



ISRRT
INTERNATIONAL
SOCIETY OF
RADIOGRAPHERS
& RADIOLOGICAL
TECHNOLOGISTS

news & views

NOVEMBER 2011

from around the world

The Official Publication of the ISRRT



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PRESCRIBING INFORMATION OMNIPAQUE™ (iohexol)

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PRESENTATION Aqueous solution for injection containing iohexol, a non-ionic, monomeric, triiodinated X-ray contrast medium, and available in five strengths containing either 140 mg, 180 mg, 240 mg, 300 mg or 350 mg iodine per ml. **INDICATIONS** X-ray contrast medium for use in adults and children for urography, phlebography, iv. DSA, CT, arteriography, cardioangiography and i.a. DSA. Myelography. For use in body cavities: Arthrography, ERP/ERCP, hysterosalpingography, sialography and use in the G-I tract. **DOSAGE AND ADMINISTRATION** Adults & children: Dosage varies depending on the type of examination, age, weight, cardiac output and general condition of patient and the technique used (see SPC and package leaflet). **CONTRAINDICATIONS** Manifest thyrotoxicosis. History of serious reaction to OMNIPAQUE.

WARNINGS AND PRECAUTIONS Allergy, asthma, or previous reactions to contrast media are risk factors for developing hypersensitivity reactions/anaphylactic reactions. Necessary drugs and equipment must be available for immediate treatment, should a serious reaction occur. It is advisable always to use an indwelling cannula or catheter for quick intravenous access throughout the entire X-ray procedure. After contrast medium administration the patient should be observed closely for at least 15 minutes, since the majority of serious side effects occur within this time. However, delayed reactions may occur. To prevent acute renal failure, special care should be exercised in patients with preexisting renal impairment, diabetes mellitus, paraproteinemias (myelomatosis and Waldenström's macroglobulinemia), dehydrated patients, or patients who receive concurrent treatment with nephrotoxic drugs. To prevent lactic acidosis in diabetic patients treated with metformin, administration of metformin should be discontinued at the time of administration of contrast medium and withheld for 48 hours and reinstituted only after renal function has been re-evaluated and found to be normal. (Refer to SPC). Patients with acute cerebral pathology, tumours or a history of epilepsy, alcoholics and drug addicts are predisposed to seizures. Adequate hydration should be assured. Young infants (age < 1 year) and especially neonates are susceptible to electrolyte disturbance

and haemodynamic alterations. Patients with serious cardiac disease and pulmonary hypertension may develop haemodynamic changes or arrhythmias. Special care should be exercised in patients with hyperthyroidism. One should also be aware of the possibility of inducing transient hypothyroidism in premature infants receiving contrast media. Symptoms of myasthenia gravis may be aggravated. Extravasation of contrast media may on rare occasions give rise to local pain, and oedema, which usually recedes without sequelae. However, inflammation and even tissue necrosis have been seen. Elevating and cooling the affected site are recommended as routine measures. Surgical decompression may be necessary in cases of compartment syndrome. Following myelography the patient should rest with the head and thorax elevated by 20° for one hour. Thereafter he/she may ambulate carefully but bending down must be avoided. The head and thorax should be kept elevated for the first 6 hours if remaining in bed. Patients suspected of having a low seizure threshold should be observed during this period. Outpatients should not be completely alone for the first 24 hours. A few patients have experienced a temporary hearing loss or even deafness after myelography. **PREGNANCY AND LACTATION** The safety of OMNIPAQUE in human pregnancy has not been established (see SPC). Omnipaque should not be used in pregnancy unless considered essential. Breast feeding may continue normally. **UNDESIRABLE EFFECTS** All routes of administration: Hypersensitivity reactions with mild respiratory or cutaneous symptoms or anaphylactic reactions with more severe manifestations. Vagal reactions causing hypotension and bradycardia, headache. Abdominal discomfort/pain, nausea, vomiting or diarrhoea, transient metallic taste, Iodism or "iodide mumps" resulting in swelling and tenderness of the salivary glands. Feeling of warmth, fever, rigors, hypertension. Intravascular use (Intraarterial and Intravenous use) Neurological reactions, including seizures or transient motor or sensory disturbances. Cortical blindness. Serious cardiac complications, including cardiac arrest, arrhythmia, depressed cardiac function or signs of ischaemia. A transient increase in S-creatinine, followed by renal failure in rare occasions. Distal pain or heat sensation in peripheral angiography. Transient ischaemia after injection into coronary, cerebral or renal arteries. Post phlebographic thrombophlebitis or thrombosis. Arthralgia. Severe respiratory symptoms and signs (dyspnoea, bronchospasm,

laryngospasm, non-cardiogenic pulmonary oedema), cough. Thyrotoxicosis, flushing, Injection site reaction. Intrathecal use: Meningism or chemical meningitis. Photophobia. Transient blindness, motor or sensory dysfunction. Confusion. Paraesthesia. Seizures. EEG changes. Local pain, cramping and pain in the lower limbs, neck pain. Headache, nausea, vomiting or dizziness. Injection site reaction. Use in Body Cavities Endoscopic Retrograde Cholangiopancreatography (ERCP): Elevation of amylase levels, pancreatitis. Oral use: Gastrointestinal upset, Hysterosalpingography (HSG): Transient pain in the lower abdomen. Arthrography: Post procedural pain. Frank arthritis. Hemilgraphy: Mild postprocedural pain. **INSTRUCTIONS FOR USE AND HANDLING** Like all parenteral products, OMNIPAQUE should be inspected visually for particulate contamination, discolouration and the integrity of the container prior to use. The product should be drawn into the syringe immediately before use. Containers are intended for single use only, any unused portions must be discarded. OMNIPAQUE may be warmed to body temperature (37°C) before administration. **MARKETING AUTHORISATION HOLDER** GE Healthcare AS, Nydalen 1-2, P.O. Box 4220 Nydalen, N-0401 Oslo, Norway. **CLASSIFICATION FOR SUPPLY** Subject to medical prescription (POM). **MARKETING AUTHORISATION NUMBER** PL 00637/0034-0038. **DATE OF REVISION OF TEXT** 15 February 2007. **UK PRICE** 10 x 50 ml 350 mg/ml £208.01.

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www.isrrt.org

Views expressed in this Newsletter are not necessarily those of the ISRRT.

Toronto Welcomes the World!

17th ISRRT World Congress and CAMRT 70th Annual General Conference

June 7-10, 2012



**Picture
yourself
here!**

What better place than Toronto, Canada, to host the 17th World Congress of the International Society of Radiographers and Radiologic Technologists (ISRRT)!

Toronto is one of the most multicultural cities in the world, a mosaic of more than 140 languages and dialects. Its rich, inclusive culture is reflected in the myriad of restaurants featuring cuisine from around the globe, enchanting and eclectic theatre and nightlife, and countless festivals celebrating all walks of life. It is also home to numerous world leading healthcare facilities and innovative research centres. Many of these are located just steps away from the conference site, the Sheraton Centre Toronto, and will open their doors to world congress delegates further enriching the conference experience.

The conference, held at the Sheraton Centre Hotel and hosted by the Canadian Association of Medical Radiation Technologists (CAMRT), will incorporate the CAMRT's 70th Annual General Conference, and include ceremonies that commemorate the 50th anniversary of the ISRRT and the 70th anniversary of the CAMRT.

This World Congress will showcase innovation in diagnostic medical imaging and radiation therapy from around the world, and provide a global audience to share our common and diverse experiences as medical radiation technologists in contemporary health care. The program's exhibitors will feature the latest technological advances from North America and around the world.

Mark your calendar and plan to attend as a presenter or delegate.

**Come to Toronto and celebrate our history,
embrace the present and imagine our future.**

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Deadline for the twice yearly issues are:

April 1 (May issue)
October 1 (November issue)

All material must be sent electronically.
Advertisements and images to be sent as high resolution
PDF, TIF, EPS files.

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

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

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A section is reserved for the advertising of educational
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The ISRRT Newsletter reaches 72 countries,
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radiography, government bodies and professional
societies.

The following are costs for mono advertising as at May
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	per issue	per two issues
full page	£300 (US\$550, EUR430)	£550 (US\$1010, EUR790)
half page	£225 (US\$415, EUR325)	£400 (US\$735, EUR575)
quarter page	£100 (US\$185, EUR145)	£150 (US\$275, EUR215)
one eighth page	£60 (US\$110, EUR86)	£100 (US\$185, EUR145)

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Dr Michael D. Ward, Ph.D., RTR, FASRT
President, International Society of
Radiographers and Radiological
Technologists

President's message

Once again, it is my pleasure to greet you one year into my four year term of office as ISRRT President. The time is flying by very quickly and I am proud to inform you that your Board of Management and CEO have been very busy handling the affairs of the ISRRT and representing our profession across the globe since taking office this time in 2010. It seems that every day you watch or read the news and tragedies that are natural disasters or manmade disasters are upon us. We must be reminded that we should wrap our arms around those who are injured or lose their lives and possessions as a result of these events. Our thoughts and prayers go out to our colleagues, their family and friends, and everyone who may be going through challenging times.

Plans are well underway for the 17th ISRRT World Congress that is being held in conjunction with the 70th Canadian Association of Medical Radiation Technologists (CAMRT) Annual General Conference that is being held from June 7-10, 2012. This promises to be an outstanding Congress where we will hold the ISRRT Council meeting and participate in events and hear speakers from all over the world provide updates and insights on topics that are "cutting edge" in our profession. "Picture Yourself in Toronto in 2012!!"

Since April 2011, I have represented the ISRRT at the following events/places:

- Albuquerque, New Mexico: ISRRT Board of Management Meeting
- Geneva, Switzerland: World Health Organization and the International Radiology Quality Network
- Manchester, England: United Kingdom Radiology Conference
- Athens, Greece: International Commission of Radiology Conference
- Singapore, Malaysia: Singapore Society of Radiological Technologists Conference
- Aomori, Japan: 27th Japan General Conference of Radiological Technologists and 18th East Asia Conference of Radiological Technologists
- Aarhus, Denmark: Danish Congress of Radiological Technologists

The ISRRT Board held its first official meeting in Albuquerque, New Mexico at the executive offices of the American Society of Radiologic Technologists (ASRT) in April 2011. The agenda for this meeting was very extensive and had us meeting into the late hours of the night in order to accomplish the work of the ISRRT. This was a very productive meeting which allowed the Board and CEO to debrief the Australia Congress meeting and prepare for the work of the society for the next year.

In May 2011, Sandy Yule and I attended the fourth plenary meeting of the 64th World Health Assembly of the World Health Organization (WHO) in the Assembly Hall of the Palais des Nations during the morning session. Delegates from various countries gave their reports or made statements on technical or health matters from their respective nations. Some of the key topics related to non-communicable diseases such as diabetes, smoking, cardio-vascular, obesity, stroke, alcohol consumption, and issues such as road safety, healthy eating/exercise, and diseases related to floods and national disasters.

At this same event, Mrs Sheikh Hasina, Prime Minister of Bangladesh spoke on health and development targets she has set for her country to become a middle-income nation within the next ten years and proclaimed "health is wealth." Mr Bill Gates, Co-chair of the Bill and Melinda Gates Foundation, called for increased political and financial support for vaccines so that "by 2020, we can prevent 10 million deaths." His foundation will be focusing on innovation in healthcare, especially as it relates to children.

In June 2011, ISRRT Treasurer, Stewart Whitley joined Dr Sandy Yule and I at the United Kingdom Radiological Conference in Manchester, United Kingdom. We had a wonderful opportunity to liaise with colleagues attending the meeting and representatives from other societies and corporate attendees. Later in June, Dr Yule and I were invited to attend the International Society of Radiologists at their executive board and strategic planning meeting held in Athens, Greece. As a result, ISRRT will be participating in the ICR 2012 Congress that is being held in Sao Paulo, Brazil and other collaborative opportunities between the two



President Ward and CEO Sandy Yule greet ASRT CEO, Dr Sal Martino and thank him for his willingness to allow us to use their excellent facilities in New Mexico.

President's message

organisations in the future.

In early September 2011, I was invited by the organising committee of the 26th Singapore-Malaysia Radiographer's Conference (SMRC) to attend their conference and represent the ISRRRT.



The theme of conference this year was "Professional Development in the New Decade." This two day meeting was held at the very beautiful Khoo Teck Puat Hospital where oral and poster scientific presentations were given by radiographers and radiation therapists.

Singapore Society of Radiographers, Tan Chek Wee, is the President and was the organizer and host of this outstanding conference. I was honored to have been asked to participate in the ribbon cutting portion of the opening ceremony and gave the keynote address entitled "Professional Development for the New Decade: Who Moves the Cheese?"

In mid-September 2011, I attended the 27th Japan General Conference of Radiological Technologists and 18th East Asia Conference of Radiological Technologists held in Aomori, Japan. I was graciously accompanied throughout my entire visit by Mr Fumio Nishida, Japan Association of Radiological Technologists (JART) Managing Director and his assistant Ms Kimura. Along with them was my interpreter, Mr Yutaka Yoshizaki, who is a Regulatory Affairs and Quality Assurance Office for FujiFilm. There was an outstanding opening ceremony of the conference and the welcome banquet that took place where I participated in the opening toast.

From left to right: Mr Lee, President of the Korean Association of Radiological Technologists, Dr Yasuo Nakazawa, President of the Japan Association of Radiological Technologists (our host), Dr Michael D. Ward, President of the ISRRRT, and Dr. Stenver Lin, President of the Taiwan Society of Radiological Technologists. This was the opening of the dinner celebration on the evening of the opening of the conference.



Scientific lectures started up the next morning and I was fortunate to have been invited to give the keynote ISRRRT President Lecture that afternoon on September 17th. The lecture was entitled "Radiography ... Beyond the Fourth Dimension: Who Moves the Cheese?" After dinner and a social gathering that evening, we left for Kyoto, Japan on September 18th and arrived there early afternoon to be greeted by two representatives for Shimadzu Corporation (a manufacturer of a large variety of products, including x-ray equipment and imaging devices). They took us on a tour of the Shimadzu Foundation Memorial Hall, Kinkaku-ji (the Golden Temple) and Shimadzu



Headquarters in Kyoto where we had an outstanding demonstration of some of the latest Shimadzu developments in imaging technology after meeting Mr Koki Aoyoma, General Manager for Marketing and Mr Satoru Suzuki, a member of the Shimadzu Board of Directors and General Manager over the Medical Systems Division. After an overnight stay in Kyoto, I took a two hour ride on the rapid train to the airport in Narita where I was delivered safely back to take my 12 hour flight to the United States and back to St. Louis.

In late September 2011, I was invited by the Denmark Society President, Charlotte Graungaard Beck, to attend their Denmark Society of Radiological Technologist Congress that was being held in Aarhus, Denmark.

In the invitation she expressly emphasized their desire to have me address the topic of "What importance do the Danish radiographers have for the rest of the world?" It is their hope to have greater involvement with the international work of the ISRRRT and to better understand how they can participate in international activities within our profession. I provided an ISRRRT update and answered questions about ISRRRT initiatives related to developing nations. This was a meeting of the Denmark Society Council which consisted of elected representatives from across Denmark. Even though the entire meeting was held in Danish, I was able to basically follow along and was assigned a council member (Ms Patricia Svendsen) to act as interpreter whenever I was not able to understand what was happening during the proceedings. The leadership of the Denmark Society and the members of the Council were very interested and supportive of our international activities and the ISRRRT overall.



As I have mentioned before, we should all be very proud of the work that we do each day to promote our profession and to provide the highest quality of care that we can for our patients. The ISRRRT and its Board of Directors 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 ISRRRT Newsletter to capture all of the news related to the society and our profession.

Kindest Regards,
Dr. Michael D. Ward, Ph.D., RTR, FASRT
President, ISRRRT



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Dr Alexander Yule

Chief Executive Officer report

My travels once again have been quite extensive and I have had the opportunity to visit and meet with many Societies and colleagues. On every occasion I have been met with tremendous hospitality and friendliness which makes my job much easier and very worthwhile. I have continued to receive support and encouragement from all Board members and have had full backing from the President, Dr Michael Ward. Michael and I have a weekly Skype meetings which keeps us both up-to-date with ISRRRT business. I also have a regular Skype meeting with Stewart Whitley, ISRRRT Treasurer, to ensure that the finances of the ISRRRT are monitored and spent wisely.

Considerable work has been completed in both the areas of education and professional practice. The Director of Education has maintained co-operation with the International Atomic Energy Agency and has been involved in discussions regarding regulations related to the safety and training of radiation workers and the protection of patients. The Director of Public Relations has produced a new Power Point Presentation regarding the work of the ISRRRT and has also updated the "Career" presentation. The updated format of the ISRRRT newsletter has been successfully launched and many complimentary comments have been received.

With respect to education the ISRRRT now has an annual research award which this year was awarded to Warrington Hospital. Title of research, "Radiation dose optimisation in CR/DR pelvic radiography: effect of patient orientation".

The review of the Operations Manual is also being undertaken by Stuart Whitley, ISRRRT Treasurer, and myself and this should be completed in time for the 2012 ISRRRT Board meeting. Some societies are unable to pay their annual dues and I would like to remind them that assistance is available from the Development Fund but not much use is made of this facility.

Much of my work is routine administration and I spend considerable time corresponding with colleagues from around the world. The work continues to expand and one area which proves difficult to manage is maintaining the names and addresses of Societies and Council members and once again I would ask for your help in keeping this essential information as current

as possible. The details are posted onto the ISRRRT website and are a valuable source of information.

Following the close of the United Kingdom Radiology Congress in June Stewart Whitley and I met with David Collier, CEO, Australian Society of Radiographers, to view the ISRRRT Archives which are now held within the John Ratcliffe Library, Manchester University. We both accompanied Mr Collier to view and consider the information contained in the ISRRRT Archives. Mr Collier spent two days reading and documenting the information contained in the many boxes held by the Library. He is in the process of producing a draft history which will be sent to Dr Michael Ward, Dr Fozy Peer and Dr A. Yule for initial comment. Acknowledgement must be given to the late Dr Marion Frank, OBE, who initially organised the storage of the material to be held in the Archives.

