



WFPI Executive Committee meeting, 9th Oct 2014 (online)

Present: Ines Boechat (President, chair), Veronica Donoghue (VP), Wendy Lam (Secretary), Dorothy Bulas (VS), Gloria Soto (Treasurer), Tim Cain (Acting Treasurer, Membership Secretary), Rutger Jan Nievelstein (VT), Amanda Dehaye (General Manager)

1/ Brainstorm: stimulating the Council, increasing member society buy-in, addressing regional imbalance

ESPR:

VD believes ESPR originally expected onsite teaching in low resource areas from WFPI. Has realized this needs funding. Clarification needed on current expectations – board meeting in Jan 2015. The funding issue is a real concern. ESPR will be continuing and deepening its well-established “outreach” partnership with the European School of Radiology (ESOR), which aims to harmonize radiological education in Europe and is expanding into China, Korea, Mexico and Latin America. ESOR’s courses - basic and more advanced - are heavily subsidized or free for those who can demonstrate they cannot afford the nominal fee. ESOR has industry sponsorship and seems more viable in funding terms than WFPI. IB. WFPI’s mission statement is based upon the belief that the pediatric imaging voice is not always adequately heard in wider imaging and healthcare circles, and a united voice is stronger than many. A WFPI-ISR partnership is underway (TB educational module, textbook) but needs formalization. However, RSNA and ESR representatives have commented that WFPI’s mission statement is not needed. These societies consider that they already provide this voice through their pediatric radiology members, and rather than considering that all efforts are welcomed (resources permitting) given the scale of needs, WFPI is “competition”.

DB: WFPI can help coordinate these different societies’ pediatric outreach.

AOSPR:

WL: Support for WFPI, can do outreach work in Asia.

SLARP:

GS: Sees WFPI’s role in best practices and working with other international organizations (has many members involved in the latter).

SPR:

IB: Survey due to go out soon asking members what they expect from international work, strategic review of SPR scheduled for next year. Will clarify SPR’s position.

“Addressing regional imbalance” – i.e. ex officio AfSPI participation in Executive Committee [AfSPI is a member of WFPI’s Council - so one fifth of Council voting rights – but absent from the Executive Committee because the allocation of key officer positions was drawn up before AfSPI joined WFPI]:

Not covered. Deferred to next meeting.

2/ Fund raising

ESPR:

VD: ESOR has probably the secured industry sponsorship available in Europe and more funding direct from ESPR is highly unlikely [has so far committed US\$ 52k]. To be confirmed at ESPR’s January 2015 board meeting.

RJN: agreed with VD’s impression.

IB specified that the original request for capital injections was for 5 years (as opposed to 2) so as to have time to get things going.

VD: staff salary higher than some pediatric radiologists in Europe.

AOSPR:

Board does not consider it can contribute to funding. Prof Fuji’s cloud idea amounts to selling international services for facilities in Japan – would not seem an optimal fund raising avenue for a non-profit organization.

Would need careful legal handling, high administration.

IB: would not support WFPI moving in this direction.

SLARP:

Cannot contribute to funding. Only way to fund WFPI is via societies. Must convince them of WFPI’s added value.

SPR:

Investigating a donor for a PoC US meeting, looking to set up a fund raising drive at the end of this year based on distance learning needs. Funds raised could cover some staff costs.

[Has so far committed US\$106k, or US\$173k if further funds are committed to WFPI/SPR online education development, plus donations and services in kind – ACR financial management, website, etc.]

If SPR is left funding all WFPI costs, likely to give pause for thought.

Distance learning, web streaming

Discussion: interesting but very expensive.

VD: for the last three years, access to recordings of ESOR foundation courses already offered by ESOR at heavily subsidized rates (20€ ESR members, 10€ non-ESR members), more recordings likely to become available if funding permits.

Professional support costs (misnomer: “admin” costs)

Discussion: universal difficulties of covering them, donors struggle to see their importance re the realization of goals, want funds spent “directly in Africa” (e.g.).

IB: has given significant amounts of volunteer time, must reduce it due to staff shortages in her department.

How to fund raise

RJN: questioned how to go about it.

The classic external fund raising channels and steps taken so far are given here http://www.pedrad.org/Portals/7/Workrooms/Where_costs-lie_funding_possibilities.pdf and here <http://www.pedrad.org/Portals/7/Workrooms/Funding-sources-steps-taken.pdf>.

What is missing: a group dedicated to identifying feasible avenues for WFPI and setting up an action plan, & projects geared up to attract donor funding.

TC: we should not e.g. go to ESPR asking for US\$ xxxk. It would scare anyone off. Societies will not be able to raise the same amounts. Tackle it bit by bit, matching it to projects that interest the different regions.

IB: re-floated the idea of re-distributing IPR profits.

VD: Current IPR profit distribution is covered in a laboriously negotiated agreement, would need re-visiting.

DB: Hesitant about exploring this avenue. Profits too variable.

3/ PoC Ultrasound group

Not covered – deferred to next meeting

4/ Internal Governance

Approval for Exec Cttee providing oversight (including budgetary) to WFPI projects so long as it meets regularly

5/ Approval, Malawi recommendations

Approval given for tele-reading if possible (Note: Savvas says the lack of digital set ups will mean some sites depend on JPG photos of images – will severely limit efforts until digitalization is addressed) & the need for more

onsite teaching via partnerships with Imaging the World and Kansas University Hospital – see if one of them can take on the next teaching trip(s). Focus on PoC US.

