booth. Incidentally you would have noticed in the photographs that Dr Yule is on crutches as he had a torn tendon while playing squash. He endured the pain and inconvenience to be in Manchester and stayed at the ISRRT Booth throughout the conference.

I was also fortunate to witness the formation of The Association of Forensic Radiographers. Mr Mark Viner has been actively involved in forensic radiography and was instrumental in the formation of this society together with a group of like minded radiographers and



Above left: At the College of Radiographers Booth. From right to left, Dr Alexandra Yule, ISRRT Secretary General, Mr Tyrone Goh, ISRRT President, Mrs Ann Pollard, President, UK College of Radiographers, Mrs Hazel Harries-Jones, Council Member, UK,



Above right: Group of Radiographers forming part of The Association of Forensic Radiographers. Mr Mark Viner is in striped tie.

pathologists.

From Manchester, I went to London to attend the inaugural lecture of Professor Mary Lovegrove, a former ISRRT Vice President for Europe and Africa and an ardent supporter of the ISRRT. We are proud to have Mary conferred a professorship in allied health sciences.

This will be the second last newsletter before the General Elections of the ISRRT Board in June 2006, in Denver, USA.

Please consider your candidates to stand for election to the next ISRRT Board very seriously. The elected officials will hold a four year term. While the Regional Vice President and Director will need to come from the three regions of Asia/Australasia, Europe/Africa and The Americas, the positions of President, Treasurer, Chair of Education, Public Relations and Professional Practices Committee could be from any of the regions. Please write to the Secretary General, if members are not familiar with the nomination procedures or eligibility. He will be pleased to explain.

The 14th World Congress Denver, Colorado, USA is one year away. Now is the time when you should start to make preparations to attend and actively take part in this Congress. The first announcement and posters have been circulated. If you have not received a copy please check our ISRRT website. I look forward to your participation and to meet you in Denver.

Tyrone Goh

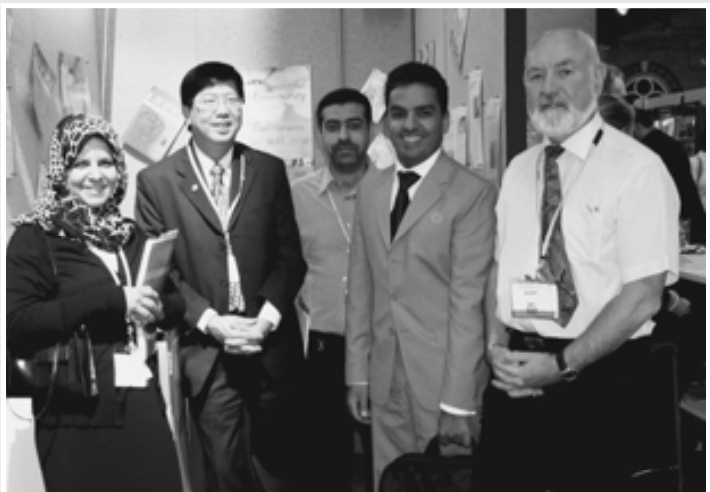
Right top:

Visitors from Nigeria to the ISRRT Booth. Ms Sumbo Oyedele (Council Member, Nigeria) and her family.

Right middle:

Visitors from Kuwait to the ISRRT Booth. Dr Raed SA Saeed and Dr (Ms) Ghallyah Alsali from the Radiological Science Department.

Right bottom: One of the trade exhibits at UKRC-A mobile MRI Scanner.



Secretary General

THE first six months of 2005 have been an extremely busy period for all Board members and the Secretary General. As most people know the 13th World Congress took place in Hong Kong during February 2005. This was an extremely successful and enjoyable event which is reported elsewhere in the newsletter. I would however take this opportunity to congratulate all those involved in the Congress and thank them for all the help given to me during the run up to the Congress and also during the event itself. I was also very honoured to be asked to act as MC for the Opening Ceremony an experience which I enjoyed very much.

Prior to the Congress, Board and Council meetings took place and I certainly felt that they were very successful and a lot of good work was achieved. The draft minutes have already been circulated to all member Societies but I will briefly report the significant events.

“The Council meeting was called to order by the President at 13.15 hrs. Mr Goh welcomed all delegates on behalf of the Board of Management and looked forward to a productive meeting. Before the commencement of the meeting Mr Goh expressed sincere condolences for all countries affected by the Tsunami and called for one minutes silence as a token of respect for the victims.

The Board had met in Prague in 2003 and devoted that entire meeting to consider the strategic direction of the ISRRT and the action points identified at that meeting were followed up in Montreal. Each Board member had been given specific issues to action and the majority of areas have now been completed. The action plan and outcomes had been distributed to Council members for information.

The Treasurer briefly summarised the financial state of the ISRRT and pointed out that the investments of the ISRRT had increased by \$78US K during 2004. The investments are important because of the interest accrued which is part of the annual income. The Treasurer, indicated that there will be a small surplus in 2004 and that this surplus will be carried into 2005. The income and expenditure will continue to be closely monitored and risk areas identified by Board members. A sub-committee of the Board has been set up to look into future work related to corporate/business relationships and that the outcome would be reported to the next Council meeting.



The Statutes had been reviewed by the Solicitors of the ISRRT and were accepted by Council. The revised Statutes have been distributed to all member countries and are available on the ISRRT website at www.isrrt.org

The Health and Safety Committee has now been renamed the Professional Practice Committee and the role extended. Concern was expressed that the health and safety element might be diluted however Council were reassured that such issues had been fully considered and debated by the Committee and Board and that health and safety would continue to be an important part of the work of the committee.

Mr L May, CEO of the American Society of Radiological Technologists (ASRT), reported progress on the 14th ISRRT World Congress to be held 9-14 June, 2006, Denver, Colorado, USA, in conjunction with ASRT and the Educators Association. The theme will be “One Community”. He informed Council that arrangements were well forward and that the ASRT are fully committed to the Congress.

Ms F. Peer, President of the South Society of Radiography, reported on arrangements for the 15th ISRRT World Congress which is to be held in Durban, South Africa, 23-26 April, 2008. This will be the first ISRRT World Congress to be held in Africa and the theme will be “Integrating Global Images”. Full support will be given by the City of Durban and Tourist Agencies. Council was informed that extra security is always provided at all conferences.

International Radiation Quality Network (IRQN). This is a radiation quality initiative which has developed in the last two years and was reported by R George, VP

A/A Region. ISRRT have asked to be included and this will be discussed at the first formal meeting of that group to be held at the ECR in March 2005.

The Operations Manual had been reviewed by the Board during the meeting in Montreal, 2004. Following discussions the document was revised and Council and Board members were asked to identify typing errors and send to Secretary General, after which the final document will be distributed to all member countries and Council members. The document was received by Council.

Election of new member-societies

The following societies were admitted to full membership of the ISRRT:

- Latvian Society of Radiology Nurses
- Ukrainian Society of Radiographers and Radiological Technologists
- The Society of Radiographers Lebanon
- The Society of Radiographers Macau

The new member societies present were congratulated and each given the opportunity to say something about their society.

In the beginning of March I attended the ECR in Vienna and helped to staff the ISRRT Booth with Niru Kolmannskog and Alain Hembise. This was a very successful ECR from the point of view of the Radiographers and everyone is to be congratulated for all the hard work undertaken. A full report is provided separately.

During May I once again attended the WHO Assembly in Geneva and again this is reported in another section of the newsletter.

Finally I attended the UKRC in Manchester during June and met with the College of Radiographers. The ISRRT had a very successful booth which was provided free by the UKRC and I would like to formally acknowledge this. I was very ably "assisted" by our president Tyrone Goh and my wife Alison. Unfortunately I was on crutches during this period and relied heavily on the help given by others.

Finally I would like to thank all Board and Council members and Societies for their continuing hard work and support without which the ISRRT could not continue to function.

**Sandy Yule,
Secretary General, ISRRT**

AVAILABLE UPON REQUEST FROM THE ISRRT SECRETARY GENERAL

ISRRT Health and Safety Manual US \$30

Quality Control Handbook for basic equipment and manual processing £8 / US \$14 *FRS

Professional Standards for the Education of Radiographers including The Role of the Radiographer £9 / US \$15 *JSG

Proceedings of ISRRT sponsored African Workshops
Number 1 – Arusha, Tanzania 1995
Number 2 – Port Elizabeth, South Africa 1997
£8 / US \$14

Survey of radiographer education program within Europe – 1999
£9 / US \$15

Proceedings of Teachers Seminars
Number 9 – Itea, Greece, 1992; Number 10 – Nottingham, 1996 (Education Needs of Students)
Previous seminar proceedings are also available.
Titles available on request. £9 / US \$15

Centennial Poster "X-rays – The first century"

A four panel poster outlining the major X-ray advances and world events within a historical context, 1895 – 1995. £60 / US \$100

Lapel Pin

A Society lapel pin with the Rontgen logo in gold colour on a dark blue background. It is small enough to be worn as an attractive lapel pin or on a uniform.

#3 / US \$6

There is a 10% discount for orders of 10 pins or more.

* Indicates publication available in languages other than English.

F: French, J: Japanese, S: Spanish, : Romanian, G: German

Prices are shown in United Kingdom pounds sterling and United States dollars, and include postage and packaging.

Send payments by bank draft or cheque drawn on a bank in the UK (sterling or US (dollars) to:

*ISRRT Secretariat, 143 Bryn Pinwydden,
Cardiff, CF23 7DG Wales, United Kingdom
Purchase orders or invoice requests accepted.*

15TH ACRT

15TH Asian Conference of
Radiographers and Radiological Technologists

Nov. 19 -23
2005

21TH Annual National Congress of The Japan Association of Radiological Technologists



Information

Date and Place

Date: November 19th - 23rd, 2005

Place: International Conference Hall and Exhibition Hall of Makuhari-Messe, Chiba, **JAPAN**

Registration

Registration fee: 5,000 Yen (For Only Overseas Members)

Registration Deadline: September 30th, 2005

Call for Papers

Presentation: Oral or Poster

Conference language: English

Deadline: April 30th, 2005

Organization

Chairman of Organizing Committee: Mr. Kazumasa KUMAGAI (President of JART)

Organized by



JART

URL <http://www.jart.jp/>

E-mail acrt@jart.or.jp

Welcome to the

15th ACRT in Japan

Chairman's Message

The 15th Asian Conference of Radiological Technologists (ACRT) will be held in Makuhari Messe, Chiba City for five days from **19 to 23 November 2005**.

Makuhari is a new city open to the world. It is conveniently located close to Narita Airport, the gateway to Japan for foreign visitors, and it has good access to Tokyo, Japan's capital. Moreover, Makuhari has conference and exhibition hall facilities appropriate for international meetings. You may remember that the 11th International Society of Radiographers and Radiological Technologists (ISRRT) World Conference was held in Makuhari in 1998.

This conference will be held simultaneously with the 21st Annual National Congress of the Japan Association of Radiological Technologists. We plan to have programs that deal with many academic issues, including lectures and symposia that will discuss education and organisation matters in our profession and internationalisation. On the afternoon of the third conference day, we plan to host an excursion (a hospital observation visit and a city tour) for the benefit of our foreign visitors.

The planning committee will work hard to prepare programming that will hopefully satisfy your professional learning needs. We are looking forward to seeing you at the 15th ACRT (Makuhari Messe, Chiba City) in November 2005.

The 15th ACRT Organising Committee
Kazumasa Kumagai, Chairman

In Memorial

With the tragic disaster of the recent London bombings still fresh in all our minds the ISRRT would like to offer a message of condolence and encouragement to members who may have been affected by this tragic event..

ON behalf of the Board of the ISRRT, I wish to express my deepest sympathy to the people of London for this tragic event. Our thoughts are with those who have lost their loved ones and those who have been injured. There are also many who sustained serious injuries and we pray for their speedy recovery. The government and the emergency services have done a splendid job for their quick response and the orderly way the rescue operations were conducted.

Our thoughts now are with the radiographers involved in dealing with the severely injured patients. I understand from Ms Hazel Harries-Jones, President, UK College of Radiographers, that the radiographers in London are performing a marvellous job helping the victims. I have also heard and seen reports from BBC and CNN on the excellent work done by the healthcare staff at the hospitals surrounding the tragic sites. This shows the UK's National Healthcare System at its best and I am sure their professionalism and dedication will be well appreciated

This untimely tragedy has dampened the spirit of jubilation and celebration for London winning the bid to host 2012 Olympic Games. I am sure that plans to celebrate will be put on hold for now.

Please take care and God Bless.

Tyrone Goh
President, ISRRT

ISRRT WEBSITE

The ISRRT website carries up-to-date addresses of all member societies. Visit the ISRRT website at: www.isrrt.org
Here you can find information on the ISRRT and details of future meetings.

Comments on the newsletter

You are invited to comment on the presentation and contents of the newsletter and make suggestions for future issues. Your comments will be considered by the Editor and the Director of Public Relations.

one community

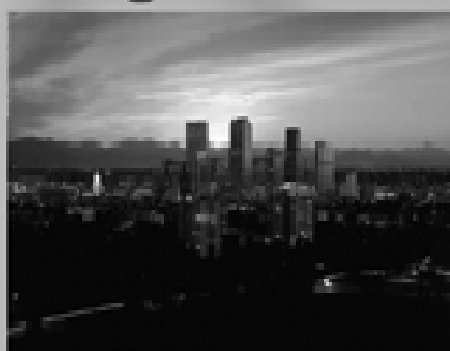
une communauté 一個の自治体 eine gemeinschaft
een gemeenschap una comunidad 一个社区
een gemeenschap una comunidad 一个社区

ISRRT 14th World Congress

Hosted by ASRT/AERS Annual Conference

June 9-13, 2006
Denver
Adam's Mark Hotel

Visit www.asrt.org for more information



International
Society of
Radiographers
& Radiological
Technologists

www.isrirt.org



American Society of
Radiologic Technologists

www.asrt.org



Association of Educators in
Radiological Sciences, Inc.

www.aers.org

Call for Abstracts

Scientific papers for oral or poster presentations can be submitted by any participant.

Authors are encouraged to submit abstracts online at the ASRT Web site, www.asrt.org. All instructions are available online. Fees will not be accepted.

All abstracts must be submitted on or before Oct. 28, 2005. The Scientific Committee will have the final decision on the acceptance of abstracts and selection of papers for oral or poster presentations. The corresponding author will be notified by Nov. 30, 2005. If notification is not received by that date, please contact the Scientific Committee Chairman at abstracts@asrt.org or by phone 800-444-2778 (506-298-4500), Ext. 1255.

Presentation format can include oral, poster and oral/poster. Primary presenting author and contact information must be included with submission.

Presentation subject areas can include one or more of the following:

- General Radiography.
- Radiation Therapy/ Medical Dosimetry.
- Nuclear Medicine/PET.
- Sonography.
- Education/Research.
- Patient Care/Ethics.
- Management.
- Mammography.
- Bone Densitometry.
- Interventional.
- Quality Assurance/ Quality Management.
- Computed Tomography.
- Magnetic Resonance.
- PACS.
- Fusion Imaging.
- Radiologist Assistant.
- Other topics determined appropriate to the radiologic sciences community by the Scientific Committee.

Scientific Committee:
Ellen Lipman (chairman),
Nadia Bugg, Shirley Hundrik.

All information will be posted on the ASRT Web site, www.asrt.org. Please watch for further details on this meeting.

Deadline for submission
is Oct. 28, 2005.

Meet one of the ISRRT Council members

Derlwyn Wilkinson

ISRRT Council Member, Barbados

Derlwyn Wilkinson is a founding member of the Barbados Association of Radiographers who has in the past held a number of positions on the Executive of this organisation. A graduate of the School of Radiotherapy Technique, Hammersmith Hospital, London, England he obtained the Diploma of the College of Radiographers (Therapy) in 1980. He also holds a Master of Science (Cancer Therapies) degree from South Bank University, London. Professional affiliations include membership on the Paramedical Professions Council of Barbados (1996-2000) and the Ethics Committee, Queen Elizabeth Hospital (1997-2003).

Derlwyn is a strong believer in the importance of education for professional development as well as for educating the general public on radiography. Consequently he has presented papers at several conferences and has been participating in public education programmes on behalf of local NGOs.

For recreation Derlwyn listens to music, travels and watches sports with a fanatical liking for football (soccer).



World Congress Themed "One Community" for 2006

Hosted by the American Society of Radiologic Technologists and the Association of Educators in the Radiological Sciences, the ISRRT 14th World Congress will bring together an international community of more than 1,000 radiologic science professionals. The 2006 theme, "One Community," illustrates the closeness of the community of radiologic science professionals as it brings together a representation of cultures, practices and technology from around the world.

The World Congress, hosted by the ASRT and the Association of Educators in Radiological Sciences, will be held in conjunction with their annual conference in Denver, Colo., United States, from June 9-13, 2006.

"The papers presented at the ISRRT conferences are of a very high quality," said Dr. Tyrone Goh, ISRRT president. "Many technologists in both the U.S. and other parts of the world compete to present at one of the largest gatherings of radiographers in the world. Many of the papers are original research on techniques, dose monitoring, surveys or an insight into new systems."

Scientific papers for oral or poster presentations can be submitted by any participant. Authors are encouraged to submit their abstract online at www.asrt.org. All abstracts must be submitted on or before Oct. 28, 2005, for consideration. The Scientific Committee will notify authors regarding acceptance of abstracts and selection of papers for oral or poster presentations by Nov. 30, 2005.

Scientific papers and poster presentations will take place at the Adam's Mark Hotel in downtown Denver. Founded in 1858 as a gold camp, Denver sits at the base of the Rocky Mountains. Nicknamed for its distance above sea level, the Mile High City is one of the most beautiful metropolitan communities in the western United States.

