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Remember to e-mail your news before the deadline to:
Production Editor
Mrs Rachel Bullard
Email: deepbluedesign1@mac.com

Deadline for the twice yearly issues are:
April 1 [May issue]
October 1 [November issue]

All material must be sent electronically.
Advertisements and images to be sent as high resolution PDF, TIF, EPS, 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 CEO:
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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 reaches 72 countries, 4500 associate members, libraries and schools of radiography, government bodies and professional societies.

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extend warm greetings to all of our colleagues and friends across the globe. The 17th ISRRT World Congress that is being held in conjunction with the 70th Canadian Association of Medical Radiation Technologists (CAMRT) Annual General Conference is almost upon us. The organisers of the conference have been working extremely hard to make sure that this will be a grand occasion and an outstanding meeting. I look forward to seeing many of you there.

We are very happy to report that all submissions to the ISRRT 17th World Congress Travel Fund have been reviewed and 29 individuals from 13 countries will be provided with round trip airfare to the Congress. It has been reported that an additional stipend of $200 has been provided by the CAMRT, the American Society of Radiologic Technologists (ASRT), the ISRRT, the Society and College of Radiographers (UK) and other individuals and societies. This demonstrates a sincere effort to provide assistance to colleagues who needed the additional support to be afforded the opportunity to attend the World Congress. My sincere thanks to all involved with this effort.

I was excited to see the increased interest and participation in the ISRRT DoseWise Radiographer of the Year Competition. This year’s winner is Sandra Pridgeon, from South Africa. Her entry, from among many, entitled “Radiation Protection in the Operating Theatre” was selected by the committee. She shared her experience in radiation protection of her clinical staff, where she implemented reusable shields to absorb radiation backscatter from patients. As the 2011 ISRRT DoseWise Radiographer of the Year, Sandra will be attending the World Congress in June. Our thanks goes out to Philips who has partnered with the ISRRT and have long recognised the essential role of radiographers and radiological technologists play in the safe delivery of the best clinical care to the patients we serve.

Since my September 2011 report, I have represented the ISRRT at the following events/places:

- Helsinki, Finland:
  Site Visit and Planning Meeting for the 2014 ISRRT Congress
- Chicago, Illinois:
  Radiologic Society of North America (RSNA) and the Associated Sciences Meeting

Much of the work of the ISRRT Board and CEO is carried out by way of email and SKYPE communication. However, the Board has instituted an internal process by which we carefully track our activities (travel on behalf of the ISRRT or major written document submissions to external agencies) and categorise them according to defined areas. During the 2010 World Congress that was held in Gold Coast Australia, the Board agreed to provide a report to the Council regarding its activities related to “communication,” “focus on developing nations,” “collaboration with member societies or regional networks,” and “ISRRT governance and structure.” I will be providing a more detailed report in Toronto; however, here is a glimpse at a portion of the general highlights since that meeting:

- Total Number of Representations (ISRRT Board Members and CEO) = 53
- Total Number of Representations (ISRRT President, included in the above count) = 15
- Total Number of Representations/Major Submissions (ISRRT CEO, included in the count above) = 29

Types of Initiatives Addressed by these representations or submissions (by category)
- Communication = 51 (43%)
- Focus on Developing Nations = 22 (19%)
- Collaboration with Member Societies or Regional Networks = 36 (31%)
- ISRRT Governance and Structure = 9 (8%)

As you can see, the Board and CEO are kept very busy carrying out the duties of our respective offices and representing the ISRRT and the profession at key meetings across the globe. Much of what we do on an ongoing basis has been placed on the ISRRT website and will be highlighted during the upcoming ISRRT Council meeting and pre-conference briefing.

In early November, Stewart Whitley (ISRRT Treasurer), Dr Sandy Yule (ISRRT CEO) and I went to visit the site of the 2014 ISRRT World Congress in Helsinki, Finland. We had a wonderful time visiting with the Finland Society Local Organizing Committee and the Helsinki Tourist Board. The hotel, conference centre, Congress venues and the overall beauty of Helsinki will make this an event worth attending.
President’s message

Pictured right are members of the Finland Society Local Organizing Committee and ISRRT President, CEO and Treasurer.

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

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

Mammography Workshop Approved By ISRRT Board of Management

Jamaica, 2012

I am very pleased to inform all Mammographers in the Caribbean countries that as part of the 2012 ISRRT budget the Board of Management has approved a Mammography Workshop for the fall of 2012. The Americas Regional Directors are proposing that this workshop take place in Jamaica in the fall of 2012. This comes at a very exciting time as the Jamaican Society of Radiographer is celebrating their 50th Anniversary in June of this year!

The Pan American Health Organization (PAHO) is most interested in partnering with the ISRRT on this workshop in order that mammographers from other Caribbean nations can attend as well. Rita Eyer, ISRRT Vice President and Patricia Johnson, ISRRT Regional Director of the Americas Region are currently working very closely with fellow technologists from the Jamaican Society on the planning of this event. The ISRRT Director of Education, Cynthia Cowling, will also be spearheading this very necessary workshop.

There has not been a Workshop in the Caribbean Region for over five years. Mammography requires excellent quality images by very competent highly skilled mammographers and with digital mammography now coming into use, continuing education for these professionals is imperative.

More details will be provided as the information becomes more available.
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During the past six months I have been busy preparing for the Board and Council meetings which will be held during the World Congress in Toronto. The 17th ISRRT World Congress is being held in conjunction with the Canadian Association of Medical Radiation Technologists (CAMRT). The ISRRT will be celebrating its 50th anniversary while at the same time CAMRT will be celebrating its 70th Annual General Conference. Toronto is a fabulous venue with many places of interest. There will also be several tours arranged during the Congress for accompanying persons. I would like to thank Chuck Shields, CAMRT CEO, and his staff for all the work they have done during the past twelve months to make this a superb event.

In November I accompanied President Michael Ward and Treasurer Stewart Whitley on a site visit to the 2014 ISRRT World Congress venue in Helsinki, Finland. The visit was hosted by the Society of Radiographers of Finland and the Tourist Board and I thank them for their hospitality. The entire cost of the visit was borne by the Tourist Board.

The purpose of this visit was to see the prospective hotels for the ISRRT Board, visit the Congress Centre, visit the Finland Society of Radiographers Office, meet the Finland Society Local Organising Committee, meet the Helsinki Tourist Board and visit with the Helsinki Hotel management. Congress organisation and venue requirements, opening and closing ceremonies, and evening events were discussed.

During the visit we also had the opportunity to visit the headquarters of the Finland Society and were shown round by the CEO Paivi Wood who many will remember as an ISRRT Board Member.

The venue is excellent and I look forward to working with the organising committee in the two years running up to the Congress. The committee will be present on a booth in Toronto and I would ask all those attending to visit the booth and speak with the organisers.

Also in November Dr Michael Ward and I attended the RSNA Conference in Chicago, Illinois. We met with many vendors and association leaders attending the RSNA. The ISRRT President and CEO hosted a meeting with association leaders at the headquarters of the Joint Review Committee on Education in Radiologic Technology (JRCERT) where updates and activities of each organisation were shared.

Michael Ward gave two lectures during the meeting, one was on “Health Literacy” for the Associated Sciences and the other addressed “Cultural Competence” for ASRT at RSNA. The ISRRT sponsored Ms Brenda Battle, Director for the Centre for Diversity and Culture Competence at Barnes-Jewish Hospital in St. Louis, Missouri USA who lectured during the Associated Sciences forum along with Dr Ward. Together with my wife Allison we spent many hours at the ISRRT booth greeting visitors and colleagues from across the globe.
During March, while on holiday in Australia, I visited the new Australian Institute of Radiography (AIR) headquarters. David Collier, the CEO of the Institute, showed me around the building and introduced me to staff. David is producing a history of the ISRRT and has visited the Archives in Manchester, UK, on two occasions. It is hoped that the history will be ready for the 50th anniversary of the ISRRT which will be celebrated in Toronto during the World Congress in June. I would like to thank David for agreeing to undertake this task which has to be done as part of his busy schedule.

I also took the opportunity to visit Gordon Ryan, past president of both the ISRRT and the AIR. Gordon was also presented with an award during the 2010 ISRRT Congress in the Gold Coast, Australia. I was accompanied on the visit by Ernie Hughes, past CEO of the AIR, and very well known to many as a former ISRRT Council member.

The months of May, June and July will be a busy period for me. In addition to preparing for and attending the World Congress in Toronto I will be making my annual visit to the World Health Organisation (WHO) General Assembly in Geneva. During the visit I will be meeting with WHO officials to discuss our continuing co-operation.

As most of you know Marion Frank, OBE, died last year. A memorial service is being held in London in May and Stewart Whitley, ISRRT Treasurer, will be speaking on behalf of the ISRRT. Both Stewart and I will be representing the ISRRT.

Later in May I will be attending the International Congress of Radiology (ICR 2012) in Sao Paulo, Brazil. Meetings will be arranged with the International Society of Radiologists and I will also be chairing and speaking. The Technologists programme has been arranged and organised by Cynthia Cowling ISRRT Director of Education. President Michael Ward will also be there and will deliver a lecture. It is hoped that our visit will result in Brazil once more becoming a member country of the ISRRT.

Finally in July I will be attending the United Kingdom Radiology Conference (UKRC). The ISRRT have a booth at this meeting and I hope to see many of our overseas visitors at the booth.

The run up to the Board and Council meetings in Toronto will be very busy and I appreciate the support given by President Michael Ward and all Board members. Their help and guidance enables me to accomplish my job in a timely manner and I thank them all for their constant encouragement. I would also like to thank my wife Alison who as always has proved to be indispensable to me.

Sandy Yule
CEO, ISRRT

Above: International delegates visiting the ISRRT booth

ISRRT WEBSITE

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

COMMENTS ON THE NEWSLETTER

You are invited to comment on the presentation and contents of the newsletter and make suggestions for future issues.
Your comments will be considered by the Editor and her Committee.
email: deepbluedesign1@mac.com
Throughout his entire career as a Medical Radiation Technologist and even more so while involved in the International Society of Radiographers and Radiological Technologists in his roles as the Council Member for Canada, ISRRT Board Member, Secretary General of the ISRRT as President and finally as the Treasurer, Terry West demonstrated his belief in providing exceptional service to the radiographic community. His goal was always to find how the ISRRT could best provide support for developing countries.

One of his ways of ensuring assistance to developing nations was the provision of ISRRT educational workshops that would allow the training for the trainers. His major concern was always to assist those in need. This began when he taught radiation therapy students and when he was the front-line therapist performing radiation treatments on his patients. From the time of being a front line radiation therapist right into his positions on the ISRRT Terry truly exemplified the Mission of the ISRRT to “continually striving to improve the standards of delivery and practice of medical imaging and radiation therapy by promoting quality patient care, and education in the radiation medicine sciences”.

In 1969 Terry West began as the voice of the International Society of Radiographers and Radiological Technologists first in Canada as one of their first Council Members.

In 1971 he became the ISRRT Regional Director of the Americas Region and served in that position until 1977. Terry was the Chairman of the Organising Committee for the first ISRRT Conference in the Americas and it was shortly after that Conference that he was nominated and elected to be the ISRRT President for the four year term, 1977-1981.

In this role of ISRRT President, Terry West was very instrumental in assisting the ISRRT to build on its history of improving the standards of radiation medicine and the status of radiographers and radiologic technologists as equal members of the Radiological Sciences Team.

In 1979 Terry was able to convince ISRRT Board of Management that the ISRRT Associate Membership category should be made available. It has certainly been proven that these Associate Members of the ISRRT play a very important role in promoting the aims of the ISRRT not only in his/her own country but globally as well.

During his time on the ISRRT Board Terry worked extremely hard to encourage not just individual technologists to become Associate Members of the ISRRT but he continually communicated with national societies to become members of the ISRRT by demonstrating
to them ways in which the ISRRT could help. By doing the number of member societies increased from the 15 in existence in 1962 to the 85 countries that are part of the ISRRT today.

In his time as President, and after meeting with the President of the European Congress of Radiology in Vienna, Terry made some tremendous strides. First he obtained their consent to allow a few papers to be presented by medical radiation technologists at the ECR World Congress and then by further negotiations and much work, Terry was able to get the ECR to officially recognise that radiographers and radiological technologists to be a vital part of the overall presenting team.

One of his lifetime objectives has been to assist in the educating of medical radiation technologists throughout the world, not just in his own place of employment. Knowing how important it was while serving in various roles in Canada, Terry took his knowledge of establishing standards of practice to a world-wide level and was always marketing the importance of how these standards are a necessity to prove that the ISRRT represents the radiation sciences profession. Based on his hard work in this area, Terry was named to be the first non medical member to chair an accreditation team of radiologists and radiation therapists for the Canadian Medical Association Accreditation Committee. Terry then pushed harder to show the need for world-wide recognition of medical radiation technology for developing nations through ongoing training sessions.

Terry was also was involved in the furthering of recognition of the ISRRT as a Non-Governmental Organization (NGO) by many international organizations such as the International Atomic Energy Agency (IAEA) and the International Radiation Protection Association. He has always been a strong proponent of radiation protection for staff and patients alike a fact that was not just evident at the ISRRT level but he was also recognised in Canada and was appointed to serve on the Canadian Ministry of Health to be the representative for Radiation Safety Legislation.

When his term of ISRRT President ended Terry certainly did not feel that his work was done yet. Terry became the ISRRT Regional Director of the Americas Region in 1981 and served for two full terms.

In 1987 he was elected to become the very vital job of ISRRT Secretary General and served in this role until 2002. In his fifteen years as the ISRRT Secretary General, Terry continually co-ordinated the society’s activities including the daily organisation, communication, collection and distribution of all ISRRT information. It should be noted that while in his role as Secretary General the ISRRT Office was established in 1995.

In 2002 Terry was elected to become the ISRRT Treasurer and served in this position until 2006. It should be noted that because of volunteers like Terry West during this time of almost forty years, the ISRRT budget was never in a deficit situation - it always showed a profit as a result of due diligence yet many very important educational workshops and projects were accomplished.

Terry’s values of hard work, excellence, dedication, professionalism and integrity and his outstanding volunteerism were recognised by several organisations and societies with the following:

- Honorary Fellow, College of Radiographers, United Kingdom
- Honorary Fellow, Australian Institute of Radiography, Australia
- Honorary Life Member, Nederlandse Vereniging Medische Beeldvorming en Radiotherapie
- Life member, Canadian and Ontario Associations of Medical Radiation Technologists

Terry would tell you that all of his accomplishments were as a result of his personal friendship and one-on-one mentorship with Dien Van Dijk. He knows how fortunate he was to have known her as she is the one who made him strive to be the role model that he was.

Although Terry is now “retired” from his volunteer roles on the ISRRT his belief of ongoing assistance to those in need is instilled in his everyday life. Terry is the Director for the weekly distribution of the community food bank in Don Mills Ontario, Canada. Through all his efforts food is acquired and distributed each week to almost seventy families. He has also been instrumental in lobbying the government for the raising of funds to the tune of seventeen million dollars in order to build a Community Centre for the children in the neighbourhood.
Sandra Pridgeon from South Africa has been awarded DoseWise Radiographer of the Year Award 2011.

Following the submissions by radiography professionals across the world, Sandra Pridgeon’s entry on “Radiation Protection in the Operating Theatre” was hand-picked by judges from the International Society of Radiographers and Radiological Technologists for the DoseWise Radiographer of the Year Award 2011. Sandra’s entry shared her experience in radiation protection of her clinical staff, where she implemented re-usable shields to absorb radiation backscatter from patients.

As the winner, Sandra will be attending the ISRRT World Congress 2012 in June, where she will learn more about the innovations in global diagnostic imaging and radiation therapy practice.

Sandra completed her National Diploma in Diagnostic Radiography at Frere Hospital, East London, in 1981, then went on to study radiotherapy at Addington Hospital, Durban. After completing her National Diploma in Radiotherapy in 1983, she continued to work as a therapy radiographer at Addington Hospital Radiotherapy and Oncology Department, becoming a senior radiographer and working primarily in the treatment planning section until 1988, when she relocated to Botswana.

Sandra assisted with the startup of the first radiotherapy treatment centre in Gaborone, Botswana, then went back to South Africa in 2001, and returned to diagnostic radiography. She then worked on a rotational basis in occupational health, general radiography, and theatre then registered for independent practice in 2007. She completed her Baccalaureus Technologiae Degree cum laude at the Central University of Technology, Free State, in 2007 and then went on to start a radiography service in Welkom, which offers x-ray services in the operating theatre at various hospitals in Welkom. It also has an outpatient x-ray facility, offering services to the primary and occupational health sector.

Sandra has written two articles published in the South African Radiographer (SAR) Journal, and has presented these articles at seminars in South Africa.