Also in June this year Michael Ward and I were invited by International Society of Radiologists to join them at their Executive Board meeting and their strategic planning for the future. Also present were representatives from the World Health Organisation, the European Society of Radiology, the Radiological Society of North America, the International Radiation Quality Network and the American College of Radiologists. The meeting was convened to discuss how those attending could co-operate in future projects.

As we all know the 17th World Congress will take place in Toronto during June 2012. Preparations are well on the way Congress which is also the 50th Anniversary of the founding of the ISRRRT. This is particularly significant because the first Congress was held in Canada. As part of the preparations I am in constant



touch with Michael Ward and Cynthia Cowling in addition to Mr Chuck Shields, CEO of the Canadian Association of Medical Radiation Technologists. Full details can be found on www.2012isrrt.org

Site visits for World Congresses are also part of the duty of the CEO and in November I will have the pleasure of visiting Helsinki to view the facilities for the 18th ISRRT World Congress to be held in 2014 and I very much look forward to the visit.

I would like to record two important events of importance to the ISRRT which occurred this year and have been reported elsewhere. These are the Lifetime Awards made to the ISRRT President, Dr Michael Ward and to the Vice President of The Americas, Mrs Rita Eyer. Both are worthy recipients.
(See relevant photographs)

I would also like to record the sad death of Dr. Marion Frank, OBE, pictured at right with Sandy Yule.. A tribute appears in a later section of the Newsletter. Marion was not only a colleague of mine but a personal friend of both myself and my wife Alison. We will miss her regular calls enquiring about the latest happenings in the ISRRT.

Finally I would like to thank all Board members, Council members and organisations for their continuing help. Everyone has been supportive and have always made constructive suggestions.



Wherever I visit I have been made welcome as has Alison, my wife. Although not a radiographer Alison also enjoys meeting with people and is a great help to me particularly on stand duty. I would therefore like to take this opportunity to thank Alison for all her support and help which she gives to my work for the ISRRT.

Sandy Yule
CEO, ISRRT



Dr Michael D. Ward is awarded ASRTs Life Member

The ASRT awarded its highest honor, Life Member, to Dr Michael D. Ward, Ph.D., RTR, FASRT (left) during the Honors Ceremony. He is pictured above with his sponsor, Kevin Rush, and ASRT President Jame Temme. Dr Ward is the 22nd recipient of Life Membership in the 92 year history of the ASRT. He proudly holds up his gold plated "Life Member" card and is about to

receive the Life Member plaque from President Temme.

The ceremony took place during the Fellows Elevation ceremony at the ASRT Annual Governance and House of Delegates meeting on Saturday, June 18, 2011 at the Hyatt Regency in Albuquerque, New Mexico.



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We are now less than a year away from the
17th ISRRT World Congress and CAMRT 70th Annual General Conference in Toronto.

Canadian colleagues are anxiously anticipating the moment when they welcome the world to Canada,
and look forward to this extraordinary opportunity to learn and share knowledge with the
global medical radiation technology community.

17th ISRRT World Congress and CAMRT 70th Annual General Conference
Sheraton Centre, Toronto
June 7-10, 2012
www.2012isrrt.org/

2012 ISRRT World Congress: Call for Presenters

Picture yourself bringing your vision into reality as one of the creative and innovative presenters. We are looking for dynamic speakers, compelling poster presentations, and workshops that are relevant, thought-provoking, and educational. For more information visit <http://camrt2012.scsubmissions.com/index.aspx>

2012 ISRRT World Congress: Call for Reviewers

The ISRRT and CAMRT is seeking experienced imaging and radiation therapy professionals interested in reviewing proposals for the call for presentations for the 2012 ISRRT World Congress in conjunction with the CAMRT AGC. Maintaining the education content of the highest quality depends on reviewers with a high level of expertise and an ability to be objective, fair and insightful in their evaluation of submissions.

Peer reviewers will be asked to evaluate 6-8 blinded submissions, during a two-week time frame (approximately early November). An online assessment tool will be provided along with a grading scheme to allow reviewers to rate the proposals with respect to currency, quality of learning experience and contribution to the field of medical radiation technology.

To apply, please complete the online application form at:

<http://www.camrt.ca/survey/TakeSurvey.aspx?SurveyID=96LMn56>

For general information about the congress:

email: 2012congress@camrt.ca

www.2012isrrt.org/

twitter.com/#!/2012ISRRT

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Sarah Baker

Sarah Baker

ISRRT Regional Coordinator of Public Relations for the Americas

During my first years of college I explored a variety of career options and finally determined that radiology would be a good fit. I graduated from the radiologic technology program through the Indiana University School of Medicine in the mid 70s. I was fortunate to work as a student radiographer during my associate degree schooling and upon graduation continued my employment part-time while I continued schooling to receive a baccalaureate degree in health occupations education. I then worked full time in a large trauma center performing general diagnostic exams, followed by special procedures (what is now often called interventional). Soon the opportunity came to become an instructor in the radiologic technology program at Indiana University School of Medicine. My early focus was on clinical instruction for the radiologic technology students at Riley Children's Hospital. In addition to clinical instruction, I was responsible for a variety of didactic courses. During this period of time I continued my education and received a master's degree in allied health education. I have continued teaching within the program, advancing to a level of associate professor and attainment of a doctorate in higher education administration with a minor in curriculum studies.

Parallel to my beginning teaching focus I became interested in the professional aspect of radiologic technology. I started leadership positions at the local level, and soon was involved at the state level, where I was president of the Indiana Society of Radiologic Technologists from 1986-1987. At this time I also became involved in the national professional, the ASRT. Within the ASRT I have held a wide variety of offices, including president from 1992-1993 and a member of the editorial review board for 6 years. My contributions to the profession have been recognized with the bestowment of "Fellow."

Service to the profession continued with my appointment to the Joint Review Committee of Education in Radiologic Technologists (JRCERT). In this role I was able to expand upon my interest in outcomes assessment, education for radiologic technologists, and assist with revision of the educational standards for our profession.

This foundation of professional experiences coupled with a variety of degrees and work related experiences, has allowed me the unique opportunity to evaluate radiologic sciences education. In more recent years I have evaluated radiography programs and performed clinical competency exams on graduating students in Kuwait. Associated with two visits to Kuwait I also discussed outcomes assessment and at the request of the Dean of Allied Health, evaluated the radiologic science program against the JRCERT Standards. Additionally I have assisted educators from South Africa with a variety of educational items including, but not limited to, digital radiography, educational assessment, clinical education, curriculum mapping, and outcomes assessment. In 2010 the ASRT awarded me the International Speakers Exchange Award (ISEA) and I represented the ASRT to the United Kingdom Radiological Congress in Birmingham, England from June 7-9, 2010 and provided a presentation focusing on international assessment. As a result of this exchange, and in conjunction with my interest with the "The Bologna Process" and its' overarching aim to create a European Higher Education Area (EHEA), I contributed an article related to globalization of radiologic science education.

Apart from the involvement in radiologic sciences, I became involved in the beginning college for my institution, University College at IUPUI. For over 12 years I have worked with beginning college students and faculty in University College, primarily focusing on the development of learning communities. In addition to a variety of responsibilities including my part-time appointment as associate dean of University College I created a learning community for those interested in exploring health science professional programs. Additionally I provide oversight to the medical magnet program, an early college program between our institution and a middle and high school program located adjacent to our health science campus.

As a member of the ISRRT for over 20 years I have observed the growth and development of educational programs related to radiologic sciences. The time is now for us to think more broadly and globally about our education and profession.



Dr Mark McEntee

Dr Mark Entee

ISRR Regional Coordinator of Professional Practice for Europe

Dr Mark McEntee trained as a radiographer in the University of Ulster at Jordanstown, Northern Ireland and was first employed as a radiographer in the Mater Public Hospital in Dublin. He moved into academia shortly afterwards where he completed a PhD in dose optimization and became a Lecturer in University College Dublin.

Dr McEntee worked at the University College Dublin for 10 years taking a great interest in professional issues becoming the President of the Irish Institute of Radiography and radiation Therapy and an inaugural member of the health and social care professional council the regulatory body for health professional in Ireland. He became a senior lecturer at the University of Sydney in 2011 where he is heavily involved in curriculum renewal, teaching and research.

Current research interests are wide ranging and mainly revolve around; Perception in Medical Imaging, Receiver Operating Characteristic analysis of performance, human performance and performance errors – particularly in medical imaging interpretation, as well as dose and image quality analysis. This research has the aim of improving radiological diagnostic performance.

In dosimetry he is involved in projects in CT Diagnostic Reference Levels and collective doses in Ireland, Portugal and in Malta.

He was the Editor of Radiography Ireland from 2005-2011, has been an author of over 100 articles in international scientific journals and a reviewer for 6 international journals. For more detail see http://sydney.edu.au/health_sciences/staff/mark_mcentee

Rita V. Eyer

RTR, ACR, CAE

CAMRT Life Member

A Conversation with Rita Eyer, CAMRT Life Member

In June, Rita Eyer was presented with the CAMRT's Life Membership award—the highest form of recognition by one's peers—designed to honour a member of the CAMRT whose professional activities have promoted the MRT profession nationally or internationally, whose leadership serves to motivate others to become involved in professional activities, and who has been involved in raising the profile of the CAMRT. Here, Rita talks about her career and her years of volunteering. She offers advice to CAMRT's newest members, and discusses her future plans.

What initially drew you to the field of radiological technology?

I knew that I loved working with people and that I wanted to be part of a profession that was directly involved with patient care. When I graduated from high school my highest marks were in the sciences, and my oldest sister, Barbara, told me about medical radiology technology. I investigated by arranging an occupational familiarization and interview at the Misericordia General Hospital in Winnipeg. While observing their radiology department, I decided this career was definitely for me!

How has your involvement as a volunteer shaped your career?

I first became involved as a volunteer at the provincial level with the Manitoba Association of Medical Radiation Technologists (MAMRT). I volunteered as the student liaison officer and student registrar, and then went on to be the representative on the Radiography Council on Education. This position was my first experience on a national-level committee and I just loved it! Having the opportunity to network with peers from all over the country, sharing ideas, and continually working on didactic and clinical improvements was an amazing experience.

Next, I became the MAMRT President, moved from there to the CAMRT Board of Directors, and in 1993, was elected CAMRT President. Although I had obtained my ACR and had taken many continuing education courses, I had not yet taken specific management courses. However, I was fortunate to have three incredible CAMRT members act as mentors during my formative years: Donna Hately, Robin Hesler and Alain Crompt. From them I gained leadership experience, as well as management skills and knowledge.

Two other MRT's who were also an inspiration were past-CAMRT presidents Melanie Hilkewich and Fiona Mitchell. Anyone who meets these ladies will agree their kind, compassionate, down-to-earth nature just makes you want to fashion your personality to be like theirs. Had I not been a volunteer, I would likely never have been so fortunate to develop these fantastic friendships. I have gained in so many ways by volunteering, but to me, building such great relationships with the MRT's whom I named above—as well as other MRTs from across the country and all around the world—has truly been the greatest reward!

What do you consider to be some of the lasting contributions you have made to your professional association and to the profession?

I hope that I have demonstrated to fellow MRTs that an ordinary technologist can move up both the career and volunteer ladder through hard work, dedication, determination, and love and passion for our profession. I sincerely hope that I made at least some of my students, new graduates and peers feel proud every time they introduce themselves as an MRT and meet with a new patient, exhibiting the very image of care. These are the attributes that I hope will be thought of as my legacy, and how I would like to be best remembered.

Were you surprised by this award?

In late March I received a message from CAMRT President, Shirley Bague. As one of our last conversations was about arranging a visit in Arizona, I thought that was why she was calling. When she said I had been chosen for the CAMRT Life Membership Award,

I went into a state of shock. My family will tell you how nervous I was about receiving this award. It is a very prestigious honour, and I kept thinking I did not deserve it. They convinced me that it certainly doesn't get any better than receiving an award for doing what you love!

Why have you given so much of your personal time to support your profession and professional associations?

It's my passion for the profession that drives me to support it to the level that I do, and that I have. I have thoroughly enjoyed each and every one of my volunteer "jobs"; they gave me a feeling of fulfillment and accomplishment, as well as the hope that perhaps in some small way I was giving back for all that I had gained. Something special that exists at this level of volunteering is the feeling that you have become a member of another family, the CAMRT family. I have such wonderful stories and memories of the kind support that fellow MRTs gave to me during difficult and stressful times that I love to share.

What advice would you offer to members considering volunteering and becoming more involved?

Take advantage of the leadership development initiatives offered by the CAMRT. Attend your provincial and national conferences – you will come back to your job so fully charged, and so amazed as to what lies ahead for our profession. I advise all new CAMRT members – and those who perhaps have not yet volunteered – to do so. Start at the provincial level and then look to what you can do nationally and internationally. The experience you will gain by being a volunteer is beyond measurement. And remember – it is never too late!

What's next for Rita Eyer?

I will continue to volunteer. Retiring from my job has only given me even more time to do so. Now that I have a CAMRT Life Member Award, I feel I have to do more to truly deserve it.

As the International Society of Radiographers and Radiological Technologists' (ISRRT) Vice-President of the Americas, I hope to make a difference. I have the challenge of encouraging more nations from Central and South America to become members of the ISRRT, and achieving this goal will require a fair amount of ongoing communication. I think one of my first steps has to be taking Spanish classes! I want to be able to speak directly with MRTs and assure them how much the ISRRT cares about their concerns and how they will benefit by being ISRRT members.

Final thoughts...

I still love this profession as much as I did the first day I entered as a student. The volunteer roles I have undertaken have given me leadership and management skills that have assisted my career development. When I see how the profession and the CAMRT have evolved in the last few years, I just want to start all over again. Our profession is aspiring to levels that I would never have dreamed possible when I began my training.

I cannot thank the CAMRT staff enough for assisting us in taking our profession to greater levels, establishing the CAMRT on the world stage and polishing our profession so that we shine. But without the support of my family, my level of volunteerism would just not have been possible. They undoubtedly are the wind beneath my wings!



Pictured: Rita (L) and CAMRT President Shirley Bague



Marion Frank with her
Dien Van Dijk Award

Dr Marion Frank

The Great Dame of Radiography

Dr Marion Frank was the Superintendent Radiographer of The Middlesex Hospital, London and Principal of The Middlesex School of Radiography for many years. Under the guidance of Marion Frank the Middlesex School not only became one of the most prestigious in the United Kingdom but its influence was felt throughout the world of radiography. During her career at The Middlesex Marion fostered many overseas students and her apartment was open for all who did not have somewhere to stay. For many years after her retirement she continued to participate in the international aspects of radiography and willingly to offer advice and help to all who asked.

Marion and her twin sister arrived in the United Kingdom in the 1930's both training as radiographers in Glasgow. Marion, as everyone knows, continued in the profession of radiography whilst her sister married and brought up a family.

She was President of the Society of Radiographers, United Kingdom, in the 1960's and received an OBE the Queen Elizabeth for services to radiography in the UK and throughout the world.

Marion was known personally to many radiographers around the world for her international activities and will be best remembered for her work with the International Society of Radiographers and Radiological Technologists (ISRRT). She was devoted to its ideals and objectives and worked tirelessly to promote and foster the ISRRT in countries throughout the world. In recognition of this work Marion was awarded the ISRRT Dien Van Dijk Award at the 16th ISRRT World Congress, Gold Coast, Australia, September 2010. Marion was extremely proud of this award and no one deserved it more than her.

She will be missed not only by her many colleagues and friends in the ISRRT but by all those who were involved with her during her lifetime. I know that she leaves an empty gap both with individuals and with many International Radiography Societies. The world of Radiography will always remember her ceaseless efforts and commitment towards improving world health and education without thought of any reward for herself.

Marion was firstly a radiographer and teacher but also a friend, a maternal figure and has been described as "the Great Dame of Radiography".

It is certainly the passing of an era for in many ways she was the heart and soul of the ISRRT, working hard to realise the dream of its founders. One of her final wishes was to ensure that the valuable information she held relating to the ISRRT was in good hands. This wish was accomplished this year when her vast archive of documents was accepted by The John Rylands University Library, The University of Manchester, for safe keeping and research purposes.

Marion was a remarkable person who was honoured, loved and respected by all who knew her for her humility and her lifelong wish to try in some small way to help those she considered to be less fortunate than herself. She was a great person who, without a second thought, sacrificed all for her beloved profession of radiography and as such, touched so many of us with her generosity and kindness.

These few words do an injustice in trying to record how much we will all miss Marion. She will however remain very alive in our memories and admiration.

Tributes to Marion have been received from many persons throughout the world and some are recorded on the ISRRT website and can be seen at www.isrrt.org



DIEN VAN DIJK AWARD 2012

Nominations are invited for the 2012 Dien Van Dijk Award.

This award was approved in 2006 and is to be granted only at a World Congress and only with the unanimous agreement of the Board of Directors of the ISRT.

This award is in honor of the contributions of Dien van Dijk, one of the founders of the ISRT and who in 1962 became the first President of the ISRT. The objectives of which she upheld were to assist the education of radiographers and to support the development of medical radiation technology worldwide. This award dedicated to her memory is to honour members of the ISRT who have shown exceptional service and commitment to the ideals so powerfully demonstrated by Dien Van Dijk.

CRITERIA for nomination:

1. Exceptional service to the radiographic community.
2. Past or present holder of a recognized position in the ISRT.
3. Recognised activities which reflect the founding principles of the ISRT
 - Assistance in the education of radiographers
 - Assistance in the development of the profession of radiography in several countries.

Nominations to be made by any Council or Board member or other individual of a member society. Individuals nominated must meet all criteria and nominations must be received before December 31st 2011.

