



President's Annual Report
May 2013 – 30 April 2014
Ines Boechat
Founding President

Regional Societies






Founding Societies



Membership
Timothy Cain
Chair, Membership Committee


Regional Societies

















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Membership: current





Membership: expansion



- FAARDIT application, Argentina
- Others to be encouraged (Asia, Europe, Pacific, Latin America)
- Bylaws revision:
 - Membership extended to include associated membership for imaging-associated societies
 - No individual membership
- Upswing in multi-year payments, avoid bank charges

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Global work in education and child imaging safety
Dorothy Bulas
Chair, Education Committee;
Marilyn Goske
President, Image Gently Campaign


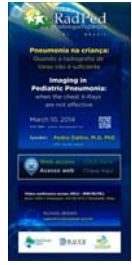


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Education: global (1)


- Largely addressed by regional and national societies
- WFPI promotes & shares access to these efforts (**we could do more: contact us!**)

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Education: global (2)



- ▶ **SPR live web streaming**
 - ▶ North American access (paying, CME)
 - ▶ Extended to 100 international places (free, no CME), 140 attended



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▶ Founding Societies

SPR 2014 live web streaming 'selfies'




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▶ Founding Societies

Education: global (3)



- ▶ **Webpages developed for global dissemination: expansion needed**



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▶ Founding Societies




Education: global (4)




- ▶ **Online video library**
 - ▶ Existing content (eg Savvas Snippets, George Taylor tho this hasn't been finalized). Expansion needed
 - ▶ Tools are tested
 - ▶ Technical sub-Committee
 - ▶ SPR Parker Allen funds



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▶ Founding Societies

Child imaging safety: global (1)



In collaboration with the Image Gently campaign



- ▶ Expand IG's international committee, avoid duplication of resources
- ▶ Including cross-linking to IG's website as opposed to building up content on WFPI's

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▶ Founding Societies

Child imaging safety: global (2)



- ▶ CT cross-over between IG/WFPI, eg via dissemination of ACR's fluoroscopy module
- ▶ Internationally-driven translation of IG tools
- ▶ A start of coordinated international representation at healthcare forums: **more could be done**



WHO radiation safety meeting, Geneva, Sept 13
 WFPI: Donald Frush, MD (Image Gently/SPR), Erich Sorantin, MD (ESPR) & Clorisa Soto, MD (CIR/SLARP).

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▶ Founding Societies

WFPI

Education, training & outreach in lower resource settings

Savvas Andronikou & Dorothy Bulas
Chairs, Outreach & Education Committees

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WFPI

Education: lower resource settings (1)

- ▶ Our best bet is to 'bolt-on' to existing, proven projects
- ▶ Or... copy good projects
- ▶ We must learn to train the trainers
- ▶ We must innovate

Mozambique, March 2014

Haiti, March 2013 & 14

CHOP-Radiology Society of Ethiopia-University of Addis Ababa Pediatric Radiology Fellowship program

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Education: lower resource settings (2)

White Paper 2012, RAD-AID Conference on International Radiology for Developing Countries - training the trainers?

- ▶ Training health care personnel in the developed world is often over-looked.
- ▶ Cannot assume that a radiologist from the developed world has the knowledge & skills to participate in a radiology development project in the developing world.
- ▶ Overlooking "training of trainers" contributes to well-intentioned, but doomed to fail, projects.

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Education: lower resource settings (3)

- ▶ The role of technology innovation is paramount in radiology's international outreach
- ▶ Examples of technology innovation include **imaging services & educational platforms used to support personnel**

The continuing proliferation of third-generation cell networks, broadband Internet & Wi-Fi present new opportunities for digitally connecting radiology facilities in the developing world

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Education: lower resource settings (4)

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Education, lower resource settings (5)

- ▶ **Online lectures, tools and video library** - particularly important when education opportunities are limited
- ▶ Think about mobile phones
- ▶ Consider lectures on digital picture frames
- ▶ Consider institutional relationships

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Education, lower resource settings (6) 



International Commission on Radiology Education


Recorded Lectures Slide Lectures Library Pediatrics

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Education, lower resource settings (7) 