Sandra Pridgeon has three children, aged 24, 21, and 14 and holds both USA and South African certification in exercise science. To relax she enjoys music and gardening.
DoseWise winning Synopsis

Radiation Protection in the Operating Theatre: A Direct Approach to Reduction in Occupational Radiation Exposure

Submission by:
Sandra C. Pridgeon.
Private Practise Radiographer.
Qualifications: National Diploma Radiography, National Diploma Radiotherapy, Baccalaureus Technologiae Radiography

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Abstract and Key Words
The submission represents a method of optimising radiation protection for clinical staff which was sought after temporary skin changes and radiation dose measurements had suggested dose limits were being exceeded. Scatter radiation emitted from the patient during the relatively new, fluoroscopically guided, pulsed radiofrequency (PRF) therapy procedures had been identified as the probable cause of this increased exposure. The aim of this study was to quantify the benefits of a secondary radiation barrier, in the form of customised, re-usable radiation-resistant shields, in reducing radiation dose to clinical personnel. Sub-problems to be assessed were the possible technical difficulty involved in potential interference by the shield with field-of-view of the attending specialist and the risk of cross-infection. The objective was to reduce high occupational radiation exposure.

Materials and methods
Thermoluminescent dosimeters and a ring dosimeter were used for dose measurements. A detailed log of clinical details was kept. A set of four customised shields of 0.25mm lead equivalent material were designed and implemented. Data was collected on 275 lesions treated over 6 months. Summated procedure time was 97 hours.

Results
Results demonstrated a 69% reduction in the amount of backscatter radiation reaching the neurosurgeon. Shields were practical to implement in 87.5% of procedures. Deep dose and thyroid dose results were within limits but suggested a higher than expected lens dose. No instances of disturbed field-of-view of the specialist, or of cross-infection, were recorded.

Conclusion
This study concludes that the shields are effective to implement and achieve considerable reduction in scatter radiation dose to clinical staff. Further study into uses of the shields during other interventional fluoroscopically-guided procedures, and investigation into clinician lens dose, may be warranted.

Original material was published in the SAR, November 2011.
Firstly I would like to extend the greetings of Dr Michael Ward, President of ISSRT, together with the rest of the Board members who cannot be here today to join with friends and family in celebrating the life of our distinguished colleague Marion Frank.

As we celebrate the 50th Year of ISRRT it is good to recognise and honour today the pivotal role that Marion played in the establishment and development of ISRRT. It was her influence and tireless ambition to promote the role of radiographers and radiological technologists throughout the world that has become a lasting legacy in many parts of the globe as well as establishing a foundation for others to build on.

Marion was present at the 1959 International Congress of Radiology in Munich at which the ISRRT was founded and worked closely with such personalities as Ray Hutchinson, Dien Van Dijk and KC Clark and helped in the formulation of the ISRRT’s education policy.

In 1964 after Clark was unable to work Marion became acting head of the Education Committee taking full responsibility on the death of Kitty four years later.

After giving up the Chairmanship of the Education Committee Marion turned her attention to harmonising the different working practices in the European Community. She helped define the role and basic tasks of the radiographer and was instrumental in the publication of the document “defining Role of the Radiographer in Europe” as well as representing the ISRRT at the first official meeting between the EC in discussions on the implementation of European-wide directives on radiation protection and recognition of diplomas.

She was such a prominent and influential figure which was reflected by the fact that she held the offices of Education Chairman (1970 to 1983), Vice President of ISRRT Europe and Africa as well as serving on the Public Relations Committee.

She devoted endless energy and dedication to organising and running successful Teacher Seminars, workshops and publications dedicated to the role of medical imaging and radiotherapy and promoting ISRRT in the wider context of national and international bodies such as WHO and the EU.

Truly an early pioneer and as such she was recognised by her employer the Middlesex Hospital and was seconded by them from 1960 to 1981 to undertake projects on behalf of ISRRT.

She helped put radiography training and education on the map across the world and laid a foundation which enriched the role and
influence of radiographers and technologists.

Having had the privilege of looking through Marion’s papers and the ISRRT archives at the John Rylands University Library in Manchester one is struck by the scale to which Marion was held in such high regard.

There are numerous letters from around the globe of people expressing their thanks and appreciation for her intervention and advice in difficult situations whilst others such as children who she sponsored abroad expressing affection for her kindness and tangible support.

She engaged at all levels and seemed to focus on individuals to encourage them to get involved: I was personally frog marched by her one year at UKRC to join the BIR asking “Stewart why are you not a member of BIR”

She was a selfless, dedicated faithful servant, prominent speaker, expert who was sought after for advice.

Marion was a resource that others could tap into, a diplomat who smoothed things over and got things done, a go between helping different groups meet a harmonised decision in a self effacing manner. I guess that it was her endless hospitality and the open door in her flat that got folk together and where things got done and agreed.

In looking through her papers I also discovered that Marion had life outside radiography. From a discarded photocopy of a memo to members of the Middlesex Hospital League of Friends Club 25 (17.1.2000), which incidentally she used to pen a letter on ISRRT business, you can see that she was fulfilling the role of Honorary Secretary of Club announcing a luncheon of the Club for March 15, 2000.

She was also active in wanting to preserve the history of our profession and hosted and worked with the likes of Uwe Busch from the Roentgen museum and others to lobby for the need for an Archivist.

From the ISRRT perspective Marion is described as Lady of impact and in recognition for her services and contributions she was awarded the ISRRT highest honour – Dien Van Dijk Award – awarded at the ISRRT Australian World Congress in 2010 which she received with great happiness.

She certainly was a bridge between the past and the present and but was a real character full of fun and mischief. To elaborate I would like to share this story straight from Marion’s own mouth – I call it the “lady in the lake” story.

In her address to the ISRRT World Congress, Singapore, January 1994 when delivering the Ray Hutchinson lecture she describes how as far back as 1945 while attending a meeting in Birmingham, England, that a group of radiographers decided to go pike fishing on a lake in the countryside nearby. She goes on to describe three men in her boat: Hutch, her boss Lovell Stiles and a representative from Kodak all sitting silently in a boat with their fishing rods – and then there was me she said. It was very hot and soon she became restless. Not wanting to disturb them, so without saying anything she took off her clothes and splashed into the water. Naturally that was the end of the men’s fishing prospects and they were furious with Hutch calling her the “most stupid woman he had ever met”. However from that moment onwards they became firm friends even though he still thought she was the most stupid woman he had ever met!

To conclude our tribute to Marion I would like to echo what the speaker in introducing Marion as the then VP of ISRRT (Europe and Africa) said to the assembled company at the KC Clark oration in New Zealand.

Marion now feels it is time to slow her activities at least a little. “It’s time to pass on the executive positions for policy making to younger people who have the clinical experience and want to stand up for themselves” he says.

However it’s hard to believe she doesn’t still have a few surprises in store “I have three surpluses – surplus energy, surplus fat and surplus love,” she says.

Certainly this self description in some way sums up the type of lovely character we are honouring today.

Thank you.

Stewart Whitely
In 1951, the Society of Radiographers of South Africa (SORSA) was founded by Ms May W Tompkins, a pioneer in radiography training and practice in South Africa. She spent the major part of her career as a tutor at the training school for radiographers at the Johannesburg General Hospital and on her retirement was the founding tutor at Coronation Hospital. During her distinguished career, she served as chairman of the Society for a period of ten years from 1951 to 1961 and then again from 1963 to 1974 (the term, ‘President’ was adopted in 1975).

The gold and diamond brooch now worn by the President as the President’s badge was initially presented to May Tompkins for her services to radiography and she left it to the Society. When she died, her solicitors apparently asked for the brooch but being the good secretary that Evelyn was, she had kept the letter in which May Tompkins had told of her intentions and she (Evelyn Tyrer) was able to send the solicitors a copy.

The main focus of the Society in the early years was to do with radiography training. South Africa followed the British model where their Society was the examining body. In the early years of training, all students wrote the British Society of Radiographers exams. It was only after about ten years that an examination was finally offered by the South African Department of National Department. The latter retained this function until the early 1990s for diploma programmes which were then taken over by the technikons (now universities of technology). Degree programmes were handled by some of the universities.

Joyce Runnals who served SORSA in many capacities was elected chairman in 1961. She was responsible for submitting the radiotherapy syllabus to the then Department of National Education. She was also instrumental in drawing up of the constitution of the Society. She was elected to the first Professional Board for Radiography in 1974.

The Society was pivotal in motivating for recognition of radiography as a profession and the need for a professional board with the former statutory body, the South African Medical and Dental Council (SAMDC) now the Health Professions Council of South Africa (HPCSA). Registration for radiographers with the SAMDC was made compulsory in the seventies. Liaison between SORSA and the HPCSA is important as it provides an avenue for members to make representations to the statutory body.
SORSA was instrumental in the motivation for professional parity in the public sector for all racial groups during the 1970s and early 1980s.

In 1974 at the general meeting of the 3rd radiographers’ congress, a new constitution was accepted. An interim Council was nominated until the 1st national elections were held in 1975 where Evelyn Tyrer was elected National President. The 1st national council meeting was held in May 1975. Evelyn also served on the Board of Management of the International Society of Radiographers and Radiological Technologists (ISRRT) and was elected secretary for the Europe-Africa region in 1973. It was mainly due to her efforts that the South African radiographers enjoyed reciprocity with so many countries.

By the mid seventies, SORSA had branches in Durban, Cape Town, Johannesburg, Pretoria, Bloemfontein and Port Elizabeth. Each branch had a representative on the National Council. Not too long thereafter a branch was established in Bellville and the structure of the council was changed to accommodate representation for the different radiography categories.

Elizabeth Stephenson served on National Council from 1974. She started up the then OFS Branch now known as the Bloemfontein Branch. She served as President from 1977-1979.

In 1979, Marita Horak took over the reigns as President until 1982 and also served as Council member for South Africa on the ISRRT. Iona Ruscheniko later served as ISRRT Council member followed by Fozy Peer (1998 to 2006) and Aladdin Speelman (2006-2011). Marita Horak was re-elected as President in 1994 and served until 1996.

SORSA played an important role in radiographic education and made recommendations regarding the radiographic syllabus and was involved in establishing nuclear medicine and ultrasound training. The Society actively motivated for the change of a two year diploma to the present three year curriculum in the 1970s. The Society at its own cost developed the curricula for the 3 year national diplomas in diagnostic, radiotherapy, nuclear medicine and certificate in ultrasound. It was thanks to the initiative and hard work of a number of Society members that these courses were offered in the late 1970s.

Thelma Hochschild (President 1982-1985) and Joan Anthony (President 1986-1989) were instrumental in negotiating with overseas societies to allow our members entry to their societies. This was significant when the societies were the examining bodies and membership of a society was sometimes an essential employment requirement. This has changed in recent times as most countries now have registering bodies that assess the foreign qualifications. Joan also served as member on the Professional Board for Radiographers on the SAMDC.

In 1990 Betsie Swart served as President followed by Annarie Hugo from 1991-1992. She also served on the Professional Board. Leonie Munro served on various positions both at Branch level and on council before taking over the presidial reigns from 1992 to1994. Leonie continues to work tirelessly for the Society and is currently the national treasurer and editor-in-chief of the official Society publication, The South African Radiographer. This is a peer reviewed publication, published since 1959. It is an important source of information for members. From the late 1970s up to the mid 1990s, the editors were Joan Irving and Jane Sproule. Back in those days there were no facilities for computer generated labels so each branch distributed the journals with hand written address labels. Following the introduction of continuing professional development, the journal offers directed reading programs. Leonie Munro ably manages the SA Radiographer in her role as editor-in-chief assisted by a team of sub-editors.

One aspect of the liaison and representation by SORSA on the Professional Board for Radiographers at the HPCSA has been the lengthy negotiations (from the early 1980s to 1993) that finally allowed radiographers to open private practices. The Society at major cost, compiled the private practice tariffs for private practice diagnostic radiographers. Initially private practice was only limited to diagnostic radiographers, followed by rights to private practice for all radiographic categories in 2006.

Brenda Rees who hailed from Port Elizabeth was involved with student training. She served as President from 1996-1998.

Fozy Peer served two terms as President of SORSA – from 1998 to 2000 and 2002 to 2004. She was nominated by the Society to serve on the Professional Board for Radiography from 1995-1998 and was re-elected from 2004 to 2010. After representing the Society as Council member on ISRRT from 1998 to 2006 she was elected onto the ISRRT Board of Management as Director of Public Relations for 2 consecutive terms of office from 2006 to 2010 and 2010 to 2014. She was also convener of the first ever ISRRT World Congress to be held in Africa in Durban, South Africa in 2008.

Man Bruwer from Bloemfontein served as president from 2000 to 2002. Jenny Motto during her tenure as president from 2004 to 2006 was head of radiography at the University of Johannesburg. Aladdin Speelman, a lecturer at the Cape Peninsula University of Technology (CPUT) was the first male to serve as president from 2006 to 2008. He also represented South Africa as Council member on the ISRRT.

Yogi Govender served on her local branch at various levels before representing radiotherapy on Council and went on to serve as President from 2008-2010. She was succeeded by Hesta Friedrich-Nel in 2010. Hesta is currently the associate professor and director of the School of Health Technology at the Central University of Technology in the Free State. Her term of office as president expires in 2012.

The first congress of the Society in September 1972 was organised by June McIntosh and a few other radiographers from around the country. It was held in Durban at the old “Blood Bank” in Prince Street and proved to be a great success. This was the first of many national congresses. Apart from providing information, the congresses were probably one of the activities that got radiographers from the various centres talking and created an interest in the Society. The National Congresses were hosted by the branches on a rotational basis every two years. In the intervening years smaller seminars on various topics including professional advancement, education, ethics and management are offered. Due to the commonality of subject matter and vendors, since 2006, SORSA has held joint congresses with the radiologists. In 2006 we were invited by the ISRRT to host a radiography tract at the International Congress of Radiologists which was held in Cape Town. In 2008, the Society invited the Radiological Society of South Africa (RSSA) to host their congress at the ISRRT World Congress held in Durban. In 2011 the Society (SORSA) and RSSA combined to hold the first joint congress of the two societies where the administration and congress financials were shared in proportion to the respective number of delegates. This was a very successful joint venture and we hope to continue working together.

The above is published with the permission of the Editor-in-chief of the South African Radiographer

Hesta Friedrich-Nel
ISRRT Council Representative
Introduction
The development of radiography is well documented in many countries however, in Sri Lanka, an island south west of India, the rich history of radiography/radiotherapy is only just emerging. This article briefly outlines the development of radiography/radiotherapy on this small island which is home to 21 million people. Dr Reggie Perera, Secretary to the Minister of Health (2003) describes the work of radiologist Dr HO Gunawardene who trained in radiology in the UK and returned to Sri Lanka with an induction coil X-ray machine to start the service in Colombo. Dr HO Gunawardene trained a technician to use the machine and the first two radiographers, Mr Caspersz and Mr Fernandopulle were recruited to train in the UK in 1926 and another 15 followed them to train in the UK over the next few years. The Government X-ray Technical Officers Association was formed in 1948. They achieved WHO recognition of the (then) Ceylon School of Radiography which started a two year London Diploma course in 1957 under the guidance of Dr AHN Welikala, Consultant Radiologist, with the help of Mr SM de Z Siriwardena, Superintendent Radiographer. The School was affiliated to the Society of Radiographers in London, UK. Mr MIM Jabir, the Secretary of the Association in 2003 states how the London examinations were stopped by the government in 1972 and called upon medical institutes affiliated to universities to upgrade radiographer training. In 2005 the University of Peradeniya initiated the first degree course in radiography/radiotherapy in Sri Lanka.

Radiography
Radiographic equipment installation throughout the island started in Colombo where the second X-ray machine was installed in 1937 however a second radiologist was not appointed until 1941. Mr W.M.P.Fernando started his radiography training in the 1950s. At that time the spread of pulmonary tuberculosis was prevalent and chest clinics had a prominent role in the Sri Lankan Health Service. Colombo is the largest city in Sri Lanka and the first X-ray
A machine was installed there. The first to be installed outside Colombo was at Galle, on the southern coast. It was commissioned for the management of patients with suspected pulmonary tuberculosis. Mass Miniature Radiography machines were used to examine as many people as possible. These were portable and have been used in many countries to examine large numbers of people for chest X-ray e.g. coal miners with suspected or known pneumoconiosis. Plain radiography was considered superior to other imaging procedures according to Mr Fernando. At that time angiography required manual cassette changes with injection of contrast agent directly into the carotid artery.

Mrs Kulasinghe trained in the 1960s and can recall the improvements in contrast agent studies. Cine radiography and bi-plane techniques were introduced for cardiology reducing the hazard to the patient as the number of injections of contrast agent were reduced.

Mr Wimalasena who trained in the 1970s talks of contrast studies becoming increasingly important. Originally there were no image intensifiers or TV monitors and it wasn’t until 1978 that image intensification was introduced. Prior to this, fluoroscopy was carried out in a darkened room with the radiologist wearing dark adaptation goggles and looking directly at the screen in the primary beam. Linear tomographic equipment was gained first then multi directional tomographic equipment.

In the 1980s ultrasound, nuclear medicine and CT scanning were introduced and the first MRI scanner in the mid 1990s.

