NEWSLETTER

Volume 44. No. 1 – 2008



International
Society of
Radiographers
and
Radiological
Technologists

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PRESCRIBING INFORMATION OMNIPAQUE™ (iohexol)

Please refer to full national Summary of Product Characteristics (SPC) before prescribing indications and approvals may vary in different countries. Further information available on request. PRESENTATION Aqueous solution for injection containing laheval, a non-

ionic, monomeric, trilodinated X-ray contrast medium, and available in five strengths containing either 140 mg, 180 mg, 240 mg, 300 mg or 350 mg lodine per ml. INDICATIONS X-ray contrast medium for use in adults and children for uragraphy, phlebography, i.v. DSA, CT, arteriography, cardioangiagraphy and i.a. DSA. Myelography. For use in body cavities. Arthrography, ERP/ERCP hemiography, hysterosolpingography. siglography and use in the G-I tract. DOSAGE AND ADMINISTRATIONS Adults & children: Dosage varies depending on the type of examination, age, weight, cardiac output and general condition of patient and the technique used (see SPC and package leaflet). **CONTRAINDICATIONS** Manifest thyrotoxicosis. History of serious reaction to OMNIPAQUE. WARNINGS AND PRECAUTIONS Allergy, osthing, or previous reactions to contrast media are risk factors for developing hypersensitivity reactions/onaphylactic reactions. Necessary drugs and equipment must be available for immediate treatment, should a serious reaction occur. It is advisable always to use an indiwelling cannula or catheter for quick intravenous access throughout the entire X-ray procedure. After contrast medium administration the patient should be observed closely for at least 15 minutes, since the majority of serious side effects occur within this time. However, delayed reactions may occur. To prevent acute reno failure, special care should be exercised in patients with preexisting renal impairment, diabetes mellitus, paraproteinemios irriyelomotosis and Walderstram's macroglobulinemial, dehydrated patients, or patients who receive concurrent freatment with nephrotoxic drugs. To prevent loctic acidosis in diabetic patients treated with metformin, administration contrast medium and withheld for AS hours and reinstituted only after renal function has been re-evaluated and found to be normal. [R to SPCI. Patients with acute cerebral pathology, tumours or a history of epilepsy, alcoholics and drug addicts are predisposed to selsures. Adequate hydration should be assured. Young infants lage < 1 years

and especially neonates are susceptible to electrolyte disturbance

and haemodynamic alterations. Patients with serious cardioc disease and pulmonary hypertension may develop hoemadynamic changes or arrhythmas. Special care should be exercised in patients with hyperthyroidism. One should also be aware of the possibility of inducing transient hypothyroidism in premature infants receiving controst media. Symptoms of myostheria gravis may be aggravated. Extravasation of contrast media may an rare occasions give rise to local poin, and oedema, which usually recedes without sequelae. However, inflammation and even tissue necrosis have been seen. Elevating and cooling the affected site are recommended as routine measures. Surgica decompression may be necessary in cases of compartment syndrome Following myelography the patient should rest with the head and thorax elevated by 20° for one hour. Thereafter he/she may ambulate carefully but bending down must be avoided. The head and thorex should be kept elevated for the first 6 hours if remaining in bed. Potients suspected of having a low seizure threshold should be observed during ns period. Outpatients should not be completely alone for the first 24 hours. A few patients have experienced a tempo ness after myelography. PREGNANCY AND LACTATION The safety of OMNIPAQUE in human pregnancy has not been established (see SPC). Omnipaque should not be used in pregnancy unless considered essential Breast feeding may continue normally. UNDESIRABLE EFFECTS All routes of administration: Hypersensitivity reactions with mild respirately. or cutaneous symptoms or anaphylactic reactions with more severe manifestations. Vagal reactions causing hypotension and bradycardia, fleadache. Abdominal discomfort/pain, nausea, vorniting or diarrhoeo, transient metallic taste. ladism or "ladide mumps" resulting in swelling and tenderness of the salivary glands. Feeling of warmth, fever, ngors, hypertension, intravascular use lintroarterial and intravenous use) Neurological reactions, including seizures or transient mater or sensory disturbances. Control blindness, Serious cordiac complications, including cardiac arrest, arrhythmia, depressed cardiac function or signs of ischaemia. A transient increase in 5-creatinine, followed by renal failure in rare occasions. Distal pain or heat sensation in peripheral angiography. arteries. Post phlebographic thrombophlebits or thrombosis. Arthraigia

laryngospasm, non-cardiagenic pulmonary cedemal, cough. Thyratoxicosis, flushing, injection site reaction. Intrathecal use: Meningism or chemical meningits. Photophobia. Transient Dindriess, motor or sensory dysfunction. Conflusion. Paraesthesia. Seizures. EEG changes. Local pain, cramping and pain in the lower ambs. neck pain. Neadoche, nousies, comiting or distiness, injection site reaction. Use in Body Cavities Endoscopic Retrograds. Cholongopanic reatography (ERCP). Elevation of amylase levels, pancreatibs. Oral use: Biostraintestinal upset. Hysterosobiangography. (HSG). Transient pain in the lower abdomen. Arthrography. Post procedural pain. Fronk arthritis. Hemiography. Plot postprocedural pain. Instructions For USE AND HANDLING. Like all parenteral products. OMNIPAQUE should be inspected visually for particulate contamination, discolouration and the integrity of the container prior to use. The product should be drawn into the syringe immediately before use. Containers are intended for single use only, any unused particions must be disconded. OMNIPAQUE may be wormed to body temperature (37*C) before administration. MARKETING AUTHORISATION HOLDER GE Healthcare. AS, Nycoveien 1-2, PO. Box 4220 hydalen, N-0401 Oslo, Norway.

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Information about adverse event reporting can be found at www.yellowcard.gav.uk.

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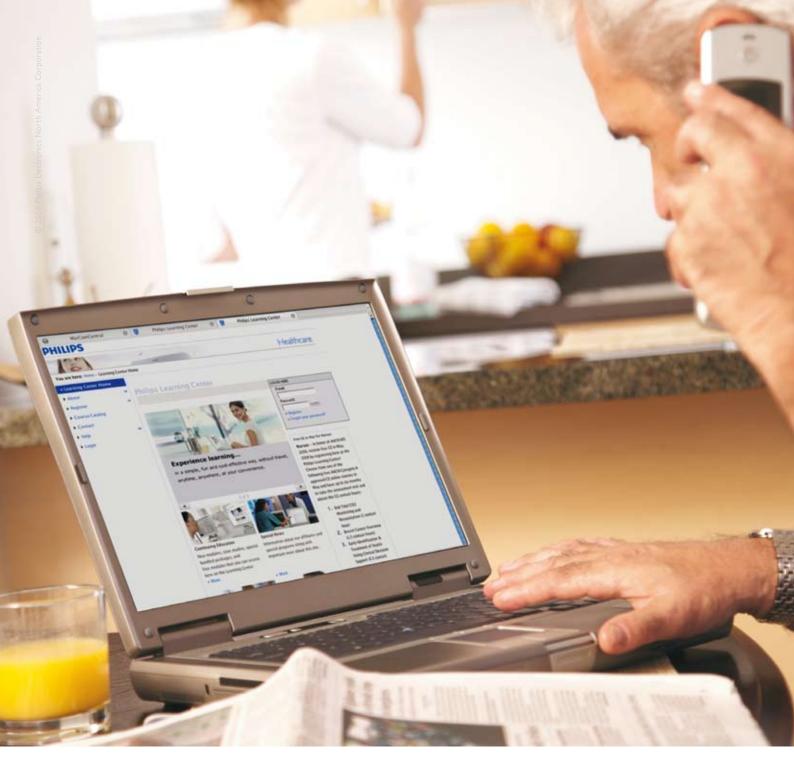
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President's Message Message

DEADLINES have an unhappy knack of often arriving at an inappropriate time and for this Newsletter it unfortunately occurs just before our 15th ISRRT World Congress to be held in Durban, South Africa. A full report on the meeting will obviously be available to you on the ISRRT website following the meeting and our next Newsletter will also have a full report including pictures to ensure you mark your diary for the following ISRRT World Congress to be held in Australia in September 2010.

Our colleagues from the South African Society under the leadership of Convenor Fozy Peer, have been working incredibly conscientiously for more than 2 years to ensure the success of the Congress. At the time of writing, we have nearly 800 delegates from 50 Countries attending along with invited guests and speakers including the keynote address from Philip Metcalf, the President of the International Radiation Protection Association. This invitation and his address is very pertinent as we have had recent instances of serious radiation protection issues for both patients and staff brought to our attention.

We also welcome as a speaker and guest, Mr Philip Akpan from Nigeria, a previous President of the Society.

As illustrated by the Congress Theme "Interweaving Global Images", these occasions are an excellent opportunity for our colleagues to learn from each other and take back to their workmates the benefit of knowledge gained from experts in their fields. Of course, they also have the opportunity to socialise and

learn about cultures very different from their own. New friendships will be made and old ones re-newed. We are in the enviable situation of expanding not only our professional experience but also our life experience by this international opportunity.



Our South African

Colleagues have worked hard to ensure that we also have an "African experience" with all the colour and excitement that entails.

Our Regional Officers look forward to these meetings to meet face to face with the many members and Officers of the Societies they represent on the ISRRT Board. Similarly, our portfolio holders in Education, Professional Practice and Public Relations also take away from these meetings many ideas and suggestions to help them in their roles.

We will be meeting with technologists from such diverse countries as Iceland and India, Korea and Canada, Australia and Estonia, and Nigeria and New Zealand.

At the Congress we will be reporting on the invitation ISRRT has received to take steps to becoming part

of the Associated Sciences Consortium of the Radiological Society of North America (RSNA) and also on the pilot on line learning program being undertaken by colleagues from Estonia, India and Fiji. This program has been established in conjunction with Philips Medical and promises potentially great opportunities for members of ISRRT Member Societies.

Our Society has also been working actively with the International Society of Radiology (ISR) to facilitate a technologists program at the radiology World Congress to be held

Continued on the next page

President's Message continued

Continued from the previous page

in Morocco in June this year. Philippe Gerson and his colleagues from the French Society have been working with Technologists in Marrakech on this project and several of us will be presenting papers at the Meeting. We also anticipate welcoming the Moroccan Society as a member of ISRRT in Durban.

ISRRT is not just about our Congresses and meetings but also about the work carried out by the officers in meeting the objectives of the Society. To this end we have been involved in several recent workshops, as the Board portfolio directors and Regional Officers will have advised you. We also need to hear what is happening in YOUR Society so please use the forum of this Newsletter for that purpose – your colleagues are interested in your activities.