- ▶ Boston Children's Hospital in South Africa
- ▶ Prof. Prabhu webinar on **Imaging in Pediatric Epilepsy-Techniques, Tips, Tricks and Pitfalls.** 
- ▶ Prof. G. Taylor will give the webinar **Scoliosis Curveballs**

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Education, all settings 






- ▶ We must continue with output in print



WHO Manual: Efforts by Kieran McHugh



Mini-Symposium June 2014 issue
32 papers from all continents

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Education, all settings 

- ▶ Outreach Tele-reading
3 existing telereading projects
4 planned projects



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Tele-reading & training (1) 

Khayeltisha, Western Cape, South Africa:
Managed by Ben Johnson, Richard Barth, Hans Ringhertz

- ▶ Read about initial part of project in Minisymposium
- ▶ Take-over by Stanford University Hospital - opinions by residents supervised by 2 attendings
- ▶ Slow going - 10 referrals since October 2013 
- ▶ Problem on site accessing internet
- ▶ Attempted moving to Collegium Telemedics platform (pending)
- ▶ Legal issues at Stanford regarding licensure - under discussion

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Tele-reading & training (2) 

Indira Gandhi Institute of Child Health, Bangalore, India:
Managed by Cicero Silva

- ▶ Shaky start, **now rolling**: 23 reports made
 - ▶ All CTs (mostly chest CTs, a few abdominal CTs)
- ▶ Time range, study reaches WFPI coordinator -> report fed into the software: 0 to 4 days, mean 1.4 days, median 1 day.
- ▶ Findings in most CT patients: suspicious for tuberculosis or fungal disease
- ▶ Studies were mostly of acceptable quality.
- ▶ Suggest elimination of multiple scan phases (scanned pre- and post-contrast)
- ▶ 6 tele-volunteers reporting: Ahmed Aadi, Jon Brandon, Sarah Desoky, Pacham Preeyacha, Erich Sorantin, Cicero de Silva



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Tele-reading & training ⁽³⁾

MSF/ Doctors without Borders: Managed by Richard Wooton, Jared Halton






- ▶ 4 readers reporting for MSF
- ▶ Tajikistan, CAR, Cambodia & Malawi since July 2012
- ▶ Approximately 130 reports






▶ Reviewed MSF's imaging manual, ultrasound manual, participated in QA publication in the Journal of Telemedicine and Telecare on 806 MSF tele-reading submissions in 2012 (Savvas Andronikou).

▶ Relationship expansion: Cara Kosack / Jared Halton



Looking to focus on ultrasound

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Founding Societies:     

Tele-reading & training: future projects

- 1] Pneumonia WHO: Tim Cain / Nasreen Mahomed / Amanda Dehaye**
 - ▶ Pneumonia vaccine (PCV) studies –radiology “end point”
- 2] Central Europe: Erich Sorantin**
 - ▶ 1 / 2 sites explored for tele-reading & training support
- 3] Cambodia: Eva Kis (Cathy Owens)(ESPR)**
 - ▶ Lectures + a chest course for residents, weekly X-ray meetings, teaching the pediatricians
- 4] Malawi: Tracy Kilborn + ITW**
 - ▶ Exploratory/teaching mission, June 2014
 - ▶ Set up tele-reading & X-ray interpretation training
 - ▶ POC ultrasound for a rural clinic [ITW site]




Regional Societies:     






Founding Societies:     






Tele-reading, lessons learnt

- ▶ Tele-reading platforms can outstrip local IT capacities
- ▶ Onsite internet access: not a given
- ▶ Not all local practitioners buy in



It is vital to run onsite assessment trips beforehand, weigh up partner buy-in and technical wherewithal

Let's go with partners we know have on site presence, supply equipment and are invested in the projects: ITW; MSF

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Innovative ultrasound in lower resource settings ⁽¹⁾














▶ ITW program designed to develop, deploy, and teach low-cost medical ultrasound in rural regions of developing countries.