**Radiology**

The first stock of radium was gained in 1929 and a building was donated in 1939 by Sir Ernest De Silva to be used as a radiotherapy department. However the impact of World War 2 prevented the department from opening until 1944. Radiology and radiotherapy were seen as separate disciplines from 1958 when Dr H.K.T.Fernando was employed as the first radiotherapist at the Cancer Institute at Maharagama. This was an important time for radiotherapy as the first cobalt unit was installed.

**Radiation protection**

The Cancer Institute organised a protection service in 1959. This service was taken over by the Atomic Energy Authority in 1988 and included personnel monitoring, department surveys and installation licensing.

Radiography in Sri Lanka has developed from diploma to degree, from basic to complex procedures and from simple to sophisticated equipment. The original pioneering work of Dr.H.O. Gunawardene and the first two radiographers, Mr Caspersz and Mr Fernandopulle provided a firm basis on which the profession of radiography has evolved on this island.

Mr EAW Madushanka
Dr Christine Ferris
Dr PB Hewavithana
On December 3rd 2011, we held in Abidjan, at the National Institute of Health Agents’ training (INFAS), the third edition of the Word Radiography Day. Though the dedicated day was November 8th 2011, the event had been delayed for some technical constraints.

Following the official topic “Radiography, Heart of Modern Medicine”, the scientific program focused on medical imaging of chest and heart. However, some communications on radiation protection, digital radiology and telemedicine were included.

About 80 participants from different towns in the country Cote d’Ivoire were present; it was an exceptional occasion to meet their colleagues and exchange information about the development of the profession and their social condition after the dreadful civil war which claimed the life of two of them.

Professor N’Dri Kouadio, President of the National Society of Radiologists was the chairperson of the ceremony.

The guest speakers were eminent personalities of the scientific world and were from various fields: Professor Monnahan Alain, nuclear physicist, Director of the National Radiation Protection Board Professor N’Zi Paul and Doctor Salami Fatima, both radiologists from the National Institute of Cardiology.

Doctor Roger Kpon, E-learning expert and Technical Coordinator of the French speaking African Network of Telemedicine (RAFT)

The whole organisation was conducted by a dynamic organising committee directed by Zeregbe Yokole, a Chief Radiographer with the help of Jack Essigan an outstanding student leader.

The opening ceremony started with the inaugural lecture by Professor N’Dri Kouadio about the global situation of professional practice of radiology and medical imaging in Cote d’Ivoire. Then Boniface Yao in his role of Regional Coordinator presented ISRRT focusing on its objectives, its vision of excellence and the ongoing support it had been providing the National Society with. He then gave information on ISRRT upcoming events such as:

- The 17th World Congress in Toronto, Canada, June 2012
- The French Speaking African Workshop, Cameroon, November 2012
- The launch of DoseWise competition
- The launch of the ISRRT Research Fund for radiographers

He also presented The World Radiography Educational Trust Fund pointing out its objectives and actions towards radiographers all...
over the world. He specifically reported that the National society has received Books from the WRETF and is planning to donate them to the library of the National school of radiographers.

In the scientific program, Professor Monnehan Alain delivered a lecture on the national strategy of radiation protection and the necessity to create an Authority of regulation. In the same session, Boniface Yao made the restitution of a short training initiative on radiation safety management he participated in Brussels, Belgium, from November 5-20, 2011.

Doctor Roger Kpon presented an exciting communication on the African plate form of telemmedicine and the possibility for technologists and radiologists to set up teleradiology projects. This presentation was issued just after the one on image digitisation in conventional radiology presented by Boniface Yao.

Professor N’Zi Paul and Doctor Salami Fatima were the main lecturers who animated the workshops on medical imaging of the chest and heart. They thoroughly highlighted the techniques and modalities of exploration of the chest and heart, then the radio anatomy and semiology. The course was very practical and helped reinforce participants’ knowledge and skills on the subjects.

At the closing ceremony, Boniface Yao, President of the National Society (ANTIMCI) encouraged all of his colleagues to keep in touch with the Board of Management, to visit the ISRRT website regularly and to refer to him in case they need additional information. He also encouraged them to work in the purpose of promotion of the profession, offering quality care to patients with optimised radiation dose. A refreshment was offered to the participants who shared a fantastic time in a memorable event; the World Radiography Day!

Boniface Yao
ISRRT Americas Region

Summary and updates

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

The following are Updates from the Regional Directors of the Americas Region in regards to the four categorical initiatives for the ISRRT Board of Management:

1. Communication
Communication is likely an area for improvement for any organisation so it was not truly surprising that there was a very clear theme from the statistical analysis of the ISRRT Member Survey that there was a need to improve communications. The Regional Officers for the Americas Region wanted to ensure that they perform their roles effectively with even greater emphasis placed on both internal and external communication. In regards to their internal communication responsibility, the Regional Directors of the Americas are very active members of the ISRRT Board of Management participating in all Board discussions, actions, and meetings. There is correspondence that is sent out on a regular basis (often daily) that is read, considered and responded to. The business of the ISRRT is handled most often via email messages and the occasional Skype communication system. Both Regional Officers of the Americas Region were contributors to the recent ISRRT Operation Manual Review, modifications to the Dien Van Dijk Award Criteria, modification to the Sponsorship Fund Criteria as part of the action items that were requested after the Board of Management Meeting held in April in Albuquerque, New Mexico. The Regional Directors of the Americas strongly supported that the ISRRT Newsletter be produced in electronic format both from a financial cost saving and a green environment initiative. We encourage all countries in the Americas Region to provide reports for this newsletter from their nations twice a year. The Americas Regional Directors attempt to “walk the talk” to the nations by providing a report from the Region in the spring and fall issues of the ISRRT Newsletter as well as providing necessary information on the ISRRT website. Both Directors supported the ISRRT Newsletter name change to “News and Views from Around the World” as this title best depicts intent. Utilising the Newsletter and the ISRRT website allows each nation the ability for greater dissemination of information and, as well, MRT’s have a greater awareness of what each of the Committees of the ISRRT is doing, particularly in regard to the developing countries. It should be noted that the ISRRT website is continually being updated by both Dr Sandy Yule and Dr Fozy Peer thereby providing a very current most noteworthy website.

2. Collaboration with Member Societies and Non-Member Societies
Over the past two years there has certainly once again been excellent collaboration between the ISRRT with the member societies of the American Society of Radiologic Technologists (ASRT), the Canadian Association of Medical Radiation Technologists (CAMRT) and the Society of Radiographers Trinidad and Tobago (SORT). All of the more than 11,500 CAMRT members are now Associate Members of the ISRRT thereby receiving the ISRRT Newsletter electronically very soon after production. The Co-Chairs of the 17th ISRRT World Congress are from the Americas Region and are Nicole Harnett, Radiation Therapist from Toronto and Rebecca Ludwig MRT from the USA so collaboration has been ongoing with the Americas Region Directors in regards to Congress planning. Unfortunately we no longer receive responses from Mexico, El Salvador, and Guyana no matter how many communication efforts have been made, and, only limited information from Barbados, and Jamaica. The Regional Directors are very concerned about this. It is a major goal of the Regional Directors to obtain the interest of the medical radiation technologists from Central and South America in the ISRRT and we are striving to make the societies from the countries in these areas realize just how beneficial it is to be a member to the ISRRT. It is important to emphasize that the ISRRT represents more than 300,000 radiographers and radiological technologists, who are the majority of radiation medicine workforce worldwide.

1. At the ISRRT 16th World Congress in Australia in September 2010, the Regional Directors of the Americas held some informal meetings with Abelardo Raimundo de Souza, Presidente do Conselho Regional de Tecnico em Radiologia, and informed him that with his assistance the ISRRT would like to sponsor educational workshops in South America as a means by which to introduce / reintroduce ISRRT to South America. It is also hoped that we could encourage national and individual membership to the ISRRT. We emphasised that the Regional Officers of the Americas are interested in attracting as many radiographers and radiologic technologists from countries within Central and South America. He stated that with proper communication and design of educational programs, we should be able to attract colleagues from Argentina, Brazil, Uruguay, Paraguay, Peru, and Chile. It is the intention of the Regional Officers of the Americas to remain in close contact with Abelardo. We hope to have some more positive communication with Central and South America at the ISRRT Toronto World Congress.

2. The VP of the Americas had a brief conversation regarding the ISRRT with the Minister of Health from Brazil at the PAHO Meeting in Washington, DC in late September 2011. One of the PAHO Strategies and Plans of Action centers on eHealth. The VP of the Americas stated that MRT’s could be so helpful in this area especially for transmission and production of digital images.

3. In late October the Regional Director of the Americas attended the IV World Congress/Nacional Dos Profissionais Das Tecnica Radiologica in Florianopolis, Brazil. The Congress was hosted by the Brazilian National Professional Regulatory Society for Radiological Technicians and Technologists. Mrs. Johnson gave a presentation on the role of the ISRRT with adaptations to allow for information exchange on the many workshops and conferences held in the Americas Region. Her excellent power point presentation promoting all the benefits in being members of the ISRRT was delivered to a very captive audience. It is hoped that by encouraging the South American MRT’s to become members of the ISRRT they will realize the potential of these benefits which, to begin with, include the following partnerships and links between the ISRRT and the:

- World Health Organization (WHO) – Dr Sandy Yule, Dr Michael Ward and Cynthia Cowling have attended several
WHO Meetings representing the ISRRT very well and acting as advisors and consultants to the WHO on issues pertaining to the radiological sciences areas;

• **Pan American Health Organization (PAHO)** – Our recent involvement with PAHO is described in more detail further in this report and has been ongoing for many years now. We are so fortunate to have the level of support that we do from PAHO thanks to Dr Pablo Jimenez;

• **International Atomic Energy Agency-(IAEA)** – A favourable relationship with Dr Madan Rehani that had resulted in the IAEA sponsoring 9 individuals to attend the World Congress in the Gold Coast. More recently the ISRRT was involved in the production of a Joint Position Statement for the Smart Card/RadTrack Project. Medical imaging is a well-accepted valuable clinical tool when appropriately utilised. In recent years, individual patient exposure from radiological procedures using ionizing radiation has been increasing, including procedures in children, in part because of multiple procedures resulting in cumulative effective dose estimations exceeding 50-100 mSv in some cases. This creates increased responsibility of authorities and health professionals to develop and implement suitable solutions. One such solution is the IAEA Smart Card/SmartRadTrack project, the major purpose of which is tracking of patient exposure history [1-3]. In view of the interest of a number of organizations in patient protection, the IAEA decided to develop a joint position statement in cooperation with organizations and experts in imaging and clinical patient care. There are also new requirements in International and European Basic Safety Standards that indicate consideration of previous imaging procedures to fulfill justification. The scope of patient exposure tracking is to cover all imaging modalities which use ionizing radiation for interventional procedures and radiographic, fluoroscopic, computed tomography (CT), and nuclear diagnostic examinations. The scope also includes radiation dose recording, reporting and tracking. This statement is not intended to include tracking in radiation therapy. It is so important that the ISRRT Board of Management maintain this excellent relationship with Dr. Rehani;

• **International Society of Radiologists (ISR)** has resulted in a confirmed day of education and presentations for radiographers at the International Congress (ICR) at their next Congress in Sao Paulo, Brazil in May 2012. Dr. Michael Ward, Dr. Sandy Yule, Cynthia Cowling, Lori Boyd and Kayiba Medlin from RAD-AID will be presenting at this Radiology World Congress. ICR 2010 was held in Shanghai with successful sessions organized mainly by Dr. Maria Law. This venue allows ISRRT to liaise with radiologists and demonstrate to fellow peers the importance of technologists providing lectures. It should be noted that at the 2010 ICR a presentation by Dr. Restrepo from Columbia highlighted mechanisms that radiologists are using to improve cross country accreditation. This can be an area to discuss further with our Central and South American peers as accreditation tends to be an area of interest for all nations;

• **International Radiation Protection Association (IRPA)** The former President of IRPA, Philipp Metcalf, who was the Keynote Speaker for the 2008 Durban, South Africa ISRRT World Congress had strongly encouraged ongoing liaisons between ISRRT and the IRPA. The term of the current President of IRPA, Mr. Ken Kase, ends soon. The Regional Directors of the Americas intend to continue to work together with the IRPA and to collaborate on initiatives that strengthen our radiation protection culture.

• **International Radiology Quality Network (IRQN)** – The IRQN provides an international focus on quality assurance and quality control. In the recent past the ISRRT has attended meetings of the IRQN where the delegates shared their experiences and views in some very comprehensive programs covering the need for referral guidelines, how to develop referral guidelines, and the implementation for the solutions to barriers. In January Director of Professional practice, Donna Newman, with the assistance of several other Board Members submitted the response to the IRQN on Radiation Protection Guidelines. Ms. Newman will be speaking to this further at the Council Meeting.

• **Radiology Sciences of North America (RSNA)** – The ISRRT is now accepted as part of the Associated Sciences Program. We must emphasises how our peers in Central and South America can also access membership to the RSNA. Benefits of the RSNA membership include: on-line subscription to the monthly scientific journal; Radiology, online subscription to the bimonthly pictorial journal, RadioGraphics; subscription to the official newsletter, RSNA News; complimentary advanced registration to the annual scientific assembly and concurrent refresher courses held in Chicago, Illinois, late November through early December each year including early meeting and hotel annual registration privileges; discounts on RSNA educational materials and access to CME credit on Interced.

We have to make every effort possible to demonstrate to the Central and South American nations how ongoing successful collaboration with nations of the Americas Region, as well as the two other ISRRT Regions, has resulted in the highest achievable standards of patient care and professional practice. Once achieved, the standards must be maintained. The Directors of the Americas Region feel that a more cohesive approach is definitely required utilizing as examples what has occurred throughout other parts of the globe. These efforts will help to achieve more influence and publicity for the profession and undoubtedly make the necessary headway in Central and South America. We do feel that ISRRT member involvement at both the IV World Congress in Florianopolis and the ICR in Sao Paulo and the ongoing communication will result in the building of confidence towards the ISRRT amongst our Central and South American peers.

3. Focus on developing nations

Just as in the other two main Regions of the ISRRT there are many nations in Central and South America in need of financial and human resource assistance. Two major obstacles exist:

1. It has been so difficult in so many areas of Central Americas because there are no an active regional bodies with whom one can communicate to demonstrate our concerns for their needs and our willingness to help. E-mail correspondence has been returned frequently. Attempts will be continued none-the-less and hopefully information will reach these countries via the ISRRT Newsletter.

2. It would be impossible for the ISRRT to be able to provide the funds for all the projects that have been identified as requirements. We do know that we need to focus our activities in promoting radiography practice and standards in these developing countries so we must attempt to be more creative in our solutions to provide information on these standards. The following are possibilities:

   - One technique for continuing education that has been discussed as a possibility for some of the Caribbean nations is the Philips Medical Systems On-line Distance Education Project. Technologists in some remote areas of Canada have been involved in this very successful pilot project. More information on this on-line project will be provided through the ISRRT Director of Education, Cynthia Cowling and the Americas Region Education Committee
Representative, Lori Boyd at the Toronto World Congress.

• In 2011 the Vice President of the Americas attended the 51st Directing Council and 63rd Regional Meetings of the Pan American Health Organization (PAHO) in Washington, DC. She met with Dr Pablo Jimenez, the Regional Advisor in Radiological Health for PAHO who continues to be very supportive of the ISRRT and has helped provide financial resources for various much-needed workshops and courses. During the meeting in Washington, Dr Jimenez agreed to provide at least a portion of the resources required for a Mammography Workshop that will be held in Jamaica in the Fall of 2012.

• Discussions with Dr Jimenez in Washington also included the unfortunate slow progress that had occurred thus far to be able to assist in Haiti. The inability to do so was mainly due to the cholera outbreaks over the past two years. It does appear that the major clean up so desperately needed is now finally underway so that soon the re-building of this nation can begin. The funds that are required for the re-establishment of radiology facilities and training programs will be substantial and if the ISRRT attempted to provide to Haiti, no additional projects could occur. We are therefore hoping that there can be further assistance from the international organizations such as WHO, IAEA, RSNA, Image Gently and Wisely who are as concerned as is the ISRRT with the provision of medical imaging, healthcare, patient safety, and radiation protection. All Board members have been encouraged to obtain Corporate Sponsorship through networking with organizations and it is certainly evident that the Americas Region needs to obtain this level of assistance in order to help in Haiti and the other Central and South American developing nations.

• We also know that there is a desperate need for CE workshops in Quality Assurance in the lesser developed nations. With the increased use of multi-sliced CT units there should be more focus on both basic and enhanced radiation protection for patients. It is hoped that by promotion of opportunities for voluntary work through our Newsletter and by co-ordination of a web base list of volunteer groups of MRT’s from the well developed countries we can more easily become involved in development projects for the less developed nations. It is also hoped that the IAEA’s recent RPOP documents may help to be the catalysts to encourage other nations of the Americas Region not currently members to want to be under the ISRRT umbrella.

