



Developing the framework of the global federation of pediatric radiologists

(Title of R&E Foundation pilot award proposal, March '12)

Biannual report for

- SPR's R&E Foundation: pilot award, \$US 50k received May 2012
- SPR and ESPR boards: capital injection donors, first instalment of \$US 25k received Dec 2012 and August 2013 respectively

Reporting period: July - December 2014

For previous reports, see [First Biannual Donor Report, Jan 2013](#) and [Annual Report 2013](#)

Report format

As for previous reports, this one will follow the priorities (working avenues) defined in WFPI's [Strategic Framework](#)

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To note

Much of this information can be found on the WFPI's website www.wfpiweb.org & will be explored in more depth in the upcoming WFPI Mini-Symposium, Pediatric Radiology Journal.

1. Communication and collaboration between pediatric imaging practitioners, via their organizations

Membership

Regional

Post internal restructuring, ESPR is becoming more active within the WFPI.

Regional societies are not yet pro-active in bringing national/supranational groups in their regions forward for WFPI membership.

National/Supranational

New WFPI members include Sociedad Española de Radiología Pediátrica (SERPE), Society for Pediatric Imaging in Nigeria (SPIN) and Gesellschaft für Pädiatrische Radiologie (GPR).



“Open” WFPI meetings (open to all member organizations, not just the Council)

None since [May 2013](#). The next one is scheduled for June 5th 2014, online/ESPR2014 (Amsterdam).

The challenges entailed in providing online meeting facilities and covering 19 different time zones currently restrict open meetings to one per year: the WFPI’s Annual Meeting.

2. Advocating for appropriate practices and resource allocation for children

WFPI at international radiology meetings:

RSNA 2013: Drs. Savvas Andronikou and Omolola Atalabi, International Education and Outreach sessions. Further ties with RSNA need nurturing.

International Society of Radiology (ISR): next meeting Dubai Sept 2014 – relocated from Egypt. WFPI representative will be Dr. Johan Blickman; topics to be identified. Suggestion at ISR BoD meeting in Nov ‘13: WFPI becomes a non-voting member & guides ISR’s pediatric efforts, e.g. “WHO Manual for Pediatric Radiography and Ultrasound”:

passed through ISR, edited by Drs. Savvas Andronikou and Kieran McHugh.

WFUMB: looking for collaboration with WFPI. Joint efforts will no doubt centre on our ultrasound work – see “research” (section 6) below. A call will be issued to US experts within WFPI’s member organizations to assist with building bridges between the two organizations.

No collaborative/official WFPI contacts with ESR or CIR yet. Asia also needs exploring.

WFPI at regional pediatric radiology meetings:

2013: SPR & AOSPR (Dr. Ines Boechat made AOSPR Honorary member for WFPI work)
WFPI representatives invited to SPR, ESPR & AOSPR 2014. SLARP, to be announced.

WFPI at international health forums:

- ⇒ WHO, Global Initiative on Radiation Safety in Healthcare Settings & Expert Meeting on Radiation Risk Communication Tool for Communicating Benefits and Risks in Pediatric Imaging, Sept ‘13: see section 4 below
- ⇒ Global Summit on Radiological Quality and Safety, May 2014 – see section 4 below
- ⇒ WHO, Pneumonia vaccines studies, Geneva, Sept ‘13: see section 5 below
- ⇒ UCLA Centre for World Health: Dr. Ines Boechat on the Centre’s Board of Advisors.

3. Education

Our website migration has led to reconsideration of our educational pages.

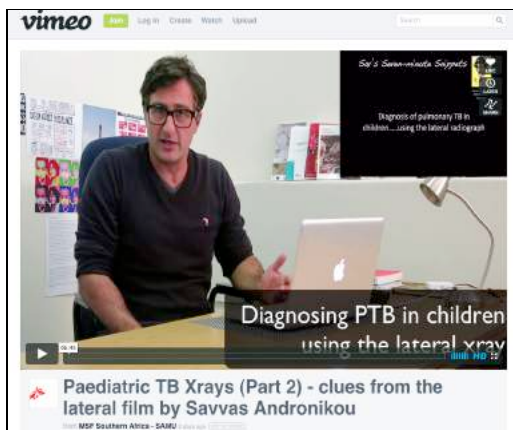
The rationale adopted at WFPI’s creation: do not reinvent the wheel, low hanging fruit, get a database of what already exists, break it down into 3 audiences: Pediatric Radiologists, General Radiologists and Non-Radiologists.

