



ISRRT
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SOCIETY OF
RADIOGRAPHERS
& RADIOLOGICAL
TECHNOLOGISTS

news & views

APRIL 2014

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Views expressed in this Newsletter are
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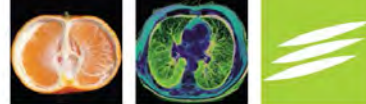
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Advertisements and images to be sent as high resolution PDF, TIF, EPS, JPEG files.

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

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

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

For further details or to advertise your program or new publications please contact the ISRR CEO:

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The ISRR Newsletter would like to invite readers and others to take advantage of the extent of our circulation and advertising service.

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

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half page	£225 (US\$415, EUR325)	£400 (US\$735, EUR575)
quarter page	£100 (US\$185, EUR145)	£150 (US\$275, EUR215)
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Dr Michael D. Ward, Ph.D., RTR, FASRT
President,
International Society of Radiographers
and Radiological Technologists

President's message

Greetings to my colleagues and friends across the globe!! In 2010, I gave my first President's Report and indicated "how honored I felt to serve as the 13th President of the ISRRT." Four years have gone by and my sense of pride has only increased. We've accomplished so much since 2010 and as this chapter in my personal journey comes to a close in June 2014. At the close of the Helsinki World Congress, a new President will step forward to lead the ISRRT into the next exciting phase of this international radiological science organisation's future. This will be my final report and I am pleased to provide a few updates and parting comments.

I am pleased to congratulate the 2014 winner of the ISRRT DoseWise Radiographer of the Year, Ms Sonyia McFadden. She currently works as a Lecturer in Diagnostic Radiography at the University of Ulster, Belfast, United Kingdom. Her submission in the competition was related to a very promising improvement on a system level for dose reduction for pediatric patients. Her research revealed a wide variation in pediatric imaging parameters among users in the United Kingdom and Ireland. We all look forward to hearing her lecture during the 2014 World Congress on "best practices" to reduce radiation doses to these young patients who are the most sensitive to radiation. Many thanks to our DoseWise competition partner, Philips Healthcare, for working to provide the infrastructure and financial support for this outstanding activity.

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

- Chicago, Illinois: Associated Sciences Consortium Meeting and Radiologic Society of North America Meeting (RSNA)
- Bridgetown, Barbados: Barbados Association of Radiographers
- Kuala Lumpur, Malaysia: Malaysia Society of Radiographers
- Vienna, Austria: European Congress of Radiology

It has truly been a pleasure and a chance of a lifetime to have represented my profession through web-based and Skype meetings, email correspondence, informal and formal meetings and traveling across the world on behalf of the ISRRT. For the fun of it, I have kept a running total of the number of air miles that I have travelled during my time as President. By the time the Helsinki ISRRT World Congress is over, I will have flown over 300,000 miles over the past four years and met with or addressed a few thousand colleagues and others from many countries.

The theme for the 2014 Helsinki World Congress is "Optimizing for Better Care," and the program for this conference promises to be very thought provoking and high quality. For those who like to take an occasional walk down memory lane, here are the themes and sites of a few of our past ISRRT World Congresses:

Canada 2012:	Picture Yourself Here
Australia 2010:	Tomorrow and Beyond
South Africa 2008:	Integrating Global Images
United States 2006:	One Community

As a final good-bye, let me leave everyone with something that I have used as the attributes that I would use to describe a "true leader".

True leaders must be:

- active – rather than merely casual observers. The leader sets their sights on positive, pragmatic results and institutes action to accomplish those goals.
- correct – by doing the job thoroughly; they like handling and wrapping up details. They tend to be skilled problem solvers.
- exceptional – doing a "good job" is rarely enough reward.



Malaysia Society of Radiographers President, Chan Lai Kuan during a visit to Kuala Lumpur for World Radiography Day.

President's message

The leader strives toward excellence, for singular achievement and optimal performance.

- able to establish close professional relationships – the leader desires a deep, personal knowledge of those they lead. Differentiating the users from the loyal friendships is especially important. Service to others in their professional relationships is a vital step in being an effective leader.
- respected and have self-respect – the leader cares about how they are perceived and how what they do or say may impact others, especially those who look up to them as role models. True leaders want to be known for having a good reputation.
- share the glory – since leaders often receive credit for many things over which they have little control and to which they sometimes contribute little, they should find it possible to accomplish some of the things they want by allowing others to savor the victories, enjoy the pleasures of involvement and receive the profits of public importance.

I'm not sure that I have always lived up to these standards, but they are always a focus on my mind when I have been fortunate enough to serve in leadership roles in my profession and throughout life. From the time I began my ISRRT journey in 1998 as a Council Member representing the United States, through my time on the Board as the Regional Director for the Americas and the last four years as President of the ISRRT, I have been very fortunate to work alongside true "leaders" in our profession. Former and current Council members, Past ISRRT Presidents, Secretaries General, past and current ISRRT Board members and our current CEO, Dr. Alexander Yule have all become fond friends and even a part of my "family." Each person and experience will never be forgotten and to each of you I say "THANK YOU" from the bottom of my heart.

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

Kindest Regards,

Dr Michael D. Ward, PhD, RTR, FASRT
President, ISRRT 2010-2014



Cutting the ceremonial cake for the Gala Dinner for World Radiography Day.



Attempting a traditional Malaysian dance during the festivities.





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Dr Alexander Yule
CEO

Chief Executive Officer report

Since the RSNA Congress in December 2013 I have been preparing for the forthcoming World Congress which will be held in June in Helsinki, Finland. In addition to the Congress itself, Board and Council meetings will be held prior to the Congress. These meetings are essential to all member societies and Council representatives because they give the opportunity to both Board and Council to meet and to discuss the organisation of the ISRRT. During the Council meeting in Helsinki elections for ISRRT Board members and also for Regional Co-ordinators will be held and it is important that as many Council members attend as possible. There are a number of new societies seeking to be admitted to membership of the ISRRT family and I look forward to welcoming them and working with them in the future.

The Board of the ISRRT will also be considering bids for the 2018 World Congress to be held in The Americas and the announcement of the successful Host and Venue will be made during the Council meeting.



Council meeting.

During the Council meeting held in Toronto in 2012 the “Classification of Radiographers” by the International Labour Organisation (ILO) was discussed and it was agreed by all that the skill level of radiographers as identified by the ILO was wrong and needed to be revised as soon as possible. It was also agreed that the ISRRT and the European Federation of Radiographer Societies (EFRS) would work together to produce information and meet with the ILO to discuss the raising of the skill level at present identified by the ILO. Since then the ISRRT and the EFRS have been co-operating in this important issue. The EFRS have produced documents and have had a conference call with the ILO and I met with the ILO and WHO in Geneva in January. The ISRRT and the EFRS have also met in Vienna during the ECR 2014 in March and further progress was made. Following the constructive meeting in Vienna the ISRRT will be surveying all member countries to obtain evidence of the work and education of radiographers which will be used as a tool in the ongoing discussions with



EFRS and ISRRT
at EFRS Booth.



Alison Yule, Nicholas Yule and Stewart Whitley at RSNA.

ILO. This is an extremely important area and the ISRRT and the EFRS will be working together to ensure that the skill level of radiographers is recognised. Progress will be reported during the ISRRT Council meeting in Helsinki.

Following the success of the ISRRT Travel Fund for 2012 which enabled 25 persons to attend the Congress who otherwise would not it was agreed that it should be continued for the 2014 World Congress. There were 56 applications and the support given has been fairly distributed between countries. All applicants are informed that they must give feedback to the ISRRT and to their own countries. This feedback will be in the form of a report on the areas they have learnt while attending the Congress and the value gained to both themselves and the profession. I would like to thank the donating countries for their support, to the committee who spent a great deal of time on the difficult task of decision making and the organisers making the travel and accommodation arrangements.

At the end of November I attended the RSNA in Chicago with President Michael Ward. The ISRRT is pleased to continue its association with the RSNA and we are recognised as being one of the leading organisations related to radiology and radiography. As a member of the Associated Sciences group we receive a complimentary and we take the opportunity to meet with registrants and company personnel during the conference.

The ISRRT also meets with representatives from Societies attending the RSNA. In the photograph above is a group of those attending the meeting. Thanks are due to the Joint Review Committee on Education in Radiologic Technology (JRCERT) for the use of their room each year.

I attended the ECR 2014 in March and a full report is given in another part of this newsletter.

Very importantly the winner of the ISRRT/Philips Medical DoseWise Radiographer of the Year competition was announced during the ECR. The winner is Sonyia Mc Fadden, currently lecturer Diagnostic Radiography at the University of Ulster, Belfast, UK.

The United Kingdom Radiology Conference (UKRC) will take place in June in Manchester but unfortunately it overlaps the ISRRT World Congress. This will mean that I am unable to attend however my youngest son Nicholas,

who is a radiographer, has volunteered to staff the ISRRT booth.

President Michael Ward and I continue to have weekly SKYPE meetings and of course we have met several times during the past months at conferences. I also met several times during the year with ISRRT Treasurer Stewart Whitley to discuss financial matters. In particular we both met with the ISRRT portfolio manager in March this year to discuss the progress of our investments. Stewart and I have regular telephone calls and SKYPE meetings and I would like to record my thanks for his help and hard work in his role as ISRRT Treasurer.

I would like to thank all of the ISRRT Board, Council, the Editor and all others who have helped me throughout the past four years of their term of office and wish everyone a very good and fruitful 2014.



Sandy Yule, ISRRT CEO, Michael Ward, ISRRT President, Mark Watson, RSNA CEO.



Stewart Whitley
Treasurer

Treasurer's report

At the time of writing the Board starts the process of budget setting for 2015 which includes determination of projects and workshops which will be held across the world in 2015. This process kicks off April 1 with ideas and proposals submitted to the Treasurer for the initial list of suggestions by June 15 after which the process of selection takes place by the Board.

This is a “bottom up” and “top down” approach with ISRRT member countries through the Council Member structure being able to make suggestions. So now is the time to be involved!

We are also in the process of finalising the accounts for 2013 which will be prepared by our accountants Wormald & Partners based in Bristol, England. A provisional report will be presented to the Board and Council at the forthcoming World Congress in Helsinki, June 2014.

I can also report that following a recent visit to ISRRT's Financial Advisors, Brewin Dolphin, London with Dr Sandy Yule (CEO) that our Portfolio of investments is sound shape giving us an excellent income in 2013 and beating the standard benchmark. As a result I am pleased to report that once again we transferred £8,000 from our investment income into the general funds to support workshops.

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

The Projects and Workshops approved for 2014 include:

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

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

Stewart Whitley
Treasurer

International Conference on Occupational Radiation Protection: Enhancing the Protection of Workers – Gaps, Challenges and Developments

1–5 December 2014
Vienna, Austria



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World Health Organization (WHO)



Kalende Rogers

Kalende Rogers

ISRRT Council Member, Uganda

Kalende is a trained Diagnostic Medical Radiological Technologist and currently works at the Ernest Cook Ultrasound Research and Education Institute (ECUREI) Mengo Hospital Kampala, Uganda as a full time Radiographer and Sonographer and also holds the position of ECUREI Radiation Protection Officer.

Rogers has been in practice for the last six years as a Radiographer and Sonographer with a special passion for Ultrasound. He serves as assistant lecturer and practical demonstrator to medical imaging undergraduate students at ECUREI Mengo Hospital and is the Ag Course coordinator Bachelors in Diagnostic Ultrasound.

In 2008-2011 Kalende has worked for St Francis Nkokonjeru Hospital Mukono, a rural Hospital in central Uganda as Head of Radiology Department. He worked part-time in Kibuli Muslim Hospital and Kansanga medical Centre Kampala as Radiographer and Sonographer from 2009 to 2011. In 2009-2012 he worked in Kyadondo Medical Centre Kawempe as part-time Radiographer and Sonographer as well as head of the Radiology Department.

Professional Education

2013: Final year Postgraduate student of Masters in Diagnostic Ultrasound at ECUREI Mengo Hospital Kampala.

2012: Diploma in Diagnostic Ultrasound as a joint award from ECUREI/JUREI (USA).

2010: Bachelors in medical imaging at ECUREI Mengo Hospital Kampala.

2008: Diploma in Diagnostic Medical Radiography.

Rogers has taken on other professional activities and responsibilities. He is the co-opted ISRRT council representative for Uganda and currently holds the post of Vice General Secretary of the Uganda Radiography Association, along with the position of General Secretary National steering committee for the establishment of diagnostic Reference levels.

He is a member and Scientific committee member of the Uganda Society for Advancement of Radiology and Imaging (USOFARI) and has been involved in curriculum review and development for Bachelors in Medical imaging program at ECUREI.

He also spends his time serving God at Watoto church as the cell leader for cell number W1D2C in his community fellowship. He also doubles as a sectional leader.

He has attended and made presentations in a variety of national and international conferences which include: Pan African Congress on Radiology and Imaging (PACORI), USOFARI (Uganda Society for Advancement of Radiology and Imaging), UGASON (Uganda Association of Sonographers), URA (Uganda Radiography Association), RASCO (Radiographers Annual Scientific Conference) in Kenya.



Mark Chukwudi Okeji

Mark Chukwudi Okeji

ISRRT Council Member, Nigeria

Dr Mark C. Okeji is a Senior lecturer in the Department of Medical Radiography and Radiological Sciences, Faculty of Health Sciences and Technology, College of Medicine, University of Nigeria, Enugu Campus. He holds a B.Sc, M.Sc and PhD degrees in Radiography, majoring in Medical Imaging, Radiation and Environmental Protection.

Mark has published over 20 scientific articles in reputable journals. He has served on many university committees in the past and currently is a member of the University of Nigeria Postgraduate Board. He is a visiting senior lecturer in the Department of Radiography, Nnamdi Azikiwe University, Nnewi Campus and a former Visiting Lecturer, Department of Radiography, University of Maiduguri.

Dr Okeji is the President of Association of Radiographers of Nigeria and has been a Council member of the Association since 2004. He was a member of the Board of Management, Radiographers Registration Board of Nigeria from 2009 to 2010 and currently is a Board member, University of Uyo Teaching Hospital, Uyo, Akwa Ibom State, Nigeria.



Euthimios Agadakos

Euthimios Agadakos

ISRRT Council Member, Greece

Euthimios Agadakos, is a father of two girls who was born in Sydney, Australia and is of Greek origin. Nevertheless he dislikes barriers and thus considers himself a citizen of the entire world.

He received his secondary education in Pireaus, Greece. His professional history as a radiographer began in the late 80s, when Euthimios returned to Sydney to continue his studies. His tertiary education was completed with a degree in Medical Radiation Technology (Diagnostic Radiography) at Sydney University. His employment appointments included a five year period where he was a practicing radiographer and ultrasonographer in various private practices in Sydney.

In 1995, he relocated to Athens where he commenced working in a large university hospital as a diagnostic radiographer. He is currently the head radiographer in CT since its establishment in 1999.

All these years, Euthimios has been actively involved in national and European scientific congresses with presentations in ECR 2004 and ECR 2008, ESUR 2009, CIRSE 2010, as a speaker, moderator, and a member of both scientific and organizing committees.

Furthermore he designs CPD programs for the Ministry of Health and Social Welfare and takes part in radiography education as:

- a clinical associate with TEI (Tertiary Education Institution)
- an educator in vocational education. Instructor

In addition, he represents radiographers' interests as a voting member in special governmental committees.

Recently he was awarded the MSc in Health Services Management from the National School of Public Health in Athens.

At present, he is the elected president of the Panhellenic Society of Radiological Technologists committing to CPD, continuous quality improvement, patient safety and dose awareness particularly in CT.



Donna L. Thaler Long

Donna L. Thaler Long

ISRRT Council Member, ASRT

Donna is the radiography Program Director for Ball State University/Indiana University Health Methodist Hospital in Indianapolis, Indiana.

She received an associate degree in radiologic technology from Indiana University and Methodist Hospital, a bachelor's degree in health services management from Indiana University and a master's degree in management from the Indiana Institute of Technology.

Donna also works as a staff radiographer at Hendricks Regional Health Hospital in Danville, Indiana.

Donna said that she is fortunate to have had the opportunity to work in a variety of roles throughout her career including staff radiographer, fluoroscopy supervisor, administrative director of radiology, sales, equipment applications and education.

Donna has served on the Board of Directors for the American Society of Radiologic Technologists for nine years as Vice Speaker (3 years), Speaker (2 years), Secretary-Treasurer, President-elect, President and Chairman of the Board. She has served on numerous committees for the ASRT and was elevated to Fellow in 1994. She is also a Life Member, past president and an active member of the Indiana Society of Radiologic Technologists.



Benoit Billebaut

Benoit Billebaut

ISRRT Council Member, France

Benoit Billebaut is currently an ISRRT Council Member for France.

