



ISRRT
INTERNATIONAL
SOCIETY OF
RADIOGRAPHERS
& RADILOGICAL
TECHNOLOGISTS

news & views

AUGUST 2018
from around the world

The Official Publication of the ISRRT

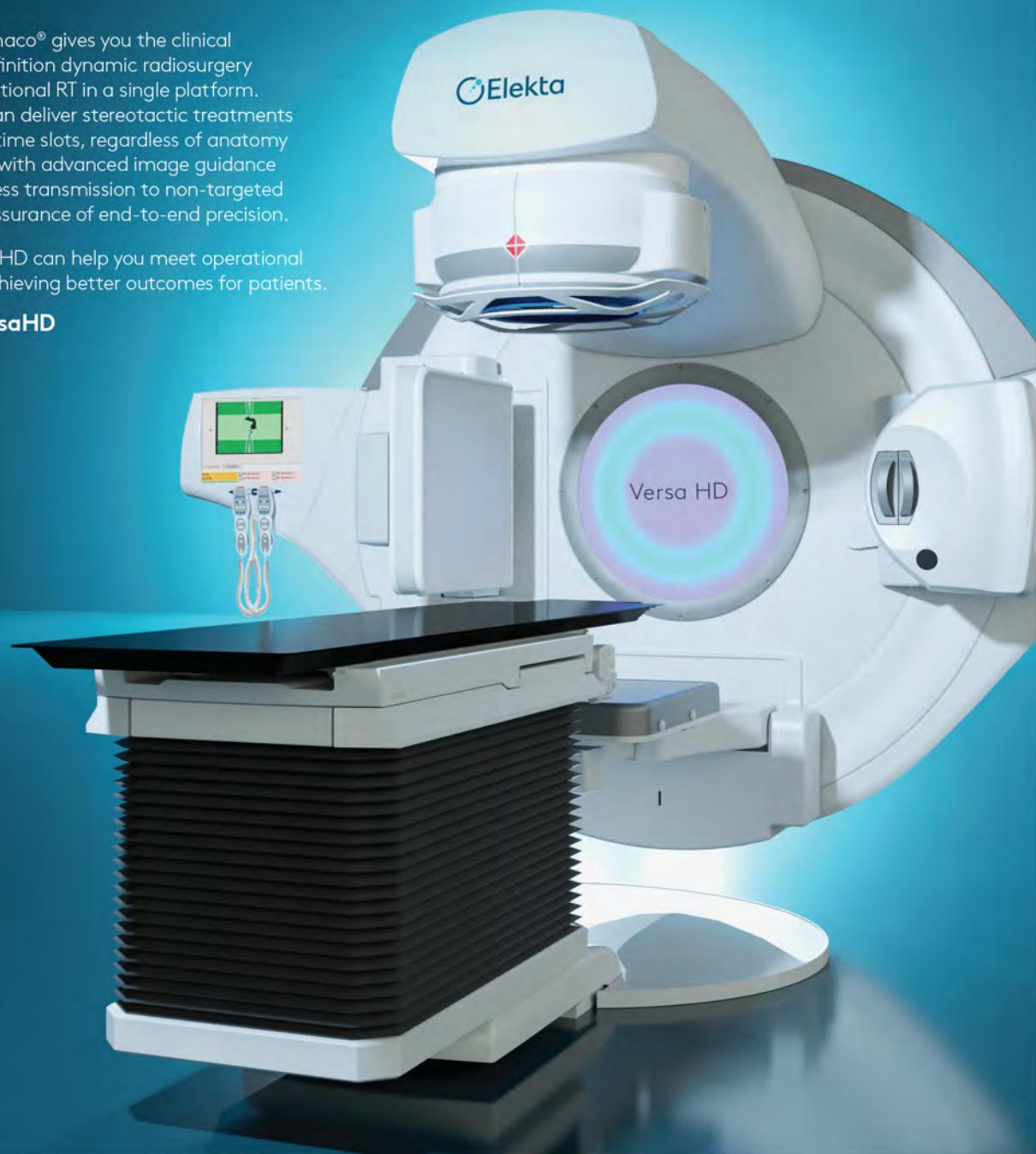


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ISSN NO. 1027-0671


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Views expressed in this Newsletter are
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Editorial Submissions & Deadlines

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Deadline for the three times a year issues are:

March 10 (April issue)
July 10 (August issue)
November 10 (December issue)

All material must be sent electronically.

Advertisements and images to be sent as high resolution PDF, TIF, EPS, JPEG 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.

Advertisements/Secretariat

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

For further details or to advertise your program or new publications please contact the ISRRT Chief Executive Officer:

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Email: ceo@isrrt.org

ADVERTISING INFORMATION

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

The ISRRT Newsletter *News & Views* reaches 72 countries, 4,500 associate members, libraries and schools of radiography, government bodies and professional societies.

The following are costs for colour advertising as at January 2018.

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full page	£300	£550	£750
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Donna Newman
ISRR President

President's message

AS I write this presidents column I am extremely proud of the Societies of Radiographers Trinidad and Tobago's work on a successful 20th ISRR World Congress. They have set the standard high for future congress's demonstrating that a small group of people can really achieve success in all areas of a World Congress including education, social and society's governance. Thank you again for all your hard work.

In my presidents address I promised the membership to work with the board of management and within the ISRR's strategic plan to help move our profession forward. I also promised to continue to find ways to influence change globally. As an organisation, I believe we have the opportunity to develop and influence the direction of our profession. I also believe we can influence how standards are developed and implemented in all countries worldwide.

I would like to take this opportunity to update the membership on some of the projects relating to my president's goals since the World Congress.

One of my goals as president is to work on ways to communicate the relevant information to our member societies through all our ISRR media including Facebook, website, newsletter communications and any other new media that arises and become beneficial. I want the membership to know that as a board we appreciate all relevant requests and information that comes from our ISRR open forum and Council meeting. As a board we have now created two new tabs on the Members only section that I would encourage all council members, member societies and associate members to take time to review. The first tab was announced last month on our blog called the ISRR Budget process. As members you can find information relating to budget request applications and timelines for submissions.

The other tab that has been developed on the members only section of the ISRR website that is available for council members and associate members is called Travel support fund flow. Thanks to Terry Ell for his hard work and expertise in creating the material for this tab. The tab will house the important information relating to the ISRR Travel Support Fund which was created in 2012 by ISRR resources and donations from Radiography Societies, to assist Radiographers and Radiological Technologists from low and middle-income countries to participate in the 2018 ISRR World Congress. The fund was developed to assist radiographers/radiological technologists that have a strong commitment to the profession, who are members of an ISRR member country or an associate member of the ISRR and are willing to present an oral or poster presentation at the World Congress along with sharing the knowledge gained at the congress with your respective country. This tab contains an overview of the travel fund information, downloadable application form, announcement form



ISRR leadership at ASRT Annual Governance meeting Donna Blackwell Long ASRT council member, Donna Newman ISRR President and Sharon Wartenbee Regional Director of America's ISRR.



ISRRT Leadership providing information to ASRT members about ISRRT at the opening exhibition Hall at ASRT Annual Governance meeting ASRT council member Donna Blackwell Long, ASRT CEO Sal Martino, ISRRT President Donna Newman, ISRRT Regional Director of America's Sharon Wartenbee.

and an algorithm flow chart with overview of the workflow of the travel support fund process. Also included is relevant criteria used to select applicants receiving the travel fund. I am including the current criteria for our members for informational purposes. Judging criteria will include the following:

1. Membership of the ISRRT Council, representing a society that is up-to-date in its dues payment.
2. Level of leadership role in the professional society.
3. Submission of an abstract of an oral or poster presentation that will be provided at the Congress. Increased weight will be given to those making oral presentations.
4. A written proposal (about 250 words) of how the applicant will share the information learned at the Congress and how it will strengthen the society and the profession of medical radiation technology.
5. A commitment by the applicant to provide a brief report (about 1000 words), following the Congress, which explains how they shared the information they learned at the Congress.

We will continue to update the website with relevant information that you are asking for as council members, member societies and associate members. Watch the ISRRT blog and *News & Views* for updates.

Another of my president's goals was to work with the Board of Management and our member societies to gather pertinent expertise and appropriate data for global documents to help impact global change. My focus is to concentrate on contributions to the Bonn Call-for-Action projects that will contribute to impacting change in health care. I am committed to concentrating on our own ISRRT's Position statements, Guidance documents and Educational Standards to ensure the ISRRT can contribute to impacting change in health care globally.

I'm happy to announce that our newly elected Director of Professional Practice Stewart Whitley and his regional coordinators have agreed to undertake developing a position statement on Diagnostic Reference Levels. Look for opportunities to give input to this document in the future.

Our newly elected Director of Education Robin Hart has agreed to undertake a project that came out of a request from our council members during this past council meeting in Trinidad. Robin Hart and his regional coordinators will be developing a document to define radiographers and

radiologic technologists which will be presented for consideration in our next council meeting. Look for opportunities to give input to this project in the near future as well.

We have also put together a couple of board subcommittees to review our ISRRT response to Bonn Call-for-Action to update this document as one of this years agreed upon projects. Stewart Whitley and Hakon Hjemly our Vice president of Europe and Africa will be undertaking this update and presenting this at our January Board of Directors meeting.

Another one of my goals is to work on the ISRRT governance documents through our Board of Management and subcommittees to ensure that our council members requests were heard at this 2018 World Congress and report back at the next council meeting our findings for improvement for our organisation.

I am happy to report that I have formulated a Statues committee with a council member from each of the regions to work on reviewing the statues and policy procedure manual. Donna Thaler Long from the America's region has agreed to Chair, Pam Black from the European

region, Hesta Friedrich Nel from the Africa region and Edward Chan from the Asia/ Australia region have all agreed to help with this project. Please watch for draft documents in the future to review. Also, if you have any suggestion please forward these to either myself or Donna Long for consideration in the process.

The ISRRT Pre-congress board meeting brought several projects as well as including discussion on a new format for our *News & Views* newsletter. Alain our returning Director of Public Relation and regional coordinators will investigate and review the best format for an ISRRT newsletter. Alain has committed to presenting ideas at the January board meeting on new ways to communicate ISRRT news to the younger generation. Alain is also reformatting our ISRRT Board PowerPoint that is used by board members when they travel to international meetings.

I am committed as your leader to look for new opportunities innovative ways to create change, make change where necessary and impact healthcare globally. This definitely fits right into our Collaborative plan with the WHO and the ISRRT. I am happy to announce that we have finished our ISRRT-WHO collaboration plan for 2019-2021 as well as submitted the ISRRT update on our preceding three-year plan. We are still working on part of the 2018 collaborative plan which will be hopefully draft documents that will be produced later this year to be presented for input from our membership.

One area of collaboration for the ISRRT and the WHO fits into the WHO's strategic plan is to Improve access to and rational use of safe efficacious, quality medicine and health technologies. Also, within this strategic goal is the Global target of 80% availability of essential non-communicable diseases medicine and technology by 2025.

As the global voice for radiographers the ISRRT responded to the WHO that they support this work to ensure justification of procedures, reduction of unnecessary radiation exposure to radiation, development of guidance on quality assurance programs along with the promotion of education and training for health workforce. This will establish patient safety and be a strategic priority to help with the global goal of improving the WHO's target goal. The ISRRT will help to develop a guidance document on Quality Control Processes for mammography, radiography and computed tomography which can be used for developing countries or developed countries that are trying to elevate their standards within the country.

I am happy to let you know that Jill Schultz a mammography

manager from the United States has agreed to help develop the draft document for the guidance document on Quality Control in mammography. Also, am happy to report that Tim Agadakos, ISRR regional Director of Europe from Greece will help develop the guidance document on Quality Control for Computed Tomography and finally Stewart Whitley's, ISRR Director of Professional Practice and his regional coordinators will be developing the guidance document on Quality Control for radiography. Since all these projects relate to professional Practice Stewart will be sending out the draft documents for input when the appropriate time comes. Please watch for opportunities for input and review on these documents.

Just some highlights from our ISRR- WHO collaborative project for 2019-2021; The ISRR will be working on a survey to be sent to member societies to respond to this fall. The draft document is being developed by Tim Agadakos, regional Director of Europe and Hakon Hjemly Vice President of Europe/ Africa with input from the other regional Director, Vice President, Director of Professional Practice and Director of Education. The main purpose of the survey is to investigate the 6 pillars of radiography and radiation therapy professional practice and education issues on a global basis in order to collect data useful for identifying the current challenges and variations among our member societies. This information will be used to identify the leading causes of health care workers 'health and safety issues (in addition to radiation protection issues) in particular musculoskeletal issues, psychological burden for facing terminal ill patients, and violence at work. This information will also be used to investigate whether the "burn-out" among radiation health staff has affected to imaging and therapy practices and finally this information will be used to produce a Joint paper (ISRR-WHO) on the leading causes of Health and Safety issues for Radiographers-Radiological Technologists in their working environment.

A practice relating issue was brought forward to the ISRR board from the Asia region relating to Ultrasound. They have asked the

ISRR board to investigate educational requirement and practice issues relating to performing ultrasound procedures globally. As member societies, council members and associate members you will be seeing an ultrasound survey relating to this coming later this year. Please take time to fill this out so the ISRR can get an accurate representation of the global practice across the world relating to this matter. Since this request arose in the Asian region Napapong Pongnapang has agreed to work with both the Director of Professional Practice and the Director of Education to produce a survey to gather this information.

As always, we have also attended all relevant meeting pertaining to our global issues. Please take time to read the report from Terry Ell on the IAEA's meeting on preventing unintended and accidental exposure in Nuclear Medicine. Also found in this issue is a very informative article that Dimitris, ISRR CEO, wrote on a meeting he attended with the IAEA on the Implementation of the Bonn Call-for-Action Toolkit.

You will also find a great article written by Robin Hart regarding the AOCRP congress held in Melbourne this past May where he presents on behalf of the ISRR. As President I attended the ASRT annual governance meeting and took time to share information regarding the ISRR and network with leadership. This was a very memorable meeting for me as we honored one of my good friends and a previous ISRR board member Jonathan Mazal for his contribution to our profession, I think you will enjoy the article written on Jonathan in this issue.

On a personal note and memorable for me at this meeting was my good friend Sharon Wartenbee receiving her life membership award for the ASRT. What an honor and achievement for a professional to receive.

I believe that as your elected board we are working hard to create opportunities to impact change, affect change and create change within our profession. I hope you enjoy this issue of *News & Views*. ■

Donna Newman
ISRR President



Jonathan Mazal memories, ISRR Board of Directors from Jonathan's term, International delegation 2015 annual conference and opening of ASRT Museum.



Dimitris Katsifarakis
ISRRT Chief Executive

Chief Executive report

DEAR ISRRT *News & Views* readers, it is my pleasure to write this report as we are in the beginning of the new term of the ISRRT Board, since April this year.

The new Board was appointed under the chair of the new President, Mrs Donna Newman, and I am happy to inform you that we have commenced working in close collaboration. The outgoing Board members tendered their portfolio courteously to the new incomers. The trouble-free transition of the forever sensitive portfolios of the finances and the educational matters was completed in similar manner. I particularly thank the previous Treasurer and Director of Education, Mr Stewart Whitey and Dr Maria Law, respectively.