As an example, I am sure that technologists from other Regions will be interested to hear that our colleagues in Europe have taken a bold and adventurous step in establishing a European Federation of Radiographer Societies (EFRS). As you will be aware, Europe has changed dramatically over the last 10-15 years and the European Union is now a real force in World politics. This has had dramatic consequences for technologists in the many European countries that make up the EU. They have decided and agreed that their local interests can best be assisted by a Society which allows a full focus on European matters whilst also acknowledging the role od ISRRT to represent Technologists on the International stage. The Board looks forward to working closely with the Executive of the EFRS and congratulates them on their initiative. Europe has much to bring to the International table for the benefit of Radiologic Technologists, and ISRRT will ensure they have that opportunity.

My best wishes to the members of all our Members Societies for the remainder of 2008.

Robert George President, ISRRT

Editorial Submissions & Deadlines

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

Mrs Rachel Bullard Tel: +971 50 703 6926

Email: deepbluedesign1@mac.com

Deadline for the twice yearly issues are: April 1 and September 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:

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ISRRT World Radiography Educational Trust Fund (WRETF)

Secretary: Mrs Lizzie Zukiewicz

Spring House, 17 Spring Village, Horsehay, Telford, UK TF42LU Tel: +44 0 1952 502966; Email: spring.house@talktalk.net

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CAMRT ANNUAL GENERAL CONFERENCE CONFÉRENCE GÉNÉRALE ANNUELLE DE L'ACTRM

Hosted by the New Brunswick Association of Medical Radiation Technologists

Sous les auspices de l'Association des technologues en radiation médicale du Nouveau Brunswick

MONCTON New Brunswick, Nouveau Brunswick June 5-8, 2008 / du 5 au 8 juin, 2008





Canadian Association of Medical Radiation Technologists
Association canadienne des technologues en radiation médicale
www.camrt.ca

Secretary General General

IN early July last year I attended the inauguration of the President of the Society and College of Radiographers in London. This was as usual a very pleasant event which was attended by many organisations and individuals. The College are great supporters of the ISRRT and I passed on the good wishes of the Board and Council.

The countries in Europe are setting up a Federation of Europe and I was pleased to have been able to visit Utrecht in The Netherlands to discuss future cooperation between the ISRRT and the new federation. A very constructive meeting was held with Dorien Pronk Larive and Sija Geers and I assured them that the ISRRT wished to continue working with all countries in Europe.

The future of the Archives of the ISRRT has been on the Board Agenda for many years and this has been a difficult task to finalise. While attending the UKRC in Manchester Robert George and I discussed possibilities with Marion Frank. Following this I met with Dr Stella Butler, Deputy University Librarian and Associate Director of the John Rylands Library (Special Collections, Infrastructure and Planning), Manchester. Dr Butler agreed to consider the holding and sorting of the Archives in her department. This was to be further considered once I had met with Terry West in Toronto.

I had been asked by the Board to visit Terry West, whom most of you will remember was the Secretary General of the ISRRT for many years, at his home in Toronto. The purpose of the visit was to look at the many files and historical documents collected by Terry throughout the years. This task took several days but was extremely worthwhile. In all we filled twelve boxes with material which we considered to be important and got them ready for shipping. I then contacted Dr Butler once again and thankfully she agreed for the boxes to be shipped to her department for cataloguing and storage. Once the archives are in order it is hoped that they will be available for research purposes and thanks is due to Dr Butler and her colleagues.

While in Canada I also had the opportunity to meet with CEOs from across the country, Chuck Shields from the Canadian Association of Medical Radiation Technologists, Alain Cromp from OTRQ, Robin Hesler from OAMRT; Linda Gough from CMRTO and Kathy Hilsenteger of ACMDTT. They very kindly invited my wife Alison and I to join them for a tour of the Distillery Area followed by a superb dinner. It was a great afternoon and I thank them all very much.

Early November saw the celebration of International Radiography day and I was very impressed by the number of events which took place all over the world. I was invited to attend the UK Colleges Radiographer of the Year Award. This



event was held in the Houses of Parliament in London and was a very prestigious affair. Congratulations are due to all countries who participated in the International Day and records of these events are to be found on their many websites.

At the end of November I attended the RSNA in Chicago with Robert George and a full report has been prepared by him in another section on the Newsletter. However I would like to emphasise how important this visit is from the public relations perspective. The name of the ISRRT is now very well known at the RSNA and we are now seen to be one of the leading organisations related to radiology and radiography. Hopefully from 2008 we will be more fully involved with the Associated Sciences Consortium and will be able to formally present papers on behalf of the ISRRT during the Congress in Chicago. The attendance at the RSNA also provides the opportunity to meet with our Sister organisations and liaise with commercial companies in order to promote sponsorship and funding for education and learning throughout the world.

The first three months of 2008 have been spent continuing to prepare for the Board and Council meetings in Durban. The Local Organising Committee have been working hard, the preparations have gone extremely well and I would like to thank them for all their help during the past two years.

In February I visited Morocco accompanied by Philippe Gerson. We met with the radiographers and radiologists to finalise the radiography sessions which will be held during the International Congress of Radiology in Marrakesh in June this year. Philippe and I were also invited to a scientific meeting and had the opportunity to promote the ISRRT. Our hosts were excellent and we ended the visit by being invited to the house of Professor Sbihi where we met with radiographers and radiologists.

Continued on the next page



Canadian Study identifies major economic costs of waits for MRI

Report by Cynthia Cowling

JANUARY 15 the Canadian Medical Association released a study of the economic costs of wait times for four medical procedures — joint replacement, cataract surgery, heart by-pass surgery, and MRI examinations. The study found that the costs to the Canadian economy of the individuals waiting for MRI exams to be Cdn. \$13.8 billion per year. By comparison, the economic costs of the other three procedures combined was only Cdn. \$1 billion.

The study explained that this startling difference was due to the number of MRI exams waiting to be performed and also the lost production of the individuals waiting for those exams because they are generally much younger than those waiting for the other three procedures and therefore are more productive in the economy.

In response to this study, the Canadian Association of Medical Radiation Technologists (CAMRT) has issues a statement on MRI wait times that call for action on five fronts:

- 1. Ensure that the requested MRI is the most appropriate diagnostic tool for the clinical history provided.
- 2. Maximize the use of existing MRI equipment. This will mean adding the human and other resources necessary for their operation.

- 3. Purchase additional MRI equipment if it is determined that optimal use of existing equipment will not address justifiable demand.
- Increase the capacity of education programs (students and educators) to ensure there is an adequate supply of MRI technologists needed to perform the procedures.
- 5. Establish a continuing professional development fund to ensure that these professionals are able to remain as proficient and effective as possible in delivering the needed services.

Through collaboration between health professionals, service providers and governments, CAMRT is confident that there will be successful steps taken to reduce this significant burden to the Canadian economy.

Cynthia Cowling
Director of Education, CAMRT

Secretary General continued

Continued from the previous page

The ECR took place during the first week in March and again the ISRRT had a complimentary booth provided by the ECR. The Congress was very successful and we had the opportunity to meet with many member societies and overseas radiographers. In addition Cynthia Cowling, Paivi Wood and myself met with Dr Rahani of the IAEA to discuss our ongoing cooperation.

This will be an extremely good conference and the first

ISRRT World Congress to be held in Africa. I hope to see many old friends there, renew acquaintances and make many new ones.

I would like to thank the Board and all others who have helped me throughout 2007 and wish everyone a very good and fruitful 2008.

Dr Alexander Yule, ISRRT Secretary General



Medical Radiation Technology Week

Canada

November 2007

Report by Rita Eyer, Canadian ISRRT Council Member

IN Canada, November 8, the day that Roentgen discovered x-rays and known around the world now as World Radiography Day, is incorporated into the week we call Medical Radiation Technology (MRT) week. MRT Week is a key strategic initiative that serves as a showcase for the profession. It provides us with an ideal opportunity to cast CAMRT members in the proper light, and to demonstrate what a proactive, forward-looking profession we represent. Over the years, the Canadian Association of Medical Radiation Technologists has worked in close collaboration with the provincial associations to raise the profile of our members to such key audiences as the general public, federal and provincial governments and health care stakeholders at the national and provincial level. Communication efforts have focused on raising the profiles of MRTs within the health care sector, at both the provincial and national levels. I thought I would share with fellow ISRRT members what we had in the way of promotional materials and ideas for World Radiography Day so that next year perhaps you can do the same in your country, if you are not doing so

This year, as in the past few years, the CAMRT presented a selection of promotional materials that were created with three audiences in mind:

- 1. Materials for practicing MRTs
- 2. Materials for provincial member associations
- 3. Materials for the general public

MRT Week Promotional Materials

1. Materials for Practicing MRTs

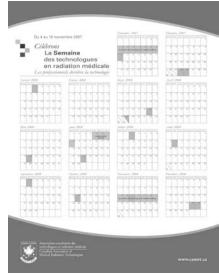
Poster and Calendar

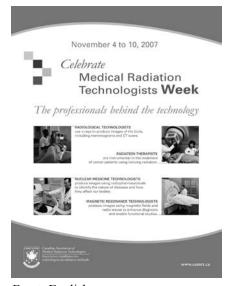
A 14 month calendar was developed on the reverse side of the MRT week poster. Available in English or French versions, this poster was created for use in the workplace and was used as a poster to create awareness during MRT week, and then flipped around to become a handy calendar for the rest of the year!

Tabletop Display

The Tabletop Display was an 8" x 11" poster fitted with an easel back, so that it can be placed on any countertop to







Back: French Front: English



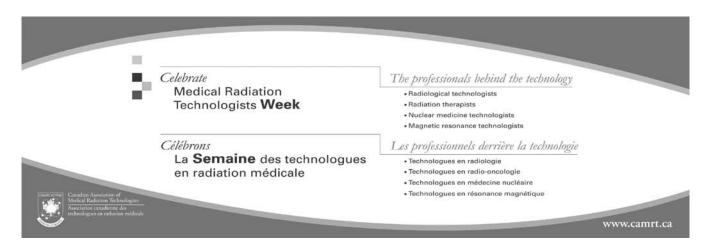
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Celluloid Lapel Buttons

These celluloid buttons reflect the CAMRT image as they have Medical Radiation Technologists Radiate Care on them as well as the CAMRT logo. They were available in both English and French, and are great conversation starters!



promote the profession. These displays were put up in high-traffic areas in the workplace such as entrances, elevators, cafeteria and lounges leading up to MRT Week.