Nominations will be submitted to the Secretary General (isrt.yule@btinternet.com) who will convene a Committee composed of a Council representative from each of the regions to review and short list the applications received for consideration by the Board of Directors.

Award winners must be unanimously recommended by the Board of Directors.

Award to be presented at Congress Banquet.

This award may or may not be presented at each Congress.



ISRRT Research Award 2011

To improve the standards of delivery and practice of medical imaging and radiation therapy throughout the world by research in the radiation medicine sciences is a mission of the International Society of Radiographers and Radiological Technologists (ISRRT). In the light of such mission and to promote evidence-based practice, the ISRRT has set aside a sum of money dedicated for funding research within the professional practice of radiographers, radiological technologists, radiation therapists, and nuclear medicine technologists.

The research should be related to clinical, technical, professional, managerial and educational aspects of medical imaging and radiation therapy or radiological sciences.

Pelvic Orientation Study

Aim

To improve understanding of the effects of patient orientation on radiation dose and image quality for CR and DR radiographic examinations of the pelvis. To ascertain the optimum patient orientation, in relation to the automatic exposure control (AEC) chambers, for AP radiographic examinations of the pelvis.

Design

Adult patients referred for AP pelvis examinations will be randomised into one of four groups according to the acquisition modality and the orientation of the patient. Patient orientation will be relative to the upper two outer Automatic Exposure Control (AEC) chambers.

Radiation dose (entrance surface dose combined with backscatter and effective dose) will be calculated for each examination. Image quality will be blindly assessed by three observers (1 radiologist/2 reporting radiographers). To address the aim, the differences between image quality and radiation doses will be compared between the four options.

Expected outcomes

Improved understanding of the effect of patient orientation on pelvic radiation dose and image quality. To establish the optimum orientation for both CR and DR examinations of the pelvis.

Anticipated benefits

Improved understanding of the effect of orientation on positioning within AEC radiography. Reduction in radiation dose for pelvic radiography, improvement in image quality. Discussion regarding other areas where orientation may affect image quality and radiation dose.

Project objectives and long-term impact

The proposed investigation will assess the effect of patient orientation on radiation dose and image quality for CR & DR examination of the pelvis. The problem with modern X-ray units is that the AEC chamber orientation is not marked on the table. Patients may be radiographed with either their head or feet closest to the two upper outer chambers which are routinely employed in pelvic radiography. Therefore, there could be different anatomy overlying the chambers. As a result, exposures will be terminated following different levels of radiation exposure and thus it is possible that orientation can significantly affect the radiation dose. In current clinical practice patient orientation on the table is usually determined by the existing position of the pillow, radiographer preference, additional examinations requested e.g. knee. As a consequence there will be some patients imaged with the head nearest the upper outer chambers and some with their feet, the radiation dose between the two could vary significantly. With the wide latitude of both DR and CR systems it is

possible for a radiation dose difference to exist between the techniques without a perceivable difference in image quality. This could lead to some pelvic examinations not following the as low as reasonably achievable (ALARA) principle.

To have a better understanding of the effect of orientation is highly desirable. Pelvic radiography is the second commonest bucky examination with nearly 1 million episodes per year in the UK. Radiation dose reduction strategies in this area are desirable as this is a prevalent examination which irradiates the radiosensitive gonadal regions. To our knowledge patient orientation relating to AEC chambers is not standardised in any radiographic textbook or imaging department and therefore there could be wide differences in radiation dose as a consequence. Phantom studies have suggested that dose reduction of up to 40% may be achievable; this is even more important when you consider that serial pelvic radiographs are a frequent part of patient care following hip surgery. Our project has worldwide significance in that pelvic radiography is performed globally, DR and CR systems are widely available and there is a search to optimise examinations in order to achieve the lowest possible radiation doses. Providing evidence that orientation is important could have large global implications for radiation dose and image quality. A proven mechanism for reducing pelvic radiation dose could even affect the cumulative radiation dose from medical imaging procedures.

Pictured left:

Research team: L-R, Anthony Manning-Stanley (Radiographer), Andrew England (Lecturer), Paula Evans (Clinical Lead radiographer - plain film), Maureen Taylor (Clinical Lead radiographer - A&E) and Louise Harding (Clinical Tutor).

ISRRT Americas Region

Goals and objectives

Report by **Rita Eyer**, VP of the Americas and **Patricia Johnson** Regional Director of the Americas

May I first express my sincere condolences to all fellow medical radiation technologists from so many parts of the world in who, over the past few months, have experienced unbelievable natural and climate disasters as well as so unfortunately, man against man. Words of sympathy seem so inadequate when loss of family and friends are involved but please know that all of you are in our thoughts.

Goals of Americas Region for next two years

Below are the specific objectives of the ISRRT Americas Region for 2011-2012 and are in keeping with the Goals of the ISRRT Strategic Plan focus on

- Communication,
 - Collaboration with Member and Non-Member Societies,
 - Assistance for Developing Nations.
1. Strengthen communication and collaboration with medical radiation technology societies in Central and South American countries utilizing more frequent email correspondence with the intent to clearly demonstrate the desire of the ISRRT to assist them in every way possible and hopefully regain their involvement with the ISRRT. The areas that we intend to build upon include the promotion of quality patient care, education and research in the area of radiation medicine sciences.
 2. Focus on specific needs of fellow MRT's in Central and South American nations commencing with a Mammography Workshop in Jamaica in early 2012.
 3. Work closely with the CAMRT in the planning of a very successful 17th ISRRT World Congress in Toronto, Ontario June 7-10th, 2012. Not only will this World Congress commemorate both the 50th anniversary of the ISRRT and the 70th anniversary of the CAMRT, it has been 50 years since Canada has hosted an ISRRT World Congress.
 4. Regain the involvement of Guyana, El Salvador and Mexico with the ISRRT. Several attempts at e-mail communication with these countries have not met with success.
 5. Continue the excellent collaboration and communication of previous ISRRT Board of Management members with the Pan American Health Organization (PAHO) by the annual attendance to the PAHO meeting in Washington, DC. This year the meeting took place September 26-30th, 2011. Please see separate report in this Newsletter from the ISRRT VP of the Americas Region who attended.
 6. Participate in the Conference in Florianopolis, Brazil. ISRRT President Dr. Michael Ward and Mrs. Patricia Johnson, the Regional Director of the Americas, will be in attendance
 7. Provide whatever support is required for the International Congress of Radiology (ICR) in Sao Paulo, Brazil in April of 2012, in order to promote all the benefits for medical radiation technologists being a member of the ISRRT. Direct involvement of ISRRT members at this ICR will likely result in gaining the increased confidence of our South American peers.

First to report from the Americas Region is an update on the 17th ISRRT World Congress. New program details are being released regularly, so visit the congress website often at www.2012isrrt.org/. The plans for this not-to-be-missed event are proceeding right on schedule. Online registration opens in early November. The organising committee, co-chaired by Nicole Harnett, MEd, RTT, ACT, of

Toronto, and Dr. Rebecca Ludwig, Ph.D., FAEIRS, of Little Rock, Arkansas, has selected an impressive roster of expert keynote speakers to share their knowledge in plenary presentations each day. Response to the call for proposals for the scientific program has been terrific, and details of the actual program will soon be available on the conference website. Several of the world-class medical radiation technology and educational facilities in the downtown Toronto will open their doors to delegates, including the Advanced Imaging and Education Centre (AIEC) at the Peter Munk Cardiac Centre in Toronto General Hospital; the Radiation Medicine Program at the Princess Margaret Hospital; the Michener Institute for Applied Health Sciences; the STTARR imaging centre in the MaRS Discovery District. Social highlights include tours of local attractions, a Harbour Cruise with dinner, dancing and the chance to meet a pirate! The elegant Congress Gala, where all will celebrate international fellowship and also commemorate the 50th anniversary of ISRRT and the 70th anniversary of CAMRT.

Below are some of the highlights and updates from the ISRRT nations of the Americas and as you will see the focus is on Education, Professional Practice and Public Relations.

1. The American Society of Radiologic Technologists (ASRT):

- The ASRT Representative to the ISRRT is Connie Mitchell. These are the updates that she provided and further details from the ASRT are found in under "News from the ASRT".
- ASRT Introduces New Educational Products: The ASRT continues to produce continuing education products that are designed to meet the needs of radiologic technologists in various disciplines: CT Basics series, which now includes a CT Basics: Nuclear Medicine Edition and a CT Basics: Radiation Therapy Edition; and a CT Simulation for Radiation Therapy module. ASRT launched a six-module fluoroscopy series in early 2011. The ASRT recently introduced its six-module Clinical Instructor Academy. The Clinical Instructor Academy is a comprehensive tool designed to help R.T.s learn the core strategies and tactics they need to be successful educators in the workplace. In 2012, the ASRT will be releasing a Breast Imaging Basics series, a Magnetic Resonance Basics series, a 10-module Sectional Anatomy series and a PET/CT interactive module. For more information about available products, visit www.asrt.org/Store.
 - CARE Bill and Legislative News – Passage of the Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy bill would ensure that the personnel who perform medical imaging and plan and deliver radiation therapy treatments would be required to meet minimum federal education and certification standards in order to participate in federal health programs administered by the United States.
 - ASRT Educational Symposium and Annual Governance and House of Delegates Meeting was held in Albuquerque, N.M., June 17-19 and voted on motions and proposed changes to the ASRT Bylaws and to adopt clinical practice and educational

standards. The ASRT also held its Educational Symposium, which provided attendees and students with the opportunity to earn up to 6 continuing education credits. The educational tracks focused on general education, management and research and writing. Additionally, there was a track specifically for students. The 2012 ASRT Annual Governance Meeting and Educational Symposium will be held in Las Vegas, Nev., June 28-July 1.

- 35th ASRT Radiation Therapy Conference: was held October 2-4, 2011 in Miami. The conference offered an unparalleled educational program for radiation therapists, medical dosimetrists, program directors, clinical instructors, managers and students. Attendees had the opportunity to learn from oncology experts from around the world, network with influential leaders in the radiologic sciences and earn continuing education credit. This conference was held in conjunction with the annual meetings of the American Society for Radiation Oncology and the Society for Radiation Oncology Administrators.
- ASRT@RSNA 2011 Slated for Nov. 30-Dec. 1: For the third consecutive year, ASRT is offering a one-and-a-half day educational track for radiologic technologists attending the Radiological Society of North America annual meeting. ASRT@RSNA 2011 is scheduled for Nov. 30-Dec. 1 at McCormick Place in Chicago. The educational track features 10 dynamic courses facilitated by some of the nation's most prominent radiologic science professionals. R.T.s can earn up to 10 Category A+ continuing education credits in less than two days. Plans are also in place for an ISRTT booth at the RSNA to advocate for ASRT members to attend the 2012 World Congress to be held in Toronto, Canada June 7-10. Questions on obtaining ISRTT Associate Memberships will be answered by the ISRTT representatives present.
- The New ASRT Communities: The ASRT recently launched the ASRT Communities, a one-stop shop for members to connect with each other through common interests, practice areas or career paths. In the communities, R.T.s can find information about specific disciplines or specialty areas and interact with colleagues and students. The ASRT Communities are available only to ASRT members. There are 19 different communities for radiologic science professionals to choose from and members can access the communities by visiting www.asrt.org/community.

2. Canadian Association of Medical Radiation Technologists (CAMRT):

Dr Tell Ell is the CAMRT Representative to the ISRTT. Following are the highlights over the past few months that he provided with full details found in the "News from Canada" in this Journal

- Best Practice Guidelines: The CAMRT has assembled a multidisciplinary committee from across Canada to discuss, review and develop best practice guidelines that will add depth and detail to the current Code of Ethics and Standards of Practice documents.
- Maintenance of Competence/Continuing Professional Development Guidelines: Lifelong learning is essential in our rapidly evolving technological healthcare environment. The CAMRT Board has approved a special project to develop national guidelines whose purpose is to facilitate the implementation of a program for maintenance of competence or continuing professional across Canada.
- Advanced Practice: The CAMRT recognizes that some practices that could be considered advanced practice are being performed in diagnostic imaging departments in Canada. In order to determine the extent of these advanced practice initiatives, the CAMRT surveyed 1000 radiological technologists from across the country
- Competency Profile Validation Survey: Competency profiles

are the foundation of the profession and are used by education institutions to develop curricula and determining assignment of clinical placements. The profiles show ministries of health and education as well as unions and the general public the competency required for entry-to-practice. They explain our interaction with the patient, and the knowledge, skills and judgment required to practice in this dynamic, evolving profession. They also explain the vital part MRTs play in the continuum of patient care and within the healthcare team. The CAMRT has requested stakeholder feedback on content and other aspects of the profiles that affect the development entry-to-practice certification exams.

- Canadian Partnership for Quality Radiotherapy: A joint partnership including the CAMRT is examining Canadian standards for quality in radiation therapy. This initiative seeks to update obsolete technical standards for equipment thereby creating a taxonomy for radiation incidents and potentially a national reporting system and developing an auditing process for the compliance to a number of standards and guidelines.
- CADTH: The CAMRT has partnered with numerous health professional organisations and the Canadian Agency for Drugs and Technology in Health (CADTH) in developing improved policies, protocols and standards to help health care providers to optimize the use of Technetium-99m in an environment of constrained supply. A web-based, practice-based tool is being created that will assist practitioners in making decision regarding the use of other medical isotopes and alternative types of medical imaging equipment in the event of ^{99m}Tc shortages.
- The Image of Care campaign; Rebranding the Profession: This campaign celebrates Canada's medical radiation technologist, who are the Very Image of Care. The foundation for the campaign is the eloquent brand promise that defines MRT's as proud, caring, professionals who provide the human connection between innovative technology The CAMRT has launched a rebranding project that will change the way MRTs are recognized throughout the medical profession as well as by the general population. The campaign will showcase the role that MRTs play in the healthcare system, providing the professional imaging and radiation-related treatment services and caring touch that allow Canadians to fully benefit from the latest medical diagnostic and treatment technologies and effective diagnosis and radiation-related treatment.
- MRT Week: MRT week in Canada is November 6-12, 2011 and the CAMRT has a wealth of information and products available for this annual celebration of the crucial role that medical radiation technologists play in the healthcare system.
- CAMRT Annual General Conference: Highlights from the very successful conference June 2-5 in Saskatoon, Saskatchewan included emerging technologies, innovative research, and practices that are changing the field of the medical radiation technology profession.
- Support to internationally education technologists: CAMRT has launched an online assessment tool for each of the four MRT disciplines to provide those contemplating a move to Canada with the ability to assess their own skills and competencies against Canadian requirements and identify areas of knowledge and practice they may need to develop. This is a collaborative partnership with the Nova Scotia Community College (NSCC) and Canada Foundation for Economic Education and other partners, funded through Health Canada.
- CAMRT hosted its Leadership Development Initiative in September with great success again.

Continued on page 26

East Africa

Mulago Hospital Radiology Department repositions itself as a one stop centre for diagnostic imaging services in east africa

Report by **Mubuuke Aloysius Gonzaga, Byanyima K. Rosemary, Businge Francis, Muyinda Zeridah**

Introduction

Mulago Hospital is Uganda's biggest and National Referral Hospital. It also acts as the teaching hospital for the College of Health Sciences, Makerere University. The hospital is located in Kampala, Uganda's capital city. Mulago Hospital has a bed capacity of 1,500 with several departments that include Radiology department. The Department of Radiology, has repositioned herself as a service provision centre in the area of medical imaging not in Uganda, but also in the Great lakes region. Radiology is a medical specialty that obtains and interprets images for diagnostic and treatment purposes. The field uses imaging technologies such as X-rays, MRIs, nuclear medicine and CT scans to look inside the human body. As part of a highly respected academic medical center, the Department of Radiology engages in pioneering innovative research, pushing the boundaries of medical imaging to offer immediate benefits for patients. Diagnosing a problem is the first step toward recovery from any medical condition. Mulago Hospital offers a wide range of imaging services.

Services include

- **Computerized Tomography scanning (CT);** a computed tomography (CT) scan uses x-rays and a sophisticated computer to view specific parts of the body's anatomy in great detail. It is a very common imaging exam. Unlike a traditional x-ray, where the radiation beam comes from a stationary or non-moving source, a CT scan is created by moving the x-ray beam around the patient to obtain horizontal and vertical cross-sectional views. Spiral or helical CT scans can capture three-dimensional images. 16-slice volume CT scan – a new technology that is more than twice as fast as conventional scanners, offers advanced diagnostic imaging. The 16-slice volume scanner captures images of a beating heart in five heartbeats, an organ in one second and performs whole body scans in 30 seconds. The 16-slice scanner identifies cardiac diseases that less advanced scanners miss and aids physicians in diagnosing disease, viewing internal abnormalities and assessing the extent of trauma damage. A CT scan allows the physician to see various angles of a particular structure such as the brain, the heart or joints inside the body. It is sometimes used to diagnose coronary artery disease. A CT scan usually takes about 20-30 minutes. CT scans are among mulago Hospital's broad range of diagnostic and interventional radiology services. CT services are generally pain-free, non-invasive and available to both outpatients and inpatients.
- **Conventional radiography;** Radiography is the term for a general x-ray exam that captures clear, precise images using radiation. X-ray beams can pass through the human body. When they strike a detector, they produce a picture. Traditional film-based exams have been replaced by digital imaging in many cases. Digital radiography requires no film processing. Test results can be viewed seconds after the exposure is made. X-rays help to diagnose a wide variety of conditions including bone injuries, infections, arthritis and cancer. A doctor can get a detailed view of the spine, fingers, toes,

abdomen, urinary tract, gastrointestinal system, chest, ribs, skull, sinuses, facial bones and other specific areas of the body. The exam usually takes 10-45 minutes to complete. Women who are, or may be, pregnant or are breastfeeding, must alert their doctor and the technologist if they are being scheduled for an x-ray procedure.