4. ISRRT Governance and Structure

The external Survey results indicated strong support for the current structure of ISRRT especially since the implementation of the change for the number of representative for the Europe/African Region. While still maintaining one Vice President for the Europe/African Region, there is a separate Regional Director for Africa and Europe as well as one from Africa and one for Europe for the representatives for Education, Professional Practices and Public Relations. It was at the 2008 ISRRT World Congress held in Durban, South Africa that Council approved these modifications as it had been found to be very difficult to meet the often very different needs of these two major continents. At the Australian World Congress Council Members agreed to the four categorical initiatives that became the priorities for the newly elected ISRRT Board of Management. The resultant Action Plan clearly identifies the roles and achievements each of the ISRRT Board of Management commencing in September 2010. It is apparent that the ISRRT Organizational Structure best supports the activities and timelines of this strategic Action Plan. The Action Plan of the Board will be one of the major items of discussion in more detail throughout the ISRRT 2012 World Congress Council and Regional Meetings.

The Finance Committee budget decisions ensure that each ISRRT expenditure is linked to this strategic Action Plan thereby supporting what was requested by Council Members during the ISRRT Gold Coast World Congress. It is important to point out that as much as possible funds are attempted to be shared equally amongst the ISRRT Regions for the various financial requests. The Survey Group did also stress in terms of ISRRT Governance there are the necessary Job Descriptions outlined and to be followed. There is a need for those appointed to ISRRT positions, including those in the roles of coordinators, to understand they have commitments to fulfill.

Updates from the ISRRT Americas Region Nations

The following includes a broad overview of some of the highlights from the professional organisations of the Americas Region.

• Strategic Plans are being revised and implemented setting priorities that will strengthen and advance the profession and will focus on the key areas of Education including Certification, Continuing Education and Advanced Practice; Membership and Membership services; Standards of Professional Practice/ Organizational Performance; Advocacy and Government Relations. Advanced Practice is certainly on the forefront in all the nations in the Americas and greater gains have been made in regards to degree completion in some nations.

• Each of the active professional organizations in the Americas are working hard to provide more continuing professional development and where possible more on-line education in order to improve accessibility and CPD opportunities for technologists from all over the world.

• Each of the nations of the Americas was very engaged in the 2011 World Radiography Day/Week. This is of utmost importance and of a very timely nature as we need to be promoting the practice of medical imaging and radiation therapy to all other health professionals, the general public, and the potential future MRT students.

• Medical Radiation Technologists in the Americas Region are striving to reduce dose to their patients and are committed to do so in every way possible. Most of the nations in the ISRRT Americas Region are active participants in the Image Gently and Image Wisely Campaigns.

• Many of the nations in the Americas have been working hard to increase membership in the ISRRT. All CAMRT members became Associate Members of the ISRRT as of January 1, 2011. Annual General Conferences take place in many nations Please refer to each nations website for more details and registration information.

Specific Country Updates

Barbados: The Barbados Association of Radiographers (B.A.R)

Derlwyn Wilkinson, is the Barbados Association of Radiographers (BAR) ISRRT Council Member and Ian Weathers is the B.A.R President.

The Barbados Association of Radiographers continues to maintain its professionalism. For some time now, the BAR have lobbied for regulations to improve the professionalism of its members and the other paramedical professionals. The Paramedical Professional Council, the regulatory body for all medical professionals has finally taken “Scope of Practice” legislation to the Parliament. A small team of radiographers was appointed to work on this document. As a consequence of some of the requirements outlined in the Act the association has begun to develop a system of awarding continuing professional development credits. The Council has suggested 15
hours of CPD annually. In an effort to provide members of the association with the opportunity to earn their credits, CPD morning and evening sessions will be held twice annually between February and October.

The Barbados Association is preparing to host its Annual conference on the weekend of May 5th, 2012...The conference will be held at the Island Inn, Bridgetown. The theme of the conference is...“Getting to the Point- Diagnosis and Therapy.” It is hoped that radiographers from the other Caricom member states will attend.

There are also projects being planned for the celebration of Breast Cancer Awareness Month in October and World Radiography Day in November. One such project includes preparing a Radiography Kit to facilitate presentations to senior students in our High Schools, to make them aware of the profession and to stimulate interest into entering the profession.

**Canada**

Dr Terry Ell is the ISRRT Council Member from the CAMRT. Ms Amanda Bolderton is the CAMRT President. The 2012 ISRRT 17th World Congress, Sheraton Centre Hotel, Toronto, Ontario, Canada, Thursday, June 7 – Sunday, June 10, 2012. This World Congress is being jointly planned by the ISRRT, the CAMRT, and the ASRT. Preparations are progressing very well under the expert guidance of Leacy O'Callaghan-O'Brien, the CAMRT Director of Advocacy, Communications and Events and Cynthia Cowling, the ISRRT Director of Education. Conference Chairs include Lori Boyd, ISRRT Representative for the Americas Region Education Committee, Nicole Harnett, MRT from Toronto and Rebecca Ludwig MRT from the USA.

Everyone has done an outstanding job in preparation for this international meeting and it promises to be educational and enjoyable for all attending. The education program to date offers 80 sessions with 15 different streams, and is now published as an online preliminary program. Delegates can choose from both discipline-specific and multidisciplinary options, and from more than 200 oral presentations and close to 100 posters. Of these, 125 are Canadian presenters and the remaining 175 are international (including USA). In addition to the core conference program, an impressive menu of pre-conference workshops is scheduled to take place on Thursday, June 7. These include an education summit, an innovative student workshop, and a management/leadership program. Also on the calendar are tours of a number of the state of the art imaging and treatment centres in downtown Toronto, numerous workshops, and a management/leadership program.

**Support programs for Internationally Educated Medical Radiation Technologists [IEMRT's]**: Three courses to assist IEMRTs with education upgrading and exam preparation are currently being developed by the CAMRT as a result of receiving funding from Human Resources Development Canada to offer these courses free to IEMRT’s eligible to write the certification exam over the next 3 years and is in the process of developing a communication plan to identify candidates. An online readiness assessment tool is available in both English and French. This tool is now available online, to assist IEMRTs to determine how their qualifications match Canadian practice requirements and identify the steps they will need to take as they make their plans to live and work in Canada. CAMRT collaborated with several other organisations on a project related to Assessing the Workforce Integration of Internationally Educated Health Professionals (IEHP). The final report was released on February 7th 2012 and is published on the CAMRT website. The report highlights qualitative and quantitative research and examines the extent to which IEHPs have become integrated into their respective occupations relative to their Canadian educated (CEHP) counterparts.

**Advanced Practice**: Work has begun on the development of an advanced practice framework for the CAMRT membership and a working group is addressing methods and mechanisms for national certification of Advanced Practice Radiation Therapist.

**Best Practice Guidelines**: Multiple guidelines have been produced, and a series of guidelines on Patient Care and Quality of Care 32 in total and a ‘soft launch’ and web publication of the guidelines is planned for the 2012 AGC/ World Congress.

**Future Technology Advisory Council (FTAC)**: The FTAC has been established, to keep CAMRT and its partner organisations abreast of technological changes in the medical imaging and radiation therapy fields. The Council’s purpose is to forecast future trends and innovations and to identify developments that will impact MRT practice. The FTAC will require significant input from experts both within and outside the medical radiation technology community. A call for volunteers with specific expertise was published in mid-March. CAMRT is exploring the potential for collaboration and information sharing on this initiative with the Canadian Association of Radiologists (CAR).

**Continuing professional development**: Draft guidelines for maintenance of competence/continuing professional development are being finalized for publication in mid-2012. The document discusses self-assessment, reflective practice, development and maintenance of a professional portfolio, developing categories for assessment of CPD activities, timeframe suggestions, and audit processes and much more. Work is progressing on the competency profile revisions. The newly released Preceptor Guidelines are posted on the CAMRT website. The Interventional Radiology (IR) course was available for winter 2012 and the workgroup is now developing the summary of clinical experience, thus completing the development of the specialty certificate. The Certificate in Breast Imaging is currently in revision and will be offered in 2 streams, one for screening and the other for breast imaging with an effective start date for new applicants intended for January 2013.

**Advocacy**: The Image of Care rebranding campaign was formally launched in June 2011. The CAMRT Board of Directors has undertaken the development of a forward thinking new plan that reflects the CAMRT vision to position medical radiation technologists as essential, caring contributors to the healthcare team for Canadians, at the leading edge of practice in an environment of rapid technological change and innovation. The goal is that MRTs will be recognized within the health system and the wider community as an authoritative voice in medical imaging and radiation therapies, and engage internationally as leaders in the profession.

**MRT Week in Canada**: The 2011 campaign theme, “Look deeper, Celebrate the people behind the technology” built on the brand messaging, and incorporated the brand graphics in the promotional items that were provided to 450 hospitals, clinics and local organizations for displays and presentations. The kit included posters, calendars, tent cards and post-it notes and was accompanied by an online guide to planning activities and securing media coverage.

**Medical Imaging Team Day**: CAMRT is a partner in the launch of Medical Imaging Team Day, May 17, 2012. This is a day set aside to honour the work of the team of healthcare professionals who collaborate to improve the health of Canadians, ensuring that the right diagnostic imaging tests are performed and interpreted expertly, with the highest standard of patient safety, comfort and care.
**El Salvador**
Membership dues to the ISRRT have been paid for the 2012 year but the Regional Directors of the Americas cannot find an email address that successfully communicates with any members of the El Salvador Association.

**Guyana**
There are some serious problems both financial and with the professionals within Guyana. A few years ago while the ISRRT Vice-President, Patricia Johnson paid a personal visit to try to give some assistance. PAHO is very much involved in this country, but these are problems which neither PAHO nor ISRRT may be able to solve in the short term. There is a severe “brain drain” going on, with the migration of most of the radiographers to other countries, compounded by the total collapse of the Radiography programme within the country’s University. Continued efforts to focus on the formation of a viable society will go a long way to assist in developing support for medical imaging in this area.

**Haiti**
The world grieved with the devastation that hit Haiti after that massive earthquake two years ago. Many of our colleagues lost their lives or were made homeless. Cleanup efforts continue as they were hampered greatly by the outbreaks of cholera. Much work still needs to be done in Haiti to improve the delivery of radiology services.  
- **Upgrading from the current x-ray machines.** Instead of 1977 Bennett units, a more current system requiring less maintenance and has the ability to handle humidity or rough conditions should be considered.  
- **Training the technologists to do some quality control and basic maintenance due to the lack of physicists in the region.** Continuing education is also recommended to further the knowledge in x-ray use, protection and storage. This program would be an ongoing process and is targeted for duration of 5 years.

**Jamaica**
Carlene Rankine is the Society of Radiographers Jamaica ISRRT Council Member. Under the leadership of President Andrea Dyer McKen the 2011-2012 has been a busy one for the Society of Radiographers Jamaica. They started off the year hosting a Social as a means of getting together with colleagues far and near in an informal setting. This function was well supported and they plan to have many more like it. This past year has also seen the revitalisation of the Western Chapter of the Society of Radiographers Jamaica, which has in this year undertaken the planning of a major Radiographers Week Dinner in November 2011. During this week they also had a major Educational Symposium focusing on Osteosarcoma. This activity was well supported with a physiotherapist, radiation therapist and an orthopedic surgeon presenting. Attendance at meetings is still a challenge, but the Jamaican Society continues to persevere. Another concern the Society shares with other nations is the annual turnover rate of health care workers in Jamaica.

In June 2012, the Society celebrates its 50th anniversary and their AGM is being planned for Montego Bay June 15-17th.

Cynthia Cowling, Patricia Johnson, and I so look forward to partnering with the Pan America Health Organization and the Society of Radiographers Jamaica in hosting a Mammography Workshop in Kingston in November 2012.

**Trinidad and Tobago:**
The Society of Radiographers Trinidad and Tobago (SRTT) ISRRT Council Member is Arushka Kattick-Mahabirsingh. The Society of Radiographers Trinidad and Tobago (SRTT) continues to play a very active role within the region including ongoing celebrations for Radiographers’ Week by hosting many mini conferences, seminars and workshops.

**USA**
The American Society of Radiologic Technologists (ASRT) ISRRT Council Member is Connie Mitchell. The American Society of Radiologic Technologists launched several new projects in 2011, including a major expansion and renovation of its office in Albuquerque, N.M. The building expansion will feature more than 25,000 square feet of new office space and renovations to existing office areas. In addition, the expansion will include a museum that will chronicle the history of the radiologic technology profession, the first of its kind in the United States.

Other noteworthy items include ASRT’s growing membership base and a new version of its award-winning, peer-reviewed scientific journal, Radiologic Technology. The Society surpassed the 144,000-member mark in December 2011. At its current rate of growth, the ASRT should reach the 150,000-member mark in January 2013. In addition, the Society published its first targeted computed tomography edition of Radiologic Technology in January 2012. The CT-targeted version of the Journal will be published four times a year. ASRT members who select CT as their continuing education preference will receive at least 5 CE credits annually after passing the Journal’s CT-specific Directed Reading quizzes.
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It has been a great honour for Dimitris Katsifarakis and I to have been elected in Brisbane, Australia, as members of the ISRRT Management Board. Personally, I am very proud to be the first French radiographer to join the Board of this global organisation. Since the last World Congress in Brisbane, Dimitris and I have attended a few meetings in our region.

**Part 1: Europe**

**Meeting in Bulgaria**

The Regional Director for Europe represented the ISRRT at the International Conference for Radiation Protection in medicine, organized by the Bulgarian Radiation Protection Scientific Bodies, and in cooperation with the Society of Radiologists, and the Society of Radiographers of Bulgaria. Additional cooperation came from with international Partners like the ICRP, IRPA, IOMP, ISRRT, EC, EFOMP, ESTRO, IMAGE Gently and NAAPM.

The conference theme was “Where we are and where we are going?” The axis of the papers and the relevant discussion was about the control of excessive use of radiation during the various imaging/diagnostic (mainly) procedures.

Majority of the speakers, at the conference, were medical physicists but there was also a present of a number of outstanding radiographers presenters as well. The main topic was how to control the radiation burden not only to the patients but to the staff members who work in interventional radiology and cardiology.

The physicists have been trying to for a long time now to be present in the suit during procedures. The VP Europe Africa took the opportunity to present the thesis that the ECRRT (European branch of ISRRT) had published a few years ago, commenting on the Medical Exposure Directive. He also participated in a round table discussion with the ESR, EFOMP, IAEIE, IOMP, and NMA members on the role and the activities that the ISRRT have undertaken in the expansion of the radiation safety culture. He was underscored the special attention that ISRRT pays to the education, and the special focus on educating the educators, through the numerous Teacher’s Seminars, and also invited people to visit the ISRRT’s web site to see our surveys in education around the world, and also the survey for the way the Medical Exposure Directive has been perceived in Europe from the radiographers.

The VP affirms that this was a very important round table discussion, considering it had been chaired by Dr. Georgi Simeonov, who is working in the DG11 (Energy and transport) of the EU.

During the social event of the conference, Philippe was given the opportunity to meet radiographers from Bulgaria and other member countries, and three other colleagues teaching at the schools for radiography in four major cities in Bulgaria. It was easy to understand that they showed enthusiasm to meet a representative from the ISRRT even though they had to wait for the translations through our colleague Mr. Stavros Zikopoulos.

We discussed the possibility of them being members of the ISRRT, and the benefits they would be acquired with the joining of the international family of radiographers.

They also asked the questions on what kind of help they would expect to get from the ISRRT and how they could afford to pay annual fees as the average salary of a Bulgarian radiographer is not more than 200 Euros per month.

In response Philippe stated that the ISRRT is always available to provide technical knowledge on educational matters, and also to facilitate the communication with other societies who are able to help in the way of professional improvement of radiographers in each country. He expounded that the ISRRT in a non political, nongovernmental organisation and its main priority, is the raising and improving the standards of the radiography profession in each individual country, for the benefit of the patient and the public.

The discussion closed with a mutual promise to continue communicating with each other through their society and ISRRT towards becoming a full membership.

One of the priorities on the agenda, of the regional Officers of Europe should, be to assist the Bulgarian society in becoming a member of the ISRRT in the very near future.

**Report for the Technical Meeting**

Long-term Recording of Patient Doses in Diagnostic and Interventional Procedures Smart Card/SmartRad Track IAEA Vienna The scope of the technical meeting was weather a project like the SMART Card/SMART Rad TRACK project for long term dose tracking information can be helpful for the patients and population. The meeting was completed in thirty 30 working hours and thirty one (31) countries were involved. The ISRRT was the only professional body participating.

According to the IAEA, there is increasing evidence that radiation effects to patients undergoing radiological examinations are dramatically increasing and seems they will continue to rise. There is also evidence available to the public, stating that patients have somatic effects as well due to irradiation following diagnostic procedures (i.e. CT or interventional radiology). These are comparable to those caused in the very early days of X-rays discovery.

In order to effectively control all these radiation effects, it is demanded that principles of justification and optimisation of the examination are adequately practiced. The approach towards justification so far has been to promote the use of appropriateness criteria developed by professional societies. Obviously - IAEA states: the current situation with arguably unjustified CT scans ranging from 3% to 77% for certain indications and patients subjected to multiple radiological examinations show that this approach is insufficient. A compelling answer, according to IAEA’s Prof. Madan Rehani is to track lifetime radiation exposure (i.e. radiation history which should work efficiently to improve justification). Prof. Rehani states that there are currently no successful examples of programs that incorporate tracking of the radiological procedures, a patient has undergone over a lifetime. Thus, the IAEA has the initiative to launch a program for a SMART Card project.

