WFPI Executive Committee meeting, 29th January 2015 (online)

Present: Ines Boechat (President, chair), Veronica Donoghue (VP), Wendy Lam (Secretary), Dorothy Bulas (VS), Gloria Soto (Treasurer), Tim Cain (Acting Treasurer, Membership Secretary), Jaishree Naidoo (President AfSPI, ex officio ExCom member), Amanda Dehaye (General Manager)
Absent: Rutgers-Jan Nievelstein.

Red comments = agreed
Blue comments = action
Pink comments = questions

1/ Ultrasound – WFPI's work in high and lower resource settings
No funding for a face to face "meeting of the experts" on ultrasound.
What work plan should WFPI accord itself anyway?

VD: impressions from the group following the last meeting: concerns about recognizing non-radiologists doing US. Shy away from a 'global white paper', concentrate on building up online educational tools. Is this correct? Should this be our approach?

JN: US vital in lower resource settings – the most affordable, huge impact on patient care, especially in Africa where most countries don't even have radiologists (let alone pediatric radiologists). Must support PoC US here.

AD: overview of what's already happening in lower resource settings under WFPI's auspices (tight or loose association)

1/ Established the need to partner with US-active organizations operational in Africa many months ago. So contacts made with Imaging the World/ITW, expanded with MSF. The WFPI-funded Malawi teaching trip (here) went ahead as a prelude to partnership with ITW.
[Breaking news since ExCom mtg: ITW has submitted a Letter of Intention to the Gates Foundation for its pediatric US work on TB and pneumonia. If invited to submit a proposal, WFPI has been asked to give its input]. We are also tracking SASPI's work in Swaziland (here)

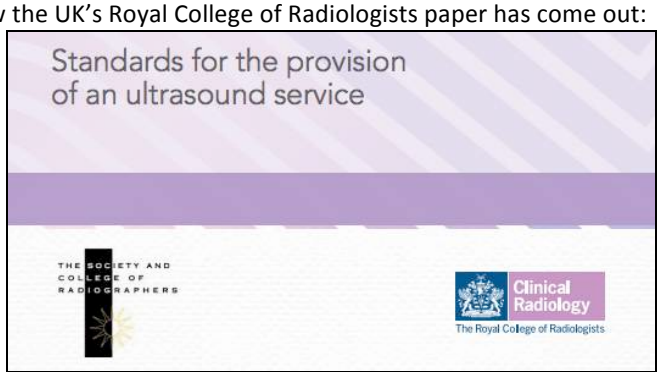
2/ Concrete work via pathology, building up the armoury of things we can show our partners – FASH for TB (research in Cape Town, here, now reaching the final stages), renal for hydronephrosis, head for hydrocephalus, IVC for dehydration (MSF pushing this forward).

Approach: set up by individuals/groups, WFPI hovers and supports. **Goals**: keep honing the when, where, how - not "US for all" but a pathway per pathology. Publication, wider roll out at specific sites, support via online teaching (build up a body of teachers - get funding, as we did via ACR travel award for South Africa project) and online tools. **Consensus:** acutely needed, other forms of imaging just aren't going to happen. **What seems a given**: a clean "knowledge/standards transfer" from higher resource settings to Africa is unrealistic. Could WFPI adopt a differing approach to high and low resource settings?

GS: yes, differentiate between different realities. No point in hoping for universally-applied standards. Resource availability just too different.

IB: a differentiated approach is realistic. Hands-on experience vital. Looking at images coming through from the South African project. Taken by a non-technician through the thoracic inlet, most of the time getting images of the thyroid and great vessels, not deep into the mediastinum. Need to train users. How do we coordinate efforts, keep an overview, move things along, respond?

VD: every region different. Can collate information from everywhere, not necessarily helpful – doesn't cross-transfer. Took on the role of group leader for US because it's an issue everywhere and we need some sort of recognized standards. Now the UK's Royal College of Radiologists paper has come out:



http://rcr.ac.uk/docs/radiology/pdf/BFCR(14)17_Standards_ultrasound.pdf

It's excellent, it sets the standards – don't apply to lower resource regions now but should be the end goal for all. It might take years to get there, but has to be the goal.

DB: the goal for pediatric radiologists must be **quality**. Can be challenging to teach radiologists on this, let alone non-medics, but QUALITY is the issue. Focus on this rather than what sort of setting, who does the exam.
WFPI's role: avoid re-invention of the wheel. Issues differ from place to place but do not re-design the teaching tools every time. Some exist already (14 talks for Haiti, now in French too). Share, improve, translate.

IB: the Portuguese-speaking pediatric radiologist group is developing talking slide lectures for our video library.

AD: end goal mentioned by VD - standards that everyone should be aiming for? Even if regions are so different?

VD: yes. Use the Royal College of Radiologist document – the work's already been done. Must be the goal for all, even lower resource settings.