MRT Week Info Guide

This "how to" guide offers ideas on how to promote MRT Week before, during and after MRT Week. The Info Guide also provided tips and ideas on how to get our communities involved.

2. Materials for Provincial Member Associations

MRT Week Banner

This banner (above) can be used year-round for any event.

Educational DVD

This DVD is currently being developed and will have two voiceovers, one to educate the general public about the responsibilities and job functions of Medical Radiation Technologists, and can be played in a loop in waiting rooms. The second version will be available for use as a tool at conferences, information sessions, career fairs, etc.

3. Materials for the General Public

Pocket Calendar and Fact Sheet

A small card (4"x 6") was created, with a 12 month calendar on one side, and fun facts about the MRT profession on the reverse. It was designed for use as a giveaway to patients, as its small size makes it an easy and convenient promotional tool that can be referred to year-round. The facts on the card will help give the public a better understanding of the important role of that Medical Radiation Technologists play in the health care field.

Magnetic Bookmarks

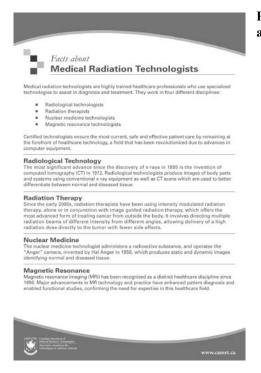
These were a very popular giveaway to the general public. The bookmarks came in the four disciplines: radiological technology, radiation therapy, magnetic resonance, and nuclear medicine.

Proclamation Statement for MRT Week or for Radio/TV Announcements

"From November 4th to 10th, 2007, we are proud to proclaim this week Medical Radiation Technologists Week. Medical



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Pocket Calendar and Fact Sheet

radiation technologists (MRTs) include a diverse array of highly-trained health professionals representing various technology-related disciplines in the health care field, all of whom we are proud to honour for their "behind-the-scenes" work. MRTs include radiological technologists, nuclear medicine technologists, magnetic resonance technologists and radiation therapists. These key members of the health care team make significant contributions to the provision of quality health care services. The MRT Week slogan truly reflects who they are, what they do, how they do it and why they do it – The Professionals Behind the Technology! Please join the members of (... city council, provincial legislature, etc....) in acknowledging medical radiation technologists for the work they do and the essential services they provide to patients every day. Visit your local hospital or health care facility, or go to www.camrt.ca to find out more."

As well during that week increased awareness of our profession was increased by:

Technologists 1

Medical Radiation

The professionals

Radiological

Technologists

behind the technology

Association canadienne des technologues en radiation médicale

1. A week of educational lectures often called "Lunch

- and Learn" events with lectures on medical radiation technology but open to all health care professionals in the organisation.
- MRT's visited high schools in their areas in order to educate the students on the endless career opportunities available as a medical radiation technologist. Students were also invited to drop by the local hospitals or clinics for more information on MRTs.
- Technologists within various organisations were asked to provide personal stories on their experiences as a MRT. These experiences were then shared with the community so they could hear about that particular facility's expertise and what vital roles MRTs play in the health care sector.
- 4. The week was utilized to introduce the dedicated staff in the various departments by having the names and photos of the MRT's in the displays around the various organizations and the accomplishments of each.
- 5. Outreach plans included sending a letter co-signed by

the presidents of CAMRT and provincial member associations to relevant provincial and national health care professional organisations, stakeholders and governments for the purpose of building awareness of MRT Week and the profession.

Good luck with your professional celebrations for 2008!



Magnetic bookmarks

viagnetic bookmarks



Radiation Protection in Kenya: Protection Board Slaps A Ban

Report by Charles O. Okello, DDR ISRRT Council Member

Aim

The aim of this paper is to appreciate the role played by the Radiation Regulation Board. At the same time the paper highlights the necessity for such boards to work in close collaboration with radiation workers who are technically the custodians of radiation protection. The paper goes on to show that radiation medicine and its tools of trade, being a highly technical area, calls for a scientific approach to policy formulation.

Introduction

On October 19, 2006, a national daily, the *Daily Nation*, carried an advertisement banning the use of 50mA x-ray equipment in Kenya.

The advertisement was specific about the fact that such generators should not be used for general medical diagnosis. This implied that 50mA generators could be used for special medical diagnosis such as dental radiography and mammography. This fact, however, needed to be clarified.

The Society of Radiography in Kenya felt the action by the board was drastic, especially in the absence of clear and justifiable scientific facts. The council therefore felt duty bound to appeal against the ban.

Radiation Protection Board

Radiation Protection Board actions are underpinned by an act of parliament, under Cap 243 of the Laws of Kenya.

The board therefore had posted the ban notice in the newspaper based on power derived from the provisions of this act.

The notice allowed enquiries or correspondence to the Secretary of the Board.

Society Of Radiography In Kenya

The Society of Radiography in Kenya, being the umbrella professional body that brings all qualified and registered members together was registered on May 25, 1962 under another name: Association of Radiographers, Kenya.

The society champions the cause and serves the interest of its members

Stakeholders

Stakeholders in the field of Radiation medicine are;

- i) Radiographers (diagnostic and therapy) who are the custodians of radiation protection
- ii) Radiologist who work closely with radiographers
- iii) Radiation protection officers, who implement protection policies
- iv) Government and private owners of X-ray equipment (investors)
- v) Suppliers of X-rays equipment

When those from the above categories of stake holders read the notice in the press, it gave them something to think about.

Action

The Society Executive Management Board moved swiftly to put in place actions that would either militate against or mitigate the effects of the ban.

After preliminary deliberation by the executive management board, a scientific sub-committee was formed.

The main role of the Sub-committee was to come up with scientific facts (preferable referenced) that would enable the Society deliver a firm rebuttal of the Radiation Protection Board's allegations.

Arguements

- Such drastic regulatory action by the Board should be research based. Research results should be made available to all stakeholders and published in reputable scientific journals so that the global radiation medicine fraternity can benefit from the findings
- ii) Qualified radiographers should know the tube ratings and power limit of the equipment they operate. If qualified radiographer should double-expose while using a low power output equipment, then professional



- regulation becomes the issue rather than a ban on equipment use.
- iii) Other than for special exams such as dental X-ray, and mammography, 50mA generator are suitable for such examinations as extremities and chest X-ray, for which they should be licensed.
- iii) Retrospective application of the directive be withdrawn and fresh importations be stopped. This would be fair to suppliers with unsold stock and investors whose equipment have already been licensed by the same protection board.
- iv) There should be a stay of execution of the directive to allow all stakeholders to look into the matter further.

Recommendations

The committee recommended that

- There should be consultation with radiographers owing to their unique position as the sole custodian of radiation protection.
- ii) 50 mA generators should be used with 400 speed intensifying screens and green sensitive films to widen the range of examinations that can be done and to enhance radiation safety.

Summary

If radiographers are well trained, the profession regulated and green sensitive films are used in combination with high speed intensifying screens, 50mA generators can still be used with guaranteed radiation safety. The following tabulated comparison makes it clear.

Assumption: Average sized Patient

Average exposure of 1 second

Table 1

Standard film and intensifying screens

Body Part	KV	MA	Time(sec)	mAs
Wrist	44	3.2	1	3.2
Foot	46	3.2	1	3.2
Chest	70	16	1	16
Lumbar spine AP	70	40	1	40
Lumbar spine Lat	100	80	1	80

Green Sensitive films/400 speed intensifying screens

Body Part	KV	mAs
Bouy Fait	NV	IIIAS
Chest	70	5mAs
Lumbar spine AP	70	20mAs
Lumbar spine Lat	100	40mAs

NB

Table 2

The last 3 body parts are used for comparison.

The mAs values for the same body part is reduced by 1/3 in case of chest

X-ray and by half in the case of Lumber spine as seen in table 2.



Improving the Canadian Certification Process for internationally trained medical radiation technologists

Report by Rita Eyer, Canadian ISRRT Council Member

OVER the past year many Internationally Trained Medical Radiation Technologists have been asking questions on how to access Medical Radiation Technology jobs in Canada and the numbers moving to Canada to pursue certification are on the rise. The Canadian Association of Medical Radiation Technologists wants to ensure that our certification process and employment equity is fair, efficient and valid for Internationally Trained Medical Radiation Technologists (IEMRT's) who wish to work in Canada. Our goal is to add Internationally Educated MRT's to the qualified labour pool to help meet the employment demand for medical radiation technologists in Canada whether in Radiation Therapy, Radiography, Nuclear Medicine or Magnetic Resonance Imaging. Canada has a shortage in all four disciplines. This shortage is expected to get worse as both the aging MRT workforce leads to increased retirements and the aging Canadian population requires more health services and interventions.

When surveyed, IEMRTs reported that they generally found it was easy to locate information about how one becomes certified to work as an MRT in Canada. IEMRTs most often found the information on the CAMRT website, by contacting friends or family in Canada, and/or through Immigration Canada. They did not always receive all of the current information about assessment and certification, however, when they were dealing with Immigration Canada. They also felt that there was confusion about the relationship between the CAMRT and the regulatory bodies that currently three provinces in Canada have, and which organizations they needed to contact.

The CAMRT recognised the major frustrations surrounding the assessment process as reported by IEMRTs. Research was conducted to include an audit of current practice, surveying employers, interviewing educational institutions and conducting focus groups with IEMRT's. These focus group participants indicated that it was often difficult to get the necessary education and employment documents once they had left their original country of education and taken up residence in Canada. Furthermore, they indicated that the assessment process was expensive and lengthy, especially for an IEMRT who had just moved to Canada and needed to find work quickly in order to support his or her family.

Recently a review of our examination results demonstrated that IEMRT's were less successful than Canadian candidates in our examinations. Three-quarters of

the IEMRTs surveyed after having written the examinations indicated that the CAMRT certification exam was either difficult or very difficult and more than eighty per cent also felt that certain parts of the exam were harder than others and the examination itself unlike any they had done in the past. For most it was their first experience writing a competency-based multiple-choice examination. Specifically, IEMRTs said they had the most difficulty with the sections on equipment, patient care, professionalism, ethics, and radiation protection.