To develop a pace and to facilitate the collaboration with Dr Robin Hart, the new Director of Education, we have had several video conferences despite the seven hour time difference separating our home addresses. Robin generously provided the video conference facilities from his university in Melbourne allowing for real time communication between Athens, Greece and Australia, and I thank him for his submission.

In addition, I have had several discussions with the new Board members Mr Hakon Hjemly VP (Europe Africa) and Mr Tim Agadakos (Regional Director Europe), in order to enlighten them on their portfolio. Admittedly, our friendship and the close collaboration we have developed over the years have made the new collaboration scheme very easy.

I am very pleased to inform the Council and our readers on the very close collaboration I have with the ISRRT president, Mrs Donna Newman.

It seems that the nine hour time difference we have between our home addresses are not an obstacle in our collaboration. We communicate on a daily basis and Donna is keen to make use of her morning coffee time and most of her lunch breaks to discuss important issues frequently arising. I wish to thank Donna for being so open minded and within reach although our geographical distance is great.

The past weeks have been very demanding for the Board members and myself. We had to complete the report on the ISRRT-WHO collaboration plan of the three preceding years and to generate and submit the new ISRRT-WHO collaboration plan for the period 2019-2021. As you already know, ISRRT has and maintains a special collaboration with the WHO. In order to maintain our collaboration and our Non-governmental Organization status, the ISRRT has to faithfully and timely submit the aforementioned report and Plans.

I am pleased to inform you that the report for the past collaboration, as well as the proposal for a completely new collaboration plan for the forthcoming three years were submitted successfully. The new ISRRT-WHO collaboration plan includes ISRRT ideas and proposals to work on further development of the Bonn Call for action pillars, such as



ISRRT Chief Executive Dimitris Katsifarakis at the IAEA regional training course on QA/QC in Diagnostic Radiology in Bosnia Herzegovina where he presented practical tips to radiographers, radiologists and physicists.

Justification and Optimization of medical exposures and will extend beyond that by concentrating on two new areas:

1. The Health and Safety at work, for radiographers/radiological technologists, including the workload of the radiography profession, the burn-out effect and the violence at work.
2. The focus also to the new generation of radiographers, and towards that an initiative on tobacco-free radiography schools, will be undertaken.

More information concerning these initiatives will be provided in the forthcoming month.

The organisational issues of the ISRRT are ongoing in alignment with the Council decision. The discussion on a new Funding model is also evolving. Through the normal ISRRT communication channel, council members and society member will be invited to actively take part in this procedure.

Following the successful pre-Congress workshop, thanks to the ASRT during the World Congress in Trinidad and Tobago, we are now focusing on the preparations of the pre-congress workshop during the next World Congress, 2020 in Dublin. Preparations have already commenced. A discussion and collaboration between three universities (i.e. University of Dublin, Drammen University and Monash University) is in progress, and we hope it will be a very informative and didactic. More information will be included in the next issues of the *News & Views*.

In the area of the communication channel, our Director of Public



ISRRT CEO Dimitris Katsifarakis with radiographers from Nigeria and UK at the ISRRT booth during the UKRCA in Liverpool networking and presenting ISRRT strategic priorities.

Relation and Communication, Mr Alain Cromp, is intensely working to develop a more efficient and attractive communication channel with the ISRRT members and associate members, and I hope this will be completed soon for all to enjoy.

Mr Terry Ell, Vice President of the Americas who chaired the Travel Support Fund Committee during the 20th World Congress, has produced a detailed report and an extensive abstract which has been published in the current issue.

As CEO I attended and represented ISRRT at relevant meetings relating to the ISRRT strategic plan including IAEA regional training course in

Quality Assurance and Quality Control for Diagnostic Radiology in Bosnia Herzegovina in May where I presented practical tips to radiographers, radiologists and physicists from 10 countries. I also presented the radiographers role in justification of a examination and the work the ISRRT is developing in Justification.

I also had the opportunity to represent the ISRRT at the URCO and took the opportunity to promote the ISRRT's Key Strategic Priorities and advocate the importance of being a part of a international profession

Finally, I would like to express my gratitude to all the readers, ISRRT partners and vendors for their continuous efforts in supporting the ISRRT to reach its aims and fulfill its objectives.

Enjoy reading the current issue of the *News & Views*. ■

**Dimitris Katsifarakis
ISRRT Chief Executive**

Chesney Research Award 2018



The ISRRT Board proudly announces the
Chesney Award Winner 2018
PhD Research Radiographer Mr Bo Mussmann
and his colleagues

for their submitted research project:
Ultra-low-dose for paediatric urolithiasis



Philippe Gerson
Treasurer

Treasurer's report

First of all I wish to thank Stewart Whitley for the tremendous work accomplished during his two mandates as treasurer.

After my nomination as the new treasurer of the ISRRT during the last World Congress in Trinidad & Tobago, Stewart and I had the chance to organise a power-passing meeting on June 9, in London where we had the opportunity to make the point about the finance of the association.

Even if the finances are healthy my mandate will be to further improve our operating modes in collaboration with the finance committee, the CEO and the President.

We wish to implement immediately a five-action plan.

Action 1

Present our forecast budget and our expenses to the Council members every year. It seems to me essential for an association whose budget is largely built on the dues of the member's association.

Action 2

Develop even more workshops throughout the world thus contributing to the development of our profession in line with our statutes.

Action 3

Dedicate a specific budget to the ISRRT communication. The ISRRT deserves to be known for its international activities.

Action 4

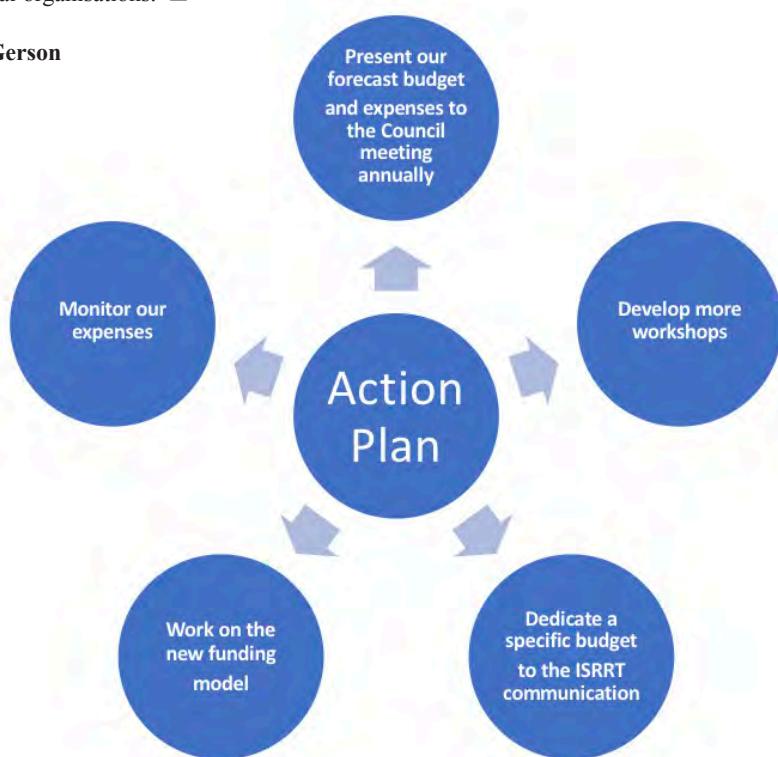
Continue to work on the new funding model of our association.

Action 5

Monitor our expenses and the first step will be to organise a board meeting next January in Paris at my hospital with no costs for the board room and low rate for the rooms near my hospital.

We certainly have many more things to do but the essential is to keep contact with our members associations and develop our training activities on all continents in relation to international organisations. ■

Philippe Gerson
Treasurer





ISRRT Regional Director of America Sharon Wartenbee awarded highest honour of Life Membership from ASRT

THE American Society of Radiologic Society (ASRT) awarded its highest honor, Life Member, to Sharon Wartenbee at the Fellows Elevation Honors ceremony at the ASRT governance and House of Delegates meeting held in Las Vegas on June 22, 2018. Sharon is the 34th ASRT member to receive life member out of approximately 153,000 members. The ASRT life member category is an honor that recognizes individual members for their individual's contributions to the ASRT and for outstanding contributions to the radiological profession. The members participation as an ASRT member should reflect exceptional service and dedication to the ASRT with no less than 30 continuous years of membership. The member must also advocate for the ASRT's mission and strategic initiatives over the course of their career. The person is nominated by another ASRT member and submitted for consideration by the ASRT Board of Director. The selection of this category by the ASRT board of directors only happens if there is a three-fourths vote of the entire board. Anyone that knows Sharon can attest to her dedication to our profession and the ASRT. Sharon's philosophy includes being involved on any level of her profession that was available through her entire career including local, state, national and international level.

As President of the ISRRT and a friend of Sharon's for more than 27 years I can attest of her dedication to our profession. As for the ISRRT board we are proud to share Sharon's achievement and highlight some of her career with our membership. Congratulations and thank you Sharon for your dedication to the profession.

Sharon was elected regional Director for the America's of the International Society of Radiographers and Radiological Technologists in 2014 at the Helsinki Finland meeting.

Sharon has a passion for international professional practice and has made it one of her missions to contribute in any manner she can to elevate standards throughout the world.

Sharon attended her first World Congress in South Africa in 2008. She found it to be so rewarding that she has continued to attend every World Congress since then including Australia, Canada, Finland, Korea and Trinidad and Tobago in 2018. As a Regional Director Sharon takes every opportunity to contribute to practice documents, position statements and projects that will benefit radiation safety and radiation protection standards worldwide for the radiologic community.

Sharon has also served on the Board of Directors for the International Society for Clinical Densitometry (ISCD) which supports clinical and scientific advances in the field of Bone Densitometry worldwide. As a friend I had the opportunity to travel with Sharon to the ISCD international conference held in Ireland in 2016. Sharon attended the annual conference for bone densitometry technologists and was privileged to participate in the many educational sessions.

Sharon has achieved much in her professional career including a contributing author for Bone Densitometry chapters in the 12th, 13th and 14th, addition of Merrill's Atlas of Radiographic Positions and Procedure and the 4th and 5th editions for Radiography Essentials for Limited Practice.

The committees that Sharon has served on for the ASRT are to numerous to mention but when asked of her 10-year stent as Chairman on the Committee on RT Advocacy as Chairman, she replied that it was one of the highlights in her career. Sharon was elevated to ASRT Fellow status in 2009 and also received the ASRT Grassroots Advocacy Award in 2004. ■



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Vale

Jonathan Mazal

Submitted by [Donna Newman](#), ISRRT President

JONATHAN Mazal accomplished so much in the field of radiography during his short stay on this earth. I am sad to say that he lost his battle with cancer and passed away on May 18, 2018.

Interestingly, Jonathan became interested in the field of medical imaging when rotating through the hospital dept at Ohio State University in Columbus, Ohio gaining his radiologic sciences bachelors degree in 2004.

With a passion for learning Jonathan immediately began expanding his knowledge base by earning his Magnetic resonance certification in 2005. For a time, Jonathan worked as a travelling technologist but ended up specialising in paediatric imaging at the University of Chicago children's hospital.

In 2008 that love for education arose again when Jonathan decided to enter the OSU's masters degree program for radiologist assistant which included a minor in research at Columbus.

While in Columbus Jonathan volunteered as a radiographer at the free Clinic where his passion to help healthcare for patient worldwide began to formulate. Jonathan believed there was a need to help create access to technology and equipment in countries in need.

Jonathan has always had a love for research and writing believing that it was important to contribute to the body of research available. Jonathan had many opportunities to be involved with this research as he also worked for the National Institutes of Health as an Interventional Cardiac MR technologist and imaging core lab coordinator. Jonathan served as a member of the Radiologic Technology editorial Review Board and authored many articles in the ASRT Radiologic Technology magazine.

His first participation in a global forum came with this appointment to serve as trustee for the World Radiography Educational Trust Foundation where he helped launch the Medical Education Development pilot program. The program provided digital tables and a library of radiography e-books which he helped distribute to imaging department around the world.

Jonathan passion for global health didn't stop there he also worked for RAD-AID International as a conference manager for five years. During this time, he helped develop the RAD-AID ASRT foundation Radiologic Technologist Fellowship program. This program helps recruit radiographers from the United States and pairs them teams working on global projects in low to middle income countries.

In 2014, Jonathan was elected as regional director for the America's and become part of the International Society of Radiographers and Radiological Technologist Board of Management. As a forward thinker Jonathan was instrumental in developing a webinar conference call for the America's region which hosted a phone call council members, regional leadership and international

leadership quarterly to share information, network and create an opportunity to be a think tank for ideas to improve standards in the American's region as well as globally. Jonathan used social media with great success and connected many international members where wonderful ideas were exchanged as well as best practices. Jonathan was a true mentor as I have visited with many people that have the same story of how Jonathan encouraged them create research opportunity, publish and lecture to elevate radiation protection and radiation safety standard globally.

Jonathan had a great passion for his national organisation the ASRT where he was very active in legislative affairs for both his state as well as national legislation. Jonathan held many committee positions with the ASRT but the most prominent position was his position on the Radiologic Technology editorial Review Board authoring articles for Radiologic Technology and the ASRT Scanner. Jonathan also served as a delegate in the ASRT House of delegates as Magnetic Resonance and Registered Radiologist Assistant chapters. Jonathan truly believed in education and certification as he began his career as a radiographer and passing his board certification and earning additional board certifications in both Magnetic Resonance and cardiac Interventional during his career. Jonathan also attained a master's degree passing his board certification as a Registered Radiologist Assistant. As you can see from his resume Jonathan truly exemplified a leader in the field of education.

As the ISRRT Board President I believe I speak for the current and past board members that we are proud to have served with Jonathan. The ISRRT board believes Jonathan was a gifted professional and exemplified what a true professional should be from his contributions to our profession.

We thank him for his contribution to the global radiation protection and radiation safety service and also thank him for being a great mentor to so many young professionals in our field. You will be missed both professionally and personally. May you rest in peace Jonathan. ■



Jonathan at 2015 ASRT Honors Evening with Past ISRRT President Dr Michael Ward, Donna Long ISRRT council member and Donna Newman ISRRT President.

Established professional roles and precise professional titles in radiography

An open letter to all radiographers and “techs”

Efthimis Tim Agadakos, ISRRT Regional Director Europe

Dear colleague,



Tim Agadakos

You are probably aware of the ISRRT’s proposal to promote radiography ranking to a higher level in the International Labour Office (ILO) Qualification Framework during the forthcoming professional qualification inventory update.

Profoundly, this will further enhance our global visibility and our commitment in decision making committees concerning medical imaging and therapy issues.

Moreover it is crucial that we adhere to the associated responsibilities and the new emerging roles before we are recognised as key players by other health professionals and stakeholders within our industry. Till today, international organizations of great significance, like WHO and IAEA, consider radiographers equal partners and demand for our active involvement in numerous radiation protection projects and activities. Our contribution is always documented in reports wherein we are identified with formal nomenclature i.e. radiographer or radiological technologist. With this in mind, we must agree in using our profession’s precise title and simultaneously ensure that other health professionals do the same.