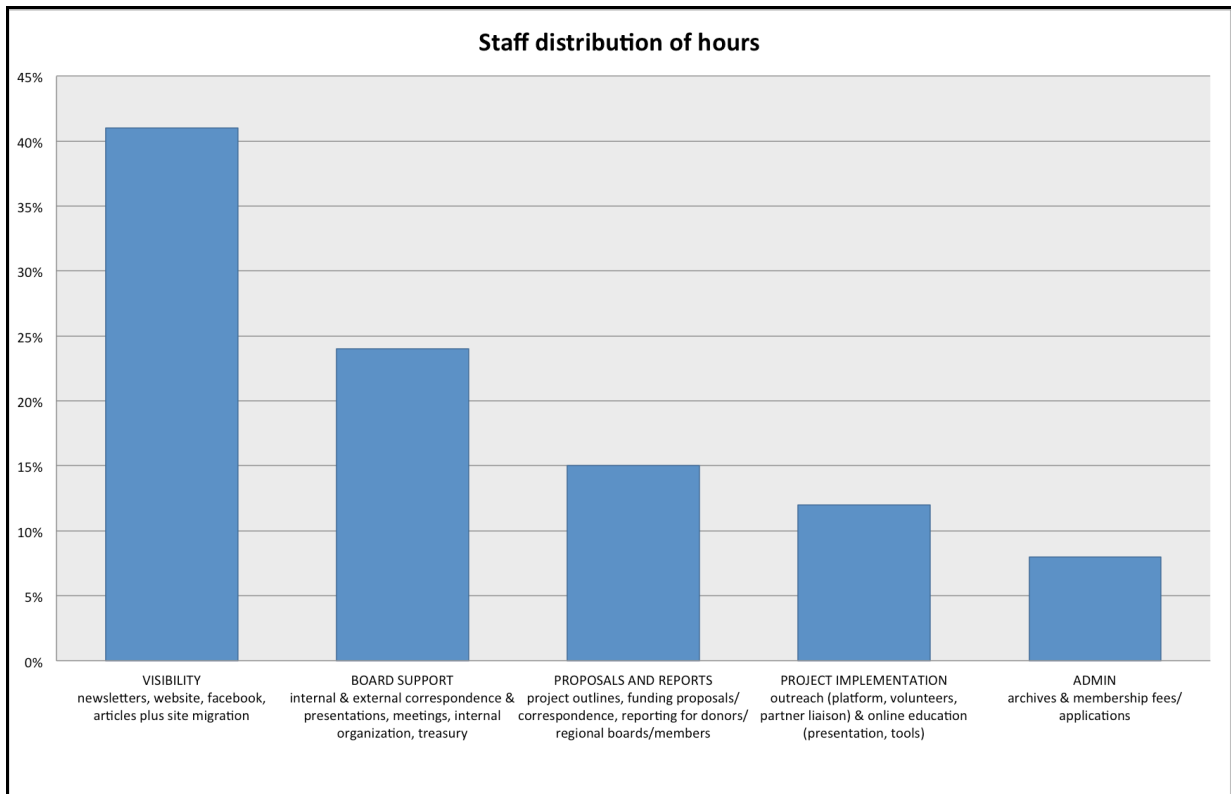
6/ Next meeting

In one month’s time. Aim for first Thursday of every month, agenda maximum one hour, shorter if possible.

7/ Other points

VD: Cambodia – very aware that the paediatric radiologists is being required to refer images. Will see how it goes, taking it slowly. Equipment poor – Eva Kis familiar with it. 3 reports so far.

Additional note, added to minutes - facts and figures on staff costs



Staff ratio, “meeting WFPI goals” to admin

Currently stands at 92:8

8% of total costs: admin

92% of total costs: “meeting WFPI goals” as set out as in its Strategic Framework:

1. Communication and collaboration between pediatric imaging practitioners, via their organizations (visibility/communication essential here)
2. Advocating for appropriate practices and resource allocation for children
3. Education
4. Patient safety, in particular radiation safety and protection
5. Outreach and training in lower resource settings
6. Research

Ratio for WFPI as a whole

Services and donations “in kind” need factoring in too.

Many physician volunteer hours plus website (provided free by SPR) on the “meeting goals” side. A few SPR/ACR hours on the admin side.

So WFPI’s ratio would seem excellent (gold standard for non-profits: 15:85. Our admin would certainly be lower).

Staff fees for 1.5 days/week

\$SU 31.2k/year gross (= 24,4K €)

Which gives **a net of approx. \$US15.6 k/year net (= 12.2k €/year)**

Which gives **a net of approx. \$US25/hour (=19 euros)** after mandatory “pay roll” charges (freelance equivalent) deduction.

Staff status

WFPI staff has freelance status, not salaried.

Upside: allows a staff member resident in France to connect into her own social security system despite WFPI being incorporated in the USA.

Downside: no notice period, no statutory protection, no paid annual holidays, no complementary health insurance - a mandatory provision for salaried employees under French labour law, paid out of net earnings by freelancers, no office supplies/internet access/phone covered, no office infrastructure covered.

Other costs that have come up

- Website maintenance (minimal, post-migration)
- Travel, outreach (e.g. Malawi)
- Travel, meetings (e.g. WHO pneumonia vaccination meeting)