Professional Education

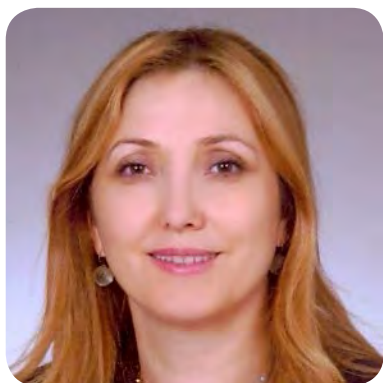
2002-2007: Master I in Neurosciences, University of Sciences in Tours, France

2007-2010: Radiographer Formation in Nancy, France

Since 2010: Radiographer in Universität Klinikum Münster, Germany.

Benoit has specialised in diagnostics, with a strong emphasis on MRI since 2011. He has been a member of the International Commission AFPPE since 2010 and a Board Member of Vereinigung Medizinisch-Technischer Berufe in der Deutschen Röntgengesellschaft (VMTB) since 2011.

He is the author of several articles about MRI and co-author of articles about the radiographer profession around the world and has been the organiser of workshops for MRI beginners.



Nezaket Özgür

Nezaket Özgür

ISRRT Council Member, Turkey

Nezaket Özgür graduated from On Dokuz Mayıs University, Vocational School of Health, Department of Radiology in Turkey in 1992. In 2004 she graduated from Anadolu University Department of Public Administration.

She earned a B.A. Degree from Hacettepe University, Turkey in the field of Health Administration between 2007-2008.

Nezaket has worked as a technician of nuclear medicine for four years and currently works as a technician of computed tomography at Ankara University Faculty of Medicine in Turkey.

She has served as a board member and a vice president and has been the President of Turkish Medical Radiotechnology Association for 4 year term.

She has given seminars on Radiation Security and Protection in many hospitals and is still giving seminars about Solutions for Professional Problems of Radiology Workers, having studied Health Workers' Health and Security, dealing with Dangers in Workplaces and Risk Evaluation and organising local and national trainings.

Nezaket is a professional mountain climber who also enjoys hiking and drama. Her philosophy is, Radiation is not a vitamin. Please 'low doses of radiation'.

She has attended international congresses in Malta, Portugal, Australia and Canada and national congresses in Istanbul, Antalya, Izmir, and Ankara.



Stephen Samson Mkoloma

Stephen Samson Mkoloma

ISRRT Council Member, Tanzania

Stephen Samson Mkoloma graduated from the University of Johannesburg with a Bachelor of Technology (B.Tech) in Diagnostic Radiography in April 2008. Before that, he received his diploma in Diagnostic Radiography in December 2005 awarded by the University of Dar es Salaam; Muhimbili University College of Health Sciences (MUHCS), Tanzania.

His working experience as a radiographer is as follows:

July 2005-March 2006:	Imaging Plus Diagnostic Center
April 2006-March 2008:	Temeke Municipal Hospital
April 2008 to present:	Ocean Road Cancer Institute (ORCI)

Since 2008 Stephen has been teaching as a part-time tutor at the school of Radiography of the Muhimbili University of Health and Allied Sciences (MUHAS) where he devotes himself in teaching Radiation Sciences and Radiographic Imaging.

Mr Mkoloma was appointed a chairperson for the interim committee that organised a Scientific Conference and Annual General Meeting for TARA after some years of being silent. A position he is currently holding after the general election that took place in November 2013 during the conference and AGM.



ISRRT and Royal Philips Electronics award Sonya McFadden

DoseWise Radiographer of the Year

Thank you all for your enthusiastic participation and submissions to be considered for the Radiographer of the Year award.

Among all the great submissions we received from you, the panel of the International Society of Radiographers and Radiological Technologists (ISRRT) and Philips selected the winner, Sonya McFadden, currently lecturer Diagnostic Radiography at the University of Ulster, Belfast, UK.

Her response showed a very promising improvement on a systemic level regarding pediatric diagnostic dose reference levels. Pediatric exposure is of the highest concerns as these patients are the most sensitive to radiation, and although the benefit of the procedure outweighs the risk, it is incumbent upon the radiographer to use the least amount of dose necessary for a diagnostic image.

Her surveys showed wide variation in pediatric imaging parameters among users in the UK/Ireland and sharing these best practices can lead to a quick improvement among caregivers.

We congratulate Sonya McFadden with winning the award, she receives the opportunity to speak at the 18th ISRRT World Congress in Helsinki, Finland (June 12th to June 15th 2014) and share her findings.

For more information about dose management please visit www.dosewise.com

Philips and ISRRT DoseWise Radiographer of the Year team



Helsinki, Finland
Optimizing for Better Care
18th ISRRT World Congress
12.-15.6.2014

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registration
is now open**

**Call for papers
is open
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**Helsinki -
Daughter of the Baltic,
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and ISRRT invites all the radiographers,
radiological technologists, nuclear
medicine technologist, sonographers
and radiation therapists
to the 18th World Congress**

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Mountainous Challenges

Implementing Bonn Call-for-Action in Nepal

Report by **Thakur Prasad Lamsal**, Chief Radiographer, Sub-Regional Hospital, Dadeldhura Nepal

Health/Bio-Hazard induced from technology and devices are global cross cutting issues. There are increasing trends of such devices/technology for the betterment of life where on the other hand it also brings health related hazards for people, personnel and communities.

ECRI Institute's Health Devices Group recently presented the Top 10 list of health technology hazards which is developed each year by them. From the 10, three are from Radiological Technology/devices. They are: 1. CT radiation exposures in paediatric patients, 2. Occupational radiation hazards in hybrid imaging operating room, and 3. Risks to paediatric patients from "adult" technologies (performing paediatric CT using adults' parameters is explicitly mentioned here). This reinforces the need to improve radiation safety culture in health care setting.¹

The IAEA & WHO held the "International Conference on Radiation Protection in Medicine: Setting the Scene for the Next Decade" in Bonn, Germany, in December 2012, with the specific purpose of identifying and addressing issues arising in radiation protection in medicine. An important outcome of the conference was the identification of responsibilities and a proposal for priorities for stakeholders regarding radiation protection in medicine for the next decade. This specific outcome is the Bonn Call-for-Action which highlights 10 main actions, and related sub-actions, that

were identified as being essential for the strengthening of radiation protection in medicine over the next decade.²

Nepalese Scenario in Context to Bonn Call for Action

The use of ionizing radiation in medicine in Nepal has a long history, starting about eight decades ago with the establishment of Tri-Chandra Electro-Medical Institute where the first x-ray machine was installed in 1923 by Dr Rana and Dr Asta Bahadur Shrestha.³ Nepal has had success to establish various modes of Radiological Technology throughout the nation gradually. At present approximately 1200 X-ray units (60mA-1000mA) and 30 CT scanners are available in Nepal. There are only five MD-CT (16 and 64 slices) and few high frequency X-ray units located in major cities. However, radiology service is improving with several up-to-date diagnostic and radiotherapy facilities, quality assurance and radiation safety are still lacking in Nepal. Lack of proper radiation policies, qualified work force and awareness of the uses of radiation energy are the major issues of radiology in Nepal⁴ Nepal became a member of IAEA in



Radiography Room in Dhading District Hospital.



Thakur Prasad Lamsal.

2008 and running Medium-term planning for 2011–2015 but no specific results are published yet.

To achieve the objectives of Bonn Call-for-Action within the Nepalese Radiological services arena are imaginary.

Due to the lack of radiation policies and authority, services are mishandled as well as misguided. Most clinics, diagnostic centres and hospitals are occupied by unskilled and unlicensed workers, not only in the private sectors but also in government sectors. Personnel Monitoring systems is a big problem. Doses received and dose records are done in therapy and in a few hospitals where the rest of the service areas are unknown about the Personnel Monitoring. Even radiological staff who work under the ministry of Health and Population (MOHP)'s diagnostic healthcare settings haven't used personnel monitoring devices, except the radiotherapy wing.⁵

Provisions of radiation protection for staff, patients and the public are very poor in Nepal. Most of the X-ray clinics are running without minimum requirements of quality assurance and radiation protection. Most rural hospitals and private X-ray clinics are equipped with old generation x-ray machines or even conventional radiography systems which are nearly 10-20 years old. The repair and maintenance of such old x-ray machines is never done for quality assurance program.

Developing and implementing imaging referral Guidelines will be a critical task in the Nepalese Healthcare System. Modern technology such as PACS equipment and high-resolution 3T MR imaging and DICOM Tele-radiology, and Patients Dose Tracking system are the dream for the Nepalese Health Care System now. We are mostly using pre-owned as well as refurbished/second hand medical imaging equipment, to maintain radiation protection and quality assurance is difficult. To create a radiation protection culture and maintain radiological quality is a great mountainous challenge to us. Quality audit maintain radiological quality services, how to create Quality Circle (QC) and how to acquire Quality Control/Quality Assurance (QC/QA) in low resources health care settings like Nepal is also challenging to us. The most important of all is the presence of qualified diagnostic and therapeutic medical radiation workers in government and private hospitals. Similarly, medical physicists, radiation safety officers, radiation ecologists should prepare National Radiation Policy under the banner of an independent 'Radiation Board'. The medical radiation workers must be certified

by the Medical Radiation Board of the nation. Our goal should be the safe use of radiation for the betterment of human life.

Though Nepal has a long history of medical radiology since 1923, unfortunately we still do not have any Radiation Protection Infrastructure to control the use of ionizing radiations in the various fields so there is a great need for rules, regulations and Radiation Protection Act in the field of radiation in the medical field.

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1. Top 10 list of health technology hazards for 201 for 2014 ECRI Institute's Health Devices Group.
2. Bonn Call-for-Action, a leaflet jointly published by IAEA and WHO.
3. Status of Ionizing Radiation in Medicine; Kanchan P. Adhikari; *Medical Physics & Engineering Education & Training Part 1*.
4. Subedi KS, Shrestha AB, Sharma P (2013) Status of Radiation Safety and Emerging Challenges in Radiology in Nepal Calling for Strong Safety Measures. *J Radiol Radiat Ther 1*: 1006.

Thakur Prasad Lamsal

Email: thakur.lamsal@hotmail.com



Typical dark room in Nepal.



Participants pause for a group photograph in front of the conference hall at Sports View Hotel in Kigali, Rwanda.
Seated from L to R:
Prof Theodore, Prof Teh, Prof Jonny Monu, Prof Taljanovic
and Dr Rudakemwa (PACORI President).

The 7th Biennial Pan African Congress of Radiology and Imaging (PACORI)

Kampala, Uganda
April 24-26, 2013

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

PACORI is short for Pan African Congress of Radiology and Imaging. It was founded in the year 2000 by the efforts of Professor Henry Kasozi an associate professor of Radiology in Uganda who alongside Professor Michael Kawooya and other few radiologists and Radiographers at that time, had a similar foundational dream, while most of us who were in high school at that time, are living to write on the magnificent event of the concrete step. It is one of the associations which unite radiographers, radiologists, medical physicists and other professionals in Africa under the same umbrella.

It's no wonder Professor Kasozi, the founding president of PACORI, is also believed to be the father of radiology in Uganda and the cook to the food we are eating now. Hey!!!! excuse me for taking you round the aisle on the history rather than the report. Don't you mistake me for Ceaser Barare, although I may be a conduit to paradise of the story once told in a 2009 ISRRT newsletter about the 5th PACORI conference in Nigeria. Quote me not wrong that mine is a story of the 7th biennial PACORI 2013 conference held in a country as clean as my brain covered by the inner sterile calvarium. This is not any country, other than Rwanda, the cleanest I have come



across so far, of course among my countable travels across the globe. Forgive me for not starting with the fact, that this year's conference was one not worthy missing as lots of activities transpired during the event.

The Venue

The Radiology fraternity in Africa and the rest of the world was hosted to this event in the Sports View Hotel which is one ambient hotel in Kigali, the capital of Rwanda.

The venue is a constitutional mandate that the PACORI president elect also hosts the conference in his/her native country. Dr Emmanuel Rudakemwa, a Radiologist in King Faisal Hospital Kigali, Rwanda, was the president elect during the 2011 PACORI conference which it was held in Zambia, this gave Rwanda the passport to host the 7th Biennial conference.

The Theme

The theme of the conference was "Evidence-based imaging for quality health care in non-communicable diseases".

Subthemes

- Cancer
- Renal diseases
- Cardiovascular and metabolic diseases
- Injuries & disabilities
- Research & Non communicable diseases
- Role of Teleradiology

The Sponsors

Many companies contributed towards the success of this event but the main sponsors were Philips, Dash-S Technologies, Bayer Healthcare East Africa Ltd, Africhem Rwanda Ltd, Sonosite and Sports view Hotel among others.

The pre-conference

The pre-conference workshop wasn't a reality due to logistical reasons. It was earlier scheduled to open the conference on April 23 but the program was shortened to three days.

The speakers

International speakers from UK, US and Uganda, thrilled the conference with memorable presentations and speeches. These were none other than:

1. Professor Johnny U.V. Monu, M.D. Professor of Radiology and Orthopedics, University of Rochester California, School of Medicine and Dentistry Rochester who also led the team of invited speakers.
2. Professor Taljanovic Mihra S. MD, PhD, FACR, University of Arizona Health Network Tucson, AZ.
3. Dr James Teh, Consultant musculoskeletal Radiologist Nuffield Orthopaedic centre, Honorary senior clinical



Equipment which was show cased during the event.

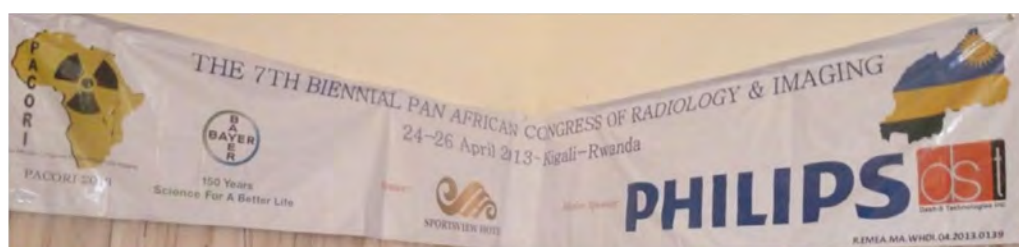
4. Professor Michael Kawooya, MBCHB, Msc Rad, PhD Radiology, Director Ernest Cook Ultrasound Research and Educational Institute (ECUREI) Mengo Hospital Kampala (Uganda)
5. Professor Theodore J Dubinsky, M.D, Professor of Radiology, Obstetrics and Gynecology, University of Washington US.
6. Professor Joseph Novik, MD, RDMS, FACEP, Brown university, Associate Professor Dep't of emergency medicine NYU/ Bellevue medical center,
7. Other speakers included Radiographers, Radiologists, exhibitors and company representatives from Uganda, Kenya, Rwanda, Tanzania, among others.

The participants

There were radiographers, radiologist, physicists, medical imaging and biomedical students, exhibitors from different local and international companies, among others.



Above: Standing: PACORI 2013 organizing committee from Rwanda. Standing extreme left is the PACORI General Secretary John Baptiste Ndahirwe.



The conference days

The conference was over three days, with all the days having presentations from international and local speakers. Also present were exhibition tents for the various equipment manufacturers who show-cased their best products with every one of them blowing their own trumpet on the beauty with buying products from their respective companies.

The last day of the conference was a half-day and the other half was used for the general assembly where new PACORI leaders had to be elected and the old cabinet resolved. That time was also used to highlight the way forward for PACORI.

Names and posts of the new cabinet are:

- New PACORI President: Dr Rose Nyabanda a Radiologist working with Kenyatta National Referral Hospital in Nairobi Kenya was nominated and appointed President in absentia.
- General Secretary remained Mr John Baptist Ndahirwe, as he was unopposed during the nomination process. He is Radiographer working with Kigali Health Institute in Rwanda.
- Treasurer remained Dr Kisembo Harriet, a consultant Radiologist working with Mulago National Referral Hospital in Uganda, she had good accountability for the finances while she served in the previous cabinet.
- Mr Mamati Anthony, President Society of Radiographers in Kenya was the new Kenya country representative for PACORI.
- Mr Bana Remie Wilson was the country representative of PACORI in Rwanda.
- Uganda country representative elect was Dr Muyinda Zeridah.
- Tanzania was represented by Gerard Murema.
- Burundi was represented by Dr Pierre.
- Nigeria was represented by AFK Bakre.

The other countries without representatives didn't participate in this conference. Since the PACORI president elect was Kenyan, it automatically means that the next PACORI is to be hosted in Kenya in 2015.