IB: is it feasible to reach these goals in a lower resource setting? Or a separate approach for e.g. Africa?

DB: give people teaching materials when they go to Africa.

JN: the pathology-specific approach needs to be incorporated.

GS: difficult to find the same end goal for all. It is impossible to address it all together. Develop an arm of WFPI for Africa, another for the rest of the world. We cannot wait for very low resource settings to find the path that high resource countries have, reach the point where standards from elsewhere can apply – they are not going this way.

AD: medical development in Africa would seem all about innovation, simplification (while keeping standards acceptable), task-shifting down from radiologists – or even doctors - whenever possible (because there are often none!). Approach very specific to lower resource settings - cannot wait 50 years for them to catch up, address the here and now.

TC: all agree PoC US use is happening and we should be involved, VD wants to aim high, others just want to get something out there, impossible to have "one size fits all" – multiple levels/languages. Can move forward, stick to quality as well as covering the basics.

AD: how can we ensure the left hand knows what the right hand is doing, we're all on the same page, optimizing partnerships, seizing opportunities?

DB: **set up an US committee**, split it into lower and higher resource areas – monitor what's going on, what's on the web, events, partnerships, papers etc. Involve the many people who want to volunteer.

VD: separate out Africa. Call on AfSPI to identify the needs, find the ideas on how things could approve.

JN: (AfSPI President) we know what the needs are, we're starting to address them - Malawi, Swaziland, South Africa… It's moving forward pathology by pathology. Just need to formalize it.

GS: good plan for WFPI to be led by AfSPI for Africa to ensure an adapted approach, help move towards meeting the quality standards (already defined) for the rest of the world.

VD: do we now recognize that for all over the world, non-radiologists are doing and can do US? So we aim for all – everyone should attain the same standards? (Personally think we should – embrace it!)

IB: it's the reality!

GS: we don't have the power to decide who does these exams, who doesn't. Just define the standards. And the discussion doesn't even exist in Africa – there are no radiologists!

Agreement:
1/ focus on quality, per pathology in Africa, avoid getting bogged down in who the users are.
2/ set up a US committee to
- **monitor US evolution - web content, advances made, new statements/guidelines/papers coming out**
- **steer the inclusion/development of papers and teaching tools on WFPI's website and their onward circulation**
- **seize opportunities to secure quality in pediatric US via partnerships (WFUMB, RAD-AID, IDoR, other), meetings, journals (IDoR supplements, other) etc.**

3/ split the committee into two:
- **a sub-group for Africa (quality in US exams per pathology, teaching/training support, developing project implementation partnerships, raising visibility)**
- **a sub-group for the rest of the world (quality in US exams)**

Action:
Once minutes are approved, AD to collect ideas for committee membership (small group, stay nimble?) and set it up.

2/ FAARDIT, inclusion of non-pediatric radiology specific groups

TC: A bit of a stumbling block. Strongly believes that if WFPI is to move forward, need to be like the United Nations. We do have rules determining representation at Council level – this is where the agenda is set. Anticipated it would be harder to bring in European national societies, in fact things are proving tricky in Latin America. Need to hear more from GS on her concerns to better understand.

GS: in Latin America, SLARP is open to individual members. Any pediatric radiologist wanting involvement in WFPI can do it through SLARP. Agree with WFPI being mainly formed by pediatric radiology associations. Non-pediatric radiologist associations should have another sort of membership – associated, non-voting. Re FAARDIT: there's a conflict between two different Argentinian radiology societies. That's the source of the problem. Would prefer to avoid bringing it in as a member. We're getting pediatric radiologists through SLARP.

TC: the issue is that there is some overlap/cross-representation (Swiss in via German or French-speaking societies). But they don't determine what happens in WFPI other than through involvement in their regional society – ESPR. There are rules about what their membership give them (logo use etc.) but ESPR votes on their behalf, fixes the agenda etc.

IB: all these European societies are pediatric radiologist socieites (FAARDIT isn't). All pediatric radiologists are members are SLARP. Why bring in FAARDIT – do they want support for their meetings?

TC: there are rules about this support, logo use etc. It's the principle at stake here – we're trying to engage anyone and everyone interested in pediatric imaging. They can be associated/affiliated members, clarify the hierarchy, but if someone wants to learn how to do paediatric radiology better and they come to us, we should be inclusive, not care where the request comes from. Let them participate in our work, help us achieve our goals. We can't exclude in one continent and not in another.

VD: people who want to be members in Latin America can just be members of SLARP

TC: but the same in Europe. They could be members of ESPR, but for different reasons, not all of them are. Same for AOSPR.

JN: extending beyond pediatric radiology groups makes us more visible, maybe open up funding possibilities.

AD: for bylaws, we can't set precedents for one region's situation – perhaps everyone's joining SLARP but we know they don't in Europe and AOSPR. Just open up an affiliated/associated membership category.