For more information about traveling to Denver, visit www.denver.org, the official Web site for the Denver Metro Convention and Visitors Bureau. Information about the conference can be found at the ASRT Web site, www.asrt.org, which will be continually updated with as information becomes available.



February 3-6, 2005
13th ISRRT WORLD CONGRESS HONGKONG



Photo 2



Photo 3



Photo 4



Photo 5



Photo 8



Photo 11

THANKS to the overwhelming turnout, the 13th World Congress of the ISRRT held in Hong Kong on February 3-6, 2005 was a resounding success. Adopting the theme "Radiography ... beyond the 4th dimension", this four-day gathering no doubt provided an ideal platform for the cross-fertilization of ideas, experiences and perspectives with worldwide professionals.

As a thriving metropolis in the heart of Asia where East meets West, Hong Kong was honoured to host this prestigious event. Despite a frustrating hiatus due to the severe acute respiratory syndrome (SARS) outbreaks in 2003, the conference brought together over 600 participants from more than 40 countries. Kicking off this remarkable occasion, the opening ceremony succeeded in showcasing our rich traditions and cultures. Especially impressive were the Chinese lion dance (Photo 1) and outstanding cultural performance (Photo 2) which could probably be eye-openers for our foreign delegates. Following the grand start, pipers led the procession (Photo 3) for the Opening of the Technical Exhibition (Photos 4 & 5).

As ever, there was a wealth of knowledge and experience represented. Over 30 eminent invited speakers participated, a total of 95 proffered papers and over 70 posters (Photo 6) presented covering broad-reaching topics. Thought-provoking presentations delivered by keynote speakers, Professor Bernie H.K. Huang, Professor Mary Lovegrove and Dr. Michael Ward were highly recommended, offering insightful perspectives to shape our professional future.

Another highlight is the congress banquet which was really an unforgettable one. While savoring the sumptuous buffet on a cruise, we could enjoy the magnificent night view of the Victoria harbour. Led by our charismatic Vice President, Mr Robert George, we had had wonderful performance from different countries with hours of non-stop fun. The climax came with the ISRRT Board members singing "We are the World". Synchronizing our steps to the music, all joined hands and formed a circle of friendship. We had indeed experienced a moment of incredible joy in that evening. Our only regret was that it just ended too soon!

To further embrace our Chinese culture, a few of the congress delegates had been diligently learning Tai Chi during the conference days. As a prelude to the Closing Ceremony, their hard work was finally rewarded with big cheers and applause (Photo 7). With the Chinese New Year just around the corner, red packets signifying prosperity for the coming year were given out by the "God of prosperity" (Photo 8). The Congress officially ended in a festive atmosphere echoed by the farewell song "Auld Lang Syne" (Photo 9).

Having won the worldwide acclaim, the 13th World Congress set the bar higher. This astounding achievement would not have been possible without the relentless support of the Board of the ISRRT under the able leadership of Mr Tyrone Goh. Our deepest appreciation must go to the Scientific Committee led by Ms Cynthia Cowling (Photo 10), all colleagues, student helpers (Photo 11) and members of the local organising committee for their dedication and hard work (Photo 12). Last but not least, thanks to all delegates for making this extraordinary event successful and memorable!

Maria Law, Chairman

Fion Cheung, Local Scientific Committee



Photo 10



Photo 12



Photo 1



Photo 6



Photo 7



Photo 9



Council members
at the Opening
ceremony



Council Members after the Council Meeting



February 3-6, 2005
13th ISRCTM WORLD CONGRESS HONGKONG

Fiji: On-site reviews get mixed results

The Pacific Region WHO/ISR Centre of Excellence for Continuing Education in Diagnostic Imaging – Fiji School of Medicine, Suva

Report to the ISRRT Board of Management - March 2005

Report by Robert George ISRRT Vice President - Asia/Australasia Region

As originally planned, in February/March, 2005, Dr Ian Cowan, Radiologist and Tony Smith, Radiographer, carried out an on site review of the 2004 Program. This was an arduous and demanding exercise, taking longer than anticipated as it required them to visit several countries in the Western Pacific within a relatively short time, and carry out on-site reviews to assess any change in the role of the Course participants following their attendance.

While the program itself was considered very successful in immediate post Course evaluation by participants, the on-site reviews showed considerable variation in outcome.

The on-site review, which was always considered a critical part of the comprehensive Program evaluation, has in several cases been less successful than we had hoped. The main disappointment has been the amount of support and feedback received by the original course participants from mentors and clinical colleagues who have not embraced the spirit of the Program.

In some cases, support has been as hoped, and this has resulted in increased professional satisfaction for those participants concerned.

Discussion of this situation by the co-ordinating Committee has resulted in some changes in the manner and content of the material to be presented at the 2005 Course and, in addition decreasing the role of mentors in future, ie having less emphasis on one person supporting the course graduate, and replacing it with greater awareness throughout the hospital, so that informal support can come from several sources, and gradually increased as time goes by. We will also aim for increased communication to colleagues of the participants.

The Committee carefully considered the immediate future of the Program and several options including whether the target participants were appropriate. At this time the Committee maintains its support for the Program for 2005 with the previously mentioned modifications.

As occurred this year, appropriate post-Course follow-up will take place before any final decision of the third Program is confirmed.

The Committee sincerely appreciates and acknowledges the financial and physical support it receives from WHO, ISR, ISRRT, the Royal Australian and New Zealand College of Radiologists and the Fiji School of Medicine for this innovative Program.

Robert George is a member of the Co-ordinating Committee – The Pacific Region WHO/ISR Centre of Excellence for Continuing Education in Diagnostic Imaging.



Mammography Techniques & Positioning for the Caribbean

April 22, 2005
Barbados

Report by Derlwyn Wilkinson

ON April 22, 2005 the Barbados Association of Radiographers (BAR) hosted a ceremony to present certificates to a group of Diagnostic Radiographers who participated in a recent mammography seminar. Participants were drawn from the private and public sector and included thirteen members of BAR.

The seminar entitled “Mammography Techniques and Positioning for the Caribbean” was conducted by the Michener Institute of Canada. The course content was comprehensive and covered such subjects as patient positioning techniques, the features of a good mammogram, the assessing and managing the psychosocial needs of the patient and quality assurance.

The presentation program included remarks from the President of BAR, Mr Ian Weithers, while ISRRT Vice-President for the Americas Mrs B. Patricia Johnson gave the feature address. In both presentations the importance of continuing professional education and development, and the impact of globalisation and the Caribbean Single Market and Economy (CSME) were highlighted.

BAR offers its sincere thanks to the Administration of the Queen Elizabeth Hospital, the Barbados Cancer Society and Imaging and Ultrasound Inc. for their support and assistance in making this venture the success it was.

Special thanks goes to the ≥ISRRT Vice-President for the Americas Mrs B. Patricia Johnson and ISRRT Public Relations Officer for the Americas, Mr Sean Richardson for being the main driving forces behind this seminar.



Building Bridges Across the Radiography Globe

Sheffield Teaching Hospitals and the SoR in Kenya hold a one day seminar in Nairobi

Report by Brigitte Kaviani and Mark Sherratt

FOLLOWING 18 hours of travelling and one lost suitcase, a team consisting of six Radiographers, a Matron and one Ultrasonographer with a Healthcare Science background, one Clinical Governance & Risk Manager, one Training Manager and one Ultrasound Manager from Sheffield Teaching Hospitals all arrived in the Kenyan capital of Nairobi. The purpose of the three day visit was to promote the high quality imaging service, that we in the UK take for granted, to a developing country and share our experiences with our colleagues: the Diagnostic and Therapy Radiographers. This was not one way traffic as we too gained from the experience.

This trip coincided with the 7th Sheffield Radiological two day conference in Nairobi organised by Dr Sameh Morcos, Consultant Radiologist at the Northern General Hospital, Sheffield Teaching Hospitals. Both Radiographers and Radiologists were able to meet and discuss working in partnership.

Our group consisted of Brigitte Kaviani (Training Manager – Medical Imaging and Medical Physics), Mark Sherratt (Site Lead Superintendent Radiographer, RHH), Mark Buckley (Site Lead Superintendent Radiographer, NGH), Julia Belton (Trauma and Orthopaedic Superintendent Radiographer, NGH), Sue Nutton (Clinical Governance and Risk Lead, Medical Imaging and Medical Physics), Sarah Rigg (Ultrasound Manager, STH), Graham Hague (Ultra-sound Site Manager – Jessop Wing, STH) and Andrew Wood (Matron, Medical Imaging and Medical Physics). A truly multi-disciplinary group.

Day 1: 14 January 05

The UK team split into two groups so that we could visit both types of health care services available to the Kenyan people. The Government run state hospitals and the privately run hospitals.

We were taken by Longino Mucheusi (SORK Chairman) to meet Joseph Mathai (Chief Radiographer in Thika) and his staff. Joseph explained that the whole hospital was staffed

by 35 Doctors and 130 nurses and provided a wide range of services that included A&E, maternity, orthopaedics, medical and surgical. His X-ray department consisted of three rooms, one general bucky room with an OPT, one screening with a dental set and one ultrasound room. He had eight radiographers covering a 24 hour service but at the present time there was no radiologist. The workload was in the region of 80 patients a day. This was primarily general and US cases. Due to the fact that even in the state



Left & above: Thika Hospital, a Government run state hospital 25 miles from Nairobi. A Hospital classified at the level of a sub-district Hospital, but operating at the capacity of a Provincial Hospital.



Group photo at the end of special sessions at Thika Hospital Lecture Theatre.

run hospitals, patients are expected to subsidise the cost of their examinations (\$US1.75 for a CXR, \$US5.25 for an US scan) the incident of positive pathology per examination is very high.

Following lunch Longino had organised a 3 hour presentation and discussion session with a number of radiographers from the surrounding areas (one radiographer travelled 40 miles to meet us) topics included:

- Radiation Protection.
- The development of CPD in Kenya.
- The correct film series to undertake for the acute abdomen.
- The state of the radiographic service in Kenya.

The session ended with the presentation of Radiographic text books from our group to the Thika Radiographers.



Staff at the Mater Hospital, a privately run hospital within Nairobi.

We were taken by Caesar Barare (SORK secretary) to Mater Hospital X-ray department. This X-ray department consisted of an Ultrasound room, one general room, one CT scanner, a Cardiac catheter lab and a mobile unit. It was staffed by one Radiologist and five radiographers covering a 24 hour service. The workload was in the region of 150 patients a day

Following lunch Caesar had organised a 3 hour presentation and discussion session topics included:

- Policies protocols and procedures within the Mater Radiology department
- Evolution of the health care provision in Sheffield.
- UK radiographer role briefing.

The session ended with the presentation of Radiographic text books to the Mater Radiographers.

Day 2: 15 January 05

One day Seminar "Building bridges across the radiographic globe"

This was the main purpose of the visit. All 8 UK staff and five Kenyan staff presented a total of 16 lectures that included, Ultrasound technique and physics, Infection control, modernisation and role extension of the plain film and barium services, Advanced life support and trauma imaging, Spiral CT technology and technique, Risk management and finally sessions on CPD and Portfolio building.

The event was held at the Norfolk Hotel in Nairobi and was attended by 80 delegates (13% of the total 610 radiographers in Kenya). They had travelled to the event from across the country and quite a number had undertaken more than 1000 mile round trips from Eldoret, Lodwar and Mombasa.

Day 3: 16 January 05

Planning meeting

We had a meeting with the leading members of the SORK to discuss the way forward and put in place mechanisms that would continue the process of development.

Under the leadership of Longino Mucheusi the Kenyan SOR Chairman and Caesar Barare Hon Secretary, the Society

continued on the next page

continued from the previous page



The lecturers and delegates at the Seminar.

in Kenya is extremely well organised. The new leadership have awakened Radiographers in the last 18 months. There is a newsletter, regular meetings, study days and a web site www.radiography.or.ke However there is still a lot to do as the entire council is in fulltime employment which means that SOR duties are carried out in their own time.

Support

Our thanks go to Philips Medical Systems, Siemens Medical Solutions, Agfa-Gevaert Ltd., Kodak Health Imaging, Schering Health Care and E-ZEM who supported us financially or / and donated educational material.

How can you help?

As a Diagnostic or Radiotherapy department or medical company:

- 1) if you have any textbooks that you no longer need or
- 2) willing to participate in education programs run by the society either as a resource person for short durations of time, or by cash donations to support the logistics and organisation of such, then contact:

Brigitte Kaviani,
Training Manager on Brigitte.Kaviani@sth.nhs.uk

or send directly to:

Longino Mucheusi,
PO Box 30401, Code 00100
GPO Nairobi, Kenya
Email: mucheusil@yahoo.com
Fax: 254 20 2718463



**The stunning
Chania Falls, 3km
from Thika Town**

Kumi Hospital, Uganda, paid a special visit

Imaging in Developing Countries Special Interest Group (IDC-SIG) visit to assess the needs of the X-ray Department at Kumi Hospital, Uganda

Report by Andy Creeden, Senior Radiographer, University Hospitals Coventry and Warwickshire NHS Trust

UGANDA lies directly on the equator, between the eastern and western branches of the Great Rift Valley of central Africa. It is generally known in the UK for its population of mountain gorillas, the tyrannous regime of Idi Amin and the continuing armed conflict with the Lords Resistance Army in the north of the country, but it is also home to nearly 25 million ordinary people.

THE majority of Ugandans live in rural villages and make their living from small scale or subsistence farming. Houses are made from mud and thatch or metal sheets, and water for drinking, cooking and washing is collected from boreholes and wells. Life is hard for most Ugandans – many have an income of less than \$2 per day, few have access to electricity and only half of boys and a quarter of girls are able to complete primary school. However a decade or so of relative political and economic stability has allowed small improvements in the standard of living for many people and as Uganda and with the support of the international community many further improvements can be achieved.

Not surprisingly given the countries troubled past and current economic difficulties, many of Uganda's hospitals fall a long way short of the standards we expect in the UK. It is hoped that assistance can be provided through the Imaging in Developing Countries Special Interest Group (IDC-SIG) to the x-ray department at Kumi Hospital in the East of the country. There are many deserving hospitals in Uganda, and indeed thousands in the developing world that we would like to support. However in this case Kumi was chosen specifically due to its particularly disadvantaged catchment population, its lack of previous donor involvement and the commitment of management and staff to improve services.

In the past there have been countless examples of well-intentioned donations made to developing countries which have failed to meet the needs of the recipients. Most African hospitals appear to have cupboards, or even rooms, full of equipment donated by hospitals and charities in the West which, for one reason or another, cannot be used. It was decided therefore to make a short visit to Kumi in order to assess what facilities are already available, what limitations and constraints there are on the hospital and what is needed for the hospital to move forward, be that equipment, training or other support. In this way donations of time, money and resources can be best targeted towards improving standards of patient care.

This article aims to summarise the current situation with regard to the x-ray department at Kumi hospital and to suggest ways in which members of the IDC-SIG and



UK based radiographers in general can best help improve radiography services there. It is an abridged version of a more detailed report, a copy of which can be obtained by e-mailing idsig@yahoo.co.uk

A number of visits were made to other hospitals during the course of compiling the report in order to obtain background information, but these fall outside the scope of this article.

Kumi hospital was founded in 1929 as a leprosy hospital but in 1997 transformed to a general hospital specialising in the care of people with disabilities. The hospital has 290 beds supported by 215 staff (including 4 doctors, 5 “clinical officers” and 45 nurses), 2 operating theatres, a laboratory, an x-ray department, a dental department, a physiotherapy gym and an orthopaedic workshop which makes splints, callipers and prosthetics.

The catchment area of the hospital varies from 166,000 for primary health services to over 3 million for specialist services such as leprosy care and cataract surgery. Frequently seen conditions include malaria, tuberculosis and trauma. Although in recent years Uganda has made significant progress in reducing new HIV infections, AIDS related illnesses still account for a huge proportion of the hospitals workload.

Kumi is funded on a “private not for profit” basis whereby some funding is received from the Ugandan government, but most patients are also expected to make a small contribution

continued on the next page

continued from the previous page

towards the cost of some consultations, investigations and treatment. Unfortunately, due to the economic situation both these sources of income are extremely limited. This frequently forces the hospital to lower its aspirations from “quality services for all” to “some services for all”.

One of the greatest challenges facing the hospital is the absence of a piped water supply. This supply was destroyed around 15 years ago during the country's civil war and has not yet been rebuilt. Currently all water for the hospital is carried from a borehole. This obviously makes it difficult for staff to maintain a hygienic environment for patients. However, there are high hopes that the water supply will be restored in the next few years with the help of Australian aid. Kumi's electricity supply is also extremely unreliable, with frequent power cuts and periods of low voltage. The hospital does have a small generator but it is only capable of supplying the operating theatres with power.

Despite these difficulties, almost unimaginable in a Western hospital, the staff at Kumi remain remarkably dedicated, hard working and committed to using the limited resources available towards delivering the best patient care possible.

The x-ray department at Kumi opened in 1973 with a Philips mobile unit donated from The Netherlands. In 1998 a second-hand floor mounted GE DXS 350 unit was donated from the US, giving the hospital two working units but in 2002 the x-ray tube on the Philips unit blew and is now

beyond repair. While the department's workload is small (around 2-3,000 patients per year), nearly all the films show some sort of abnormality.

The x-ray department employs two members of staff; John Esunget and James Oluka. Mr Esunget was a medical records assistant until he was seconded to the x-ray department when it opened in 1973 and who has gained his knowledge of x-rays from various visitors to the hospital over the years. James Oluka is a radiographer who trained at the School of Radiography in Uganda and who joined the department in 2001.