Closing and awarding ceremony

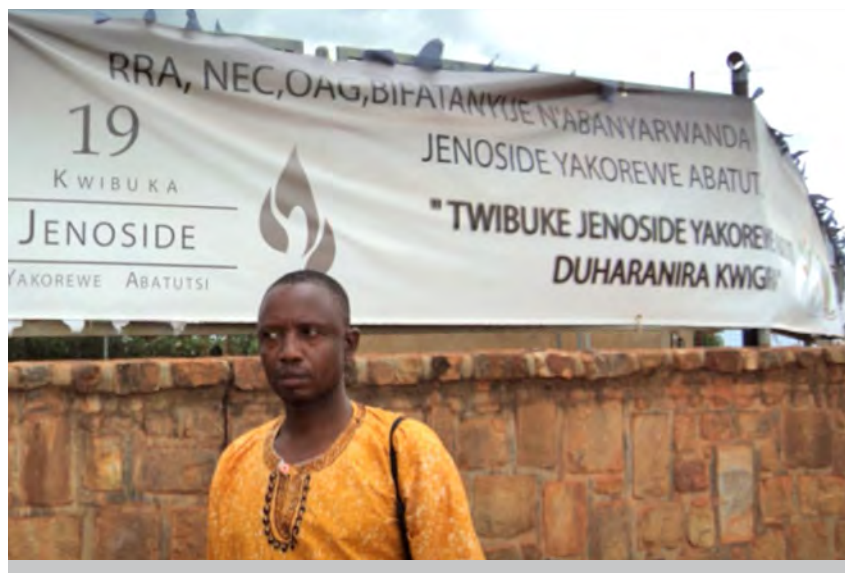
All the presenters and participants were given certificates of presentation and attendance respectively on day 3 of the event.

The after conference events

Just like the saying in football "if you miss the ball, don't miss the leg," and so was an expression that proved not only applicable to football but also outside the game. Having missed the pre-conference



One of the exhibitors from Sonosite Kenya Mr Anthony Kuria receives a certificate of participation from Dr Kilaha of Kenya. 4th from right in red hat, Mr Mamati Anthony, President Society of Radiographers Kenya.



A participant stands in front of one of the genocide sites in Rwanda

seminar, the post conference seemed a reality as participants were served to a splendid but yet grieved tour of the genocide sites in Rwanda where remains of people who were killed in the massive and world's re-known Rwandan genocide of 1994 were stored. Everyone felt heartbroken as they toured their way through the tombs and monuments of the skulls and skeletons of the innocent people killed during that time.



2nd Myanmar Medical Radiation Technologists Meeting and Commemoration of World Radiography Day 2013

Yangon, Myanmar
November 8 & 10 , 2013

Report by **Khin Maung Tin**,
 President,
 Myanmar Society of Medical Radiation Technologists

The second Myanmar Medical Radiation Technologists Meeting and Commemoration of World Radiography Day 2013 was held at Chatrium Hotel, Yangon, on November 10 2013.

One hundred and ninety delegates from throughout Myanmar and foreign countries participated. The eminent speakers from the United States, Thailand and Singapore gave the scientific lectures. The local medical radiation technologists also participated in the lecture program and 12 papers were read for various modalities.

The Myanmar Society of Medical Radiation Technologists also organised a workshop on “OT Hand-on Training on Mobile C-arm”, in honor of the World Radiography Day.

This workshop was held at Pun Hlaing International Hospital, Yangon, on November 8, 2013. Twenty five medical radiation technologists attended and after the completion of the course certificates were awarded.





Ms Deneise Marshall,
President of the Barbados
Health Information Management
Association and Mr Weithers,
President of BAR.

Bridging the Gap

Barbados November 1-3, 2013

Report by **Ian Weithers**, President,
Barbados Association of Radiographers

The Barbados Association of Radiographers (BAR) in conjunction with the Barbados Health Information Management Association (BHIMA) held its annual conference from November 1-3, 2013 at the Radisson Aquatica Hotel, Bridgetown, Barbados.

The conference entitled “Bridging the Gap: Diagnosis, Therapy and Health Informatics” featured an interesting mix of topics from international and local speakers. The partnership between the Associations was the first for both organisations and the synergy between them was evident as the programs were executed smoothly and efficiently.

President of the ISRRT Dr Michael Ward was in attendance and offered the featured address for the BAR. His presentation “Health Literacy: A Patient Safety Issue” was stimulating and generated significant discussion among conference participants. He also congratulated the Association for its novel approach in joining with the BHIMA to host the event and praised them for the quality of the



Mrs Cassandra Bissen, Performance Engineer for the Mayo Clinic Health System, U.S.A. & ISRRT Regional Director.



program that was offered.

Regional Director of the ISRRT Mrs B. Patricia Johnson gave the welcome address to conference attendees. In her address she outlined the role of the ISRRT, its commitment and its relationships at the local, regional and international levels. Senior Medical officer of Health Dr Elizabeth Ferdinand offered welcome remarks on behalf of the BHIMA.

"I particularly am pleased that two allied health professionals have joined in the planning and hosting of this conference ... in their continued efforts to promote a better partnership. The conference she noted is significant, since it provides information by health care professionals that is pertinent as they seek to deliver the most appropriate care based on sound information.

She told participants, "We need to be committed to ensuring that we deliver better, faster and more convenient health services so that health informatics can indeed bridge the gap between diagnosis and therapy and strengthen the team approach to deliver the care."

The conference saw some 70 persons from six countries in attendance.

The Associations are already in planning for a possible 2014-2015 event.

Ian Weithers



Left:

Top: Coordinating Team for the BAR Conference 2013.

Middle: Dr Michael Ward, President of ISRRT.

Bottom: Barbados Association of Radiographers Conference 2013.



11th National Conference of Indian Association of Radiological Technologists (IART)

**New Delhi, India
November 22-24, 2013**

Report by **Mr Ramesh Sharma**, Organising Secretary and **Pawan Kumar Popli**, Programme Coordinator [NCIART-2013]
Ernest Cook Ultrasound Research and Educational Institute (ECUREI) Mengo Hospital Kampala (Uganda)

The 11th NCIART was held from November 22, 23 & 24, 2013 at AIIMS, New Delhi, the capital of India in a very good manner. Radiological Technologists, students and trade delegates and other allied professionals from all over India took part in the conference. The venue for the conference was Jawahar Lal Auditorium, Dept. of Radio-diagnosis, AIIMS (All India Institute of Medical Sciences) in Delhi, the capital of India.

Main attraction of the conference was the wonderful scientific session with the Theme “New Trends in Radiological Imaging”. The scientific session comprised of invited papers, proffered papers, student presentations as well as poster presentations. The scientific sessions were decorated with two panel discussions on the most relevant issues in India at present. The other first time initiatives by AIIMS were the best technical academic persons were invited irrespective of their association affiliates, they were awarded with travelling and accommodation and to encourage the young presenters a best paper award was given in each scientific session. This scientific program is described to be the 2nd best till date in any national conference in India. 374 delegates participated in the conference from all over India. It was supported by 25 guest faculties who delivered lectures and participated in two panel discussions along with chairing the scientific sessions. 32 proffered papers and 26 poster papers were also presented by participating radiographers and students.

Day 1

The inauguration ceremony was chaired by Prof. Arun Kumar Gupta, Head Dept. of Radiodiagnosis, AIIMS. The chief guest was Prof.

Veena Chowdhury (Director & Head, Deptt of Radiology & Imaging) Maulana Azad Medical College, Delhi and Dr. M M Rehani (Director Radiation Protection European Society of Radiology, ESR) was kind enough to join as the Guest of Honour.

The lamp lightning ceremony was conducted by all the dignitaries present followed by the Sarswati vandana (Worship for Goddess of knowledge). The inaugural ceremony was concluded with the vote of thanks by Mr Ramesh Sharma, Organising Secretary of the conference. The inauguration of the poster area was done later in the day. This was followed by some key lectures and selected proffered papers.



Day 2

A number of invited and proffered papers were presented during the day. As the day progressed the highlights came out to be two of the panel discussions. One of them which took place pre-lunch. The panelists were Dr Piyush Sahni (Professor and Head GI Surgery) Dr Atin Kumar (Addl. Professor Radiology, Trauma Centre) Dr Mahesh (Asstt. Professor Hospital Administration) all from AIIMS. The Moderator Mr Ramesh Sharma took the opinion from the panelists and all of them emphasized that the role of radiographer is becoming more and more expanded in the modern radiology and imaging departments and they all acknowledged that the radiographer is playing a key role in health care and is an important part of the medical team in patient care.

The second panel discussion was post-lunch on the topic "Profession issues in Radiography". The panelists were Dr MM Rehani (ESR) Dr SC Bansal (Gen Sec IART) Mr Srinivasulu Sirandas (VP, AP Chapter Society of Indian Radiographers, SIR), Dr AK Sangal (Indian Confederation for Healthcare Accreditation-ICHA) and Mr Pawan Kumar Popli (moderator-AIIMS) discussed with panelists the various professional issues like standardisation of profession, improving educational scenario, social economic status, accreditation of teaching and practicing work places and to have professionalism among radiographers.

The IART Scientific committee selected the best poster from the poster papers presented in the poster area.

The Executives Committee meeting of the IART was held in the evening in which many issues were discussed.



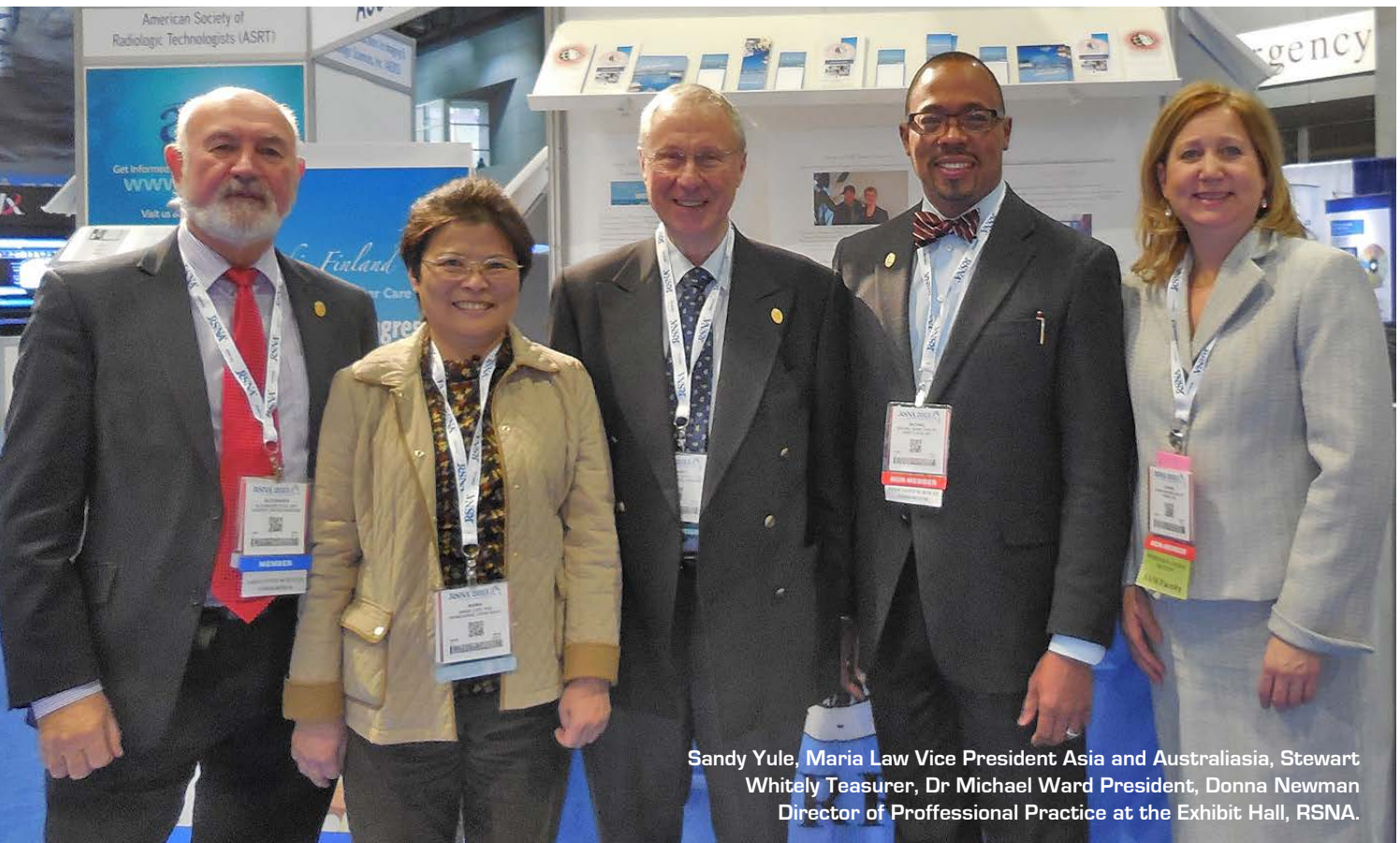
Day 3

The main highlight of the day was the student technologist presentations in which papers were presented by the student radiographers from various institutions from all over India.

The closing ceremony was held in the afternoon. The best oral and poster paper awards were distributed by IART officials. Mr SC Bansal (Gen Sec IART) gave the closing speech. He congratulated the organising team of AIIMS for their excellent arrangements to make this conference a success. He presented the trophy to Mr Ramesh Sharma (Org.Sec) for the department of radio-diagnosis, AIIMS for their good efforts to organise such an event.

All participants returned back to work after the conference having had an enriching experience.





Sandy Yule, Maria Law Vice President Asia and Australasia, Stewart Whitely Treasurer, Dr Michael Ward President, Donna Newman Director of Professional Practice at the Exhibit Hall, RSNA.

Associated Sciences Program at RSNA 2013 showcased many technologist presenters

Chicago

November 30 - December 5, 2013

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

The Associated Science Consortium theme for RSNA on Monday December 2, 2013 was promoting Global Dose Reduction. As a member of the Associated Science the ISRRT helped organise and promote this event at the RSNA. Technologists, physicists and radiologists gathered to share important information in regard to their contribution this past year to Global Dose Reduction. As part of the Associated Science Consortium the ISRRT helped pick speakers for the morning session and help promote this year's topic Global Health. It was exciting to see that technologists represented all the speakers for the morning session. Dr Michael Ward, our President, served as the session moderator.

We started out with two wonderful talks on Global Health: Radiology in Haiti with Barbara Tomassini a technologist that spoke to the audience about radiology in Haiti: Challenges and Reward in a third World Country. Barbara helped with a mission project which organised and built a radiology department in Haiti before and after the earthquake happened. This talk truly gave insight to the hardships that happen after a natural disaster and the work that is needed to

achieve just baseline health care for the country.

Jim Temme then gave an informative presentation called Radiology in Haiti: Disaster Victim Identification in Post – earthquake Haiti. His presentation gave the audience an idea of what it was like to set up a radiography room in a tent and the process it took to identify victims from the earthquake. As a radiographer I have great admiration for this work and to see the impact on our professions work. Jim's talk also showed how many different professions have to work together to create a process that helps families identify their love ones that were lost. It truly gave us a first-hand account on how a country operates when their basic needs aren't even being met.

The second session which I had the opportunity to participate in was called Global Health: Dose Reduction is our Business. Graciano Paulo, Vice President, European Federation of Radiographer Societies, gave a talk titled Promoting Radiation Safety Culture in Europe: The Role of European Union Projects. Graciano's talk was a wonderful recap of the projects that are at the forefront of

the European state at this time. He described how the radiographer is the final point of contact for the patient and we have the responsibility to guarantee the right procedure is being done and that optimisation is always used. The EU project helps insure this is being met by having Clinical Audit Guidelines that provide education, collect dose distributions and promote a safety culture.

I had the great experience to speak on behalf of the ISRRT on Promoting Radiation Safety in Imaging Worldwide. This gave the ISRRT an opportunity to present how partnerships with other stakeholders in our profession can impact radiation safety in both developing countries and developed countries. I talked about how the ISRRT contributes to the major projects happening through partnership's with the WHO, IAEA, IRQN. We have been working with these group's on the Pediatric communication tool which is in its final stage and available for download on the WHO website which is a educational tool for referring physician, radiologist and technologist to help aid and educate the best practice on how to talk to peadiatric patients and families about their procedures and the dose they may be receiving. I also presented the ISRRT's programs that we have established with other national societies to promote dose reduction such as the Travel Support Fund which helps bring technologist from developing countries to the world congress. If you are interested and reading this article go to the ISRRT.org website and apply.

I presented on our partner with industry to bring education about dose reduction through our "DoseWise Competition" which is a contest to promote best practice in your own practice. The winner gets a trip to the world congress. Finally I presented how partnering with individual countries to present workshop and training can help promote dose reduction within that country. The ISRRT contributes through partnerships with several different styles of workshops which include train the trainer workshops, partnering with regional societies and holding a regional congress and finally partnering with WHO and regional partners such as PAHO to provided education in a specific country. I presented example of these workshop where we have done education positioning, Quality Control and special topics like ultrasound, such as at our workshop in Haiti this past year. We have also done advanced imaging topic workshop by partnering with ERFS which was a regional workshop that was hands on with topics in dose reduction in CT and interventional radiography which was held this past year in Daunas Klinikos where three countries sent representatives to bring the information back to their countries on radiation protection.