The ISRRT represents radiographers and radiological technologists worldwide. In several countries of the 96 represented, the titles radiographer and/or radiology technologist are not always applicable to adequately describe the profession. In fact, there are at least 15 different professional titles in Europe, consistent with each country’s diversities in language and culture, academic qualification and job duties. Several non English-speaking countries favour the use of the title, “radiology technician”. While, in English-speaking countries, we are often identified as “techs”, a term that describes both, technicians and technologists. In practice, the terms “technician” and “technologist” are considered synonyms and are often interrelated, yet they do not have the same meaning, the equivalent scope of practice or career prospects.

As a radiographer from Greece, I will attempt to discriminate the two by explaining their etymology, their Greek origin. Although, both terms include the word “techno-”, deriving from the Latinized form of the Greek word forming element “tekno-”, meaning art, craft in work, skill, only the term “technologist” includes the word element “-log-ist” whereby “-logos” means to speak, to think, to use your mind.^{1,2}

Evidently the distinction between the two titles cannot be made on the basis of their etymology, alone. They should be “detached” based on their different educational requirements and their various career pathways. A radiological technician receives post secondary

vocational training, limiting their working responsibilities and career prospects. In essence, a radiological technologist/ radiographer receives tertiary education leading to a degree and has a strategic role in clinical medical imaging (DSA, CT, MRI, PET-CT), therapy, nuclear medicine, sonography. They may also acquire post graduate awards in order to attain working appointments as academics, researchers, advanced practitioners, clinical auditors, hospital managers and directors.

In search of equivalent definitions by means of medical dictionaries, a technician is described “*as a worker in a field of technology who is proficient in the relevant skill and technique, with a relatively practical understanding of the theoretical principles.*”³

Whereas a radiographer or radiologic technologist is a self regulated profession in most developed countries. They are autonomous and accountable as professionals.

“They are healthcare professionals who specialize in the imaging of human anatomy for the diagnosis and treatment of pathology. A radiographer uses their expertise and knowledge of patient care, physics, human anatomy, physiology, pathology and radiology to assess patients, develop optimum radiological techniques and evaluate the resulting radiographic media.”⁴

Recently the ISRRT issued two Position statements on Justification and Optimization that support the importance of scope of practice for radiographers/radiological technologists and highlight our active role as health professionals in radiation protection:⁵

1. “Authorisation and Justification of medical exposure is considered within the radiographer/medical radiation technologist scope of practice, subject to their demonstration of appropriate educational training leading to clinical competency to carry out the task as trained.”
2. “The ISRRT considers optimisation of medical exposures to the patient to be part of the radiographer’s/radiological technologist’s scope of practice, subject to their demonstration of appropriate education and training leading to clinical competence. The ISRRT policy underpinning this statement was adopted at the Council meeting in October 2016 and is as follows: The ISRRT expects all qualified radiographers/radiological technologists to be competent in the principles and practice of ionising radiation dose optimization relevant to their clinical work. As professionals bearing the responsibility for delivering doses of ionising radiation to patients and in research applications, radiographers/radiological technologists must have authority to exercise their judgment in accepting a referral for exposure. This must include adjusting technique to minimise the exposure to patients, staff and the public while optimising a diagnostic or therapeutic result.”

Subsequently, a technician either “creates”, constructs, repairs x-ray equipment, a radiological technician applies a specified

technique to create medical images and a radiological technologist/radiographer plans, decides, applies a technique to create medical images, to administer therapy and serves as a patient advocate by communicating the radiation risks to patients and referring clinicians using scientific evidence during their daily practice.

Given that the multiplicity of professional roles and responsibilities in radiography is acknowledged to a limited extent by other health professionals and stakeholders, it is important that we endorse and guard our professional profile against anachronistic and inaccurate job descriptions by choosing our universal and official title. We should insist in being appropriately identified either as radiographers or radiological technologists, especially now that the ISRRT is striving to upgrade our ranking within the ILO Qualification Framework.

Dear radiographer/radiological technologist, hopefully you will share my view and refrain from using the titles “tech” and “technician” which lead to confusion, in relation to our educational

background, our developing role, our scope of practice and may be damaging to our professional profile in future. Besides, our organisation is officially known as ISRRT which stands for International Society of Radiographers and Radiological Technologists. ■

Efthimis Tim Agadakos

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Successful meeting of Polish Society of Electroradiology

Lublin, Poland

May 18, 2018

ON Friday May 18 our management of Polish Society of Electroradiology held a meeting with electroradiology students and academic lecturers of the Medical University in Lublin, Poland.

The theme of the meeting was the activity of PTE and the fields in which work in electroradiology is possible: ultrasound, ophthalmology, radiotherapy, clinical research, X-ray diagnostics and

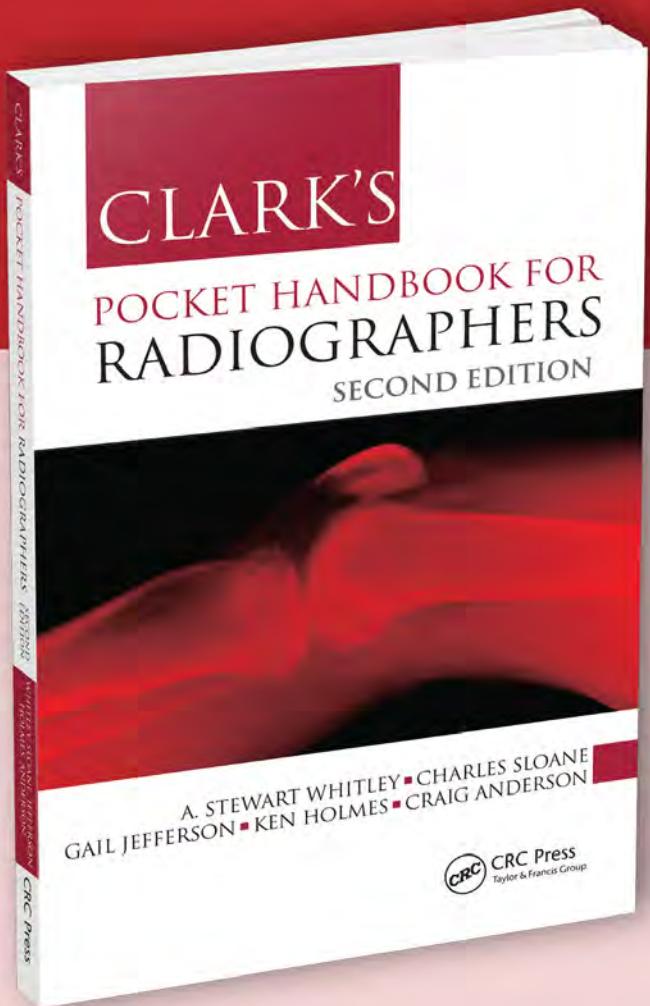
treatment radiology. We also discussed the future of our profession in Poland and in the world.

Thank you to all participants and the university authorities for a fruitful meeting and lovely reception. We hope that in the future such meetings will be held more often. ■

Pictured above:
Left to right: Msc Jolata Tomczak, Msc Bartosz Student, three students from the Lublin University (who have the best answers in the test organised after the lecture), Msc Anna Kowalik, Msc Dorota Wojtusik, Msc Ewa Pasieka, Sławomir Nazaruk.

Right: University Children's Hospital in Lublin.





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Workshop: Digital imaging in daily practice

Yangon, Myanmar

June 23, 2018

Report by [Khin Maung Tin](#), President, Myanmar Society of Medical Radiation Technologists

THE workshop on digital imaging in daily practice was held under the close collaboration and management of Myanmar Society of Medical Radiation Technologists (MSMRT) , Thai Society of Radiological Technologists (TSRT), Fuji Film Myanmar Co., and ABMT Myanmar Co., Limited, on 23rd June 2018 at Hall “A”, Myanmar Medical Association, 249 Theinbyu Road, Yangon, Myanmar.

Key speakers:

- Professor Dr Napapong Pongnapang, MSc.,PhD Mahidol University, Bangkok, Thailand
- Professor Dr Yudthaphon Vichianin, MSc.,PhD Mahidol University, Bangkok, Thailand
- Dr Khin Moh Moh Htwe, MMedTech.,PhD Thingangyun Sanpya Hospital
- Ms Mya Mya Chaw Su, MMedTech University of Medical Technology (Mandalay)



- MSMRT President Mr. Khin Maung Tin and Managing Director of the Fujifilm Myanmar delivered the opening speeches.

Prof. Dr Napapong Pongnapang gave the starting lecture on “Setting up of digital imaging departments”. In his lecture he talked about the change in radiology especially from screen film to digital radiography. Then he talked about the importance and benefits of PACS and Teleradiology.

How to start the digital imaging department shared by Prof. Napapong is fantastic and more than 100 participants from all over Myanmar were delighted.

Before morning tea break, Prof. Napapong gave his presentation on “ Basic principles of digital radiography and image display”. It was such a good idea to know the user of digital imaging technology.

After tea break Prof. Yudthaphon, who is an expert in PACS presented the basics of PACS and its components. In Myanmar PACS is not used much but some big government and private hospitals introduced this system. Thus, this lecture is very much valuable to the

imaging technologists and radiologists.

After the lunch break Ms Mya Mya Chaw Su who is a Lecturer and Chief Technologist at the Palace Hospital, Mandalay shared her experiences on “ Advances of Digital Technology encountered in Myanmar”, a very interesting lecture. She emphasised on the advances and difficulties encountered in setting up of digital radiography system in Myanmar. However, the analog system is still existing in most of the small clinics and hospitals.

In the evening session, Prof. Dr Yudthaphon talked on “Managing of PACS”.

Prof. Dr Napapong lectured on the “Quality Control in digital imaging and display” and he also shared the best practice in digital imaging.

Dr Khin Moh Moh Htwe shared her experiences in digital imaging and PACS she encountered during her doctorate studies in Japan.

Closing and certification ceremony was held at 5:30pm. At night the Fujifilm Myanmar & ABMT Myanmar hosted the dinner at the Pan Pacific Hotel, Yangon. ■



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Continuous Professional Development – Essential for professional growth

Malta

DURING 2017, the Malta Society of Medical Radiographers (SRM) organised two main academic seminars; The first one, in June, was a multi-disciplinary event on ‘Non-Accidental Injuries’ while the second one, in November, was ‘An Insight in Oncology Diagnosis and Therapy’. Both seminars were very successful and attended by many SRM members and other professionals. SRM will continue to strive to provide multiple opportunities to enhance knowledge. We strongly believe that Continuous Professional Development is essential for the professional growth of every radiographer and other professionals.

Last year’s NAI Seminar was organised after various radiographers approached the SRM to discuss the subject, the event was not only a success but also enforced policies at the workplace.

The Society of Medical Radiographers is there to increase the visibility of the profession and we will continue to work on this in the coming years. The President of Malta has fondly spoken of our profession when she was invited to speak at ‘An Insight in Oncology Diagnosis and Therapy’ conference. She admired all the great work we are doing through our profession and all radiographers should be proud of the benevolence we do to the community, which is reflected in our daily actions.

Following last years’ successful conferences, we will continue to bring different professionals from various fields together. In this manner we become more unified as a multidisciplinary team while also having a wider spectrum of knowledge from which to learn from.

Apart from these seminars various other CPD activities were organised. The first CPD lecture of this year organised by SRM was in reference to bladder preparation protocols. This activity constituted on a discussion regarding a paper published by Yan Man Tsang and Peter Hoskin on “The impact of bladder preparation protocols on post treatment toxicity in radiotherapy for localised prostate cancer patients” at the Technical Innovations & Patient Support in Radiation Oncology journal.

Tools from the Critical Appraisal Skills Programme (CASP tools) were used in order to assess the strengths and weaknesses of the publication and evaluate how the results would be applicable in the local setting.

This CPD activity organised by SRM, was a success like the various others that followed during the year. This is evident from the high attendance by radiographers from both radiotherapy and medical imaging departments as well as University students and staff. ■



Indonesian CT scan training in remote area

Indonesia

INDONESIAN Society of Radiographers (PARI) in cooperation with the Ministry of Health and the Indonesia Health Professions Board (MTKI) has held basic CT scan training for radiographers in outer regions of Java, such as Kalimantan, Sumatra, and surrounding areas. This training is intended to allow local radiographers to have equal opportunities for scientific upgrades and meet credit points for license renewal. Participants are radiographers who do not operate a CT scan or still have Diploma basic education. Materials taught include crossectional anatomy (brain, thorax, and abdomen), instrumentation and CT scan software, parameter setting and CT scan image quality and protocols of CT Scan non-contrast routine. Radiographers that participated in this event feel enthusiastic and the training is advantageous to them. This activity was held last year in Balikpapan, East Kalimantan on July 13-15, 2017 and this year will be held in Banjarmasin, South Kalimantan on July 20-22, 2018. Ministry of Health and PARI will also conduct similar training, with the theme of basic MRI in Batam, Riau in August 2018. President of PARI, Mr Sugiyanto stated that the Indonesian radiographer must be advanced, professional, always update their skills and knowledge and have a global perspective. ■

Above right: President of PARI (Mr Sugiyanto) giving a speech at CT scan training in Balikpapan.

Right: Radiographers perform a CT scan practice in a hospital.





CPD program for x-ray and radiologic technologists

Manila, Philippines

July 1, 2018

Report by [Peachy S. Luna, RRT, MAED-EM, PART National PRO](#)

FOLLOWING the successful 13th National Midyear Convention of the Philippine Association of Radiologic Technologists Inc (PART) held June 6-7, 2018 in Quezon Province, Philippines and as part of the corporate social responsibility of the association, the PART has successfully conducted its 1st free CPD program to member x-ray and radiologic technologists. It was held July 1, 2018 at the Universidad de Manila Auditorium, Manila, Philippines and was attended by more than 500 participants.

The program highlighted discussions about the career progression and levelling with international education qualifications and professional standards, Data Privacy Act and implications of the law to the RTs' works, Bonn Call-for-Action, CPD Law and Positions of the PART to the Regulation of X-ray facilities for education and clinical uses. The association planned to conduct the accessible free CPD programs to accommodate attendance of other members to all 34 PART chapters throughout the Philippines.

On July 6, 2018, the PART Chapter in Qatar or FiLRAQ, Filipino Radiographers Association in Qatar successfully held its first CPD program for Filipino RTs which was attended also by Qatar RT Nationals.

This year, the PART is hosting the 4th Philippine Myanmar Vietnam International Conference in conjunction with the 64th Foundation Anniversary and the 49th National Convention of the PART on November 28-December 1, 2018 to be held in the beautiful summer capital Baguio City of the Philippines. Last year's annual convention was attended by International speakers and lecturers, President Thai Van Loc of Vietnam Association of Radiologic Technologists and Mr Robert Shen, the Asia Australasia Coordinator of Public Relations and Trustee of WRETF, ISRR and Dr Stewart Bushong, the well renowned author of the book Radiologic Science for Technologists. ■





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ISRRRT meets Africa

(*International Society of Radiographers and Radiation Technologists*)

EM 5 (Slot 12): Friday, March 1, 2019/16:00-17:30

Programme:

Categories: General Radiography (Radiographers), Education, Management/Leadership, Professional issues

Radiographer's challenges offering imaging services in Africa

Chairpersons' introduction (8 min): **Donna Newman**; Fargo, ND/**US** (ISRRRT President)
Philippe Gerson; Paris/**FR** (ISRRRT Treasurer)

Session objectives:

1. To recognise the demographics and patient accessibility to health services of a particular African country.
2. To understand the infrastructure of the imaging health services and their contribution to the primary and hospital health services to sustain the population and individual health.
3. To appreciate the radiographer's effort to keep up to date with evidence-based practice in imaging services.
4. To become familiar with the radiology education system and lifelong learning opportunities for radiographers practicing in Africa.