Based on the survey and focus group results, more than twenty-two recommendations were made to the CAMRT Board of Directors. The recommendations were divided into the categories of a centralized process; creation of consistent information and a single point of contact; the assessment and certification process for IEMRTs; and support systems for IEMRTs. The CAMRT has initiated a two year project to accomplish all these recommendations, completion date which will be July 2009. This project has brought together information from the national professional association, regulators, employers and internationally educated MRTs about their experiences with the assessment and certification process in Canada. This project is being funded by Human Resources Development Canada (HRSDC). The Steering Committee working on this project has proposed guiding principles to assist in the development of improvements to the current requirements and processes for IEMRT assessment and certification which include a single point of contact for IEMRTs, consistent language and information and one set of rules for assessment and certification in order to provide a more supportive environment and enable IEMRT's to be better prepared to make the transition into the Canadian healthcare workforce. It is apparent that all of the parties involved in this project are keen to work together to ensure the assessment process is improved for IEMRT's. Information gathered in the findings of this project has already led to some changes at the CAMRT. Already the following eight of the twenty-two recommendations have been accomplished and have resulted in improvements for both IEMRT's and Canadian candidate.

- 1. Improvement of exam analysis provided as feedback to candidates who fail the CAMRT certification exams;
- Revision of recommended textbook list used by IEMRTs when preparing for the CAMRT exams to identify a few core books for studying;



- Revision of the CAMRT certification examination handbooks that are provided online for each MRT discipline. Currently these handbooks include information on eligibility requirements, the application process, writing the exam, what to expect after the exam, and payment procedures;
- 4. Revision of the competency profiles that the exams are based on to reflect current practice;
- 5. Collection of more consistent demographic data to be used for statistical purposes on IEMRTs who access the certification exams and for IEMRTs who become CAMRT members;
- 6. Improvement of assessment of IEMRTs at the CAMRT (i.e. previously asked for a transcript to show didactic training and now asks for a syllabus; in process of developing a tool to check for clinical competency so applicant will first be assessed for exam readiness before they apply to write the exam and start the twoyear writing period window);
- 7. Decreasing the number of Canadian cultural references in the certification exams; and
- 8. The removal of CPR as a prerequisite to write the CAMRT certification exam.

Phase 2 of this project is already well underway and will include:

- The development of on-line and hard copy practice certification examinations and preparation guidelines for each medical radiation technology discipline to assist IEMRT's in their preparation for competency based examinations.
- 2. The development of national guidelines for the establishment of supportive bridging programs to improve the success of IEMRT's on certification exams and in the workplace.
- 3. The establishment of processes to ensure the approval of the process by certification and/or regulatory bodies
- The development of common terminology on matters of certification, regulation and other requirements related to IEMRT's in order to facilitate the certification/ competency verification process.

The action plan also recommends a number of initiatives that will require further funding including:

- A research project to determine the effectiveness of the entry-to-practice exam as a competency assessment tool for experienced practitioners;
- Research into the appropriate timeframe and number of exam attempts that should be allowed for IEMRT's to write the certification exam;
- Investigation into the use of alternative tests of English and French to determine the best test and test score to predict an IEMRTs success in the workplace;
- The development of specific testing modules to assist IEMRTs in preparation for the certification exam
- The support to educational institutions and health care facilities interested in providing clinical placements for IEMRT's. The additional funding also allows the consortium to begin promoting these clinical placements for IEMRTs.

In conclusion, the issue of assessment and certification for IEMRTs must continue to be addressed by the CAMRT in order that those of you who would like to contribute to the Canadian Medical Radiation Technology labour force can have your objective realized. We hope that all of you can see that progress has been made in that regard. Most importantly, communication channels have been enhanced between the CAMRT, the regulatory bodies, and national government organizations in Canada to ensure that everyone is providing IEMRTs with the most up-to-date and accurate information. These organizations are now all working toward the usage of common terminology and a common clinical competency verification to ensure that our assessment and certification process is fair, efficient and valid for internationally educated medical radiation technologists. As progress continues, as it will, I will ensure that these updates are provided. +

Rita Eyer, R.T.R.,A.C.R. Canadian ISRRT Council Member



Education Survey: September-December 2007

Report by Cynthia Cowling, ISRRT Director of Education

Summary

THIS survey was carried out to determine the professional educational needs of ISRRT members societies and associate members after graduation and while practicing. The primary focus of ISRRT is to improve the practice of radiography. Education is a critical element of that and this survey will guide the ISSRT towards helping members achieve this goal.

There were responses received from all regions. Almost half were from the Europe/Africa region and the remainder equally divided between the Americas and Asia/Australasia regions. Almost half of all member societies responded. This means that the survey is providing some reasonably accurate data which the ISRRT will be able to use as they develop more educational offerings.

Not surprisingly every respondent was most enthusiastic about the need for education and provided several examples of their preferred subjects and type of delivery. There was equal interest in on line learning, workshops and conferences. Half of respondents indicated they would be able to travel to workshops or conferences. All said they had access to the internet. This indicates that the best way to provide accessibility to education is via on line systems. Workshops should always be offered as close as possible to the areas of most need, since respondents from the less developed nations were not as able to get to on site education.

The most important reason for learning is as a requirement for Continuous Professional development (CPD) or for improved recognition of professional or educational status. This indicates that any education being offered by the ISRRT must award some kind of recognizable credit.

The greatest interest in the subject areas was in New Technologies and Procedures, Digital Imaging and Teaching Practice in Radiography. Least interest was in Breast Imaging. ISRRT should recognise these prominent areas when developing any new programming. About half of the respondents were interested in the QA workshop based on the WHO workbook and a third interested in the Equipment, Maintenance and Repairs workshop.

The ISRRT would like to thank all those who participated in this survey. This information is vital as ISRRT works to address and meet the needs of its members educationally. This was the first such survey carried out on line, and its success means that Education in ISRRT will use this mechanism again to gather more information to provide better service to its members.

Cynthia Cowling Director of Education

Note: The full report and analysis will appear on the ISRRT web site www.isrrt.org



16th ACRT and 9th NCIART, Department of Radio-diagnosis & Imaging

Emerging Technologies - Newer Solutions

PGIMER, Chandiagarh, India November 15-18, 2007

Report by S.C. Bansal, IART General Secretary

THIS conference was inaugurated by Dr Anil Kakodkar, Chairman Atomic Energy Commission & Secretary, Department of Atomic Energy, Govt. of India. Mr Anil Kakodkar expressed concern about the increasing cost of technologies making it out of reach for the poor. He emphasised that all the Asian countries should strive to make technology more affordable and we need to maintain balance between emerging technology and increasing cost. He also expressed that the country needs to enhance the training capacity and quality of radiological technologists, about the future the country has to strengthen the information technology.

Dr (Mrs) Sneh Bhargava, Former Director AIIMS New Delhi was the guest of honour on this occasion. She delivered the key note address on "Emerging Technologies – Newer Solutions" and released the Souvenir during the inauguration. She emphasised the need of paramedical council in India so that there is standardisation and proper use of technology.



Dr Anil Kakodkar Inaugurating the conference.

Mr S.C. Bansal Chairman of the conference organising committee and General Secretary of Indian Association of Radiological Technologists (IART) rang the ceremonial bell (which was specially brought from Japan, the previous

host country of ACRT) denoting the opening of the Asian conference and delivered his welcome address by highlighting the achievements and activities of IART apart from defining the pivotal role of the Radiation Technologists in the present era of Diagnostic & Interventional Radiology including Radiation Therapy and Nuclear Medicine. He expressed his deep concern about the lack of registration

Continued on the next page



Dignitaries on the dais during inauguration.



Continued from the previous page



Dr. (Mrs.) Sneh Bhargava releasing the souvenir.



Participants, Delegates and Guests during the conference.

council for Radiological Technologists in India.

Other dignitaries present on this occasion were Prof. K.K. Talwar, Director, PGIMER, Chandigarh and Chief Patron of this conference including Prof. N. Khandelwal, Head, Dept. of Radiodiagnosis and convener of this conference, Prof. (Mrs.) Sudha Suri, Former Head, Dept. of Radiodiagnosis and other eminent faculty members to name few like Dr S.P. Aggarwal, Head, Radiation Safety Division, Atomic Energy Regulatory Board, Mumbai, Prof. (Mrs.) Sushma Vashisht, Head, Dept. of Radiodiagnosis, AIIMS, New Delhi, Dr P.S. Iyer, Dr D.D. Deshpande.

Dr S.P. Agarwal, Head, Radiation Safety Division, AERB, Mumbai expressed the importance of quality assurance and radiation safety with the increasing number of diagnostic and nuclear medicine centers coming in the country. He emphasised the important decision taken by AERB to decentralise such services. He also pointed out the important role of manufacturers of imaging equipment in following the AERB guidelines for better radiation protection.



Mr S.C. Bansal, Chairman Organising committee ringing the ceremonial bell.

During the inauguration the former heads of department of radio-diagnosis PGIMER and senior technologists were honoured which included Dr J.S. Sodhi, Mr R.P. Bhatnagar, Mr J.S. Kohli, Mr S.K. Dhawan and Dr Sudha Suri.

This four day conference was attended by more than eight hundred delegates both from India and abroad (from Japan, Korea, Hong Kong, Singapore, Thailand, Malaysia, Macau, Taiwan, Philippines, Australia, U.K., Canada, Finland, Belgium, Kuwait apart from neighboring countries like Nepal, Bangladesh) comprising of Radiological Technologists, Radiographers, Radiologists, Radiotherapists, Medical Physicists, Educationists and other eminent scientists. A large number of Scientific presentations including 28 Guest Lectures, 35 Oral presentations and 58 Poster

presentations as well as two International symposium on "Education and Training of Radiological Technologists" and "Status of Radiological Technologists – Role and Responsibilities" were held during this 4 day conference



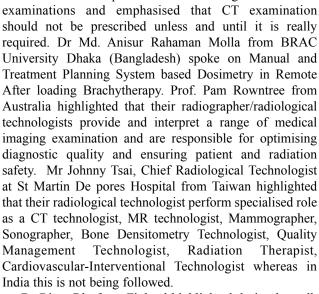
Dr S.P. Agarwal, Head, Radiation Safety Division, AERB delivering his talk.



apart from holding a Trade exhibition by the various X-ray equipment manufacturers in the Zakir Hall which was inaugurated by Prof. Sanjeev Sharma, Head of Cardiovascular Interventional Radiology, AIIMS, New Delhi.

Few excerpts from talks of guest speakers:

Mr Harrie Mol from Belgium highlighted the Role of Radiological Technologists in Radiation Protection: Role and Responsibility and explained that exposure to population from medical applications in use of Radiation is higher as compared to other sources which counts more than 49% of the annual exposure and also explained about the radiation dose from the various procedures in diagnostic radiology and pointed out that more than 50% of the radiation dose is from CT Scan examination as compared to other radiological



Dr Ritva Bly from Finland highlighted during her talk on "Technologist's Role in Patient Dose Management in Diagnostic Radiology" that a systematic examination or review of medical radiological procedures which seeks



Ms Ritva Bly delivering her talk.