Finally I talked about our work with the IRQN and our workshop series that has been done in several countries, the last being a five day workshop in Zambia June 3013 on image interpretation with radiologist Dr Ian Cowan presenting topics on chest musculoskeletal system and abdomen on pattern recognition skills for technologists. The ISRRT partnered with the local society and they had their Ministry of Health sponsor many delegates and help with distribution of a CD to take with the participates. I was excited to see another technologist on the afternoon session talk about CT dose reduction. Ellen Lipman from the ASRT discussed how to reduce your CT doses beyond your protocol in a talk called Going beyond the protocol: A Comprehensive approach to optimising CT Dose and Quality. I found



Graciano Paulo Vice President of European Federation of Radiographer Society, Donna Newman Director of Professional Practice ISRRT, Dr Michael Ward President ISRRT.

it refreshing to see so many great technologist speakers this year at the Associated Science consortium.

Several board members were at this years RSNA because of their own personal jobs, which gave the ISRRT great presence at this year's meeting. We all took turns helping Alison and Sandy at the ISRRT booth in the exhibit hall. This gave us time to network with other technologists, radiologists and physicists as well as the industry. Many informal meetings were held with which created opportunities for new partnerships. Sandy Yule and our President Dr Ward had many formal meetings with our established partnerships to review and establish new projects for the next years.

Sandy Yule gave a wonderful presentation and helped at the Executive Director breakfast where he showcased all the work we have done over the past several years. This was a great opportunity to form partnerships with our national organisations. We hope by doing this type of networking we can do even more with our workshops. I have to say that being a speaker at the RSNA has to be one of the highlights in my career and I am grateful to the ISRRT for the opportunity.

Donna Newman

Cynthia Colwing and Valerie Marcode



Arab Health

Dubai, United Arab Emirates
January 27, 2014

Report by **Cynthia Cowling**, ISRRT Director of Education

Arab Health is a multidisciplinary trade and education congress that serves the Middle East. It is a rapidly expanding Congress and this year 85,000 persons attended. This makes the Congress the largest of its kind in the world. There is an educational stream called Total Radiology and there are all the requisite commercial displays. There is no cost to attend, however the prices of hotels have been hiked to astronomical levels.

I was able to attend a full day at the Congress to get some idea of any role ISRRT might have at this event.

As with everything in Dubai, the site and facilities for this Congress were outstanding. The exhibition space was huge but the radiology/imaging component was relatively small. Several countries had complete sections to demonstrate their wares and European countries seem to have the highest profile.

There was only one auditorium devoted to radiology. The speakers

on this day were all radiologists and most were from the region (keynote was Dr Meziane, Chief Radiologist of the Abu Dhabi Cleveland Clinic). There is one afternoon of presentations by and for radiographers but again there are only about five speakers and most are from the region.

I talked with several exhibitors and in particular Valerie Marcode, a colleague of Philippe's who said that Arab health was expanding exponentially. Another colleague had heard of suggestions that Radiology/Imaging would split from this multi-disciplinary event.

This is very much a trade event. There are far fewer end users here than you would find at ECR or RSNA. The evidence of technologists is invisible as far as I could see. Unfortunately I could not stay for the technology presentations. There was no evidence of professional associations having any presence at all.

The Imaging Radiological Educational component is very much geared for doctors and CME points are offered. There were a few



workshops, in particular ultrasound workshops.

I believe there are very limited opportunities for ISRRT at this stage. A booth would not be a benefit (ISRRT has best exposure when it is in the professions cluster and there is not one here).

I do think that a presentation by an ISRRT person could be given but it would need to be a demonstration of the profession from a global perspective. A promo for ISRRT would not go down well with the radiologists!

Professional Associations are allowed in the UAE. Nurses and physios already have them. However there needs to be a significant number of nationals in the profession. In Dubai and Abu Dhabi between 84% and 92% of technologists practicing are ex-pats.

Radiologists apparently are not keen to have the radiographers set up their own organisations, preferring to stay in control of them.

In conclusion, this is a rapidly growing region and I do think that in the future the ISRRT's important role will be to assist in the professionalisation of the imaging community. There were also requests for international standards for their radiography courses so that they could compare. Facilities are very good, most are modern with DR the method of choice for planar imaging and the mix of CT, MRI, PET-CT, ultrasound is evident. It might be better initially to have some grass roots connections. I have met several in Abu Dhabi and will be happy to share these contacts for the future.

Cynthia Cowling





Computerized tomography (CT) and ultrasonography workshop

Jamaica
February 22-23, 2014

Report by **Andrea Dyer-McKen**, President, Society of Radiographers Jamaica

The Pan American Health Organization (PAHO), specifically the Radiological Health Program, in conjunction with the Society of Radiographers Jamaican and the American Society of Radiologic Technologist staged a two day didactic and hands on workshop at the Kingston Public and Victoria Jubilee Hospitals. The workshop was conducted due to the thrust of the Ministry of health towards cancer detection and prevention. Radiographers and diagnostic imaging was recognized as important in driving this thrust. The aim was therefore to focus on honing the skills of Radiographers who are vital in the detection of diseases.

The workshop had 31 participants with 16 for CT and 15 for Ultrasonography representing a mixture of both public and private sector Radiographers. The main presenter for CT was Ms Bettye Wilson, Associate Professor Emerita at University of Alabama. The CT participants had a full day of lectures on the first day and on the second day 15 patients were scanned as part of the training exercise. The ultrasonographers scanned 10 patients on Saturday at both the Kingston Public and Victoria Jubilee Hospitals and had a full day of lectures on day two. The trainers for ultrasound included sonographers Cindy Hoffman from Kaskaskia College and Leigh Giles Brown from Howard Community College as well as Dr James Hwang from Howard Community College. Also present were Dr Kam Mung and Ms. Marilyn Entwistle representing PAHO Jamaica and Ms Kayiba Medlen representing PAHO Washington DC.

CT Workshop

The topics covered for CT included quality control, cross sectional anatomy, cardiac CT and CT colonography. Though the latter two examinations are only done at one or two private facilities, the concept

was discussed. Ms Wilson was impressed with the level of skill of the CT Radiographers and was also impressed by the quality of the images being produced by the Kingston Public Hospital. The Radiographers were grateful for the information provided especially with regarding the use of contrast media in breastfeeding mothers. She has promised to provide useful educational website where Radiographers can continue to upgrade their knowledge and practice.

A total of 15 patients were scanned on day two representing a wide range of examinations. The presenter was fascinated by the amount of pathology detected in each patient scanned.

Ultrasonography Workshop

The Ultrasonographers were split into two groups and scanned 10 patients on day one at both the Kingston Public and Victoria Jubilee Hospitals. There was an emphasis on vascular ultrasound as most candidates identified this area as one of weakness. The trainers identified a few areas of weakness for which they plan address through a series of webinars. One such weakness was the proper use of the equipment. The trainers recognised that the candidates did not have a proper appreciation of the buttons on the machine, which are useful in getting proper images and determining pathology. The trainers have promised to do a series of webinars on “knobology” to address this deficiency.

The topics covered in ultrasound lecture on day two included quality control, arterial and vascular doppler, acute abdomen and thyroid Ultrasonography. The presenters were impressed with the level of questions asked and the overall level of knowledge of the participants.

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Dear Colleagues,

As President of the International Society of Radiographers and Radiological Technologists (ISRTT), I bring you greetings on behalf of the Board of Management of the ISRTT. The Convening Committee for this wonderful workshop has planned an outstanding program for you in Abidjan, Cote d'Ivoire.

The main theme for the workshop is "Mother and Child." I encourage you to take the opportunity to participate in all aspects of this Conference including the technical program and the wide variety of wonderful attractions that will be available to you in Abidjan.

It is anticipated that colleagues from near and far will be represented at the Conference.

This will provide the participants with learning and networking experiences that you will not soon forget.

My very best wishes for a truly rewarding and memorable experience.

Kind Regards,

Dr Michael D. Ward, RTR, FASRT
President ISRTT

18th ISRTT World Congress 2014, Helsinki, Finland

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

The website www.isrrt2014.fi

is updated with new information
please visit and find news and information

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



Sandy Yule, Piret Vahtramae Estonia. Bodil Andersson, Sweden. Michael Ward.

ECR 2014

Vienna
March 6-10, 2014

European Congress of Radiology (ECR) 2014 was the 20th year of this event taking place. The ISRRT President Dr Michael Ward, ISRRT Treasurer Mr Stewart Whitley and the ISRRT CEO, Dr Sandy Yule were present representing the ISRRT. Also present was The Vice President for Europe/Africa Mr Philippe Gerson, who was attending on behalf of his Association, and Mr Dimitris Katsifarakis, ISRRT Regional Director for Europe who was in Vienna to attend a meeting with the International Atomic Energy Agency.

As in recent years the ISRRT had a complimentary booth kindly given by the ECR. This gave the opportunity to promote the work of the ISRRT and also the ISRRT World Congress in Helsinki in June this year. Helping with the promotion were Paivi Wood and Tina from the Local Organising Committee in Finland. The ISRRT were ably supported as usual by Alison Yule. This year the ISRRT booth was next to the European Federation of Radiographic Societies (EFRS) which enabled us to better share our work and continuing co-operation.

Several meetings were arranged during the ECR including a very positive meeting with the EFRS Executive Board during which time constructive progress was made towards our work being done related to the Classification for Radiographers by the International Labour Organisation (ILO). The ISRRT and the EFRS are positive that working together will achieve the desired result.

Formal meetings were also held between the ISRRT and the International Radiological Quality Network (IRQN) and the International History Society (ISHRAD). The new format for the IRQN was accepted during that meeting and the IRQN is now being organised under the auspices of the International Society of Radiology





Dorien Pronk-Larive,
Sandy Yule, Csaba
Vandulek, Hakon Hjelmly,
Michal Ward, Paivi Wood.



Sandy Yule, CEO. Stewart Whitley, Treasurer, Ola HOLMBERG | Head, Radiation Protection of Patients Unit / Radiation Safety & Monitoring Section / Division of Radiation, Transport and Waste Safety | Department of Nuclear Safety & Security / International Atomic Energy Agency, Dimitris Katsifarakis. Regional Director Europe.

(ISR). The ISRT, as a Founder member of the IRQN remains very much part of the new organisation. The ISRRT is also a founder member of ISHRAD and continues to support the valuable work being done in this area.

In addition to the scientific program there is also a large trade exhibition. The representatives of the ISRRT met with several companies to try and encourage new Corporate Members and to meet with our present Corporate Members. Much work is required to increase our Corporate Membership and all Board members are encouraged to meet companies with and recruit their support.

The winner of the ISRRT/Philips Medical DoseWise Radiographer of the Year competition was announced during the ECR. A great many excellent submissions were received and the panel of the International Society of Radiographers and Radiological Technologists (ISRRT) and Philips selected the winner: Sonyia Mc Fadden, currently lecturer Diagnostic Radiography at the University of Ulster, Belfast, UK. Full details are given in another section of this newsletter.

The ECR was a great success and thanks are due to all who contributed to the presence of the ISRRT both at the booth and the meetings.

Dr Alexander Yule
CEO, ISRRT



Sandie Mathers, EFRS and Alison Yule.



Booths at ECR.



Digital Radiography workshop

Colombo, Sri Lanka
March 7-9, 2014

Submitted by **V.G Wimalasena**, Chairman, Workshop committee

I am happy to announce that the ISRRT sponsored a 3 day workshop on Digital Radiography which successfully concluded on March 10, 2014 at The Central Hospital, in Colombo.

Dr Maria Yuen Yee Law, ISRRT Vice President for Asia Australasia region coordinated the workshop.

The faculty for the workshop consisted of:

1. Dr Maria Yuen Yee Law, Ph.D., Associate Professor, The Hong Kong Sanatorium Hospital and Tung Hwa College, Hong Kong, SAR
2. Dr Ho-Ling Anthony Liu, PhD, DABR, Professor, Dept Medical Imaging & Radiological Sciences, Chang Gung University 259 Wenhwa 1st Road, Kweishan, Taoyuan 333, Taiwan.
3. Dr Napapong Pongnapang, Ph.D., Assistant Professor, Faculty of Medical Technology, Mahidol University, Thailand
4. Mr Edward Wong, M.Sc., Senior Radiographer, The Hong Kong sanatorium Hospital, Hong Kong, SAR

50 Radiological Technologists representing 22 administrative districts in Sri Lanka, were the main group of participants.

In addition to that, there were 10 radiological technologists from the Committee of Management of the Society of Radiological Technologists.



The workshop was composed of lectures and lab work. The participants were given an evaluation form to be completed and submitted after the workshop. The workshop coordinator, Dr Maria Law, has collated the evaluation forms and has produced a report.

I believe that the workshop was very successful and the participants gathered new knowledge and developed skills and are motivated with new attitudes to improve their services to better the patients.

I wish to thank and pay my sincere gratitude to the ISRRT for providing financial support and the expertise to educate and enhance the standard of practice of radiological technologists in Sri Lanka.

V.G Wimalasena

Chairman, Workshop Committee

President, Society of radiological Technologists Sri Lanka



The ISHRAD/DRM stand at ECR 2014. From left: Ulrich Hennig, Director of German Roentgen Museum, Uwe Busch, Deputy-Director of German Roentgen Museum and Secretary of ISHRAD, Alfredo Buzzi, President of the Argentinean Society of Radiology and Vice-Chairman of ISHRAD.

What is ISHRAD?

Submitted by **Adrian Thomas**

ISHRAD stands for the International Society for the History of RADIOlogy. We are interested in all aspects of the history of radiology and radiography. ISHRAD is the first international society especially dedicated to the history of radiology and radiography. The aims of the society are the advancement of scientific research and exchange of information in the field of the history of radiology and radiological technology and practice. As the decades have passed, radiography has become increasingly central to the patients pathway.

These aims of ISHRAD will be furthered in the first instance by the collection and presentation of specialist scientific contributions on our website www.ishrad.org, and through the organisation of exhibitions, scientific congresses and meetings. From 2015 ISHRAD will be working with the German Roentgen Museum (DRM) to stage a special exhibition at ECR in Vienna.

During my career I have seen the complete transformation of radiology and our fascinating story needs to be celebrated and recorded. I went to medical school in 1972, which is the year that the CT/EMI scanner was announced, and I started radiology training in 1981 when MRI was in its infancy in my department. I have seen the birth of modern radiology during my working life. For a younger generation the practice of medicine from my student days now seems to be from a completely different era – which I suppose it is!

So I suppose from a historical perspective we need to do two things:

Firstly we need to document and record the development of modern radiology – digital, CT, PACS, MRI, intervention and US. Our specialty

is changing rapidly and we need to record the changes.

Secondly we need to record the practice of radiography from the pre-modern period. Many of the previously performed are now either forgotten or rarely performed. Some of my junior colleagues are happy to perform a barium swallow but are reluctant to undertake a barium meal! Just what was it like to work in a pre-digital department? And so our memories need to be recorded – either written down or as oral history. If we do not record our story it will be forgotten.

ISHRAD has a website and we would be delighted to record on it your national experiences. Please send us any articles and images.

We have an annual historical lecture held at ECR in Vienna each year, and an annual symposium. At ECR this year the annual lecture was given by Francis Duck, pictured right, on the origins of medical physics, particularly looking at the 19th Century French contributions. This year the ISHRAD symposium will be in Verona, Italy on October 17-19 with a theme of military radiography.

Do visit our website and get involved in our story.

Adrian Thomas

Chairman, International Society for the History of Radiology





Dr L. Lau, ICRQS representative, left, and Dimitris Katsifarakis

IAEA technical meeting on justification of medical exposures and the use of appropriateness criteria

Vienna
March 11-14, 2014

Report by **Dimitris Katsifarakis**, Regional Director, Europe

Dear Colleagues,

I was appointed by the President to represent ISRRT at the aforementioned 3rd TM IAEA's meeting. More than 50 countries were represented there plus representatives from WHO, ESR and ICRQS.

The theme of the meeting was "Adoption and adaption of imaging referral guidelines". During the meeting, a very good opportunity came up for the radiographer's role expansion: the importance of involvement of the radiographer on the justification process. We all agree that the optimisation is the main field of the profession of the radiographer, but now a new field is about to open for us: The Justification Process.

During the first day, the HERCA's representative Dr Blader (Belgium) said that the technologist/radiographer must actively be involved in the justification process of the imaging order of a physician. This was the opportunity for me as an ISRRT representative to work on that the following days: I consciously addressed the plenary, informing them about the ISRRT's scopes to offer the best and safest practices to the patient/public through imaging technology. I also stressed to the participants the fact that the radiographer, as a front desk health professional, receives and is the first to read the medical order for a patient's imaging. In most of cases there is no radiologist nearby to read the order. Radiographers

have to make critical decisions on the best imaging procedure or protocol to follow for the best interest of their patient.

My statement was strongly supported by Dr Maria Perez (WHO representative). Her support was very strong by everyone in the room. She argued that there are countries who only have radiographers and no or very few radiologists. So, WHO has to work together with the radiographers for the patient's radiation safety. She mentioned Fiji islands as an example.

The next day we separated into four working groups. In my group, which was chaired by a German radiologist, the discussion was for the possible benefits of the justification, not only for radiation safety reasons, but also for a cost reduction for the hospital or for the insurance agency's budget through the justification process.