Nigeria. Health care services in Nigeria: the radiographer's opportunities and challenges (18 min)

Elisabeth Olasunkanmi Balogun; Lagos/**NG**

1. To recognise the demographics and patient accessibility to health care services in a densely populated country as Nigeria.
2. To understand the infrastructure of the imaging health services and their contribution to the primary and hospital health services to sustain the population and individual health.
3. To appreciate the radiographers' effort to keep up to date with evidence-based practice in imaging services.
4. To become familiar with the radiography education system and lifelong learning opportunities for radiographers practicing in Nigeria and its environs.
5. To look at the challenges of team work/professional rivalry/nomenclature even in the face of infrastructural challenges.

South Africa. The South African radiographer: button pusher or creative thinker? (18 min)

Hesta Friedrich-Nel; Bloemfontein/**ZA**

1. To learn about the radiography education models in South Africa.
2. To become familiar with continuing education requirements and registration.
3. To share the revised scope of practice

Cote d'Ivoire. Professional practice of radiology and imaging in Africa: radiographers for more commitment and responsibility in patients' safety (18 min)

Kouame Boniface Yao; Abidjan/**CI**

1. To reveal the challenges faced by African radiographers in practicing their profession.
2. To learn about the different actions carried out by radiographers for radiographers within Africa, in seeking for alternatively affordable means of practicing their profession.
3. To appreciate the ISRRRT's initiatives and capacity building projects to provide sustainable support to radiographers in Africa.
4. To understand the clues set up by ISRRRT regional officers' to improve patient care.

Kenya. Discovering Kenyan radiographers: past, present and future (18 min)

Catherine Muchuki; Nairobi/**KE**

1. To understand the current situation and trend of radiographers in Kenya.
2. To understand the Kenyan health system.
3. To become familiar with Kenyan radiation safety issues; Afro safe Kenyan chapter.



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Radiographer App launched in Hong Kong

The Hong Kong Radiographers' Association has launched the first Radiographer App in Hong Kong.

This version is developed locally by radiographers (lead by Mr Steven Tse) and is free to use. Although its function is limited right now, we hope to extend its functionality in the future by collaboration and cooperation; so that radiographers from other parts of the world can benefit from it. Moreover this version will only work on Android OS environment. You can search the apps by typing 'HKRA' at Google Play Store.

<https://play.google.com/store/apps/details?id=com.ionicframework.hkraapp807198&hl=en>

You can download the Apps, try it out and give us some valuable comments for improvement (please send the comments to secretary@hkra.org.hk). ■

HKRA APP

Working on Adroid OS environment, the HKRA App provides useful tools for daily work of radiographers and radiation therapists. You may download the App through Google Play Store.

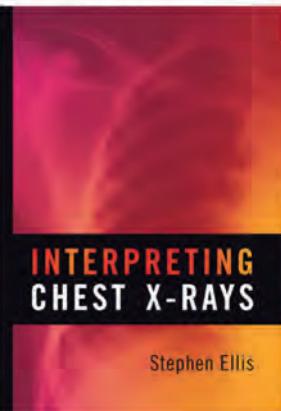
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My goal is that this resource will give you a strong base of understanding about some fundamental principles of X-ray interpretation, and knowledge about some of the abnormalities that x-rays can show to the trained eye

*Dr. Ian Cowan MB.ChB. FRANZCR
Radiologist New Zealand*

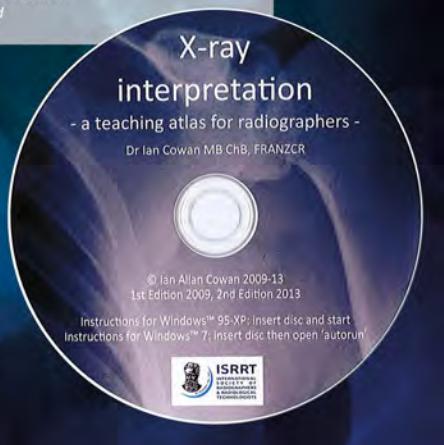
Radiographer Quotes
from feedback following Uganda workshop on Image Interpretation.

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

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

A comprehensive atlas of X-ray image interpretation.

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





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Plenty of support at ATTRIM annual workshop

Elie Palace Hotel, Lomé, Togo

May 18, 2018

THE Annual Workshop of Radiology and Medical Imaging brought together Togolese members of the related Association (ATTRIM) which held at the Elie Palace Hotel in Lomé, Togo on May 18, 2018. Despite the socio-political crisis event in the country with its series of street protest movements that slow down the normal course of events and activities, ATTRIM (Association Togolaise des Techniciens de Radiologie et d'Imagerie Médicale) has held its 13th annual workshop with the support of the international partners including the ISRRT and AFPPE (French radiographers association).

Forty-two radiographers and 20 students in internship attended this workshop, with the general topic: "the patient and personnel safety in Medical Imaging".

Seven presentations were approved for the oral communications sessions, and then the first one was presented by Ms Elizabeth Balogoun, from Lagos, Nigeria who is the ISRRT Regional Coordinator on Professional Practice. Her presentation stressed on "Radiation Protection in Africa" as introduction, and focused on the radiation protection realities in Africa, following by the "Bonn Call-for-Action. The Bonn Call gave some advice and guidance as following:

- Enhance the implementation of the justification principle,
- Enhance the implementation of the principle of optimisation regarding safety,
- Strengthen radiation protection education and training of health professionals.

Following these guidelines, the African radiation protection professionals set up in 2015 a working tool for radiation protection called "AFROSAFE", which is a radiological protection campaign developed by the Pan African Congress of Radiology and Imaging (PACORI).

AFROSAFE aims to promote the radiation protection policies, strategies and activities. The general topic was found appropriate for this workshop by the regional coordinator because it is in line with the objectives of "AFROSAFE".

After this open ceremony presentation, the audience was treated to a first session of communications, which included four presentations.



The first communication was presented by Mr Katassou Koésa about the radiation protection of patients, it is a restitution of the radiation protection workshop organised by the ISRRT Africa Regional Director in Abidjan, Ivory Coast, in December 2017. This presentation first made it possible to remind the assistance the two fundamental principles of radiation protection of patients namely justification and optimisation; he then noted the interest of the tools available in the implementation of the radiation protection of the patients in particular the NRD and the guide of good use of the examinations in medical imaging.

The second communication presented by Mr Lao-Akpoboua Sana, on “fetal malformations and exposure to X-rays”, allowed the speaker to recall the rules and good practices of the irradiation of women in a medical environment. Mr Adamado Ablamvi closed this session with two communications: quality security procedures in Medical Imaging, and management of patients in septic or protective isolation.

The second session had three presentations:

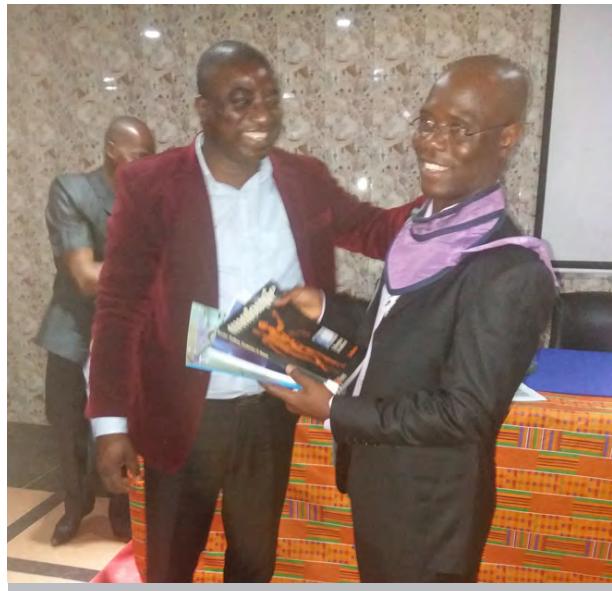
- “Project Management in Radiation Protection”, which is also a report of the Radiation Protection Workshop of December 2017 in Abidjan, presented by Mr Ativi Yao;
- “The analysis of the waste of X-rays”, a study carried out at the CAMPUS Teaching Hospital of Lome presented by Mr Lambon Félix;
- “Requests for unusual examinations in Medical Imaging” presented by Mr Adamado Ablamvi.

A constructive discussion followed each of the two presentation sessions.

The General Assembly of Togolese Radiographers Association (ATTRI) which followed the communication sessions was an opportunity for the outgoing office to present the results of two years of work. A satisfaction record overall. However, many projects remain unresolved and new challenges remain for the corporation of radiographers and radiological technologists in Togo; these challenges include the creation of a professional order as recommended by the OAAS (West African Health Organization), the creation of a professional syndicate which is a need expressed by members to defend their interests and rights with the public authority and bosses, and promote the career of radiographers in Togo.

New members for the executive office were elected at the end of the General Assembly for a two year; it is headed by Mr Robert Dogbevi Aziagba and is composed of five members.

We noted that the three best presentations of the workshop were awarded by a jury and by a vote of the participants. The awards consisted of books, materials of general radiography, intensifying screens, radiation protection equipment, and various gadgets offered by AFPPE (French radiographers association), which has always supported ATTRIM in these organisations. ■





AITRI annual meeting “Maintaining patient safety”

Palermo, Sicily, Italy

May, 2018

AITRI, the Italian Association of Interventional Radiographers, as in the last 18 years, organised the Annual Meeting for May. This year the city chosen to hold the meeting was Palermo (Sicily), the Italian Capital of Culture for 2018.

The main theme of the Congress was “Maintaining patient safety”, introduced and shown by the CEO Diego Catania, the President Stefano Durante and the Scientific Director of the Congress Corrado Tafaro, pictured above.

For the first time in the history of AITRI, the annual meeting was held over two days with five sessions and 26 presentations, focused on patients safety, risk management and on the most innovative radiological, cardiological and neurological interventional procedures.

Even this year, a session gave voice to the thesis of young radiographers graduated on “Vascular, Interventional and Neurointerventional Radiology Master Degree” at Bologna University and, for the huge attention that AITRI gives to radioprotection, a round table about the European Directive 59/2013 Euratom and ICRP recommendation carried out, were the Italian Radiologist Representative for Radioprotection participated.

A stimulating international session by the ISRRT CEO Dimitris Katsifarakis and the EFRS President, Jonathan McNulty, took part in video conferencing and, during the congress, internationally renowned interventional radiologist and cardiologist gave their great contribute speaking about the radiographers primary role in optimising radiation doses, especially during

paediatric procedures and when particular procedures, such as TAVI, were performed.

During the two days of the congress, radiographer attendees also had the opportunity to try at workstations the post processing of a great deal of interventional images and procedures thanks to a special practice session carried out by General Electric Healthcare.

According to the Sicily culture, a special prize was chosen for the winner of the best poster award. The winners poster titled “Danilo Teodi” won by Carlo Vitale, an Italian radiographer working in UK. (FOTO). Furthermore, to involve young radiographers to participate



Left to right: Rossella Trenti, AITRI Board Member with second placed Silvia Svetlic, third placed Laura Federico and winner Carlo Vitale.



Above: AITRI thanks ESR (European Society of Radiology) for giving free registration to ECR 2019, pictured above with the winners.



Right: The Best Poster Award given to Carlo Vitale for “Danilo Teodi”.

Below right: The new AITRI President Simone Panci receiving the prestigious AITRI golden brooch from Diego Catania.



in international congress, free registration to ECR 2019 was given as a prize to the winner, the second place won by Silvia Svetlic and third place won by Laura Federico.

At the end of the meeting the new AITRI President, Simone Panci, received the prestigious AITRI golden brooch and the new AITRI Board was introduced. It includes Stefano Durante, Daniela Campion, Rossella Trenti, Roberta Gerasia, Francesco Di Basilio and Davide Aviano and the new Director of the Scientific Committee, Corrado Tafaro, was nominated.

The congress viewed the collaboration of Ordine TSRM PSTRP from Palermo and involved different health professional working within the angiosuite, how physicians and nurses from national and international excellent hospitals. All this gave moments of joy and happiness and really was a synthesis between art, culture, technology and science. See you the next year!! ■



Above: The new AITRI Board Roberta Gerasia, Francesco Di Basilio, Stefano Durante, the new AITRI President Simone Panci, Daniela Campion, Rossella Trenti, and the new Director of the Scientific Committee Corrado Tafaro.



Malawian reflection on the 20th World Congress

Malawi

Report by [Cowles Chilingulo](#), Chairman the Radiographers Association of Malawi

Sharing experiences and lessons from the 20th ISRRT World Congress with the profession in Malawi.

1. Introduction

The International Society of Radiographers and Radiological Technologists (ISRRT) held its 20th World Congress at the Hyatt Regency Hotel in Trinidad and Tobago (T&T) April 12-15, 2018 under the theme “WE CARE”. The congress brought together 450 delegates from its member countries. The delegates were able to share research experiences, learn from one another, and debate the current and future developments in medical imaging.

I was privileged to be among the delegates representing Malawi for the first time in the history of our nation. The objective of this congress was to bring radiographers, radiological technologists and radiation therapists together under one roof to open dialogue on issues faced in the profession, technological development, and strategies on becoming more engaged. I was able to meet with fellow radiographers from different countries and also equipment manufacturers and suppliers. Outline below is a summary of some of the activities that I carried out in order to share with the profession in Malawi my experiences.

2. Congress report

The first thing that I did upon arrival was to compile a report on the congress. This included a summary of what activities took place during the congress and the lessons that I learned with particular focus to the challenges that the radiography profession is facing in Malawi. This report was sent to ISRRT.

3. Workplace weekly training session

At the workplace, Queen Elizabeth Central Hospital (QECH) I made a presentation on my experiences and lessons learnt from the congress to the members of staff that comprise of a radiologist, radiographers, radiology nurse and radiography students from the Malawi College of Health Sciences. The presentation included the following topics; Brief outline of the objectives of ISRRT and the congress; Activities that took place at the congress; lessons learnt during the congress with particular focus to our radiography profession in Malawi and the way forward.

4. Zonal meetings

The Malawi Healthcare System is divided into five health zones. Each zone has a radiographer who is responsible for supervising the radiographers working in the various hospitals in that zone. These zones have quarterly meetings during which the radiography supervisor visits the radiographers to supervise and give support where necessary. I took advantage of this scenario to share my experiences with the zones by giving the congress report, a copy of the abstracts and presentation that was sent by the organising committee of the World Congress in T&T. In addition the ISRRT News & Views for April 2018 was also shared.

5. Email and whatsapp sharing

We have a WhatsApp group for all members of the Radiographers Association of Malawi and through this group I sent the following documents as part of sharing the experiences of the congress. For those that have not joined the association yet, I also sent these

document via email.