The technical meeting was held intended for this project and the representatives of the various countries and the ISRRT representative had to analyze the possibility of creating a smart tracking dose system and to address the issues related to a range of aspects of a long term dose recording system for every individual who undergoes a radiological imaging procedure.
Options that were analyzed and discussed during these four days:
(a) to create an electronic card (like the ATM card) which allows access to imaging data on servers, including radiation-exposure history,
(b) e-health systems with interoperability and capability to track records for radiological history of an individual patient,
(c) an electronic card that contains patient’s information – including radiation exposure history,
(d) a web based personal health record with methodology to help an individual track their radiological history similar to a radiation passport).

For future cooperation through this project with IAEA the VP Europe Africa avers this was an important meeting for several reasons:
1. There is benefit to the general public/community, since some actions have to take place in order to control the dose to patients, especially in the digital era.
2. It embodies a participatory approach since the entire radiology fraternity (i.e. radiologists, radiological technologists/radiographers, physicists and industry) was involved in discussing the current situation of high doses, the dose demanding examinations to individuals and not limited to the public.
3. During the sub-group discussion, the VP proposed the establishment of the Radiation Protection Day to coincide with World Radiography Day, the 8th of November, as an effort to inform the public and health professionals toward a dose reduction strategy. This proposal was not valued amongst the participants but if the Board of ISRRT agrees, we need to state it again.
4. The ISRRT Board should consider creating a Certificate for Radiation Protection of the Patient awarded to interested individual radiographers/technologists. The IAEA should be approached to support. Training leading to the certificate can be based on an e-learning basis.
5. The ISRRT Board should consider formally supporting the initiative in writing.

NOTE: The second meeting in Vienna this year was attended by our colleague Napapong due to the busy schedules of Dimitris and Philippe.

ECR Vienna
Philippe and Dimitris attending at ECR-Vienna. Philippe was also there in his capacity as a member of the organising committee for radiographers’ session. This conference is one of the biggest events for radiographers in Europe. It is also the right place to meet radiographers from all over Europe but especially from the Eastern bloc. It is also an opportunity to hold yearly meetings such as ESR – EFRS and ISRRT to establish our cooperation for the future. This year the VP shall be joined by the ISRRT Treasurer.

Vietnam
Even Vietnam is not in our region but due to historical ties Philippe has been touch with radiographers there since 1999. In April 2011, the French association AFPP was invited to set up a radiographers session during the third Franco-Vietnamese Conference in radiology and nuclear medicine. Following this Philippe had a meeting with radiographers from the Ho Chi Minh City (South Vietnam) to present ISRRT and the opportunity to create now a radiographer association in Vietnam. After 5 months communication Ho Chi Minh City Association of Radiological Technologists (HART) was created. The regional officers from the Asian Australasian have been informed and now they will be more in touch with this new society.

Paris EFRS Meeting
Before his nomination as ISRRT Vice President, Philippe had always wanted to organise the 2011 EFRS meeting in Paris since no major international meeting has been held in France since the ISRRT World Congress in Paris in 1989.

At the meeting Philippe was congratulated by the EFRS Board following his election as the ISRRT Vice President for Europe Africa. It is anticipated the existing cordial ties between EFRS and ISRRT shall continue. There a proposed joint workshop (EFRS and ISRRT) for the Baltic countries. Details shall be communicated in subsequent updates.

Contacts in Europe
The regional officers have been in touch many countries in Europe and new contacts have been made with Poland, Bulgaria and Romania. However the planned visit to Bulgaria by the Regional Director did not materialise due financial constraints.

Others Contacts
Philippe has been also in touch with Qatar, United Arab Emirates now and it will be one of our objectives to set up in the next year’s good relationship with this part of the world.

Part 2: Africa
In 2006 three networking groups were established in Africa based on geographical proximity: improvement communication and sharing of strategies amongst countries and ISRRT member societies within the sub region. These were East and Southern Africa (ESA), North Africa and Maghreb (NAM) and West and Central Africa (WCA). Hence this report will be segmented into the three networks.

North Africa and Maghreb (NAM)
Little has been brought to the attention of the regional officers from this network. However judging from the interest by individuals on various issues such as support from and membership to ISRRT, there is hope that soon this vast region shall be part of the ISRRT family. The Vice President Europe Africa should be commended for part of the efforts that he has put in encouraging professionals I this region to associate with the ISRRT notably Morocco and Tunisia. The challenge is usually follow up

East and Southern Africa (ESA)
In the East Africa Community (EAC) that is, Burundi, Kenya, Rwanda, Tanzania, Uganda and lately South Sudan, there are efforts to harmonise legislation, training, education and standards of practice of the profession as well as other healthcare sectors. In addition to that is the free labour movement based on reciprocity of qualifications across the member states. This will eliminate the duplication created by the need to have multiple registrations with individual professional boards or councils to enable a profession practice in any of the partner states. Kenya and Rwanda on the other hand have already signaled this by waiving work permit fees for citizens and practitioners within East Africa. To facilitate further integration the EAC Secretariat has a Health Desk Officer in Arusha, Tanzania that is coordinating these activities. The ISRRT may be called upon to advice on this noble cause.

In terms of legislative framework the EAC forum has developed policy that will cascade to the partner states. The intention is to have health professions under one umbrella body such as is the case in
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the Zimbabwe, South Africa and United Kingdom. There shall be a progress report in Kigali, Rwanda during the East African Health and Scientific Conference in September 2012. Meanwhile the EAC radiography group shall be meeting in May 2012 in Kampala at the invitation of the Registrar of Uganda Allied Health Professions to discuss the way forward.

It is exciting to note that late last year Kenya formally launched training and education guidelines which are now part of Government policy in establishing new institutions for medical imaging and radiation therapy. The Regional Director was invited to present the keynote address that was attended by the Minister for Medical Services.

From South Africa, it is now apparent that there shall be transition from the current radiography education system to a four-year discipline specific stand alone programme for each of the disciplines namely; diagnostic, ultrasound, nuclear medicine and therapy, from next year. There is however a grace period till 2015.

West and Central Africa (WCA)
The next half of the year promises to be busy judging from the activities earmarked by the member societies in this part of the world. For starters, most associations or societies shall be holding their annual general meeting which may herald new leadership that will inject new blood and revitalise the radiography scene.

The planned sixth workshop French speaking countries in Cameroon in November 2012is expected to attracted a record attendance if the confirmation of could be participants is anything to go. The theme shall “Quality Assurance in Diagnostic Imaging”.

Cote d’Ivoire, Ghana and Nigeria are in the process of evaluating their radiography education programmes. This has been necessitated by the dynamic nature of the profession in terms of emerging role of the practitioner, technological advancement and their need to respond to the needs of the community a practitioner is expected to serve. A recent similar exercise in Uganda lead to the review of the degree programme there: It is expected that a graduate of this four year programme should be able to interpret plain film images.

Radiography education had taken a back seat in some cases programmes had been scrapped. It is a great relief to report that schools in Cameroon and Mali are operation and in the case of the former graduation has already taken place. The challenge still remains the need to achieve reasonable standards of training since some schools have been set up without due regard of basic training guidelines.

Membership
There has been renewed interest in the ISRRT by societies from Botswana, Cameroun, Ethiopia, Tanzania, Zambia, and Zimbabwe.

This has been due to the support in kind such as material and consultancy on a wide range of issues that are of interest. It is the submission of the regional officers that such efforts be sustained.

Also, there are a number of countries that have expressed interest in joining ISRRT formally and informally. Amongst them are Egypt, Malawi, Mozambique, Rwanda, the Sudan and Tunisia.

Contacts in Africa
The VP still continues within networking activities in Africa especially in French speaking part.

Contacts have also been made with Mauritania, Algeria, Madagascar and Chad. In November, the VP was in Burkina Faso for a meeting with the radiographers’ society (ABPPER) and to help them to prepare their next conference. He has been to Morocco at the invitation by the local Society during their annual general meeting in Casablanca last October. During this meeting, Mrs. Elhamri was nominated to be the new ISRRT council member.

Diploma vs. Degree Debate
There has been a debate on the current trend being witness in Africa where radiography education shall be at university level. The Regional Director has always that when programmes are established there should need-driven and clear roles and scope determined well in advance. The case of training degree practitioners in Uganda is an example. Here all graduates should be able to interpret plain films. This clearly sets them apart from their diploma holding counterparts.

Upcoming Events in 2012
Below is a glimpse of upcoming meetings within the African sub-region.

- May: Annual Scientific Conference in Uganda
- June: ISRRT World Congress in Canada
- October: Radiation Protection Workshop in Malawi
- Biennial Scientific Conference in Kenya
- November: World Radiography Day/Week
- Annual Scientific Conference in Nigeria
- Workshop on Cameroun

Long Live ISRRT.

Philippe Gerson
Vice President Europe Africa
The professional Practice committee has been busy representing the ISRRT in several projects. As Director of Professional Practice I am a principle liaison to the IRQN (International Radiology Quality Network). On December 19th I received an email with a cover letter and 104 page draft documents for review and comment to be submitted by January 20th. My committee on Professional Practice reviewed the document and sent comment which I submitted using the format that was provided.

The IRQN collaborated with the WHO and 30 other organisations on this project called the global referral guidelines project. The World Health Organization launched a Global Initiative on Radiation Safety in Healthcare Setting in Dec 2008. The International Radiology Quality Network established a Referral Guidelines Working Group in 2009. Because there was still many countries that didn’t have referral guidelines available, to address this at the Referral Guidelines for Appropriate Use of Radiation Imaging” in March 2010 took on this project.

The projects scope includes development, piloting, publications, distribution, implementation and evaluation of referral guidelines for medical imaging, taking into account the requirements of the WHO Guidelines review Committee. Twelve sites have been identified to pilot the guidelines with at least one in each of the six WHO regions.

The document included sections on Diagnostic Imaging, Ultrasound, Computed Tomography, Nuclear Medicine magnetic Resonance Imaging, Mammography, Interventional radiology and intravascular contrast Media. Each section included the following sections, Diagnostic information, Indications, contra-indications advantages, disadvantages, and patient preparations.

The document also included a section on Biological effects (procedures that use and not use ionizing radiation), Radiation protection with section on Measurement of radiation dose, relative radiation levels diagnostic imaging during pregnancy and inadvertent radiation of pregnant patients.

There was also a section on Good medicine and sharing responsibilities including describing joint responsibilities, referrer’s responsibilities, imaging specialist responsibilities, competent authority responsibilities and informed consent

The last section was referral guidelines for 44 specific procedures that are performed in the different modalities.

Our feedback was submitted as accept as presented accept with editorial modifications and add your comments or Do not accept need major revisions with literature search, consensus and consultation or not relevant. (I will include a draft of our comments if anyone is interested in reading the 104 page document)

“I am very please to inform everyone that in the course of submitting our comments one of our comments was in relations to CR and DR not being included in this document. Dr Lau asked our organization to write this section of the document. His response is as follows, “Thank you very much for ISRRT’s interest in, support and feedback to this draft. We are collating the feedbacks before considering all these suggestions.

One of your recommendations is related to the inclusion of a section on CR/DR. It is a great idea and I fully support. I wonder if you could assist us by providing a draft along a similar style as used for the CT, US and MRI sections.”
ARRT’s Report on Professional Practice and Radiation from the Americas

Sharon Wartenbee, [RT].[BD],CBDT,FASRT

The American Society of Radiologic Technologists (ASRT) has been working on several projects over the last few months in which white papers have been or will be developed that address the safety concerns in the provision of Radiation Therapy and the use of CR/DR.

The ASRT Education and Research Foundation Health Care Industry Advisory Council subcommittee on Quality and Safety in Radiation Therapy recently issued a white paper addressing the radiation therapist’s role in provision of quality and safe treatments and providing recommendations for improvement. This white paper is available on the ASRT Foundation’s website www.asrtfoundation.org/media/pdf/HCIAC/ASRT12_WhitePaper.pdf and a report of the findings will be published in the Spring 2012 Radiation Therapist journal.

The ASRT Board has appointed a task force to look at practices with CR/DR and develop a white paper to define best practices for CR/DR. They are meeting this spring to begin development of the white paper and ASRT anticipates this being published by the end of 2012.

The ASRT also has a 13 member Practice Standards Council which represents all imaging modalities. These members are appointed by the ASRT Board of Directors and are responsible for updating the Practice Standards for Medical Imaging and Radiation Therapy. The current Practice Standards can be found at www.asrt.org

ALARA definition

Submitted by ASRT Practice Standards Council member Beth Weber, MPH,CRA, RT(R), RDMS, FASRT

The American Society of Radiologic Technologist (ASRT) Practice Standards Council annually reviews practice topics. Radiation Safety continues to be discussed. This past year the definition of ALARA was reviewed by the ASRT Practice Standards Council. ALARA (acronym for “as low as reasonably achievable”) means making every reasonable effort to maintain exposures to radiation as far below the dose limits as is practical, consistent with the purpose for which the licensed activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilisation of nuclear energy and licensed materials in the public interest.

In the United States hospitals voluntarily participate in a facility accreditation: the most common source of accreditation is through the Joint Commission (TJC). In 2011 the Joint Commission issued a Sentinel Event Alert titled “Radiation Risks of Diagnostic Imaging.” Such alerts are issued periodically by TJC to describe underlying causes of these sentinel events and to suggest steps to prevent occurrences in the future.

This alert indicates general agreement that “care should be taken to weigh the medical necessity of a given level of radiation exposure against the risks, and that steps should be taken to eliminate avoidable exposure to radiation.” This message concurs with the ASRT Practice Standards definition of ALARA; comprehensiveness and strong recommendations regarding selection of the right procedure and the right dose, creating effective processes, ensuring safe technology and promoting a safety culture.

Reporting on Professional Practice and Radiation Safety from Africa

African Radiographers And Radiological Technologists For A New Challenge In Radiation Safety Management

Report by Boniface Yao, ISRRT Regional Coordinator Professional Practice for Africa

From November 5-19, 2011 held in Belgium was a Short Training Initiative program entitled “Radiation safety management for radiographers and radiological technologists” organised by Hogeschool, Universiteit Brussels (HUB) with the support of Flemish Interuniversity Council (VLIR-UOS) and the technical cooperation of the Belgium Nuclear Center.

Fifteen radiographers and radiological technologists from different areas of the world and especially 12 from African Region were involved in the training program.

The target group was composed of head radiographers, radiographers and radiological technologists holding some responsibility in radiation protection in a large hospital or in a national program for radiation protection.

The 15 scholarships for the training program were entirely funded by VLIR-UOS and included administration fees, lecture materials, travelling, accommodation and insurance.

The main venue of the training was Campus Terranova of HUBrussels, straight in the centre of Brussels, the capital of Belgium and of the European Union. Some part of the training was taught at the Belgian Center of Nuclear Research in Mol.

Among others, the objectives of the training were:

- To teach participants a methodology to organize and assure radiation protection for patients and staff at a radiology department
- To provide training in analyzing strengths and weaknesses of the safety situation for staff and patients in actual circumstances
- To train participants in developing a safety program taking into account:
  - Training level of the staff, available resources, Image quality demanded, number of patients and local legislation.
The training was very practical oriented and started from the work situation of the participants. The program consisted of theoretical courses in radiation protection techniques, hands-on training sessions in the radiology skills-lab at HUBrussels and training at the facilities of Belgium Nuclear Center.

An important part of the training consisted of group sessions and discussions on setting up safety programs as participants were expected above all to establish a network of experts across Western and Southern countries.

The whole training program resulted in the conception of radiation safety management projects relevant to home situation by the attendees. Different points were to be highlighted in the projects. Especially: the main challenges, the common ground, the underlining reasons, the step stones to improvements and how to monitor the situation.

A large overview of the different projects set up revealed that the challenges raised were numerous and comprised of lack of Radiation safety regulations, heavy workloads due to a shortage of qualified technologists, improper staff monitoring, lack of safety management and Quality Control programs not in place, insufficient awareness of staff regarding radiation safety, lack of collaboration between staff and referrers.

To resolve the challenges, some strategies were identified through attendees’ projects and were recommended to be used experimentally in home situation, with the purpose to grow awareness of radiations’ side effects, to obtain the buy in of stakeholders to the development and promoting radiation safety management, to enforce the law on the importation and installation of irradiating devices by applying stiff penalties on those institutions that don’t follow the procedures, to implement quality assurance programs, and provide professional development in radiation protection.

In addition to the scientific work, an attractive social program was offered to the participants which included memorable events such as: a sweet welcoming dinner offered by the training organizers, a touristic visit to Ghent, a historical town with old wonderful surroundings, and a fantastic closing ceremony where the participants showed a part of their gratitude to the organisers of the training (Picture3.a and 3.b).

