

**WFPI - RSNA (Chicago), 26th November 2012, 07:30 local time  
Minutes**

**Present:** Fred Avni, Kimberly Applegate, Ines Boechat, Dorothy Bulas, Denise Castro, Ronald Cohen, Brian Coley, Winnie Chu, Jim Donaldson, Diana Feier, Neil Johnson, Jennifer Boylan,

**Remote:** Aadil Ahmed, Savvas Andronikou, Omolola Atalabi, Tim Cain, Farooq Chaudhry, Kassa Darge, Goran Djuricic, Sylvia Moguillansky, Alexandra Monteiro, Cicero Silva, Erich Sorantin, Stuart Royal, Amanda Dehaye

**1/ Introduction: Ines Boechat**

Meeting aims: present progress and flag problems and questions to be addressed.

**2/ Education: Dorothy Bulas**

Primary objective : promote pediatric radiology education needs globally.

3 levels of audience identified : pediatric radiologists, radiologists with no specialised pediatric imaging education or training, and non-radiologists. For the latter, a volunteer radiology technologist is involved: Quentin Moore, has built up material for Image Gently, is working on modules – eg. collimation.

**Who determines what is needed, who vets this material, under what logo, who updates it? It is very important to avoid duplication of efforts.**

Other objectives:

- Collect useful links (send to [wfpi.office@gmail.com](mailto:wfpi.office@gmail.com)), access to free journals and books, post meeting posters & lectures when possible, flag links to meetings on WFPI website
- Promote and develop educational opportunities – along the lines of ESPR/ESR fellowships

Initial education committee members are identified. Need more - global representatives allocated to specific areas.

Mailman School of Public Health: selected WFPI as a case study. Studied organizational structure, culture, how other societies function. Identified barriers – communications, staffing, language. Primary recommendation: expand access (membership, participation). IB and DB will attend their final presentation on December 06.

**Discussion:**

S. Royal: if targeting non-radiologists, approach their societies, establish what education they think they need and draw them in to fund raising ; eg. AAP, ARST.

**D. Bulas: what do we do for the many non-pediatric radiology individuals who want to become members of WFPI? (WFPI membership currently only open to ped rad organizations). (TBD Membership Committee/Council)**

**3/ International liaison: Ines Boechat**

Important concept – we want to be the voice of pediatric radiology, representing pediatric radiology groups around the world.

- ISR: proposal to be their ped rad representatives vis à vis all other international organizations. ISR receptive, want to change the wording of proposed agreement. We must fit in to their framework. In touch with Eric Stern (ISR education), Go RAD, TB lectures (S Andronikou involved), invited to Egypt ICR meeting in 2014 for a “Global advances in pediatric imaging” talk.
- RSNA, ACR, ESR: large groups, we need connections with them.
- WFUMB: discussing parallels and collaboration.
- CIR (Inter-American College of Radiology): to be contacted via Gloria Soto
- IAEA: ESPR and SPR already working with it; UNICEF: contacted via ped rad links in France, MSF: AD and Savvas Andronikou have contacts

**4/ Membership: Tim Cain**

Principles: contacting national and supranational groups, working with and through regional societies.

Problems: bank charges on fees (questions: pluri-annual membership to mitigate them, open a European account?); adult societies who have pediatric groups (question: should we open up individual membership? WFPI currently targets doctors only but should it expand, with non-voting membership for non-pediatric radiologists?)

Progress:

- Africa: African society formed, set to become a regional member. South Africa has also applied, contact made with Nigerian group.
- Europe: BPRS (British Ped Rad Soc) and SFIPP (French-speaking Ped Rad Soc): unanimous approval to join. GPR (German-speaking Ped Rad Soc) : board decision due. Others to be contacted.
- Asia: IPRS (India Ped Rad Soc) invited, AOSPR has paid for 5 years' WFPI membership fees.
- Latin America: exploring engagement with all possible stakeholders via SLARP.
- North America : SPR fees are paid.

### 5/ Future WFPI meetings : Ines Boechat

Always need remote connections

- At SPR, San Antonio, 15th May 2013, 07:00 – 09:00 local time: WFPI's Annual General Meeting
- At ESPR, Budapest, 6th/7th June 2013. An European focus is encouraged, plus an update for the ESPR board and members
- At SLAPR, Cartagena, Colombia, 16th – 18th August 2013
- At AOSPR, Hong Kong, 14th – 15th September 2013

### 3/ Outreach: Savvas Andronikou

At the outset, prepared to take the initiative without any software advances or templates – seized opportunities to get started.

Khayelitsha: shanty town, highest rate of TB and HIV in the world. WFPI tele-reading chest and other plain xrays since July 2012. Started with 5 South African readers, now at 50 worldwide. Nearly 400 x-rays in total, a recent audit identified some non-reponse issues. Radiographs are digital, converted to JPEG. Quality adequate. Visited the hospital: training session, useful for exposing problems, WFPI efforts re-orientated since.

MSF: lower flow, reading for projects in CAR, Tajikistan, Malawi, Cambodia. 3 readers, use Swinfen platform – rudimentary, but works. Quality varies from reasonable to awful (reading refused). MSF sends doctors to South Africa for HIV training, also trained in pediatric imaging – sessions delivered by WFPI.

India: future project planned for Indira Gandhi Institute of Child Health, 250 bed children hospital in Bangalore, supported by UNICEF and WHO. 1000 xrays, 500 US, 15S CTs per month. One radiologist onsite. Project put forward by Cathy Owens, Cicero Silva will be administrator, we have 15 volunteers ready to read. Obstacle: platform. Swinfen is MSF's, and not adapted to CTs. Questions: which platform should we use? Can we read CTs? (see below, section 5, telereading platforms)

Lessons learnt for tele-reading:

- Must have an administrator – checking work flows, re-refer when necessary, monitor radiograph quality & non-responding readers. A big job.
- Need a reporting template (created).
- Need contact with ground staff.
- Need quality assurance - about to begin in Khayelitsha.
- Need improvements in radiography – ties in with bringing radiographers into WFPI.
- Need donor connections for equipment.