As time moves on: it may be considered more useful to offer a condensation of the literature in bite sized chunks in one place relevant to the various groups who access our site, shifting the focus to building up repositories of online educational talks and training modules.

End goal: an online Academy

The Academy would offer 8-10 minute YouTube-type slots, federating physician-speakers from all regions. Multi setting, multi-topic, multi-audience, modern, accessible, truly global, recorded at symposiums, courses and congresses or at one-off staged events.

An example: Savvas' Seven Minute Snippets: clues for the interpretation of front and lateral TB CXRs. Short, informative videos geared to settings with no pediatric radiologists & possibly no radiologists. It is receiving wide circulation (MSF field projects, 276 WFPI Facebook page hits in first week of publication). [Click here to view.](#)



WFPI needs a clear framework to move forward with this strategic shift. It will be provided by a subgroup composed of WFPI website, education & outreach committee members and cover content, format, access (pay or free), marketing (using free content to draw towards more developed, fee-based content), intellectual property & legal responsibility. Image Gently leaders could guide the use of non-fully vetted material due to missing expertise.

The Online Academy is being initiated with minimal costs at this time under the guidance of Sanjay Prabhu (WFPI Webmaster). George Taylor has already recorded several lectures in Spanish for WFPI. We welcome the global leadership of our founding societies in moving this initiative forward.

Web streaming

The WFPI [promotes congresses and courses on its website](#) (criteria for accepting posts to be honed).

Costs prohibit high numbers of international attendees, however, so our global mandate calls for a parallel thrust online.

Dr. Richard Bath (President, SPR 2014) is considering live web streaming for SPR2014 and discussing global take-up with WFPI. There are many issues - costs (service provision, lowering congress attendance), CME and IP - to address before its introduction but a questionnaire sent to the WFPI Council showed real enthusiasm for the offer, time zones permitting.

WFPI hopes for gradual take-up of web streaming elsewhere, promoting a switch in how we measure event success. At present, it largely hinges on attendance numbers. In the future: numbers physically attending and the provision of access to sessions/hits online.

On-site education & training in lower resource settings

Port-au-Prince, Haiti

ACR has already run two courses in collaboration with Grace Children's Hospital, Port-au-Prince. The 2nd course included 5 teachers from the WFPI. A 3rd, smaller course, is planned for March '14, still for radiologists & pediatricians and with tie-in to Lurie Hospital's outreach project (has a neurology focus, but the course will be general radiology). The group will include Drs. Jennifer Nicolas (Lurie), Kimberly Applegate (ACR) and Dorothy Bulas.



Dr. Eva Rubio lecturing at ACR-WFPI's basic pediatric radiology course, Port-au-Prince, Haiti, March 2013

University of California, Davis (CA): Dr. Rebecca Stein-Wexler & a UCD radiology resident spent one week with the Hôpital de l'Université d'Etat d'Haïti, working with radiology residents in the 10 month old radiology residency & lecturing pediatricians. Observations from this and the ACR-Haiti course last year are set out in a report (see website).

South Africa, August 2013

As representatives of the WFPI, Drs. Dorothy Bulas and Kassa Darge delivered ultrasound lectures during the South African Radiologist and Radiographer Societies' Annual Meeting and went on to spend time in other South African institutions as visiting professors, raising awareness on WFPI and taking stock of pediatric imaging challenges in lower resource areas.

UCLA-Mozambique

This project is run in collaboration with the UCLA Centre of World Health, Departments of Pediatrics and Radiology. Two pediatric residents from Mozambique undertook a 2 week pediatric radiology rotation at UCLA in June 2013. A Mozambiquean pediatrician will spend 2 months rotating in both pediatric imaging and pediatrics in 2014. Dr. Ines Boechat has been invited to be the key note speaker at the first CME pediatric course to be delivered in Mozambique in March 2014.

Ethiopia

The Children's Hospital of Philadelphia, USA, continues to associate WFPI with the nascent pediatric radiology fellowship run in partnership with Addis Ababa University and the Ethiopian Radiology. The last CME course was held in December 2013 - [click here for details](#).