I used not only my radiographer's hat but also my hat as a former hospital CEO to actively participate in the group discussion. I gave them real examples from my experience. For example, how a CEO asks clinicians to consult the National or European clinical guidelines for imaging procedures to prescribe an examination, and how the imaging department, through the radiographers and radiologists, can check if the guidelines were followed during the prescription by the physician. I told them that this process led to a noticeable reduction on the demand for CT's or MRI's ordered examinations, saving hospital and insurance resources. ►

I also gave them examples from my experience as a radiographer on orders from the emergency room which was totally irrelevant with the patient's health acute problem. The representative from the American Society of Radiology Dr Dreyer (ACR) and the Indian radiology professor Dr Shashikant strongly supported me. The French representative Mr Auriel was also very happy on that, so it was included in the presentation that the radiographer can and must act as a Gate Keeper in the justification process. It was also included that the continuous radiographer presence in the imaging room is an opportunity for the application of the justification process.

The next day during the plenary session I was so pleased to see that the presentations of other working groups had made similar remarks.


The Finish representative expressed her disagreement with the fact that the radiographer has to be involved in the justification process. I replied to her by saying that radiographers do not have any intentions to replace the radiologist. Due to their position, they first receive the imaging order, and by education they act as the patients' advocates

by checking if the relevant clinical information is written and if the ordered examination is the most appropriate imaging procedure for the specific patients problem and case. Besides, I said, the radiologist usually comes later, when the examination has finished, and there is no chance for justification yet. My argument was supported by the chair of the meeting Dr M Bettmann (ACR), reminding the plenary the statement about Dr Perez and the Fiji islands.

I believe that we made a stable step forward of the radiographer's role, by putting a foot on the justification process. I am happy to inform you that, having read all the minutes and the summaries of the working groups, there are clear statements about the radiographer's role on the justification process. If you are interested in reading them, please do not hesitate to ask me to forward them to you.

The next meeting on the subject will be next year around March time in Vienna.

Dimitris Katsifarakis



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


Radiographer Quotes from feedback following Uganda workshop on Image Interpretation.

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

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

A comprehensive atlas of X-ray image interpretation.


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



X-ray interpretation
- a teaching atlas for radiographers -
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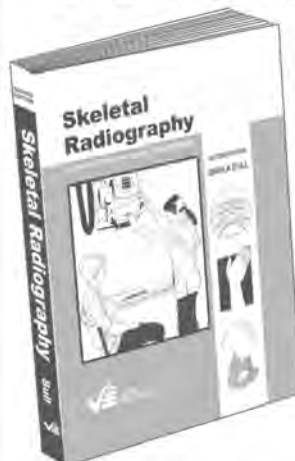
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Public Relations Report

February 2014

Fozy Peer, Director of Public Relations

The Public Relations team comprises of the regional co-ordinators, namely; **Charles Omondi (Africa)**, **Sarah Baker (Americas)** and **Robert Shen (Asia-Australasia)** and the Director of Public Relations **Fozy Peer**



The public relations portfolio has been buzzing these past few months with the compilation and/or review of the various presentations and documents.

At the meeting of the ISRRT Board of Management in Albuquerque in April 2013, the possible change of name of the Director of Public Relations was again discussed as it was felt that the current name did not adequately identify the role.

There were suggestions that “advocate or advocacy” be included in the name, however it was felt that although the Director of Public Relations is the lead in this area that in reality all Board members are advocates for the profession. The Board recommended that the name be changed to Director of Public Relations and Communication – this will be for consideration by Council at the meeting in June 2014 in Helsinki.

A draft communications plan was presented and accepted at the meeting. This plan is to serve as a guide on how to reach a target audience namely, radiographers and radiological technologists, corporate sponsors and other stakeholders, by sending a consistent message employing the necessary public relations skills, experiences and marketing to achieve the objectives of the ISRRT. A Communications plan should be drawn-up at the first meeting of every new ISRRT Board and thereafter assessed and amended if necessary at subsequent meetings.

The updated document on guidelines for hosting meetings/conferences was discussed at length. A committee was appointed to review the guidelines for “Congress Travel Support fund”. The document was amended and accepted and it was agreed that the Congress Travel Support Fund guidelines be attached as an appendix to the Guidelines for Conferences.

The “Welcome Pack” for members of the Board, regional coordinators and council members was discussed and Board Members were asked to forward any amendments.

The theme for World Radiography Day 2013 was discussed and it was agreed that “Radiographers Optimise Radiation Dose” was relevant for WRD 2013. Communication related to WRD 2013 celebrations received from member countries was posted on the ISRRT website. Societies are encouraged to send articles and/or pictures depicting these events to the CEO.

Due to the substantial material submitted for publication in the ISRRT newsletter: *News & Views from Around the World*; the number of publications has been increased from 2 to 3 editions per annum and as from this year they will be published in April, August and December – so keep sending us your news!

Social media is taking over communication at an incredible rate – there were suggestions that the ISRRT has a Facebook page which could be used for communication purposes and in particular providing up-to-date information to radiographers. This would be a controlled environment with only persons who have been accepted by the ISRRT having access to making comments on it. Individual member countries would be able to post their activities onto it. Napapong Pongnapang

has agreed to manage the Facebook page.

The presentation used by Board members to promote the ISRRT, has been given a major facelift – thanks to Joe Popvitch from Presentation Designs. Joe kindly did a presentation at the last Board meeting on the finer points of compiling interesting powerpoint presentations. He also transformed the ISRRT presentation to what we have today.

The ISRRT flyer that is used to entice both corporate members and vendors to future congresses has been re-designed by Rachel Bullard into a stunning gatefold flyer.

As the next Board meeting is in June 2014, possible themes for WRD 2014 were circulated to members of the Board in February 2014 and the theme for WRD 2014 was confirmed as “RADIOGRAPHY ... Advancing Imaging & Healing Globally”.

Work on the poster related to this theme has started and hopefully will be ready before the ISRRT World Congress in June 2014.

News from the regional PR coordinators is included below.

I would like to personally thank the regional co-ordinators, my fellow Board members and the CEO for their support.

Fozy Peer

Director of Public Relations

News From Around the Globe: Regional PR Reports



AFRICA REGION PUBLIC RELATIONS REPORT

By Charles Omondi

Kenya

Kenya held a successful scientific conference October 19th-22nd, 2012. The theme of the conference was “The Role of ICT in Medical

Imaging and Therapeutic Radiography.” The theme was coined so that the papers presented would achieve the following:

1. Appreciation and deliberation on the challenges facing the implementation of PACS/DICOM technologies in Kenya and beyond.
2. Deliberation on the role and challenges of improved communication systems in transmission of data and voice over internet.
3. Show the role of social media in healthcare industry training and practice
4. Deliberate on the role of ICT in research education and training of healthcare experts.
5. Address the ethical and legal issue that may arise with the implementation of modern technology in disease diagnosis.
6. Appreciate the new and emerging trends in diagnostic and therapeutic imaging.
7. Bring out the best practices in the use of ICT in diagnostic imaging and therapeutic radiography.

The conference will be held at the Sarova White Sands Beach Resort and Spa located at the Kenyan Coast.

Uganda

4th Annual Uganda Radiographers Association Scientific Conference was held May 3-4, 2013. The theme of the conference was: "The role of imaging in infectious diseases". Clinical aspects included x-ray, ultrasound, CT & MRI.

Management aspects:

- Radiation protection and safety
- Education and training
- Public administration and consultancy

The conference was held at, Food Science & Technology, Makerere University, Kampala, Uganda.

South Africa

A joint RSSA and SORSA imaging congress was held August 23-25, 2013. The joint initiative was held at the International Convention Centre (ICC) Durban.

Highlights of the programme were:

- Neonatal Ultrasound course
 - A course on ER Imaging
- Scientific papers included:
- Tracts on Advanced imaging and therapy
 - Professional ethical practice and law
 - Education and training
 - Current trends in management

West Africa

West Africa radiographers have proposed the formation of a Pan African association of radiographers for the African sub-region. The West African sub-region officials were set to meet in Burkina Faso to review radiographer training in the region's nations. Liberia is in the process of forming a functional professional associations. The country has challenges with the issue of radiation protection and monitoring.

Rwanda

The 7th biennial Pan African Congress of Radiology and Imaging (PACORI) was held April 24-26, 2013 in Kigali-Rwanda. Several African countries participated in the conference. The country is considering becoming a member of ISRRT during the next international congress.

Training

The people's republic of China invited participants from 12 African countries for one and a half months of training in medical imaging technology. The training which took place in the city of Guanzhou and Shenzhen in the months of September and October, 2013 covered CT, MRI, general radiography and computed radiography. The participating countries were Kenya, Mauritius, Uganda, Tanzania, Lesotho, Zimbabwe, Zambia, Cameroon, South Sudan, Ethiopia, Liberia and Sierra Leone.



AA REGIONAL COORDINATOR REPORT FOR PUBLIC RELATIONS

By Robert Shen

The AA region has had more prosperous development in the last few years. Described in brief to share with you:

- AA region, there are 20 societies in total.
 - The regional members are working well with many academic activities every year.
- Except individual AGMs, at present, there is also the AACRT, a regional Radiographers' conference; the event is held in every

alternate year, and any one may be the host - last year (2013) was in Thailand and 2015 will be in Singapore. Currently this is the largest regional RTs' conference.

- The EACRT is a federation to succeed to the local traditional spirit of Radiography, The objective of this alliance is to support other underdeveloped groups for education and technical assistance - Taiwan, Korea and Japan societies conduct the annual academic matters in turn and manage the business.
- Singapore and Malaysia Radiographers' societies have had along term cooperation for their combined AGMs and rotate to host events. Last August the congress was in Singapore and this year will be in Malacca, Malaysia
- Macau Radiological Technologists' Association is fully independent from the Macau Association of Radiology in 2012, and to hold inaugural meeting and Symposium also expanded into another small fixed combined meeting in future. Upcoming AGM will be held in October 2014.
- The Hong Kong College of Radiographers and Radiation Therapists was founded in 2013, where all the RTs in Hong Kong were integrated into one organisation.
- China Society of Imaging Technology (CSIT), has tried in the past few years to hold AGMs in a major city, so as to accelerate their general radiographic technique and promote the regional relationships with other countries. Most of the regional groups will be invited for their AGM. The annual event will most likely be held in September.
- Taiwanese Association of Medical Radiation Technologists represents Radiographers in Taiwan. It considers the world trends and the aims and objectives, relate to radiation safety, quality assurance, evidence based imaging, especially with the use of CT and related dose levels during clinical application. So as to help and increase the knowledge and personal service capabilities of those licensed professionals to optimize the imaging quality and patients' safety, a consecutive four years international forum has been implemented. Many world famous professionals have coming to Taiwan, to give presentations and lead the local operators to share their experiences and promote the excellence of professional quality of services. They also invited some regional members to join this conference and celebrate World Radiography Day every year – the forum for 2014 will be held on November 8.



AMERICA'S REGIONAL COORDINATOR REPORT

Sarah Baker

Unfortunately up to the time that we had to submit these reports, Sarah had not received responses to her repeated requests for input from many countries in the region – hence only the ASRT report is included. However many of the activities from this region are covered in the report of the Vice President and Regional Director.

ASRT Public Relations/Communications Update for Fiscal Year 2013

October 1, 2012 – September 31, 2013

American Society of Radiologic Technologists earned media efforts in Fiscal Year 2013.

- The ASRT Public Relations Department distributed 81 news releases to radiologic science trade publications and mainstream media outlets in FY 2013.
- ASRT staff members wrote eight columns in FY 2013 highlighting ASRT initiatives, services and advocacy efforts. The columns were

featured in radiologic science trade publications.

- ASRT staff and Board members served as media sources for 18 articles published in radiologic science trade publications and mainstream media outlets in FY 2013.

Fiscal Year 2013 National Radiologic Technology Week® Media/Social Media Plan Results

- The ASRT Public Relations Department launched its earned media plan to publicise/promote National Radiologic Technology Week® in November 2012. Targeted to state-level media outlets and hospital-based publications and websites, the plan's goal was to leverage NRTW as an educational opportunity and raise awareness of the R.T.'s role on the health care team. We sent our NRTW news release to 1,678 state newspapers and 21 trade media outlets. In addition, we drafted a targeted hospital-based release and distributed it to 243 hospital-based publications and websites.
 - Forty health care systems confirmed they would publish information about NRTW.
 - Five trade publications published articles about NRTW.
 - Eleven daily newspapers published articles about NRTW.
- In addition to the earned media plan, we launched a social media plan to publicise NRTW. Here's a snapshot of our activities on Facebook:
 - Nov. 5 – 2,192 impressions, 67 likes, 1 comment and 24 shares.
 - Nov. 6, post one – 6,620 impressions, 120 likes, 68 comments and 13 shares.
 - Nov. 6, post two – 3,169 impressions, 128 likes, 4 comments and 4 shares.
 - Nov. 7 – 5,949 impressions, 121 likes, 34 comments and 12 shares.
 - Nov. 8 – 10,660 impressions, 1,253 likes, 64 comments and 407 shares.
 - Nov. 9, post one – 2,519 impressions, 70 likes, 6 comments and 34 shares.
 - Nov. 9, post two – 5,636 impressions, 51 likes, 41 comments and 1 share.

Fiscal Year 2013 Earned Media Examples

- "View From the ASRT" columns featured in ADVANCE for Imaging & Radiation Oncology:
 - "ASRT@RSNA 2012 Offers Unique Topics for All Radiologic Science Professionals," November 2012
 - "Season of Giving," February 2013
 - "ASRT Leadership Academy Prepares Future R.T. Leaders," February 2013
 - "Hire and ASRT Member," June 2013
- ASRT tips to reduce first-time mammogram stress published in Glamour on Oct. 10, 2012. The tips also appeared on Yahoo Shine.
- The News Journal, a daily newspaper in Delaware, published the feature article "The Eyes Behind the Doctor" on Nov. 27, 2013. An ASRT affiliate member served as a source.
- The article "The 2013 Imaging Outlook" in the November/December 2012 issue of Imaging Technology News featured ASRT CEO Sal Martino served as a source.
- An article about ASRT's new computed tomography edition of Radiologic Technology was the second most popular story of the year on DOTmed Business News. The top 10 list was published online Dec. 27, 2012.
- The feature article "State of the Industry" published Feb. 1, 2013,

in Imaging Economics and highlighted information about ASRT's initiatives.

- Diagnostic Imaging published the feature article "The Radiologist-Tech Relationship: Why You Should Care" on March 5. ASRT staff members served as sources for the article.
- ASRT "Educators Succeed With Help From ASRT" column published in the May 2013 issue of AEIRS Spectrum.
- ASRT CEO Sal Martino featured as the "Executive Profile" in the May 24-30, 2013 issue of Albuquerque Business First.
- In June, the ASRT Public Relations Department distributed the news release "Study Shows Students Aren't Aware Condoms Don't Provide Full Protection from HPV" from the study published in Radiologic Technology. The article appeared in a number of large-market media print publications including the Wall Street Journal and Houston Press.
- ASRT column "Patient Safety and Quality: Best Practices for R.T.s." published in July 2013 issue of Imaging Economics.

Communication Initiatives in Fiscal Year 2013

ASRT Publications

In FY 2013, the ASRT Communications Department oversaw the production, printing and distribution of more than 1.7 million copies of its member publications: ASRT Scanner, Radiologic Technology and Radiation Therapist.

Here are the statistics for the total printed copies of each edition, plus targeted editions.

- 130,992 copies of September/October 2012 Radiologic Technology
- 146,900 copies of November/December 2012 Radiologic Technology
- 147,692 copies of January/February 2013 Radiologic Technology
- 131,649 copies of March/April 2013 Radiologic Technology
- 148,047 copies of May/June 2013 Radiologic Technology
- 147,409 copies of July/August 2013 Radiologic Technology
- 852,689 Total
- 16,047 copies of Spring 2013 Radiation Therapist
- 16,184 copies of Fall 2013 Radiation Therapist
- 32,231 Total
- 152,067 copies of October/November 2012 Scanner
- 144,657 copies of December/January 2013 Scanner
- 144,788 copies of February/March 2013 Scanner
- 145,083 copies of April/May 2013 Scanner
- 145,144 copies of June/July 2013 Scanner
- 145,311 copies of August/September 2013 Scanner

877,050 Total

1,761,970 total copies for FY 2013

Social Media Efforts in Fiscal Year 2013

The ASRT social media team continued its efforts in FY 2013 to promote ASRT initiatives, services and advocacy efforts on Facebook, Twitter, LinkedIn and Google+.

Social media statistics at end of FY 2013

- Posted more than 400 posts on ASRT Facebook, Twitter, LinkedIn and Google+ platforms.
- Ended the fiscal year with:
 - 20,413 "Likes" on ASRT's Facebook page
 - 2,610 followers on ASRT's Twitter account
 - 2,559 followers on ASRT's LinkedIn business page
 - 117 followers on the ASRT's Google+ page

Update on **Safety Series on Radiation Safety in Medical Uses of Ionizing Radiation** (International Basic Safety Standards)

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

Here is the latest information regarding the Draft version of the Safety Series on Radiation Safety in Medical Uses of Ionizing Radiation.