The GE unit is around 15-20 years old and appears to be in reasonable working order with the exception of the electromagnetic locks and the LBD. None of the electromagnetic locks work, and in practice the tube is held in the correct position with sandbags. In addition, the bulb from the LBD is absent. A number of attempts have been made to replace the bulb but to no avail. As a result, all exposures are made with the collimators fully open. In addition to the unnecessary radiation that this causes to the patient, the increased scatter leads to reduced image quality. The examination table has no Potter-Bucky tray and so images of the spine and pelvis are obtained by getting the patient to lie directly on top of a stationary grid.

Unfortunately there is no lead screen to protect the staff while making exposures. In practice the staff wear a lead apron and stand as far back as the cable on the exposure switch allows. From this position however, it is not possible



to observe the patient whilst the exposure is made and as a result paediatric chests x-rays are often of poor quality.

In order to mark films with the patients name, a home made darkroom ID marker is used. Although this doesn't work as well as commercially available ID markers it does do a surprisingly good job.

Films are processed manually and developed by inspection. The department staff are familiar with the technique of developing by time but since one tank of chemicals often has to last for over a month and there is no replenisher available, the activity of the developer doesn't remain constant for a given temperature. As there is no running water at the hospital films are washed in standing water bath, which is changed daily.

In the absence of a film dryer, films are hung on a wooden rack and put outside to dry. This works very effectively on sunny days but obviously takes much longer when the weather is cold and wet. The films can also get quite dirty when there is a lot of dust blowing around.

The hospital is obliged to buy x-ray film and processing chemicals through the governments Joint Medical Supplies (JMS). Supplies of developer and fixer are usually fairly constant although the hospital budget only allows fresh chemicals to be mixed once a month. Film supplies through JMS are far less reliable and there are often nation-wide shortages of particular film sizes. On these occasions films are often "borrowed" from neighbouring hospitals or cut down to fit into cassettes.

The department has also recently acquired an

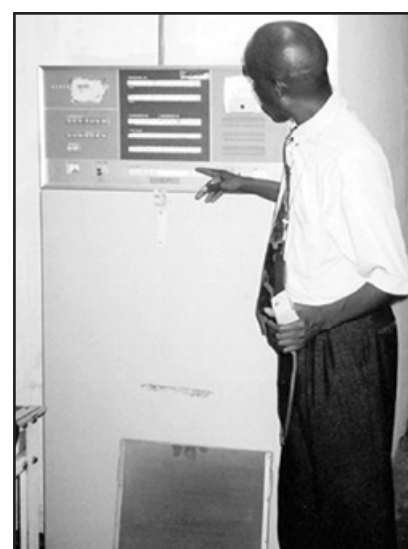
ultrasound unit. Owing to its low running costs and wide variety of applications this should be of great benefit to the hospital. One of the radiographers, Mr Oluka has attended an eight month sonography training course in Kampala and the charity OPT-IN are making regular visits to provide further "on the job" training.

There are many ways in which radiographers in the UK can support the x-ray department at Kumi in improving their services, some of them large, some small.

While the level of training of the staff working in the x-ray department is a long way short of that in Western countries, it is adequate given the extremely limited resources available. During my visit I was able to make a number of suggestions for minor improvements in techniques but I was not able to identify any significant ways in which the equipment that was available could be used better. If improved equipment were installed then further training for the staff would be needed.

One of the existing staff, Mr Esunget is due to retire shortly and there is an urgent need to find a replacement. Qualified staff are very difficult to recruit in Uganda, particularly for hospitals in the PNFP sector. The best solution is probably

continued on the next page



continued from the previous page

to sponsor a local member of staff through a diploma in radiography, since a radiographer from the Kumi area is most likely to return to Kumi and remain loyal to the hospital. The cost of radiography training is estimated at around \$US525 per year for a total of 4 years.

There is also a need to increase awareness around the appropriateness of referrals amongst both medical and radiographic staff. Skull and lumbar spine x-rays for instance are performed fairly regularly without significant potential for alteration in patient management. While this is a global problem it is a particular problem in an environment of such limited resources. The issue is likely best addressed at the hospital through clinical staff Continuing Medical Education (CME), facilitated by support from overseas.

In terms of equipment, a darkroom fed automatic processor would undoubtedly improve the quality of x-rays as well as reducing the time it takes to produce them. This would normally require a constant supply of running water which is unfortunately not currently available at the hospital. One solution might be a tabletop theatre type processor, some designs of which are able take their wash water from a refillable bottle. Using a theatre type processor would also overcome the problem of low throughput, which can result in unstable processing conditions in larger processors. Significant issues would still need to be addressed such as commitment by the hospital to the purchase of automatic processing chemicals (which cannot be "pushed" in the same way as manual chemicals) and the financing of maintenance and repairs. Owing to the unpredictable electricity supply, consideration would have to be given to protecting the processor from power spikes with a voltage stabiliser or UPS. Nevertheless, an automatic processor has the potential to greatly enhance the quality of radiographs generated at Kumi.

There are a number of other ways in which the x-ray department at Kumi could be helped in terms of equipment. These range from very inexpensive items to equipment that would cost thousands of pounds.

Although very cheap to buy, assuming a suitable bulb could be found, a replacement LBD bulb could lead to a huge improvement in the diagnostic quality of the films produced. Positioning and centring could be done with much greater accuracy and collimation would reduce the scatter affecting the image as well as the radiation dose to the patient.

There is also a significant amount of second hand equipment that could be collected in the UK and posted to the hospital at reasonable cost. This could include replacement cassettes, a 24x30cm secondary radiation grid, film hangers for manual processing, viewing boxes and anatomical markers. The current shift towards CR and DR in the UK is likely to result in a large number of cassettes and viewing boxes becoming available. Since the lead apron in the department looked old and could not be checked for internal damage it might also be helpful to check a second-hand apron in this country and also send it to Kumi.

Although costing more, funding might also be sought for

larger items of equipment that would also greatly enhance the capacity of Kumi's x-ray department;

The x-ray table was in a very poor state of repair and had no oscillating grid in the bucky. A replacement table would cost in the region of \$US1,400, but could be used with other units if an entire new x-ray unit were purchased in the future.

A lead screen for the radiographers to stand behind whilst making exposures would not only improve radiation safety but also allow radiographers to watch the patient whilst the exposure is made, allowing better co-ordination in breath hold techniques. Mobile lead screens are available in Uganda for around \$US1,000 but it is likely that a double thickness brick wall coated in barium plaster would suffice for significantly lower cost.

In the darkroom the safelight was next to useless, and had been repaired using a piece of cardboard. The safelight housing did not appear to be a modern type so the whole unit would probably need to be replaced instead of just the filter.

In order to dry films quicker and reduce damage to them whilst they are drying one of the radiographers had produced diagrams and a budget for building a makeshift drying cabinet. The cost of the components was around \$US125.

In the longer term a replacement static x-ray unit is required. The current unit has a large number of problems (faulty locks, unreliable exposures etc.) which cannot easily be remedied and it is unlikely that the x-ray tube will last for more than a couple more years.

Possibly even more useful than a replacement fixed unit would be a mobile x-ray unit. As well as allowing radiography on the wards it could act as a useful back-up for the fixed unit and supplement it by allowing horizontal beam lateral views. A mobile battery powered unit could also be used within the x-ray department during power cuts, helping to maintain the x-ray service without the need for a generator.

Clearly x-ray units are exceptionally expensive, and many factors and options would need to be considered. Replacing the current unit or buying a mobile would require an exceptional level of funding, beyond the scope of conventional fundraising. Approaches and applications would therefore need to be made to appropriate grant making bodies and trusts for this kind of project. Radiographers in the UK are well placed to act as advocates in this process.

If you have any suggestions, would like to comment on this article, or are able to help in any way, please e-mail me at idsig@yahoo.co.uk

Further information on the Imaging in Developing Countries Special Interest Group can also be obtained from this address.

I would like to thank the Society of Radiographers Overseas Placement Fund and Leeds Teaching Hospitals NHS Trust Overseas Partnering and Training Initiative (OPT-IN) without whose financial assistance this visit would not have been possible. I would also like to express my sincere thanks to the staff of Kumi Hospital for their warm welcome and hospitality during my stay.

Reporting by Radiographers: A Personal paper

Imaging in Developing Countries Special Interest Group (IDC-SIG) visit to assess the needs of the X-ray Department at Kumi Hospital, Uganda

Report by Adrian M.K. Thomas,

Consultant Radiologist, Princess Royal University Hospital, Orpington, Kent BR6 8ND, UK

Honorary Senior Lecturer, Faculty of Health and Sciences, Canterbury Christ Church University College, Canterbury, Kent. CT1 1QU, UK. adrian.thomas@btinternet.com

SINCE I started as a radiologist in 1981 the profession of radiography in the UK has been transformed. This has been due to a number of factors including the introduction of radiographer role extension and clinical reporting by radiographers. There has been a healthy questioning of the traditional roles of all of the health care professions.

IN my own department this was stimulated by the publication in 1994 of *Röntgen's Progress* by the Royal College of Radiologists (RCR). This was a discussion paper on the future of clinical radiology in the UK. This paper questioned many traditional assumptions and in particular looked at the delegation of radiology work to non-medical radiology staff. The paper believed that such delegation had to be proper, agreed, planned and audited.

The delegation was to be by both radiologists and radiographers. I organised a meeting in my department and as a result two radiographers were sent to learn how to perform, but not to report, barium enemas.

I first became involved in radiographer reporting in 1994 when a course in skeletal plain film reporting was set up at Canterbury Christ Church University College. I was mentor to two radiographers from my department who were keen to develop themselves. They both went on the course and I have subsequently been mentor to several more radiographers. The introduction of reporting radiographers into my department has been very successful and they now report the majority of plain film trauma examinations from the emergency department.

In 1996 the document "Role Development in Radiography" was published by the College of Radiographers (CoR) who said in it that "The College of Radiographers believes that development in the role of radiographers benefits patients, the National Health Service and the profession. Radiographers are encouraged to seize all opportunities for development presented by the current dynamic healthcare environment." This challenge was taken up and if the healthcare environment was dynamic in 1996 it is even more so now. In the vision paper "Reporting by Radiographers" of 1997 the CoR stated that "Reporting by radiographers is not an option for the future, it is a requirement." This does not mean that all radiographers will write reports of examinations but rather that radiographers should not be passive technicians simply recording the radiographic images. Radiographers should always have a role in image interpretation even at a basic level.

Exactly what tasks can be delegated to radiographers

is an interesting question. In 1998 the RCR and CoR jointly produced the paper "Inter-Professional Roles and Responsibilities in a Radiology Service." This paper defines medical tasks and responsibilities (those requiring the skills of a registered medical practitioner), clinical tasks and responsibilities (those requiring the skills of a clinical practitioner) and non-clinical tasks (can be undertaken by any suitably competent healthcare worker). The clinical staff will include radiographers, nurses, and some medical physicists and technicians. The paper was rather vague, perhaps deliberately, as to the specific nature of such tasks. The various tasks will obviously be limited in an individual country by statute and will vary from country to country. Patient care now depends on a multi-professional team and roles and responsibilities within the team are not always distinct and will vary from team to team. Local factors and needs are therefore important when considering role extension. I also do not like the term independent practitioner. None of us are really independent and we all work together.

In 1999 "Skills Mix in Clinical Radiology" was published by the RCR. In this document the advantages of the extension of roles are seen as assisting radiographers with their professional development, leading to greater job satisfaction, and thereby higher standards of work. Also it enables clinical radiologists to devote their time to activities that better match their training and expertise. The various tasks to be delegated will either be by a named radiologist or a written departmental protocol.

In 2002 the RCR published a document with the rather alarming title of "Clinical Radiology: A Workforce in Crisis." This reflects the difficulty of radiology departments in meeting increasing demands on their services. However, changes in clinical practice should not be primarily driven by staffing or financial issues. Changes must be patient centred and be appropriate. However many plain films were not being reported and it is particularly important that accident films are reported promptly. The reporting radiographers by concentrating on this area in my department ensure that a high quality service is delivered.

continued on the following page

continued from the previous page

Radiographer role extension is taking place in many countries. I spoke to Dawn Fucillo from the USA recently. She is currently the chairman of the board of the American Society of Radiologic Technologists (ASRT) www.asrt.org/. There is a development of advanced practice for radiographers currently taking place in the United States. She says "Technologists in the US are embarking on one of the most important journeys in the history of the radiologic technology profession." In the USA they are developing the Radiologist Assistant (RA). The RA is a radiologic technologist (RT) working in an advanced clinical role. The RA is a "solution, a pathway and an opportunity" and the title links the RA to the radiologist describing the RA's ability to extend or supplement the radiologist's role. In the USA the number of radiologists grows by 2% each year, while their workload increases by 6% each year. The RA will always work under the supervision of a radiologist and will not provide an official interpretation of an image. This is a little different to the UK where radiographers will report films in selected and agreed areas.

There are however limits to role extension. These may be related to the availability of resources or to the unnecessary adherence to old prejudices and working models. The enhanced role considered may be a medical role and will therefore be inappropriate. The training of radiographers is different to that of radiologists and they have less medical and pathological knowledge. However this knowledge can be acquired in a defined and agreed area. There will be cultural and national factors. Role development should be about developing ones own profession and not about becoming another profession. It is about radiographers being radiographers and not becoming mini-radiologists. It is entirely appropriate for radiographers to take on an extended role and should be an integral part of being a radiographer.

The interesting question is: what is the fundamental difference between a radiologists report and interaction with

the radiographic image when compared to how a radiographer views and reports the same image? We return to the question as to the difference between medical and clinical tasks and responsibilities. Modern medicine is practiced in the context of the multidisciplinary team and each team member contributes unique and essential skills which a doctor may not possess. Medical consultants in addition to their specialist knowledge have a wide general experience. The training of doctors is long and broad. Medical consultant radiologists should support and encourage appropriate role extension by radiographers. Such role extension results in an in-depth knowledge in a defined area and is done very well. There is no evidence for a loss of quality when radiographers work in an extended role in a defined area. The role of the medical consultant is in the integration and management of complex problems that may arise in multiple areas. Local factors will always remain central.

I am more and more impressed by the commitment shown by our reporting radiographers. The radiographers with whom I work are not overconfident and they know their own limitations.

I have organised a day conference for the British Institute of Radiology called "Recent Advances in Radiographer Reporting" (with webcast). This is to be held on October 14, 2005 at The Royal Society in London. Details can be obtained either from me, from the BIR Website: www.bir.org.uk or from: British Institute of Radiology, Scientific Meetings, 36 Portland Place, London W1B 1AT UK. I would be delighted to welcome any members of ISRRT to London.

This article is based on papers presented at 56th Nordic Radiological Congress and the 17th Nordic Congress for Radiographers in Oslo, Norway in May 2005 and at the UK National Radiology Conference UKRC 2005 in Manchester in June 2005.

17th European Congress of Radiology (ECR 2005)

March 4-8, 2005
Vienna, Austria

Report by

Niru Kolmannskog ISRRT Vice-President Europe/Africa
Alain Hembsie ISRRT regional Director Europe/Africa

THE 17th European Congress of Radiology took place in Vienna, Austria, March 4-8, 2005 at the International Congress Centrum. The ISRRT booth was centrally placed this year in the main hall and manned by the Europe/Africa Vice-President Niru Kolmannskog, the Regional Director Alain Hembsie and the Secretary General Sandy Yule.

The ISRRT booth was frequently visited during the congress. Among the visitors this year were the international company representatives and also radiologists. But of course the majority of the visitors to the ISSRT booth were the radiographers. This year radiographers from Korea, China, South Africa, Japan attended ECR and came to the ISRRT stand. So ECR is becoming the major radiographic congress for European radiographers but is also a known event for non European radiographers around the world. The radiographers' participation is on the increase for each year.

In cooperation with the regional officers and scientific sub-committee of radiographers the congress offers a special program for radiographers every year. The radiographers program was of very good quality and included MR-imaging, Paediatric Radiography, Professional matters, CT, Breast Imaging; Challenge and development in Radiography and Radiographers extended roles etc.

The "radiographers reporting" session was of great interest. Well trained radiographers with experience in radiography are reporting in mammography screening and trauma radiography. A significant reduction in the incidence of missed fractures have been demonstrated and a better working relationship between radiology and accident and emergency medicine teams.

The role of the radiographer was also highlighted in the use of CT in case of multi-trauma patients thanks to specific protocols. New multi-slices CT generations (64 slices per rotation) allow nowadays new diagnostic and interventional applications in a large range of fields. The radiographer has an important role in development of newer techniques and protocols..

An interview with Vice President Niru Kolmannskog with the title "Radiographers maintain strong presence at ECR in a rapidly changing world" was published in the Monday and Tuesday issue of *ECR Journal*. It confirmed that a lot of radiographers attended this year's congress, indicating the growing importance of ECR. The congress enables radiographers to bring themselves up to date with the latest developments, to refresh their knowledge of areas in which they work regularly and to learn about newer technology. New

technologies have led to great changes in radiography education and practice, and new extended roles have been introduced and greater responsibilities for radiographers willingly accepted.

GE Healthcare in cooperation with Niru Kolmannskog had organised a first lunch symposium especially for radiographers. The theme of the symposium was "Work safety in the daily routine for technical staff in radiology". The main aim of the symposium was to focus on safety in daily work environment. Radiographers are the daily and direct users of the equipment and products and often the first and only health professional patients communicate with in radiological departments. The symposium was chaired by Niru Kolmannskog and attended by more than 250 delegates.

An informal meeting of ECRRT (European Committee of Radiographers and Radiological Technologists) was also organised by the regional officers during ECR 2005. Representatives from a large number of European countries were present and discussed issues/matters such as the feed back from the ECRRT Tallinn meeting, CPD portfolio, procedures for working in European countries and importance of having national societies also organised in trade union.