The WFPI has now seen several institutions "buddy" with a project site: Addis Ababa/CHOP, Mozambique/UCLA, Khayelitsha/Stanford. **It intends to promote this "buddy model" further.**

Mini-symposium, Pediatric Radiology Journal



Dr. Savvas Andronikou has coordinated the compilation of a mini-symposium for the Pediatric Journal, kindly assisted by the North American editorial office.

The mini-symposium includes 25+ papers submitted from authors around the world. Titles include:

- Another international radiology society? To what end?
- Education: who to educate, how to do this and what to teach
- Volunteer Outreach through tele-reading
- Regional activity
- Ultrasound innovation for the developing world
- Digital media for WFPI
- Respiratory infection and Tuberculosis as a focus of the WFPI
- Quality as an issue in pediatric radiology
- Involving registrars and getting new volunteers
- Partnering with centers of excellence rooted in developing countries
- Diagnostic radiology books for developing countries.

The mini-symposium aims to raise awareness, explain what the WFPI does/ aims to do/struggles with and show that a CV can be built up via work for WFPI. Each paper was submitted individually so authors retain sovereignty over their work.

4. Child Imaging safety, in particular radiation safety and protection

Participation in global forums

The Global Summit on Radiological Quality and Safety, May 2013: conceived and developed by ACR, ESR and ISR to provide a robust exchange of ideas, concerns and potential solutions to quality and safety issues in diagnostic radiology. WFPI representative: Dr. Dorothy Bulas.

Global Initiative on Radiation Safety in Healthcare Settings and an Expert Meeting on Radiation Risk Communication Tool for Communicating Benefits and Risks in Pediatric Imaging, WHO, Sept '13. WFPI representatives: Drs. Donald



Frush (SPR/Image Gently, Erich Sorantin (ESPR) and Gloria Soto (SLARP/CIR).

WFPI-Image Gently collaboration



Dr. Marilyn Goske, Image Gently/Alliance leader, attended the WFPI Council meeting in Dec '13. The WFPI's rise has encouraged Image Gently to render its international component more robust. WFPI's contributions to IG's existing (and considerable) depository of material are welcomed. There is positive synergy and complementarity between the two organizations, WFPI volunteers could translate IG material for websites – need to link between sites and increase content exposure.

In general, efforts are required to become more global – integrate European radiation protection work, streamline output. Dr. Ines Boechat recently produced a chapter on “The ALARA concept in pediatric trauma” to be published by the Colegio Interamericano de Radiologia in 2014.

It has taken a little while to establish WFPI's “added value” for Image Gently – clarified in step with WFPI's development.

Teaching child imaging safety to (new) CT users

There was feedback on new CT users during the December '13 WFPI Council meeting.

SE Asia

Pediatric radiology is being promoted in this region, radiologists empowered. There is a focus on diagnosis but it is THE optimal moment to inject patient safety issues. A growing Asian economy means that CT scanner purchases are on the rise but the parameters are sometimes not appropriately set for pediatric studies. Industry will pay for speakers on diagnostic issues but not on patient safety - the topic is not raised. Dr. Bernard Laya called on Image Gently and WFPI to share their knowledge and teach.

Africa

Same problem, plus “locked” vendor settings, which prohibit dose adjustment for pediatric patients and issues with how studies are performed (inadequate protocols).

Europe

Selection of correct pediatric parameters is a problem everywhere, people are just not aware. There is a need to target radiologists and radiographers.

WFPI Council consensus

New CT dose areas are a child imaging safety priority (work with IG to get the messages out) Place diagnosis **and** child imaging safety on the radar before bad habits develop. **TEACH BOTH.**

5. Outreach and training in lower resource settings

Introduction

WFPI's sentinel efforts in outreach and training in lower resource settings have in many ways set the pace for the organization as a whole.

They rely on a flow of support from modern medical settings to medically underserved areas and are led either by people on the ground or people with direct links to the facilities we support, “bolting on” to existing facilities or other not-for-profit organizations' initiatives. Driven by these personal connections, projects adopt a “bottom up” approach in which onsite staff play a key role in identifying needs and steering project roll out.

In all cases, WFPI adds pediatric imaging expertise to existing services, largely based upon tele-radiology but heavily underpinned with (planned or current) training and education support, onsite and online - see education section above.

Outreach resources

Since our transfer of [volunteer registrations online](#), new names have set off erosion. The current total: 50. Very few of these are active – this is problematic.