As you know Cynthia Cowling and I both sat on the draft groups that put together the different chapters for this new series.

The last correspondence that I received from the IAEA was that there is still work to be done as a member of the drafting group on the initial version of the three chapters in the safety series. Some work remains on cross referencing these chapters to the Basic Safety Standards. Instead of having three separate series the IAEA is combining these documents into one safety series. The IAEA is now hoping to have this draft ready for the RASSC meeting in June. It should be around this time that the IAEA will ask for input from its member states to review this draft for more input expert content to help provide a comprehensive safety series.

As a member state, the ISRR will be one of the stakeholders that will be asked to provide input. As Director of professional Practice I want to encourage people with expertise in the different areas to help review and provide feedback to this document when the time arises. So be looking sometime this late spring or early summer when we ask for your input to this series.

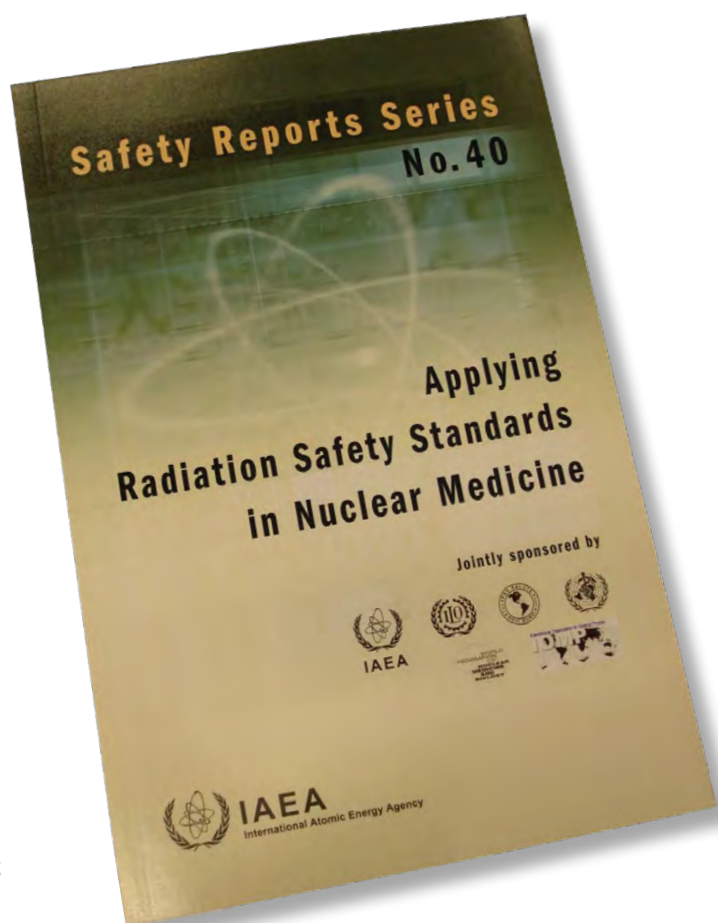
Just some background on the Safety Series for those those aren't familiar with this project.

The IAEA has a United Nation's mandate that includes developing international safety standards and providing their applications.

The Basic Safety Standards that were completed in 1996 met this mandate. Since then they have been reviewed in 2005 and revised in 2007-2011. The IAEA approved the revision in 2011 and cosponsor approval happened in 2012 by member states. The BSS covers all uses of radiation including medicine. As a result of this a new revised Safety Guide was also proposed which could be used to develop national regulatory guides and also present the international consensus recommendations to ensure the fulfillment of safety requirements. The guide is filled with recommendation that are action's to be taken, condition's to be applied or procedure to be followed in order to comply with the BSS.

The Safety Guide discusses the key personal involved with patient's radiation protection which includes the Radiological medical practitioner and medical radiation technologist and the medical physicist. The new revisions have identified two new roles of the radiological medical practitioner and the referring medical practitioner. The new revision also talks about the joint responsibility for implementation of justification.

Development and use of referral guidelines or appropriateness criteria from professional bodies and software for referral is essential



part of the new document recommendation. Optimisation of protection and safety of every exposure is part of the revision also. Since the BSS is based around the three types of exposure situation, planned exposure situation, existing exposure situation and emergency exposure situations. The Safety Guide will cover each individually.

Since Medical uses of ionization radiation involves all categories of exposure, occupational exposure, Medical exposure and public exposure this safety guide gives guidance the different requirements for radiation protection as it differs according to the category of exposure.

The series also includes the application of the radiation protection principles to include justification, optimisation of protection and safety and dose limits were covered as well.

Donna Newman

The Americas Report

March 2014

Rita Eyer, ISRRT Vice President, Americas Region

Patricia Johnson, Regional Director of the Americas Region

The following report is a summary of the main events of 2013 from the ISRRT Americas Region. It was felt this would be particularly helpful to all ISRRT members in preparation for attendance to the 18th ISRRT World Congress in Helsinki, Finland in June. This report will elaborate on what has transpired in regards to the four pillars of the ISRRT Strategic Plan:

- Communication
- Collaboration with Member and Non-Member Societies
- Focus on Developing Nations
- ISRRT Governance and structure

1. Communication

Email and Skype, are the major methods of communication of the ISRRT Americas Regional Directors based on the fact that significant distances exist between our member nations and the costs that would be incurred for travel for face-to-face meetings would be prohibitive. The ISRRT Board of Management ensures that the majority of revenue is spent on educational workshops for our nations in need. Most of our communication occurred with ISRRT members from the American Society of Radiologic Technologists (ASRT), the Society of Radiographers Trinidad and Tobago (SRTT), the Society of Radiographers (Jamaica) and the Canadian Association of Medical Radiation Technologists (CAMRT). Our communication was not only with the Americas Region Council Members, but also with the respective Presidents, CEO's, and the ISRRT Regional Co-ordinators from the Americas, Sharon Wartenbee, The Americas Regional Co-ordinator of the Professional Practice Committee, Lori Boyd, The Americas Regional Co-ordinator of the Education Committee, and Sarah Baker, The Americas Regional Co-ordinator of the Public Relations Committee. The societies of the Americas Region have the most incredible web sites where you can obtain more information on what has occurred and what has been accomplished in their respective nations in 2013. Please view their websites. We have also maintained excellent communication with Abelardo Raimundo de Souza, Presidente do Conselho Regional de Tecnicos em Radiologia from Brazil a nation that hopefully will become an official member country of the ISRRT very soon. And at least annually an update is received from the Pan American Association of Medical Technologists, specifically through the President, Juan Carlos Araya and Carlos Sanchez, the Director. The Pan American Association of Medical Technologists was first established in Chile in 1992.

On an ongoing basis, the ISRRT newsletter, *News & Views from Around the World*, and the ISRRT website allow each nation the ability for far reaching dissemination of information so that MRT's from all around the world have a greater understanding of what each of the Committees and nations of the ISRRT have been actively involved in regarding our profession. You will find separate reports in this edition of the News and Views that will highlight celebrations that occurred in the Americas member societies of the Society of Radiography (Jamaica), the Barbados Association of Radiographers (BAR), the Society of Radiographers of Trinidad and Tobago, the ASRT and CAMRT for World Radiography Day.

Communication with the Americas Directors and each of the

ISRRT Board of Management occurs on an ongoing basis again mainly through e-mail but annually we do have a face-to-face Board meeting with an all encompassing agenda. This year our ISRRT Board met once again in Albuquerque, New Mexico in April at the beautiful ASRT newly remodeled headquarters. The hospitality bestowed upon the ISRRT Board of Management by Dr Sal Martino, ASRT CEO, and all of his staff could not possibly have been better. Ms. Johnson and I would like to say a very hearty "thank-you" to all of the ASRT staff.

2. Collaboration with Member Societies and Non-Member Societies and Networks

Member Nations

Ms Johnson and I are very pleased with the collaboration opportunities we have had with the ISRRT nations of the Americas Region. You will see in this newsletter reports from the Barbados Association of Radiographers, the Society of Radiographers (Jamaica), the ASRT, and the CAMRT. Ms Patricia Johnson attended the Conference of the Barbados Association of Radiographers (BAR) in conjunction with the Barbados Health Information Management Association (BHIMA). It was held to celebrate the discovery of x-rays during Radiographers Week 2013. The title of the conference, "Bridging the Gap: Diagnosis, Therapy and Health Informatics." Please see the details of the three day event in this newsletter. During this past year I was very fortunate to have been able to attend the CAMRT National Conference at the end of May in St John's, Newfoundland, Canada. Please see the November 2013 issue of the ISRRT newsletter for the details of this conference. It was a wonderful opportunity to meet with so many dedicated ISRRT members from so many parts of the world and see again how we all share the commitment to excellent patient care with less radiation exposure in the process. A major theme of the conference was that we must all work in partnership on achieving best practices in the radiologic sciences. This picture is from the CAMRT Conference in Newfoundland.

Member Societies, non-member networks and collaborative efforts

The ISRRT ongoing collaboration activities with the Pan American Health Organization (PAHO) is exemplified by the attendance of the Vice President of the Americas at the 52nd Directing Council PAHO meeting in September in Washington, DC. Because of my attendance at this annual meeting, not only do I learn what is occurring at the Minister of Health level in the Americas but also at the World Health Organization (WHO) level. I then make certain to report back to all of you through ongoing reports. Dr. Carissa Etienne, from Dominica, is the newly appointed Director of PAHO. Of particular interest in her Annual Report was the information regarding the PAHO partnership with the International Atomic Energy Agency (IAEA). PAHO Collaborated in the development of the agency's 2016–2021 Strategic Plan and has played an important role in ensuring the safety and good working order of radiology equipment in the Region. Dr Etienne described how PAHO has been working with RAD-AID to provide ▶



Dr Pablo Jimenez.



Kayiba Medlen.

education and training, assessments, and equipment planning in Haiti. She also pointed out that Trinidad and Tobago had received support in managing radiation overexposure that had occurred. Dr Etienne discussed the agreement that was established at a High-Level Meeting at the United Nations General Assembly. This agreement will further improve access to health care and related services for people with disabilities.

I also had the opportunity to meet with Dr Pablo Jimenez, the Regional Advisor in Radiological Health for PAHO, and Kayiba Medlen, PAHO-WHO Radiological Health, Health System Based on Primary Health HSS/MT and RAD-AID International Program Manager during my time in Washington. Dr Jimenez, Kayiba Medlen and I discussed in detail the ISRRT partnering with PAHO once again, this time for the Radiography Educational Workshop that will take place in Haiti in April this year. We all agreed there must be a clinical component as well as didactic information being provided in these educational seminars. A full report will be provided in the August 2014 edition of the *ISRRT News & Views from around the World*. Dr Jimenez has been assisting me in strengthening partnerships with our peers in South America specifically through his affiliations with them and his excellent command of the Spanish language. Dr Jimenez conducted a teleconference with the Inter-American Congress of Radiology President, Dr Gloria del Sota on the Thursday of my week in Washington with both Kayiba and I equal partners in the conversation. Fortunately, as well, I was able to spend some time conversing with the Cuban delegation under the direction of Dr Lopez, and I sincerely hope he can assist in furthering contacts with Cuban medical radiation technologists.

Dr Jimenez and Kayiba Medlen are both so supportive of the ISRRT. The Directors of the Americas Region feel so fortunate

to have established such a strong partnership with PAHO. It was particularly exciting this year that PAHO conducted a World Radiography Day celebration on November 8. In this event celebrating World Radiology Day 2013, the goal was to raise awareness on the part of health officials and public health professionals of the challenges medical radiation technologists face in the daily application of their complex technologies yet still ensuring patient care is never compromised. This event was also aimed to motivate our professional colleagues and health ministry officials in the Americas to help accelerate changes that are so urgently needed toward improving the health of the peoples of the Americas. Shortage of technology in many Latin American and Caribbean countries make it difficult to provide adequate access and quality of radiology services in many areas of the region. Our many radiology partners spoke on how radiology has revolutionised medicine, the role of radiology in developing countries and the experience of working in Latin America and the Caribbean emphasizing the challenges that have been faced.

It was so fantastic that in the 120th year since the birth of radiology, World Radiography Day was acknowledged and celebrated by the Pan American Health Organization/World Health Organization and its partners. The event was broadcast in English and Spanish through the web and a reception, including an exhibition that included pictures, posters, and Ultrasound equipment, was held at the PAHO headquarters in Washington DC. Owing to the importance of radiology – not only in clinical specialties but also in public health – PAHO has been advising governments and providing technical cooperation to countries in Latin America and the Caribbean through its radiology and radiation protection program since 1960. It was a great day to be a part of their celebration and I sincerely hope that PAHO continues doing this WRD each year now. It was particularly good to be there so that I could talk with a number of participants who have been actively involved in educational workshops in Haiti. And although this momentous occasion was discussed in the November edition of the *ISRRT News & Views* that information was very preliminary and there were some changes in the list of speakers and topics. They were as follow:

- Adriana Velazquez, Coordinator Diagnostic Imaging and Medical Device Unit WHO/HQ, the Global Perspectives for Radiology.
- Daniel Mollura, CEO RAD-AID International – Radiology Past, Present, and Future, Radiology Revolutionizing Medicine and the benefits of radiology in Global Health .
- Gloria Soto, President of the Inter-American College of Radiology (ICR) – Current Status of Radiology in Latin America and the Caribbean.
- Rita Eyer, Vice President of the Americas for the International Society of Radiographers and Radiological Technologists (ISRRT) – The Role of Radiology in Settings with Limited Resources.
- Donald Miller, Chief Medical Officer for Radiological Health, Center for Devices and Radiological Health (CDRH) – Food and Drug Administration (FDA- The Role of Regulators in Protecting and Promoting Public Health in Radiology).
- Simone Kodlulovich, President of the Latin American Association of Medical Physicists (ALFIM) – Quality and Safety in radiology and the Status of Medical Physicists in Latin America.
- Dr Pablo Jimenez from PAHO/WHO –



Dr Sandy and Alison Yule with Rita for a bite to eat in Newfoundland.

Radiology – Facing Some Major Public Health Challenges in the Latin American Countries, Cancer, TB, Cardiovascular Disease, Maternal and Infant Mortality.

- Bradley W. Short, American College of Radiology (ACR)- The Training of Radiologists in the Caribbean.
- John Van den Brink, Rotary International – Increasing Access to Radiology: A Case Study to Install 29 Digital X-RAY Systems in Guatemala.
- Leigh Giles-Brown, Sonographer/Educator at Howard Community College, MD – Importance of Technologists' Training in all Modalities and her Experience Training OB Sonography in Haiti.
- The Closing Remarks were provided by Dr James Fitzgerald, Director of Health Systems and Services for PAHO.

3. Focus on Developing Nations

Haiti is described as the poorest country in the western hemisphere and issues are many but the largest issue in this country is the lack of any perceived social economic progress. There is no doubt that without the ongoing charity of the United States, Canada and organisations such as the United Nations, the majority of the people of this nation would just not have been able to survive. The 2010 earthquake simply exacerbated the huge problems this country had been facing for some time. Assistance cannot be provided in one session or visit and long term strategies must be considered if the ISRRT wants to continue helping in Haiti. There no longer is a formal radiography program in place in Haiti, unfortunately, so educational workshops are very much in need. The ISRRT workshop that was held in April 2013 was under the guidance and expert leadership of ISRRT Director of Education, Ms Cynthia Cowling. She was the ultimate workshop designer and organiser. Also working with her were Barbara Tomisini from the United States as Key contact Coordinator, Patricia Belony who was partially funded by the African Society. Patricia speaks fluent French and Creole. Two other presenters were Linda Truxal, a radiographer and CT technologist and Andrew Cowling, a Bilingual Obstetrical Ultrasound Technologist who taught the ultrasound subjects. The radiography

courses that were covered included the basics of x-ray production, basic patient care as well as an introduction to digital imaging, Positioning of the spine, image critique, paediatrics, and radiation protection. The workshop was held within a charitable organisation in Haiti by Father Rick Frechette, a charismatic individual who provides a safe haven for children and adults in two hospitals and a variety of orphanages and schools. The hospitals and clinics had a variety of simple X-ray units with CR readers in use. There was also a Mini Head CT.

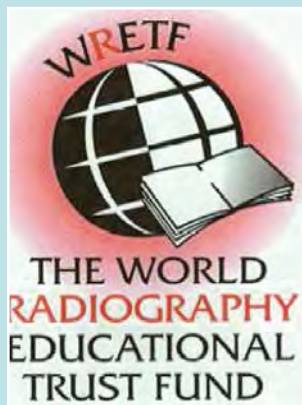
A Radiography Educational Workshop will take place April 21-26th, 2014 in Port Au Prince. The caliber of the instructors for this workshop is simply outstanding! Dr Kevin Powers, the ASRT Director of Education, will be donating his valuable time for the workshop and the ISRRT Vice President of Europe/Africa, Philippe Gerson has so kindly agreed to replace Patricia Belong who is not able to attend this year. The expertise of both Dr Powers and Philippe Gerson in all the Radiography subject areas will be such an asset to this workshop! Philippe's command of the French and Creole languages will also assist in the success of this workshop as Haitian radiographers speak and only really understand these two languages. Kayiba Medlen from PAHO is one of the instructors as well and she is completely bilingual in French and English. Barbara Tomisini will be providing radiology clinical instruction for the 2014 workshop too. Kayiba and Barbara have been to Haiti on several occasions so both ladies have a firm understanding of the multitude of complex issues that need to be addressed when conducting a workshop in Haiti.