Regional officers also attended the WHO regional meeting. We had the pleasure of meeting again the radiologist from Hong Kong who invited us "ISRRT" to attend their congress. This WHO meeting was to exchange information and to meet international societies. We stressed the importance our cooperation with WHO.

The ISRRT Secretary General Sandy Yule had arranged for regional officers to meet with the leaders from International Atomic Energy Agency (IAEA – which has offices in UN buildings next to the ECR congress). We discussed the radiation protection issues and informed them about the European survey. Mr Pedro Ortiz-Lopez, head of this unit was complimentary of the role ISRRT are playing in co-operating with IAEA. He also told us that informal meetings like this where we could discuss and exchange information was also important for them. We also asked if IAEA could give us support in future with ISRRT workshops, his response was very positive. We agreed to keep in contact and meet again in ECR 2006.

Our meetings in ECR were extremely positive and it is good to see that ISRRT is recognised and that our opinions are valuable and is listened to.

ECR 2006 will be held from 3-7 March, 2006, we are looking forward to meet you in Vienna in 2006. More information can be found on the ECR website www.ecr.org

58th World Health Assembly

May 16, 2005
Geneva, Switzerland

Report by Dr Alexander Yule, Secretary General, ISRRT

THE 58th World Health Assembly opened on Monday 16th May, 2005, with a series of appeals from senior people in the health world who asked for a more ambitious approach to the health problems which affect the poor around the world.

Dr LEE Jong-wook, Director General of the World Health Organisation, urged countries to work together “to ensure that our action is well-informed, and our knowledge is well used. Health work teaches us with great rigour that action without knowledge is wasted effort, just as knowledge without action is a wasted resource”. This can be equally applied to the work done by the ISRRT.

Guest speakers at the World Health Assembly were: His Excellency, Mr Maumoon Abdul Gayoom, President of the Maldives, Bill Gates, Co-founder of the Bill and Melinda Gates Foundation and Ms Ann Veneman, the new Executive Director on UNICEF. Mr Maumoon Abdul Gayoom spoke about the tragic event of the tsunami which ripped through the Indian Ocean and which left such devastation in its wake. Mr Bill Gates said that he was optimistic that better focused scientific efforts could help reduce sharply what he called a “tragic inequality” in health throughout the world. He spoke of the “heroic efforts” of health workers in situations where “disease “is rampant and resources are scarce”. Anne Veneman of UNICEF spoke on behalf of the world's children. She reminded delegates that “There are still nearly 11 million children who die every year of preventable causes such as malnutrition and water related diseases. Almost always they are the poorest and most marginalised.”

During the Assembly there were also several briefings for Non Governmental Organisations (NGO's) which covered many topics and this year concentrated on disability, prevention, management and rehabilitation.

It is necessary to remind everyone of the objectives of WHO's collaboration with NGO's. These are to promote the policies, strategies and programs derived from the decisions of the Organisation's governing bodies; to collaborate with regard to various WHO programs in jointly agreed activities to implement these strategies; and to play an appropriate role in ensuring the harmonising of intersectoral interests among the various sectoral bodies concerned in a country, regional or global setting. The NGO shall normally be international in its structure and/or scope, and shall represent a substantial proportion of the persons globally organised for the purpose of participating in the particular field of interest in which it operates. The ISRRT fulfils all of the above requirements.

Discussions relating to sustainable health financing,

universal coverage and social health insurance were held. This area certainly applies to the imaging and therapeutic services which are available (or not available) throughout the world. Policy-makers in all parts of the world, not only in low-income countries, are continually reviewing the way their health systems are financed. It is important not only to generate sufficient funds and improve efficiency but care must be taken that the cost of care does not prevent people from receiving the services needed. Very importantly it is also realised that health systems cannot function effectively without well trained and adequately paid staff. WHO recommend that action is needed in relation to salaries and incentives, investment in pre- and in-service training, adjustment of staffing and skill mix and importantly the migration of health professionals. Apart from not being involved in relation to salaries the ISRRT are very much involved in these areas and are certainly concerned with education and training and the “poaching” of health professionals from already stretched health systems.

WHO are very aware of the problems experienced by people with disabilities. About six hundred million people live in low income countries, most of them are poor with

disabilities and they do not have access to basic services such as diagnostics and therapeutics. Their main focus is food and shelter. The numbers of people with disabilities is increasing. Strangely enough medical advances that preserve and prolong life also contribute to this increase. These trends are creating an overwhelming demand for health and rehabilitation services and WHO emphasised the importance of working in partnerships with

bodies such as NGO's in activities such as early identification in order to reduce the impact of impairment and improve access to services in the primary health care system.

Alcohol and its associated health problems are deeply imbedded in many societies. Alcohol has now become one of the most important risks to health globally and it is a leading risk factor in developing countries with low mortality rates and ranks third in developed countries according to the world health report 2002. Alcohol can damage nearly every organ in the body and can induce alterations in most if not all brain systems and structures.

One important area discussed related to a global immunisation strategy that WHO and UNICEF have jointly formed a draft

“Everyone is responsible to everyone for everything”

global strategy in response to expected developments and trends over the next ten years.

An interesting area of discussion centred on, "The irrational use of medicines and the resulting damage to health and waste of resources." Studies have shown that well over 50% of all medicines are inappropriately prescribed, dispensed or sold by providers and in addition a high percentage of patients who receive medicines fail to take them appropriately.

Time was spent in Geneva meeting with Dr Harold Ostensen to discuss the present and future co-operation between WHO and ISRRT. This particularly relates to the area of training and education and it was reassuring to hear that the project we are involved with in Fiji is going extremely well. The ISRRT is a permanent member of the WHO Global Education Steering Group which also involves radiologists and physicists. The input from ISRRT is always highly valued and we look forward to continuing co-operation in the future.

The WHO Workbooks prepared in conjunction with ISRRT continue to be well received. Two further books have recently been developed and printed by WHO entitled, "Basics of Radiation Protection" and "Basic Physics of Ultrasonographic

Imaging." Both publications are easy to read and understand. Further details are published within the *ISRRT Newsletter*.

The attendance at the Assembly gives me the opportunity to meet with representatives from other NGO's and this is particularly so at the evening Reception which is given by the Director General each year. During the evening I met with Dr Shaqura who is a member of the Palestinian National Authority Ministry of Health. We discussed the imaging and therapeutic facilities available in Palestine and also the training of radiographers.

This year I took the opportunity to visit the International Museum of the Red Cross and Red Crescent which is very near to WHO Headquarters. The Museum has adopted Dostoyevsky's phrase "Everyone is responsible to everyone for everything" to show that they do not sit in judgement but present humanitarian acts as part of the exhibitions.

If you are fortunate enough to go to Geneva I highly recommend a visit to the Museum.



The World Radiography Educational Trust Fund

Secretary:

Dr F.E.A. Regisford
41 Eason Drive
Abingdon
Oxon OX14 3YD UK
E-mail: allan@regisford.fsworld.co.uk

ANNUAL MEETING OF WRETF

The Annual General Meeting of WRETF took place on Friday July 1, 2005 at the AGFA building in Brentford, London. The meeting was fully attended by all Trustees and some exciting decisions were reached in the planning of the Trust's strategic direction for the next two years.

A full report on the results of the meeting will appear on the Trust Funds' Website – www.wretf.com in the near future.

Spiral CT Examination of 18th-19th Century Mummies

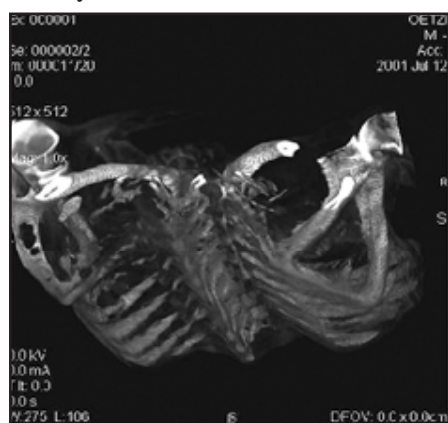
Authors: Feher, I., Gyanone, H., Kovacs, N., Bajzik, G., Papp, I., Repa, I.
Institute of Diagnostic Imaging & Radiation Oncology University of Kaposvar, Hungary

To preserve the fragile mummy, scientific investigations were required to be as noninvasive and nondestructive as possible. With the advent of high-end performance graphics workstations and biomedical image processing software packages, 3D reconstructions have been established as routine tools for analyzing volume data sets. These techniques enable dramatic new insights to be gained in the field of physical anthropology.



Computed Tomography became the ideal research tool to access the internal structures of various precious fossils without even touching – let alone damaging – them. Among the most precious are specimens from the genus *Australopithecus* as well as representatives of *Homo Heidelbergensis* and *Homo Neanderthalensis* (frozen mummies from the Andes and Alps); such fossils have been scanned with CT in the last five years.

In those studies, usually only one or only a few mummies were included. Thus, it was possible to scan the whole body with thin, 1-3 mm slices and to archive this big amount of data for each mummy.



In our present study, the CT examination of a higher number of mummies required a different approach. Our examination protocol had to provide detailed information on one hand and handle a large amount of image data on the other hand. Therefore, we applied a spiral technique to acquire volume data

sets. Reconstruction of individual slices was possible at any location and the acquisition of overlapping slices was obtained to achieve better quality multiplanar and 3D reformations.

33 of the 265 mummies discovered in 1995 in the “Feherek” Church in Hungary were selected for CT examination; CT examinations were performed by applying the same protocol on each mummy. Care was taken in the selection of the best preserved corpses. In 23 cases, the inner organs and soft tissues were recognisable; in 10 cases, only the skin and the skeleton could be evaluated.

The examinations were carried out by means of Siemens Somatom Plus 40 CT equipment. Images corresponding to traditional x-rays were acquired in the anterior-posterior direction of the whole body and in lateral directions of the head, neck and cervical spine. Full-coverage spiral CT measurements were carried out on the head, neck and cervical spine and on the thorax, abdomen and pelvis. The number of sections obtained were between 100 and 120, depending on the dimensions of the body. On the basis of these images, it was possible to carry out a more focused examination, using thinner sections on any abnormalities that could be detected.

The examination of a mummy took approximately one hour. The raw data and the reconstructed images were all stored on optical discs.



AIMS OF OUR STUDY

1. The production of multi-plane reconstructions and 3D surface reconstruction (of the skull, bones and face).
2. If possible, to record morphological and empiric data applied in practical anthropological research on the basis of the images.
3. To discover disease, injuries and developmental abnormalities, and to determine the cause of death, on the basis of experience in human diagnosis.
4. The location of organs and lesions, by means of the

examinations, for the purposes of focused biopsy.

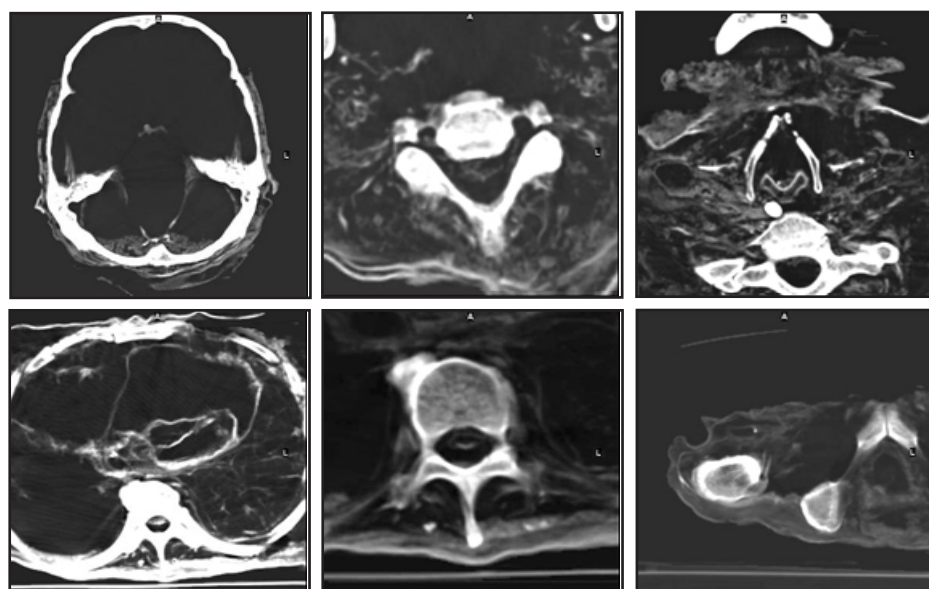
5. Digital archiving of the material obtained from the examinations, and the creation of a 3D database. This will enable all of the information gathered to be made available for the purposes of future research, eliminating the need to repeat any of the examinations.



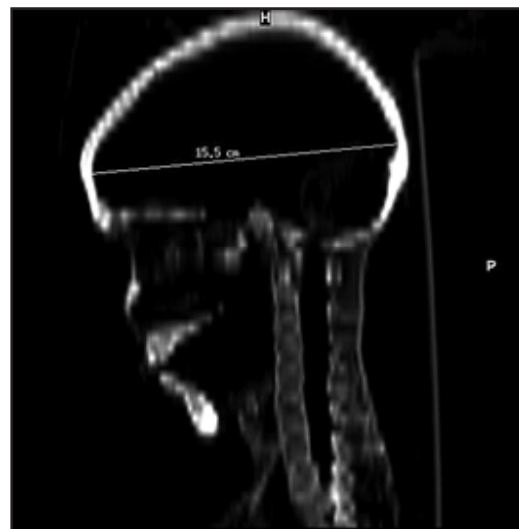
The mummies in our study showed 85-95% dehydration and because of this it was not possible to apply in vivo diagnostic criteria. However, on the CT scans the localisation, shape and structure of different organs were recognisable although distorted, as well as some pathological processes which were visible microscopically.



Depending on the level of preservation, we could recognise anatomy. Boney structure was well visualised showing some degenerative changes of joints and bones. (see images below)



We were able to perform different anthropologic measurements, such as the outer and inner diameter of the skull, length and diameter of long bones as well as dental status. These measurements were mostly achieved on multiplanar reconstructions.



Based on our CT examinations we found 12 lesions of probable pathologic origin (degenerative lesions in bones, signs of fractures, nasal septal deviation associated with chronic sinusitis maxillaris, lung lesions, renal stone, inguinal herniation). Such lesions included circumscribed lesions in the lungs which were targeted on the skin for future biopsies. Additional suggested TB lesions were also found which were confirmed using DNA samples.

SUMMARY

In our study, CT examinations assumed a significant role in the examination of 33 mummies and were all carried out using the same protocol. Using a multidisciplinary approach it was possible to reconstruct the lives of a specific 18th-19th century Hungarian population group and investigate anthropological and biological aspects as well as the biological conditions of the time. Through these studies, access was gained to material, which would otherwise be totally inaccessible. The new examination procedure enabled both familiar and recently developed anthropological techniques to be tested on samples of known gender and age and the 3D data base created will form the corner stone in future studies

Ernst Streller

August 25, 1920 - May 5, 2005

ERNST Streller began his studies of physics in Dresden, Germany, where he was born. Due to the Second World War he had to interrupt his studies and join the German Army. He was a prisoner of war in England and used this opportunity to learn English.

In view of his knowledge of the English language, he was employed by the town of Remscheid as an interpreter at the end of the war and his knowledge of physics resulted in him being invited to look after the Röntgen Museum in Remscheid Lennep as well.

Streller was delighted to have this additional responsibility and this past-time job developed into the profession of his life and gave him the opportunity to meet scientists from all over the world. These included Arthur Compton, Max von Laue, Otto Glasser, Boris Rajewski, Robert Janker and other.



Together with his colleagues he developed a new concept for the museum. his almost encyclopaedic knowledge allowed him to develop unique evidence based archives, and his extreme attention to orderly documentation made it possible for him to find any documents his visitors requested.

Ernst Streller lived for the museum, every visitor was welcome any hour of the day or night.

It was thanks to him that the museum became so popular and the International Society of Radiographers and Radiological Technologists (ISRRT) presented him with an engraved glass goblet in November 1985 at the Royal Society in London in appreciation for help given to radiographers and other interested visitors from all over the world.

Ernst Streller helped to initiate the foundation of Friends of the Deutschen Röntgen Museum as early as 1951, until he retired he was responsible for the organisation of the annual presentation of the Röntgen Plaque.

As early as 1955 he started to plan the concept of plans for the future of the museum. He would have been so proud that the money has at long last been made available for the new concept for a completely new Röntgen Museum

to be started in September 2005.

Marian Frank,

on behalf of many Radiographers round the world who have enormously enjoyed their visit to the museum for nearly 50 years

Gertrude Alexander

It is with sorrow that we report the recent death of Mrs Gertrude Alexander, who was the longest serving member of Council, representing Panama from 1966 to 1994.

Mrs Alexander immigrated to Panama from Germany in 1938 and started her training in x-ray technology in 1947 at the Panama Hospital, doing one year in diagnostic imaging and a second year in radiation therapy. She started working for the Segura Social upon completion of her training in 1949, in a small x-ray department, which was the only one operated by the government service. The number of installations grew quite rapidly during the 1950's and in 1960 she was appointed superintendent radiographer in charge of all x-ray installations in the Republic of Panama. She was a founding member of the Panama national society in 1956, and in 1975 was awarded one of the countries top honours when she was made a member of the "Order de Vaseo Nunez de Balboa" in a special ceremony hosted by the President of Panama.