▶ Task-shifting to non/little trained staff, perform ultrasound using external body landmarks and a low-cost ultrasound unit - 1 week training

▶ Operator sweeps the ultrasound probe across the region of interest, images are stored as video clips + image compression and wirelessly transmit volume data in video format.




▶ Images viewed remotely by an expert who provides interpretation via text messaging






Regional Societies:     






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Innovative ultrasound research in lower resource settings ⁽²⁾

- ▶ With ITW, WFPI started a **research project** using volume sweep US protocols at the Red Cross War Memorial Children's Hospital in Cape Town, South Africa for mediastinal lymphadenopathy (as a proxy for TB)
- ▶ We had major contribution from USA resident Kara-Lee Pool (used ACR grant to visit SA)
- ▶ Began in January 2014, generated 40 mediastinal US and 40 sweeps plus 40 MRI gold standards
- ▶ Planned: expansion to Malawi in partnership with Imaging the World; the development of renal and head protocols

Regional Societies:     






Founding Societies:     






STRATEGY A combination approach ⁽¹⁾

Bolt on to existing education initiatives, e.g. MSF; ITW; ISR; WHO

For onsite tele-reading & training plans:


- ▶ **Bolt on** to existing partners' projects, with a focal point/continent.
- ▶ Spearhead or endorse projects e.g. Cambodia; Ethiopia; ITW Malawi
- ▶ Run initial assessment-training trips: personal contacts and onsite familiarity are VITAL to success **[We need to invest in this]**
- ▶ Services: Tele-reading plain films, introduction of POC ultrasound

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STRATEGY A combination approach ⁽²⁾ 

- Introduce an institutional 'buddy' system to take over WFPI's role (**sustainability**)
- We have **50+ international volunteers** ready to tele-read plus **institutions and major aid organizations** willing to work with us
- **We must engage residents as volunteers and researchers**
- Help introduce technician, industry and multi-disciplinary support
- Build up/capitalize expertise in specific technique or pathology: research, publish, develop educational tools

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Partnerships 






Current

- MSF (Video lectures; Tele-reading; expertise)
- WHO (patient safety and PCV radiology working grp)
- Image Gently
- ISR/TB (sharing educational TB content)
- ACR (Haiti)
- UCLA Centre for World Health (Mozambique)
- ITW (Malawi / pediatric protocols / Uganda)
- Red Cross Hospital Cape Town (Research base)
- Stanford (telereading buddy system)
- Baylor College of Medicine (Swaziland co-operation)
- ICAP Columbia (Swaziland co-operation)
- CHOP (Ethiopia)

Future

- RAD-AID
- John Hopkins

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Internal organization & incorporation
Wendy Lam & Timothy Cain
Secretary and Acting Treasurer

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WFPI Project Selection Criteria ⁽¹⁾ 

- Criteria posted on WFPI website 
- Need expansion





1. The nature of WFPI's involvement: different pathways. Specify **either** "Individuals participate with WFPI endorsement (MSF guidelines, TB work) **or** project reliant on WFPI institutional sponsorship (MSF, Khayelitsha, IGICH, Malawi)


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WFPI Project Selection Criteria ⁽²⁾ 

2. WFPI is not a donor: insufficient funds, unequipped to take on the (heavy) governance & admin awarding grants entails
3. Independent endeavours cannot be included in WFPI's project portfolio - i.e. endeavours set up and implemented with no WFPI Council input or oversight
4. WFPI's position re independent endeavours run by WFPI member organizations for which:
 - WFPI welcomes the opportunity to give them visibility (website, newsletters)
 - if possible, harness networks for the diffusion of WFPI-collated tools
 - welcomes leaders' expertise in WFPI projects

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Annual budget allocations 

For education, website, outreach, other

Two options:

1. Allocated by the Executive Committee annually, project leaders spend as they see fit (accountability: to the Council at all meetings & via bi-annual reports)
2. Projects put to the Executive Committee for approval - workable if the Executive Committee meets regularly (monthly tele-conf), monitors progress and responds swiftly