4. Governance

This year the ISRRT 18th World Congress takes place June 12-15 in Helsinki, Finland.

This is an election year for the ISRRT Board of Management positions and my last as the ISRRT Vice President of the Americas Region.

Please contact either Ms Patricia Johnson or me if there are questions you have.

**Honorary Secretary:**

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**THE TRUST IS
 ADMINISTERED BY
 THE FOLLOWING
 TRUSTEES**

Alan Budge (UK)
Sue Marchant (UK)
Alejandro Ramirez (USA)
Mary Lovegrove (UK)
Delia Dephoff (New Zealand)
Michael Ong (singapore)

www.wretf.com

The World Radiography Educational Trust Fund

By Hon Secretary Sue Marchant

News

Trustee, Philippe Gerson, sadly informed us in January this year, that, due to his work and other commitments in the radiographic community, he felt he could no longer be an active Trustee. The chairman, Alan Budge, thanked Philippe for the work he had done to promote our activities in his time as a Trustee and informed him that we welcomed his continuing support of WRETF.

Activities

A press release by Alan Budge, Chairman, appeared in the UK's RAD Magazine in its January 2014 issue. This highlighted the introduction of the bursary scheme, a welcome to Michael Ong – our new Trustee from Singapore, and news of the move from the previous host for our website to the new one – FATCOW.

While the number of applications for textbook support has been low, interest in the bursary scheme has been very positive. See more under that heading later.

Twinning

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

Ambassadors

The role of Ambassador continues to develop.

There are now nine ambassadors, with the latest two being appointed in January 2014. One is based in the UK and the second one in The Gambia. Trustee, Delia Dephoff is trying to get an ambassador who could cover the Pacific Islands so that the Trust has almost global coverage with ambassadors.

With the resignation of Philippe Gerson, Trustees are looking to appoint a new manager of the programme from within the group. It is hoped that the programme will further develop.

Website

Trustee Alex Ramirez has been setting up the social media aspect of the site, so helping the Trust to reach out to more radiographers, technologists and radiographic assistants in the developing world who are used to using such

modern social media to communicate.

We now have a Twitter account: @WRETF1
 Visit the website at:
www.wretf.org

Bursary Scheme

The scheme was launched on November 1, 2013. There has been a number of enquiries and eight applications were received in time for the first closing date March 20, 2014.

All applications were to attend conferences. Up to four bursaries can be awarded each year. The first bursaries were awarded in the Spring.

New Trustee

The Trust is looking to replace Philippe Gerson with someone who has links with French-speaking Africa. The AFFPE has nominated a replacement and her CV and supporting statement are being considered.

The Trust can have up to eight Trustees at any one time, so if there is any radiographer, radiological technologist or radiotherapy radiographer reading this report, who may be interested, please get in touch with the Honorary Secretary or visit our website for more details.

Donations

The Trust is always pleased to receive either monetary donations – indeed, this is the main form of income for our work – and textbooks and radiographic journals.

Monetary donations can be made to the Honorary Treasurer, Alan Budge. Contact him in the first instance at: abudge@btinternet.com or visit the website to see how donations can be made direct to the Trust's bank.

For textbook and journal donations, contact Honorary Secretary Sue Marchant at: susanmarchant@wretf.org



Smart Card/Smart Tracking Dose project: How aware are we of it?

Submitted by **Dimitris Katsifarakis**, Regional Director for Europe

The ancient Hippocrates dictum for the therapist during their practice to a patient says “to do well or to do no harm”. In other words from ancient years it was well recognised that during the treatment of a patient there was the potential of accidentally doing harm during the procedure of the treatment.

WHO recognised that patient’s safety is a priority and in October 2004 launched a patient’s safety program. According to that, patient safety is the absence of preventable harm to a patient during the process of health care. The vision of WHO about patient care is that “every patient receives safe health care, every time, everywhere”.

History of the Smart Card/Smart Tracking project

The contribution of the imaging procedures with the use of ionizing radiation for the diagnosis of a patient’s health problem is unquestionable. Unfortunately patients’ doses from imaging modalities using ionizing radiation are nowadays much higher than those in the past. At present there is much concern for the cumulative dose (population dose due to their exposure to radiation for medical purposes) than to the staff. The average life time dose to patients is almost 200 times higher than the average life time to the staff (Rehani 2009).

The principle of justification, which attempts to address the safety issues for the patient, could have better been applied if there was the possibility to retrieve any previous history of healthcare Imaging along with the recording of doses (radiation) that the patient has received. But in present era patients have much more mobility than in the past seeking for specific health services. Additionally due to the modern way of living, it is more frequent for people to receive health services far away from their home place (Rehani, 2013). This fact raises obstacles to the procedure of retrieving the previous exposure history of the patient via the images being produced and the doses associated with them.

In 2006 a project under the title Smart Card /Smart Tracking Dose was proposed by the Unit of Radiation Protection of Patients

of IAEA, and the idea is strongly launched and still is under further development and communication by Dr Madan Rehani (ex- head of the UNIT) and his colleagues (RPROP).

What is the project about?

The main idea now (as it is shaped after 3 international Technical Meetings and a number of published papers) is as follows:

Each citizen has to have a unique Identification Number (like social security number of identification number given to her/him by the time of birth). This number (in the form of an electronic record media – like an ATM card – along with other unique personal code number (like password) is used to store and retrieve in an electronic file system all the medical imaging along with the relevant doses the citizen/patient received during its life time. Through the unique personal identification number and code the patient can give access to the healthcare provider to the already stored personal medical imaging data. If the radiology staff can have access to the patient’s previous imaging history then a better evidence based approach to the principle of justification can be obtained for the specific patient and a more detailed imaging procedure can be performed.

This way a SmartTracking dose system can be established, giving the opportunity to the radiology staff to access patient’s previous imaging history and the associated doses. As a consequence a better justification of the new examination can be obtained, and this can positively impact to the optimization procedure. On the same time patient can have an up-to-date personal record file with all the new imaging findings and the relevant doses received for that purpose.

Although the core idea has been explained broadly above, there are issues related to personal data security and transferability of the information through the non-interfacing IT systems not only between countries but in some of the cases even in the same district of a country. Areas or countries without use of electronic storage systems for their patients can confront the situation by a kind of “dose passport” but of course the previous imaging history is rather difficult ►

to be reached by another area.

Optimistically seeing the issue, if the idea of a Smart Tracking dose project can be world widely accepted, informatics and personal data access issues can be resolved. Besides, in an analogy with the Credit bank accounts, people globally can have distance access to them to most parts of the world.

The Smart card/ Smart tracking Dose project focuses on the process of tracking rather than cumulative dose. The process of tracking leads to awareness of appropriateness of radiation and is useful even without the cumulative dose.

Joint statement for the project

The project is currently underpinned by a joint statement on the Patient safety and welfare. Major purpose is tracking of patient's exposure history, for a better justification and optimisation of any future prescribed exposure. Joint statement is already signed by the European Society of Radiology (ESR), U.S. Food and Drug Administration (FDA), International Atomic Energy Agency (IAEA), International Organization for Medical Physics (IOMP), International Society of Radiographers & Radiological Technologists (ISRRT), World Health Organization (WHO), Conference of Radiation Control Program Directors, USA (CRCPD). The signed joint statement can be also accessed by the ISRRT's web site.

UNSCEAR reports that 4 billion imaging procedures are performed per year globally, leading to frequently observed radiation skin injuries and to a higher cancer risk.

Radiographer's/Rad.Technologist's involvement to the project

CT and Interventional Radiology are much contributing to the diagnostic and /or treatment procedure of the health problem, but unavoidable to the excess amount of radiation delivered to patients. In all the imaging procedures (strongly including CT and Interventional) the Radiographer's/Rad.Technologist's involvement is unquestionable.

Radiographer/RT is physically directing the exposure and is expected to act as the patient's advocate to radiation protection (COR, 2014). By making use of the previous imaging data of the individual patient, Radiographers/RT's contributing to a more accurate justification and optimisation procedure of the prescribed imaging exposure, fact that fully complies with the Code of Ethics issued by the ISRRT. (ISRRT)

Radiographers/RTs are the front desk care providers of medical imaging services and according to the EU Directive 97/43, article 3 (b) any professional who is practicing with ionizing radiation shall seek, where practicable, to obtain previous diagnostic information or medical records relevant to the planned exposure and can communicate those data with the referring physician to avoid or to modify an unnecessary exposure. Also radiographers/RTs having direct access to the imaging records of the patient can upload to the file storage area of the individual patient the new obtained imaging

and perhaps dose burden data building this way a seamless tracking images history of the patient.(Seuri, 2013)

Also Radiographers/RT's can inform the referring physician for the existence of such a Smart tracking system, the data of which can lead to re-orient or cancel the plan of a new imaging exposure for the patient.

Through the above lines I tried to give an outline of the project of the Smart Card/Smart Tracking dose, which is under further scientific discussion research and development from all the countries which are interested to it. Also the organisations which signed the Joint statement are in close cooperation with the IAEA for further and detailed development.

As an ISRRT's representative to the Technical meetings held in Vienna in the IAEA headquarters, I had the opportunity to explain the importance of an active involvement of the radiographers/RT's for the widespread and the sustainability of the project and the will of the ISRRT to work along with IAEA, Unit of Rad. Protection of Patients, for this purpose.

Stakeholders and participants there discussed all the potential benefits a patient can have and all the obstacles that must be overcome in order for the project to come to a broad usage.

As Epilogue

I kindly invite all of you to familiarize yourselves with the Smart Card/Smart Tracking dose project, by visiting the IAEA/RPROP web site. There you can read important and detailed papers and information. If you want to have more information on this project and to obtain more papers published on this subject, please do not hesitate to contact me by e-mail. I will be happy to provide you with any available information.

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Dimitris Katsifarakis
Regional Director Europe

Update on **Global Initiative** on evidence based **Referral Guidelines** for appropriate use of **Diagnostic Imaging**

A special thank you to the many experts from our organisation that contributed to the content of this final version, your voice is helping to elevate patient care globally

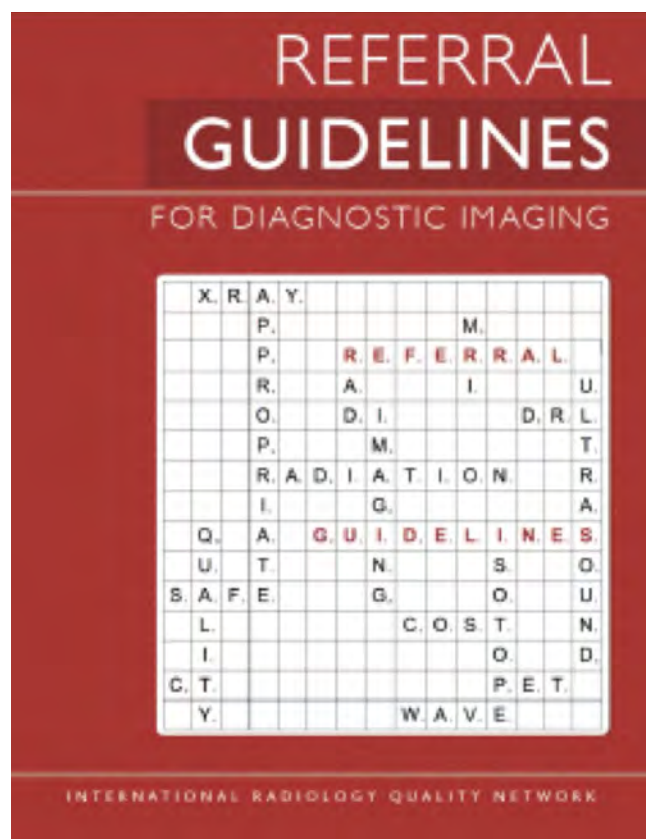
Report by **Donna Newman**, Director of Professional Practice

WHO sent an update on their initiative on Radiation Safety in Health Care Settings? Part of this project was the Collaboration between the WHO and the International Radiology Quality Network (IRQN) to globally develop and promote the use of evidence-based referral guidelines for appropriate use of diagnostic Imaging.

To give you some history about this in 2008 the WHO launched a Global Initiative on Radiation Safety in Healthcare Setting. Because of this IRQN established a Referral Guidelines Working Group in 2009. The ideas to review already developed guidelines for sections of diagnostic imaging procedure which was done in 2010 at a workshop in 2010 where 34 participants from 19 countries came together to undertake the first steps in this project. This global document was to be developed to promote safe and appropriate selection of imaging procedures and ensure that justification plays a key role in the decision making process by providing a practical tool for guidance for referring physician. This guideline could be used in medical schools as well to act as a teaching tool for appropriate use.

The Project Scope includes development, pilot, publication distribution and implementation and evaluation of referral guidelines. The referral guidelines are to assist all health professionals who refer patients for and provide series in diagnostic imaging and interventional radiology. The guidelines are wrote to be a reference for experience practitioners, nurses and other health professional and also to be used as educational tool for undergraduates in medical schools. The document has an introductory section which gives background and supporting information which includes radiation protection topics. There are Three sections to the document Section one that deals with basic principles of diagnostic imaging and good medical practice, biological effect of diagnostic imaging and radiation protection. This section includes all areas of Diagnostic Imaging Modalities (CR and DR), Ultrasound, Computed Tomography, and Nuclear Medicine including PET, MRI, Mammography, and Imaging-Guided Interventional Procedures. Each of these sections are divided into several subheading with information regarding Basic principles, Diagnostic information, indications, contra-indications, advantages, disadvantages, and patient prep There is also section s on biological effect, radiation protection with section on measurement of radiation dose, relative radiation levels diagnostic imaging during pregnancy and inadvertent radiation to pregnant patients The document also include a section on good medicine and sharing responsibilities including describing join responsibilities, referrers responsibilities, imaging specialist responsibilities competent authority responsibilities and informed consent. The goal was to give relevant information to referring practitioner's to help make decision when ordering imaging procedures.

Section two provides a range of referral guidelines for selected conditions based on common recommendation from the American



College of Radiology, the Department of Health, Western Australia and the Royal College of radiologist.

Section three documents the reference and includes a list of abbreviation and project participants.

As you can see this project has taken a lot of time to develop and they are finally in the final stage of the project which was to test it in 12 pilot sites at least one in each of the six Who regions of the world and collect feedback from both provider of medical imaging services and health professional who may refer patients to diagnostic imaging services such as family doctors, paediatric physician's etc. They will provide feedback and identify gaps and needs for different health care settings. The feedback is expected to come this spring which will then be reviewed, analyses and consolidated the results. And shared again with the working group and decide the next steps.

As an organisation we have received a thankyou from the WHO and IRQN for our contribution to the identification of recommendation where general consensus exists and our technical contributions.

As liaison to the IRQN this 104 page document came to our organisation for feedback for review and comment. You may remember being asked to help review for content, editorial modification, major revisions with literature search, consensus and Consultation that not relevant. As always there was a very short turnaround time to review and give feedback. As Director of Professional Practice I worked through my regional coordinator for input and had them reach out to experts in each of their regions and find experts in each of the modalities in the referral guidelines.

Cynthia Cowling did the same with her regional coordinator in education and because it was such a large document with so many areas to be covered for expert input we also worked through the board to get input from them and also had them reach out to anyone they knew who could help with the content of the documents in order to provide meanful input and have the technologist voice help contribute.

I was pleased that our comments to add CR and DR were heard and we were asked to add this section to the document in a draft form. With a very short deadline to write this, about two weeks, Napa Pong, one of our board members who is an author, helped write

the draft for this section in. We are happy to say that the ASRT and Cynthia Cowling provided reference documents at short notice which also allowed the ability to write this section and which contributed to the completion and to write a current draft document in the short deadline we were given which was two weeks.

Of course what is also important is the magnitude of feedback we got from so many of the members we reached out to for expert input to help create a current accurate referral guideline. On behalf of my professional practice committee and Dr Ward we want to thank everyone that helped with this process.

You can see from this article what happens when the technologist expertise is included. The work you all did to help produce this document will raise the standard of care out there in the world. Just know our success on this project only comes because of the technologist voice and hard work.

Thank you again for helping bring this project to its final stage. As we receive more information we will continue to keep you all informed on the feedback from this last stage and continue to seek your expertise as technologists when needed.

free e-book for ISRRRT members

The British Institute of Radiology has just published
The Safe Use of Ultrasound in Medical Diagnosis edited by Gail ter Haar.