- Conference report
- Scientific document containing abstracts and papers presented during the conference
- ISRRT News & Views for April 2018

6. Radiography education

The newly established public university Malawi University of Science and Technology (MUST) will start, for the first time in the history of Malawi, a 4-year training program for Bachelor of Science in Medical Imaging/Radiography. In this regard the university is in the process of developing a curriculum. I had the opportunity to take part in the second phase of the curriculum development process June 11-15, 2018. I was invited both as a Chairman for the Radiographers Association of Malawi and also as an experienced radiographer. I took advantage of this occasion to propagate the ISRRT standards of education to guide the curriculum in the quality of care for patients and quality of education for the students.

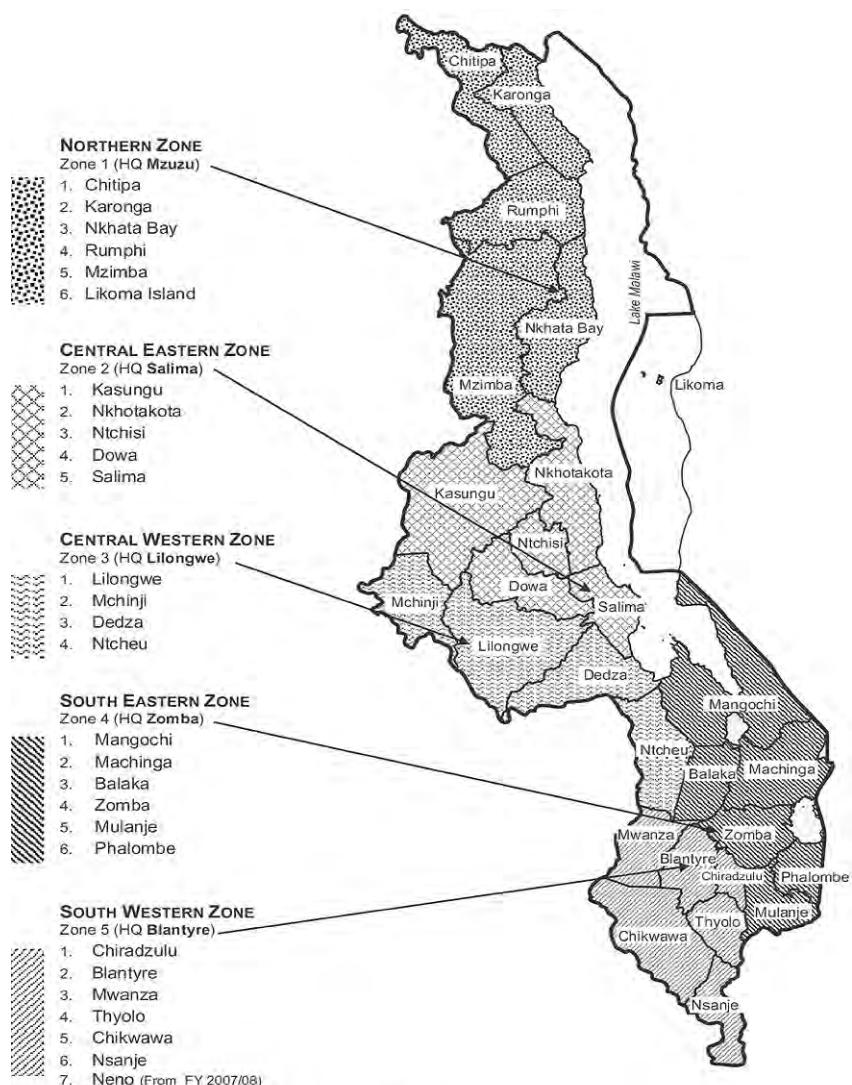
Using some of the experiences from the 20th ISRRT World Congress, I was able to share with the curriculum development team pertinent issues such as eLearning and INTEREST-PBL and collaboration with other international universities.

7. Activities that did not take place

- Due to financial problems we postponed the Annual General Meeting of the Radiographers Association of Malawi to a later date. This therefore means that the presentation on the experiences and lessons from the congress will be made then.
- In the same vein the anticipated launch of the Radiographers Association of Malawi Newsletter did not take place due to financial problems since we could not manage to source the enough funds for the exercise.

8. Conclusion

For the first time Malawian radiographers were represented at an international conference of the mother body of radiography in the world. All radiographers in the country welcomed the presentations made and the so many lessons learnt there from. The quality of the abstracts at the congress was so educative that most radiographers especially those in training found them relevant and educative. In addition it has been expressed by members that during subsequent congresses many Radiographers should be allowed to attend and that sometime in future the congress could be held in Malawi. ■



Right:
The Healthcare System in Malawi – Zonal Health Support Offices.

Zonal Grouping of Districts of Malawi (January 2007)
Five Zonal Health Support Offices (ZHSO)

Public Relations report

Report by [Alain Cromp](#), Director of Public Relations ISRRT



It is a pleasure for me to present the public relations regional coordinators for the next mandate. I welcome you all and look forward to working with you on the public relations and communications for the ISRRT.

Representing Asia and Australasia

Edward, Ting Hei, Wong

Edward graduated in 1988 from the Hong Kong Polytechnic University. Edward has 30 years of practice in radiology including public and private sectors in Hong Kong. He is currently the clinical application manager of Bayer Healthcare.



His main interest is radiation protection & imaging technology.

Edward has been the Chairman of the Hong Kong Radiographers' Association since 2013 and Faculty Director of Medical Imaging and Informatics at the Hong Kong College of Radiographers and Radiation Therapists since 2011.

Representing Africa

Stephen Samson Mkoloma

Stephen Samson Mkoloma graduated from the University of Johannesburg with a Bachelor of Technology (B.Tech) in Diagnostic Radiography in April 2008. Before that he received his diploma in Diagnostic Radiography in December 2005 which was awarded by the University of Dar es Salaam; Muhimbili University College of Health Sciences (MUCHS). His working experience as a radiographer is as follows:



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

He also engages himself in teaching as a part-time tutor at the school of Radiography of the Muhimbili University of Health and Allied Sciences (MUHAS) since 2008 to date where he devoted himself in teaching radiation sciences and radiographic imaging.

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

Representing Europe

Hanna Joki

Hanna graduated from Stadia University for Applied Sciences with a Bachelor degree of Radiography and Radiation Therapy in 2000. She has been working in public hospitals and private health centers in a field of radiography and she has been working in a radiation therapy field as well recently. Hanna has gained experience in working abroad, and she did jump into the industry side of the field for a while, to be a product and application specialist for digital x-ray and mammography systems. Even though Hanna has broad experience in various modalities in the field of radiography, mammography and screening are near to her heart.



Over the years Hanna has been active in the local and national boards of radiographer societies in Finland. She has been volunteer working for the Society of Radiographers in Finland as a student coordinator and International coordinator.

Hanna holds a bachelor's degree Radiography and Radiotherapy from Helsingin Ammattikorkeakoulu Stadi.

Representing The Americas

Timmerie Cohen

Timmerie is the Radiation Therapy Clinical Coordinator Assistant Professor at the Department of Radiation Sciences of the Virginia Commonwealth University



Timmerie holds a PhD in public policy and administration from the Virgiana Commonwealth University, a Masters of Science, Health Promotion from Virgiana Polytechnic Institute and State University. She also as a Bachelor of Science, Clinical Radiation Sciences in Radiation therapy and an Associate of Science Radiologic Technology from the Virgiana Commonwealth University.

Timmerie holds the following certification:

- Certified Medical Dosimetrist, Medical Dosimetrist Certification Board
- American Registry of Radiologic Technologists, Radiation Therapy Technology
- American Registry of Radiologic Technologists, Radiologic Technology

Honors and Awards

- Harold Silverman Distinguished Author Award (2016) presented by The American Society of Radiologic Technologist for the manuscript “The Effect of Vertical Off-Centering on Breast Dose During CT Simulation in Accelerated Partial Breast Irradiation Planning, *Journal of the American Society of Radiologic Technologists, Radiation Therapist*, Vol. 24, No.2. P. 122-130
- J. Warren Perry Award Distinguished Author Award (2015) presented by the Journal of Allied Health for the manuscript “Factors Associated with HPV Vaccine Use among Hispanic College Students”. *Journal of Allied Health*, Vol. 43, No. 4, P. 241- 246
- Induction into Pi Alpha Alpha, The Global Honor Society for Public Affairs and Administration, Virginia Commonwealth University Chapter (2013)
- Induction into Lambda Nu, Radiologic and Imaging Sciences, Virginia Gamma Chi Chapter (2006)

free e-book for ISRR members

The British Institute of Radiology has just published

The Safe Use of Ultrasound in Medical Diagnosis

edited by Gail ter Haar

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

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

As part of the BIR's open access initiative, BIR Open, the eBook version is **FREELY AVAILABLE ONLINE at:**

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

as well as in print

Diary Dates

2018

August 24-26

NZIMRT Annual Conference “Beyond the button”
Dunedin

September 10-15

CARO-COMP-CAMT Joint Scientific Meeting
Montreal, Canada

September 28-29

Quality Assurance and risk management in medical imaging
Dakar, Senegal

October 8-10

Justification of Practice and Optimization of
Radiation Protection
Mombasa, Kenya

October 21-23

ASRT Radiation Therapy Conference
San Antonio, Texas

October 26

ISRR/EFRS workshop in radiation protection
Sofia (Bulgaria) scheduled

November 25-30

RSNA
Chicago, USA

November 29 - December 1

PART is hosting the 4th Philippine Myanmar Vietnam International Conference in conjunction with the 64th Foundation Anniversary and the 49th National Convention of the PART
Baguio City of the Philippines.

2019

February 28 - March 3

ECR
Vienna, Austria

March 28-31

ASMIRT & AACRT
Adelaide, South Australia
aacrt2019.org



ASMIRT 2019 AACRT 2019

INTERNATIONAL CONFERENCE
ADELAIDE 28-31 MARCH

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Don't miss the ISRRT's 22nd Asia-Australasia Conference of Radiological Technologists (AACRT 2019), to be held in conjunction with the Australian Society of Medical Imaging and Radiation Therapy's 14th National Conference.

ABSTRACT
SUBMISSIONS
CLOSE 27 JULY
2018

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aacrt2019.org

FOLLOW US #ASMIRT2019 #AACRT2019



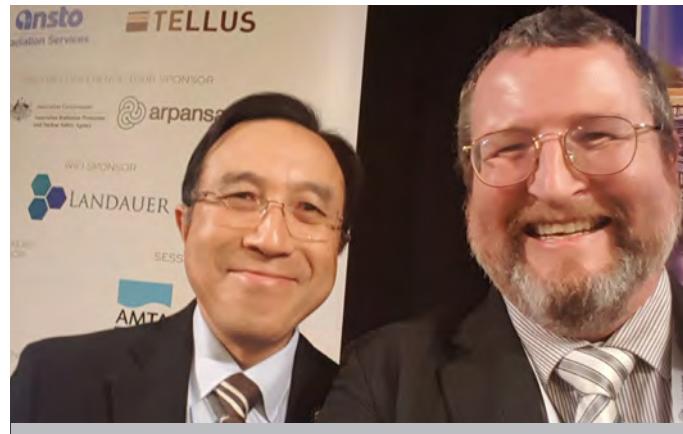
ISRRT Director of Education attends 5th Asian and Oceanic Congress on radiation protection

Report by [Rob Hart](#), Director of Education ISRRT

ASSOCIATE Professor Rob Hart, the Education Director for the ISRRT, had the pleasure of attending the 5th Asian and Oceanic Congress on Radiation Protection in May this year. Hosted by the Australian Radiation Protection Society (the ARPS), the congress was the fifth in a series of congresses held every four years in the Asia/Oceania region. The AOCRPs are held under the auspices of the International Radiation Protection Association (IRPA), the international peak body for the promotion of world's best practice standards in radiation protection.

Dr Hart was invited to the Congress as a representative of the ISRRT, and presented in the Plenary Session, and participated in a subsequent panel discussion, with a session theme of "Protection in Medicine; five years from the Bonn Call-for-Action". Rob presented on the ISRRT's role in the promotion of an efficient and effective radiation safety culture across the various jurisdictions of the world. Key to his message were the provision of Quality Patient Care, Education and Research. Specifically, the ISRRT's strong track record in the role of the radiographer in ensuring appropriate Justification of radiation exposures in radiological investigations; the role of the radiographer in the Optimisation of imaging procedures with respect to the ALARA principle; the ISRRT's active global role in the promotion of educational strategies designed to bring radiation protection to the forefront of educational programs and experiences; the World Health Organisation communication on radiation risk/benefit in paediatric imaging, and the adoption of globally recognised safety standards.

The Bonn Call-for-Action presents significant challenges to the implementation of its 10 recommendations, and in common with other international organisations, the ISRRT is actively addressing these challenges. Achieving a common global understanding of the importance of, and magnitude of, the radiation challenges facing the global population itself is complicated by the diversity of jurisdictions



and roles within the radiation scope of practice. Incorporation of appropriate strategies to recognise, understand and respond to those challenges require bespoke solutions which are appropriate to, and lead to demonstrable improvements in, the radiation environments specific to each jurisdiction. In common with other organisations, the ISRRT has adopted a range of strategies to achieve these aims, including active dialogue and promotion of understanding, education and the provision of globally accepted benchmarks against which radiology practice can be quantitatively measured.

Following individual presentations on each of these topics, representatives of the International Council on Radiation Protection (ICRO), IRPA, the International Atomic Energy Association (IAEA), the International Organisation for Medical Physics (IOMP), the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR), the World Health Organisation (Radiology), and the

International Network of Patients for Patient Safety (PFPS) gathered as a panel to answer questions from the floor and those previously submitted to the Session Chairs. These included commentary on the actual achievement of the Bonn Call-for-Action five years following its inception, and a recognition that while significant progress has been made, this progress is patchy across the world, and further work during the next five years will be required if the goal for the Call can be realised globally. The challenges are many and varied, including lack of (or limited) awareness of radiation protection issues and how to effectively respond to them; established workforce patterns and professional scopes of practice that limit the degree of change achievable. The session was well received by congress delegates, and remains an important platform for a critical appraisal of the progress made to date. This important agenda will remain at the forefront of the ISRRT's strategic direction over the coming years, and further updates on progress towards the deliverables of the Bonn Call-for-Action will be published as it becomes available. The entire ISRRT community, and the broader body of professionals interested in radiation protection beyond that, are urged to become familiar with, and to actively pursue, the goals of the Bonn Call-for-Action. ■



Professional Practice report

Report by [Stewart Whitley](#), Director of Professional Practice ISRRT

AT the time of writing this report the National Health Service (NHS) in the UK celebrated its 70th Anniversary on July 5, 2018. From the Radiography Professional Practice perspective this is a wonderful time to reflect on the way the practice of radiography in terms of diagnostic imaging and radiation therapy has changed over the last 70 years and how the role of the radiographer has also developed in the UK and across the world.

In terms of diagnostic radiography, we have moved from a plain X-ray only scenario and basic fluoroscopy equipment with very basic x-ray generators, x-ray tubes and wet film processing to a world where digital imaging predominates with a range of other imaging modalities, quite unthinkable at the time, such as Ultrasound, Computed Tomography, Magnetic Resonance Imaging, Nuclear Medicine, PET CT, PET MRI and the development of corresponding contrast enhancement agents and radiopharmaceuticals which provide exquisite diagnostic detail.