- **Ultrasound;** Ultrasound (also known as sonogram) is a safe, state-of-the-art exam. High frequency sound waves are used to produce real-time visual images that differentiate between the body's soft tissues and its fluid-filled structures. Doppler ultrasound can also detect motion, such as the movement of blood cells. Unlike x-rays and CT scans, ultrasound does not use radiation and, therefore, may be used safely during pregnancy. The first ultrasound images were static and two dimensional (2D), but with modern-day ultrasonography 3D reconstructions can be observed in real-time; effectively becoming 4D. Ultrasound allows a physician to view and evaluate veins, arteries and blood flow in a person's neck, arms, abdomen and legs. In pregnancy, ultrasound can help determine fetal age and anatomical development. It also may be used to screen a fetus at risk for Down syndrome in the first trimester. Ultrasound technology is helpful too in the area of breast health, when a questionable mammogram finding requires more detailed exploration. A clear water-based gel is applied to the part of the body being scanned. This reduces small amounts of air that can interfere with imaging. A smooth hand-held device called a transducer is gently rubbed across the part of the body being examined. Sound waves generated from within the instrument enter the body and returning echoes are transferred back to a computer. The reflected sound waves are used to produce live images on a monitor and allow real-time imaging of an area of interest. Since the images are generated in real time, they can be used to show the structure and movements of internal organs and muscles. During this time, the patient simply lies still. No special diet or preparation.
- **Fluoroscopy;** Fluoroscopy and angiography are special applications of X-ray imaging, in which a fluorescent screen and image intensifier tube is connected to a closed-circuit television system. This allows real-time imaging of structures in motion or augmented with a radiocontrast agent. Radiocontrast agents are administered, often swallowed or injected into the body of the patient, to delineate anatomy and functioning of the blood vessels, the genitourinary system or the gastrointestinal tract. Two radiocontrasts are presently in use. Barium (as BaSO₄) may be given orally or rectally for evaluation of the GI tract. Iodine, in multiple proprietary forms, may be given by oral, rectal, intra-arterial or intravenous routes. These radiocontrast agents strongly absorb or scatter X-ray radiation, and in conjunction with the real-time imaging allow demonstration of dynamic processes, such as peristalsis in the digestive tract or blood flow in arteries and veins. Iodine contrast may also be concentrated in abnormal areas more or less than in normal tissues and make abnormalities (tumors, cysts, inflammation) more

conspicuous. Additionally, in specific circumstances air can be used as a contrast agent for the gastrointestinal system and carbon dioxide can be used as a contrast agent in the venous system; in these cases, the contrast agent attenuates the X-ray radiation less than the surrounding tissues.

- **Nuclear medicine;** Nuclear medicine imaging involves the administration into the patient of radiopharmaceuticals consisting of substances with affinity for certain body tissues labeled with radioactive tracer. The most commonly used tracers are Technetium-99m, Iodine-123, Iodine-131, Gallium-67 and Thallium-201 and 18F-FDG. The heart, lungs, thyroid, liver, gallbladder, and bones are commonly evaluated for particular conditions using these techniques. While anatomical detail is limited in these studies, nuclear medicine is useful in displaying physiological function. The excretory function of the kidneys, iodine concentrating ability of the thyroid, blood flow to heart muscle, etc. can be measured. The principal imaging device is the gamma camera which detects the radiation emitted by the tracer in the body and displays it as an image. With computer processing, the information can be displayed as axial, coronal and sagittal images (SPECT images, single-photon emission computed tomography). In the most modern devices Nuclear Medicine images can be fused with a CT scan taken quasi-simultaneously so that the physiological information can be overlaid or co-registered with the anatomical structures to improve diagnostic accuracy. Nuclear medicine is frequently used to see how well a disease is responding to treatment such as chemotherapy or radiation. It can also be used to evaluate brain and heart function, and blood supply to a particular organ. Depending on the type of exam and the part of the body being tested, the patient may be asked to come in first to receive the tracer, and come back later for the test. Some nuclear medicine studies require that the patient return multiple times in the same week. When it is time to obtain the images with the camera, the patient will be asked to lie on an exam table. The exam takes between five minutes and four hours, depending on the particular test.
 - **Breast imaging;** although patients may be familiar with routine mammograms, many women don't realize that these are only one of several breast imaging procedures, each serving a different purpose. A screening mammogram is a detailed x-ray of the breast that can detect cancerous or precancerous areas before a lump is found on physical exam. A diagnostic mammogram is offered to women with breast symptoms such as a lump, nipple discharge or skin change. They are also used for women who have previously had an abnormal screening and for women with implants. Breast ultrasound is offered to women with dense breasts or to evaluate lumps that have been detected either on physical examination or by mammography. Needle localization can mark abnormal imaging findings for surgeons to guide excisional biopsy. Image-guided core biopsy is a minimally invasive needle biopsy performed under local anesthesia. A mammogram is the single best test for detecting breast cancer in its earliest stages. Women of average risk should have a baseline mammogram between 35–40 and annually after age 40. A baseline mammogram is intended to capture images of a healthy breast to serve as a comparison for future exams. Monthly self-exam and annual physical exam are important components of a complete breast health program. A woman who notices a lump or changes in her breast should consult her physician immediately. Early detection is the best protection. Women who are pregnant or breastfeeding should not have a screening mammogram. Women who have breast implants should alert the technician prior to their exams.
- Training and research**
- The Department of Radiology is also a training centre for various health professionals under Makerere University College of Health Sciences. It offers accredited training programmes for undergraduate, postgraduate and interns as well as conducting one of the successful Radiology CPD programs including annual scientific conferences, workshops, seminars and periodic lectures in medical imaging. There are a number of recognised visiting professionals who also participate in these programmes. Training programmes include:
1. **Master of Medicine (Radiology):** This is for Qualified Medical Officers who wish to expand their expertise in medical imaging. It is a 3-year residency programme
 2. **BSc. Medical Radiography:** Graduates of this programme either become diagnostic or therapeutic radiographers. The course produces graduates who are equipped with the necessary competencies (knowledge, skills and attitudes) to undertake the appropriate professional practice.
- In order that medical professionals and physicians become updated on the most recent advancements and research findings in the medical imaging, the department of radiology offers continuing medical education with an objective to facilitate dissemination of the latest findings in the field of medicine and imaging. Medical practitioners are able to acquire more knowledge and valuable skills in the management of various illnesses. With the help of continuing education provided at Mulago department of radiology and associated professional associations, many physicians are able to add to their own independent research findings. Health care providers and medical professionals furthermore are able to acquire an updated set of skills and a range of valuable medical information. Through this, medical workers are able to provide specialized and efficient service to the community and the country.
 - **Teleradiology:** Teleradiology is the transmission of radiographic images from one location to another for interpretation by a radiologist. It is most often used to allow rapid interpretation of emergency room, ICU and other emergent examinations after hours of usual operation, at night and on weekends. In these cases the images are often sent across time zones (i.e. networks) with the receiving radiologist working his normal daylight hours. Teleradiology can also be utilized to obtain consultation with an expert or sub-specialist about a complicated or puzzling case. Teleradiology requires a sending station, high speed Internet connection and high quality receiving station. At the transmission station, plain radiographs are passed through a digitizing machine before transmission, while CT scans, MRIs, Ultrasounds and Nuclear Medicine scans can be sent directly as they are already a stream of digital data. The computer at the receiving end will need to have a high-quality display screen that has been tested and cleared for clinical purposes. The interpreting radiologist then faxes or e-mails the radiology report to the requesting physician. The major advantage of teleradiology is the ability to utilize different time zones to provide real-time emergency radiology services around-the-clock. The disadvantages include higher costs, limited contact between the ordering physician and the radiologist, and the inability to cover for procedures requiring an onsite radiologist. Laws and regulations concerning the use of teleradiology vary among the states, with some states requiring a license to practice medicine in the state sending the radiologic exam. Some states require the teleradiology report to be preliminary with the official report issued by a hospital staff radiologist.
 - Mulago Hospital, Department of Radiology is in advanced stages of providing the following services to patients that have not been previously provided.

- **MRI;** MRI (magnetic resonance imaging) is a diagnostic test that uses a strong magnetic field and rapid pulses of radio waves. These produce high quality two- or three-dimensional images of specific areas inside the body. No x-rays are involved. MRI uses strong magnetic fields to align atomic nuclei (usually hydrogen protons) within body tissues, then uses a radio signal to disturb the axis of rotation of these nuclei and observes the radio frequency signal generated as the nuclei return to their baseline states. The radio signals are collected by small antennae, called coils, placed near the area of interest. An advantage of MRI is its ability to produce images in axial, coronal, sagittal and multiple oblique planes with equal ease. MRI scans give the best soft tissue contrast of all the imaging modalities. With advances in scanning speed and spatial resolution, and improvements in computer 3D algorithms and hardware, MRI has become an important tool in musculoskeletal radiology and neuroradiology.
- **Interventional radiology;** interventional radiology, also known as

Surgical Radiology or Image-Guided Surgery is a subspecialty of radiology in which minimally invasive procedures are performed using image guidance. Some of these procedures are done for purely diagnostic purposes (e.g., angiogram), while others are done for treatment purposes (e.g., angioplasty). The basic concept behind interventional radiology is to diagnose or treat pathology, with the most minimally invasive technique possible. Interventional radiologists diagnose and treat several disorders including peripheral vascular disease, renal artery stenosis, inferior vena cava filter placement, gastrostomy tube placements, biliary stents and hepatic interventions. Images are used for guidance and the primary instruments used during the procedure are needles and tiny tubes called catheters. The images provide road maps that allow the interventional radiologist to guide these instruments through the body to the areas containing disease. By minimizing the physical trauma to the patient, peripheral interventions can reduce infection rates and recovery time as well as shorten hospital stays.

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3. Society of Radiographers Trinidad and Tobago (SORTT):

The ISRRT Radiographers Trinidad and Tobago Council Member remains Anushka Kattick-Mahabirsingh: Please review the Society's website at www.soradtt.com as it has a wealth of information and demonstrates how innovative this Society is.

4. The Barbados Association of Radiographers (BAR):

The ISRRT Council Member for BAR remains Derlwyn Wilkinson.

- Plans are underway for the 2011 Radiographers' Week .
- Ongoing discussions continue on local CPD credits program.
- Ongoing activities include Public Education Sessions, CPD sessions and social activities for members.

5. The Jamaican Society of Radiographers:

The ISRRT Council Member is Ms. Claudia Tavares.

- The Jamaican Society will be having its 50 year celebration June 21-24, 2012.
- As was described in the Objectives of the Americas Region, a Mammography Workshop will be held in Montego Bay, Jamaica in 2012.

6. The Federacion Mexicana de Profesionales Tecnicos en Radiologia e Imagen, Assoiaion Civil:

Very unfortunately, no information has been received from this nation despite sending several e-mails. The ISRRT Council Member is Bernardo Santin Meza.

7. The El Salvador Asociación Salvadoreña de Técnicos en Radiología e Imágenes Diagnósticas:

Very unfortunately, no information has been received despite sending several emails. The ISRRT Council Member is Mrs. Elizabeth Ventura.

8. The Guyana Association of Medical Imaging Practitioners:

Very unfortunately, no Information has been received nor is there an ISRRT Council Member. Their head office is in Georgetown.

If any member has additional information on how the ISRRT can communicate with any members in Guyana, Mexico, El Salvador or Guatemala please contact either Patricia Johnson at jonrob@sunbeach.net or Rita Eyer at jreyer@shaw.ca

ISRRT WEBSITE

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

Visit the ISRRT website at:

www.isrrt.org

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

COMMENTS ON THE NEWSLETTER

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

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

email: deepbluedesign1@mac.com



**CANADIAN ASSOCIATION OF MEDICAL RADIATION TECHNOLOGISTS
INTERNATIONAL SOCIETY OF RADIOGRAPHERS AND RADIOLOGICAL TECHNOLOGISTS**

**The Travel Support Fund of the 2012 ISRRT World Congress and
CAMRT Annual General Conference**

The Canadian Association of Medical Radiation Technologists and the International Society of Radiographers and Radiological Technologists are pleased to announce that this fund has been created to assist radiographers and medical radiation technologists from lower and middle income countries, as defined by the World Bank (see: http://data.worldbank.org/about/country-classifications/country-and-lending-groups#Upper_middle_income) to participate in the 2012 ISRRT World Congress and CAMRT Annual General Conference, which will take place from June 7 to 10, 2012 in Toronto, Canada. Financial support for the fund is being provided by:

- The American Society of Radiologic Technologists
- The Canadian Association of Medical Radiation Technologists
- The International Society of Radiographers and Radiological Technologists
- The Society and College of Radiographers (UK)

The fund will cover the costs of return airfare at the cheapest rate and \$200 for ground transportation and incidentals. Air travel will be arranged by the CAMRT travel agency.

A selection committee will review applications for support.

The judging criteria will be confirmed by the selection committee, but criteria under consideration are that the applicant:

1. Has submitted an abstract that has been selected for presentation. Increased weight will be given to those making oral presentations.
2. Is a member of the ISRRT Council, representing a country that is up-to-date in its dues payment.
3. Has committed to sharing the information they will learn at the congress to strengthen their home society and the profession of medical radiation technology, particularly in their own country. As part of the application, the applicant will be asked to identify how they will do this. The strength of this proposal will be one of the factors considered by the selection committee.
4. Has committed to provide, following the congress, a brief report of one to two pages in which they explain how they addressed selection criteria 3.

An applicant will not need to meet both criteria 1 and 2, but will earn higher ranking if they do.

An application form and all details were available as of Monday, October 17, on the congress website www.2012isrrt.org/

Additional contributions to the fund are welcome. Societies and individuals wishing to make a contribution to the fund are invited to contact Chuck Shields, CEO of the Canadian Association of Medical Radiation Technologists, at cshields@camrt.ca. Contributions from individuals and organizations in Canada will be made via the CAMRT Foundation and, therefore, will receive a tax receipt.

ISRRT Professional Practice Committee

News and views from the committee

Report by **Donna Newman**, Director of Professional Practice, **Sharon Wartenbee**, Regional Coordinator America, **Boniface Yao**, Regional Coordinator Africa and **Christine Chong**, Regional Coordinator Asia/Australasia, **Mark McEntee**, Regional Coordinator Europe

As part of the steering panel for the IAEA, speaking as a voice for the technologist's global standpoint, both the ISRRT's professional practice committee and the ISRRT's Education committee reviewed a new 12 modules power point training Manuel for Digital Radiography. We reviewed the power points for both educational content and Radiation protection content. The committee members gave feedback in both areas. The committees found that the modules have excellent educational materials and were found to be inclusive of all areas that pertain to digital radiograph. We thought the information was current and relevant to the field of practice. The power point presentation had good use of graphs and pictures to drive the objectives and teaching points. We also thought the presentations gave great examples of anatomic noise and Quantum noise and how it can affect the radiation. The presentations also did an excellent job of demonstrating dose creep, through the use of graphs, images and phantom images relevant to low dose and the effect on noise in the images. This can be one of the most important areas for how digital radiology can over exposure and cause unneeded radiation. This power point is now available on the IAEA Website; <https://rpop.iaea.org/RPOP/RPoP/Content/Add> under the Radiation protection of Patients section (Rpop), additional resources header, and free materials section. You will also find several other great power points available for use. As the website states, the training material on this site is available for free downloading (subject to conditions specified in 'Intended use' and 'Disclaimer' below), and are on the topics of Radiation Protection in:

- Diagnostic and Interventional Radiology
- Radiotherapy
- Nuclear Medicine
- Prevention of Accidental Exposure in Radiotherapy
- Cardiology
- PET/CT
- Paediatric Radiology
- Digital Radiology Image Gently training modules for Enhancing radiation protection in CT for children

Radiation reduction, radiation protection and radiation education to patients is the theme for most headlines around the globe this past year. Our regional coordinators had following to report for these issues.

Christine regional coordinator for Asia/Australasia reported that in Taiwan, the CT QC program started this year. According to the law, every CT (including diagnostic Ct, CT simulators and PET/CT) has to perform routine QC. The Taiwan Society of Radiological Technologists has received a grant from the Bureau of Health Promotion, Department of Health, R.O.C (Taiwan). The purpose is to promote the professional practice and quality control in mammography.

Interestingly the United State government is also requiring all free standing clinics to be accredited by January 1, 2012 in the areas of CT, MRI, Nuclear Medicine and PET according to the Medicare Improvement for Patients and providers Act. Any sites that aren't accredited will not receive part B of the Medicare Physician Fee

schedule payment for the exam.

Boniface Yao regional coordinator for Africa reported on the development of radiology in Africa: radiographers for a new initiative. As far back as November 2010, was held in Lomé (Togo), a three day radiology convention: the 6th Congress of French speaking African radiographers and radiation therapists under the topic "X-Ray technicians in view of the modernization of the medical imaging in Togo"

The event, organized by the Togolese Society of Radiographers (ATTRIM) was financially supported in a large proportion by ISRRT and AFPPE (the French Society).

One hundred and fifty (150) professionals from fourteen (14) countries attended the Congress, which is the proof of the involvement of technicians in African sub region.

Though the organizing committee faced some difficulties at the beginning, our expectation were finally satisfied, as the workshops were successful.

The different sessions comprising the scientific program were of great interest and had been appreciated by the participants.

Especially a workshop on Effective Teaching Skills (ETS) dedicated to clinical Instructors was held for the first time. The aim of this workshop was to instigate the formation of a pool of Instructors in medical imaging and radiation therapy, so as to energize education of Radiographers and Radiologic Technologists in African sub region.

The workshop carried out by Boniface YAO, a Radiographer Teacher from Côte d'Ivoire was attended by ten (10) educators in medical imaging from six (6) countries.