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Incorporation

Following Council discussion & consensus

- Stay an offshoot of SPR
 - As such, it is governed by section 501 (c) (3) of the United States Internal Revenue Code of 1986, as amended, or the corresponding provisions of any future United States internal revenue statute.
 - Through the SPR, it holds and exercises all powers and authority conferred upon not-for-profit corporations under the laws of the State of Minnesota, United States.
- ACR management services under the existing SPR-ACR Management Services Agreement
- SPR board insured re liability for the WFPI Council's acts
- WFPI operates as an entirely independent body; its international mandate is guaranteed by cross-regional Council representation

Visibility

Sanjay Prabhu
Webmaster

Communication channels in use

Visibility (1)

1/ Website: www.wfpiweb.org

- Site migration: Dec 2013, entailed a total of 13 working days
- Google analytics available since Jan 2014
- Data run until 26th May 2014
- Post-filtering of web update and maintenance work:
 - 1st Jan – 26th May: 1800 hits in total (= 400/month)
 - 1300 unique users
 - Average n° of pages viewed: 4

Visibility (2)

How do visitors reach us?

Devices

1 March (date site mobile compatability completed) –26 May '14

<input type="checkbox"/>	1. desktop	959 (78.35%)
<input type="checkbox"/>	2. mobile	144 (11.76%)
<input type="checkbox"/>	3. tablet	121 (9.89%)

Visibility (3)

Website Top Ten countries - n° of hits
March 1 - May 26 2014

Visibility (4)

Most visited pages
March 1 – May 26 2014

Rank	Page	Hits
1	Home	116
2	Newsletters, articles	110
3	Outreach - TB Corner	72
4	Educational Worldwide Initiatives	44
5	Events	23
6	SPR live streaming	23
7	Education page - pediatric radiologists	19
8	Education page - nonradiologists	16
9	Outreach - telerreading & training	16
10	Outreach - Who/How	15

Regional Societies: aSPR, Society for Pediatric Radiology, etc.
Founding Societies: [Logos]

Visibility (5)

Facebook: highest ranking posts (in order)

- > Childhood Tuberculosis, Bernard Laya - 391% more reach than any other post, 2nd most downloaded pdf on website
- > World TB Day 24th March
- > Savvas' 7 Minute Snippets – interpreting CXRs, childhood TB
- > ISR's "Imaging in TB" educational module
- > Newsletters
- > Radiology of Child Abuse
- > Educational initiatives in Mozambique & Haiti

Regional Societies: aSPR, Society for Pediatric Radiology, etc.
Founding Societies: [Logos]

Visibility (6)

Facebook

Between Jan 1st and May 26th 2014, "likes" rose from 173 to 434 = 250% increase

Countries with top ten n° of Facebook "likes"

Regional Societies: aSPR, Society for Pediatric Radiology, etc.
Founding Societies: [Logos]

Visibility (7)

3/ WFPI member organizations: circulation of WFPI visibility tools

By way of an introduction to this data, a gentle reminder:

Extract from WFPI bylaws, Member Organization obligations (Section 5)

"As a condition of WFPI membership, members agree to [...] publish or otherwise disseminate to their individual members the WFPI newsletters, notices, requests for publications and other announcements"

Regional Societies: aSPR, Society for Pediatric Radiology, etc.
Founding Societies: [Logos]

Visibility (8)

N° of hits per region
1 March - 26 May 2014

Regional Societies: aSPR, Society for Pediatric Radiology, etc.
Founding Societies: [Logos]

Visibility (9)

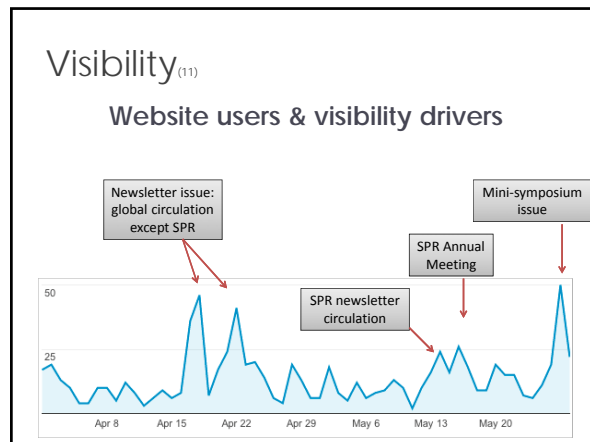
Member organization website referrals and other significant referral sources
1 Jan - 26 May 2014