The role of the radiographer/radiological technologist in adopting to the demands and complexities of the new technologies has brought new challenges accompanied with the requirement for advanced learning and changes in the working environment.

Central however in all these changes is the need for organised and planned patient care remembering that the patient is the main focus of our attention as we seek to maximise the quality of diagnostic information generated from all of these procedures remembering to minimise the potential harm from radiation exposure and other potential hazards found in the diagnostic imaging and radiotherapy departments.

As health care demands across the world are ever increasing there have been changes in many countries that provide advanced and rewarding opportunities to radiographers to advance their career, as part of a team approach, with many advanced and consultant radiographer roles having been developed to provide a fuller and comprehensive imaging care pathway.

One of the important roles of ISRRT is to facilitate best practice and support radiographers in the application of professional practice in the many aspects of delivering radiographic services. Hence the need for 'Position Statements' which are global recommendations covering a variety of professional areas of practice. These can be found on the ISRRT website and are constantly being developed.

At the Council meeting of the 20th ISRRT World Congress in



Trinidad (see photo below) two new position statement were ratified by Council. These were:

- **Radiographers/radiological technologists role in Quality Assurance and Quality Control as a team approach**

The Rationale:

The ISRRT promotes within the scope of practice for radiographers/radiological technologists to include competence in quality assurance and quality control as part of a team approach. This is essential to assure the delivery of safe, cost-effective and high quality diagnostic imaging and radiotherapy services.

The ISRRT considers quality assurance and quality control within the scope of practice for radiographers/radiological technologists using an integrated team approach. Quality assurance and quality control includes every activity which may affect the patient's journey through the imaging or radiotherapy service and includes use of ionizing and non-ionizing modalities

Quality assurance includes a visual check of the equipment and technique prior to every patient procedure as well as establishing a routine of testing (daily, weekly, monthly, quarterly or annually) equipment testing procedures. Quality control testing also includes the evaluation of equipment for optimal performance and stability.

It is essential that radiographers/radiological technologists recognise, record and report, according to policy, when a significant increase or underexposure in radiation exposure occurs.

Analyzing the results of quality control testing together with initiating corrective action according are essential integral components of the QA. Validating quality assurance testing conditions and results and reporting significant tolerance deviations from quality control tests to appropriate personnel is a professional requirement.

The role for radiographers/radiological technologists will include documenting and maintaining records for the quality control program in accordance with applicable regulations, legal requirements, accrediting agencies and recommendations from equipment manufacturers using an integrated team approach subject to their demonstration of appropriate educational preparation leading to clinical competence within the scope of practice for radiographers/radiological technologists.

Council meeting discussion at the 20th ISRRT World Congress in Trinidad April 2018 where the position statements on 'Radiographers/Radiological Technologists Role in Quality Assurance and Quality Control as a team approach' and 'The prescribing, identifying, supplying, preparing, and/or administration of medication to patients by radiographers/radiological technologists' were discussed and approved.

- The prescribing, identifying, supplying, preparing, and/or administration of medication to patients by radiographers/radiological technologists

The Rationale:

The ISRRT considers the identification, preparation and/or administration of medication as prescribed by a licensed practitioner to be within the scope of practice for radiographers/radiological technologists subject to their demonstration of appropriate educational preparation leading to clinical competence where the administration of medication is permissible by regulation/national / provincial law.

The ISRRT promotes the scope of practice for the prescribing, identifying, supplying, preparation and/or administration of medication by radiographers/radiological technologists in the delivery of safe, cost-effective, and high quality diagnostic imaging and radiotherapy services. Furthermore, the ISRRT considers the prescribing of medication to be within the scope of practice of appropriately educated and trained radiographers/radiological technologists where legal mechanisms support this and when radiographers/radiological technologists achieve the standards required by legislation.

Both position statements will soon appear on the ISRRT website.

Diagnostic Reference Levels - DRLs

As reported in the last Newsletter the Professional Practice Committee is looking specifically at the use and understanding of ‘Diagnostic Reference Levels (DRLs)’ as well as other related radiation protection matters in the context of the ‘Bonn Call for Action’. We plan to develop a ‘Position Statement on DRLs’. Your assistance and feedback are greatly appreciated as I would like to know what is happening in hospitals and institutions across the world with the use and application of DRLs – both National and local. Please contact me at aswhitley@msn.com

Keeping our eyes and ears open

Central in our objectives in advancing the science and practice of radiography and allied subjects by the promotion of improved standards of education and of research in the technical aspects of radiation medicine and radiation protection is to keep abreast of developments and advancements promoted by the various regional and world agencies such as the WHO and the IAEA.

All of us have a professional responsibility to maintain clinical competence and knowledge and the following websites contain



information related to professional practice and radiation safety which we all are encouraged to periodically view:

- WHO (World Health Organization) www.who.org
- PAHO (Pan America Health Organization) www.paho.org
- IAEA (International Atomic Energy Agency) www.iaea.org/resources/rpop/resources/bonn-call-for-action-platform
- Radiation Protection of Patients (RPOP) www.iaea.org/resources/rpop
- Bonn Call-for-Action Implementation Toolkit <https://gnssn.iaea.org/main/bonn-toolkit/SitePages/Home.aspx>
- ICRP (International Commission on Radiation Protection) www.rpop.org
- MELODI (Multidisciplinary European Low Dose Initiative) www.melodi.org
- ISR Quality and Safety Alliance(ISRQSA) <http://isradiology.org/2017/isr/quality.php>
- ISRQSA News <http://isradiology.org/2017/isr/quality.php#news>
- Image Gently www.image-gently.org
- EuroSafe European Association for Injury Prevention and Safety Promotion www.eurosafe.eu.com/home
- Arab Safe Promoting Radiation Safety www.arabsafe.org/

AFROSAFE Pan African Congress of Radiology and Imaging (PACORI) and radiation health works in Africa

Additionally

- The IAEA produce an E-Newsletter called ‘RPOP’ – Radiation Protection of Patients. The last latest is June 2018 and has a number of interesting articles including ‘The IAEA action plan on radiation projection on interventional procedures’ This can be found at ‘RPOP <RPoP.Contact-Point=iaea.org@mail37.atl11.rsgsv.net>; on behalf of; RPOP_RPoP.Contact-Point@iaea.org’

- The WHO periodically circulate ‘WHO Health Technologies announcements specific to Medical devices’

The latest June 2018 WHO medical devices news can be found at ‘WHO Health Technologies announcements <WHOMEDICALDEVICES@LISTSERV.WHO.INT>; on behalf of; VELAZQUEZ BERUMEN, Adriana velazquezberumen@WHO.INT’

This has a number of articles including ‘use of appropriate digital technologies for public health’.

www.who.int/ehealth/en/

I trust that each reader and Council member will be inspired to raise issues through their Regional Coordinator (see photo below) and bring to their attention matters of concern relating to Professional Practice across all the imaging modalities and therapy practices which need to be discussed and formulated into position statements of the ISRRT.

We look forward to working together. ■

Meet the newly appointed Regional Coordinators for the ISRRT Professional Practice Team elected at the 20th ISRRT World Congress in Trinidad April 2018. (left to right) Chris Steelman (USA) representing the Americas, Elizabeth Balogun (Nigeria) representing Africa, Stewart Whitley (UK) Director of Professional Practice, Pam Black (UK) representing Europe and Naoki Kodama (Japan) representing Asia-Australasia (absent).

IAEA Technical Meeting – Preventing unintended and accidental exposures in Nuclear Medicine

Vienna, Austria

May 16–18, 2018

Report by [Terry Ell](#), Vice-President of The Americas

TECHNICAL Meeting on “Preventing Unintended and Accidental Exposures in Nuclear Medicine” was held at IAEA Headquarters, Vienna on May 16–18, 2018. It was attended by 45 delegates from 33 Member States including nuclear medicine physicians, medical physicists, technologists, radiopharmacists, regulators and equipment manufacturers. There were also representatives of the World Health Organization (WHO), International Commission on Radiological Protection (ICRP), United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR), International Society of Radiographers and Radiological Technologist (ISRRRT), Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association (DITTA), Heads of the European Radiological Protection Competent Authorities (HERCA), European Association of Nuclear Medicine (EANM), European Federation of Organisations For Medical Physics (EFOMP), The American Association of Physicists in Medicine (AAPM), European Society of Radiology (ESR), Conference of Radiation Control Program Directors (CRCPD), as well as a range of national regulatory agencies.

The need for improving prevention of medical radiation incidents and accidents was highlighted in the Bonn Call-for-Action by the IAEA and WHO. This is linked with the action for strengthening the radiation safety culture in health care. The International Basic Safety Standard (IAEA Safety Standards Series No. GSR Part 3) sets out requirements for minimising the likelihood of unintended and accidental medical exposures and investigating when such exposures occur, in order to learn and improve prevention.

The Technical meeting aimed to review the causes of, and the contributing factors to, unintended and accidental exposure during

the different steps of the nuclear medicine process, and define actions for preventing such incidents. Since nuclear medicine involves use of radioactive materials, there is potential for a wide variety of types of incident to occur, so the meeting addressed ones relating to exposure of patient, staff and public, different routes for exposure, and factors relating to the management of radioactive material.

The meeting contained presentations on key aspects on which action is required and a summary of outcomes of the discussions is given here.

Presentations were given on therapeutic and diagnostic patient exposures. Incidents involving the wrong patient, the wrong radiopharmaceutical, or the wrong activity can occur due to errors in procedures within the Nuclear Medicine department, or failures during preparation in the radiopharmacy, but may also result from incorrect referrals or error in the IT support system. The meeting discussed good practices which should be in place to reduce the risk of such incidents occurring, which include regular analysis and review of procedures to look for vulnerabilities, as part of the development of a safety culture within Nuclear Medicine departments, with action taken to modify and improve arrangements to reduce risks of system failure. Policies should define responsibilities for every aspect of the nuclear medicine process within the department, and procedures include arrangements for the investigation of incidents and near-misses. Hospitals should encourage the reporting of incidents and investigate those that occur promptly looking for the root causes. A “no blame” environment should be created while balancing safety and accountability. It must always be remembered that there may be latent factors within a



department that may contribute, and efforts should be made to identify these. The Quality Management system should include periodic reviews of reports and actions for improvement.

One example of a factor that had contributed to incidents was failure to clearly demarcate storage areas for different radiopharmaceutical kits or vials for administration, and as well as improving storage arrangements, the clarity of labelling using methods such as colour coding or pictorial identifiers may be useful in improving correct identification. There have over the years been numerous examples of a radiopharmaceutical being administered in error to a patient with the same name. The need to seek positive information from the patient to confirm their identity, was re-emphasised, and the value of developing computer systems that could avoid booking patients of the same name on the same day was proposed to address this issue.

Once factors that have contributed to an incident are highlighted, there is a need to implement changes to address deficiencies and a manager should be given responsibility for this within departmental procedures. Typically, actions might be giving additional training to staff members, modifying procedures, or changing processes to try to prevent recurrence of a similar incident in the future. It is important that experiences are shared among other staff through safety meetings and reviews, so that the whole department is aware of any changes.

In order to ensure that correct activities are administered, it is of the utmost importance that activity levels are measured shortly before administration. However, inaccuracies in radionuclide calibrators that can occur if the device itself is not calibrated and checked periodically can also lead to errors in administration that may affect many patients. In therapeutic procedures the calibration for new radionuclides, and the proper radiation protection skills to handle and accurately measure the administered activity are important aspects requiring direct involvement of a medical physicist. In therapeutic procedures the calibration for new radionuclides, and the proper radiation protection skills to handle and accurately measure the administered activity are important aspects requiring direct involvement of a medical physicist.

Failure of the imaging equipment or loss of image data can lead to an unnecessary radiation dose to a patient. Steps that can reduce risks of failures in equipment include comprehensive acceptance testing when equipment is installed and effective QA programs to ensure performance is maintained, coupled with adequate maintenance as recommended by the manufacturer and an equipment replacement program.

Mistakes can be made during the injection in which the radiopharmaceutical collects in local tissues, and several examples of significant tissue damage were reported from therapeutic administrations, some requiring excision and grafting of new tissue. Staff should receive extensive training in injection technique, but if there is extravasation of a radiopharmaceutical, it is important to stop the process immediately and try to reduce the patient's exposure by removing or dispersing the extravasated radiopharmaceutical. Procedures should be agreed in advance so that action can be taken immediately the problem is recognised.

Pregnancy is not a contraindication for a well justified diagnostic nuclear medicine procedure, but pregnancy status should be known in order to minimise risk to the unborn child and mother. Incidents that occur from time to time are inadvertent exposure of an embryo or foetus, resulting because the mother failed to realise that she was pregnant. Systems such as notices in patient waiting areas asking female patients to inform staff if they could be pregnant in appropriate languages help to reduce this risk, but there should also be agreed procedures for screening female patients and confirming the date of their last menstrual period prior to examination. Several presenters showed flow charts which are a useful aid to decision making. Identification of any patient who may be pregnant is crucial for

therapy patients, especially when ^{131}I is to be administered, as this is taken up avidly by the foetal thyroid from 8-10 weeks gestation. In this case it is necessary to verify with a pregnancy test, to confirm that the patient is not pregnant. Precautions are also necessary for female patients who are breast feeding. For most diagnostic radiopharmaceuticals, a temporary cessation in breast feeding coupled with storage of milk expressed prior to the examination and discarding of expressed milk for a few hours or days afterwards is sufficient precaution in most cases. But for ^{131}I and ^{123}I administrations, cessation of breast feeding will be required both for protection of the infant and of the mother's breast tissue.

Radiopharmaceutical preparation is a complex process, particularly in PET centres, and close co-operation between radiopharmacists and medical physicists/radiation protection experts is necessary to ensure safety is optimal. Poor planning of patient workflow and work procedures that do not make sufficient use of the protection systems can increase staff doses considerably. Devices such as automatic systems for dispensing of activity directly into syringes are an important component that can reduce staff dose. In the case of semi-automatic or manual separation-injection working systems, the syringes with Luer lock are preferable. However, these devices can fail, so agreed actions are required for proper mitigation if this occurs.

Simple precautionary procedures, such as not sending patients injected with ^{99m}Tc for an ultrasound scan, while they are waiting to be imaged, can ensure that other staff within the hospital are not exposed unnecessarily. Extensive training of staff concerned with patients undergoing radionuclide therapy is particularly important to enable staff members to minimise their doses. All personnel should be given training in the procedures to be followed in situations where there is an equipment failure that could lead to further exposure.

A potential problem with radiopharmaceuticals is spread of contamination, with potential intake by staff. Precautions such as only handling radionuclides in facilities built for the purpose, with benches and floors that have sealed surfaces for easy decontamination, using fume hoods or isolators, and wearing disposable gloves and other appropriate protective clothing will minimise risks if a spill occurs. All manipulations of radiopharmaceuticals should be carried out over a tray with absorbent material to contain any spills and on a bench where the risk of dropping and breaking vials is lower. Laboratory materials should not be stored on floors or benches where they would impede decontamination, and syringes and vials should be transported in shielded containers that will contain any spillage. When giving an injection, close attention should be paid to ensuring that the connection between the syringe and needle are secure, excessive pressure should not be applied, and the whole syringe and needle assembly should be disposed of in a sharps container immediately after use in accordance with the established procedure for the disposal of radioactive waste. If measurement of residual activity in the syringe is required, safe recap devices should be used.