Drs. Erich Sorantin & Savvas Andronikou, RSNA '13

A tele-reading platform has been developed for WFPI by SUSTOL. It costs 1€/case, irrespective of the number of images within the case. Ideally WFPI needs a more user friendly setup (addressing technical AND medical fronts simultaneously is

complicated). A proposed SUSTOL user site in Central Europe (Kosovo) may help iron out initial problems.

The platform is available, now WFPI needs to commit to its use.
Dr. Erich Sorantin (Telecomms Committee Chair, SUSTSOL liaison point) suggests taking 1000 cases, i.e. 20/week for one year, as a trial.
= Budget Commitment of 1000 €

Projects

Indira Ghandi Institute of Child's health,
Bangalore, India

Project initiator: Cathy Owen (ESPR). Project coordinator: Cicero Silva (SPR). Erich Sorantin (ESPR) has been heavily involved on the technical side.

This project has experienced many, many false starts! Six radiographs and three CTs read by



January 15th 2013. The readers include Drs. Aadil Ahmed (South Africa), Jonathan Brandon (USA), Sarah Desoky (USA), Cathy Owens (UK) & Preeyacha Pacharn (Thailand).

Set backs:

- Technical glitches: what seems a minor issue to us can be major elsewhere
- Local infrastructure (internet connectivity)
- Absence of referrals early on when everybody was ready to start – a lapse in onsite project buy-in? Meanwhile it was challenging to manage a pool of waiting volunteers
- Creating a partnership with the local radiologist so we are not perceived as competition: tricky from a distance
- No on-site radiologist contacts – a major handicap
- Establishing the flow: problem cases only (expert 2nd opinion)
- Investigation not geared to interpreting needs: TEACHING REQUIRED, including on positioning.

Khayelitsha, South Africa

To date: Referrals = 551; Reports + 400, 49 volunteers.



Activity was suspended in March 2013 following the onsite contact radiographer's departure.

Resurrected Sept 13: an email address created for all doctors, used only when these latter request an opinion. This mechanism solves problems rather than taking on reporter responsibility for the entire flow.

Stanford is keen to take over the telereading (x 4 reads). It uses a referral sheet with x-rays embedded.

But another slow-down in the flow since. It may be political. Khayelitsha is in a reasonably well staffed area, the regional hospital has been nominated to handle its reporting. But the latter is calling for extra staff to handle the workload. Meanwhile WFPI stepped in. End goal: the Regional Hospital takes over: has this happened? (On site visit needed). Aim to keep Stanford involved purely in an expert 2nd opinion role: the buddy set-up, ensuring sustainability.



The WFPI Mini-symposium (Pediatric Radiology journal) will offer quality assessment audit & sustainability evaluation on a total of 555 referral cards and 1106 radiographs submitted for

tele-radiology opinion via the WFPI during the course of this pilot project. The article ("World Federation of Pediatric Imaging (WFPI) Volunteer Outreach through Tele-reading: A brief history and audit of a teleradiology pilot project in South Africa"; Rachel Griggs, Savvas Andronikou, Raymond Nell, Natasha O'Connell, Amanda Dehaye, Maria Ines Boechat) explores:

1. Program design, including methods of acquiring and delivering images and interpretations
2. Referral load
3. Types of referrals
4. Volunteer demographics
5. Technical, language and legal barriers
6. Sustainability challenges

Médecins Sans Frontières

4 readers reporting for MSF in Tajikistan, CAR, Cambodia & Malawi since July 2012:

- Dr. Savvas Andronikou,
- Dr. Kieran McHugh,
- Dr. Arzu Kovanlikaya
- Dr. Tanya Pillay.



Approximately 120 reports (sometimes > 1 communication and film per case).

Dr. Savvas Andronikou has also reviewed MSF's imaging manual (author), ultrasound manual (added a pediatric section aligned to WFPI research with Imaging The World), participated in QA publication (accepted, publication in the Journal of Telemedicine and Telecare) on 806 MSF tele-reading submissions in 2012.

Conclusions from MSF work in areas with radiologist shortages:
Technician training & digital equipment have significant impact on quality.
Clinician training also key.

Eastern Europe

Project options are being explored via the Central European Exchange Programme for University Studies (CEEPUS) which covers 34 academic institutions, 29 medical departments - (Pediatric) Radiology, (Pediatric) Surgery, Pediatrics - and 5 engineering departments in 14 different countries. It offers a curriculum, teaching in different fields and encourages/facilitates research, publication and congress contributions.