This training initiative has been a special occasion for radiographers and radiological technologists to meet and work together towards common goals for two weeks. Attendees decided unanimously that their personnel project will not be just a virtual paper but a real opportunity to add something to radiation safety management in their home country.
European Congress of Radiology

Trend-setting, dynamic congress

Report by Stuart Whitley, ISRRT Treasurer

March 1-5, 2012
Austria Centre, Vienna, Austria

Once again ISRRT participated again in the annual meeting of the European Society of Radiologists billed a trend-setting, dynamic and service-oriented congress, well-known as one of the most innovative meetings within the scientific community, embedded in a unique and inspiring ambience.

This important meeting attracts many radiographers and radiological technologists within Europe and around the world with the organisers making great efforts to attract the radiographic community into its mist and participate in the scientific programme.

ISRRT participated in a number of meetings with European and International bodies as well as recruiting a number of new associate members.

The ISRRT Booth was manned by Stewart Whitley, ISSRT Treasurer and Philippe Gerson, Vice President, Europe and Africa welcoming ISRRT friends and family from Finland, Denmark, the USA and the United Kingdom of Great Britain.
Medical Imaging in Kenya

By Charles Omondi Okello, ISRRT Council Member, Kenya

Medical imaging in Kenya began in 1951 in the town of Kisumu when the first group of radiographers was trained to carry out x-ray examinations. During the early days, radiation medicine was practiced through one modality only, using x-rays.

Since then, Kenya has made a lot of progress in the field of diagnostic imaging. In the last one decade, there has been significant expansion of radiology services. Many new hospitals have come up and old hospitals have received new equipment. Currently, five public hospitals have received CT scanners. Three more hospitals are earmarked for similar units in the coming months.

Kenyan radiographers are proud of the government’s effort to revolutionise imaging services by investing in modern technology.

The various modalities available in Kenya today are:

- **Radiography**: (General radiography), such services are available in all district and provincial public hospitals. All major private hospitals also offer the services.
- **Ultrasonography**: Ultrasound services are also found in all provincial hospitals and most district and sub-district hospitals as well as all private hospitals.
- **CT scan**: Such services are found in most private hospitals. Though the equipment costs on average Ksh70,000,000, it can now be found in several public hospitals namely, PGH Nyanza, Moi referral hospital, Kenyatta National Hospital, Kayole Hospital, Coast Provincial General Hospital and Machakos Level 5 Hospital. Preparations for installation are underway for Nyeri Provincial hospital and Nakuru PGH. Plans to install 3 more units in Garissa, Kakamega and Kisumu are at advanced stage.

**MRI**: This technology is found in some private hospitals with Kenyatta national Hospital being the only public facility with a unit. The equipment cost Kshs 100,000,000 for a 1.5 tesla unit but has been a very useful diagnostic tool.

**Nuclear Medicine**: Also called radionuclide imaging, is still relatively new to Kenya. Kenyatta National Hospital is the only public referral institution offering the services.

**Radiotherapy**: The services are available at Kenyatta National Hospital, The Aga Khan Hospital (Nairobi) and Cancer Care Centre (Nairobi). The country plans to decentralise the services to reach more cancer cases countrywide. Local training for therapy radiographers has been initiated.

Other services offered under the banner of medical imaging are dental radiography, Mammography, and Fluoroscopy. These services are available in selected public hospitals countrywide. Plans to introduce digital radiography and telediagnosis are underway.

During the world radiography day in November 2011, the Society of radiography held a workshop cum cancer campaign in the Lake town city of Kisumu. Papers were presented by radiographers, invited radiologists and pathologist. The papers were based on the use of modern technology to diagnose and treat cancer.

In this branch of medicine, technology is dynamic and proper formal training of health workers is essential for useful diagnostic outcomes that will contribute to meeting the goals of vision 2030. Formal training is always superior to on the job or one month trainings and this should be a matter of policy especially where medical training is concerned. There is need to emphasize proper training alongside expansion of facilities and acquisition of new technologies. To this end, the society has developed and launched a training guidelines document.

From a leadership point of view, professional regulation is key to delivery of reliable services. Sometimes there is professional cross-breeding whereby other professionals want to cross over and do the work that is outside the mandate of their training. This makes regulation of the field difficult and exposes the public to unethical practices. Regulation should also be underpinned by law to be effective.

Charles Omondi Okello
Email: comok2004@yahoo.com

Figure 1: Sign board to the Machakos trauma unit.

Figure 2: CT scanner installed to serve the trauma patients in a public hospital.

Figure 3: The minister for Health, Prof. Peter Anyang’Nyong’o (Extreme left) signs the visitors book at the launch of training guidelines for radiographers at the Nairobi Hilton.
An ever increasing range of healthcare professionals are accessing radiological imaging. Many healthcare workers, be they medical students, chest physicians, radiographers or radiologists, now require the knowledge and technique in order to interpret chest X-rays.

This well-illustrated paperback by Dr Stephen Ellis, a thoracic radiologist, provides a basic yet thorough introduction to interpretation. Dr Ellis covers basic knowledge and techniques and puts the emphasis firmly on pattern recognition and interpretive skills which helps readers spot the clues leading to successful CXR interpretation whilst avoiding potential pitfalls. The book is extremely well written and organized and covers a surprising amount of ground within its 240 pages.

The book contains over 300 high-quality images (also accessible on the publisher’s website) and these, in conjunction with case history images, test readers’ interpretation skills.

The CXR-CT correlation is especially helpful, the CT images being particularly clear, enabling easy visualization of the anatomy. The figure legends themselves are highly instructive.

The book will be extremely useful to both those new to interpreting chest X-rays and the experienced healthcare practitioner. Dr Ellis provides a helping hand through the difficult field of chest radiography interpretation. This very affordable book is highly recommended for anyone who wishes to acquire a basic yet relatively comprehensive knowledge of the chest radiograph, and will inspire confidence both in detecting abnormalities and diagnosing pathology.
The World Radiography Educational Trust Fund

By Hon Secretary Sue Marchant

Activities
The Business Plan was adopted at the October 2011 meeting as was the first draft of the Fundraising Plan which the Trustees will use to help them gain support for its work. Further work is being done on the Fundraising Plan to present it in its final form. This work is intended to be complete by the October 2012 meeting.

The Trust has been publicised in RAD Magazine with Synergy News to follow.

Twinning
Fort William Hospital in Scotland is “twinned” with a hospital in The Gambia and Indiana University is “twinned” with a hospital in Indonesia. Two individual Trustees are also sending their journals to two specific departments in the developing world. If you wish to link your department with one in a developing country so that recent but no longer required journals can be sent on, please get in touch with Sue Marchant, Honorary Secretary susan.marchant2@btinternet.com

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

Ambassadors
The Trust has implemented the role of Ambassador and currently has two – one in France and one in Buenos Aires, Argentina. There is one more to start later this year. She is based in New Zealand.

The aim is for the Ambassadors to support Trustees in their work and to liaise with those departments/institutions which have received support in the form of textbooks to ensure the books reach the recipients. Other tasks include assisting applicants to complete the application form and to fundraise for the Trust for those ambassadors based in the developing world.

Change of Trustees
One of the Trustees decided to stand down in autumn 2011. She was replaced by a Trustee who lives in the USA. Alejandro Ramirez (Alex) speaks fluent Spanish and supports the development of the Trust’s work in South America. The Trust now has two Trustees based in the USA.

In March 2012 we said goodbye to omunique Zerroug who retired after many years service to the Trust. She will be greatly missed by her colleagues especially for the work she did in French-speaking Africa for the Trust, raising our profile there. We have been very fortunate to replace her with Philippe Gerson, known to many of us.

Website
Lizzie Zukiewicz continues to update and monitor the website.

For more information about the Trust visit the website at: www.wretf.com

Statistics
So far this year, only 2 applications for support have been received. These were from Argentina and Uganda and both have been supported, with textbooks being sent from both the UK and the USA where one of our trustees also holds a supply of books. There have been enquiries about support, from Zambia and Nigeria which are being followed up.

Books continue to be donated by individuals and organisations such as hospital trusts and The British Institute of Radiology.

MED Project
WRETF has partnered with RAD-AID International, utilising grant funding by the ASRT Foundation, to purchase Mobile Electronic Devices (MEDs) stocked with a small library of radiography-specific digital textbooks, PDFs and apps. The goal of the project is to evaluate an alternative delivery method of educational resources to imaging departments within the developing world.

If you are interested in applying to be a project site for this study, please contact Jonathan Mazal at: jmazal@rad-aid.org

Donations
The Trust has received monetary donations from the New Zealand Society to commemorate World Radiography Day. Trustees have identified a specific project for this generous donation to be spent on.

Also donations have been received via ISRRRT from the Hong Kong Radiographers Association and The Trinidad and Tobago Society. Books and journals, if fairly recent issues are also welcomed and can be sent to the Hon Secretary of the WRETF c/o The British Institute of Radiology, 36 Portland Place, London, W1B 1AT.

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

Erratum
In the November 2011 WRETF report there was an error on page 42. The photo is not of CIWEC as stated. Apologies for any inconvenience this may have caused.
Full membership of societies is open to national societies of radiographers or radiological technologists with similar objectives to the ISRRT. These are: “to advance the science and practice of radiography and allied sciences by the promotion of improved standards of education and research in the technical aspects of radiation medicine and protection.”

Corporate membership is open to all organisations wishing to support the work of the ISRRT and who would otherwise not be eligible for full membership. This includes commercial companies, regional or local professional organisations, governments, hospitals, universities and colleges. Corporate members receive certain benefits including preferred space at ISRRT organised technical exhibitions, priority opportunity to participate in ISRRT sponsored educational activities, preferential advertising opportunities in ISRRT publications and official recognition in the ISRRT Newsletter. In addition, hospitals, universities and professional associations can apply to host ISRRT organised seminars and workshops. Details of Corporate membership are available from the Secretary General. We express our appreciation for the continued support of our Corporate members and invite other industry and professional leaders to offer their support to the advancement of international radiation medicine. Current Corporate members are:
- Agfa-Gevaert N.V.
- American Registry of Radiologic Technologists
- Association of Educators in Radiological Sciences Inc.
- Toshiba (Australia) Pty. Limited, Medical Division
- Technikon Natal
- American Registry of Diagnostic Medical Sonographers
- Shimadzu
- Dubai Dept. of Tourism, Commerce and marketing

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

I would like to support:
- ISRRT Development Fund and include a donation in the amount of: 
- World Radiography Educational Trust Fund and include a donation in the amount of: 

Name: ________________________________
Address: ______________________________________________________
Signature: ________________________________
Date: ________________________________

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

**ASIA/Australasia**

**Australia**

Everything is coming together in readiness for the 9th Annual Scientific Meeting of Medical Imaging and Radiation Therapy (ASMMIRT) being held in Sydney at the Convention and Exhibition Centre in Darling Harbour from 19-22nd April. An exciting educational program and technical exhibition is being assembled. One of the innovations introduced to ASMMIRT in 2011 was a one day Student Conference on the Friday of the event and the Sydney organisers have continued this and are expecting students from around the country to join together in a great educational and social event.

The Australian Institute of Radiography (AIR) office has moved into central Melbourne at number 25 King Street in a building which retains its old stone façade but has been modernised inside. Visitors to Australia are welcome to call in and see the historical display and library on the ground floor and visit with staff. The Institute continues to move from strength to strength having had a 10% rise in membership each year for the past three years.

The AIR is moving forward with its strategy of increasing the use of technology for conducting business and making greater use of new IT infrastructure and data systems. The opportunity to use video/teleconferencing for meetings and email correspondence mean that savings can be made by reducing the need for interstate travel to attend meetings. Opportunities for developing e-learning resources for both training and CPD will be another benefit of this investment in infrastructure.

In June, the AIR President Mr Bruce Harvey, and the Chief Executive Officer Mr David Collier and myself, as well as a number of AIR members and their spouses will be attending the 17th ISRRT World Congress in Toronto, Canada. We are looking forward to meeting old friends and making new ones during this celebration of the 50th anniversary of the ISRRT and the 70th CAMRT Annual Meeting.

For those applying from overseas for assessment of their qualifications to work in Australia, please visit the AIR website (www.air.asn.au) to view the current requirements for accreditation.

On behalf of all AIR members I would like to send our best wishes to our colleagues around the world and look forward to seeing many of you in Toronto.

**Pamela Rowntree**

**Councillor for Australia**

**New Zealand**

The NZIMRT welcomed Linda Whitehead as the new Executive Officer in November 2011. Linda trained in the Bradford School of Radiography and emigrated to New Zealand in 2004 where she was most recently the Clinical Imaging Manager of Fulford Radiology Services Ltd in Taranaki. Linda brings a great deal of professional and managerial experience to the EO role. Linda has replaced the outgoing EO, David Morris. Dave commenced as General Secretary in 1999 and also served as President (1968/69) and Treasurer of the Board of Management. Dave had a long career in radiography and we are grateful for his time and commitment to the profession. We wish him an enjoyable and relaxing retirement.

The NZIMRT continues to have strong membership with numbers continually increasing. The introduction of the electronic Continuing Professional Development Programme has been well received by members with the programme and education funding continuing to be well utilised resources.

2011 World Radiography Day was celebrated with the donation of funds to three worthy causes. The World Radiography Education Trust Fund received NZ$1,500 with a $1,000 donation to the Fred Hollows Foundation NZ to support the foundations work decreasing the high level of blindness in the Pacific region. $2,500 was also donated to the 2012 ISRRT World Congress Travel Fund.

The NZIMRT Board of Management structure has been reviewed with the new Board of Directors structure coming into effect from August 2012. The new structure ensures better representation from the six regions and it is hoped to result in a more integrated Board resulting in improved participation and communication to and from the Board.

Wellington hosted a very successful symposium in 2011 at short notice as a result of the Christchurch conference venue being severely damaged in the earthquake, the venue is now for demolition. The Board of Management was extremely grateful to this efficient team for providing such a high quality event at short notice.

Auckland is hosting the NZIMRT Annual Conference this year on 17/18 August 2012, the theme is “Quality Counts” - for more information see NZIMRT website.

Please visit the NZIMRT website for further information: www.nzimrt.co.nz

Emma Riley

**ISRRT Council Member**

**Nepal**

The 21st Anniversary of the Society took place in 2011 and they are now preparing for the 7th national assembly & 1st SAARC conference.

They are also preparing to publish a Radiological Journal magazine “the Souvenir” this Year which will include information about the ISRRT.

The society address is: PO Box 5634, Maharajgunj, Kathmandu. Nepal.

The Council Member is Mr Ganesh Pokhrel who is the first professor of radiography and programme coordinator of Bachelor in Imaging Technology programme and chief initiatives to start a Master in medical Imaging technology programme in Nepal.

The Nepal Society is really proud of Mr Yogesh Jha, the 2010 DoseWise Award winner and that he shared his experience with representatives of ISRRT and Australian Institute of Radiographers and Philips Healthcare, Australia. When he was back in Nepal the Society was very delighted that many radiographers from all around the world were seeking information regarding Yogesh.

The Society is happy to hear about 17th ISRRT World Congress and 70th Annual General Conference to be held in Toronto, Canada. On the behalf of Nepal Radiological Society the General Secretary, Mr Neyaj Ahmed would like to convey their good wishes for the success of conference. Hopefully someone from Nepal Radiological Society will join the conference there.

**Neyaj Ahmed, General Secretary**

**Nepal Radiological Society**
The Society of Radiological Technologists – Sri Lanka (SRT SL) held a special academic session as the main activity of world radiography day celebrations. About 200 radiological technologists/radiographers participated in the programme.

A number of lectures on various subjects were delivered by a radiologist, cardiologist, physicist, physics lecturer and a digital radiography application specialist.

The president of the Sri Lanka College of Radiologists was the chief guest. Several other special invitees also was present to grace the occasion.

The official journal of the society was also launched on the same day.

The event was sponsored by Delmege Medical (pvt) Ltd with its mother company, Covidien Pharmaceuticals, Singapore.

On November 8, 2011 WC Roentgen was honoured, garlanding his statue by the President SRTSL and the Chief Radiologist of the National Hospital of Sri Lanka.

The CT Diploma Programme was inaugurated on 22nd January 2012. 50 radiological technologists have been selected from a large number of applicants to participate in the programme.

V.G.Wimalasena
President, SRTSL

Above: Founder president SRTSL (left) lighting the oil lamp.
Below: President welcomes the participants.

Top: President Sri Lanka College of radiologists.
Above: Appreciation, DR. Mitra Kumar, cardiologist.
Left: Launching the journal.
Right: Roentgen was honoured.

BANGLADESH

BARIT Reached Its Destination after a Long Journey

I have been working since 1995 to upgrade the educational scope and opportunities for our technologists who have completed the diploma course on radiology and imaging technology. It was not only my dream but also a great challenge to introduce higher educational scope on radiological technology in Bangladesh. Unfortunately it has taken a long time to establish my dream. My proposal has not been received in the medical education system in both the govt. and non-govt. organisation due to our limited resources, inadequate facilities and inadequate knowledge on global advancement.