Since patients' body fluids will contain radioactivity, these also pose risks of contamination. If a patient were to vomit after administration of ^{131}I therapy, the level of contamination could be significant if this occurred in a public area within the hospital. It is therefore advisable to arrange for outpatients to remain in the department for 15-20 minutes in a designated area where a wash-basin/sink and toilet are available. Incontinent patients also present a risk and an assessment should be carried out when considering how a therapy is to be undertaken. Catheterisation may be considered, but potential problems of leakage from around a catheter, a split urine bag, or an open tap should be considered. Care is needed in protecting urinary bags when patients are moved. A frequent bag voiding and basic biologic protection measures normally provide adequate safety, but both staff and carers need to be aware of the precautions to be

taken and potential risks.

Strict procedures should be in place for lung ventilation studies. If procedures are not followed properly there is a risk of air contamination leading to personnel contamination as well as unreliable ventilation study results. Checks should be made to ensure that the mask fits the patient and they are able to tolerate wearing it for the duration of the procedure, before commencing.

Management of radioactive material in general requires planning with systems to receive and document when radioactivity is delivered to a department, and ensure that it is transferred to secure, dedicated storage. Radioactive waste should be labelled and staff trained in procedures for dealing with it. Routing of pipework through which liquid waste is drained should be planned at installation, and tests monitoring removal of short half-life liquid should be carried out to check that waste does not collect at particular positions. Easy access should be provided in case of failure.

Public exposures may need to be limited. The criteria for hospitalisation and release of therapy patients should be aimed at ensuring an effective dose less than 1 mSv to persons who come in contact with the patient. Solid or liquid wastes released from therapy patients, either during hospitalisation or later at home, have the potential to induce the occurrence of “innocent accidents/incidents” at waste management facilities. There is a need for specific guidelines for the authorised release of hospital radioactive waste (radionuclides with very short half-lives, used in nuclear medicine therapy), based

on realistic exposure pathways and envisaging the harmonisation of legislation between neighbouring countries.

In addition to the internal reporting and incident management in the Nuclear Medicine department, a large scale gathering of events is beneficial in looking for trends that extend beyond a facility and so helping to improve safety culture. This is a process for reacting to gross incidents and should incorporate a mechanism to disseminate lessons learnt nationally and internationally. The Meeting recommended upgrade of the IAEA voluntary reporting and learning system SAFRON (Safety in Radiation Oncology) to include also radionuclide therapy.

The meeting participants agreed that the improved continuous dialog between the national Regulatory bodies and the nuclear medicine professionals can be beneficial for incident prevention and improving radiation safety. Patients’ representatives also need to be involved.

It was apparent that the range of radiation incidents that could and have occurred was wide, and some, particularly those involving therapy patients could have significant consequences. The need for guidance in setting out actions and recommendations was therefore apparent. The IAEA should prepare such guidance for preventing incidents and accidents in nuclear medicine, and disseminate through a publication, training material and training events. ■

Countries represented at the meeting include:

Austria	Mozambique
Australia	Netherlands
Belgium	Oman
Brazil	Poland
Canada	Portugal
Chile	Qatar
Denmark	Saudi Arabia
Estonia	Serbia
Ethiopia	Switzerland
France	Thailand
Indonesia	Ukraine
Italy	United Arab Emirates
Kyrgyzstan	United Kingdom
Latvia	United States of America
Lithuania	Uruguay
Luxembourg	Uzbekistan
Montenegro	



IAEA Meeting – Bonn Call-for-Action

Vienna, Austria

March 5-7, 2018

Report by **Dimitris Katsifarakis**, Chief Executive ISRRT

I HAD the privilege and honour to represent the ISRRT at the IAEA Technical Meeting on populating the Bonn Call-for-Action Implementation Toolkit. The meeting was held in Vienna, at the IAEA headquarters, 5-7 March 2018.

Although it is well known, it must be highlighted that Justification of medical examinations is one of the three important pillars of practising radiation protection of the patient.

The meeting was of a particular interest from IAEA's perspective on the development of a web-based "toolbox" by which every relevant stakeholder and professional organisation would add "toolkits" for use on the daily practice from the final providers of the principle of justification of medical examination.

About 45 national representatives from countries all over the world were present at the meeting, as well as representatives of the ISR, ESR, IOMP, and HERCA.

All the participating stakeholders and national organisations have expressed their agreement on their participation to develop the proposed toolbox.

The toolbox will have evidence based material and professional recommendations by the Stakeholders to professionals who may want to use them as part of their daily dialogue with their clinical peers and patients, as well as with the national authorities in an effort to enforce and efficiently exercise the evidence-based justification procedure in the imaging departments.

During the meeting, I stated that this would be a valuable recourse of information to be used mainly by professionals who may not have free and easy access to the literature. The carefully suggested content of information in the toolbox would support those who wish to strengthen justification practices in their departments with evidence-based arguments.

To a large extent, the discussion was on whether the content of this toolbox should have material free of access costs. The agency was firm in supporting an open access resource of information.

In addition, other important questions during the three days meeting included the type of material integrated, who would provide the material and who would cover the cost of the free access to certain material.

Participants of the meeting agreed that further discussion was required to answer the arising questions and additional consideration should be given in order to create a sustainable toolbox.

During my presentation "Tools for the toolkit from ISRRT" I had the opportunity to present the ISRRT's position statement

on the role of the radiographer/radiological technologist on Justification, and to promote (once again) the ISRRT flowchart on Justification for Radiographers/RTs which is already available online at www.isrrt.org

Furthermore, I seized the opportunity to discuss the active role the radiographer/RT is capable of undertaking in justifying medical referrals, even though other professionals did not realise the possibilities of occurrence at times.

I presented examples from the day-to-day practice in imaging departments where patients are often referred for an examination of one extremity, although the opposite extremity is injured. The radiographer/RT takes action by communicating the issue with the referring physician, and the radiologist. The majority of similar incidents is corrected for the benefit of the patient.

Moreover, I made reference to a frequent situation where a patient who underwent a CT examination as an emergency patient, is being referred again after a few hours for the same examination as an inpatient patient.

With respect to the patient's protection from additional radiation due to duplicate examinations, as well as to the unnecessary use of the departmental resources, radiographers can and need to identify and communicate these, either with the radiologist or/and with the referring physician.

In such cases, the principle of Justification can be exercised by radiographers efficiently.

Participants agreed with the examples and their frequency by recalling their own clinical experience under similar circumstances.

The ISRRT position statement on the radiographers role in justification as well as the flow chart on the same subject were welcomed by the IAEA and they will be included in the tool box. ■



Dimitris Katsifarakis, Diina Huuseini, Debbie Gullie, Catherine Muscuki, Jenia Vassileva.



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World Radiography Educational Trust Foundation

News

June 2, 2018 saw a change of Officers. A Special Board Meeting was convened to ratify and approve the following changes to Officer roles. Ian Henderson has taken over the office of Honorary Treasurer from Alan Budge who held the post since October 2012. Alan is temporarily holding the office of Honorary Secretary, responsible for governance matters since Noreen Sinclair's departure as Honorary Secretary and Trustee, in March 2018. Finally, following nominations for the office of Chairman, Chris Steelman has been appointed. His office will commence at the Autumn Trustees' Board Meeting. He says "this is a moment of personal honour for me, but also of deep personal responsibility. It is my intention to respect the legacy of those who have preceded me by pursuing innovative ways to ensure our continued success. As an advocate for the equitable and sustainable redistribution of knowledge, I believe that through creative partnership and intelligent use of resources, the WRETF will continue to support our profession. Be assured that I will work tirelessly with my eyes set on our goals, my ears open to the voices of all and my heart committed to our mission of improving education in the science and practice of radiography, radiation therapy and allied subjects throughout the world".

Cynthia Cowling is stepping down as Chairman at the same meeting. She says "it has been my pleasure to serve as Chairman for the last two years. During this time, the creation of an objective, transparent process for evaluating applications has been one achievement of which I am proud. The original mandate of the WRETF to improve access to education has not changed, but the way we deliver our aims has. We now have a larger footprint through social media. I am sure with Chris Steelman as the next chairman, WRETF will continue to reach out to more of our fellow radiographers across the world".

At the same meeting it was agreed that a



bursary would be named in memory of Jonathan Mazal, who recently passed away. Jonathan was a Trustee of WRETF for just over two years. His enthusiasm and knowledge helped shape the Trust. The Jonathan Mazal Bursary will be awarded for the next three years. A special reserve fund will be set aside from within the WRETF accounts. Current Trustees, Ambassadors and ISRRT colleagues and friends of Jonathan are welcome to contribute to this bursary award, specifically targeted at educational visits, within the definition laid down in the WRETF bursary regulations – one of Jonathan's favourite aims. The fund will aim to award two bursaries each year up to £700 each with any shortfall in those sums needed, being made up by WRETF. Contributions to Ian Henderson – Honorary Treasurer ian.henderson6dt@gmail.com

Bursary Scheme

Three more bursaries have been awarded this year. Two recipients will be attending conferences and the third will be making an educational visit to Paris.

Evelyn Wasike of Kenya, pictured below with Cynthia Cowling, attended the ISRRT Congress in April and presented a paper during the conference. Her report on her attendance can be found on our website.

Ambassadors

The growing program now has 20 seasoned radiographers, radiological technologists and radiation therapists from around the world. Under the leadership of Trustee Chris Steelman, ambassadors share the mission and vision of WRETF, seeking out potential recipients of support from WRETF in developing countries. Ambassadors provide local support and information on the various WRETF programs including the popular bursary travel award. Chris can be contacted at csteelman@x-rayintl.org

Fundraising

The WRETF is delighted to report further positive funding activity including a second anonymous donation via the Charities Aid Foundation of almost £600. Donations like this help to continue to fund the bursary activity for conference attendance and educational visits for appropriate recipients.

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News from member countries

THE AMERICAS

AMERICA



ASRT Members Exhibit Strong Presence at 2018 ISRRT World Congress

ASRT members raved about the 20th International Society of Radiographers and Radiological Technologists World Congress in Port of Spain, Trinidad and Tobago, calling the event a phenomenal success. To encourage engagement with their fellow technologists on an international level, ASRT held a drawing and paid for eight ASRT members to attend the event.

At the World Congress, ASRT member Donna Newman, BA, RT(R), CNMT, FASRT, was elected to serve a four-year term as President of the ISRRT. Donna is the lead nuclear medicine PET-CT technologist at Sanford Health System in Fargo, North Dakota. She's been an ASRT member since 1995 and served as president of the ASRT Board of Directors in 2002. Donna also was the Director of Professional Practice on the ISRRT Board of Management and on the ISRRT Council from 2006 to 2010.

The ASRT values its partnerships with international radiologic science organisations. On the world stage, ASRT members hold leadership positions, serve on committees and speak at conferences. In particular, the Society has a longtime relationship with the ISRRT and has a strong presence at its biannual meeting.

At the 2018 World Congress, ASRT members included:

- ISRRT President Donna Newman, BA, RT(R), CNMT, FASRT
- ISRRT Council Member Donna Thaler Long, MSM, RT(R)(M)(QM), FASRT
- ISRRT Regional Director for the Americas Sharon Wartenbee, RT(R)(BD), CBDT, FASRT
- ISRRT Regional Coordinator for Professional Practice for The Americas Christopher Steelman, MS, RT(R)(CI), RCIS
- ISRRT Regional Coordinator for Public Relations for The Americas Timmerie Cohen, Ph.D, RT(R)(T), CMD
- ASRT Chairman of the Board Michael Latimer, MSRS, RT(R), FASRT
- ASRT President Amanda Garlock, MS, RT(R)(MR)

- ASRT President-elect Melissa B. Jackowski, Ed.D, RT(R)(M)
- ASRT Vice President Stephanie Johnston, MSRS, RT(R)(M)(BD)(BS), FASRT
- ASRT Secretary-Treasurer Steven Cohen, RT(R)
- ASRT Vice Speaker of the House Joseph Whitton, MS, RT(R)(CT)(MR)
- Incoming ASRT Vice President Michael Odgren, BS, RPA, RRA, RT(R)(CT)
- Former ASRT President Sandra Hayden, MA, RT(T), FASRT
- ASRT CEO and Executive Director Sal Martino, Ed.D, RT(R), FASRT, FASAE, CAE

The ASRT Educational Symposium and Annual Governance and House of Delegates held their annual meeting on June 21-24, 2018 in Las Vegas at the Red Rock Casino and Resort.

More than 500 professional radiologic technologists and students from around the United States attended this meeting. Over 40 vendors took part in the two day exhibit hall. ISRRT was privileged to have a booth which provided information and updates for all of the attendees.

Donna Newman, ISRRT President, along with Donna Long, ASRT Council Member, and Sharon Wartenbee, Regional Director for the Americas shared information on becoming associate members of the ISRRT.

Attendees registered for prizes at each vendor booth and ISRRT is proud to announce the two winners of the three year ISRRT associate membership.

- First day winner:
Kristi Moore, Vaughan, Mississippi, USA
- Second day winner:
Melinda Chiroy, Emporia, Kansas, USA



Myke Kudlas, ASRT Director of Education and Melinda Chiroy, winner of ISRRT Associate Membership.

Thanks to all of the attendees who visited the booth and received information on the ISRRT. The next World Congress will be held in Dublin, Ireland in 2020. Make your plans now to attend.

**Sharon Wartenbee
Council Member**

ASRT Foundation Awards \$200,000 in Scholarships

The ASRT Foundation, philanthropic arm of the American Society of Radiologic Technologists, has awarded more than US\$200,000 in scholarships for the 2018-2019 academic year. This year's 66 recipients include practicing professionals working toward new certifications and degrees along with entry-level students at colleges and universities throughout the United States. Scholarship awards range from US\$250 up to US\$5,000 and are funded by the ASRT Foundation through partnerships with corporations, non-profits and generous ASRT members. The ASRT Foundation is believed to be the largest single provider of medical imaging and radiation therapy scholarships in the world. "We're proud to lead the way in supporting students and professionals with new opportunities for advancement," said Steve Hardy, MS, RT(R)(T)(CT), CMD, executive vice president of development and corporate relations. "Offering these scholarships is a powerful tool to develop new leaders and a way to give back to this vital profession. We couldn't do it without the generosity of our donors and corporate supporters. Thank you." See list of all scholarship recipients here.

<https://foundation.asrt.org/what-we-do/scholarships/scholarship-recipients>



Sharon Wartenbee, ISRRT Regional Director for the Americas, Kristi Moore, winner of ISRRT Associate Membership, and Donna Newman, President of ISRRT.

2018 Life Member and Fellows



Life Member Sharon Wartenbee, R.T.(R)(BD), CBDT, FASRT

ASRT Names 2018 Life Member and Fellows

The American Society of Radiologic Technologists has awarded Life Member status to one member and bestowed the status of Fellow on two members. The Society's newest Life Member is Sharon Wartenbee, RT(R)(BD), CBDT, FASRT. Fellows elevation goes to Melissa B. Jackowski, Ed.D, RT(R)(M), FASRT, and Tricia Leggett, DHEd., RT(R)(QM), FASRT.