The training program focused on the following points:

- The foundations of health agents' training
- The approach of effective teaching
- The characteristics of a formation centered on acquisition of competence
- The assessment of a formation centered on acquisition of competence

At the end of the session some recommendations were issued by the participants as follow:

- To repeat this workshop dedicated to Educators every year.
- To ask for support from ISRRT to provide teaching material
- To extend the workshop to a larger public
- To reshape the workshop for more time (ie. 5 days) in order to allow more practical exercises.

Besides the scientific program of the congress, an important meeting was held. The Radiographers from different African countries who attended the workshop came to the conclusion that there was a real need to have a regional umbrella for the sub region. Therefore, a panafrican Association was created. The name: RESEAU DES ASSOCIATIONS AFRICAINES DE PERSONNEL TECHNIQUE D'IMAGERIE MEDICALE ET DE RADIOTHERAPIE (RAPTIMER) which means in English: INTERAFRICAN NETWORK OF SOCIETIES OF RADIOGRAPHERS AND RADIOLOGIC TECHNOLOGISTS.

The aims of the Association among others are:

1. To unite African professionals for the purpose of providing qualitative radiographic services, maintaining low dose radiation to patients
2. To organize periodical convention/forum to facilitate interprofessionnal exchange and to raise regional awareness about the profession
3. To instigate the creation of groups of experts in different fields of radiology and allied sciences, including educators
4. To instigate the creation of an international institute charged with the organisation of postgraduate fellowship programmes

The board of management directed by Boniface YAO from Côte d'Ivoire was charged to organise the Association and raise international awareness about it.

The first mission of the Association was to pay a visit to King LAWSON of ANEHO a province of Togo. As a member of the African Association of Kings and traditional Chiefs, King LAWSON strongly approved our action that resulted in gathering African professionals of radiology in an interactive network. To end his intervention He gave some advices and covered RAPTIMER's Board of management with blessings. All the members were in a good mood and shared proudly the KING's hospitality.

Sharon Wartenbee Regional director of the Americas reported on Image gently campaign

Image Gently for pediatric patients and Image Wisely for adult patients is in the news. These two organisations were developed to promote good medical practice through appropriate medical imaging.

Image gently is the alliance for Radiation Safety in Pediatric Imaging. Radiation does matter when we are imaging pediatric patients. Children are more sensitive to radiation and what we do now

lasts a lifetime. Image children with care and use the lowest possible dose. Consider other alternatives such as Ultrasound or MRI when appropriate. To learn more about Image Gently go to the website: www.imagegently.org and take the Image Gently pledge. You are also encouraged to download and print all resources which are available in different languages.

Image Wisely was formed by the American College of Radiology and the Radiological Society of North America to address concerns about the increase of public exposure to ionizing radiation from medical imaging. The objective of Image Wisely is to lower the amount of radiation used in medical procedures and to eliminate unnecessary procedures. Go to the website: www.imagewisely.org and take the pledge to reduce radiation to adults. There is also a free Patient Medical Imaging Record available to print which allows patients to track the date, type, and location of their radiology exams

The professional practice committee continues to try and put together information from our member countries regarding the qualifications and certifications required to work in your specific country. As council members please forward this information to me at donna.newman@sanfordhealth.org please include the website address and the details of the organization contact person, certification requirements and qualifications.

As Director of Professional Practice I ask all council members to assist us in gathering information relating our committee including news or projects relating to practice issue and radiation safety. I am happy to address and present to the Board any initiative brought before us. Feel free to contact me via the ISRRT website or my email.

Donna Newman B.A. RT (R) CNMT PET

Director of Professional Practice

donna.newman@sanfordhealth.org



6th ISRRT-AFPPE Workshop for French Speaking African Countries

November 10-12, 2010

Centre du Christ Rédempteur, Lomé, Togo

Report by **Philippe Gerson**

11 African countries were represented: Mali, Sénégal, Burkina Faso, Chad, Ivory Coast, Bénin, Congo, Niger, Cameroon, Gabon, Togo.
Non African countries: Netherlands, Germany, France

130 radiographers and 30 others (Radiologists and companies) attended the workshop.

ISRRT representative: Philippe Gerson

AFPPE representative: Dominique Zerroug (Former Director of Radiographers School), Jocelyne Legoazigo (Director of Radiographers School)

Education Program

Lectures in the morning and training workshops in the afternoon. 27 lectures in total were held. The agenda was organised by 2 AFPPE representatives with the local team. The main subject was “Africa confronted to the modernisation of digital imaging”. 2 sessions were dedicated to this subject with 11 presentations.

Other subjects presented were:

- Radiation protection (4 presentations)
- Education (5 presentations)
- Maintenance and quality control (4 communications)
- 1 session with 3 communications where subjects were free was proposed.

All sessions were managed by a Chairman and an African Chairman by

trying to respect the most possible male/female numbers. None of the AFPPE ISRRT instructors were Chairman for these lectures.

It was the first time this happened and everything proceeded well.

There was no delay on the agenda with a perfect management of the sessions. A great success.

Training workshops

The following training workshops were proposed:

- Hygiene (Dominique Zerroug)
- CT scan Anatomy (Jocelyne Legoazigo)
- CT scan Technology (Philippe Gerson)
- Education (Boniface Yao from Ivory Coast)
- Hygiene and CT scan Anatomy training workshops were done twice. Each training workshop was restricted to 20 participants.

General Organisation

COAPTIMER meeting

COAPTIMER is an association that was created in 2006 in Benin which brings together radiographers who come from French-speaking Africa. Currently, it is establishing its status and would like to collaborate with ISRTT.

COAPTIMER would like to contact CEDEAO (community of West Africa states) in order to obtain funds to improve education for radiographers in Africa. COAPTIMER would like to obtain recognition from the profession.

This structure was put in place in order to take charge of the organisation of education in Africa in the near future.

Registration

Registrations were possible the day before the congress. Schering France laboratories provided 200 bags for the congress delegates. They were sent to Burkina Faso by containers then by bus with the delegation from Burkina.

The company Guerbet provided notebooks, Philips, Siemens and Stephanix provided pens for the workshop. The bags are important when you organise a workshop in Africa. Students helped to organise the congress.

Registration fee was 20 000 CFA for foreigners (30 euros) and 15 000 CFA (23 euros) for inhabitants of Togo. This fee included coffee/tea, lunches, transport, medical care and the final banquet.

Opening ceremony

The Health Secretary of the area of Lomé was present during the Opening Ceremony. The ISRTT was represented by Philippe Gerson and WRETF by Dominique Zerroug. The national television covered the event.

Coffee breaks and lunches

Each morning we offered one coffee break and then a lunch break at noon. This enabled all the participants in the workshop to improve exchanges between each other.

Transport of the participants

Transport was provided by bus which picked the participants up at their hotels at 6.30am and returned them at 6pm.

Prizes

6 prizes were offered for the best presentations. These prizes were in the form of books which were provided by WRETF (250 euros) and by the Dutch Radiographers Association (250 euros) – we would like to thank them.

Dorien Pronk Larive personally donated 250 euros enabling us to increase the number of books to offer.

Closing ceremony

Certificates of attendance were distributed during the closing ceremony with again had the presence of the national television.

Evaluation

Evaluation forms were given to all the participants. This evaluation in the form of graphs and summary tables will be done by Dominique Zerroug and Jocelyne Legozigo soon.



All the participants said they were very satisfied with the workshop.

Workshops scheduled in the afternoon were very successful. In our opinion, it is essential to increase their number and more particularly the subject on slice imaging. Many scanners are beginning to be installed in Africa and radiographers do not have any vocational training on this kind of medical imaging.

Next Workshop

3 societies want to organise the next workshop:

Cameroon: This society is very active and each year organises a very big national congress. They are “the engine” for central Africa to spread information and education to countries like Congo, Gabon, Democratic Republic of Congo.

Mali: Mali has very high level of education but the society is not active as in Cameroon.

Senegal: It's a new society with a young president and we have also to help them for the future.

Usually we move from East Africa to Central Africa, in my opinion Cameroon should organise the next workshop in January 2012.

Philippe GERSON

Vice president ISRTT Europe and Africa

The Pan American Health Organization (PAHO)

Communication, collaboration & assistance

51st Directing Council and 63rd Regional Meetings
September 26-30, 2011
Washington, DC

Report by **Rita Eyer**, ISRR Vice President Americas Region

Each year the ISRRT is sent a formal invitation to the Regional Meeting of the Pan American Health Organization. The ISRRT is recognized as having a direct relationship with the World Health Organization (WHO) as a Non-Governmental Organization (NGO). As a result, on behalf of the Governor General of the World Health Organization, the Regional Director of the Americas has the ability to invite an ISRRT representative to attend the PAHO Directing Council and Regional Meetings as an observer. Because I am now the ISRRT Vice President of the Americas that honor was bestowed upon me. This 51st Directing Council and 63rd Regional Meeting were the first PAHO meetings to which I have been present. There is an incredible amount of interchange of information that occurs at this level that only a face-to-face meeting can truly allow an understanding of what transpires. I have provided a brief synopsis of what I learned from the discussions in this report. Specific to the ISRRT Strategic Planning Goals, my attendance at these meetings resulted in the achievement of: Communication, Collaboration with Member and Non-Member Societies, and Assistance for Developing Nations.

Dr Margaret Chan, current Director General of the WHO, was present for part of this PAHO meeting as were several other WHO and UN representatives. Dr Chan brought forward these two areas for discussion:

1. The United Nations held a high-level meeting (HLM) in New

York on September 19-20, 2011 on the four Non Communicable Diseases (NCD's) (and where all MRT's play such a vital role in the diagnosis and treatment):

- cardiovascular diseases
- cancer,
- diabetes
- chronic respiratory diseases

It has been identified that NCD's are already causing a tremendous burden on communities and economies around the world and this situation will only deteriorate unless preventions and controls of NCD's are initiated. Currently NCD's are resulting in the deaths of 36 million people world-wide annually. The focus of discussion was on the developmental challenges and social and economic impact of these four NCD's. The major Risk Factors are climate change, tobacco use, the harmful use of alcohol, and sedentary life style, with associated lack of proper diet.

2. We are faced with many challenges for the 21st Century and, as a result, a World Health Forum is required. The key issue is how to maintain the WHO Mission, which in 1969 became the attainment by all people for higher possible level of health, with shrinking budgets. Conditions today are changing drastically, many due to global climate change and more recently, the global

PAHO Front Lobby. PAHO has been in existence for over 100 years.





Above: Some of the National Representatives at 51st Directing Council Meeting of PAHO, September 26-30, 2011, Washington, DC. Dr Margaret Chan is second from left; Dr Mirta Roses Periago, fourth from left. RIGHT: Dr Pablo Jimenez, PAHO Regional Advisor in Radiological Health Kayiba Medlin from RAD-AID and myself standing in front of some of flags outside PAHO headquarters.

economic crisis. But, as we all know, without health, there can be no development. Key concerns that were re-iterated from all countries are sustainability, accountability, relevance, efficiency, effectiveness and transparency which as you are well aware, so are all other organisations. WHO has embarked on a comprehensive reform process that it intends will lead to its continued leadership role as the world's premier technical authority on health. The expected outcomes of the reforms aim to refocus WHO's priority program areas (core business) to address the 21st century health challenges facing countries. What likely will transpire is reform of its financing and its overall management to address health challenges more effectively and the transformation of WHO governance to improve public health allowing the WHO to play a larger role in global health governance.

The WHO Priority Program areas or Core Business are:

- health systems and institutions;
- health and development;
- health security;
- evidence of health trends and determinants;
- convening for better health.

The remainder of the PAHO meetings were led by the Director of the PAHO Pan American Sanitary Bureau, Dr Mirta Roses Periago, who just like Dr Margaret Chan, is a very amazing lady. Dr Periago has accomplished so much while at the helm of PAHO, and is an absolute inspiration to all. She concentrated on updates on The Millennium Development Goals (MDG's) and summarized this initiative very appropriately. "The Millennium Development Goals are the most ambitious endeavours ever pursued against human deprivation and the first to place health at the center of development. They give us an unparalleled opportunity to improve health and equity by mobilizing coordinated multi-sectoral action to fight disease and improve the social determinants of health." They are as follows:

- Halve the proportion of people living in extreme poverty and hunger
- Achieve universal primary education for boys and girls



everywhere by 2015

- Promote gender equality and empower women
- Reduce child mortality by two-thirds by 2015
- Reduce maternal morbidity and mortality by three-quarters by 2015
- Combat HIV/AIDS, Malaria, and other diseases and achieve universal access to treatment for those in need
- Ensure environmental sustainability and halve by 2015 the proportion of the population without sustainable access to safe drinking water and sanitation
- Develop a global partnership for development by addressing the special needs of the least developed nations

After considerable discussion and deliberation Action Plans were established for each of the following:

- Climate Change



Above right: Dr Eva Lewis-Fuller, Chief Medical Officer Ministry of Health in Jamaica, far left, and Dr. Jean Dixon, Permanent Secretary Jamaican Ministry of Health second from right as we discuss Mammography Workshop.

- Urban Health
- Epilepsy and Malaria
- Reduction of Maternal Mortality and Severe Morbidity
- Comprehensive Child Health
- Reduction of Harmful Use of Alcohol
- Prevention and Control of Cardiovascular Diseases
- Substance Use and Public Health
- Framework for Resource Mobilization
- eHealth for the Region of the Americas
- Road Safety

Despite the obvious work still ahead of them, the Pan American Health Organization has cause for celebrations in that Polio, Rubella, and Congenital Rubella Syndrome have been eliminated in the Americas Region. And as you can see from above, one of areas that the ISRRT can be of great assistance will be in the move towards eHealth in the Americas Region.

I also had the opportunity to meet with Dr Pablo Jimenez, the Regional Advisor in Radiological Health for PAHO. Dr Jimenez is a strong supporter of the ISRRT and has helped spearhead many much-needed workshops for MRT's throughout the Latin American countries. He had just conducted a meeting with the fifteen Caribbean nations whose organization is known as CARICOM on the weekend prior to the PAHO meetings. The majority of the CARICOM nations are classified as being less developed. In the first part of his presentation to CARICOM, Dr Jimenez stressed the benefits of radiation uses including the medical usage of diagnostic and therapy services. He did highlight research and industrial application as well. Next he emphasised the risks and the special precautions to protect patients, workers, the public and the environment. But here he voiced his concerns on the limited regulatory infrastructure and virtually non-existent radiation safety in so many areas. At that point Dr Jimenez called upon Jane Gerardo-Abaya, Program Management Officer from the Technical Cooperation Department of the International Atomic Energy Agency (IAEA), to further address the necessary precautions required in the proper use of radiation and the need for workers to be cognizant of the reduction of dose. PAHO and the IAEA have worked together for more than forty years. Ms Gerardo-Abaya recognised the need of increased quality and safety of radiation services and the requirement for strengthening regulations in

the Region. She pointed out that the CARICOM states should consider requesting PAHO and IAEA support in working towards implementation of proper regulations. Dr Jimenez now expects these CARICOM Nations to each complete a needs assessment prior to his WHO meeting in Geneva at the end of November, 2011. Dr Jimenez's next steps include workshops that will occur with these CARICOM nations in early 2012. The intent of the workshops will be that all stakeholders will determine the 5 year Action Plan for implementation of the resources, human and equipment, and the regulation requirements. He has requested that ISRRT be present at these workshops as one of the PAHO partners.

While attending the PAHO meetings one of my goals was to achieve further ground work on the Mammography Workshop planned for 2012 in Jamaica. I was able to discuss this possibility in detail with both Dr Jimenez and the Jamaican Ministry of Health delegation. I am happy to report that it appears to once again be a very positive educational collaboration with PAHO, the ISRRT and the Caribbean Region. The ISRRT Director of Education, Cynthia Cowling, will be very involved in this endeavour.

I also had the opportunity to meet with the members of RAD-AID while in Washington. RAD-AID was formed by a group of radiologists through John Hopkins whose mission is to improve and optimise access to medical imaging and radiology volunteer services in the underdeveloped regions throughout the world. I met the CEO, Dr Daniel Mollura and fellow MRT, Kayiba Medlin. I intend to follow-up further with this organisation on the work they have been carrying out in Haiti. Kayiba intends to be assisting in Haiti later this month. I will be able to report back to all of you on this as soon as I know have more specific details on how we can be involved but it is certainly evident that volunteers are still required.

In closing I would just like to re-iterate that maintaining our close relationship with PAHO and the entire World Health Organization is of the utmost importance. Face-to face interchange is the best way to achieve our ongoing collaborative partnership. It is certainly clear that we are all working towards the improvement of global health especially for the less fortunate nations. I would like to thank the ISRRT Board of Management for allowing me this opportunity and I look forward to doing so annually.

Dr Mirta Roses Periago, Director of the Pan American Sanitary Bureau- an absolutely amazing lady!



Award-winning Image of Care campaign launches second phase

The Canadian Association of Medical Radiation Technologists (CAMRT) and its provincial associations launched the second phase of their award-winning rebranding initiative, The Image of Care. The Image of Care campaign is intended to change the way medical radiation technologists (MRTs) are recognized throughout the medical profession as well as by the general population, and bring a face to this often misunderstood profession.

Millions of patients come face-to-face with MRTs every year; however, recent polls show that only 10.5% of Canadians could accurately identify MRTs as healthcare providers. The Image of Care campaign is designed to change that. The campaign is intended to bring awareness to the profession of medical radiation technologists, and position them as respected, caring professionals who are recognised within the healthcare system as well as by the public at large. The campaign celebrates Canada's medical radiation technologist, who are the Very Image of Care.