Mrs Alexander was an active member of the ISRRT Council from 1966 until 1985. She spoke German, English, Spanish and Portuguese, and worked hard to encourage the formation of professional societies throughout Central and South America. In 1972 she was appointed Vice President for The Americas to replace Mrs L. Loewe of Mexico, who had to resign for medical reasons. She was re-elected by Council in Madrid in 1973 and continued in that position until 1985, when she did not stand for re-election. During her tenure on the Board she was the first Vice President to chair both the Board and Council meetings at a World Congress, when the current President was unable to attend the meetings that were held in Rio de Janeiro in 1977. In 1985, after the untimely death of her husband a few years earlier, she moved to the United States to be closer to her family. She continued to act as the Council Member for Panama until 1994.

Mrs Alexander listened carefully to the needs of others and could be relied upon to carry out any task assigned to her. She had a very quiet but confidence building personality and was a great help to Miss Dina van Dijk as she worked to consolidate the work of the ISRRT throughout Europe. She was a very strong supporter of the ISRRT and in her latter years was disappointed that the members of the Panama Society had not continued their affiliation with the society. Living in the United States, but making frequent trips to Panama, she urged her colleagues to become more involved in the activities of the Central American Region. She will be missed by her many friends both in the ISRRT and Panama and we extend our condolences to her family members.

Anna Ames

THE ISRRT was recently the benefactor of a \$US10,000 bequest from the will of Ms Anna Ames of California.

Anna Ames was born in Canada and moved to California when she was a young woman. During the Depression she became a radiologic technologist and worked at Marian Hospital in Santa Maria, California. Anna was an active member of the Californian and American Societies. She had a reputation among her co-workers of having many tricks up her sleeve to get the perfect views on difficult patients – "angle a little here, twist the knee a little there." She particularly enjoyed educating students and young interns.

Photography was her favourite pastime and she loved taking photos of her grandchildren and great-grandchildren.

Anna's first contact with the ISRRT was when she travelled to the World Congress that was held in Rio de Janeiro in 1977. Being born and still having family in Canada, it was coincidental that her post Congress trip around South America followed almost identically that taken by the Canadian contingent to the Rio Congress. It was to be the first of many trips that Anna made to ISRRT Congresses over the years and she was always a keen supporter of the work of the ISRRT. Although not taking any formal position with the society, Anna was one of our most important supporters in that she could always be relied upon to attend the ISRRT meetings and contribute in her own way by sharing informally her varied experience with others. Her friendly nature made it easy to share knowledge and exchange ideas. She felt that she always learnt more than she anticipated from her attendance at ISRRT meetings and was keenly interested in the problems faced by technologists in the less developed countries.

The ISRRT has lost a good friend in Anna Ames and her bequest will be used to further the work of those in the developing world who are working to improve the quality of radiation medicine offered to their patients.

We offer our condolences to her many friends and the members of her family.

New pay structure for health service employees across the UK

THIS year will see the implementation of a new pay structure for health service employees across the UK. Pilot sites have tested the new system and although Radiographers voted against the system which they are sceptical about, the majority of Health Service unions agreed to it therefore it will go ahead.

Government ministers visited The Society of Radiographers Headquarters in London to discuss concerns. They have promised to monitor the Radiographers situation to ensure members do not lose out financially when the new system is fully up and running.

On the professional side, we now have 8 Consultant Radiographers in post in the UK. We look forward to more appointments as the 4 tier system becomes more widely used. There are many Assistant Practitioners in post who are proving to be a valuable part of the team. They are trained for 2 years and work under the direct supervision of qualified Radiographers.

Radiographers are soon to become prescribers of medicines in their own right. The Society of Radiographers has drawn up a new document to support this advanced practice and training courses will soon be available at a number of Universities across the UK.

A successful College Conference was held in Bournemouth in the South of England in November this saw parallel sessions for both Radiotherapy and Diagnostic Radiographers. It is hoped that this will become an annual event.

The UK Radiological Society will hold their annual conference in Manchester from 4-6th June 2005. Provisional programmes are showing it to be an exciting conference.

Further details and listings of other study days and courses are available on the Societies website www.sor.org

NOTICE

QA for Radiation Oncology

Does anyone know if there has been a QA produced for radiation oncology?
If you do could you please contact:

Fiona Pacey
Policy Officer
The Royal Australian and New Zealand College of Radiologists
Level 9, 51 Druitt Street
SYDNEY NSW 2000
Ph: + 61 2 9268 9709
Fax: + 61 2 9268 9799

Postgraduate Programme in Radiotherapy and Oncology (distance learning) (subject to approval)

Announcing a new, dedicated postgraduate and professional programme for therapeutic radiographers, and other HCP's working in the field via distance learning. Based upon our eight years experience of the successful taught version of the MSc Radiotherapy and Oncology, we are able to offer a range of postgraduate awards via distance learning including

PGC, PGD and MSc in Radiotherapy and Oncology (D/L)

A comprehensive range of modules, which can also be accessed individually for Continuing Professional Development purposes, are to be delivered commencing September 2005. Modules include

- informed consent in health care practice • contemporary issues in radiotherapy and oncology • professional development skills
- professional practice portfolio • cancer therapies • psychology of cancer care • technical advances in radiotherapy • portal imaging
- clinical applications of radiobiology • research methods for practice
- imaging for radiotherapy • dissertation

All modules will be supported via web-based support through our virtual learning environment, Blackboard.

In addition, we offer a wide range of flexible learning options, independent study modules and work-based learning modules. We will actively seek to accredit your prior learning through APCL or APEL processes.

For further information on this exciting new programme or an informal discussion, please contact

David Eddy on +44 (0)114 225 2379, e-mail d.eddy@shu.ac.uk

Application forms available from the PEP Office, Faculty of Health and Wellbeing, Sheffield Hallam University, Collegiate Crescent Campus, Sheffield S1 1WB UK

Telephone +44 (0)114 225 2373 or
e-mail pep-enquiries@shu.ac.uk

www.shu.ac.uk



**Sheffield
Hallam University**

letter to the editor

I must commend your marvelous work as portrayed in the February 2005 ISRRT Newsletter.

I am a 4th year student radiographer at the University Of Nigeria. I wish to observe that the ISRRT Newsletter did not actually give attention to student radiographers. The interest seems to be in practising radiographers and radiological technologists, affiliated societies and corporate members. In my opinion, I think it would not be out of place if news, information, and other vital academic input could be sought from students. At least each ISRRT region should have a student corner where the students of these regions could present issues which they see as pressing.

This will further endear the ISRRT in the hearts of these students who will inevitably be the leaders of tomorrow ISRRT.

If possible, notices requesting for such articles and contributions should be sent to the schools of Radiography through the regional representatives.

Finally, I congratulate ISRRT on a successful 13th world congress in Hong Kong.

Ibe, Stanley C.
Dept. Of Medical Radiography,
University Of Nigeria, Enugu campus,
Nigeria

coming events

2005

August 20-21

20th Singapore-Malaysia Radiographers Conference
"Evidence-Based Radiography: Refining Practices
and Roles"

Venue: M Hotel, Singapore
www.ssr.org.sg

August 25-27

Inaugural joint NZIMRT – AIR Conference
SkyCity Convention Centre, Auckland,
New Zealand Medical Imaging, Radiation Therapy
& Education. www.nzimrt.co.nz; www.A-I-R.com.au

September 7-11

1st Euro-Med Congress for Radiographers
Malta, www.e-radiography.org

September 26-30 ** NB Change of date **

3rd Pan African Congress of Radiology and Imaging
(PACORI) Conference
Royal Palm Hotel, Dar es Salaam Tanzania
Further information: ebandio@yahoo.com, ebandio@much.ac.tz, or tcs@cats-net.com

November 19-23

15th Asian Conference of Radiological Technologists
(ACRT)
Makuhari Messe, Chiba City, Japan, www.jart.jp

November 23-26

The Annual Scientific Conference/Workshop
"Radiography in the Diagnosis and Management of
HIV/AIDS"
Nigeria

2006

April 29-30, May 1

RASCO 2006

Kenya Radiographers Scientific Conference

June 10-14

14th World Congress

Adam's Mark Hotel, Denver, Colorado
Held in conjunction with the American Society of
Radiologic Technologists. www.asrt.org

September 12-16

International Society of Radiology

Cape Town, South Africa. www.isr2006.co.za

September 14-16, 2006

Central European Symposium

Congress venue: Erfurt, Germany, suehuber@gmx.de
Abstracts submission: July 1-Dec. 15 2005

October 2006

4th Conference for French speaking African countries
in Cotonou (Benin)

Deadlines

The deadlines for receiving material for publication in the two issues each year of the ISRRT Newsletter are January 1 and July 1.

Authors Instructions

Submission details for the ISRRT Newsletter

Articles should deal with subjects of common interest to all radiographers and radiological technologists.

The Editorial Committee may decide not to publish an article if they see it not suitable to the content of the ISRRT Newsletter.

All articles must be sent in the English language. However, other languages may be considered with the permission of the Editor and her committee.



Types of articles

1. Full-length papers, with a maximum of 2000 words, on research, modern developments, historical achievements, education, management, and health and safety. A summary of about 100 words and three key words may be translated into one of the main languages such as French, Spanish, German, Portuguese, Japanese or Chinese to facilitate colleagues for whom the English language is difficult. If the article is in another language then the summary and keywords must be in English. References from books should include the surname and initials of the author(s), year of publication, book title, publisher's name, and the city and country of publication.
2. Short articles and technical notes of no more than one page including diagram, table or photograph. A summary in another language of about 30-50 words is welcome.
3. Letters to the Editor will be considered for publication.
4. News from other countries.
5. Reports of meetings.
6. Announcements of forthcoming events.

Presentation

Always keep in mind that the ISRRT journal is a "Newsletter" containing information on ISRRT activities and articles of common interest to colleagues throughout the world. Reports should, therefore, be kept short and the language easy to read.

To assist the Editor in the layout and production of the newsletter, the following format must be used.

Submission of material

Articles should be submitted in electronic form, preferably in MS Word using Times or Helvetica. All charts, diagrams, illustrations and photographs need to be saved as separate files. The author should retain a copy of the submission as the Editor cannot accept responsibility

for loss or damage. Send all submissions to either the Secretary General or the Editor. If it is not possible to send your submission via e-mail, please use discs (floppy, ZIP or CD-ROM). Contact details are published at the front of the newsletter.

Photographs, illustrations, graphs, charts & diagrams

Computer generated illustrations, graphs, charts and diagrams should be high resolution and saved as separate files (either .eps, .tiff, .PDF or .jpeg format) for publishing. PowerPoint files are not accepted. Original negatives and radiographs will not be accepted for publication unless otherwise already photographed and scanned.

Instructions for Board and Council Members

Council members are requested to send in the following information regularly.

- Short reports of ISRRT meetings and special activities in the field of medical imaging, radiation therapy and radiation protection.

- News from members countries which should have a heading containing the name of the country only, ending with the authors name and role.

- Coming events, please include any congresses, conferences and meetings which would be open to radiographers all over the world.

Advertisements

Advertisements for the *ISRRT Newsletter* and inquiries should be sent to the Secretary General (see address under ISRRT Officers of Board of Management).

Deadlines

The deadlines for receiving material for publication in the two issues each year of the *ISRRT Newsletter* are January 1st and July 1st .

memberships

Membership

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

Corporate Membership

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

other industry and professional leaders to offer their support to the advancement of international radiation medicine. Current Corporate members are:

- Agfa-Gevaert N.V.
- American Registry of Radiologic Technologists
- Association of Educators in Radiological Sciences Inc.
- Toshiba (Australia) Pty. Limited, Medical Division
- Technikon Natal
- American Registry of Diagnostic Medical Sonographers
- Shimadzu
- Dubai Dept. of Tourism, Commerce and marketing

Associate Membership

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

APPLICATION FOR ASSOCIATE MEMBERSHIP

Please complete in block letters and return to:

Secretary General, 143 Bryn Pinwydden, Pentwyn, Cardiff, Wales CF23 7DG, United Kingdom

Title (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other

Family Name(s): _____

Given Name(s): _____

Address: _____

I wish to support the work and objectives of the ISRRT and hereby apply for Associate Membership.

I enclose payment of

Euro		Pounds Sterling		US Dollars		Canadian Dollars	
<input type="checkbox"/> 1 year	10 Euro	<input type="checkbox"/> 1 year	£ 6.00	<input type="checkbox"/> 1 year	\$10.00 US	<input type="checkbox"/> 1 year	\$13.00 Cdn
<input type="checkbox"/> 3 years	28 Euro	<input type="checkbox"/> 3 years	£16.00	<input type="checkbox"/> 3 years	\$28.00 US	<input type="checkbox"/> 3 years	\$36.00 Cdn

Signature _____ Date _____

My specialty is (please tick one or more):

☐ Imaging ☐ Therapy ☐ Nuclear Medicine ☐ Education ☐ Management

I am a member of my national society which is: _____

I would like to support:

☐ ISRRT Development Fund
and include a donation in
the amount of: _____

☐ World Radiography
Educational Trust Fund
and include a donation
in the amount of: _____

Name: _____

Address: _____

Signature: _____

Date: _____

Donations to Secretary General ISRRT,
Mr Alexander Yule
143 Bryn Pinwydden
Pentwyn, Cardiff Wales CF23 7DG
United Kingdom

ECR 2005: EUROPEAN CONGRESS OF RADIOLOGY

Vienna, Austria
March 3-7, 2006

As in every year, the European congress of Radiology will take place in Vienna, Austria, in March 2006. The ECR is the largest and most important radiology congress in Europe and offers a most interesting program for both radiologists and radiographers

In cooperation with the ISRRT, the congress offers a special program for radiographers, which consists of 5 refresher courses with topics of utmost interest and importance

- Magnetic Resonance Imaging
- Computed Tomography
- Digital Radiography and Mammography
- Angiography
- Ultrasound
- Quality Assurance
- Professional Matters

There will be also a presentation of scientific papers during the scientific session and a presentation of posters in the Electronic Poster Online System EPOS.

Please submit your abstracts for both the scientific session and the poster exhibition. The submission will open in the beginning of July 2005 and the deadline will be the 18th of September 2005. The best paper of the scientific session will be awarded. In 2005 we awarded the prize to our colleagues in Sweden and we are very much looking forward to the winner in 2006.

Since 2005 the "Invest in the youth" program is also open to young radiographers and radiography students. If you are interested in supporting your colleagues, please visit the ECR-website to learn about the criteria, deadline and benefits and for further information: www.ecr.org

The congress language will be English.

Susanne Huber
Munich, Germany
Co-chairperson Scientific Subcommittee Radiographers 2005/ 2006
susanne.huber@med.uni-muenchen.de

CPDConference.org – Learning and Development online

CPDConference.org is a new innovation and the first of its kind for Healthcare Professionals. Training, research and lifelong learning are the key features available to international delegates attending the virtual conference centre. The unique online conference concept focuses on providing continuing professional development (CPD) resources for healthcare specialities.

For further information about CPDConference.org please contact Neil Spence, Conference Manager, Kosmos Software Ltd, 1 Pilgrims Close, Harlington, Dunstable, Bedfordshire LU5 6LX, UK
email: neil@cpdconference.org; www.CPDConference.org

Africa

Nigeria



The Association of Radiographers of Nigeria had a general election at the end of last year and the following officers were elected to run the association for the next three years. They are:

President: Mr E.J. Akpan

National Secretary: Mr Mark C. Okeji

Vice President: Mr Gam Ikumelu

Treasurer: A.B. Adepoju

Asst Secretary I: Mrs Olu Balogun

Asst Secretary II/Fin Secretary: Mrs Tolu Alonge

The Annual Scientific Conference/Workshop will be held from 23 to 26 November 2005. The theme of the conference is "Radiography in the Diagnosis and management of HIV/AIDS".

Mark C. Okeji

National Secretary

South Africa



The process of radiographic training is being reviewed so as to meet the needs of the country. The radiography career path will include professional, masters and doctorate degrees for all radiographic disciplines. The new proposed qualification will possibly be a 480 credit professional degree qualification with the possibility of an early exit-level at 240 credits.

Radiography has been classed as a "scarce skill" in South Africa as there are many vacant posts. Radiographers employed in public sector (state) institutions receive a monthly scarce skills allowance.

Plans for the International Congress of Radiology in Cape Town in 2006 are in the advanced stages. The scientific program is really exciting with nine parallel tracts. A dedicated tract will be available for radiographic issues, however radiographers are welcome to attend any/all of the scientific sessions and social functions. Although the registration fee for radiographers will be substantially less than that for radiologists, radiographers will be treated as full participants.

Radiographers internationally are urged to participate in this congress, as it will be the first "joint" congress of radiology and radiography in South Africa! We look forward to hosting radiography delegates on behalf of the ISRRT at the International Congress of Radiology scheduled for Cape Town from 12-16 September 2006. For more information visit: www.isradiology.org

The next Society of Radiographers of South Africa congress will be the 15th ISRRT World Congress, "Interweaving Global Images" from 24-27 April 2008 in Durban. The Radiological Society of SA has pledged their support of the 2008 congress.

The Health Professions Council of SA (HPCSA) has reconfigured the CPD system. This system will allow for a hierarchy of CPD activities to meet the needs of the South African practitioners. The idea is to move from "passive to active learning with increased reward for active learning associated with measurable outcomes". The CPD pilot project for two professional boards commences on 1 July 2005, for six months. Thereafter CPD will be mandatory for all health professionals.

We are proud of Nazeema Ebrahim an ex Society Council Member who has been awarded "Associate Professor: Radiography" at MEDUNSA.

Fozy Peer

Council Member

Europe

France



The French association AFPPE organised their national convention in Vichy with 700 participants from all over the country. The convention took place in a wonderful historic site from Napoleon the third "the Vichy's Opera". We invited colleagues from Quebec, Belgium, Netherlands and UK. The subject of this congress was "Paediatric Radiology". Our association continues its relations with less educated countries, ie French speaking African countries like Burkina Faso .

We are setting up a workshop scheduled for the end of October with the following topic "Hygiene in Radiology".