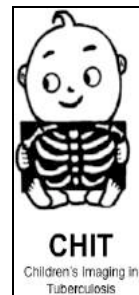


Possible WFPI tele-reading sites in the Balkans include Prihstina (Kosovo), Tetovo (Macedonia) and Studenica (Kraljevo, Serbia).

CHIT: Children's Imaging in Tuberculosis

CHIT is the WFPI's over-arching pediatric TB initiative. It groups WFPI's tele-reading work in high HIV-TB burden areas, including Khayelitsha, MSF projects and in the future Malawi and Swaziland.

It is presented on the WFPI's website via TB Corner: [click here](#). Among others, TB Corner includes our TB partners, TB tools (Dr. Bernard Laya's PPT on childhood tuberculosis, Savvas' 7 Minute Snippets: clues for the interpretation of frontal & lateral childhood TB CXRs) and in the future, an open source publication. IN addition WFPI has links to the ISR's TB working group (WFPI is an active member). ISR posts TB-related presentations with free access to a mass of material



The tools developed by the CHIT group are tested.

In "A Crash Course for Improving Non-Radiologists' Interpretation of Chest Radiographs for Suspected TB in Children: a 'task-shifting' exercise" run by Drs. Namakula Katende and Savvas Andronikou, readers were tested before and after an X-ray reading teaching based on the 7 Minute Snippets to see if their performance improved.

Results:

Pre-course TB detection:

Radiographers 54%, Baylor pediatricians 56%, USA based radiologists 61%, South African pediatricians 64%; medical officers 70%.

Post-course TB detection:

Radiographers 79%, South African pediatricians 88%, medical officers 89%, Baylor pediatricians 92% and USA based radiologists 97%.

All 238 participants improved: Medical officers 19%, radiographers 24%, South African pediatricians 26%, Baylor pediatricians 38% and USA based radiologists 38%.

WHO pneumonia vaccines (PCV)

[Click here](#) for background material to WHO PCV studies.

There is some reluctance within the WHO PCV group to forming a new radiology working group mandated to perform the following:



- Tele-read (in limited quantities)
- Update the set of standard images
- Update training software
- Run training workshops
- Hone the focus on radiation safety
- Train on CXR technique
- Accompany the digitalization of Imaging (currently often analogue then scanned to JPEG format)
- Advice on/assist with equipment procurement

There are also hesitations on a revision of the original “end point” definition for these studies. There have been problems with inter and intra-observation variance but the system has proved useful in the past. We believe there is an opportunity for WFPI’s involvement to give improved accuracy.

The varying viewpoints of PCV study stakeholders rendered this WHO meeting complicated. WFPI has emphasised its desire to help in a way that is consistent with the aims of our sponsoring organisations, and within the capability of WFPI.

Other outreach tele-reading & training movement

This is often funded by (SASPI) doctors themselves and carried out under WFPI umbrella. It includes:

Swaziland, preparations for pediatric X-ray interpretation training (TB focus) and exploratory mission: in association with Columbia University (ICAP)/Baylor/SASPI - initial evaluation mission to involve 2 South African pediatric radiologists (ready to give up their places to an international pediatric radiologist if he/she can find the funds to come along).

Malawi, preparations for an exploratory mission to set up tele-reading & X-ray interpretation training (TB focus): SASPI-run with WFPI funding, possible future collaboration with Imaging The World. This mission has been approved by the WFPI Council for 2014.

Zimbabwe, exploration of possibilities for tele-reading & training (TB focus): Dr. Ronald Cohen’s contacts are being pursued.

Stalled projects: Liberia

WFPI was planning to work in collaboration with RAFT, a tele-medicine network set up for health professionals in Africa via the University of Geneva, to offer expert pediatric imaging second opinions for Redemption Hospital, Monrovia.

Unfortunately, Redemption’s digital equipment has broken down and trials with analogue film photographed with digital cameras and transferred as JPEGs have not proven successful. The project has been placed on hold; it is complicated for WFPI to help the Liberian MoH resolve its equipment problems and consider imaging a priority when we have not established a firm presence on the ground.

Other than the equipment failure – **which will crop up time and again** – this project was hampered by the lack of direct contact with the radiology team at Redemption Hospital.