Dr Sanjeev Sharma inaugurating the Trade Exhibition.



Visiting IART stall.

to improve the quality and the outcome of patient care is very important. For this thorough structured review of radiological practices, procedures and results is essential.

A special one day factory visit for the delegates was also organised by M/s Allengers Medical Systems Ltd. who is the indigenous manufacturer of X-Ray equipment in this region.

To give the true glimpse of rich culture and heritage of Continued on the next page



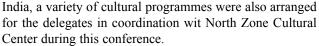
Mr Harrie Mol delivering his talk.



Continued from the previous page



Ceremonial bell being handed over to Malaysian counterpart.



This conference concluded on November 18 and the ceremonial bell was passed to Mohd. Zin Yusof, president of Malaysian Society of Radiographers who will be the next host for the 17th Asian Conference of Radiological Technologists to be held in 2009.

During this conference the Executive Committee Meeting as well as General Body Meeting of IART as well as Regional Council Meeting of Asia Australia region was held

In the end Mr Ram Singh, Organising Secretary proposed the vote of thanks and the conference concluded very successfully. +



Mr Ram Singh proposing the vote of thanks.





ANNOUNCEMENT

An international Performance Metrics and Indicators Project

The International Radiology Quality Network (IRQN) announces a worldwide benchmarking initiative on the turn around times (TATs) for radiology reports.

The IRQN is a network of organisations. Its members include: American College of Radiology, Asian and Oceanian Society in Radiology, European Society of Radiology, Inter-American College of Radiology, International Society of Radiological Technologists, International Society of Radiology, Japan Radiological Society, Radiological Society of North America, Royal College of Radiologists and The Royal Australian and New Zealand College of Radiologists.

The network's objective is to promote quality in radiology through collaboration, experience sharing and mutual assistance. Its current activities include:

- An International Clinical Teleradiology Standards Workgroup;
- A Performance Metrics and Indicators Project;
- A Quality Improvement in Practices Program in collaboration with the JACR; and
- An awareness program.

The Performance Metrics and Indicators Project commenced in 2007. The TATs for radiology reports over a one month period were selected as the metrics to be benchmarked. Thirteen institutions from three continents took part in a trial last year. Based on the trial experience, data collection and methodology are being refined. RIS vendors provide TAT data differently; e.g. either as % reported in 24, 48 or 72 hours or the average time required to generate a report in-hours or after-hours. We will collaborate with the industry leaders to harmonize these data in future software updates to facilitate and streamline benchmarking.

We are gearing up to launch the Performance Metrics and Indicators Project later this year and are aiming at 100 participating facilities world wide. The TAT data required is a small subset of the routine statistics generated by the facility's RIS at the end of each month. Therefore, the <u>additional</u> effort for the facility is minimal. Participation is voluntary and will be based on RIS vendors' introduction, direct recruitment through members of the IRQN Performance Metrics and Indicators Workgroup and newsletters.

This IRQN initiative will provide us with a better insight into the performance of different types of facilities across the globe. Each facility can benchmark its performance against other similar facilities and identify areas of improvement. Your facility's participation will be acknowledged. Please be reassured that the data collected will remain confidential. After analysis, each participating facility will receive a report containing its own and deidentified aggregated data for comparison.

Your contribution to this global collaboration is greatly appreciated! If you and your facility are willing to contribute to this initiative, please indicate your interest together with the name of your facility and the contact details for the principle liaison person to Laura Coombs Ph.D. at: lcoombs@acr.org by July 31, 2008. We will communicate and provide your principle liaison person with project details which will include the sampling month and a concise data sheet to be completed.

We trust that the project will commence in a timely manner and look forward to hearing from and working with you in the very near future.

The Performance Metrics and Indicators Project Workgroup International Radiology Quality Network



Quality News from the International Radiology Quality Network

April 2008

THE International Radiology Quality Network (IRQN) is a network of organisations that was established in 2002. Its members include: American College of Radiology, Asian and Oceanian Society in Radiology, European Society of Radiology, Inter-American College of Radiology, International Society of Radiographers and Radiological Technologists, International Society of Radiology, Japan Radiological Society, Radiological Society of North America, Royal College of Radiologists and The Royal Australian and New Zealand College of Radiologists.

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- 4. An Awareness Program.

More detail accounts about the network are available from the IRQN homepage: www.irqn.net

International Clinical Teleradiology Standards

In 2006, an International Clinical Teleradiology Standards Workgroup was formed to review the published international teleradiology standards and to develop a set of common principles in which more detailed standards could be developed subsequently. It was agreed that when these drafted principles are ready, they will be published and other stakeholders will be consulted.

Since that time, the members of the Workgroup have revised and refined the drafted 'Top 10 Principles of International Clinical Teleradiology' which was approved by the IRQN members earlier this year. The network recognises that this draft is an evolving document and would be refined over time. These principles are now available at: www.irqn.net. Feedback could be forwarded

to the International Clinical Teleradiology Standards Workgroup via: irqn@ranzcr.edu.au

Performance Metrics and Indicators Project

The Performance Metrics and Indicators Project commenced in 2007. The TATs for radiology reports over a one month period were selected as the metrics to be benchmarked. Thirteen institutions from three continents took part in a trial last year. The network is grateful to the participants and the expert assistance provided by the American College of Radiology in data collection and analysis. Based on the trial experience, data collection and methodology are being refined. RIS vendors provide TAT data differently; e.g. either as % reported in 24, 48 or 72 hours or the average time required to generate a report in-hours or after-hours. We will collaborate with the industry leaders to harmonise these data in future software updates to facilitate and streamline benchmarking.

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The project will provide us with a better insight into the performance of different types of facilities across the globe. Each facility can benchmark its performance against other similar facilities and identify areas of improvement. Each facility's participation will be acknowledged and the data collected will remain confidential. After analysis, each participant will receive a report containing its own and deidentified aggregated data for comparison.

If you are interested, please provide the name of your facility and the contact details for the principle liaison person to Laura Coombs Ph.D. at: lcoombs@acr.org by July 31, 2008. We will communicate and provide your liaison with project details which will include the sampling month and a concise data sheet to be completed. The Workgroup looks forward to hearing from and working with you in the very near future.



Quality Improvement in Practice Competition

The network approved the establishment of a Quality Improvement in Practice paper competition in collaboration with the JACR. The competition is intended to:

- Increase the awareness of the importance of quality improvement in the work place;
- Enable radiology practices to learn from others and apply other practices' quality improvement experience to their own practice; and
- Facilitate a cultural change in radiology practices so that quality improvement forms an integral part of dayto-day practice rather than perceived as an unnecessary add-on burden.

It has assembled a Judging Panel to review manuscripts and to work with the authors and the Editor-in-Chief, JACR to edit and improve suitable manuscripts prior to publication. A Certificate of Merit will be awarded to each month's winning author(s). At the conclusion of each year, the Panel will select an annual winner who will receive a cash award of US\$1,000. The network acknowledges the generous sponsorship of this cash award by The Royal Australian and New Zealand College of Radiologists. In 2007, the winner was Dr. Lucy Glenn with her article on "Labeling Defects in Radiology" which was published in the October issue of the JACR.

Potential articles should conform to JACR's 'Instructions for Authors' for either 'review' or 'research' articles. These instructions are published in each issue of JACR or may be found on the JACR web site: www.jacr.org.

Please submit your manuscripts directly to the IRQN Secretariat:irqn@ranzcr.edu.au. +

Dr Lawrence Lau

Consultant Radiologist
MBBS FRANZCR FRCR FAMS DDR DDU

ESR: From 3,000 to 30,000 members

With 29,375 radiologists on board at the end of 2007, the European Society of Radiology (ESR) has increased its membership ten-fold since it was created in March last year.

With 2,564 members 12 months ago in March 2007, the ESR has been rallying an impressive number of radiologists thanks to its principle of openness and accessibility to everyone, translated into a low membership cost.

A US\$16 membership of ESR offers reduced registration rates for the annual European Congress of Radiology (ECR), the second largest radiological meeting in the world with 17,000 participants. ESR membership also provides the free online and reduced-rate print version of the journal European Radiology. Other advantages include free access to databases, lectures, presentations and educational activities.

Most ESR members now come from Italy, followed by Spain, Germany, China, the United Kingdom, Austria, Greece, the United States of America, Poland and the Netherlands. A high proportion of members also come from India and Saudi Arabia.

Membership should continue to rise in 2008 thanks to the participation of European national societies, who will offer membership of ESR to all their members.

For more details, please visit the ESR website at: www.myesr.org



A collaboration between ISRRT and PAHO

Guatemala Workshop on Quality Assurance

Antigua, Guatemala

November 5-9, 2007

Report by Cynthia Cowling, ISRRT Director of Education

THIS workshop in Central America was spearheaded by Ileana Fleitas, PAHO Officer for the region. This was the seventh QA workshop organised by Ileana. Previous workshops were held in Guyana, El Salvador, Paraguay and Cuba. All but the Guyana workshop were held in Spanish. The WHO workbook has been 'unofficially' translated into Spanish for these workshops.

The principle instructors were Ileana, Elena Cotelo and Roxanna De la Mora Machado (who was also one of the translators of the workbook). All had run the workshop before at least once. Ileana and Roxanna are medical physicists from Cuba and Elena is a senior radiographer from Uruguay. The three women proved to be a terrific trio bringing a wealth of experience as well as a great sense of fun to the proceedings. Although the course was run in Spanish, all three spoke excellent English. Cynthia Cowling, Director of Education and Peter Lloyd, author of the workbook were in attendance for part of the course and in spite

of a poor knowledge of the language were able to grasp what was happening and provide feedback when required.

The response to this workshop was enormous and there were 40 who signed up. This was more than was really wanted but it was difficult to turn them away. The students were so keen that although the first day, Monday, turned into a national holiday because of an election, 80% turned up anyway.

The Spanish

instructors kept very true to the spirit of the workbook with plenty of practical exercises included. It had been their previous experience that some basic lectures on x-ray production and equipment were needed for the Spanish participants to fully comprehend what many of the tests were illustrating. It is this fine tuning through repeat offerings by the same group that makes the workshop so effective.

Lectures and practical exercises were all held at the local public hospital with the approval of the Ministerio de Salud Publica, Republica de Guatemala. Two rooms and a viewing area were provided every afternoon after 2.00pm which worked fine until a patient needed an x-ray! The numbers also made each group very large for the instructors

The pretest given showed an overall weakness in understanding the basic concepts of QA (although the questions were better answered than in some previous

workshops). The questions related to wet processing were better answered, although most of the current imaging departments use automatic processing of some kind. Post tests showed an improvement across all aspects.