The second phase of the Image of Care campaign will be staged as follows:

- Print advertisements appearing in the September issues of both Reader's Digest and Sélection magazines, on the newsstands now;
- Sponsorship of the Reader's Digest online health newsletter and an advertorial on the role of the medical radiation technologist on the Reader's Digest website over the next four weeks;
- The launch of the Image of Care video and photo contest, which runs through October 11, 2011. The contest will provide MRTs with the opportunity to show how they see colleagues embodying the Very Image of Care; and
- The Image of Care website, a friendly place to find out more about who MRTs are, what they do, what to expect when you visit one and how you can launch your career in medical radiation technology, and where you can locate the Image of Care graphics toolkit. This collection of photos, posters and customizable templates is designed to provide organizations and individuals within the MRT profession with the necessary tools to conduct their own campaigns and bring awareness to the profession;

Earlier this month, it was announced that the Image of Care campaign was the recipient of a Canadian Society of Executives (CSAE) "Associations Make a Better Canada" award. This award, presented in the category of public education/information, recognises organisations that have created and distributed valuable information to policymakers, regulators, or the news media that enhanced public understanding about the efficiency, quality and safety of products and services.

The Image of Care campaign was formally launched in June at the CAMRT Annual General Conference in Saskatoon. Since then, the initiative has continued gaining momentum with the adoption by CAMRT members, with posters beginning to appear in waiting hospitals and healthcare facilities from coast to coast.

For more information contact:

Kate Slean, Communications Coordinator
Canadian Association of Medical Radiation Technologists (CAMRT)
www.camrt.ca
613-234-0012 ext 240 or 1-800-463-9729 ext 240
kslean@camrt.ca
www.imageofcare.ca

Pictured at right top to bottom:

CAMRT President Shirley Bague celebrates the launch with an Image of Care cake.

Imaginis in the campaign colours at the Image of Care launch.

CAMRT members checking out the Image of Care ad in the June issue of Reader's Digest.





Pattern recognition and quality control

ISRRT Workshops

July 2011
Ghana

Report by **Jenny Motto**, ISRRT co-ordinator for education in Africa

Background to the Workshop

As an external examiner for the BSC Hons in Radiography at the University of Ghana I ran a workshop for local radiographers in September 2010. The workshop was on pattern recognition and was very hands on. The radiographers participated with great enthusiasm.

Subsequent to the workshop I, as the ISRRT co-ordinator for Education in Africa, was asked if further workshops on pattern recognition and quality control (QC) measures could be arranged. I submitted a proposal to the ISRRT Board to run these workshops in 2011. The Board very kindly approved the proposal. Plans were put in place and the workshop was held in July 2011.

Our sincere thanks are extended to the Dean of the School of Allied Health Sciences, University of Ghana, Prof Wiredu, Mr William Antwi the Head of the Radiography Department and Dr Samuel Opuko, President of the Society of Radiographers in Ghana for their financial and human resource assistance. The ISRRT appreciates the co-operation and support received from our co-sponsors.

Flights from South Africa are on specific days so we had to arrive a day early. Tracey Pieterse, my co-facilitator and I were given a very warm welcome and were taken by members of the Society of Radiographers to the rain forests in Ghana and then hosted to a wonderful lunch at the Cape Coast. Thank you to the Society for making us feel so welcome.

On the first day both Tracey and I were amazed by the number of radiographers who arrived for the workshops. We had expected a maximum of 100 but over a 140 registered. This posed a problem as we had to divide the participants into four groups and repeat each workshop 4 times. This was not ideal but their enthusiasm to participate and acquire more skills had to be accommodated.

The following is a breakdown of what we did.

Pattern recognition workshops

- A. Day one was allocated to the theory presentations. 4 presentations were given by Jenny Motto, these being pattern recognition of the skull, abdomen, spine and skeletal system.
In each presentation the pattern recognition and interpretation technique was explained and the checklist developed by the facilitator was used to explain and identify pattern changes on radiographs.
- B. The second day was allocated to practical hands on workshops, alternating between the pattern recognition workshops and QA workshops.
 1. The delegates were divided into 4 groups.
 2. Each group was given the opportunity to view radiographs, on the skeletal system.
 3. The delegates were asked to comment on each radiograph according to a checklist given to them.
 4. After this I went through each film and pointed out what the delegates should have commented on.
 5. Delegates were given the opportunity to ask questions and to verify their own findings.
- C. The third day was allocated to practical hands on workshops
 1. The delegates were again divided into 4 groups.
 2. Each group was given to opportunity to view radiographs of the spine and abdomen.
 3. The delegates were asked to comment given to on each radiograph according to a checklist give to them.
 4. After this I went through each radiograph as per point 4 & 5 above.

In each session there were 24 radiographs, thus a total of 48 were viewed by each delegate ... The facilitator, because of the number of delegates, had to repeat each session 4 times.

Quality Assurance workshops

- A. Day one was allocated to the theory of quality assurance, presented by Tracey Pieterse. The following topics were discussed:
1. The purpose of a quality management system.
 2. Films, including care of films.
 3. Intensifying screens, including care of intensifying screens.
 4. Cassettes
 5. The influence of kV and mAs on the image
 6. Scatter
 7. Testing for film-screen contact
 8. Testing for the alignment of the central ray and light beam diaphragm
 9. mA selector accuracy
 10. Testing the safe-light in the darkroom
 11. Sensitometry (processor control)
- B. The second day was allocated to practical hands on workshops.
1. The delegates were divided into 4 groups, alternating between the pattern recognition and QA workshops.
 2. Each group was shown how to store films correctly, check the expiry date, and check the sensitivity of the film.
 3. Each group was shown how the intensifying screens emit light in response to x-rays.
 4. The film-screen contact test was carried out using paper clips, demonstrating areas of poor film-screen contact. The film was evaluated and discussed.
 5. Tracey showed the delegates a cross section of the inside of a cassette.
 6. The central ray and light beam diaphragm test was carried out using the Wisconsin test tools, and again, using paper clips and coins. The films were evaluated and results discussed.
 7. The mA selector accuracy test was carried out, and the film evaluated and discussed.
- C. The third day was allocated to practical hands on workshops.
1. The delegates were again divided into 4 groups, alternating between the pattern recognition and QA workshops.
 2. Each group was further sub-divided into smaller groups and given the opportunity to check for white light leakage in the darkroom,

and to test the safe-light using the 'coin' test and using the 'envelope' test. The films were evaluated and discussed.

3. Processor control was discussed with each group, and sensitometric strips were used to plot graphs for speed index, contrast index, and base + fog, for each delegate.

Comments and observations

The enthusiasm of the participants was tangible and this inspired the facilitators. The groups were too big and this did make it difficult for all to participate. The evaluation feedback was very positive and there has been a very strong request to run another series of workshops on pattern recognition. QA was also highlighted but not to the same degree. The facilitators, however, believe there is still much to be done on QA. I have been asked to submit another proposal for 2013, specifically for pattern recognition, using smaller groups and to offer the workshops over a week so that everyone can be accommodated but on different days. Both Tracey and I thoroughly enjoyed ourselves and were touched by the beautiful presents we were given at the certificate ceremony.

I would like to thank the University of Johannesburg for allowing Tracey and I time off to offer the workshops and for allowing us to use some of our QA equipment.





Pattern recognition and quality control

10th National Conference of Indian Association of RT

September 15-17, 2011
Kanyakumari, Tamil Nadu, India

Report by **S. C. Bansal**, Secretary General, IART, Council Member, ISRRT

The 10th NCIART was held September 15-17, 2011 at Kanyakumari, the southernmost tip of the Indian Subcontinent in a very grand manner. Technologists, student Technologists and trade delegates from all over India and abroad took part in the conference.

The registration of participants started at 8.00am on September 15. The inauguration ceremony was held at 9.30am under the Chairmanship of Mr A.P. Berry, Conference Chairperson. The inauguration of the conference was done by Dr Mohan Ram, Dean, Government Medical College Kanyakumari.

The 'Kuthu Vilakku' was lit, pictured right, by Dr Renu Devaprasath, Medical Administrator Dr Jeyasekharan Hospital, Nagercoil. After this ceremony by Mr Mohan Bhagwat, IART President, Mr S.C.Bansal, IART Secretary and Council Member of ISRRT and Dr Deva Prasath, Director, Dr Jeyasekharan Hospital, The Dean released the Souvenir.

The Inaugural ceremony was concluded with the vote of thanks by Mr A. Rengit Singh, Organising Secretary and National Anthem.

At 10.30am the poster presentation and Trade Exhibition was inaugurated. Following which the trade stands of National and International companies were opened for the visitors. Major Exhibitors were GE Healthcare, Allengers, Siemens, Agfa, Carestream, MEX India, etc. The Scientific session was then started on the Theme of "Stride to Comprehend Technology to Enhance Patient Care".

Invited papers, proffered papers, students papers and trade Delegates papers were presented. Dr Napapong Pongnapang, Bangkok, Thailand, Regional Director

Asia/Australia ISRRT also participated and presented a paper.

That evening all were entertained by a Cultural program done by Kallari Folk Arts, Nagercoil.

In the morning session of September 16, several papers were presented and in the afternoon the Executive Meeting of IART under the Chairmanship of Mr Mohan Bhagwat, IART President was conducted in the Dr Martin Krause Seminar Hall.



Mr S.C. Bansal, Secretary IART presented the report and the treasurer Mr Surinder Singh submitted the accounts report. Several topics were discussed. A Cultural program organised by the students made for great entertainment to the audience that evening.

On September 17 the Scientific session started at 9am and at 11am the General Body meeting of IART was held.

In the IART meeting Mr Mohan Bagwat, President, Mr S. C. Bansal, Secretary, Mr L. K. Gupta, Editor, spoke on the Subject of Election, the next conference, publishing the Journal and many important decisions were unanimously taken.

At 12noon Prizes were given out to the winners in the Quiz competition for Technologists and Students separately and also for the presentation of best paper and best poster presentation.

Prizes were sponsored by the Indian Association of Radiological Technologists.

The conference concluded at 1.00pm followed by lunch.

For all the three days every effort was made to provide good meals, good refreshments and suitable accommodation and site seeing facilities etc. to every delegate. All participants returned home happy having attended an excellent conference.



Education Update

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

This has been a very hectic time. With the announcement of funding for workshops only given in April it has meant some busy activity.

Status of Three workshops

QA and Pattern Recognition for Ghana

Jenny Motto ran this workshop. There were 144 delegates! The workshops were so popular and the radiographers in Ghana so thirsty for knowledge and new skills that they had to divide the delegates into 4 groups and repeat each workshop 4 times, it was worth it just to experience their enthusiasm and participation. They have requested that we do more on pattern recognition as they realise they have a lot more to learn. It is encouraging to see radiographers willing to travel, work and gain extra skills.

A detailed report and photos appear on page 36 of this newsletter.

Introduction to Digital Imaging

This is to be held week of October 11-16 immediately following their conference for whom Maria Law is the key note speaker. Dr Napapng, Dr Law and Caroline Falconi from Australia are developing the workshop, adapting the first one given in Tanzania, to meet the needs of the Bangladeshis. We have been working very closely with the Bangladeshi President of BARIT and I expect a very successful workshop.

Image Interpretation

Dr Ian Cowan and myself have been working on this and have just finally confirmed the numbers, location and final draft of the workshop. This will be an ambitious workshop and we have the close support of Steven Bule our council rep and Dr Michael Kawooya, the eminent radiologist from Uganda. Jenny Motto will also be assisting in the teaching and we will all be in Uganda from Nov 21-26 to deliver the workshop, hopefully the first of several with Dr Cowan.

Congresses

ICR2012 May 4-6th 2012 Sao Paulo, Brazil

The ISRRRT is working with Dr Lawrence Lau of the IRQN to produce a terrific full day of activities for Radiographers/technologists in Brazil. We have a draft program ready and I will share with the Board as soon as it is confirmed. We have been able to secure free registration and simultaneous translation for all our speakers which will make things much easier!

ISRRRT World Congress June 2012

The Congress committee is working very hard to produce an incredibly rich and diverse program. Abstracts are beginning to come in. There are 42 abstracts in so far. Not yet identified from which countries. I have requested that specific data. There are a few logistical issues we are working through but I am sure the end product will be magnificent! Professor Scott Bowman will be our Hutchinson Lecturer.

Other Items

Philips Project

This is going from strength to strength.

Please see report below from Lori Boyd, Regional Coordinator for the

Americas, Education on the ISRRRT/Philips International Access to Learning (IAL) Pilot Program.

Project Overview

The collaborative ISRRRT/Philips International Access to Learning Pilot Program was officially launched in January, 2008 and has been running for just over 3 years. Currently 5 countries and one World Health Organization (WHO) education provider are actively participating in the project – Bangladesh, Estonia, Fiji, India and rural Canada along with the Pacific Open Learning Health Net (WHO) which provides learning activities for Pacific Island countries.

In 2009 and 2010 participant satisfaction surveys were conducted with excellent results respecting: ease of access, overall value of the program and satisfaction with the course topics, content and format. In September 2010, Lori Boyd visited Fiji and met with radiographers and ultrasonographers at the Lautoka Hospital. Lori also met with Jone Salabuco, from the Fiji Society of Radiographers and Steven Baxendale from the Pacific Open Learning Health Net (POHLN). The goal of the visit was to improve uptake and respond to any identified issues or barriers to accessing the IAL courses. Since the visit, usage has increased significantly in Fiji and with POLHN.

Enrolment Data

Enrolment began in March 2008 and has been tracked on a regular basis. As of 3 years, three months we are able to report the following statistics:

NUMBER OF COURSES ACCESSED

ISRRRT Member Country and Inclusion Date	March 2009	June 2010	July 2011
Bangladesh (Jan 2011)			717
Canada (rural radiographers) (Sept. 2010)			195
Estonia (March 2008)	98	182	240
Fiji (April 2008)	18	93	205
India (March 2008)	255	1199	1948
POHLN August 2010)			243
South Africa (March 2008)	7		
Total	378	1474	3548

Support Issues

There are few support issues identified with the International Access to Learning Pilot program. The few support issues have been addressed in a timely manner with technical advice provided by Philips when needed.

Recommendations

1. Continue to run the International Access to Learning Pilot Program for another year, then re-evaluate as there are still just over 6000 Continuing Education units available for use which equates to approximately 3000 courses.
2. Consider additional member societies for participation in the project

- Continue to evaluate the benefit of this project and courses for the learners and societies and identify issues and areas for improvement.

International Forum of Chinese Association of Radiological technologists in (Taiwan)

I have been asked to speak on the MRT worldwide education, clinical practicing and profession of Medical sonography in November. I will be financed by the Taiwan Association.

Correspondence

There is a steady stream of correspondence I receive from individuals and groups with questions about reciprocity, education standards, collaborations etc. If we had more time and more money we could do so much more.

2012 Budget

I was delighted to see some educational offerings have been approved by Finance Committee

- Mammography in Jamaica
- African French Speaking workshop
- QA and Pattern Recognition in Malawi

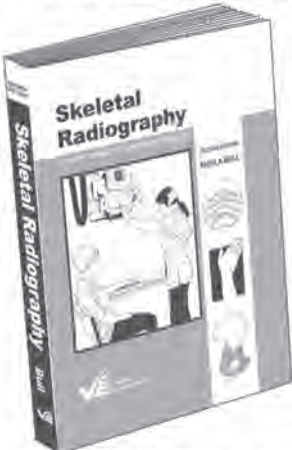
There was also funding provided to assist speakers in ICR 2012. I am hoping this will not all be needed as speakers are prepared to be mainly self funded or are attending any way.

Subsequent to the budget being finalized, we were approached by our Educational representative for Europe with the possibility of collaboration with the Federation to run something in Eastern Europe. I strongly support working on this since this is the first time we have been approached from Europe in this capacity for some time. I am awaiting further details.

My thanks as ever to the Board and my education committee members for a fantastic job.

Cynthia Cowling
Director of Education

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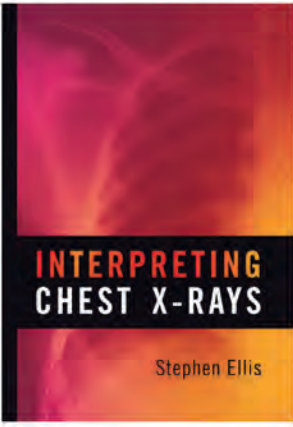
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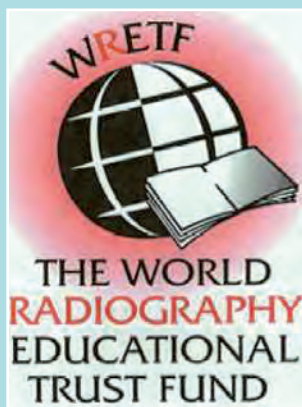
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The World Radiography Educational Trust Fund

By Hon Secretary Sue Marchant

Activities since the last report

Trustees have been developing the Business Plan for the Trust, to complement the recently adopted Strategic Plan. In addition, Jonathan Mazal (USA based Trustee) is writing a Fundraising Plan which the Trustees will use to help them to gain support for the work of the Trust.

Trustees have been working towards “twinning” departments in Developed Countries with departments in Developing Countries. The aim is for recently published journals to be sent to those departments in Developing Countries which we have supported and for a working relationship to be developed between the departments.

Most recently the Trust has implemented a liaison group to support those Trustees in other continents. New Zealand is the first country to have a designated liaison person who will be working closely with the Trustee based in Australia to look after the Pacific Rim countries. New Zealand radiographers continue to support the work of the Trust via their fundraising efforts.

Website

Lizzie Zukiewicz has been working on updating the website. It is now more vibrant and up to date. **www.wretf.com**

Statistics

The Honorary Secretary continues to compile statistics. So far this year she has received 3 new applications for support to process. All applications have been supported and a number of textbooks sent out. In addition 2 applications carried over from the previous year were also supported with textbooks. Books continue to be donated by individuals and organisations such as hospital trusts and more recently the British Institute of Radiology. One offer of books was received from a donor in the USA and these have been sent to the US-based Trustee to hold until there are applications from Central and South America.

Donations Received

Both the ISRRIT and The Society and College



Member of staff in CIWEC Clinic International Travel Medicine Centre Nepal 2011.

of Radiographers in the UK (SCoR) have made monetary donations to the Trust to enable it to purchase new books. The Trust is very grateful for this generous support and some very useful bench books have been bought, both in English and French.