Lessons learnt

Exploratory/training missions to proposed project sites are crucial for setting up and rolling out successful and sustainable outreach projects – securing funding for these is a priority of the outreach committee.

For all WFPI work in lower resource settings: an overview of current outreach partners....

- ⇒ ISR/TB Steering group (Dr. Eric Stern)
- ⇒ Baylor College of Medicine (Drs. Anna Mandalakis /Piluca Pustero)
- ⇒ ICAP: Columbia (Dr. Lucia Gonçalez)
- ⇒ Imaging the World (Profs. Brian Garra & Kristen DeStigter, Dr. Kara-Lee Pool – UCLA)
- ⇒ UCLA Centre for World Health
- ⇒ CHOP (Profs. Kassa Darge/Diego Jaramillo)

- ⇒ ACR (Mr. Brad Short)
- ⇒ MSF (Dr. Cara Kosack/Ms. Saskia Spijker)
- ⇒ Red Cross Children's Hospital, South Africa (Profs. Heather Zar & Mignon McCulloch, Dr. Sabine Belard)

and our tools

WFPI outreach tools are available for:

1. Measuring the impact of training (see CHIT, also used in Swaziland, June 2013, and in recurrent MSF training sessions, Cape Town)
2. Conducting quality audits and evaluating sustainability (see Khayelitsha article in upcoming WFPI Mini-Symposium)
3. Selecting projects – see section 7 below

6. Research & publication

Research

Volume sweep imaging & ultrasound

WFPI is looking to become a pediatric partner for [Imaging the World \(ITW\)](#) which involves non-radiologists acquiring ultrasound images using anatomical landmarks on the skin and storing US sweeps as cine-loops in a standard format to be read by radiologists at a distance (tele-reading). ITW has no pediatric protocols, so Drs. Dorothy Bulas & Brian Garra (ITW technical co-founder) have prepared protocols for specific “management changing” conditions in resource-limited settings. They will include hydronephrosis, hydrocephalus and mediastinal lymphadenopathy (as a proxy for TB) volume sweep US protocols. The end goal: use in rural clinics at the point of care (POC) for management changing decisions.

The TB volume sweep research protocols have received approval and ethical clearance under the stewardship of Prof. Health Zar, Chief Pediatrician at Red Cross Children's



Red Cross Memorial Children's Hospital, Cape Town, South Africa

Hospital and Chair Professor of Pediatrics at the University of Cape Town. The project will roll out in the Red Cross Memorial Children's Hospital, nested within a larger HIV-TB project.

A pilot study previously conducted in Johannesburg's Chris Hani Baragwanath Hospital by Dr. Tsepo Moseme and Savvas Andronikou in 2013 has already shown that sonography of the mediastinum is a feasible, reliable, non-invasive method which is able to detect mediastinal lymphadenopathy in children with suspected primary pulmonary tuberculosis. As such it provides an alternative POC diagnostic test in the diagnosis of pediatric TB. This preliminary paper is accepted for publication in the Pediatric Radiology journal.

This WFPI TB volume sweep research project will determine quality of transferred information; compare volume sweep diagnosis against a gold standard US examination and compare the US detection of lymphadenopathy against plain radiography - while taking other definitive diagnostic tests into account. There is also an associated TB MRI project run by Dr. Tanyia Pillay (SASPI) with Savvas Anrdonikou which can serve as a gold standard for a proportion of the patients.

Patient enrolment:

Any child suspected of TB will receive all the standard diagnostic tests, followed by abdominal US performed by a trained sonographer. The patient will then receive a mediastinal volume sweep, ITW-style, performed by a blinded non-radiologist healthcare worker with no prior US experience, followed by a chest CXR, and in a subgroup, MRI of the chest.

Study objectives:

1. To evaluate volume sweeps for quality (procedural and demonstration of anatomy) – sent by email to radiologists in USA and South Africa
 2. To compare to volume sweeps against gold standard US for detection of lymphadenopathy
 3. Compare gold standard mediastinal US against abdominal US, chest radiographs and MRI
- = 4 publications possible.

Preparatory steps undertaken to date:

1. Protocols were tested in early December (Drs. Brian Garra, Dorothy Bulas and Kara-Lee Pool, a UCLA resident).
2. Dr. Pool travelled to South Africa in January 2014 to train a non-radiologist in the sweeps.