The workshop was intensive and kept the students very busy during the day and in the evening where they worked together in the hotel they all stayed in. Even lunch times were filled with discussions about radiography and



Ileana Fleitas, Roxanna De la Mora Machado, Elena Cotelo.





Roxanna teaching practicals.

its issues.

These workers have had very little opportunity to meet together in this way. On one evening the Director of Education was invited to speak with the radiographers who were keen to know more about the ISRRT and how it could help them. One major issue that always gets mentioned is the language problem. Only a few of the students had an understanding of English. There is an organisation for Central and South American radiographers called ALAT RA, but it did not seem to be well known to the local radiographers.

Once again, this workshop reached out to those radiographers most in need with very little opportunity for



Lunchtime discussions.

advancement of any kind. It is hoped that they will set up good programs in their own facilities. The radiographers are desperate for more education. The fact that so many turned up on a national holiday demonstrated the degree of commitment these professionals have.

This workshop was also another example of the excellent collaboration between PAHO and ISRRT. This partnering model should be replicated elsewhere. It is prohibitive for ISRRT to engage in any meaningful education without a partner and the ISRRT wishes to thank PAHO for its cooperation and recognition for the need of education for radiographers, the operators and individuals responsible for the quality of images in any department. +



The group.



Improving the Canadian Certification Process for Internationally Trained Medical Radiation Technologists

Report by Rita Eyer, RTR, ACR

OVER the past year many Internationally Trained Medical Radiation Technologists have been asking questions on how to access Medical Radiation Technology jobs in Canada and the numbers moving to Canada to pursue certification are on the rise. The Canadian Association of Medical Radiation Technologists wants to ensure that our certification process and employment equity is fair, efficient and valid for Internationally Trained Medical Radiation Technologists (IEMRT's) who wish to work in Canada. Our goal is to add Internationally Educated MRT's to the qualified labour pool to help meet the employment demand for medical radiation technologists in Canada whether in Radiation Therapy, Radiography, Nuclear Medicine or Magnetic Resonance Imaging. Canada has a shortage in all four disciplines. This shortage is expected to get worse as both the aging MRT workforce leads to increased retirements and the aging Canadian population requires more health services and interventions.

When surveyed, IEMRTs reported that they generally found it was easy to locate information about how one becomes certified to work as an MRT in Canada. IEMRTs most often found the information on the CAMRT website, by contacting friends or family in Canada, and/or through Immigration Canada. They did not always receive all of the current information about assessment and certification, however, when they were dealing with Immigration Canada. They also felt that there was confusion about the relationship between the CAMRT and the regulatory bodies that currently three provinces in Canada have, and which organizations they needed to contact.

The CAMRT recognised the major frustrations surrounding the assessment process as reported by IEMRTs. Research was conducted to include an audit of current practice, surveying employers, interviewing educational institutions and conducting focus groups with IEMRT's. These focus group participants indicated that it was often difficult to get the necessary education and employment documents once they had left their original country of education and taken up residence in Canada. Furthermore, they indicated that the assessment process was expensive and lengthy, especially for an IEMRT who had just moved

to Canada and needed to find work quickly in order to support his or her family.

Recently a review of our examination results demonstrated that IEMRT's were less successful than Canadian candidates in our examinations. Three-quarters of the IEMRTs surveyed after having written the examinations indicated that the CAMRT certification exam was either difficult or very difficult and more than 80% also felt that certain parts of the exam were harder than others and the examination itself unlike any they had done in the past. For most it was their first experience writing a competency-based multiple-choice examination. Specifically, IEMRTs said they had the most difficulty with the sections on equipment, patient care, professionalism, ethics, and radiation protection.

Based on the survey and focus group results, more than twenty-two recommendations were made to the CAMRT Board of Directors. The recommendations were divided into the categories of a centralised process; creation of consistent information and a single point of contact; the assessment and certification process for IEMRTs; and support systems for IEMRTs. The CAMRT has initiated a two year project to accomplish all these recommendations, completion date which will be July 2009. This project has brought together information from the national professional association, regulators, employers and internationally educated MRTs about their experiences with the assessment and certification process in Canada. This project is being funded by Human Resources Development Canada (HRSDC). The Steering Committee working on this project has proposed guiding principles to assist in the development of improvements to the current requirements and processes for IEMRT assessment and certification which include a single point of contact for IEMRTs, consistent language and information and one set of rules for assessment and certification in order to provide a more supportive environment and enable IEMRT's to be better prepared to make the transition into the Canadian healthcare workforce. It is apparent that all of the parties involved in this project are keen to work together to ensure the assessment process is improved for IEMRT's. Information gathered in the findings of this project has



already led to some changes at the CAMRT. Already the following eight of the twenty-two recommendations have been accomplished and have resulted in improvements for both IEMRT's and Canadian candidate.

- 1. Improvement of exam analysis provided as feedback to candidates who fail the CAMRT certification exams;
- Revision of recommended textbook list used by IEMRTs when preparing for the CAMRT exams to identify a few core books for studying;
- Revision of the CAMRT certification examination handbooks that are provided online for each MRT discipline. Currently these handbooks include information on eligibility requirements, the application process, writing the exam, what to expect after the exam, and payment procedures;
- 4. Revision of the competency profiles that the exams are based on to reflect current practice;
- Collection of more consistent demographic data to be used for statistical purposes on IEMRTs who access the certification exams and for IEMRTs who become CAMRT members;
- 6. Improvement of assessment of IEMRTs at the CAMRT (i.e. previously asked for a transcript to show didactic training and now asks for a syllabus; in process of developing a tool to check for clinical competency so applicant will first be assessed for exam readiness before they apply to write the exam and start the twoyear writing period window);
- 7. Decreasing the number of Canadian cultural references in the certification exams; and
- 8. The removal of CPR as a prerequisite to write the CAMRT certification exam.

Phase 2 of this project is already well underway and will include:

- The development of on-line and hard copy practice certification examinations and preparation guidelines for each medical radiation technology discipline to assist IEMRT's in their preparation for competency based examinations.
- 2. The development of national guidelines for the establishment of supportive bridging programs to improve the success of IEMRT's on certification exams and in the workplace.

- 3. The establishment of processes to ensure the approval of the process by certification and/or regulatory bodies
- 4. The development of common terminology on matters of certification, regulation and other requirements related to IEMRT's in order to facilitate the certification/competency verification process.

The action plan also recommends a number of initiatives that will require further funding including:

- A research project to determine the effectiveness of the entry-to-practice exam as a competency assessment tool for experienced practitioners;
- Research into the appropriate timeframe and number of exam attempts that should be allowed for IEMRT's to write the certification exam;
- Investigation into the use of alternative tests of English and French to determine the best test and test score to predict an IEMRTs success in the workplace;
- The development of specific testing modules to assist IEMRTs in preparation for the certification exam
- The support to educational institutions and health care facilities interested in providing clinical placements for IEMRT's. The additional funding also allows the consortium to begin promoting these clinical placements for IEMRTs.

In conclusion, the issue of assessment and certification for IEMRTs must continue to be addressed by the CAMRT in order that those of you who would like to contribute to the Canadian Medical Radiation Technology labour force can have your objective. We hope that all of you can see that progress has been made in that regard. Most importantly, communication channels have been enhanced between the CAMRT, the regulatory bodies, and national government organisations in Canada to ensure that everyone is providing IEMRTs with the most up-to-date and accurate information. These organisations are now all working toward the usage of common terminology and a common clinical competency verification to ensure that our assessment and certification process is fair, efficient and valid for internationally educated medical radiation technologists. As progress continues, as it will, I will ensure that these updates are provided. +

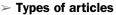
Authors Instructions LIUCTIONS

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.



- 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, Portugese, 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.

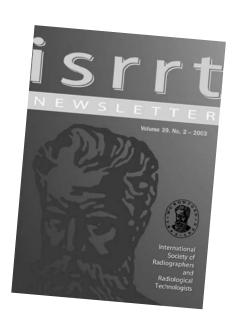
> Presentation

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. 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.

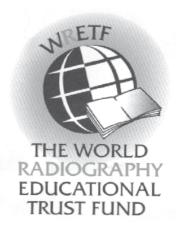
- Short reports of ISRRT meetings and special activities in the field of medical imaging, radiation therapy and radiation protection.
- News from members countries which should have a heading containing the name of the country only, ending with the authors name and role.
- Coming events, please include 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 $\emph{ISRRT Newsletter}$ are April 1 and September 1 .



The World Radiography Educational Trust Fund

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Mrs D. Zerroug

Mrs W de Vries

Mr S. Eustace

Mr A. Budge

Miss A. Paris

Get involved with WRETF:

www.wretf.com

This newsletter again finds another period of change for the WRETF with the resignation of Jemiliah Rouse who has served as a WRETF Trustee for many years. We thank her for all her hard work and will miss her input. We do however hope that she will be able to advise us on some matters in the future. The ISRRT will be appointing a new trustee after due process and the new trustee will be listed on our website as soon as they are appointed.

We would also like to note the passing of Mary Craig, in November 2007, one of the founding members of the WRETF. We hope to produce more information about Mary Craig and her colleagues who set up the WRETF in our 40th birthday article in 2009. I would love to hear from anyone who has had links with WRETF in the past who wish to contribute to this article.

On September 9, 2007 the WRETF trustees had their annual meeting. This was the first meeting for the Hon Secretary and our 2 new Trustees, Alan Budge & Wilma de Vries. 5 of our 7 trustees and the Hon secretary were present at the meeting and a firm commitment was made to make a fresh start & move the Trust forward taking full advantage of the injection of fresh blood and ideas. It was decided that the Trustees needed to meet more frequently with meetings every 6 months instead of once a year and to have a telephone conference in between each meeting. In this way it is hoped that all trustees can be involved in trust business and make at least 1 face to face meeting a year. We had our first telephone conference on December, 2007 and would like to thank Alan Budge of Agfa for facilitating the call.

Recent WRETF activities:

Steady progress has been made to put the WRETF house in order.

1. In the last few months we have concentrated on reviewing roles and procedures including the criteria

used to assess applications.

- 2. The website has been updated and there are more updates and alterations to come.
- 3. The WRETF application form has been revised and updated.
- 4. Work has begun on new leaflets and posters to promote the work of the WRETF.
- 5. Applications received by the WRETF have been put on hold until all the assessment processes have

been clarified and agreed by the trustees.