GS: it is set up already – it's in the bylaws

AD: there's a contradiction in the bylaws. One section (Article II Section1) could be interpreted to infer inclusivity beyond pediatric radiology societies alone – we were aiming to catch special interest groups within wider radiology societies with this clause - while another section (Article II Section 2) closes it to pediatric radiology societies alone. In the bylaws revision proposed last year, we opened up to non-pediatric radiologist groups. (Technicians needed for outreach, among others!). We need to decide which way to jump and make the bylaws clear and coherent.

TC: more members = more fees, reduce our dependency on SPR and ESPR.

VD: watch out for this, when people pay fees they expect something in return

TC: agree, not looking for sky-high fees right away, but it's an avenue that we open for the future.

GS: be careful how we define this affiliated group – rights and representation. And open up a further group - "friends of WFPI" (eg) – catch individuals looking to support, with the same careful drafting of rights and representation.

WL: support an associated/affiliated group, be inclusive, let people enjoy membership. Create different rules for it, no voting rights, reduced fees.

IB: Mailman School of Public Health recommendation for WFPI when it studied the set up back in 2012: open up beyond pediatric radiology groups in order to benefit from other areas of expertise/resources – eg public health.

DB: keep the admin simple. Membership admission, individual fee collection, voting rights – it soon mounts up…

TC: to reiterate, introducing a new associate/affiliate membership category will in no way effect the structure already in place for WFPI – ie the agenda set by pediatric radiology groups, represented at Council level by AfSPI, AOSPR, ESPR, SLARP and SPR.

Agreement

Adopt a "can do" attitude. Let those who want to join, join. But let them know there's rules. Entails:

- **Combing through the bylaws (currently in revision) and removing any existing/inferred contradictions re member profiles**
- **re-specifying that active membership is for pediatric radiologist societies only with 5 regional societies having representation at Council level**
- **opening up an affiliated group [prior clearance at ExCom level on their rights and representation - KEEP IT SIMPLE] so these groups can participate, help WFPI with its mission, in their different communities**

Action:

TC and AD to work on this bylaws re-draft for ExCom circulation and approval, then Annual Meeting vote for passage. [Note: this will be part of the wider bylaws revision started last year – reminders of the other changes will be re-issued prior to the Annual Meeting].

3/ International Day of Radiology

DB: ESR; ACR and RSNA run IDoR every year – what radiology can do for the benefit of humanity. Themes for last two years: lungs, then brain. 2016: pediatrics. Great opportunity for pediatric radiologists as a whole and WFPI specifically re its representation of pediatric radiology globally. Organizers' Confcall scheduled in Feb – will get more details then - but in the meantime think of what could be done at all levels (regional, national, city, hospital) to celebrate the date. EG South African radiology journal issuing a special supplement guest edited by SASPI (South African Society for Pediatric Radiology). National Children's distributing t-shirts throughout the hospital, Image Gently will reach out to the million people that have contacted the campaign, etc. A PR exercise. Time will pass quickly, can't wait until February. Need a groundswell, get the word out.

GS: participated in initiatives like this via the ICR. The most important point: you can take radiology out of radiological and even medical circles via the media. A new and interesting approach, need to work out how to maximize the benefits. Can we get WFPI positioned with ESR/ACR/RSNA as a major partner?

DB: has been suggested. ESR leading with ESPR (Cathy Owens) - supports a book on the history of pediatric radiology. Will ask for more details. WFPI needs to be visible.

Action:
Start sharing ideas – please email to DB - and spreading the world.

4/ Upcoming Council turnover

Unfortunately recorded messages from Children's National cut into the meeting from this point on (!!). Points raised on the chat board:

1/ A new SLARP Vice President to be appointed for 5th June 2015.

- Vice President for one year
- Will take office as WFPI President at IPR Chicago in 2016, a one year term
- Then becomes Immediate Past president for a further year – chairs the ExCom, assists the President on an ad hoc basis

A person of SLARP's choice, does not need Council approval. Would be good to know who is nominated soon.
GS: will start work on this, will be in touch by mail.

2/ A new vice Secretary to be appointed for 5th June 2015

- Vice Secretary for 2 years
- thereafter becoming Secretary for another two years.

Can be from any society, for balance reasons AOSPR or AfSPI?
WL: AOSPR just vacating the Secretary position – AfSPI's turn?
Jaishree what do you think?

3/ From June 2015, Ines becomes Immediate Past President and as such will chair ExCom for a year.
Question for all: what role should the Founding President take from then on?

5/ Next ExCom meeting

THURSDAY 26th FEBRUARY .
Agenda

- Discussion on regional board feedback, "WFPI - What Future". **Action: prior collation and circulation of feedback by mid-February (AD will be in touch).**
- Confirm future meeting dates