Vice President in June 2014, becoming President in May/June 2015: Dr. Veronica Donoghue

Vice Treasurer, becoming Treasurer in May/June 2016: Dr. Rutger Jan Nievelstein (take-up of position postponed to June 2014 as RJN also president of ESPR congress 2014. TC will continue to “cover” as Vice Treasurer until then)

2nd ESPR Representative Director, replacing RJN in this role as from June 2014: Dr. Eva Kis

b) Council Meetings

A Council meeting held on 2nd Dec 2013, online/at RSNA. The meeting was well attended, rich in discussion and generally considered a success on the part of a Council growing in strength as the WFPI’s trajectory rises.

Council members, WFPI Council meeting, Dec 2nd 2013.



L -> R: Drs. Omolola Atalabi, Savvas Andronikou, Pedro Daltro, Dorothy Bulas, Erich Sorantin, Ines Boechat, Marilyn Goske, Bernard Laya, Wendy Lam, James Donaldson (Jennifer Boylan behind the camera)
Online: Timothy Cain, Rutger Jan Nievelstein, Rebecca Stein-Wexler, Jaishree Naidoo, & Amanda Dehaye

All WFPI meetings provide this online attendance facility as our Council members and attendees are never, ever all in one place at the same time!!



Online meeting software, GoToMeeting, kindly provided by SPR

The Executive Committee (President, Secretary, Treasurer, Vice Secretary, Vice Treasurer and in the future Vice and Past Presidents) communicates by mail whenever Council business needs swift expedition or to brainstorm major governance issues before presentation to the full Council. This body can also meet online (last meeting: March 2013).

Online meetings on governance and organizational management are also held between individual WFPI Officers and the WFPI’s General Manager and individual Officers.

However, the same comment applies as for “Open meeting” above. The challenges entailed in providing online meeting facilities and covering time zones restrict the number of Council meetings held.

Email communications are and will continue to be vital to the WFPI’s governance, and Council members require strong email organization skills!

c) Major governance decisions:

Taken on incorporation, management services and funding for outreach (Malawi).

Outreach: the Council is currently grappling with the approval process for new outreach projects and their associated expenditures.

Click here to see [how the process currently works](#) (Malawi, approved) & see comments in the Mid-Term Treasurer’s Report below.

d) Bylaws

18 months after the WFPI’s first bylaws were approved, inevitable grey zones have appeared. An upcoming revision will address the following points:

1. As WFPI is a federation of pediatric imaging societies/groups, it has no individual members. But individual general radiologists, radiographers and clinicians do need to be able to contribute so a membership/associated class will be created for them
2. More clarity on how Council members are selected, ratified and work together
3. Turnover: the current bylaws envisaged turnover before now. It was frozen for one year by the pushback in the ESPR’s ascension to the Presidency but had it happened, it would have been (too) quick. Reconsider the length of terms?
4. Draw inspiration from other models (SPR’s, others) re transfer of knowledge during turnover

The Council will set up a Cross-Regional Society Bylaws Committee to work on this revision.

Cross- society communication tools

a) Website: www.wfpiweb.org

Dr. Sanjay Prabhu (SPR) was appointed WFPI Webmaster. The site was constantly updated with project and institutional news.

But...we experienced a temporary meltdown. The WFPI site is an SPR sub-site, SPR was obliged to change provider. Even with ACR/SPR support (very gratefully received), staff time in December 2013 was monopolized by a manual website migration. The upside: we are happier with our new site: please visit and share with others! Future reports will contain Google Analytics data and news of mobile device compatibility (**this may bear a cost**).

The website's Leadership and Regional Society Workrooms were kept regularly updated.

STAYING UP TO DATE

Regional boards can monitor WFPI work by consulting the Regional Societies Workroom and project-specific pages on the website.

Each Regional Society also has two WFPI Representative Directors and various key Officers on the WFPI Council who can keep their "home boards" informed.

Afghanistan
Algeria
Argentina
Australia
Bangladesh
Brazil
Canada
Colombia
Cuba
Egypt
France
Germany
Ghana
Hungary
India
Iran
Iraq
Japan
Kuwait
Libya
Macedonia
Malaysia
Malta
Mexico
Morocco
Nepal
Netherlands
Nigeria

b) WFPI social networking in the Middle East and beyond:

Our [Facebook page](#)

has 207  on the date of this report. A 35% rise since early December 2014.