Planned WRETF Projects:

- 1. Redesign of WRETF leaflets.
- WRETF represented on the ISRRT stand for the World Radiography Congress in Durban 2008.
- 3. Appointment of a new trustee.
- 4. Setting up a program to share second hand radiography journals with a regular links between departments and individuals.

Wanted: Do you have old radiography journals wanting a good home or do you want to receive second hand journals?

Contact: spring.house@talktalk.net, we will link you to a radiography colleague!

Lizzie Zukiewicz Hon Secretary, WRETF



The Americas

United States of America



ASRTElects 2008-2009 Board of Directors Officers

ASRT members have elected their new president-elect,

vice president and secretary-treasurer to its 2008 Board of Directors. Current ASRT Board vice president, Diane Mayo, R.T.(R) (CT), was elected president-elect. James B. Temme, M.P.A., R.T.(R) (QM), FASRT, was elected vice president. He is the Board's current secretary-treasurer. Dawn McNeil, M.S., R.T.(R) (M), RDMS will serve as secretary-treasurer.

In addition to the Board officers, ASRT elected 26 delegates to serve in its House of Delegates. Both the Board officers and the delegates' terms will begin immediately following the 2008 Governance and House of Delegates meeting, June 13-15. The meeting will be held in Albuquerque, N.M.

ASRT Members Visit Washington D.C.

More than 120 radiologic technologists and students traveled to Washington, D.C. as part of the tenth annual R.T. in D.C. lobbying event. The event was sponsored by the American Society of Radiologic Technologists and the SNM Technologists Section. The purpose of the visit was to encourage congressional representatives, senators and legislative aides to support federal legislation that would require those performing medical imaging and radiation therapy procedures to meet minimum federal education and credentialing standards in order to participate in federal health programs in the United States. More than 207 visits were made during the event, which took place from March 9-11.

Twenty-one Attend 12th Annual Leadership Academy

ASRT hosted its 12th Annual Leadership Academy this past January for 21 radiologic technologists and students at the ASRT office in Albuquerque, N.M. Each year the ASRT selects 20 to 30 applicants nationwide to attend the Leadership Academy, where they learn skills needed to assume leadership roles within the ASRT and its state affiliates. The applicants are selected based on their passion for the profession and desire to acquire advanced leadership skills.

ASRT Foundation Sends Two Radiologic Technologists to International Meetings

The ASRT Education and Research Foundation announced it is sending James Johnston, Ph.D., R.T.(R) (CV) and Jorge A. Casanas, M.Ed., R.T.(R) (CV) (QM), each to an international meeting of radiologic technologists as guest speakers. Both are winners of the 2008 International Speakers Exchange Grant program.

Dr. Johnston will present his talk, "Current and Future Trends in Digital Image Storage" at the United Kingdom Radiological Congress in Birmingham, England, June 4-2. Mr. Casanas' talk, "Customer Service in the Imaging World: Building Partnerships within Health Care Professionals," at the International Society of Radiographers and Radiological Technologists meeting, April 23-27, in Durban, South Africa.

The ISEG program is supported through a generous donation from Elekta, an international medical technology group that develops state-of-the-art tools for improved cancer care and management of brain disorders. In addition, Elekta is sponsoring the keynote presentation at the 32nd Annual ASRT Radiation Therapy Conference, Sept. 21-23, in Boston.

Winner of Terumo Interventional Systems Writing Competition Named

The Foundation presented Teodora Trapuzzano, R.T.(R) with the 2008 Terumo Interventional Systems Writing Competition Award. As the winner, Ms. Trapuzzano received an allexpense paid trip to the 2008 Association of Vascular and Interventional Radiographers annual meeting, March 15-20, in Washington, D.C. In addition, the Long Island Jewish Cardiac Cath Lab, where Ms. Trapuzzano works, will also receive a \$2,500 unrestricted grant.

ASRT Education and Research Foundation Presents Research Grant

The Foundation awarded a \$7,500 grant to Rhonda Mayorga, R.T.(R) (M) (CT) (MR) (QM) to study the effects that advanced medical imaging technologies have on front-line radiologic technologists and the impact these technologies have on patient care and services. The grant was awarded through the Foundation's Professional Research Grant Award program that supports radiologic science research by medical imaging and radiation therapy professionals. The grant is funded through unrestricted gifts donated by ASRT members and its corporate partners in the radiologic technology industry.

Fourteen Students Awarded Scholarships Through ASRT Foundation

In scholarship news, seven were presented with the 2007 Royce Osborn Minority Student Scholarship Program. The scholarships, worth \$4,000 each, are presented in honor of Royce Osborn, R.T., ASRT's first African-American president. They are presented to outstanding minority students attending accredited, entry-level radiologic science programs. This scholarship program is made possible by a major grant from the American Registry of Radiologic Technologists.

The Foundation presented an additional seven scholarships, worth \$2,500 each, to outstanding students attending entry-level radiologic science programs as part of the Jerman-Cahoon Scholarship Program. The scholarship program honors two of ASRT's past pioneers, Ed. C Jerman, Sc.D., the founder of ASRT, and highly respected educator and past ASRT President, John B. Cahoon Jr., R.T. The program is supported through the generous donations of individuals



and corporations belonging to the Foundation's Scholarship Patron Program —Bracco Diagnostics Inc. and Concerta Inc., two important organizations that donated \$5,000 each.

Canada



This report begins referencing the two articles I have submitted for this edition of the *ISRRT Newsletter* on items I felt would be of interest to all of you.

First of all, the Canadian Association of Medical Radiation Technologists (CAMRT) has made some significant changes to the certification process for those Internationally Educated Medical

Radiation Technologists (IEMRT's) who wish to access employment in Canada. I have highlighted what has occurred thus far in that article in this newsletter.

Secondly, we celebrate World Radiography Day somewhat differently in Canada by having an entire week designated as Medical Radiation Technology Week incorporating November 8 in that week. In the article on Medical Radiation Technology Week in Canada I have included the various promotional items the CAMRT has made available for members to utilise for the planned activities during that week. Facilities throughout Canada host a number of educational and social celebrational events during that week so these public relations items come in very handy. I am hoping those countries who currently do not have these types of promotional items will find this information useful and can explore further possibilities of your own.

The CAMRT held a strategic planning session on February 23-24, 2008. Over forty individuals representing each discipline, region, area of activity as well as representatives from outside the profession such as industry and other allied health professional and physician groups were invited to a two day brainstorming session and achieve strategic directions for 2009-2011.

The Key Focus areas that were identified by all those in the session were as follows:

- Advocacy
- Education and Training
- Member Services
- Scope of Practice
- Inter-professional Collaboration
- Working Environment
- IEMRTs (Internationally Educated Medical Radiation technologists)
- Governance Issues

This strategic planning process provided was useful to develop a blueprint that will guide the activities of the CAMRT staff and volunteers.

The Strategic Directions of the CAMRT will now be:

- 1. Certification and Education.
- 2. Members Services
- 3. Professional Practice
- 4. Advocacy- both internal and external to the organisation

Besides myself, Ms Fiona Mitchell, the CAMRT President, and Mr Chuck Shields our CAMRT CEO were in attendance at the 15th World Congress in Durban, South Africa. All three of us presented at the Congress.

The CAMRT Annual General Conference will be taking place in the very picturesque province of New Brunswick this year from June 5 to 8, 2008. New Brunswick is one of our Maritime Provinces located on the eastern seaboard of Canada along the Atlantic Ocean. This Canadian province has over 1200 miles of breathtaking coastline that is a must to see. Lobster, scallops, and Atlantic salmon are bountiful. Please come to experience some of the very warm hospitality members in this province have to offer as well as the excellent educational and scientific sessions that will be presented during the four days of the conference.

Next year the CAMRT Annual General Conference will be hosted in Vancouver, British Columbia-the province furthest to the west and along the Pacific Ocean. I will be providing more information on this conference in the Fall ISRRT Newsletter.

The CAMRT Board of Directors has accepted in principle the possibility of hosting the 17th World Congress in Toronto, Ontario, Canada. Further discussions will be taking place in Durban and I shall keep all of you informed as plans evolve.

Please access further information about our conferences and educational opportunities at the CAMRT website at www.camrt.ca or please feel free to contact me at jreyer@ shaw.ca We value your interest.

Asia/Australasia



Australia

The Australian Institute of Radiography had another busy year in 2007 as the Board of Directors continue to review various processes and structure of the Institute with a focus on further developing a

professional profile.

I was fortunate to be able to attend the 16th ACRT conference in Chandighar, India on November 15-18, 2007, along with Emile Badawy, AIR Executive Officer. A small number of Australians headed across to enjoy the Indian hospitality and a very interesting scientific and cultural program. Many thanks to our hosts from the IART for hosting an excellent meeting. Prior to the conference



beginning the Asia/Australasia Region Meeting of ISRRT was held.

To Council members from the Asia/Australasian region, I hope to hear from you with suggestions for educational seminars within the region.

On behalf of all AIR members I would like to send our best wishes to our colleagues around the world. I hope that I will have met up with you again in Durban at the 15th ISRRT World Congress by the time you read this.

Pam Rowntree Councillor for Australia

New Zealand



Greetings to you all from New Zealand where we are have had the best summer weather in about 10 years. The great Kiwi summer holiday is back – hopefully it will stay! It is a pleasure to provide this

update for the journal and I enjoy reading all of the other articles form around the world.

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

- This year sees the first review of the Health Practitioners Competence Assurance Act (HPCA) which came into being in 2003. This Acts purpose is to protect the health and safety of members of the public by providing mechanisms to ensure the life long competence of health practitioners. The review will examine the impact of the Act on the public, health care service providers and health professionals and the NZIMRT will be making a submission.
- Role expansion research -In 2005 a large scale research project was begun by a working party established by the NZIMRT. This project is investigating role development for MRTs (both Medical Imaging and Radiation Therapy) in New Zealand, and the possibility of formulating a formalised career progression to encompass extended roles. The final report is due out later this month.
- The NZIMRT promoted World Radiography Day to its members on the 8th November last year and many embraced the opportunity to take time out to celebrate their chosen profession. The theme of celebrations continues to be to support our international colleagues and this year a number of books and donations were received for distribution to clinics in the Pacific region.
- The NZIMRT will be holding their annual conference in Queenstown on the 21-24th August 2008. The theme is 'Synergy – working together towards the future'. The programme will be packed with interesting papers and exciting social events as per usual and beauty of the venue will just add to the experience.