I have not stopped trying, seeking out higher officials, administrators and political personnel’s. Somebody asked, “What will be the benefit of higher education?” somebody asked, “What will be the job description of graduate technologists?” and somebody asked, “What will be the aspects of this type of course?” I described my proposal to every person and administrator in favour of the course. The traditional educational system is still running all through Bangladesh. The professional problems, radiation hazards and safety, technical error, image quality, sharpness and presentation are not a problem at all in a developing country like Bangladesh. After a long time struggling I have succeeded to clarify and make it clear and easy to all persons responsible about the efficiency and effectiveness of a higher educational opportunity in radiological technology.

After 12 years working on our government and health administrators, they have agreed that higher educational scope in radiological technology will benefit both the patient and our radiological diagnosis in the modern medical science.

During the last five years, the society and I have worked hard to develop a course curriculum and syllabus for a graduate course. I am grateful to Dr Cynthia Cowling, Mr SC Bansal, Mr Shantolal Shrestho and Prof. Sayed Mizanur Rahman, President, Bangladesh Society of Radiology & Imaging for their cordial support and valuable advice to develop the curriculum. We have developed a world class curriculum on B.Sc. in Radiology & Imaging Technology course for Dhaka University. After the development of the course curriculum the government has taken the initiative to review the curriculum by
the most senior radiological personnel’s. After they reviewed the course curriculum, it was approved and affiliated with the Faculty of Medicine at Dhaka University. Suddenly the problem is who will teach the students and run the courses, because we have not had so many highly skilled teachers and instructors in this field. During the last two years we have organised different short courses, seminars, workshops and training programs for our technologists who are interested in the educational field. Some of our technologists are now working in education and interested to continue their services in the educational field. At the end of this arrangement we have introduced B.Sc. in Radiological Technology Course at Dhaka University.

After a long journey, BARIT has admitted 30 students in the bachelor degree course for the first time in Bangladesh.

Md. Mofazzal Hossain
President BARIT, Bangladesh

On December 20, 2011 a new MRI machine was installed in CWM Hospital, Suva and was officially opened by the Prime Minister of Fiji. Pictured right is the new 1.5T and the first MRI machine to be installed which will serve patients within Fiji and also the nearby neighbouring island countries like Tuvalu, Tonga, Samoa and others.

As Fiji is developing as a nation, slowly modern technology is being introduced into our health system. Pictured right you can see the introduction of CR system and radiologists can view images from their workstations and write a report without an x-ray film.

Bottom left are participants at an in-house MRI training session which was conducted by GE MRI Training Specialist, Mr. Joshi George, Melbourne, Australia.
half of the radiologic technologists who are registered with the American Registry of Radiologic Technologists are ASRT members.

ASRT Developing New Educational Products
The ASRT continues to produce continuing education products designed to meet the needs of radiologic technologists in various disciplines.

For example, the ASRT introduced its six-module Clinical Instructor Academy in 2011. The Clinical Instructor Academy is a comprehensive tool designed to help R.T.s learn the core strategies and tactics they need to be successful educators in the workplace. More than 80 educational programs have purchased the Clinical Instructor Academy package since it debuted, and the association predicts strong sales of the product in 2012.

In addition, the Society is developing the following educational products and events, which are scheduled to be available in 2012 and 2013:

- MR Basics course
- Breast Imaging Basics course
- Sectional anatomy course
- Safety Basics course
- Radiation therapy courses
- Radiation therapy student modules
- Management Academy
- CT pathology module
- PET/CT module

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

New Computed Tomography Edition of Radiologic Technology
The ASRT published its first targeted computed tomography edition of its award-winning peer-reviewed bimonthly scientific journal, Radiologic Technology, in January 2012.

The CT-targeted version of the journal will be published four times a year. ASRT members who select CT as their continuing education preference will receive at least 5 CE credits annually after passing the Journal’s CT-specific Directed Reading quizzes.

According to the American Registry of Radiologic Technologists’ website, more than 48,000 radiologic technologists in the US are certified in CT. As this segment of the radiologic sciences continues to grow, CT technologists will need up-to-date educational materials to maintain their certification status. Understanding this, the ASRT made the decision to offer its members targeted CT educational content as part of its commitment to provide members access to at least 12 continuing education credits as part of their annual membership.

Members interested in receiving the targeted issues of Radiologic Technology can check or update their CE preference online at www.asrt.org or by calling Member Services at 800-444-2778.

ASRT Chief Executive Officer Named 2011 New Mexico Top CEO
ASRT Chief Executive Officer Sal Martino, Ed.D., R.T(R), FASRT, CAE, was named a 2011 top performing CEO by the New Mexico Business Weekly in October 2011. The publication’s annual top CEO search highlights chief executives who have done an outstanding job as corporate executive stewards. Judging criteria include their strategic vision, leadership qualities and community outreach efforts.

Dr. Martino has been ASRT’s CEO since January 2009. In addition to his duties as the association’s top executive, he serves as the chair of the American Society of Association Executives Certified Association Executive commission. He also has served as the chairman of the ASAE exam committee and was a member of the ASAE health care community committee.

Legislative News
The Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy bill, H.R. 2104, continues to move its way through the halls of Congress. Introduced in the U.S. House of Representatives in 2011 by Rep. Ed Whitfield, R-Ky., the bill would set federal minimum education and certification standards in the Medicare program for the technical personnel providing, planning and delivering all medical imaging examinations and radiation therapy treatments. The CARE bill currently has 67 cosponsors.

In addition to the CARE bill, the Medical Access to Radiology Care Act, H.R. 3032, was introduced in the U.S. House of Representatives in September 2011. The proposed legislation would allow facilities to bill Medicare for medical imaging services performed by qualified radiologist assistants under the direction of a supervising radiologist.

Introduced by Reps. Dave Reichert, R-Wash.; Jim Matheson, D-Utah; Pete Olson, D-Texas; and Bill Pascrell, D-N.J.; H.R. 3032 would set standards within the Medicare program for services provided by radiology physician extenders, reducing existing RA supervision restrictions and allow facilities to be reimbursed for the services RAs perform at 85 percent of the existing physician fee schedule rate. The bill currently has 12 cosponsors.

ASRT Communities
The ASRT launched the ASRT Communities in 2011, a one-stop online shop for members to connect with each other through common interests, practice areas or career paths. In the communities, RTs can find information about specific disciplines or specialty areas and interact with colleagues and students. There are 19 different communities for radiologic science professionals to choose from, and ASRT encourages technologists to post questions, start discussions and get involved in the conversations. Plus it’s a great way to find contact information to connect with ASRT chapter delegates. The ASRT Communities are available only to ASRT members. Members can access the communities by visiting www.asrt.org/community and signing in to their ASRT web account.

As 2011 drew to a close, CAMRT reported significant progress in meeting the objectives of its 2009-2011 strategic plan. A comprehensive report on the final outcomes of this plan is included in the CAMRT 2011 annual report, which will be online in early April. And as 2012 began, the CAMRT launched a visionary new plan that reflects the CAMRT vision to position medical radiation technologists as essential, caring contributors to the healthcare team for Canadians, at the leading edge of practice in an environment of rapid technological change and innovation. Success in implementing the objectives of this plan should result in MRTs being more widely recognised within the health system and the wider community as an authoritative voice in medical imaging and radiation therapies, and engaged internationally as leaders in the profession. A summary of the 2012-14 strategic plan goals, objectives and desired outcomes is published at www.camrt.ca/aboutcamrt/strategicplan/. The following provides a summary of CAMRT highlights and accomplishments since the fall.

Continuing professional development
Draft guidelines for maintenance of competence/continuing professional development are being finalised for publication in mid-2012. The document discusses self-assessment, reflective practice, development and maintenance of a professional portfolio, developing categories for assessment of CPD activities, timeframe suggestions, and audit processes and much more. As well, samples of templates/forms to help record activities are also provided. This project will be completed in the fall of 2012. Work is progressing on the CAMRT competency profile revisions. The management of the large amount of data is
providing a challenge; however, a format has been developed for the revision process. Work has progressed on all modules, both core and discipline-specific. A new approach to the introduction to the profile has been introduced, to provide more focused information on the definition of competency, use of performance environments and weighting of competencies. At this stage, feedback on draft profiles is being collected from education programs and regulators and considered for integration into the next draft.

The newly released Preceptor Guidelines are posted on the CAMRT website. The authors of the guidelines were five members of the CAMRT representing all four disciplines whose professional expertise includes clinical, preceptor and didactic education, research, supervision, and direct patient care. The guidelines address key elements of effective preceptorship as well as the support necessary to allow a technologist to practice as an effective preceptor.

The Interventional Radiology 2 course was available for winter 2012 and the workgroup is now developing the summary of clinical experience, thus completing the development of a specialty certificate.

The Certificate in Breast Imaging is currently in revision and in future will be offered in 2 streams, one for screening and the other for breast imaging. It is hoped this will be phased in during the fall 2012 with an effective start date for new applicants Jan 2013. Course development continues, with a Full length PET course with CT applications in progress, and 4 new topics for QSS also in development:

- Transitioning from the Front Line to Leadership Roles for Technologists
- SPECT / CT
- Applications of Medical Laboratory Tests in Nuclear Medicine Technology
- Clinical Cancer Research

Thompson Rivers University now gives credit to two (2) CAMRT full length courses and the University of Prince Edward Island has given credit to the IR1 course as an elective in a post diploma, degree completion program for Health Science.

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

The education program to date offers 80 sessions with 15 different streams, and is now published as an online preliminary program. Delegates will choose from both discipline-specific and multidisciplinary options, and from more than 200 oral presentations and close to 100 posters. Of these, 125 are Canadian presenters and the remaining 175 are international (including USA). In addition to the core conference program, an impressive menu of pre-conference workshops is scheduled to take place on Thursday, June 7. These include an education summit, an innovative student workshop, and a management/leadership program. The Ontario Association of Medical Radiation Technologists and Mohawk College Enterprise and the Joint Department of Medical Imaging in partnership with the University of Toronto Advanced Imaging and Education Centre (AIEC) are also offering a range of workshops in the days leading to the conference. Also on the conference calendar are tours of a number of the state of the art imaging and treatment centres in downtown Toronto, numerous social networking opportunities, on land and water, and a companion program offering guests the opportunity to experience.

CAMRT has also administered a Travel Support Fund created to assist medical radiation technologists from lower and middle income countries, as defined by the World Bank. A total of $46,000 has been committed by organisations and individuals, to assist 26 applicants.

Registration as of March 29 was 716 in total, with delegates coming from 50 different countries. Promotion of registration by the early bird deadline, March 31 was well supported by cooperation and collaboration of our international and provincial partners. Invitations to bring greetings to the opening ceremony have been issued to federal, provincial and municipal politicians. CAMRT has received confirmation that MP Pat Davidson will bring greetings on behalf of Leona Aglukkaq, Minister of Health. Ms. Davidson worked as an x-ray technologist early in her career.

Certification

Two major changes to the certification exam were implemented at the September write. The exam blueprint was new, as this was the first exam based on the 2006 competency profiles. Secondly for this writing, the number of questions changed from 250 questions delivered in two booklets, with 125 questions and a writing time of 3 hours for each booklet, to an exam of 200 questions in one 4-hour sitting.

Support programs for internationally educated medical radiation technologists

Three courses to assist IEMRTs with education upgrading and exam preparation are currently being developed. CAMRT received funding from the Canadian government to offer these courses free to IEMRT’s eligible to write the certification exam over the next 3 years and is in the process of developing a communication plan to identify candidates.

An online readiness assessment tool, available in both English and French, has been developed in partnership with Price-MacDonald Associates & Nova Scotia Community College. This tool is now available online, to assist IEMRTs to determine how their qualifications match Canadian practice requirements and identify the steps they will need to take as they make their plans to live and work in Canada.

CAMRT collaborated with several other organizations on a project related to Assessing the Workforce Integration of Internationally Educated Health Professionals; the final report was released on February 7, 2012 and is published on the CAMRT website. The report highlights qualitative and quantitative research and examines the extent to which IIEHPs have become integrated into their respective occupations relative to their Canadian educated (CEHP) counterparts.

Member Services

CAMRT Online

All of CAMRT’s Quick Self Study (QSS) courses are now online, and a pilot project for offering final exams for full length courses online was successful. As feedback from candidates was very positive, CAMRT will move ahead and offer more exams online in 2012.

On-line registration and payment to write the certification exam was successfully developed and launched in June. A significant amount of work has also been done on the member’s only secure section of the website, customizing views and access to pages or services depending on the user’s relationship/status with the association. Members can see their certification exam results and CAMRT CPD history (registrations, course timelines, results, transcripts) is on-line now, and non-provincial members can renew their membership on-line for the 2012 membership year. The non-member service packages are now also available for purchase on-line. There are two options for these packages. The first is the Essentials e-Publications Package that includes subscriptions to the electronic versions of the CAMRT quarterly newsletter; CAMRT e-new bulletins and the Journal of Medical Imaging and Radiation Sciences (JMIRs), offered at $40 Cdn +HST for a full year, and $25 +HST for the half year (July–December). An Essentials plus Package includes all of the above plus access to the CAMRT on-line Job Bank and 20% off CAMRT non member rates for continuing professional development courses. This is available for the full year only, at $70 Cdn +HST.

In September 2011, the departments of Advocacy, Communication and Events and Professional Practice collaborated to pilot the delivery of a webinar entitled A New Staffing
Model for Radiation Therapists, presented by Marcia Smoke, Head of Radiation Therapy/ Manager of Radiation Therapy and Clinical Education Director, Juravinski Cancer Centre Hamilton, Ontario.

Some 60 participants from Canada and the U.S joined the webinar. Overall participant feedback was very positive and the potential for other issues oriented presentations and education offering using GoTo Webinar will be explored in the coming year.

CAMRT’s social media presence has become increasingly robust, with the Facebook group having tripled in size this year, largely due to enthusiasm of online voters during the Video/Photo contest held during MRT week. We invite MRTs everywhere to enjoy the winning photos and videos that illustrate members’ personal vision of the Image of Care brand.

Colleagues around the world are encouraged to find us on Facebook, follow us on Twitter and link on LinkedIn.

Member engagement
The three-part 2011 omnibus member survey that sought member feedback on awareness, satisfaction and engagement with CAMRT programs and services came to a close mid-February 2012. A research expert has been engaged to analyze, interpret and develop a report on the survey results by the end of March.

Volunteer Development
The 2011 Leadership Development Institute took place September 23–25, 2011. The group of 14 young leaders from across the country participated in a number of personal and team building events over the three day event.

PROFESSIONAL PRACTICE
Advanced Practice
Work has begun on the development of an advanced practice framework. A working group is addressing methods and mechanisms for national certification of Advanced Practice Radiation Therapists, commencing with validation of a proposed competency profile.

Best Practice Guidelines
The Best Practice Guidelines Committee continues its work on the development of draft guidelines. Multiple guidelines have been produced, and are at various stages of review and approval at the present time. A series of guidelines on Patient Care and Quality of Care (32 in total), in the section on guidance have been completed, and a large set will be presented to the CAMRT board for approval this spring. A ‘soft launch’ and web publication of the guidelines is planned for the 2012 AGC/ World Congress.

Future Technology Advisory Council (FTAC)
The FTAC has been established, to keep CAMRT and its partner organisations abreast of technological changes in the medical imaging and radiation therapy fields. The Council’s purpose is to forecast future trends and innovations and to identify developments that will impact MRT practice. The FTAC will require significant input from experts both within and outside the medical radiation technology community. A call for volunteers with specific expertise was published in mid-March. CAMRT is exploring the potential for collaboration and information sharing on this initiative with the Canadian Association of Radiologists (CAR).

ADVOCACY
Rebranding
The Image of Care rebranding campaign was formally launched in June 2011. Image of Care campaign to date has included the following strategies:
- Image of Care.ca, a brand micro site;
- Print advertising and web advertising in Reader’s Digest and its Canadian French language edition Sélection;
- An online graphics toolkit: custom photo library, banners, poster and advertising templates brand guidelines, providing organisations and individual MRTs with tools to conduct their local campaigns and create awareness of the profession;
- A video and photo contest, engaging members of the profession and members of the public through online voting for entries on Facebook, YouTube and the CAMRT website.

CAMPAIGN SUCCESSES TO DATE: MRT engagement: Hundreds of brand champions emerged across Canada to spearhead creative regional and local promotion of the campaign, utilizing the downloadable graphics in the campaign toolkit.

Public engagement: The bilingual campaign microsite, imageofcare.ca, is a key point of public contact and has received 5,085 visits, 4110 unique visitors, with 20% of these returning, for a total of 16,703 page view between May and December 2011. Visitors have come primarily from Canada (4450) but also the U.S, France, India, UK, Philippines, Italy, Russia, Saudi Arabia and Pakistan.

Media response: 66 media hits between June and December 2011 including coverage on MSNBC, Yahoo! Finance, Reuters and newspaper and TV coverage of events in local markets throughout MRT Week.

Peer recognition: The campaign won the CSAE “Associations Make a Better Canada” award in the category of public education/information in September 2011. This resulted in requests for presentations and articles on the campaign at the local chapter level.

The CAMRT News has been redesigned to incorporate elements of the Image of Care graphics and an Image of Care template with rotating brand messages is being incorporated into the website design. 70th anniversary graphics have been designed to complement the brand images. An Image of Care brand ad has been added to the regular mix of ads placed in the Journal of Medical Imaging and Radiation Sciences (JMIERS).