Origins of Facebook "likers": see lists left and below. Among the last additions: physicians (mostly radiologists) from Afghanistan, Colombia, Egypt, Ghana, India, Morocco, Pakistan, Spain, Sudan, Syria, Taiwan, Tunisia and Yemen.

Pakistan
Poland
Portugal
Romania
Russia
Saudi Arabia
Slovakia
South Africa
Spain
Sri Lanka
Sudan
Syria
Thailand
Tunisia
Turkey
UAE
UK
USA
Vietnam
Total = 47

To date approximately 1 post /month - insufficient. Once the WFPI's online policy has been reformulated, more dynamic links between the website and FB page should lead to increased activity and traffic.



c) Newsletters:

Last one issued in October 2013. Amounts to a total of 3 for 2013, 4 overall. Target: quarterly issues.

In general, circulation of WFPI output (website promotion, newsletters) at regional and national levels can be uneven. It is largely in the hands of the 5 Regional Societies and can be hampered by varying levels of:

1. traffic to Regional Society websites,
2. regularity re the number of Regional Society newsletter issued,
3. editorial choices at Regional Society level re visibility accorded to WFPI, and
4. contact between Regional Societies and the National/Supranational Societies in their regions: there is not always cross-over between individual members so no automatic interface between the two.

Incorporation & management services

A questionnaire engaged all regional societies on the choice of country of incorporation and Management Services provider.

The Council unanimously agreed to incorporate in the USA and explore possibilities with the ACR for Management Services in 2014 (possible through the SPR/R&E Foundation? Repercussions in terms of legal responsibility and admin burden on the SPR secretariat?).

The arguments for this decision were multi-fold. The most persuasive: the need for "WFPI-friendly" institutional support (i.e. through an existing partnership if possible) and incorporation in a non-profit tax exemption jurisdiction offering access to US foundation monies.

ACR does seem to fit the bill for Management Services and is keen to take on this role. Negotiations will proceed with caution given the WFPI's absence of a steady income, dependence on external donors and concerns about IP issues.

Fund raising

- ⇒ ACR: awarded a travel grant for the UCLA resident's trip to South Africa for the ultrasound project, donations in kind for management services through SPR/ACR agreement. Has offered to handle WFPI's incorporation (administration, legal issues) pro bono
- ⇒ North America: Dr. Stuart Royal is coordinating plans for individual and foundation fund raising
- ⇒ Pfizer: will provide funds to Dr. Pool's project
- ⇒ Sidra, Qatar: enthusiastic about supporting WFPI, proposal submitted, contact sporadic/disconnected since.
- ⇒ Capital injections: the ESPR's commitment was gratefully received in August 2013; it matches the SPR's.

North American and other efforts have been delayed: dependent on WFPI's incorporation (a US foundation pre-requisite, needed for the issue of individual donation certificates)

Fund raising is high priority for the WFPI Council in 2014.

MID-TERM TREASURER'S REPORT

In reference to the budget set out for June 13 – May 14 ([click here for the Annual Treasurer's Report 2013](#) but please note: \$US 25k received from ESPR since), there are no big surprises or cost overruns on the financial front.

Expenditures include

- ⇒ Attendance at WHO pneumonia vaccine meeting in Geneva: 600\$US
- ⇒ Approval for Malawi project
- ⇒ Possible extra costs from website migration
- ⇒ Administrative expenses – on track as presented in budget

Missing: injections of external funding, see comments above.

The Outreach Committee Leader, Dr. Savvas Andronikou, has called on the WFPI to clarify its position with regard to Outreach work/the associated costs.

Is there a clear directive to support outreach setup visits or not?

Clarity impacts planning – low hanging fruit (stick to local places we know, no onsite visits required) or more international projects (spread to places we don't know, an assessment mission is required).

The Acting WFPI Treasurer, Dr. Tim Cain, confirmed that outreach IS supported and the WFPI must be prepared to meet with both successes and failures. But it is important for the WFPI's donors (currently the SPR's R&E Foundation, ESPR and SPR) to see governance in play during project selection and support; they need reassurance that we are using their funds wisely.

Decision: the Council needs to fix how much of WFPI's budget can be allocated to outreach per year, which entails clarification/appropriation of the current project approval process.

A new outreach-orientated sub-committee will be set up to this effect.

The WFPI would like to thank the SPR's R&E Foundation, the SPR and the ESPR for their generous funding support

January 17th 2014