I am looking forward to meeting up with many of my fellow

council members at the upcoming ISRRT World Congress in Durban and meeting new friends. It will be a pleasure this year to be accompanied by Lynda Duncan, current President of the NZIMRT. As this will be my final year as the ISRRT representative for New Zealand we will be seeking a new member to take on this exciting role.

Please go to the NZIMRT website to check out information on the following: professional updates, upcoming conference information and Continuing Professional Development material, www.nzimrt.co.nz

Jo Anson ISRRT Council Member

Malaysia



Greetings to fellow radiographers! We at the Malaysian Society of Radiographers (MSR) would like to share some of the events and activities of the Society from November 2007 till April 2008.

The Executive Council members of

the MSR decided to concentrate on increasing knowledge and reviewing current techniques and so scheduled 4 study days.

- 1. In September 2007 we organised a study day titled "Update on Contrast Media".
- We commemorated World Radiography Day with a study day at the local College of Radiography and Radiotherapy. It focused on recent trends in "Medical Imaging and Radiotherapy Technology".
- 3. In January 2008 we held a professional development seminar titled "Managing Your Future" and our annual Psychedelic Night. This is a yearly reunion that is always anticipated by our members as it is an opportunity to renew ties and meet the freshly graduated radiographers.
- 4. April 2008 was our 38th Annual General Meeting and concurrent Scientific Meeting with the theme "Innovation is Care".

This year our President Tuan Haji Zin and the Editorial Chairman Tuan Haji Mahfuz will represent us at the World Congress in Durban, South Africa, to share the developments in Malaysia and discuss ways to increase radiographer role development and competency.

The Editorial Committee published the SINARAN newsletter in June 2007, September 2007, December 2007 and March 2008 thanks to the combined efforts of members' contributions and the feedback. SINARAN means rays in our local language Bahasa Melayu.

We have been communicating through emails and also have a yahoo group site: groups.yahoo.com/group/m_.radiographers where members can log in to access more information. It has greatly reduced mailing and printing costs and keeps members updated faster. Our website is



under construction and will be up and running before the end of 2008.

Dr Maria Law, Vice-President for the Asia/Australasia region came to Malaysia in September and visited our National University and the College of Radiography and Radiotherapy. Dr Law is currently the Chairman of the departmental Postgraduate Education Committee at The Hong Kong Polytechnic University and therefore was keen to see the structure and strength of our programmes at these two institutions of higher learning.

The MSR will also be hosting the 17th Asian Conference of Radiological Technologists (ACRT) from the 13th till the 16th of August 2009 in Kuala Lumpur, the capital city of Malaysia and invite all member societies and interested parties to be part of this momentous occasion for us. It will also be the annual joint conference of the Malaysia Singapore Radiographers Conference and as such we expect the huge support of our counterparts across the causeway. The theme of the conference is "Technology and Role Evolution" and we welcome paper and poster presentations. For further information contact the society at ms_radiographer@yahoo.com

Gina Gallyot Education Chairperson Malaysian Society of Radiographers gallyot gina@yahoo.com

Europe

Sweden



In Sweden there are about 3,000 registered radiographers and 1,000 radiographers are members of the Swedish Society of Radiographers (SFR). For a couple of years we lost quite a lot of members but today we can

look forward to an increased number of members again. The board has done a huge job to get back old members and to involve new members in the society.

Since July 1, 2006 "Imaging and functioning medicine" is a basic speciality to physiology, nuklearmedicin and neuroradiology in the physicians' speciality education in Sweden. The radiological departments have changed their name in line with this new speciality e.g. Diagnostic Centres; imaging and functioning medical departments. Regarding all new modalities and with more focus on patient care there is a need to be innovative and to change and to develop new courses in the radiographer educational programme. It is necessary to keep a high standard and to be in the forefront and to meet the requirements from the patient as well as the public. A national workshop was carried out in Gothenburg, Sahlgrenska Academy, on February 18. The theme of the day was "The future of the radiographer education". About

100 people from the nine universities in Sweden and many clinical teachers from radiological departments were coming together to discuss a very heated and actual subject; the education in the future. Another workshop is planned to October 2008.

The most important activity for SFR is the annual congress, Röntgenveckan (The Radiology week), which is held each autumn. SFR is the main organiser together with the Swedish Society of Medical Radiology. The next congress will be held in August 2008 in Uppsala and personnel of all categories; radiographers as well as nurses, radiologists, medical physicists, secretaries and assistant nurses are invited to this event. Approximately 1,500 delegates are expected to visit the congress and the technical exhibition.

There is a common project in the Nordic countries planning a Nordic Masters in radiography – NOMAR. The objectives of NOMAR are to develop an ongoing Masters Degree programme of high quality in Radiography/Radiotherapy. It is also to facilitate and promote Nordic educational collaboration and student, teacher and clinical radiographer mobility. Furthermore it is important to develop the Nordic perspective in Radiography/Radiotherapy further and the discipline as a science. Another objective is to strengthen the basis for collaborative Nordic research in Radiography/Radiotherapy. NOMAR consists of partners from higher educations and from Radiography Societies from all Nordic countries. A workshop is planned in May 2008. NOMAR homepage: http://www.nomar.omv.lu.se

Bodil Andersson Council Member

Switzerland



As known, Switzerland has 2 training levels for Radiographers; a polytechnical level and a vocational education level. A new national professional

profile for radiographers was needed in order to apply to both educational levels.

New Professional Profile for Swiss Radiographers

1. Introduction

1.1 Aim of the progress report

The aim of the progress report is to inform the steering committee about the results of that were to be obtained by the education network on December 31, 2007.

1.2 Structure of the progress report

The intermediate progress report is structured as follow:

- Introduction
- Aim of mandate
- Objectives of mandate
- Location and perspectives of mandate
 - 4.1 Expertise workshop



- 4.2 Interview with the responsible for Radiographer services
- 4.3 Workshop with the tendency to develop the profession
- 4.4 Administration/management of knowledge
- 5. Synthesis and conclusions

2. Aim of the mandate

The board of the Swiss Society of Radiographers engaged the Education Network to achieve a professional profile which will be recognised by the Swiss sanitary system on national level.

This is thanks to the initiative of the French Section of the Swiss Society of Radiographers from whom this project will be partially financially supported.

3. Objectives of the mandate

At the end of the mandate, March 31, 2008, the Swiss Society of Radiographers (SVMTRA) will dispose of:

Objective nr.1

A professional profile for Radiographers which will describe the professional occupation and competences

Objective nr.2

A professional profile field for Radiographers which describe the quantity and quality for all fields such as Oncology, Radiotherapy and Diagnostic Radiography

Objective nr.3

A network of services of Radiology partners.

Objective nr.4

An educational platform at the working place in order to simplify administration of knowledge and information regarding the professional field

Objective nr.5

A report from the mandate.

4. Location and perspectives of the mandate

Until December 31, 2007, the education network has obtained the following:

4.1 Expertise Workshop

Results

6 Workshop days for professional experts were divided as follow:

- Workshop B (German speaking Swiss) from 6-12 September 2007
- Workshop A (German speaking Swiss) from 13-19
 September 2007
- Workshop C (French speaking Swiss) from 25
 September to 2 October 2007

17 professionals took part in the German speaking Swiss and 9 professionals in the French speaking Swiss, including 1 professional from the Italian speaking Swiss.

4.2 Interview with the responsible for Radiographer services

Results

8 Interviews took place in the German speaking Swiss and 4 in the French speaking Swiss.

These interviews permitted gathering of expected information and to visit the 2 appliance services of which one in the German speaking Swiss and the other in the French speaking Swiss.

4.3 Workshop with the tendency to develop the profession

Results

The 2 workshops with the tendency on developing the profession, were planed and organized with dates to be defined.

4.4 Administration/management of knowledge Results

Development/evolution of ontology Report of the workshop

6 Half days' workshop took place between November 7 and December 12, 2007 in Geneva.

Motivated participants implied themselves with the construction of the ontology during the working meetings as well as during working hours, confronting their colleagues

The choice of having specialist from all Radiological fields working together within a workshop, demonstrated to be of great importance in order to have a global ontology of Radiographers.

A consent between the participants were immediately defined.

State of the development

With the help of a professional Dictionary, a basic structure of the ontology were defined by the professional experts It includes 8 basic branches:

- Field of activity
- Professional competences
- Technique
- Research
- Administration
- Legal development
- Education
- 1- Partner professions

These branches are subdivided in Radiotherapy, Nuclear Medicine and Diagnostic and interventional Radiography It was also the wish of the workshop participant that the ontology should be validated

5. Synthesis and conclusions

The 4°stage of the professional profile mandate was not terminated at the end of December 2008 as was planed.

6. Next meeting of the Steering committee is planned on the March 12, 2008.

coming events

2008

April 24-27 15th ISRRT World Congress

"Interweaving Global Images"

Durban, South Africa. www.isrrt.org and www.sorsa.org.za

May 15-16

NOMAR Workshop

Sweden

www.nomar.omv.lu.se

May 23

Cardiovascular CT

Grand Pavillion, Rosehill Gardens Event Centre Rosehill, Sydney, Australia www.CCTatConcord.com

June 8-10

CAMRT Annual General Conference

2008 conference New Brunswick province, Moncton, Canada

June 5-8

25th International Congress of Radiology

Marrakesh, Morocco www.icr2008.org

July 6-8

Symposium Mammographicum

Lille Grand Palais Conference and Exhibition Centre Lille, France www.sympmamm.org.uk

August

Swedish Congress

Uppsala, Sweden

September 17-20, 2008 5th ASMMIRT Conference

Melbourne, Australia

2009

Nordic Congress of Radiography

Copenhagen, Denmark

August 13-16, ,2009

17th Asian Conference of Radiological Technologists (ACRT); and Malaysia Singapore Radiographers Conference

"Technology and Role Evolution" Kuala Lumpur, Malaysia For further information contact the society at: ms_radiographer@yahoo.com

Deadlines

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

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 her Committee.

email: deepbluedesign1@mac.com

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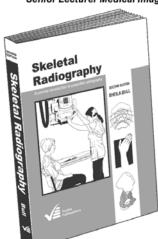
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ISRRT Newsletter publication dates have changed

The ISRRT Committee has changed the dates of publication of the *ISRRT Newsletter* from 2008.

From this year the newsletter will be published in May and November.

The deadlines will be March 1 (May issue) and September 1 (November issue).

Any queries please contact:

The Secretary General, Dr Alexander Yule: isrrt.yule@btinternet.com OR

the Production Editor, Rachel Bullard: deepbluedesign1@mac.com

memberships 5 105

> 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:

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Associate Membership

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

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