Three teachers from France will go to Burkina Faso for a workshop. We also plan to organise the 4th conference for French speaking African countries in Cotonou (Benin) in October 2006. The local committee had its first meeting at the end of June under the coordination of Mr Antoine Agbo (President of the Benin Radiographers Association).

In October, the French Association will participate at the biggest meeting for french speaking countries all over the world, "the french days of radiology" (JFR). This meeting will gather radiologists, radiographers, physicists, ingeniors and administrators from France, Canada, Switzerland, Luxemburg, Belgium as well as African and Asiatic countries .

More information on our website: www.afppe.com

Philippe Gerson

ISRRT PRC for Europe and Africa

Council Member

THE BURWIN INSTITUTE



OFFERING HOME STUDY COURSES SINCE 1985
IN
ECHOCARDIOGRAPHY
VASCULAR TECHNOLOGY
DIAGNOSTIC MEDICAL ULTRASOUND

STUDENTS FROM MANY COUNTRIES
HAVE GRADUATED FROM OUR HOME STUDY COURSES

THE COURSES PROVIDE ALL THE THEORY NEEDED TO
PERFORM ULTRASOUND IN THE FOLLOWING AREAS:

PELVIS
ABDOMEN
OBSTETRICS
GYNECOLOGY
NEUROSONOLOGY
MUSCULOSKELETAL
ECHOCARDIOGRAPHY
VASCULAR TECHNOLOGY

MOST COURSES ARE WORTH 40 CME CREDITS

FOR A BROCHURE PLEASE ENTER YOUR NAME AND ADDRESS AND MAIL OR FAX TO:

THE BURWIN INSTITUTE
1031 AUTUMNWOOD, UNIT 4
WINNIPEG, MANITOBA
CANADA, R2J 1C8
FAX: 204-254-7473
OR

www.burwin.com

PLEASE SEND DETAILS OF THE BURWIN INSTITUTE'S HOME STUDY COURSES TO:

NAME: _____

STREET: _____ CITY: _____

COUNTRY: _____ POSTAL CODE / ZIP CODE: _____

Germany



Deutscher Verband
Technischer Assistenten
in der Medizin e.V.

On behalf of the German
Association of Medical
Technologists (dvta) I

would like to announce that the Central European Symposium 2006 will take place in Erfurt, Germany. The date of the congress will be the 14-16 September 2006. Please note that the submission for abstracts is already open and the deadline will be 15 December 2005. The official congress language will be German, but an English translation service will be available, abstracts (should not exceed 1,800 characters) are to be delivered either in German or English and also the presentations can be given in either German or English. Topics are within the whole range of our profession. The length of each presentation is limited to 30 minutes, inclusive of discussion.

Information about the congress venue and the preliminary program will be available on our website: www.dvta.de.

Central European Symposium

September 14-16, 2006

Congress venue: Erfurt, Germany

Date for submission of abstracts:

July 1st-December 15th 2005

Abstracts should not exceed 1,800 characters

Contact: suehuber@gmx.de

Susanne Huber
Council Member

Malta

On a national level, some radiographers are still unemployed, while a few have been employed on a part-time basis. The local market is saturated and the Society is working to find a solution. We are looking into the possibility of reengineering the role and practice of radiography. This will be presented and discussed during the Annual General Meeting which will be held in November, 2005.

The 1st Euro-Med Congress for Radiographers is not far away. We are working hard so that the Congress will be a success, in such a way that it will flourish to something more than just a meeting for radiographers.

Joseph Castillo
President SRM

The Netherlands



In February 2005 I attended a wonderful congress and visited a remarkable city.

The congress was the 13th ISRRT World Congress and the city was Hong Kong. Once again I want to extend my thanks to our colleagues in Hong Kong and the many others within the ISRRT who made it all possible. Thank you as well to all the Council Members, observers and Board members who contributed to the successful regional and council meetings.

In February 2005 the NVMBR held a policy planning day for the second time. This proves to be a good method to keep our Strategic Plan 2004-2007 alive and working.

Interested members from the nine expert groups, the council for regional CPD and the Radiotherapy, Radiology and Nuclear Medicine sections were invited to participate in brain storm sessions and discussions on the course we will be following for the coming year. The results of this day were used by the Board for the preparation of the annual meeting which took place on April 21st 2005.

Our annual meeting and scientific conference was held at Papendal, National Sports Centre. Papendal is a combination convention, meeting, hotel and sports facilities situated on spacious grounds near the city of Arnhem. During the meeting there was a short discussion on a name change for our profession. The Dutch term "Radiologisch laborant" would seem to translate smoothly to "radiographer" or "technologist" but in fact its not quite the same. We have been unhappy with the term for years. So long in fact, that this discussion has been launched on and off since the 1950's. In a final attempt to find just the right name for our profession, the Board called for entries to a contest. Only six suggestions came in but they were quite creative. A vote was taken at the meeting and "medical imager and radiation therapist" came out as the winner. But its not that simple. Government offices, hospital administrations and the public are used to the old term. It will be quite a culture change before we can call ourselves medical imager and radiation therapist and see the light of recognition in the eyes of policy makers, patients and even our own colleagues.

The good news is that our large, well situated three story headquarters will be undergoing renovation soon. The members have agreed that it makes sense to expand the meeting facilities and modernise a bit. If we have good meeting facilities, this will be convenient and efficient for us and will also generate extra income as we can rent out to third parties. The office of the Quality Register has already moved into a top floor room.

The meeting was followed by a delicious lunch and relaxation on the outdoor terrace. When it is good weather in Holland people hate to go inside again but we resumed the meeting with three workshops:

- evidence based learning,
- an evaluation of the Society's new structure,
- new products and services offered by the Society.

We ended the afternoon with a period of top sport. Classes in Tae Bo and step aerobics were offered. For those less energetic, there was a walk on the grounds and an Olympic Quiz. That evening we enjoyed an Olympian buffet dinner.

Advanced Practice in Radiation Therapy

The Ontario Radiation Therapy Advanced Practice group (ORTAP) was formed in 2003 by a group of Radiation Therapy practitioners, including managers and educators. Following a successful educational symposium in September 2003 that highlighted possible directions for advanced practice in the province, we agreed to act as advocates to move the profession forward in this area.

In 2004 we were awarded a grant from the Ministry of Health and Long Term Care (MOHLTC) to implement a pilot project designed to "field test" some promising advanced roles for radiation therapists in Ontario.

The 5 pilot roles (0.5 FTE each) will run from April 2005 to March 2006 and the therapists involved will be investigating the feasibility of the roles, as well as the necessary education and support each role will require. At the end of the project the results will be analysed and a summary report will be prepared for the MOHLTC that will make recommendations about the effectiveness of the various roles.

To disseminate information on the all aspects of the advanced practice project, a website has been developed. This website contains more information about what we have been doing, the proposals, and what we would like to achieve in the next few years.

Please visit www.ontarioradiationtherapy.ca to keep informed of our progress.

Donna Lewis
Ontario Radiation Therapy
Advanced Practice Steering Committee

Society of Radiographers of Trinidad and Tobago

Call for Papers

Annual Conference

8-9 October 2005

SOUTH TRINIDAD

Theme:



*“Empowered For a Change,
Equipped for a Challenge”*

INFORMATION:

Anushka Kattick-Mahabirsingh EWMSC (868)645-2640 X2178
Laurel Lopez SFGH (868) 720-1323
Aleth Bruce Petrotrin (868)658-4200 X2338
Neela Dipnarine Southern Med. Clinic(868)6524535

The following day there was a full scientific program with 40 presentations and four parallel sessions. Thirty per cent of the presentations were done by radiographers. Or should I say medical imagers and radiation therapists?

I am looking forward to seeing many of you in Denver, Colorado, USA.

Marion Lampert
Council Member

Sweden

As I write from Sweden it is summertime here and most people take their holidays. The radiological departments have usually reduced staff and reduced appointments during this time. Third year students often choose to work in the radiological department as assistants and many of them take some X-rays e.g. chest x-rays and extremities. About 200 radiography students graduated in June and became registered radiographers. They earned a Bachelor Degree. Right now have no shortage of Radiographers.

The highlight of our year occurs in mid-September in Malmö, in the South of Sweden. This is "Röntgenveckan" (The Radiological Week). Everybody talks about this annual event. It is a Congress organised by our two societies of Radiographers and Radiologists. All people working in a Radiological department are welcome to participate in this event and we expect about 1000 people. The program is varied and suitable for everyone.

Our society's Annual General Meeting is held during "The Röntgenveckan", elections also take place at this time. A proposal about a new name for the society will be put to the Board. The Swedish Society of Medical Radiology will possibly be changed to The Swedish Society of Radiographers. At present the name can be confused with the Society of Radiologists. The society has also started an extended program that deals with the profession, competence and the ethic code.

During the year the society has organised seminars directed towards the profession. For example the society organised a three day seminar which focused on leadership. Another seminar on Radiation and Image Optimisation will be held at the end of September and the annual seminar on Skeletal Radiology will be held in October.

At the end of May the 17th Nordic Congress of Radiography was held in Oslo. It was very interesting and enjoyable. Niru Kolmannskog, Vice President of Europe/Africa on the ISRRT Board, was one of two congress leaders. The aim of the congress was both educational and scientific with participation of several internationally esteemed lecturers. The organising committee had lined up a comprehensive program to ensure that each and every participant would thoroughly enjoy it. The latest developments in medical imaging, work shops, symposia and poster presentations

were offered. Niru Kolmannskog presented a magnificent and professional program. The lectures were presented in a way that showed the Radiographers different roles in a radiology department. The lectures also proved that the Radiographers knowledge in both care as well as specialised knowledge concerning Radiography is a condition for good practising care in the Radiology Department. The technical expansion has led to Radiographers increasing their knowledge and areas of responsibility as well as being able to act more independently. The next Nordic Congress will be held in 2007 in Malmö.

Bodil Andersson
President

United Kingdom

This year will see the implementation of a new pay structure for health service employees across the UK. Pilot sites have tested the new system and although Radiographers voted against the system which they are sceptical about, the majority of Health Service unions agreed to it, therefore it will go ahead.

Government ministers visited The Society of Radiographers Headquarters in London to discuss concerns. They have promised to monitor the Radiographers situation to ensure members do not lose out financially when the new system is fully up and running.

On the professional side, we now have eight Consultant Radiographers in post in the UK. We look forward to more appointments as the four tier system becomes more widely used. There are many Assistant Practitioners in post who are proving to be a valuable part of the team. They are trained for two years and work under the direct supervision of qualified Radiographers.

Radiographers are soon to become prescribers of medicines in their own right. The Society of Radiographers has drawn up a new document to support this advanced practice and training courses will soon be available at a number of Universities across the UK.

A successful College Conference was held in Bournemouth in the South of England in November this saw parallel sessions for both Radiotherapy and Diagnostic Radiographers. It is hoped that this will become an annual event. The next being scheduled for 5th/6th November 2005 in Edinburgh, Scotland.

The UK Radiological Society held their annual conference in Manchester from 4-6th June 2005. It was an exciting conference with some excellent presentations from Radiographers. During this conference we launched our new publication Imaging and Oncology. We were delighted that Tyrone Goh was able to join us at this conference

Further details and listings of other study days and



courses are available on the Societies website www.sor.org
Hazel Harries-Jones
Council member

Canada

The Americas

There were at least a dozen Canadians who attended the 13th World Congress in Hong Kong, February 3-6. Besides myself as Council Member, the CAMRT President, Dorothy Gallagher, Executive Director, Dr. Richard Lauzon and the President Sylvie Poirier and Executive Director, Alain Crompton from the province of Quebec, as well as Anneke

Kind, Chairperson of the CAMRT. Committee On Degree Implementation (CODI) were in attendance. It was my first World Congress as the Canadian Council Member and what impressed me the most about the conference was the calibre and passion of the speakers presenting – the majority were fellow technologists from almost every corner of the world. The Conference Committee, under the expert leadership of Dr. Maria Law, ensured that the Scientific Sessions covered a variety of lectures on the latest technical advancements designed to improve knowledge and competencies of all technologists who attended. I was fascinated by the new computerised methodologies and simulation techniques that many countries are utilising in their training programs. Dr. Michael Ward inspired us all and rekindled the passion for our profession in his opening address on “Who Moves the Cheese” in medical radiation technology. The Conference Committee also treated us to culinary delights and social events that allowed us opportunities to broaden our relationships with individuals from the 41 countries represented. Hong Kong was spectacular – all dressed up in red and gold to celebrate the Chinese New Year. Our time in Hong Kong will be forever in our minds and heart.

What Is Happening in Canada

The 63rd CAMRT Annual General Conference took place in the capital city of our smallest and breath-takingly beautiful province of Canada, Prince Edward Island, June 9-13, 2005. Technologists representing all four disciplines of the CAMRT, Radiography, Nuclear Medicine, Radiation Therapy and Magnetic Resonance Imaging, were provided with excellent educational sessions, that covered the whole gamut of technologist functionality from the very necessary front line technologist to instructor and manager. Some of the major items of discussion at our annual meeting were:

1. The 2005-2008 CAMRT Strategic Plan with the newly proposed mission and vision statements as well as the core values. The main purpose of the revised Strategic Plan is to reposition the CAMRT to better support its members as

professionals and to effectively promote our profession. It will form the basis for all of the organisation's activities over the course of the next four years and was the result of a very broad consultation process with all the CAMRT stakeholders. The CAMRT Mission is: • Standards • Education • Progress – Supporting Professionals at the Leading Edge of Medical Radiation Technology. The Vision Statement is that the “CAMRT envisions an organisation that - includes all practicing MRT's among its membership; recognises the contributions of members and stakeholders; respects its core values; communicates effectively and accurately; as the authoritative voice for Medical Radiation Technologists, the national association will be acknowledged as the sole provider of the entry to practice certification process; establishes a process for maintenance of certification; establishes best practices based on credible data and research; develops competency profiles for expanded roles; and enhances our professional status and image.” The Core values: “The CAMRT has embraced core values to support our members and to contribute to the health care system. Our leadership is characterised by accountability, adaptability, and excellence. Our environment is characterised by trust, fairness, and integrity. To serve our communities we will respect the diversity of our members and stakeholders. We recognise and celebrate the contributions of our members, volunteers, and staff.”

The strategic plan features three very important strategic directions that will ensure that the CAMRT better supports its members as professionals and effectively promotes the profession, in other words, helps us all to “move the cheese.” Each strategic direction encompasses specific objectives relevant to the strategic direction and a series of actions and outcomes measurement criteria. One of the objectives will result in an improvement of the evaluation assessment for clinical competency of internationally educated medical radiation technologists. If you are interested in more of the details of the CAMRT Strategic Plan, you can obtain a complete copy at the CAMRT web site at www.camrt.ca

2. The results of the psychometric audit that an external company performed on the Canadian certification and examination process were provided at the conference. Implementation of the recommendations from this audit is very timely and will occur in conjunction with the work on the educational objectives of the new strategic plan. The end result will be some significant changes for the CAMRT certification examination process. Once again, the current process for our internationally educated candidates will be evaluated, and, be improved upon.
3. The CAMRT has been funded to do a substantial analysis of medical radiation technologists supply in Canada. This study will look closely at our current vacancy rate and projected retirements for current practicing MRT's. Some focus group activity regarding internationally educated technologists will be a part of this study. As of the

end of April, 2005 CAMRT membership totaled 10,186 technologists in the four disciplines.

4. The new CAMRT Executive for the 2006 calendar year was sworn into office at the President's Ball. They will be Melanie Hilkewich from Saskatchewan, President, Brenda Hubley from Nova Scotia, Vice President, and Fiona Mitchell, from British Columbia, Treasurer.

Please consider attending the 64th CAMRT Annual General Conference in Calgary, Alberta – straight north and one week after the 14th ISRRT World Congress in Denver, Colorado, June 2006. We would love to share some of our western Canadian hospitality with you!

Rita Eyer
Council Member

Jamaica

Radiography in Jamaica has entered a new phase. As of April this year, all radiographers are required to accumulate 10 CME credits annually in order to reregister with the Council for Professions Supplementary to Medicine (the local registering body). To start us off on the right foot, on June 25-26, 2005, the Society held its Annual General Meeting (AGM) and Education Seminar in Montego Bay. The Seminar, titled "Exploring Emerging Trends/Cutting Edge Technology in Radiation Technology", earned participants three credits.

Presentations were:

- Palliative Oncology: Dr Dingle Spence, Consultant Radiation Oncologist,
- Stereotactic Radiosurgery: Mr Subramanya Betageri, Senior Therapeutic Radiographer/Radiation Therapist
- Intensity Modulated Radiation Therapy (IMRT): Mr Kevin Johnson, Senior Medical Physicist.

Although the vast majority of the membership is Diagnostic, the presentations were well received and allowed the therapeutic arm of our profession to tell the rest of us a little of what they do.

At the AGM we were addressed by Assistant Commissioner of Police Keith Gardner who spoke to us on Crime and our role as citizens in the fight against it.

Coming out of that meeting was a proposal to set up a web site for the Society as well as a database of Radiographers in and from Jamaica and the Caribbean. Interested parties can send information to Carlene Rankine at badranx@hotmail.com

We also took the time at that meeting to bid farewell to our President, Mr Oliver Wilson, who had to resign office in the middle of his two year term. His VP, Miss Carol Townsend will step in as President until the next AGM.

Claudia Tavares
ISRRT Representative

Australia

Asia/Australasia

The Australian Institute of Radiography held its Annual General Meeting in Melbourne in March. The Memorandum and Articles of Association of the Institute were revised and



updated and accepted by the members, and are now known as the Constitution. The Federal Council of the Institute has also changed its title to the Board (of Directors). This is part of an overall review of the operational management of the Institute. Mr Stuart Hamilton is

continuing in the role as President during 2005.