Regional Societies: aSPR, Society for Pediatric Radiology, etc.
Founding Societies: [Logos]

Visibility ⁽¹⁰⁾

Observed (please correct us if we are wrong!) Member Organization circulation of WFPI output

Member organization	Issues a society newsletter?	Includes WFPI newsletters or specific output?	Uses blast mails for specific WFPI project news/newsletters?
AISPI	No	No	Yes
AOSPR	No?	-	No for newsletters, yes for one off events
ESPR	Yes	No <small>(uses Project specific newsletters)</small>	No
SLARP	No	-	No for newsletters, yes for one off events
SPR	Yes	Yes	Via Facebook page
BSPR	Yes	?	?
GPR	Yes	Yes	No
ISPR	?	-	?
SASPI	Yes	Yes	Yes
SERPE	No	No	No
SFIPP	Yes	Yes	No
SPIN	No	-	Yes



- ### Visibility ⁽¹²⁾
- To conclude:
- Suggestions to increase visibility:**
1. Create relevant content that people want to access
 2. Free access to educational material
 3. Dissemination of info by member organizations
 4. Make content more accessible to users
 5. Greater social media presence


Treasurer's Report

Gloria Soto & Timothy Cain
Treasurer & Acting Vice Treasurer

- ### Opening remarks
- ▶ Accounts now aligned to the SPR's financial year, Jan 1st – Dec 31st 2013
 - ▶ 2014 revenues and expenditures also presented, as are fees for 2015 and 2016 received as multi-year payments
 - ▶ Accounts show current and non-current assets, actual expenditures and liabilities
 - ▶ Presented in \$US

- ### Reminder (1)
- #### Donations in kind
- SUBSTITUTE INCOME**
- ▶ SPR:
 - staff time, software and tools (website host, GTM licence)
 - access to SPR/ACR Service Agreement (accounts, IT, legal)
- SUBSTITUTE EXPENDITURES**
- ▶ Physician volunteer & WFPI partner time
 - Council
 - Committees
 - Project volunteers
- We need more specifics on the value of these donations in kind for the purpose of listing our assets**

Reminder (2)








Expenditure definitions

All work put into meeting WFPI's goals:


- > Communication and collaboration between pediatric imaging practitioners, via their organizations
- > Advocating for appropriate practices and resource allocation for children
- > Education
- > Patient safety, in particular radiation safety and protection
- > Outreach and training in lower resource settings
- > Research
- > Information

are called **PROJECT COSTS** by WFPI

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Reminder (3)








Expenditure definitions cont.

All costs flowing from institutional performance, largely staff support for


- > governance
- > Council and officer smooth functioning
- > institutional communications – website, newsletter, social media, other
- > Direct project support to project leaders and volunteer pools

are called **OPERATING COSTS** by WFPI






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Income 2013 (1)




CURRENT ASSETS	
> Balance rolled over 2012	39.84 k
> Member society fees + top-ups	1.26 k
> ESPR website initiation costs	1.8 k
> ESPR capital injection 2013	25 k
> Individual donations	0.5 k
NON-CURRENT ASSETS	
> SPR fees 2013	0.22 k
> SPR capital injection 2013	25 k
TOTAL = \$US 93.62 k	

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Expenditures 2013 (1)




Project costs:

ACTUAL EXPENDITURES	
> Volunteers & WFPI partner hours	0 k
> Meeting, WHO vaccines, travel	0.61 k
> Project staff support (gross)	2.23 k
LIABILITIES	
> Project staff support	0.8 k
TOTAL = \$US 3.64 k	

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Expenditures 2013 (2)




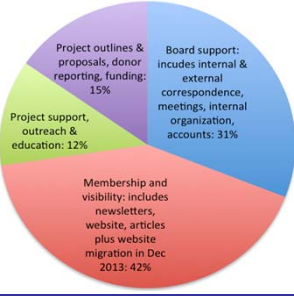
Operating costs:

ACTUAL EXPENDITURES	
> Volunteers & WFPI partner hours	0 k
> Website initiation costs	1.8 k
> Bank charges, transfers	0.16 k
> Institutional staff support (gross)	18.57 k
LIABILITIES	
> Institutional staff support	7 k
Total = \$US 27.53k	






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Staff Hours 2013 Breakdown

Category	Percentage
Board support: includes internal & external correspondence, meetings, internal organization, accounts	31%
Membership and visibility: includes newsletters, website, articles plus website migration in Dec 2013	42%
Project support, outreach & education	12%
Project outlines & proposals, donor reporting, funding	15%

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Balance 2013  WFPI


Income	93.62 k
Expenditures	31.17 k


Balance 2013: \$US 62.45 k

REMINDER

WFPI costs cannot generate a project:institutional costs ratio because donations in kind (SPR,ACR, physician volunteers) mask tangible contributions received (revenue) and total man hours deployed (expenditures)






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Projected balance 2014  WFPI

➤ Income	119.99 k
➤ Expenditures	43.77 k

Balance 2014: \$US 76.22 k

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Fund raising  WFPI


- SPR & ESPR capital injections: received 2013, committed 2014
- Pfizer 5k for ultrasound research video
- SPR Parker Allen funds?
- Stuart Royal: individual fund raising – year end 2014?
- Leadership discussion 14th May: implementation of “Phase II” fund raising

Issues:






- Some delay in turning to Phase II funding while sorting out incorporation status
- Time and expertise needed to produce grant applications
- General awareness: the need to fund raise, the prerequisites


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 WFPI






Bylaws - revision
Timothy Cain
Chair, Bylaws Committee


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Voting representatives  WFPI

➤ SPR: Ines Boechat	➤ GPR: M Riccabona
➤ ESPR: Rutger A. J. Nievelstein	➤ ISPR: Dr. Bijorn
➤ SLARP: Celia Ferrari	➤ SASPI: Jaishree Naidoo
➤ AOSPR: Wendy Lam	➤ SERPE: Jose Luis Vazquez
➤ AfSPI: Savvas Andronikou	➤ SFIPP: Jean-François Chateil
➤ BSPR: Kath Halliday (online)	➤ SPIN: Omolola Atalabi





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Bylaws ⁽¹⁾  WFPI

Changes

1. What is a non-WFPI member organisation
 - Need to define new non-voting associate classification to allow organisations that are not “pure Paediatric Radiology societies” to become members; e.g. Special Interest Groups of adult radiology societies, radiographers







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Bylaws ⁽²⁾ 

Changes (cont.)

2. What is discussed/decided at Annual General Meetings
 - Limit points of discussion to items on the agenda
3. What needs to be voted on by members and what is decided by council
 - Changes to Bylaws
 - Removal of council member/president







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Bylaws ⁽³⁾ 

Changes (cont.)

4. Voting at Annual General meetings
 - Each member organization (Regional, National or Supranational) is currently entitled to 3 votes per motion.
 - The intended purpose of giving 3 votes to voting members was that
 - a regional member could deliver a split vote
 - taking into account the opposing preferences of a heterogeneous constituency
 - Overly complex, change to 1 vote per voting member only
 - Voting weight remains equal







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Bylaws ⁽⁴⁾ 

Changes to wording

- Charitable vs Non-profit organisation
- Reduce complexity of Article V section 5 Clause b because voting in real time **is** possible at Annual General Meetings.
Change:
"Balloting takes place by the official liaison office/her or his proxy either in person or electronically, and ballots arranged by e-vote only must be received before the next members' meeting, at which the results are announced. If any members' meeting is deferred for lack of quorum, the ballots cast remain valid for counting at the next members' meeting scheduled."
To:
"Balloting takes place at the AGM"

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Bylaws ⁽⁵⁾ 

Changes to wording (cont.)


- Timing – change from "same time each year" to "each year"
- Maintain reference to proxies.

A further suggested change (not in revised text)

- Webmaster on the Council







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Thank you!

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