MRT Week in Canada
The 2011 campaign theme, “Look deeper, Celebrate the people behind the technology” built on the brand messaging, and incorporated the brand graphics in the promotional items that were provided to 450 hospitals, clinics and local organizations for displays and presentations. The kit included posters, calendars, tent cards and post-it notes and was accompanied by an online guide to planning activities and securing media coverage.

Medical Imaging Team Day
CAMRT is a partner in the launch of Medical Imaging Team Day, May 17, 2012. This is a day set aside to honour the work of the team of healthcare professionals who collaborate to improve the health of Canadians, ensuring that the right diagnostic imaging tests are performed and interpreted expertly, with the highest standard of patient safety, comfort and care. The team will hold a media conference on Parliament Hill, at which time the theme paper on Appropriateness will be released and presented to MPs.

Government Relations
CAMRT has recently met with MP Patrick Brown, CPC, Barrie, who initiated a private members bill, C-314, an Act respecting the Health Canada Regulatory Workshop on Radiopharmaceuticals on March 8 and...
9 in Ottawa. Dr Ell continues to serve as the CAMRT representative on the Medical Isotopes and Imaging Modalities Advisory Committee (MIIMAC) of the Canadian Agency for Drugs and Technology in Health (CADTH). This group consists of representatives from health professions, institutions, regions, ministries of health, the public, and experts in scientific research and methodology. CAMRT also continues to work with Health Canada’s Biologics and Genetic Therapies Directorate (BGTD) to determine alternative supplies of technetium in situations of shortages and the regulation of radiopharmaceuticals.

Research
For the second year, CAMRT is seeking applications to its research grant program providing annual funding of up to $5,000 for original research related to the medical radiation sciences.

Governance
Elections for the CAMRT president-elect position will be held in April-May and the result announced at the AGM in June.

JAMAICA
The year 2011-2012 has been a busy one for the Society of Radiographers Jamaica. We started off the year hosting a Social. This activity was planned as a means of getting together with our colleagues far and near in an informal setting. This function was well supported and we plan to have many more like it.

This past year has also seen the revitalisation of the Western Chapter of the Society of Radiographers Jamaica, which has in this year, has undertaken planning our major Radiographers Week Dinner in November 2011. During this week we also had one major Educational Symposium focusing on Osteosarcoma. This activity was well supported and had a physiotherapist, radiation therapist and an orthopedic surgeon presenting.

Attendance at meetings is still a challenge, but we continue to persevere. This year 2012, the ISRRT celebrates its 50th anniversary. Our AGM for this year is being planned for Montego Bay June 15-17 2012. As a bonus this year, the ISRRT has decided to host a mammography conference in Jamaica in November. We look forward to hosting them.

Andrea Dyer McKen
President

AFRICA
ETHIOPIA
I would like to thank you ISRRT and CAMRT on behalf of the Ethiopian Radiographers and Radiologic Technologists Association (ERRTA) for all contacts and information updates we are regularly receiving through ISRRT about the 2012 ISRRT world congress and CAMRT Annual General Conference to be held in Canada and other international issues.

ERRTA was founded in 1975 by a few dedicated founding members who had traveled so many ups and downs for the love of their profession which, I believe, made the ERRTA one of the influential associations in Ethiopia. After fourteen years, in 1989, while Mr TJD West was the Secretary General of ISRRT, our association had accepted the constitution and regulation of ISRRT and became a member society. We know that the international association, ISRRT, is one of the strongest and we are proud to be part of this society.

As the founding members were teachers in the former school of x-ray technicians the attachment between the association and the school is still very strong. Now there are more than 8 medical schools who train radiographers with diploma and one university that trains radiologic technologists with degree programe. Those who successfully completed the diploma can continue their education for BSc. Program after two years of relevant service.

In our country radiologic technologists are trained for four years and perform, in addition to radiography, CT and MR imagings, basic ultrasound exams and basic radiograph/image/interpretation. The training includes, in addition to the basic radiographic courses, internal medicine, general surgery, OBs and GYNs, basic pathology, biochemistry, pharmacology, microbiology and parasitology, cross-sectional anatomy, radiological anatomy, radiological pathology, image interpretation etc. This curriculum, I think, will be a great experience for other countries who haven’t yet started their BSc. Program. Now the department of radiography is stepping forward to design MSc. Programmes on which we are planning to request your assistance.

The council members of ERRTA are having thorough discussions on the issue of the 2012 ISRRT World Congress. Despite the fact that our financial condition is in question, we have decided to participate and do our part. We believe that this is the greatest opportunity for us ... to learn from others, to share our experiences to member societies and use the experience to strengthen our home association.

How have we planned to benefit from the conference:
• We have planned to gather experiences from the reports, research papers, presentations, business meetings, every contact we are going to make and bring home to our society.
• We will send forward our agendas to Dr Alexander Yule to be discussed at the congress by the participants.
• We are finishing research papers on “Expanded role of radiologic technologists in Ethiopia” and “physicians’ understanding of diagnostic value vs radiation hazard.”
• We have planned to meet people from ISRRT, CAMRT, ASRT, regional coordinators, country representatives etc to create permanent links for the future, to share what is happening in our association and to see how they organise their society.
• We are planning to host a regional conference, in African Union hall Addis Ababa. The ISRRT 2012 World Congress has a great importance for the successfulness of our plan.
• We had a plan to make our annual meeting at the end of February 2012 but decided to postpone it to July 2012, soon after the ISRRT World Congress. This will help us transfer our international experiences immediately, to discuss about what and how we should do things next, what is happening on the other side of the world concerning our profession, see our successes and failures from different angles and to design strategies based on our experience.

For this reason we are sending two participants, a Council Member and an observer to the ISRRT 2012 world congress.

Here is the list of council members of ERRTA and their responsibility:
1. Eskinder Tadesse: President
2. Teshaye Ketebed: Treasurer
3. Tatske Girma: Public Relation Officer
4. Ahmed Mohammed: Accountant
5. Getnet Birhanu: Member
6. Bitweded Tsegaye: Member

Eskinder Tadesse
President, ERRTA

PO Box: 25952/1000
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**SOUTH AFRICA**

**ISRRT Dose Wise Radiographer of the Year Award**
The Bloemfontein branch is very proud of one of our members, Sandra Pridgeon (pictured below). Sandra received the ISRRT Dose Wise Radiographer of the Year Award 2011.

**Honorary Membership**
SORSA recognises radiographers who provided exceptional services over many years in a variety of ways by honouring them with life-long membership. Recently SORSA thanked two members in this manner. They are Lynn Crichton from Port Elizabeth and Jeannine Fox from Bloemfontein. SORSA members are privileged to have these radiographers as their role models.

**Epaulette Ceremony**
Several of the SORSA branches introduced the new graduates to the Radiography profession by hosting an “epaulette” function towards the end of 2011. During the function the new graduates receive small gifts and a pair of epaulettes to show that they are now qualified radiographers.

**Academic Excellence trophy**
The committee members of the Bloemfontein branch donated a floating trophy for academic excellence and in particular for the best graduate in the Radiographic Practice and Clinical Radiographic Practice III (theory and practical) modules. The trophy was handed over to the winner, below, Elize Viljoen by the President of SORSA, Hesta Friedrich-Nel at a ceremony on 16 March 2012 where a number of other students also received awards for academic excellence.

**Mercy-in-action**
One of the private practices in Bloemfontein (Drs van Dyk and Partners) launched a fundraising competition and distributed 3000 cans of food to the Maureen Oosthuizen’s cause, MERCY IN ACTION. This gesture of both radiologists and radiographers to reach out to communities in need is commendable.

**Future congress**
SORSA plans the next conference for August 2013 in collaboration with the Radiological Society of South Africa. More specific details and updates will be provided in the next edition of the newsletter and on the website www.sorsa.org.za.

**World Radiography Day (WRD)**
For World Radiography day (8 November 2011) all the branches in South Africa hosted specific events to celebrate. Some examples of the events that took place are:
- The Bloemfontein branch played soccer and netball and competed for the chicken trophy kindly donated by Belinda van der Merwe, currently the chairperson of the branch (picture above).
- KwaZulu-Natal Branch hosted a seminar using the WRD theme of the ISRRT: Radiography – the Heart of Modern Medicine

Hesta Friedrich-Nel
ISRRT Council Representative
NIGERIA

The year 2011 ended on a bright note for the Nigeria Association under the new Council. The annual conference held in the city of Minna, November 2011, (amidst initial security apprehensions) turned out to be a huge success. A good number of Nigerian Radiographers in Diaspora (mostly in advance practice and academics) demonstrated great commitment by coming to share their skills/competencies with fellows back home.

The government of the hosting State (Niger State) and members of the local organising committee ensured all delegates had a good feel of the hospitality of the people.

Still basking in the glory of the success of the Minna outing, the National Secretariat of the association has commenced preparations for the 2012 Conference which will come up in the month of November, in the rock city of Abeokuta, Ogun State.

As the Global community of Radiographers looks forward to the World Congress coming up in Toronto, Canada, Nigerian Radiographers are also gearing up to be part of the big gathering.

Many members of the Association already took advantage of the early bird registration window and secured places for themselves.

We wish all colleagues of the Canadian Association of Medical Radiation Technologists (CAMRT) well as they prepare to host the world of Radiography.

Prince Ayodele Okhiria
Nigeria Council Member, ISRR

EUROPE

FINLAND

2011 was a very busy year for the Society of Radiographers in Finland (SORF). At the end of 2011 we had 2,527 members who had paid the membership fee. In the Finnish Health Professional registry Terhiikki there are total of 3,495 radiographers at the moment, but they are not all working in the profession.

The AGM held in November 2011 elected Merja Perankoski as the new President of the society. The Society has two employees at the office. Katarina Kortelainen as an Officer (membership & CPD) and Päivi Wood as CEO. Kaisa Nironen resigned from the council member and International coordinator post for post-graduate study reasons.

The Society has been actively involved in MEDRAPET directive preparations; this so called “MIR directive” has been under mending since it was published. At the moment things seem to be going well and it has been very rewarding to be a member of a panel of experts. The Society has been talking about this several time at the parliament and things are progressing well also in EU.

CPD and Nordic Congress 2011

As a society we did arrange 24 CPD education events in the year 2011. The national congress was held in Pori, which attracted around 12% of the members. The main event for the year was the Nordic Congress held in Mariehamn, Åland in June 2011. There were almost 200 paying participants and total number of attendees was almost 400 including the lecturers, organisers and exhibitors. The Congress is a joint event for Nordic Radiographers, Radiologists, Physicists and students.

The 1st Scandinavian Researcher meeting in Radiography was held during the Nordic Congress and the cooperation between Nordic researchers in radiography has had a bright start.

The ISRR 18th World Congress 2014

The ISRR 18th World Congress will be held in Helsinki (Helsinki Fair Centre) in 2014. The theme of the Congress is “Optimizing for better care” and we hope to see you all in Finland. The President of the Congress is Päivi Wood, Secretaty General Hanna Jantunen and Controller Elina Manninen. You can meet us and hear more about the congress at Toronto in the 17th World Congress.

Hanna Jantunen
Council member

UK

A highlight of any year for radiographers in the UK is World Radiography Day. The SCoR provides materials for members to use in their departments to raise public awareness of the profession and to celebrate the contribution of radiography to modern health care. Last November 8th was the most successful ever. The SCoR sent out twice as many packs of posters, badges and souvenirs as usual. The packs were once again sponsored by our partners Guerbet.

World radiography Day also sees the presentation of the Radiographer of the Year, Radiography Team of the Year and Student Radiographer of the Year Awards. In a wonderful cerebration held at the Houses of Parliament in London, Awards were presented by Jacqui Lunday, the Chief Health Professions Officer for NHS Scotland. The UK winning team was the Consultant

PhD Eija Metsälä from Finland was awarded as a best Nordic Scientific Radiography Presentation at the congress.

From Patient to Patient Care
8-10 June 2011 Mariehamn, Åland

World Radiography Day at Whiston Hospital, Prescot, UK.

From left: Ansa Jabeen, June Winfield, David Givens, Jenna Knowles.
Radiographer training programme from Yorkshire. The Individual winner was Jancis Kinsman, a therapy radiographer from Bristol who has developed a patient information video for children having radiotherapy. All of the winners demonstrated the very best professional practice and innovation in radiography. The awards were sponsored by SCoR partners FujiFilm.

The Society and College of Radiographers has published two documents that have been released in response to concerns about the care of acute radiotherapy induced skin reactions.


Many patients have fears and anxieties about radiotherapy, including how their skin may react. The literature suggests that education and information regarding the care of early radiation skin reactions should be an essential part of the management process for patients undergoing treatment.

Since radiation induced skin changes cannot be prevented, the goal for the patient is to delay the onset of symptoms and to avoid factors that exacerbate discomfort.


The SCoR Radiotherapy Conference in January had an international flavour. Following their outstanding presentation at the 2010 ISRRT World Congress, David Willis and David Tongs from the Peter MacCallum Cancer Centre in Melbourne, Australia, attended to make special presentations at a pediatric radiotherapy workshop and also during the main conference programme.

Their work on making radiotherapy a positive experience for children was the highlight of the conference for many delegates. A third Australian David, AIR CEO David Collier also presented to a very appreciative and engaged audience.

The Conference is one of the highlights of the year for therapy radiographers in the UK and offered a very wide-ranging programme exploring advances in technology, service delivery and patient care.
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<td>Australian Institute of Radiography</td>
<td>PO Box 1169, Collingwood, Victoria Australia 3066 Tel: +61 3 9419 3336 Fax: +61 3 9416 0783 Email: <a href="mailto:air@air.asn.au">air@air.asn.au</a> Website: <a href="http://www.air.asn.au">www.air.asn.au</a></td>
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<td>Barbados</td>
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<td>c/o X-ray Dept, Queen Elizabeth Hospital</td>
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<td>Council Member Rita Eyer</td>
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<td>Fiji</td>
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<td>Finland</td>
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<td>France</td>
<td>Association Francaise du Personnel Paramedic d’Electroradiologie&lt;br&gt;47 Avenue de Verdier, 92120 Montrouge&lt;br&gt;Tel: 33-1-49-121320; Fax 33-1-49-121325&lt;br&gt;Email: <a href="mailto:webmaster@afppe.com">webmaster@afppe.com</a>&lt;br&gt;Website: <a href="http://www.afppe.com">www.afppe.com</a></td>
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<td>Gabon</td>
<td>Association du Personnel Paramedical d’Electroradiologie du Gabonais&lt;br&gt;BP 13326 Libreville</td>
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<td>Germany</td>
<td>Deutscher Verband Technischer Assistenten in der Medizin e.V.&lt;br&gt;Spaldingstrasse 110 B, D-20097 Hamburg, Tel: 0049 40 2351170&lt;br&gt;Fax: 0049 40 233373&lt;br&gt;Email: <a href="mailto:info@dvta.de">info@dvta.de</a>&lt;br&gt;Website: <a href="http://www.dvta.de">www.dvta.de</a></td>
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<td>Ghana</td>
<td>Ghana Society of Radiographers&lt;br&gt;P.O. Box a602, Korle-Bu Teaching Hospital, Accra&lt;br&gt;Tel: 685488&lt;br&gt;Email: <a href="mailto:gsradiographers@yahoo.co.uk">gsradiographers@yahoo.co.uk</a></td>
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<td>The Gambia</td>
<td>The Gambia Association of Radiographers and Radiographic Technicians&lt;br&gt;c/o X-Ray Department, Royal Victoria Hospital, Banjul, The Gambia</td>
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<td>Deutscher Verband Technischer Assistenten in der Medizin e.V.&lt;br&gt;Spaldingstrasse 110 B, D-20097 Hamburg, Tel: 0049 40 2351170&lt;br&gt;Fax: 0049 40 233373&lt;br&gt;Email: <a href="mailto:info@dvta.de">info@dvta.de</a>&lt;br&gt;Website: <a href="http://www.dvta.de">www.dvta.de</a></td>
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<td>Pansyrian Society of Diagnostic &amp; Radiotherapy Radiographers&lt;br&gt;c/o Mrs Maria Kyriakides Radiotherapy Dept.&lt;br&gt;Nicosia General Hospital, Nicosia -1450&lt;br&gt;Tel: 0035722801495&lt;br&gt;Fax: 0035722303471&lt;br&gt;Email: <a href="mailto:mariakyriaki@yahoo.com">mariakyriaki@yahoo.com</a></td>
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<td>Hungary</td>
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<td>Iceland</td>
<td>Icelandic Association of Radiographers&lt;br&gt;Vatnsfiskvegur 6, Reykjavik&lt;br&gt;Tel: 354 511 1200&lt;br&gt;Fax: 354 511 1209&lt;br&gt;Email: <a href="mailto:info@isrfr.is">info@isrfr.is</a>&lt;br&gt;Website: <a href="http://www.isrfr.is">www.isrfr.is</a></td>
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<td>India</td>
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<td>Indonesia</td>
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<td>Italy</td>
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<td>Japan</td>
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