THANKS TO VOLUNTEERS: great work done !

Overview of South African Pediatric Imaging Society and new African Pediatric Imaging sub-group.

International outreach to Ethiopia through Children's Hospital Philadelphia: WFPI contributing via cross-border collaboration and training.

African problems relating to radiation protection: a lot of pediatric imaging with little idea of dose. Critical to disseminate education. Radiology Society of South Africa published 5000 copies of a book on

CT dose. Survey on local radiologists' struggle to drop dose has also been published. So prepared to air problems and address them.

#### **4/ Radiation safety and other safety issues: Kimberly Applegate (Image Gently, IG)**

- I Boechat has been working for IG in Latin America (IG booths in Sao Paulo and Buenos Aires meetings).
- Working for 5 years with international outreach to translate materials and collaborate with regional groups. Concerned about duplication of efforts.
- Idea: 2 members from each regional group work with IG's international committee to pool existing material (IG, IAEA, WHO, ESR, EC, elsewhere) – put together a radiation safety page on WFPI website.

I. Boechat: WFPI Council gave some positive responses to this idea. Address radiation as a sub-topic of wider child imaging safety issue – a good one to start with.

E. Sorantin: several possibilities available – tools, animations, short videos of good practice (better than long documents to read). Plus non-commercial video conferences for teaching, as long as people have internet access.

O. Atalabi: herculean task to avoid radiation problems. People don't know how to use the machines. Settings put in by manufacturers, then passworded, so locked. Can WFPI help here?

I Boechat: send a list of issues – exactly the kind of information WFPI needs.

#### **5/ Technical support**

##### a/ Telereading platforms/cloud

E. Sorantin: (i) legal issues of sending JPEG images by mail: WFPI must be legal, (ii) reading CTs by email is problematic (iii) Whatever choice is made, it will bear a cost. Need funds.

S. Andronikou: the work entailed for Savvas/other project coordinators in turning around emails is too much (ii) using email entails too many interruptions to the patient's doctor-reader-doctor flow. Need a platform.

E. Sorantin: has a platform suggestion: Sustol.com. Cases can be shared, automatic notification, automatic downloading, automatic removal if read. Around 1 euro per study.

**Proposition: start using this platform as from January 2013. The WFPI has some R&E foundation funds, founding society capital injections, a few fees, a generous individual donation of 500 US\$ and fund raising plans for the future. We must get started with this platform, keep up the momentum in outreach. This is an important tool, investing in it will spur fund raising efforts on...**

##### **COUNCIL APPROVAL REQUIRED**

I. Boechat: when reading requirements gets more sophisticated (CTs) – risk competition with local radiologists? Must avoid squeezing local markets with free work. WFPI should be offering second readings only. Crucial to address this issue.

**This discussion continued after the meeting: WFPI should limit itself to giving opinion to plain films in low resources areas, not get into interpretation of CT studies.**

**Others disagree: we are working for free state services, so not squeezing other providers out. But state radiologists can need more training/education than is available locally, and immediate support with the patient load (quality of care). The WFPI needs to adopt a three-pronged approach:**

**i/ tele-read**

**ii/ build up local capacities on our tele-reading sites, offering onsite/other training and education, and**

**iii/ address resource allocation at hospital management/health authority level for longer term sustainability.**

**Addressing all 3 levels often entails a balancing act, but excluding any one of them - including immediate support at the point of care (when within our capacities) - is ultimately a self-defeating exercise for the WFPI.**

**Proposition: CT reading with the Indian project proceeds, with caveats (2<sup>nd</sup> opinion only, training, monitoring the local capacity to offer this service without WFPI involvement – both state and private options) and review in 6 months' time.**

## COUNCIL APPROVAL REQUIRED

Consultation with ACR legal council on tele-reading in general: to follow.

b/ Website: Jennifer Boylan

Initial layout of home page approved, designs up for review, hopefully online mid-January. Webmasters: neither JB or AD have time. Need skilled young people or people about to retire. Problem: subsite of the SPR site, so admin access gives access to SPR site and IG site.... JB can train AD and do the initial loading - provides a start-up solution to avoid delay.

### 6/ Fund raising: Stuart Royal

Funding needs to cover program **and** "maintenance" costs, ie, the costs incurred to keep the programs running.

SPR and ACR have strong ties through ACR's support services and the donation of a former SPR member's foundation monies to ACR's foundation (Charles Gooding). So ACR may be amendable to funding WFPI. Requests must be built on a match between WFPI and ACR goals and considerations.

On the program front: (i) tele-reading platforms could work, (ii) the ACR runs an outreach project in Grace Children's Hospital, Haiti – build WFPI participation in (next mission: March), (iii) ACR has run basic pediatric radiology courses in Haiti, recognizes the need, so may be ready to fund them elsewhere.

Other measures: submit an article on the WFPI's creation for ACR's internal magazine – raise visibility. Could also seek ACR advice on WFPI internal issues and laying the foundations.

Meanwhile, open up funding avenues elsewhere: individual donations, other societies, foundations, institutional donor (though most would be program funding: programs need to be in funding-viable shape).

I Boechat: must not compete with our own societies, but a campaign such as the Campaign for Children (SPR), soliciting donations from individuals would be a major help.

The meeting was adjourned at 9AM.