Some of the funds donated by SCoR have been set aside to enable the Trust to provide more support for workshops.

Support Required

WRETF is always looking for support in the form of either monetary donations or textbooks and journals. If you are about to give up radiography and have textbooks that were written in the last 5 years or recent editions of older books we would be delighted to receive them. Journals are also welcome if fairly recent editions.

Books and journals can be sent to the Hon Secretary of the WRETF c/o The British Institute of Radiology, 36 Portland Place, London, W1B 1AT.

Monetary donations can be sent to the Hon Treasurer Miss Ann Paris at: 33, Brickwall Lane, Ruislip, Middlesex, HA4 8JS UK.

If you wish to link your department with one in a Developing Country so that recent but no longer required journals can be sent on, please get in touch with Sue Marchant, Honorary Secretary.

You can be sure that your support will be greatly appreciated in the countries in which we work.



Some recent recipients of textbooks, staff in the Library in Sanglar Hospital Densapar, Indonesia Summer 2011.



During the UKRC in Manchester in June this year the ISRRT donated books to the World Radiography Education Trust Fund (WRETF). Pictured is Stewart Whitley, ISRRT Treasurer, Sandy Yule, ISRRT CEO handing over book to Susan Marchant who is the Honorary Treasurer of WRETF.

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News from member countries

ASIA/AUSTRALASIA

SRI LANKA



The Annual General meeting (AGM) of the Society of Radiological Technologists, Sri Lanka (SRTSL) was held on 3rd July 2011 at the Health Education Bureau,

De Saram Place, Colombo 10, Sri Lanka. An academic session was held prior to the AGM and two valuable lectures were conducted.

Mr Nelson Piyaaratne, Therapy Radiographer from Westmead Hospital, Sydney Australia delivered a lecture on "The increasing use of diagnostic images on radiotherapy planning".

Dr Kamalani Wanigasinghe delivered a lecture on "Life styles and stress management in coping up with the changing technology".

At the AGM new members for the Council of Management was elected. The new council is as follows.

President/Council Member ISRTT

V.G.Wimalasena, Principal of Sri Lanka School of Radiography
email: principal.srsl@hotmail.com,
vgwimalasena@gmail.com
134/4, Mahawela 2nd lane,
Pushparama Road,
Pahalabiyanwila, Kadawatha
Sri Lanka

General Secretary

Mr MIM Jabir,
Senior Radiographer
National Hospital of Sri Lanka

Assistant Secretary

MARS Fernando, Radiographer,
Asiri Hospitals PVT Ltd.

Vice Presidents

Mr D. Liyanarachchi
Mr H.K.A. Dharmasiri

Treasurer

Mr V.G.Jayarathne

Editor

Mrs J. Mapatuna

C. Members

Mr A.M.C.P.K. Adikari
Mr E.Dharmakeerthi
Mr H.K.A.Dharmasiri
Ms K. Edirisooriya
Mr Hiran Senanayake
Mr A.R.Ilankoon
Mr Udayanga Kumara

Mr Jawana Dissanayake

Mr L.Jayasiri

Mr D. Delpachithra

Website: <http://srtsl.weebly.com>

The following are the future activities planned by the new committee.

1. To conduct a new CT Diploma training programme for the members. Following council members are appointed as coordinating committee for the CT programme.

Mr Jawana Dissanayaka

Mr Hiran senanayake

Mr L.Jayasiri

Mr A.R.Ilankoon

2. To organise a new event for the world radiography day 2011
 - i. A lecture programme on 6th November 2011
 - ii. A poster campaign and an exhibition to enhance public awareness about usefulness and hazards of radiation
3. To publish the official publication of the society; the journal "The Radiographer" soon.

The Society of Radiological Technologists (SRTSL) joined hands with the Sri Lanka College of the Radiologists (SLCR) at the annual sessions 2011 of the SLCR and held An educational session for the Radiological technologists/radiographers on 24th July at the Ceylon Continental Hotel, Colombo. About 150 Radiographers were benefited by the venture. Both the SRTSL and SLCR are planning to continue and develop this type of work in future.

V.G.Wimalasena

President, SRTSL

Photographs on page 50

THE AMERICAS

AMERICA



CARE Bill and Legislative News

The Consistency, Accuracy,

Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy bill (H.R. 2104) was introduced in the U.S. House of Representatives this past June by Rep. Ed Whitfield, R-Ky. The bill currently has 46 cosponsors. Passage of the CARE bill would ensure that the personnel who perform medical imaging and plan and

deliver radiation therapy treatments would be required to meet minimum federal education and certification standards in order to participate in federal health programs administered by the United States Department of Health and Human Services.

In addition to the CARE bill, ASRT is working with the American College of Radiology and the American Registry of Radiologic Technologists to enact federal legislation that would allow facilities to bill the U.S. Medicare system for medical imaging services performed by qualified radiologist assistants under the direction of a supervising radiologist.

ASRT Educational Symposium and Annual Governance and House of Delegates Meeting Update

The 2011 ASRT Educational Symposium and Annual Governance and House of Delegates Meeting held in Albuquerque, NM, June 17-19, ran efficiently and effectively. The ASRT House of Delegates met to debate and vote on motions and proposed changes to the ASRT Bylaws and to adopt clinical practice and educational standards. Of 36 motions, the House adopted 27 on a consent calendar with one vote of the delegates. Also, the House elected Sandra Hayden, MA, RT(T), as its speaker and G. Tim Wescott, AAS, RT(R), FASRT, as its vice speaker.

Prior to the annual governance meeting, the ASRT held its Educational Symposium, which provided attendees and students with the opportunity to earn up to 6 continuing education credits. The educational tracks focused on general education, management and research and writing. Additionally, there was a track specifically for students.

The 2012 ASRT annual governance meeting and Educational Symposium will be held in Las Vegas, Nev., June 28-July 1.

35th ASRT Radiation Therapy Conference to be held in Miami

More than 1,000 radiologic science professionals will be in Miami for the 35th ASRT Radiation Therapy Conference, Oct. 2-4. The conference offers an unparalleled educational program for radiation therapists, medical dosimetrists, program directors, clinical instructors, managers and students. Attendees will have the opportunity to learn from oncology experts from around the world, network with influential leaders in the radiologic sciences and earn continuing education credit. Held in conjunction with the annual

meetings of the American Society for Radiation Oncology and the Society for Radiation Oncology Administrators, the ASRT Radiation Therapy Conference offers a unique and exclusive opportunity for participants to learn from the most trusted and respected sources in the industry.

ASRT@RSNA 2011

Scheduled for Nov. 30-Dec. 1

For the third consecutive year, ASRT is offering a one-and-a-half day educational track for radiologic technologists attending the Radiological Society of North America annual meeting. ASRT@RSNA 2011 is scheduled for Nov. 30-Dec. 1 at McCormick Place in Chicago. The educational track features 10 dynamic courses facilitated by some of the nation's most prominent radiologic science professionals. RTs can earn up to 10 Category A+ continuing education credits in less than two days. Professionals working in other areas of radiology are welcome to attend ASRT@RSNA 2011. For more information, visit www.asrt.org/Events & Conferences.

The New ASRT Communities

The ASRT recently launched the ASRT Communities, a one-stop shop for members to connect with each other through common interests, practice areas or career paths. In the communities, R.T.s can find information about specific disciplines or specialty areas and interact with colleagues and students. There are 19 different communities for radiologic science professionals to choose from, and ASRT encourages technologists to post questions, start discussions and get involved in the conversations. Plus, it's a great way to find contact information to connect with ASRT chapter delegates. The ASRT Communities are available only to ASRT members. Members can access the communities by visiting www.asrt.org/community and signing in to their ASRT web account.

ASRT Introduces New Educational Products

The ASRT continues to produce continuing education products that are designed to meet the needs of radiologic technologists in various disciplines. The ASRT's CT Basics series, which was launched in 2010, has quickly become ASRT's most popular CE product. ASRT also has released a CT Basics: Nuclear Medicine Edition; a CT Basics: Radiation Therapy Edition; and a CT Simulation for Radiation Therapy module. In addition to the CT products, ASRT launched a six-module fluoroscopy series in early 2011.

Moreover, the ASRT recently introduced

its six-module Clinical Instructor Academy. The Clinical Instructor Academy is a comprehensive tool designed to help R.T.s learn the core strategies and tactics they need to be successful educators in the workplace.

In 2012, the ASRT will be releasing a Breast Imaging Basics series, a Magnetic Resonance Basics series, a 10-module Sectional Anatomy series and a PET/CT interactive module.

For more information about available products, visit www.asrt.org/Store.

CANADA



As 2011 draws to a close, CAMRT celebrates successes on many fronts, having achieved significant progress on several ambitious initiatives that

advance the CAMRT mission to serve and support its members to provide patients the highest quality of medical imaging and radiation therapy care.

At the same time, CAMRT looks to the year ahead with excitement. 2012 will be an extraordinary year, with twelve months to commemorate 70 years of achievement, and one special week in June when Canada welcomes the world. Among the CAMRT highlights for 2011 was the introduction of Associate membership in the ISRRT for all CAMRT members, which has provided helpful insight into our common concerns and how we differ that we look forward to exploring further in Toronto.

The 17th ISRRT World Congress and the 70th CAMRT annual general conference, Toronto, June 7-10, 2012

The plans for this not-to-be-missed event are proceeding apace, and online registration opens in early November. The organising committee, co-chaired by Nicole Harnett, MEd, RTT, ACT, of Toronto, and Dr. Rebecca Ludwig, Ph.D., FAEIRS, of Little Rock, Arkansas, has selected an impressive roster of thought-provoking keynote speakers to share their knowledge in plenary presentations each day. The featured speakers are:

Professor Scott Bowman, vice-chancellor and president of CQUniversity in Australia, who will give the 2012 Hutchinson Lecture. His lecture, "The journey of a radiographer and of radiography," will chart how a radiographer becomes a Vice Chancellor of a university, and how radiography has transformed as a profession.

Euclid Seeram, a radiology professor the

British Columbia Institute of Technology (BCIT), who will deliver the 2012 Welch Memorial Lecture. The Welch Memorial Lecture was established in 1951 as an annual lectureship to honour Herbert M. Welch (1888-1951) for his tremendous commitment and devotion in establishing the Canadian Society of Radiological Technicians.

Dr Alex Jadad MD Dphil FRCPC FCHAS, chief innovator and founder of the Centre for Global eHealth Innovation and Canada Research Chair in eHealth Innovation. He is also a professor in the University of Toronto's Departments of Health Policy, Management and Evaluation and Anesthesia and the Dalla Lana School of Public Health. Dr. Jadad's message to delegates will demonstrate his personal mission to help improve health and wellness for all, through information and communication technologies (ICTs).

Dr Benjamin Corn, "conference closing speaker," will speak on "Recapturing the Wondrous Moments of Our Profession: An "Image-Guided" Approach. A professor of Oncology at the Tel Aviv University School of Medicine, Dr Corn is interested in recapturing precisely those moments that evoke our emotional commitment to the patients we treat.

Response to the call for proposals for the scientific program has been impressive, and details of the program will soon be available on the congress website.

Another congress highlight is the opportunity for tours of local medical and educational facilities. Several of the world-class medical radiation technology and educational facilities in the downtown Toronto will open their doors to delegates, including the Advanced Imaging and Education Centre (AIEC) at the Peter Munk Cardiac Centre in Toronto General Hospital; the Radiation Medicine Program at the Princess Margaret Hospital; the Michener Institute for Applied Health Sciences; the STTARR imaging centre in the MaRS Discovery District.

Social highlights include tours of local attractions, a Harbour Cruise with dinner, dancing and the chance to meet a pirate! And finally, the elegant Congress Gala, where all will celebrate international fellowship and also commemorate the 50th anniversary of ISRRT and the 70th anniversary of CAMRT.

New program details are being released regularly, so visit the congress website often at www.2012isrrt.org/

Strategic Initiatives

In addition to planning the 2012 World

Congress and CAMRT annual general conference, staff and volunteers continue to make significant progress in addressing the objectives of the CAMRT strategic plan. The following brief updates are provided to share the latest developments on a number of important projects.

Best Practice Guidelines

Helping MRTs across Canada advance their professional lives and keep up with changes in the field is one of the CAMRT's strategic goals. The CAMRT has assembled a multidisciplinary committee from across Canada to discuss, review and develop best practice guidelines that will add depth and detail to the current Code of Ethics and Standards of Practice documents. The published guidelines will raise the standards of practice where they are lagging and compel those who are already practicing at a high level to seek even further innovation. The CAMRT has assembled a multidisciplinary committee of 20 members from across Canada to discuss, review and develop these best practice documents. Multiple guideline documents are currently in committee review with many more in the committee research stage. According to planned timelines, some guidelines will be ready for publication in 2012 and additional guideline batches will be added periodically until the project is completed in 2013.

Advanced Practice

Advanced practice framework

Exploring possibilities along the continuum of MRT practice has been identified as a strategic priority for the CAMRT. Last autumn, a symposium attended by upwards of 40 experts from all disciplines launched the framework project by discussing and agreeing on a base working definition of advanced practice for MRTs in Canada. The framework will take this definition and build on it – elaborating on important aspects of advanced practice, expanding on roles and responsibilities suited for advanced practice now and into the future, and identifying some of the core competencies associated with advanced practice. The extended definition provided in the form of a framework will promote consistency in understanding for all stakeholders going forward. The CAMRT has assembled a multidisciplinary committee of 10 members from across Canada to discuss, review and develop the framework documents. The first meeting of the Advanced Practice Framework Committee will be held in late October 2011.

Advanced Practice Certification

As part of CAMRT's commitment to

addressing the continuum of MRT practice in Canada, the CAMRT boards also approved a special project to develop a standardized certification process for radiation therapists in Canada already practicing at an advanced level. It is the aim that any process built for radiation therapists could be adapted to the other MRT disciplines when and if advanced practice roles emerge. It will complement the Advanced Practice Framework by providing the mechanism by which the recommendations in the framework can be carried out.

An Advanced Practice Certification Steering Committee has been established and working groups are now tasked with developing a competency profile and a certification process. Work has begun on a draft competency profile and following agreement on the competencies to be evaluated, the AP Certification Process Working Group will consider the findings and work to develop methods of assessment and certification. Full recommendations on competencies and the methods of assessment are to be released in early 2013.

Maintenance of Competence/ Continuing Professional Development Guidelines

Lifelong learning is essential in our rapidly evolving technological healthcare environment. The CAMRT Board has approved a special project to develop national guidelines whose purpose is to facilitate the implementation of a program for maintenance of competence or continuing professional development across Canada. A workgroup with representation from each Canadian province has been established to create a national guideline/ blueprint for development of a program, which will be published on completion in fall 2012.

Competency Profile Validation Survey

The CAMRT competency profiles are the foundation of the profession and are used by education institutions to develop curricula and determining assignment of clinical placements and are the basis for the certification exams. The profiles show ministries of health and education as well as unions and the general public the competency required for entry-to-practice. They explain our interaction with the patient, and the knowledge, skills and judgment required to practice in this dynamic, evolving profession. They also explain the vital part MRTs play in the continuum of patient care and within the healthcare team. The CAMRT has surveyed stakeholders for feedback on

content and other aspects of the profiles that affect the development entry-to-practice certification exams and the results will serve as a valuable resource in the multi-year process that will result in revised profiles that respond to current and future practice needs.

Support to internationally education technologists

CAMRT will soon launch an online assessment tool for each of the four MRT disciplines to provide those contemplating a move to Canada with the ability to assess their own skills and competencies against Canadian requirements and identify areas of knowledge and practice they may need to develop. This is a collaborative project with the Nova Scotia Community College and other partners, funded by Health Canada, and will be accessible through the CAMRT website at www.camrt.ca/certification/international/

Image of Care rebranding Initiative

The Image of Care campaign is a collaborative venture by CAMRT and all ten Canadian provincial associations that is intended to change the way medical radiation technologists (MRTs) are recognized throughout the medical profession as well as by the general population.

The campaign was developed from a solid foundation of market research carried out with both external stakeholders and members of the profession. The research identified low recognition but high satisfaction with the treatment and services provided by MRTs on the part of patients, and overwhelming support for a branding strategy on the part of the profession. A comprehensive rebranding strategy was then developed to address the misperceptions and lack of understanding of the medical radiation technology profession AND to inspire professional pride on the part of members of the profession.

Launched in June 2011, the first stage of the rebranding initiative focuses on public awareness with a user-friendly micro site, imageofcare.ca. It includes a series of multimedia advertisements in the popular Canadian Reader's Digest and its French companion, Selection magazine; downloadable messages and graphics that members can use to create displays and develop presentations that enhance knowledge of the profession with patients and peers in their own facilities and communities; and outreach to other healthcare professions and Canadian healthcare media through presentations and articles in relevant publications. There

is also emphasis on member engagement, including a video/photo contest, integration of the rebranding theme into the annual MRT week activities and displays at conferences where members can learn more about being a local brand champion. A major campaign element is MRT Week in Canada, November 6-12, 2011, which builds on the Image of Care campaign with a set of tools and recommended activities that members can use to build awareness with their colleagues and patients. We invite international colleagues to visit the campaign site at www.camrt.ca/abouttheprofession/themageofcarecampaign And to share the tools and messages with the global community.

Collaborative Ventures with key stakeholders

Canadian Partnership for Quality Radiotherapy

A joint partnership including the CAMRT is examining Canadian standards for quality in radiation therapy. This initiative seeks to update obsolete technical standards for equipment; creating taxonomy for radiation incidents and potentially a national reporting system and developing an auditing process for the compliance to a number of standards and guidelines.

Optimie the Use of Technetium-99min

The CAMRT has partnered with numerous health professional organizations and the Canadian Agency for Drugs and Technology in Health (CADTH) in developing improved policies, protocols and standards to help health care providers to optimize the use of Technetium-99min in an environment of constrained supply. A web-based, practice-based tool is being created that will assist practitioners in making decision regarding the use of other medical isotopes and alternative types of medical imaging equipment in the event of ^{99m}Tc shortages.