Sharon Wartenbee, RT(R)(BD), CBDT, FASRT, is the 34th ASRT member to receive Life Member status. Established in 1938, Life Member status applies to active ASRT members who have maintained continuous membership for at least 30 years and have participated in a wide range of volunteer activities that demonstrate dedication to the ASRT and the radiologic technology profession. Candidates who receive the honor are selected by at least a three-quarters vote of the ASRT Board of Directors. Wartenbee is the senior diagnostic and bone densitometry technologist at Avera Medical Group McGreevy in Sioux Falls, South Dakota. Backed by a radiologic science career that spans more than 45 years, Wartenbee joined the Society in 1987 and was named an ASRT Fellow in 2009. She currently is a member of the ASRT Practice Standards Council, representing the bone densitometry practice area, and has served in the Society's House of Delegates for multiple terms. For her legislative efforts, Wartenbee received the ASRT Award for Outstanding Grass-Roots Advocacy in 2004. Wartenbee also is active at the international level, where she serves as the regional director for the Americas and as a member of the board of directors representing the Americas for the International Society of Radiographers and Radiological Technologists. She also is a former board member of the International Society for Clinical Densitometry and was named the

ISCD 2010 Technologist of the Year.

The ASRT established the honorary Fellow category in 1956 to recognise members who have made outstanding contributions to the profession and ASRT. Fellows have volunteered in leadership positions at the national and local levels, written articles for publication, presented at professional meetings and helped advance the radiologic technology profession.

Melissa B. Jackowski, EdD, RT(R)(M), FASRT, currently serves as President of the ASRT. Dr Jackowski is the competency management development specialist at Siemens Healthineers – CX SV USA Customer Service Organization in Cary, North Carolina. She served in various roles with the North Carolina Society of Radiologic Technologists, including president in 2005-2006. Dr Jackowski's educational credentials also include her many lectures at professional society conferences. She has served in several capacities on the ASRT Board of Directors and has been a member of the Society since 1998.

Tricia Leggett, DHEd., RT(R)(QM), FASRT, is Director of Instructional Design and Technology for the Joint Review Committee on Education in Radiologic Technology. She formerly served on the faculty of the radiologic technology program at Zane State College in Zanesville, Ohio, and was a contributing author to the Radiographic Pathology for Technologists textbook for the fifth, sixth and seventh editions. An ASRT member since 1988, Dr Leggett served on ASRT's Radiologic

Technology Editorial Review Board for 10 years and participated in several ASRT workgroups and committees. In addition, Dr Leggett's leadership with the Ohio Society of Radiologic Technologists includes nearly a decade of service on its Board of Directors.

Jonathan Mazal named Honorary ASRT Fellow

The ASRT Board of Directors has elevated Jonathan Mazal, MS, RRA, RT(R)(MR) (CI), FASRT, to Honorary ASRT Fellow upon the recommendation of the Fellows Committee. Under special circumstances, the Fellows Committee unanimously approved Mazal's elevation. He is the first-ever Honorary ASRT Fellow. Mazal made significant contributions to ASRT and the radiologic technology profession during his 15-year career. He joined the Society in 2004 and within a short time began volunteering for positions on ASRT committees and workgroups. One of his earliest volunteer activities was on the Student Selection Committee. He also served in delegate roles for the Magnetic Resonance and Registered Radiologist Assistant chapters, graduated from the ASRT Leadership Academy and provided guidance as a member of the Committee on RT Advocacy. He also was a member of the Radiologic Technology Editorial Review Board and held the chair position for the ASRT Foundation Community Outreach Review Committee. Jonathan passed away on May 18, 2018.

ASRT names distinguished Author Award winners

The ASRT has announced the recipients of the Radiologic Technology Distinguished Author Award in Honor of Jean I. Widger and the Radiation Therapist Distinguished Author Award in Honor of Harold Silverman, recognising the best peer-reviewed articles published in ASRT's scientific journals in 2017.

Presented annually, the Widger and Silverman awards are chosen by members of each journal's respective Editorial Review Board after a comprehensive review of all scholarly articles published in the journals

2018 Honorary ASRT Fellow

**Jonathan Mazal,
M.S., R.R.A., R.T.(R)(MR)(CI)**



during the previous calendar year. The Widger award is named after longtime Radiologic Technology editor Jean I. Widger. The Silverman award is named in honor of radiation therapist Harold Silverman, an advocate for accreditation of radiation therapy educational programs.

Radiologic Technology Distinguished Author Award

Lauren B. Noble, Ed.D., RT(R), and Melissa P. Culp, MEd., RT(R)(MR), earned the Widger award for their article, "Computed Radiography Photostimulable Phosphor Plate Receptors: Effect on Grid Conversion Factors," which was published in the November/December 2017 issue of Radiologic Technology. Noble and Culp are assistant professors for the Division of Radiologic Science at the University of North Carolina at Chapel Hill.

Radiation Therapist Distinguished Author Award

Terrence J. Ravine, PhD., MT (ASCP); Patricia Brewer, MPA, RT(R)(T); Sarah E. Bru, MS, MT(ASCP); and Shannon Tyler, M.D., earned the Silverman award for their article, "Attachment Potential and Survival of Bacterial Pathogens on Radiation Therapy Thermoplastic Immobilization Forms," which was published in the fall 2017 issue of Radiation Therapist. The award recipients work for the University of South Alabama in Mobile. Ravine is an associate professor in biomedical sciences and the biosafety officer for the Pat Capps Covey College of Allied Health Professions at the university. Brewer is the radiation therapy program director. Bru is a retired instructor in biomedical sciences. Tyler is an assistant professor of medicine in the division of infectious diseases, department of internal medicine, and the medical director of the department of physician assistant studies, Pat Capps Covey College.

ASRT names recipients of 2018 Award for Advocacy

The American Society of Radiologic Technologists has awarded the 2018 ASRT

Award for Advocacy to The Pennsylvania Society of Radiologic Technologists and Brian Rich, B.S.R.S., R.T.(R)(CT). Established in 2003, the Award for Advocacy recognises one affiliate society and one individual for outstanding public policy reform efforts performed on behalf of the radiologic technology community.

The Pennsylvania Society of Radiologic Technologists has a long-standing and active legislative committee that has worked tirelessly for nearly a decade to advocate for public policy reform in the pursuit of patient safety and professional standards. In 2017, the PSRT, along with the Philadelphia Society of Radiologic Technologists, worked with Rep. Bryan Cutler, a former radiologic technologist and current Pennsylvania state legislator, to introduce a legislative bill that would establish licensure requirements for personnel in the state who perform medical imaging and radiation therapy procedures.

Brian Rich, BSRS, RT(R)(CT), board chair of the Texas Society of Radiologic Technologists, has been a singular driving force in support of consistent education and certification standards for the state's medical imaging and radiation therapy professionals. Through frequent trips from his home base in Houston to the capitol in Austin, he monitors legislative activities and attends meetings of the Texas Medical Board, the agency that licenses radiologic technologists in the state. His advocacy leadership is also notable for his outstanding communication efforts through numerous public policy updates via email and social media posts.

Donna Long Council Member

CANADA

20th ISRRT World Congress

CAMRT would like to congratulate the ISRRT on putting on an exceptional world congress this spring. CAMRT was delighted to support and be in attendance at the recent ISRRT World Congress in Port of Spain,



Trinidad. In addition to the organisation's official representation, CAMRT was proud that a strong Canadian MRT contingent was in attendance for this congress.

Advanced Practice Certification in Radiation Therapy

Those interested in advanced practice in radiation therapy will be interested to know that the CAMRT now offers a complete Advanced Practice Certification in Radiation Therapy process. Information on the process is available at <http://www.aprt.ca/>

Journal of Medical Imaging and Radiation Sciences (JMIRS)

JMIRS (www.jmirs.org) is a leading journal in the medical radiation technology field. JMIRS welcomes submissions from all disciplines in medical imaging and radiation therapy. JMIRS is also interested in papers with an international focus that cover MRT topics worldwide. If you are interested in submitting a paper, please submit through the JMIRS website: <http://www.jmirs.org> If you would like to submit for one of JMIRS special issues (such as the upcoming issue on personalised medicine), please indicate this in your cover letter.

Education for MRTs

CAMRT has a growing catalogue of education for MRT in a variety of formats. As a world-class developer and provider of CPD for more than 35 years, CAMRT offers over 60 courses and dozens of webinars at competitive rates across a spectrum of topics. All are available for Category A credit (accepted by the ARRT and others) to any graduate of a medical radiation technology program, regardless of the country of education.

To see what education is available to you, explore the CAMRT CPD catalogue www.camrt.ca/professional-development/

Support for those interested in working in Canada

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

Marcia Smoke
ISRRT Council
smokem@hhsc.ca

AUSTRALASIA

NEW ZEALAND



On behalf of the New Zealand Institute of Medical Radiation Technology (NZIMRT) I would like to thank the

Society of Radiographers of Trinidad & Tobago for a stimulating and enjoyable World Congress and for their wonderful hospitality. Personally I enjoyed the opportunity to meet up with so many friends and to share our work practices - learning and teaching. The NZIMRT extends a farewell and thank you to Fozy Peer for her hard work and dedication and warm congratulations to Donna Newman as the new ISRRT President.

The NZIMRT welcomed the discussion at the Asia/Australasia Regional meeting which provides opportunity to learn from our neighbours and identify ways to work together. Providing guest lecturers and volunteers at workshops and conferences within the region is progressing slowly with a reminder to the region that requests needed to be on a more formal basis in order to facilitate. New Zealand and Australia will look to liaise more closely with the A/A Vice President and Regional Director to assist in these processes.

The launch of the E Integrity online learning program last year was warmly welcomed by NZIMRT members and it has been exciting to see a regeneration of membership numbers after a downward trend early last year. The NZIMRT continues to review opportunities to make available online learning opportunities free to members as part of the membership structure.

The NZIMRT Annual Conference

will be held in Dunedin 24 -26 August 2018. Themed "Beyond the Button" this conference in the wintry south is focussed on the holistic journey of the patient and the requirement for critical thinking. Radiographers are not just "button pushers"!

The NZIMRT webpage "Around the World" is being updated to provide information about the ISRRT Position statements and publications along with a link that will take the NZIMRT member to the ISRRT home page. Creating an awareness of the ISRRT Facebook page is also being encouraged. Raising the profile amongst NZIMRT members of the position the ISRRT holds worldwide supports the drive for promoting Associate Membership.

See www.nzimrt.org

Kathy Colgan
NZIMRT ISRRT Director

AFRICA

TANZANIA



"When a blue sky is illuminated by many stars you all must know that it is never going to rain". Tanzania inactivity in the ISRRT was a long time, the land was dry. Though its sky looked blue; the stars were nowhere to be seen.

Since November 2013 when I was elected as Presidency of the Tanzania Association of Radiographers (TARA) and the Council Member to International Society for Radiographers and Radiological Technologists (ISRRT), among the many goals I had was to bring the pride of Tanzania to international levels in a dynamic way.

After retaining the Tanzanian flag to ISRRT, I missed the 18th World Congress in Helsinki in 2014 before making it to Seoul for 20th World Congress in 2016 and recently in Port of Spain. Last time Tanzania participated in a World Congress was in Durban 2008 where two delegates attended, Mr Bandio Eunias who was TARA General Secretary and Mr Joel Langu who was a student with the University of Johannesburg. This was the biggest delegation.

I was the only delegate from Tanzania in Seoul, and it was my first time to represent ISRRT activities. This congress was about learning and an eye opener to me. It was just a "WOW" atmosphere to be around big fishes and gurus in this highly



rated profession. Remembering the great presentations both oral and posters, out of sessions discussions, networking and all, I said never will I miss being in Port of Spain. I also felt so bad that it was I alone to experience that great professional and academic atmosphere; I made a decision to make sure I am not alone for the coming congresses. I started advocating the ISRRT 2018 through the associations social media groups, one on one as well as in the university encouraging students to be part of the event. The thing got heat and the interest was high for the majority of the radiographers. I motivated them to do some studies and prepare abstracts for themselves; I advocated the travel support from ISRRT to my members. About 15 radiographers came in and asked me to help them to come up with research and abstracts for the congress, I helped them with love. What a motivation that was! Finally we got seven abstracts sent and approved for ISRRT 2018 and a total of eleven interests to participate in this congress, what an achievement! It has never been that spirit before. This was another tap on my shoulders. However, only three delegates made it to Port of Spain, it was a motivation still, three at the World Congress with a student presenting, big deal!

The ISRRT Council meeting had so many things discussed; I in particular was moved with ISRRT financing agenda which starts with enhancing country association's funds. Being a council representative and the TARA President I was challenged to think beyond what we are as an association so that we can be able to support the international movement. Associations including the Tanzania Society were urged to improve their funds and adapt to new system of membership fees to ISRRT. Also to encourage people to join as associate members direct to ISRRT.

Port of Spain was a hub of information to us; many connections were made, many professional links and friendships made,

what a time to be among the world of respectable professionals, such a learning atmosphere! Looking at articles presented by radiographers reflects a brighter tomorrow and I am so grateful to ISRRT for providing a platform for us to exchange and share knowledge, skills and expertise. I am also so grateful to ISRRT and the entire travel support team for accepting and approving my travels both for Seoul and T&T. I want to assure the entire world of radiography that the seed that ISRRT is sowing in me will never die unattended; rather it will grow to

benefit my colleagues in Tanzania, Africa and the World at large. I am ready to be part of the future.

We are challenged again for Dublin 2020. We shall organise and by God's grace increase the number of participants. We also know now, Tanzania can do it, Tanzania can host the World of Radiographers, we are preparing to do it and surely one day we can! To us, Radiography All the Way!

Stephen Samson Mkoloma
ISRRT Council Member

The ISRRT is proud to present their new website.

Please go to www.isrrt.org
and have a look at all the information available about the ISRRT.

We encourage you to share this link with your colleagues.

The screenshot shows the ISRRT website homepage. At the top left is the ISRRT logo featuring a portrait of a bearded man and the text "ISRRT INTERNATIONAL SOCIETY OF RADIOGRAPHERS & RADILOGICAL TECHNOLOGISTS". The top right contains navigation links for "Home", "Members Only", and "Contact Us", along with social media icons for LinkedIn, Facebook, and Twitter, and a search bar. Below the header is a main menu with dropdowns for "ABOUT", "MEMBERSHIP", "CONGRESS & EVENTS", "EDUCATION", "COMMUNICATION", and "PROFESSIONAL PRACTICE". The central image is a photograph of a radiographer in a blue scrub top sitting at a desk, looking at a computer monitor that displays a grayscale brain scan image. To the left of the monitor, a smaller screen shows some control panels. A dark overlay box on the left side of the image contains the ISRRT logo and the text "The voice of the imaging and therapy radiography Profession, worldwide". At the bottom of the page, a black banner contains the ISRRT mission statement: "To improve the standards of delivery and practice of medical imaging and radiation therapy throughout the world by acting as the international liaison organisation for medical radiation technology and by promoting Quality Patient Care, Education and Research in the radiation medicine sciences". A blue button on the right side of the banner says "ISRRT Mission Statement".

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