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

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

As part of the BIR's open access initiative, BIR Open, the eBook version is

FREELY AVAILABLE ONLINE at:

www.birjournals.org/site/books/ultrasound.xhtml as well as in print

News from member countries

THE AMERICAS

AMERICA



ASRT ACE Campaign Launch

As part of

ASRT's strategic goal to improve the public perception and awareness of radiologic technologists, we officially launched the ACE Campaign in October 2013. ACE is a simple acronym that reminds medical imaging and radiation therapy professionals to: Announce their name, Communicate their credentials and Explain what they're going to do. We developed the easy-to-remember acronym to help radiologic technologists educate their patients about their role as educated and registered radiologic technologists.

As part of the campaign, every ASRT member received a poster that educates patients about their role in providing top-notch patient care. In addition, all members received patient cards that patients can use to record their medical imaging and radiation therapy exams. Lastly, the campaign features a Click To Commit initiative that asks radiologic technologists to incorporate the ACE principles and materials in their daily interactions with patients.

Visit www.asrt.org/ace to learn more about the campaign, show support and purchase and download materials.

Fiscal Year 2014 National Radiologic Technology Week® Media/Social Media Plan Results

The ASRT Public Relations Department launched its earned media plan to publicize/promote National Radiologic Technology Week® in November 2013. Targeted to state-level media outlets and hospital-based publications and websites, the plan's goal was to leverage NRTW as an educational opportunity and raise awareness of the R.T.'s role on the health care team. We sent our NRTW news release to 233 hospital-based publications and websites. In addition, we sent the news release and an NRTW fact sheet to 1,778 daily newspapers and 21 trade media publications.

- Fifty-two health care systems confirmed they would publish information about NRTW, a 5.1 percent increase from our fiscal year 2013 NRTW earned media efforts.
- NRTW stories were featured in 315 daily newspapers, a 2,763.6 percent increase

from our fiscal year 2013 NRTW earned media efforts.

- Seven trade publications published articles about NRTW, a 9.5 percent increase from our fiscal year 2013 NRTW earned media efforts.

In addition to the earned media plan, we launched a social media plan to publicize NRTW. We increased our Facebook engagement by 45.1 percent from fiscal year 2013.

ASRT Membership Update

As of February 2013, ASRT's total membership stood at 152,866. The association's net annual growth rate is about 2.22 percent and its net annual retention rate is about 86.45 percent.

ASRT Donates \$5,000 for typhoon relief

On behalf of its members, ASRT donated \$5,000 to the American Red Cross for the International Response Fund to support relief efforts in the Philippines following Typhoon Haiyan in November 2013.

New ASRT Continuing Education Products

As part of ASRT's ongoing efforts to provide radiologic technologists with continuing education products focusing on different disciplines and specialties, the association continues to produce new educational programs.

ASRT's Image-guided Radiation Therapy series features eight courses that highlight the sophisticated medical imaging technologies and techniques associated with image-guided radiation therapy. The series provides radiation therapists and medical dosimetrists with the fundamental principles of IGRT and image-guided adaptive radiation therapy strategies.

ASRT's newest product, Leadership Essentials, introduces the key strategies to succeed in any health care leadership position. The 10 module-program provides insight into learning strategies for success, developing strong leadership skills and taking your career to the next level.

2014 ASRT Educational Symposium and Annual Governance and House of Delegate Meeting

The 2014 ASRT Educational Symposium and Annual Governance and House of Delegates Meeting will take place June 26-29 in Orlando, Fla.

The ASRT Educational Symposium on June 26 features a full day of continuing education for radiologic technologists and

radiologic technology students. Courses focus on mammography, computed tomography, management, general interest and student-specific topics.

A day after the Symposium, the ASRT annual governance meeting kicks off. ASRT delegates will be on hand to debate and vote on motions and proposed changes to the ASRT Bylaws and to adopt clinical practice and educational standards. During the meeting, delegates' primary duties are to represent the radiologic science profession and their affiliates or chapters and take action on issues that affect professional practice.

In addition, as part of the Symposium and annual governance meeting, ASRT will host the Student Leadership Development Program. Seventy-five radiologic technology students from around the United States will travel to Florida to get a firsthand look at the ASRT House of Delegates activities.

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

ASRT Foundation Update

Last year saw big changes for the ASRT Foundation as it officially broadened its mission, shortened its name, revealed a new logo and repositioned itself for another 30 years of successful support for the profession. Today, the Foundation continues empowering RTs to pursue opportunities that improve patient care through scholarship, research and community outreach programs.

In response to Typhoon Haiyan last November, ASRT members rallied together and contributed almost \$1,000 to help those affected. The money raised was matched by the ASRT and donated on behalf of members to the American Red Cross.

The RT Fellowship for Developing Countries Program remains a valuable resource for RTs who want to share their knowledge and expertise with technologists around the world. In early 2014, several program participants traveled to Jamaica, India and Haiti to assess current radiography programs, offer educational workshops and more.

Scholarship applications closed on February 1, and more than 800 RTs and students applied. Each year, a dedicated team of volunteers evaluates all applicants

and recommends top candidates to the Board of Trustees for final approval. Recipients of this year's estimated 72 scholarships will be announced in May.

Donna Long
Council Member

CANADA



Advancing Our Practice, Advancing Our Profession

The CAMRT strategic plan takes its direction from the CAMRT mission, values, and particularly, its

vision statement. Strategic initiatives have been carefully selected and thoughtfully introduced, to support this articulate vision of the profession: "As medical radiation technologists, we are essential, caring contributors to the healthcare team for Canadians. In an environment of rapid technological change and innovation, we remain at the leading edge of practice as we establish and expand the evidence base of our profession."

CAMRT is pleased to share its latest advances in the achievement of strategic objectives with international colleagues in this report.

Advanced Practice Framework

The publication of an advanced practice framework is a significant milestone in the life of a multiyear study that has involved broad consultation with CAMRT members and key stakeholders. Advanced medical radiation technology practice in particular has grown to the point of formal recognition around the world; however, in Canada it is still in its infancy. Although the scope of Canadian medical radiation technology practice has extended over the years, what distinguishes Canada from other countries is the lack of a formal definition for advanced medical radiation technology practice and, hence, the lack of formal recognition for those practicing in an advanced capacity.

The Canadian Association of Medical Radiation Technologists (CAMRT) firmly believes that there is a place for advanced MRT practice in Canada. The goal of the framework is to consolidate support for the advanced practice initiatives already underway, and establish a common understanding of "advanced practice" as it relates to MRT professions within the Canadian healthcare system. The framework includes examples of advanced practice experiences in other countries and

other healthcare professions that provide a vision for advanced MRT practice and help Canadian MRTs to begin building the advanced practice roles of the future. This document is intended to assist those interested in advanced MRT practice across the country to find a common language and a conceptual frame to advance discussions at the institutional, educational and/or governmental level. Find the framework here.

Advanced Practice (AP) Certification

At its November 2013 meeting, the CAMRT board of directors approved the development and implementation of a pilot certification process that defines, assesses, and recognizes the competency of advanced practitioners in radiation therapy. This initiative builds on a successful project that created roles for Clinical Specialist Radiation Therapists (CSRTs), initiated by Cancer Care Ontario (CCO). It is an important first step towards a construct and process for AP certification that can be adapted by the other CAMRT disciplines for establishing advanced practice roles.

Best Practice Guidelines (BPGs)

The CAMRT BPGs are increasingly recognized as a valuable online practice resource for MRTs worldwide. A new set of 18 English guidelines were added in October 2013, along with an improved key word search function to assist users in navigating the site. The BPGs provide evidence based guidance on all aspects of MRT practice, from patient management and safety to occupational health and safety concerns for healthcare professionals. An exciting development in 2013 was the launch of the French website, with the first 28 guidelines now translated into French, and now available online.

Guidance for Medical Imaging Equipment

Lifecycle Guidance for Medical Imaging Equipment in Canada was published in November 2013. This comprehensive guide was created by the Canadian Association of Radiologists (CAR), with the Canadian Association of Medical Radiation Technologists (CAMRT) and the Canadian Cardiovascular Society (CCS) as partners, and with input from a wide range of stakeholders, provides guidance on the replacement, upgrading and introduction of new and emerging technologies in medical imaging devices.

This comprehensive document provides guidance on the replacement, upgrading and introduction of new and emerging technologies in medical imaging devices,

including digital radiography, ultrasound, computed tomography, magnetic resonance, etc. The recommendations are easily applied yet robust, and meant to be used in a variety of settings.

Keeping an eye on the future

In October 2013, CAMRT hosted a Symposium on the Future of Education in Medical Radiation Technology, and in February 2014, a Future of Technology Symposium. These invitational events brought together key stakeholders in stimulating dialogue around the impact, the challenges and opportunities that rapidly evolving technologies and practice represent.

Services to Internationally Educated Medical Radiation Technologists (IEMRTs)

CAMRT, with funding support from the Government of Canada, offers a broad range of services to those interested in working and certifying in Canada. Some of these are most relevant to those who have already moved to Canada, while other tools are available for those still in the process of immigration. These include online assessment tools, courses and exam preparation guides.

Readiness Self-Assessment Tools

To help the IEMRT in making a decision to live and work in Canada, the CAMRT offers Readiness Self-Assessment Tools for IEMRTs. These are online tools that help the IEMRT assess if they are likely to meet requirements to practice in a Canadian context, and what the Canadian work environment looks like. The tools provide information and guide the IEMRT through a self-assessment for readiness to work in Canada.

Practice exams for all disciplines have been revised and made available online in a new, more interactive format, as of December 2013. Once registered, students can access the practice exam five times. A new online module on "How to Write a Competency-based Exam" will be released this spring. Visit CAMRT's online resource centre for IEMRTs for information on fees and registration for these programs.

CPD Programs

CAMRT continues to expand the breadth and depth of its continuing professional development offering, all of which are available online to practicing MRTs worldwide. Check our online catalogue for the list of Full length courses (FL) and Quick Self Studies (QSS). New and coming soon are:

- Application of Medical Laboratory Tests in Nuclear Medicine - Skeletal & Respiratory Systems (QSS)
- Pharmacology in Cancer Care (FL)
- PET & PET/CT Application (FL)
- Project Management for Health Care Professionals (FL)
- Managing Patient Education (QSS)
- CT Perfusion (QSS)
- Application of Medical Laboratory Tests in Nuclear Medicine – Renal System (QSS)

CAMRT also offers specialty certificates in Breast Imaging (Diagnostic and Screening); CT Imaging (Radiological Technology; Nuclear Medicine Technology; Radiation Therapy); Dosimetry; and, Interventional Radiology.

International candidates for these certificates must provide documentation verifying their eligibility, including a notarized copy of diploma/degree/certificate from entry-level education program and a letter from entry-level education program verifying length of program to include both didactic and clinical components of the program.

Engage with CAMRT

CAMRT offers annual service packages that provide a rich menu of benefits to those interested in active engagement with CAMRT and a window on Canadian developments in their profession but who are not eligible for membership in accordance with CAMRT bylaws. There are two options. The Essentials E-Publications Package, offering electronic subscriptions to the CAMRT quarterly newsletter, CAMRT e-news bulletins and the prestigious Journal of Medical Imaging and Radiation Sciences (JMIRS), at a cost of \$40 annually, or the Essentials Plus Package, which includes the Essentials package plus access to the CAMRT on-line Job Bank and 20% off CAMRT non-member rates for continuing professional development courses, at an annual fee of \$70. (13% Harmonized Sales Tax is applicable to both packages).

Journal of Medical Imaging and Radiation Sciences (JMIRS) Update

The JMIRS board is international in scope, and is very actively pursuing initiatives that raise the profile of the Journal in Canada and abroad. Several of these hold interest for members of the ISRRT.

Recommended reading is the new JMIRS e-pub on the topic of “Research” now available on open access. The board is also actively seeking partnerships with societies who would consider adopting the JMIRS as their official journal; please



MRT Week celebration at the College of the North Atlantic, Doha, Qatar.



Medical Imaging & Radiation Therapy Programs at Health Sciences North (HSN) and the Northeastern Ontario Regional Cancer Centre (NEORCC) combined celebrations in Sudbury, Ontario

email your expression of interest to editor@camrt.ca.

MRT/MRS Week in Canada

MRT week was celebrated from November 3-9 throughout most of Canada. In Ontario, the annual celebration was rebranded as Medical Radiation Sciences (MRS) week. Over 500 hundred MRT and MRS Week took place in hospitals, clinics, schools, and cancer centres from Victoria to St. John's, and once again, at the Medical Radiography program at the College of the North Atlantic's campus in the Middle East state of Qatar, pictured top. The event was once again a showcase of MRT

creativity and professional pride, including displays, video production, interprofessional education and social events. In the weeks up to and including MRT week, CAMRT launched a highly successful Facebook ad campaign that attracted significant attention and numerous heartfelt testimonials from patients and MRTs. Kicking off the week, and then repeated on World Radiography Day, was a webinar on professionalism co-sponsored by CAMRT and the British Columbia Association of Medical Radiation Technologists that attracted hundreds of participants from across Canada.

JAMAICA



In 2012 the society had its fundraiser of a walk-a-thon which took place at Emancipation Park, it was well supported by both members

and non-members alike. The National Board of Diagnostic Imaging and Radiation Therapist was formed by the Society and the head of the School of Medical Radiation Technology, this is still in its incubation stages.

ISRRT held a two day mammography conference, it was both educational and fun. There was also a Radiographers Week cocktail party that was appreciated by our visitors.

In 2013 a new chapter of the Society was opened in Cayman with our blessings. Radiographers Week was well supported by most departments and the church service was great. There was a Christmas potluck that saw a mingling of all imaging modality

techs and students, the year ended well.

The society also has a retiree list where we look for retired members and send them tokens of our appreciation. We do this by inviting them to events, sending them gifts or just visiting them on occasions.

2014 will be an exceptional year for us and we hope to do greater things with ISRRT.



Carlene M. Rankin

My name is Carlene M. Rankine and I have been a radiographer since 1999 and I love it. My dream is to become a lecturer or professor and teach Medical Imaging (ie CT, US, MRI etc). I hope to improve and take the Society of Radiographers and the Radiography School to a higher more advanced level. I love my job and being a member of the Society. I work at the Jamaica Cancer Society also on its mobile Mammography Unit and it is an awesome experience.

I am a senior radiographer at the largest hospital on the island, The Kingston Public Hospital, I am also a certified mammographer and sonographer. I am the Vice President of the Society of Radiographers Jamaica and also the ISRRT rep. It is a wonderful experience being a member of the organisation and representing my country. I look forward to future events, seminars and conferences with the ISRRT.

ASIA/AUSTRALASIA

TAIWAN



The Taiwan Society of Radiological Technologists (TWSRT) ran an International Competition Day (ICD) for

radiographer students. It attracted 85 from Taiwan, Japan, Korea, and Thailand. It covers 15 universities in Asian and Australian (A/A) region of the ISRRT to meet together on November 16, 2013 in Central Taiwan University of Science and Technology, Taichung, Taiwan.

The A/A Vice-President, Dr Maria Law, Director of Education, Dr Cynthia Cowling and Dr Napapong Pongnapang, Regional Director were invited to witness this occasion and they also brought ISRRT information for students.

According to the President of TWSRT, Stenver Lin, this indicates that the purpose of the ICD is not only for skull phantom competition but also for making friends. The platform provided an opportunity to get to know each other for students from countries is the A/A region. Dr Lin also mentioned that friendship establishment is important to lead regional communication constantly for younger generations. Younger ones are the hope of the future in the big family of the ISRRT.

The venue, International Hall, where the



closing ceremony was held was inundated with traditional costumes. Each student wore beautiful clothes like a movie star presented in the Hollywood Walk of Fame. Undoubtedly, this is a good chance for younger students to find friends and to make acquaintances internationally. They all left with unforgettable memories of Taiwan.

Stenver Lin
Council Member

EUROPE

FRANCE



In October 2013 the AFPPE invited the French radiographers to “Journées françaises de Radiologie”, one of the most important rendezvous for radiographers or radiologist

alike. Over the course of several days, many sessions were dedicated to 2,000 participating radiographers, with subjects going from the interventional radiology to radioprotection in CT and pacemaker in MRI, including interesting contributions about image fusion and post processing.

In February 2014, the first French congress dedicated to Computed Tomography was met with enthusiasm in Toulouse where during one week-end 400 radiographers could deepen their knowledge this particular field of expertise (radioprotection, special protocols, optimisation, new technologies and their possibilities).

Coming soon is the 28th MRI French-speaking congress in Bruxelles, April 5-6, 2014. The program will meet the same success as the past 27 MRI congresses organised by the AFPPE. 1,000 participants are expected. More info on www.irm2014.com/

Last but not least, the 55th French Radiographer Congress will be held in Deauville, May 15-17, 2014. 600 participants are expected. More information at www.afppe.com/

ISRRT WEBSITE

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

Please contact:

isrrt.yule@btinternet.com

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

COMMENTS ON THE NEWSLETTER

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

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

email: deepbluedesign1@mac.com

memberships

> Membership

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

> Corporate Membership

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

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

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

> Associate Membership

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

Application for Associate Membership

Please complete in block letters and return to:

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

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

Family Name(s):

Given Name(s)

Address:

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

I enclose payment of

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