This captures but a snapshot of the programs and activities of CAMRT. Please visit the website at www.camrt.ca for regular updates on new and ongoing programs and projects.

Rita Eyer

Council Member, USA

Spain, Trinidad.

The conference is entitled "Medical Imaging makes the difference", highlighted how important Medical Imaging is in medicine. Several presentations along with about twenty presenters were over the two day weekend. Our Radiographers' Week will take place from the November 6-12 and all radiological departments (private and public) are expected to highlight the occasion in what ever way they can.

The theme for World Radiography Day is "Radiography - the heart of modern medicine" by the ISRRT and this ties in nicely with our local conference theme, "Medical Imaging makes the difference". Both themes reflect how indispensable medical imaging is to the world of modern medicine and certainly without its existence, the world would be at an immense disadvantaged.

Last year, the conference was well attended by local and foreign health care professionals and featured a battery of presenters. The theme of the 2010 Annual Conference was "Strengthening relationships to promote the profession". Last year we were privileged to have world renown author from the United States, Professor Philip Ballinger (Merrill's Atlas of Radiographic Positions and Radiological Procedures), who was the guest speaker for both days. A number of local students had the great opportunity to converse and interact with Professor Ballinger. This was his second visit to Trinidad & Tobago. Also present, was Mr. Ian Weithers, president of the Barbados Association of Radiographers and who brought warm greetings from Barbados. The Society

is always happy to entertain its regional and international colleagues at its highly anticipated annual event."

God Bless.

Timothy

AFRICA

CÔTE D'IVOIRE



The presidential election which took place on October 31, 2010 in Côte d'Ivoire was the first since 2000 and did unexpectedly gather a massive population. Unfortunately the subsequent disagreement that occurred between the protagonists turned into a dreadful civil war, which has claimed the lives of more than 3,000 people.

During that situation, health professionals in general and radiographers and radiologic technologists in particular faced many difficulties:

- As radiology professionals they were submerged by an overwhelming workflow when taking care of traumatized patients; radiology department being an interface of diagnostic setting in the different centers of treatment.
- As workers they were submitted to a drastic shortage of financial means due to suspension of salaries for several months.



Pictured at last year's Trinidad & Tobago Conference are from L-R: Prof. P. Ballinger, Ian Weithers (President of Barbados Association of Radiographers), Anushka Kattick-Mahabirsingh (ISRRT Council Member) and Timothy Dean (President of Society of Radiographers of Trinidad & Tobago).

TRINIDAD & TOBAGO



The Society of Radiographers of Trinidad & Tobago hosted its Annual Conference 2011 on October 29-30 in Port of



- Moreover, three radiographers were killed and one hundred of them chased away from their home for more than 4 months.

Fortunately, the constant supporting messages from our colleagues from elsewhere and especially from the ISRTT Board of management were of great interest and helped us to take up the challenge of catching up with life.

ANTIMCI has learnt and experienced a great deal from that situation and this paper aims to report on it so as to make our experience a valuable asset to other ISRTT members

Concerning our activities, the board of ANTIMCI is actively preparing the World Radiography Day planned for November 8.

On behalf of all our members, I would like to take this opportunity to express my sincere gratitude to all ISRTT members. May God bless the whole community of radiographers and radiological technologists that make up this huge and prestigious organisation.

With thanks to all our friends throughout the world.

Boniface YAO

President Association Nationale des Techniciens supérieurs et Ingénieurs en Imagerie Médicale de Cote d'Ivoire (ANTIMCI)

(00225) 07052526/40097740

Email: kwame_boniface@yahoo.fr

NIGERIA



The Association started year 2011 on a bright note with a council meeting held in January in the ancient city of Benin. The main event of the meeting was the formal handing over

of leadership by Prince Ayodele Okhiria to Dr. Mark Okeji, the newly elected President.

The membership of the council of the association for the triennium (2011 – 2013) is as follows:

President: Dr Mark Okeji

Vice-President 1: Mr Clement Utin

Vice-President 2: Mr Valentine Ikamaise

National Secretary: Mrs Elizabeth Balogun

Assistant Secretary 1: Mr Dambele Musa

Assistant Secretary 2:

Mr Emmanuel Odumeru

Treasurer: Mr Imoh Udoh

Public Relations Officer:

Mr Emmanuel Etim

Immediate Past President:

Prince Ayodele Okhiria

Immediate Past Treasurer: Mrs Tolu Alonge

Registrar, Radiographers Board:

Mr Reuben S. J. Babatunde

ARN Representative on the Board:

Mr J. O. Ojebode

The new team is expected to have as its focal areas; progressing the plans to develop a permanent secretariat for the association in Abuja, establishment of more regional branches and the rejuvenation of the Journal of the Association.

Conference 2011

The Annual Conference/ Scientific Workshop of the Association is slated to hold from 22 – 26 November, 2011 in Minna, capital city of the 'power state' of Niger, in the Northwestern zone of the country. Niger state is home to two hydro power stations and a National Game park. The theme of the conference is 'Radiography in Nigeria; Prospects and Challenges'. Seasoned Professionals, Academics and Administrators from within and outside the country are expected at the confab to present well researched papers on the theme and proffered papers on contemporary issues. Social events of the conference will include visits to Waterfalls and Clay Potteries; and a Closing Dinner/Banquet.

World Congress 2012

Many Radiographers in Nigeria are bracing up to attend the 17th World Congress of the ISRTT in Toronto, Canada come June 2012. We wish our colleagues of the Canadian Association of Medical Radiation Technologists (CAMRT) well as they prepare to host the world.

Prince Ayodele Okhiria

Council member for Nigeria, ISRTT

SOUTH AFRICA



- SORSA celebrates its 60 years of existence this year.
- Ms Ferial Isaacs from Cape Town was elected as

president-elect of the National Council (NC) of the Society of Radiographers of South Africa at the first NC meeting in 2011.

- The SORSA Administrative offices have relocated.

The new office details are:

Unit B44, Pinelands Business Park,

New Mill Road, Pinelands, 7405

Postal address: PO Box 505,

Howard Place, 7450

Telephone: 021 531 1231

Fax number: 021 531 1233

Email: sorsa.admin@iafrica.com

- SORSA is in the process to upgrade the website www.sorsa.org.za
- The different branches of SORSA in South Africa are planning exciting activities to celebrate World Radiography Day on 8 November this year. In addition to exhibitions in hospitals, there will be quizzes held with students, seminars and even soccer games.
- Mr Aladdin Speelman has resigned as

the ISRRT rep of SORSA to focus his attention on continuing his studies. Prof Hesta Friedrich-Nel was elected as the replacement for Mr Speelman at the NC meeting in September.

DEMOCRATIC REPUBLIC OF CONGO



A joint Congress was organised by the SOCORAD (Radiologist Society of Democratic Republic of Congo) and the Congo

Radiographer Society and supported by the University of Louvain, Belgium.

The Congress was held in Kinshasa, Democratic Republic of Congo at the Kinshasa (DRC) conference room of the Minister of Foreign Affairs in June 2011.

200 Participants from Democratic Republic of Congo, Congo Brazaville and Belgium attended.

Presentations included Doppler, US and radiographers role in stroke emergencies.

Philippe Gerson



role of the profession in the society.

The 4th biannual RASCO (radiographers' scientific conference) was held September 8-10, 2010 at the lakeside Elementaita lodge, Naivasha, Kenya. The event brought together a total of 120 radiographers from across Africa and beyond. Delegates were drawn from the Netherlands, South Africa, the Sudan, Rwanda and Uganda. Quality environment-based papers were presented at the conference and at the end of the presentations, the best paper came from Sudan and the second best paper came from Kenya. The conference theme was "Radiography-clinical and environmental safety". Since the theme sought to address the issues of environmental conservation, guest speakers were chosen strategically. The director of Kenya's radiation protection board, Mr. Kamande, honoured our invitation to deliver the keynote speech. Prof. Ole Kiyiapi, an environmentalist and the permanent secretary in the ministry of education, was available to close the conference with a clear message on the importance of engaging policy makers with the recommendations that come out of a conference. The director of medical services was also ably represented by senior deputy director of medical services, Dr Masasabi. Six sponsoring companies were also in attendance to display their latest products as is always the case in a conference of that magnitude.

The highlight of the conference was the University of Johannesburg (UJ) alumni dinner. The dinner was the brainchild of the University's head of the faculty



of Radiography, Mrs. Barbara Van Dyk. The delegation from UJ comprised of the assistant dean of students and the "mother" of international students, Jenny Moto. The team also comprised of lecturers Stacy and Lynn Hazel.

The dinner was held in honour of the international students from the SADEC region and beyond, who passed through the University of Johannesburg. The dinner was a resounding success as there was plenty of food and dance. Speeches came from alumni representatives from Kenya, Uganda, Rwanda and South Africa. The university gave gifts to the delegates, an act that spiced the whole evening. This event was memorable because, following the initiative of Jenny Motto to give a chance to foreign radiographers to advance their careers, the faculty of radiography has

KENYA



Univeristy of Johannesburg in the 4th RASCO 2010

Between September 2010 and September 2011, the Society of Radiography in Kenya has undertaken several activities to enhance the



obliged to produce a home-made document. The committee charged with the task, led by Mr Charles Kikwai, completed work in May 2011. The document was then passed on to the national anti-corruption commission for expert fine tuning and work is in progress. When completed, we will have a reference document to regulate the practice of radiography in Kenya

Expansion of radiography services

In the last decade, advanced imaging technologies only existed in private hospitals. In the last twelve months, the government of Kenya has installed CT scan units in four public hospitals and two more are to be installed by the end of the year. Training has also been conducted for radiographers and work has started in two major government hospitals. The installation of such equipment has changed the face of medical imaging services in public hospitals. Further growth in this direction is anticipated as there are more proposals in this regard.

Charles Omondi,
ISRRT council member for Kenya



UK



The very busy year continues for radiographers and radiography in the UK.

We welcomed our new President, Sue Johnson into post in July. Past President Sandie Mathers remains our

representative on the ISRRT Council and has also been very busy in her work on the Board of the European Federation of Radiographer Societies.

The UK Radiology Congress (UKRC) was very successful, combining a multidisciplinary programme for radiographers, radiologists and medical physicists with a busy technical exhibition. It was a particular pleasure for us to welcome ISRRT President Michael Ward to the city of Manchester for this event. The SCoR launched a number of new policy documents at UKRC and we honoured four of our most high profile members with awards of honorary fellowships. There was a special presentation of work to develop the practice of radiographers providing an immediate comment on the results of x-ray examinations. This is replacing the established practice of "red dot" to indicate an abnormality. The SCoR has developed guidance for members and



enrolled the highest number of international students at UJ (University of Johannesburg). We look forward to a similar bonding meeting in a different location in the region.

Training Guidelines for radiographers launched

In recognition of the fact that the level and quality of training of professionals determine the quality of services offered to the citizens of a nation, the society of radiography took the initiative to develop internationally acceptable training guidelines. For a long time, the highest qualification in radiography in Kenya has been a diploma and for the first time in the year 2006, a higher diploma

in medical imaging sciences. Lately, a number of higher institutions of learning have shown interest in starting degree courses in radiography/medical imaging. It therefore became necessary that Kenyan radiographers develop guidelines to be adopted by the institutions in order to authenticate and standardise training.

In his keynote speech, the ISRRT director for Africa, Mr Caesar Barare, warned against compromising training standards by ignoring essential requirements for comprehensive professional training. Borrowing heavily from the ISRRT training guidelines document, customised work was completed and launched by the Minister of Medical Services on 30th August, 2011.

Since the profession is rapidly developing due to advances in technology, we anticipate constant reviewing of the document in order to keep abreast with the dynamics of technology change. For instance, radiation therapy training is just being brought on board in Kenya.

Code of Ethics for radiographers

Since the launch of the ISRRT code of ethics by the director of professional practice in Gold Coast, Australia, Kenya felt

managers in order to explain this practice and demonstrate the benefits that can be realised in terms of reduced clinical errors, particularly in accident departments.

Initial commenting on findings is not a replacement for formal image reporting and we are continuing to work with colleagues in the Royal College of Radiologists to develop joint policy on a team approach to ensuring all images receive a timely and authoritative report.

In the next few months we expect to publish new guidance for members on skincare in radiotherapy. This important document will completely update previous guidance and has been developed using the latest research and evidence.

We continue to celebrate the “year of Radiotherapy” in the UK. SCoR is at the centre of this initiative, working again with radiologists and physicists to raise public awareness of the enormous contribution made by radiotherapy in the treatment and cure of cancer. We are also collaborating with the government health departments to accelerate the implementation of advanced radiotherapy techniques throughout the country. Many remarkable stories of innovative practice and dedication are being heard as radiographers find ways to ensure patients receive the best care, despite pressures on services and the workforce. Some of these examples of excellence in radiography will be rewarded at the

Radiographer of the Year and Radiography Team of the Year Awards which will take place in the Houses of Parliament on World Radiography Day (November 8th). It will be good to think of our celebration joining with those of our radiography family around the world on this special day.

As you will read elsewhere in this newsletter, we have recently been sad to see the passing of Marion Frank, one of the most remarkable radiographers in the history of the profession. Although we shall naturally miss Marion, there is also much to be grateful for and to celebrate as we remember her unique contribution to world radiography.

Society of Radiological Technologists Sri Lanka



Above: The President of the SRTSL addressing the house at the AGM.

Right: Appreciation, Dr Kamalani Wanigasinghe.

Below: Lighting the oil lamp.



Above: Appreciation, Dr Nelson Piyaratne.

Left: Participants.

Changes to Ionising Radiation Protection Legislation in the UK

In the UK, the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 sets out the rules for the health protection of individuals against the dangers of ionising radiation in relation to medical exposure. These came into being as a result of the European Directive 97/43/Euratom (The Medical Exposures Directive).

In practice this means that the risk and benefit of each medical exposure must be considered. The medical exposure is ‘justified’ if the benefit outweighs the risk.

Since they came into law in the UK, the Regulations have been concerned with specific activities such as:

- patient diagnosis or treatment,
- occupational health surveillance,
- health screening,
- voluntary participation in research programmes, and
- medico-legal procedures.

In July 2011, an amendment to the Regulations came into force. This new amendment means that, in the UK, the health assessments of asymptomatic individuals (people who do not have any symptoms of a relevant illness) are now included within Regulations.

As a practical example, this means that all medical exposures for health assessments, such as patient-initiated CT scanning services, must now also be justified.

In the UK, this change to IRMER has been welcomed as it makes it clear that CT and other imaging examinations that use ionising radiation cannot be carried out unless there is a real clinical reason (justification) to do so.

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USA	American Society of Radiologic Technologists 15000 Central Avenue SE, Albuquerque, New Mexico 87123-3917 Tel: 505-298-4500; Fax: 505-298-5063 Website: www.asrt.org	<i>Council Member</i>	Connie Mitchell, Division of Radiation Science Technology Education School of Allied Health Professions, UNMC 984545 Nebraska Medical Center, Omaha, NE 68198-4545 Office: 402-559-6945 Fax: 402-559-4667 Email: clmitche@unmc.edu www.unmc.edu/alliedhealth/rste

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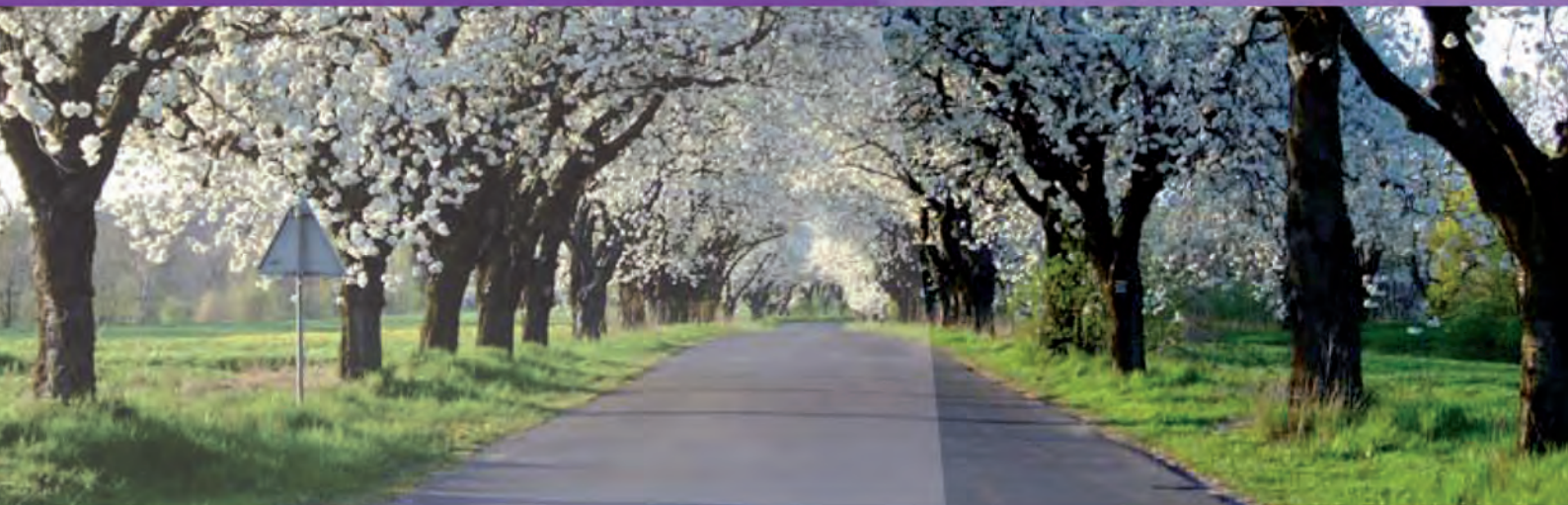
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