In Australia we are continuing to look at the contemporary issues of role evolution within the profession and how to gain recognition for those who wish to develop in advanced practitioner roles.

We are looking forward to Fusion 2005, the first combined Australian and New Zealand conference, being hosted by our NZIMRT colleagues in Auckland in late August. It should be a great event and we look forward to seeing you there.

Pam Rowntree
Council Member

New Zealand

Greetings to you all. It was great to meet up with many of you in Hong Kong. This was the first ISRRT conference that I had attended and I was very impressed with the breadth



and depth of the information delivered and the spirit that surrounded the entire event.

During the previous six months there has been activity in the following areas:

- Preparation for the inaugural NZIMRT/AIR joint conference in Auckland, NZ, August 2005 are in the final stages. The program is shaping up to be value packed.

- The Institute's membership has continued to grow this year and now consists of the majority of the currently practicing registered practitioners in NZ. This is great and allows the body to actively represent MRT/RT views and be more proactive in its work program.

- A group has been established to investigate role expansion in NZ for MRT/RTs. The group is using gathering information from various other countries with respect to role development and will be framing this against the NZ context. It is intended that this work will underpin a collective, strategic approach to this issue.

- The Institute continues to be actively involved in the Allied Health Professional Associations Forum (AHPAF) which is a collective of professional organisations that represent a wide range of allied health professionals eg MRT/RT, Social Workers, Physiotherapists, Psychologists. One of

German Röntgen Museum closes for redevelopment

THE German Röntgen Museum in Remscheid has developed a new concept and master plan for a complete new Röntgen Museum. As a modern educational facility, it will follow the hands-on-science approach thus allowing fun and interest to develop interactively along side investigation and experimentation and encourage potential creative and innovative skills on a long term basis. In addition the museum will serve as a cultural and social point offering a qualified platform for research, industry and the public.

The financing for the first part of the implementation of the new Röntgen Museum is complete and the construction works will start in September 2005. For that reason the museum will be closed for approximately 1 year from July 25, 2005.

For more details please visit the upcoming website: www.neues-roentgen-museum.de or contact:

Uwe Busch, PhD
Deputy Director, Deutsches Röntgen-Museum,
Schweimer Str. 41
D-42897 Remscheid
Tel: +49 2191 16 3406
Fax: +49 2191 16 13406
Email: buschu@str.de

Radiation Protection Training Material

The IAEA is currently testing a web version of their radiation protection material which they hope to have available in late 2005. The ISRRT will publish the website as soon as it is available.



The 1st Euro-Med Congress for Radiographers is not far way. We are working hard so that the Congress will be a success, in such a way that it will flourish to something more than just a meeting for radiographers.

At this time I can only thank all those companies and individuals who are helping us to make this dream come true.
www.e-radiography.org



Benin



Back in September last year The Benin Society held a five day seminar. Topics discussed over the five days were:

- Quality Assurance
- Specialist imaging in Benin
- Roles and responsibilities
- Interprofessional and interpersonal relations
- Forthcoming perspectives.

Great interest was held by all participants and each received a certificate of participation. The people of Benin would like to thank their colleagues from Porto Novo, Benin, who organised the second workshop

its goals is to represent a collective voice for allied health at government level to influence health policy direction. If you can make it to NZ for the August conference we would love to have you.

Jo Anson
Council Member

Hong Kong

A new executive committee of the Hong Kong Radiographers' Association was elected for 2005 to 2007. The officers are:

Chairman: Mr Edward Chan
Vice-Chairmen: Mr Anthony Chan and Mr Joseph Lee
Treasurer: Miss Doris Choi
Secretary General: Mr Howard Lai
External Secretaries: Miss Brenda Woo,
Mr Dick Chow & Mr Eros Mo
Internal Secretaries: Mr George Chiu, Miss Karen Lai & Miss Ella Tam
Academic Secretary: Dr Maria Law, Miss Fion Cheung
Welfare Officer: Mr Kane Chek & Mr Tom Chan

We thank everyone for their support at the recent 13th ISRRT World Congress in Hong Kong. The new objectives of this committee after the congress are Continuing Professional Development and Standard of Practice of radiographers in Hong Kong. We would like to share your valuable experience of these topics in your countries. You may contact us by www.hkra.org.hk and look forward to seeing you at the next ISRRT World Congress in Denver.

Edward Chan
Chairman, Hong Kong Radiographers' Association

India

The Executive Committee Meeting of IART was held on 8 April, 2005 at Chandigarh. At the meeting the main issue was registering the Council of Radiographers and Radiological Technologists in India. It was decided to continue the efforts with full vigour and strength, involving all other influential paramedical organisations so that if the radiographers council is not formed, then at least a joint paramedical council comes into existence in the near future.

Another important achievement which was the launching of the IART WebSite: www.iart.org.in

All the members who were present were shown the site and approved of its launching.

All members were appealed to motivate all other radiographers and radiological technologists who have still

not become its member to become member of IART.

S.C. Bansal
Council Member

Singapore

The Singapore Society of Radiographers will be holding the 20th Singapore-Malaysia Radiographers Conference, 20-21 August, 2005 at M Hotel, Singapore. The theme of the conference is "Evidence-Based Radiography: Refining Practices and Roles".

The Singapore-Malaysia Radiographers Conference has been an annual event since 1978, and is alternately hosted by Singapore and Malaysia in their respective countries. The weekend conference has traditionally brought together radiographers and student radiographers from both countries to exchange professional knowledge, research papers as well as to renew old ties and make new friends.

This year, the academic program has been expanded to include a concurrent session for Radiation Therapists, as well as a session for student papers, with prizes for best paper. e will be joined by colleagues from Australia, Japan, Canada and the United Kingdom. We look forward to a successful conference!

For more information, visit our web page at www.ssr.org.sg

Taiwan

The election of the council member and the board of supervisor of the Association of Radiologic Technologists of the Republic of China (ARTROC) was held on 23 January, 2005. The election was arranged during the annual



academic conference of the ARTROC in Taipei. Mr Go Pin-Yi was elected as the president of ARTROC again. He will lead the association for the next four years. His ability to collaborate with countries near Taiwan and his humble personality won him the election. Mr Go is now the Chief of Radiographers of the department of radiology, Veteran General Hospital, Taipei. Mr Sheu Hen-Bin was appointed as the Secretary General of ARTROC.

The Annul Conference of 2006 will be held at the Chungtai University, a polytechnic based university in the central part of Taiwan. Academic reports regarding radiology are highly appreciated for the conference, please contact Dr Stenver Lin for further information at jslin@ctc.edu.tw

Dr Stenver Lin

Names and addresses of member societies and ISRT Council Members

Australia	Australian Institute of Radiography P.O. Box 1169, Collingwood, Victoria 3066 Tel: 61-3-9419 3336 Fax: 61-3-9416 0783 E-mail: air@A-I-R.com.au Website: www.A-I-R.com.au	E-mail Soc: xtina@mega.bw <i>Council Member:</i> Mrs Avis N. C.Bareki, address as Society Email: avis@it.bw
<i>Council Member:</i>	Ms Pamela Rowntree Email: p.rowntree@qut.edu.au	Burkina Faso
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 Web Site: www.rtaustria.at	Association Burkinabe du Personnel Paramedical 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 E-mail: abpper@bf.refer.org <i>Council Member:</i> Mr Landry Power Kabore, address as Society Email: chnyo@fasonet.bf
<i>Council Member:</i>	Mr Fritz Friedl Vivenotgasse 57/13, A - 1120, Vienna Email : isrrt.rtaustria@gmx.at	Cameroun
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	Association Camerounaise du Personnel Technique d'Electroradiologie Médicale B.P. 927 Yaoundé Tel: 237-2236218; Fax: 237-2222086 E-mail: czambou@yahoo.fr <i>Council Member:</i> Mr Justin Paul Charles SEE Email: justsee@fr@yahoo.fr
<i>Council Member:</i>	Derlwyn Wilkinson Email: bar@imagingandtherapy.bb	Canada
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	Canadian Association of Medical Radiation Technologists, 500-1095 Carling Avenue Ottawa, Ontario K1Y 4P6 Tel: 613 234-0012; Fax: 613 234-1097 Email: rlauzon@camrt.ca Web Site: www.camrt.ca <i>Council Member:</i> Rita Eyer 111 Hunterspoint Road, Winnipeg, Manitoba R3R 3B6, Canada Email: reyer@ggh.mb.ca
<i>Council Member:</i>	Mr Eric Bertrand, Rue Provinciale 81, B-4042 Liers Email: ericbertrand2@tiscalinet.be	Croatia
Belgium	Vereniging Medisch Beeldvormers VMBv/Rosseel Geert, Kortrijkstraat 538, 8560 Wevelgem Tel: 32/56/37.37.84; Fax: 32/56/37.37.84 Email: vmbv@net7.be	Croatian Association of Engineers of Medical Radiology, Mlinarska 38, 10000 Zagreb Tel: 00 385 1 4669771; Fax: 00385 1 4669772 Email Soc: hdimr@zg.hinet.hr Web Site:www.hdimr.hr <i>Council Member:</i> Mr Nenad Vodopija Vlascika 15, 10000 Zagreb Email: Nenad.vodopija@vmskola.hr nenad@hdimr.hr
<i>Council Member:</i>	Mr Patrick Suvé Gerststraat 4, 8400 Roksem Email: Patrick.Suvee@hologic.be	Cyprus
Benin	Organisation Des professionnels En Imagerie Medicale Du Benin 02 BP 8125, Cotonou Tel: (229) 39-02-99	Pancyprian Society of Diagnostic & Radiotherapy Radiographers c/o Mrs Maria Kyraiakides Radiotherapy Depart. Nicosia General Hospital, Nicosia -1450 Tel: 0035722801495; Fax: 0035722303471 <i>Council Member:</i> Mr Achilles Kalaidjis, address as Society
<i>Council Member:</i>	Mr Antoine Agbo 02 BP 8125, Cotonou	Czech Republic
Botswana	Radiological Society of Botswana P.O. Box 80789, Gaborone, Botswana Tel: (267) 585475; Fax: (267) 585475	Czech Radiographers Society Sekretariat SRLA CR Na Zlate Stoce 14

Names and addresses of member societies and ISRT Council Members

	370 05 Ceske Budejovice, Czech Republic Email: info@srla.cz Website: www.srla.cz <i>Council Member:</i> Mr Cestmir David, address as society Email: cestmir.david@medicon.cz	France	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 <i>Council Member:</i> Mr Philippe Gerson, 1 Rue des Couloirs 92260 Fontenay-aux-Roses Email: philgerson@aol.com
Denmark	Faglig Sammenslutning af Røntgensygeplejersker Bispegade 11, 6760 Ribe, Tel: 45-75422761; Fax: 45-75421061 Email: ole_bang@mail.tele.dk <i>Observer:</i> Ms Anne Marie Bang, address as society Email: AMB@NY-POST.DK		
Denmark	Foreningen af Radiografer i Danmark H. C. Orsteds 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> Mr Johnny Jensen, Dragebakken 289, 5250 Odense SV Email: Johnny@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> Mrs Elizabeth Ventura, address as Society Email: oc.astrid_es_rad@yahoo.com.mx		
Estonia	Estonian Society of Radiographers Ristiku 1, Parnu 80010, Estonia Tel: 372 44 73 555; Fax: 372 44 73 102 www.eroy.ee <i>Council Member:</i> Ms Piret Vahtramae, address as Society Email: piretva@ph.ee		
Ethiopia	Ethiopian Radiographers Association P.O. Box 21850, Addis Ababa Tel: 15-50-76 <i>Council Member:</i> Mr Befe Kadu Abobe, address as Society		
Fiji	Fiji Society of Radiographers P.O. Box 17415, Suva, Tel: 679-3215548 Email: jsalabuco@govnet.gov.fj <i>Council Member:</i> Mr Jone Salabuco, address as Society Email: jsalabuco@govnet.gov.fj		
Finland	The Society of Radiographers in Finland PL 140, 0006 TEHY Tel: 358-9-155-2778; Fax: 358-9-155-2779 Email: toimisto@suomenroentgenhoitajaliitto.fi Website: www.suomenroentgenhoitajaliitto.fi <i>Council Member:</i> Mrs Päivi Viljanen-Wood, address as society Email: paivi.wood@suomenroentgenhoitajaliitto.fi		
		Gabon	Association du Personnel Paramedical d'Electroradiologie du Gabonais BP 13326 Libreville <i>Council Member:</i> Mr Apollinaire Mberagana, address as Society
		Gambia	The Gambia Association of Radiographers and Radiographic Technicians c/o X-Ray Department, Royal Victoria Hospital Banjul, The Gambia <i>Council Member:</i> Mr Abdou Colley, address as Society
		Germany	Deutscher Verband Technischer Assistentinnen und Assistenten in der Medizin e.V. Spaldingstrasse 110 B, D-20097 Hamburg, Tel: 049 40-231436 Fax: 049 40-233373 Email: Monika.Simon@dvta.de Website: www.dvta.de <i>Council Member:</i> Susanne Huber Email: susanne.huber@dvta.de
		Ghana	Ghana Society of Radiographers and Radiological Technicians P.O. Box a602, Korle-Bu Teaching Hospital, Accra Tel: 685488 Email: ghagsrrt@yahoo.com <i>Council Member:</i> Mr Steven Boateng, address as society Email: steveboat2003@yahoo.com
		Greece	The Panhellenic Society of Radiotechnologists, 73 Sokratous Str., Athens 104.32 Tel: 30 1-522-8081; Fax: 30 1-522-8081 E-mail: pasta@mailbox.gr Website: http://get.to/pasta <i>Council Member:</i> Mr Dimitris Katsifarakis 36 Feraiou Str., 143.42 Filadelfia, Athens E-mail: dimitka@panafoonet.gr
		Hong Kong	Hong Kong Radiological Technicians Association, P.O. Box 73549 Kowloon Central Post Office Kowloon, Hong Kong Tel: 852-23586535 Fax: 852-23350074 Mr Apollo Wong, The Department of Radiology, Kwong Wah Hospital, 25 Waterloo Road, Kowloon Email: hkrta@mail.hongkong.com

Names and addresses of member societies and ISRRT Council Members

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: www.hkra.org.hk	Italy	Federazione Nazionale Collegi Professional Tecnici Sanitari Di Radiologia Medica Via Ravenna 24, 00161 Roma Tel: 06-44290759 Fax: 06-44242519 Website: www.Fed-Tecnici-Radiologia.it
<i>Council Member:</i>	Miss Maria Y.Y. Law Department of Optometry and Radiography Hong Kong Polytechnic University Hung Hum, Kowloon Email: ormaria@polyu.edu.hk	Ivory Coast	Association Nationale des Techniciens d'Imagerie Médicale de Côte d'Ivoire 08 BP 987 Abidjan 08 RC Tel: (225) 23466170 Fax: (225) 23466727 Radiologic
Hungary	Society of Hungarian Radiographers Semmelweis Egyetem Egeszsegtudományi Kar Radiologiai Klinika 1135 Budapest, Szabolcs u. 35 Tel: 36-12100-300/31366; Fax: 361 2100-307 Email: bfornet@hiete.hu	<i>Council Member:</i>	Mr François N'Dja N'Guessan address as Society
<i>Council Member:</i>	Mrs Tamasne Lukovich H-1146 Budapest, Chazar A. u. 17, Hungary	Jamaica	Society of Radiographers (Jamaica) P.O. Box 38, Kingston 6 Tel: 809-977-2388; Fax: 809-977-2388
Iceland	Icelandic Society of Radiographers Felag Geislafræðinga, Lagmúla 7, IS-105, Reykjavik, Iceland Tel: 354-588 9770; Fax: 354-558 9239 Email: geislar@sigl.is Website: www.sigl.is	<i>Council Member:</i>	Miss Claudia Tavares Radiology West, 34 Market Street, Montego Bay, Jamaica Email: tech-one@cwjamaica.com
<i>Council Member:</i>	Mrs Katrin Sigurdardottir, address as Society Email: formadurfg@sigl.is	Japan	Japan Association of Radiological Technologists, 3-3-2 Minato, Chuo-ku, Tokyo 104-0043 Tel: 3-3553-0155; Fax: 3-3553-3761 E-mail: higa@jart.or.jp; Website: www.jart.jp
Iceland	The Icelandic Nurses' Association of Radiological Nurses Heidarlundur 6, 210 Gardabaer Tel: 565-6350	<i>Council Member:</i>	Mr Kazumasa Kumagai, address as Society Email: Kumagai@jart.or.jp
<i>Observer:</i>	Mrs Gudrun Thorstensen	Kenya	Kenya Association of Radiographers P.O. Box 30401, Nairobi 00100 Tel: +254 20 2714826, +254 723 976285 Email: kenyaradiographers@yahoo.com
India	Indian Association of Radiological Technologists, Department of Radiodiagnosis, PGIMER, Chandigarh 160012 Tel: 91 172 2747585 ext: 6389 Fax: 91 172 2745768 or 2744401 Email: iartindia@yahoo.com	<i>Council Member:</i>	Mr Caesar Barare P.O. Box 29868 Nairobi 00202 Tel: +254 20 2726300 Ext. 43432 Email: cbarare@yahoo.com
<i>Council Member:</i>	Mr S. C. Bansal #. 388, Sector 38-A, Chandigarh 160014, Tel: 91 172 2691295 Mobile: 00 91 981503388 Email: scbansal38@rediffmail.com	Korea	Korean Radiological Technologist Association, 250 Yang Jae -Dong, Seocho-Ku, Seoul 137-130 Tel: 82-02-576-6524/5; Fax: 82-02-576-6526 Email: krta@krta.or.kr Website: www.krta.or.kr
Ireland	The Irish Institute of Radiography 28. Millbrook Court, Kilmainham, Dublin 8, Tel: 01-3530106-790433 Fax: 01-3530106-790433 Email: info@iir.ie Website: www.iir.ie	<i>Council Member:</i>	Mr Nam Soo CHO, address as Society
<i>Council Member:</i>	Ms Mary Coffey, address as Society Email: mcoffey@tcd.ie	Latvia	Latvian Society of Radiology Nurses 13 Pilsonu Street, Riga, LV 1002 Tel: 371 7144635; Fax: 371 7144635 Email: nms@parks.lv
		<i>Council Member:</i>	Ms Elita Rutka, address as society Email: elitaru@hotmail.com
		Lebanon	Syndicat des Techniciens d'Electro-Radiologie du Liban C/O Secretary General Mr Moufid Aref Abou Assi Centre d'Imagerie Médicale Choueyfat

Names and addresses of member societies and ISRRT Council Members

	Dohat-Choueyfat, Rue Principale d'Aramoun Dohat-Choueyfat, Beyrouth, Lebanon <i>Council Member:</i> Mr Ghassan Wadih Merheb, address as Society	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 <i>Council Member:</i> Mr Bernardo Santin Meza, address as society
Macau	Macau Radiology Association PO Box No.: 9013, Macau Email: mra@macau.ctm.net www.home.macau.ctm.net/~mra <i>Council Member:</i> Mr Kok Leong Kei Email: klk@macau.ctm.net	Nepal Nepal Radiological Society P.B. No. 5634, Central Office, Kathmandu Tel: 977 1 427 6232 Email Soc: nerads@hotmail.com <i>Council Member:</i> Mr Shanta Lal Shrestha, address as Society
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 E-mail: rentgen@unet.com.mk <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 <i>Council Member:</i> Ms Marion Lampert Email: marion.lampert@planet.nl
Malaysia	Malaysian Society of Radiographers c/o Department of Diagnostic Imaging Hospital Kuala Lumpur, 50586 Kuala Lumpur Tel: 03-2906674 Fax: 03-2989845 Email: malrad99@hotmail.com Website: www.angelfire.com/ms2/msr <i>Council Member:</i> Hj Salmah Ahmad Jabatan Pengimejan Diagnostic Hospital Kuala Lumpur, 50586 Kuala Lumpur. Email: packya@lycos.com	New Zealand New Zealand Institute of Medical Radiation Technology, P.O. Box 25-668, St. Heliers, Auckland Tel: 064-9-528-1087; Fax: 064-9-528 1087 Email: morsim@xtra.co.nz Website: www.nzimrt.co.nz <i>Council Member:</i> Joanne Anson Email: Joanne.anson@midcentral.co.nz
Malta	Society for Medical Radiographers-Malta 14 c/o 6, Triq Misrah IL- Barrieri Sta Venera HMR 11 Tel: + 35699437290 (mobile) Email: srm_malta@hotmail.com Website: www.e-radiography.org <i>Council Member:</i> Mr Stanley Muscat 27 Goldsmith Road, Leyton, London, E10 5EZ, United Kingdom Email: stanleym@medtel.com	Nigeria The Association of Radiographers of Nigeria, 2-4 Taylor Drive, Medical Compound, P.M.B. 1068, Yaba, Lagos Tel: Sec: 053-254165/8 Ext. 2263 Email: arn@execs.com <i>Council Member:</i> Mrs O.O. Oyedele, Radiology Dept. Univesity College Hospital, Ibadan, Oyo State Email: sumbooyedele@yahoo.com
Mauritius	Mauritius Association of Radiographers 131c Murray Avenue, Quatre-Bornes Tel: 464-2790 Email: rboolkah@intnet.mu <i>Council Member:</i> Mr Dooshiant Jhuboolall 41 Rue des Fauvelles, 92400 Courberioie, France	Norway Norsk Radiograførbund Raadhusgate 4 N-0151 Oslo Norway Tel: 47-23 100 471; Fax: 47-23 100480 E-mail: niru@radiograf.no Website: www.radiograf.no <i>Council Member:</i> Mr Jan Sorbo, address as society E-mail: jansorbo@online.no
Mexico	Federacion Mexicana de profesionales Tecnicos en Radiologia e Imagen, Assoiciaion Civil, Juan Badiano No. 21, Colonia Seccion XVI,	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

Names and addresses of member societies and ISRRT Council Members

The Philippines	Philippine Association of Radiologic Technologists, Rehab on Line, Rm 311, J&T Building, 3894 R. Magsaysay Blvd., Sta. Mesa, Manila Tel: 63 2 716-69-75/ 632 713 61-47 Fax: 63 2-716-69-75	Tel: 38 1113 61-46-69, Fax: 38 1116 85-300 Website: www.radteh.org.yu
<i>Council Member:</i>	Mr Rolando Banares, Chief Radiologic Technologist Martinez Memorial Medical Centre 198A Mabini St, Caloocan City, The Philippines	<i>Council Member:</i> Ilija Krantic Military Medical Academy Institute of Radiology Crnotraska 17 Street, 11000 Belgrade, Serbia and Montenegro Email: ikrantic@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	
Republic of China	The Association of Radiological Technologists of The Republic of China, Department of Radiology, Taipei Veterans General Hospital 201, section two, Shihpai Road, Taipei 11217, Taiwan Email: artroc@mail2000.com.tw Website: www.artroc.com.tw Tel: 8862-22876-8413; Fax: 8862-22876-8415	
<i>Council Member:</i>	Dr Stenver Lin Email: jslin@ctc.edu.tw	
Republique Democratique Du Congo	Conseil national Des Techniciens Radiologues Republic Democratique Du Congo B.P. 12.956, Kinshasa I	
<i>Council Member:</i>	Mr Franck Bisumbula, address as Society Email: franckbisumbula@yahoo.fr	
Republic of Singapore	Singapore Society of Radiographers Ang Mo Kio Central Post Office P.O. Box 765, Singapore 915609 Email: ssrexco@ssr.org.sg Website: www.ssr.org.sg	
<i>Council Member:</i>	Mr Julian Gan, address as Society Email: gan_julian@yahoo.com.sg	
Senegal	Association des Manipulateurs et Techniciens d'Imagerie du Senegal, BP 3270 Dakar	
<i>Council Member:</i>	Mr Bouye Dieng Radiologie, CHU Fann, Dakar	
Serbia and Montenegro	The Society of Radiological Technicians and Nuclear Medicine Technicians of Serbia and Montenegro, Pasterova 14 Street, Institute of Radiology and Oncology, 11000 Belgrade	
		Seychelles Seychelles Radiological Association c/o Radiology Section, Ministry of Health, P.O. Box 52, Victoria, Mahee <i>Council Member:</i> Mrs Sabina Panovska Email: sabinapanovska@yahoo.com address as society
		Slovenia Slovenian Society of Radiological Engineers Društvo Radiloskih 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@kelj.si
		South Africa Society of Radiographers of South Africa P.O. Box 6014, Roggebaai 8012, Cape Town, Tel: 27 21 419 4857; Fax: 27 21 421 2566 E-mail: sorsa.admin@iafrica.com <i>Council Member:</i> Mrs Fozy Peer, Email: fozypee@ialch.co.za
		Spain Asociacion Española de Tecnicos en Radiologia, C/ Reyes Magos 18, Bajos Dcha, 28009 Madrid Tel: 00 34 91-552 99 00 - 3105 Fax: 00 34 91-433 55 04 Email: aetr.nacional@infonegocio.com Website: www.aetr.org <i>Council Member:</i> Ms Marta Soto Garcia, address as Society Email: martasoto@inicia.es
		Sri Lanka The Society of Radiological Technologists – Sri Lanka 262 Old Kottawa Road, Embuldeniya, Nugegoda 10250 Tel: 0094-01-833072; Fax: 0094-01-833100 <i>Council Member:</i> Mr Sunil Balasooriya, address as Society Email: suba.srtsl@dyanet.lk
		Sweden The Swedish Society of Medical Radiology, c/o Bodil Andersson Bronsaldersvagen 196 226 54 LUND Tel: 46 46 15 12 28 / 46 46 222 1907 Fax: 46 46 222 1808

Names and addresses of member societies and ISRRT Council Members

<i>Council Member:</i>	<p>Website: www.riksrad.com Mr Bodil Andersson, Bronsaldersvagen 106 226 54 LUND, Sweden Email: Bodil-T.Andersson@med.lu.se</p>	Turkey	<p>Turkish Society of Medical Radiological Technologists, Ege University Hospital Dept. of Radiology, Bornova-Izmir, Turkey Tel: 90(232)343 43 43/3275 or 3250-144 Fax: 90 (232) 445 23 94 Email: nceydeli@yahoo.com www.radyoteknoloji.org.tr</p>
Switzerland	<p>SVMTRA, Zentralsekretariat, SVMTRA/ASTRM, Stadthof Bahnhofstr.7 b 6210 Sursee Tel: 41 41 926 07 77; Fax: 41 41 926 07 99 Email: info@svmtra.ch Website: www.svmtra.ch</p>	<i>Council Member:</i>	<p>Havva Palacy Email: havva06@hotmail.com</p>
<i>Council Member:</i>	<p>Ms Jolanda Kollmann Email: landie@tele2.ch</p>	Uganda	<p>Uganda Radiographers Association School of Radiography, Mulago Hospital P.O. Box 7051, Kampala Tel: 256 041 530137</p>
Tanzania	<p>Tanzania Association of Radiographers School of Radiography, Muhimbili Medical Centre, P.O. Box 65005, Muhimbili, Dar es Salaam Tel: 255-022-2151073; Fax: 255-022-2151599</p>	<i>Council Member:</i>	<p>Mr Mathias Tumwebaze, address as Society Email: radlog@swiftuganda.com</p>
<i>Council Member:</i>	<p>Mr Raphael E.K. Mshiu Email: rmshiu@muchs.ac.tz</p>	Ukraine	<p>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</p>
Thailand	<p>Society of Radiological Technologists of Thailand, Dept. of Radiological Technology Faculty of Medical Technology Siriraj Hospital, Bangkok 10700 Tel: (622) 412-0118; Fax: (622) 412-7785</p>	<i>Council Member:</i>	<p>Dyemin Valentin Email: uarctmri@ukr.net</p>
<i>Council Member:</i>	<p>Miss Amphai Uraiverotchanakorn E-mail: siauv@mahidol.ac.th</p>	United Kingdom	<p>The College of Radiographers 207 Providence Square Mill Street, London SE1 2EW Tel: 44-207 740 7200; Fax: 44-207 740 7204 E-mail Soc: info@sor.org Web Site: www.sor.org</p>
Togo	<p>Association Togolaise Des Techniciens De Radiologie et D'Imagerie Medicale S/CM AMIDOU Houdou, BP 30284, Lome Tel: (228) 25 25 91; Fax: (228) 25 25 91</p>	<i>Council Member:</i>	<p>Hazel Harries-Jones E-mail: hharriesjones@hotmail.com</p>
<i>Council Member:</i>	<p>Amidou Houdou TSRIM, Chu-Campus Service de Radiologie (Pavillon Scanner), BP 30284, Lome Email: atrim@yahoo.fr</p>	USA	<p>American Society of Radiologic Technologists 15000 Central Avenue SE, Albuquerque, New Mexico 87123-3917 Tel: 505-298-4500; Fax: 505-298-5063 Email Soc: asrtbod@asrt.org Website: www.asrt.org</p>
Trinidad and Tobago	<p>Society of Radiographers-Trinidad & Tobago, General Hospital, Radiology Department, Port of Spain Tel: 868-672-5136; Fax: 868-658-0225</p>	<i>Council Member:</i>	<p>Donna E. Newman Address and email as Society</p>
<i>Council Member:</i>	<p>Ms Mary Francis Henry 614 Link Road, Lange Park, Cha Guanas Email: mfhenry@hotmail.com</p>		

Corporate Members of ISRRT

- Schering (Australia) Pty Limited
- Agfa-Gavaert Corporation
- Toshiba (Australia) Pty Ltd Medical Division
- The American Registry of Radiologic Technologists
- The American Registry of Diagnostic Medical Sonographers
- Technikon Natal
- Shimadzu Medical Systems (Oceania) Pty Ltd
- Joint Review Commission on Education in Radiologic Technology

ISRTT Officers of Board of Management

President

Mr Tyrone Goh
78A Lorong Marican
Singapore 41 7277
Tel: 65 6772 5200
Fax: 65 6773 6853
Email: TyroneG@nuh.com.sg

26 Myer Road
Sturt, SA, Australia 5047
Tel: 61 8 8402 4456
Fax: 61 8 8402 4400
Email: robertg@drjones.com.au

St. Louis Community College at
Forest Park
5600 Oakland Avenue
St. Louis, Missouri 63110
Tel: (314) 644-9113
Email: mward@stlcc.edu

Vice Presidents

The Americas

Mrs B. Patricia Johnson
5 First Douglas Development
St. Peter, Barbados
Tel: 1 246 426 5378
Fax: 1 246 429 5374
Email: jonrob@sunbeach.net

Asia and Australasia

Mr Robert George

Europe and Africa

Mrs Niru Kolmannskog
Norsk Radiograførbund
Raadhusgate 4, 5th Floor
N-0151 Oslo, Norway
Tel: 47 23100471; Fax: 47 23100480
Email: niru@radiograf.no

Regional Directors

The Americas

Michael D. Ward, Ph.D., RTR, FASRT
Dean
Allied Health and Natural Sciences

Asia and Australasia

Mr Robert T.L. Shen
Radiology, Taipei Veterans General
Hospital
201, Sec. 2, Shihpai Rd., Taipei,
Taiwan 11217
Tel: 886-2-28768413
Fax: 886-2-28768415
Email: tlshen@vghtpe.gov.tw

Europe and Africa

Mr Alain Hembise
Chaussee Reine Astrid, 39 bte 8
B-1420 Braine L'Alleud, Belgium
Tel: 32 476 511 388
ATIM.Hembise@village.uunet.be

ISRTT Committees Regional representatives

Education Committee

The Americas

Dr Nadia Bugg,
Radiologic Sciences, Midwestern
State University, 3410 Taft Blvd.
Wichita Falls, TX 76308, USA
Tel: 940 397 4571 Fax: 940 397 4845
Email: nadia.bugg@mwsu.edu

Asia and Australasia

Ms Cynthia Cowling
702 Cassia Court
Nr Rahul Society, North Main Road
Koregaon Park, Pune 411001, India
Tel: 91 20 605 2604; Email:
cynthiacowling27@hotmail.com

Europe and Africa

Ms Dorien Pronk-L arrive
Zuidsingel 65
4331 RR Middelburg,
The Netherlands
Tel/Fax: 31 118 640703
Email: PRONKLARIVE@cs.com

Professional Practice Committee

The Americas

Ms Eileen M. Ahlswede, RT (R),
FASRT, 2725 Princeton Road
Tel: 262 286 1683
Brookfield, Wisconsin 53005 USA
Email: ahlswede@milwpc.com

Asia and Australasia

Mr Yutaka Nakamura
Kanagawa Prefectural Cancer Center
Dept of Nuclear Medicine
Technology, Chief Technologist
Radiation Protection Supervisor
1-1-2 Nakao Asahi-ku Yokohama
241-0815 Japan
Tel: 045 391 5761; Fax: 045 361 4692
Email: y_nakamura@jart.or.jp

Europe and Africa

Mr Gudlauger Einarsson
Eikjuvög 2,
IS -104 Reykjavik, Iceland
Tel: 354 5528200; Fax: 354 5528202
Email: ge@gr.is

Public Relations Committee

The Americas

Mr Sean Richardson
Radiology, Queen Elizabeth Hospital
Martindales Road, St. Michael.
Barbados
Tel: 1 246 435 8645
Fax: 1 246 429 5374
Email: seanrichardson@hotmail.com

Asia and Australasia

Mr Edward Chan
Radiology, Ruttonjee Hospital
266 Queen's Road East Wanchai,
Hong Kong
Tel: 852 92026504
Fax: 852 25747557
Email: echanht@netvigator.com

Europe and Africa

Mr Philippe Gerson,
1 rue de Couloirs
92260 Fontenay-aux -Roses, France
Tel: 0146602918
Fax: 0146602918
Email: philgerson@aol.com

Finance Committee

Mr T. West, Mr T. Goh, Mr A. Yule,
Mrs P. Johnson, Mr A. Hembise
See Board of Management for
Finance Committee addresses.

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

Treasurer

Mr T.J.D. West
52 Addison Crescent
Don Mills, Ontario M3B 1K8
Canada
Tel: 1 416 445 7841
Fax: 1 416 445 4268
E-mail: tjdwes@sympatico.ca

Director of Education

Mrs S. Hundvik
47545 Mountain Park Dr
Chilliwack, BC V2P 7P7
Tel: 1 604 792 6970
Fax: 1 604 792 6977
Email: shundvik@telus.net

Director of Professional Practice

Ms Mary Jon Lachance
68 Blueridge Avenue
Kitchener, Ontario, N2M 4E1, Canada
Tel: 1 519 584-7135
Fax: 1 519 584-7136
Email: mjlachance@golden.net

Director of Public Relations

Mrs Kay Collett
Diagnostic Radiology
Royal North Shore Hospital
St. Leonards, NSW, Australia 2065
Tel: 61 2 9926 8505
Fax: 61 2 9438 3139
kcollett@nscchahs.health.nsw.gov.au

Secretary General

Dr A. Yule
143 Bryn Pinwydden
Pentwyn, Cardiff, Wales CF23 7DG
United Kingdom
Tel: 44 2920 735038
Fax: 44 2920 540551
Email: isrtt.yule@bopenworld.com

