WFPI Executive Committee meeting, 7th January 2016 (online)

Present/ESPR: Veronica Donoghue/VD (President), Ines Boechat/IB (Past President, EXCOM Chair), Gloria Soto/GS (Vice President), Dorothy Bulas/DB (Secretary), Jaishree Naidoo/JN (Vice Secretary), Tim Cain/TC (Treasurer), Rutger-Jan Nievelstein/RJN (Vice Treasurer), Kimberly Applegate/KA (Image Gently Representative), Amanda Dehaye/AD (General Director).

Red comments = agreed
Blue comments = action

1/ Strategic Framework

Work needs to begin on this now, with the aim of completion by May 2016. See here for current version
http://www.wfpiweb.org/Portals/7/About/WFPI_Strategic%20Framework%20_Full_version.pdf

The upcoming WFPI paper written by WFPI's "worker bees" – i.e. those leading outreach, website, video library, TB, US, educational outreach etc. – will provide pointers. [This "Starfish" article explores membership feedback on WFPI, current lines of work, future development and offers guidance on a future framework. Coming to EXCOM for its review/validation very soon].

2/ Resources : availability, use, where more are needed

WFPI has 1.5 days of staff time/week, but it constantly using more than these hours. This is not a healthy situation and now WFPI is more robust, it is time to start matching resources to means.

Regarding optimal resource allocation, there is data available for most of WFPI's activities, showing success rates (or not). Based on an analysis of this data, the Starfish article brings to light WFPI's most marked successes. They include:
⇒ the online video library (viewed in 140 countries in 12 months, average viewing time 6" so keep future videos short),
⇒ the Radiopaedia partnership for online cases (reaching 2 million healthcare professionals in one week),
⇒ tele-reading (data on our tele-platform use show the current flow and swift mobilization of WFPI's support. The 96 studies referred to WFPI in December 2015 were manually allocated to volunteers within an average (median) delay of 1.09 hours, with an average (median) time to response of 4.56 hours.)

EXCOM's choices would seem to entail:
⇒ channelling resources to activities that work, or are starting and EXCOM is convinced they must be pursued to make them work (eg TB group)
⇒ and diverting resources from activities that are less successful (website child imaging safety pages - traffic goes to IG, events page, etc.). The education pages on WFPI's website are not attracting significant traffic either. There are various analyses on why (content rarely refreshed and/or available elsewhere, not what people are looking for from WFPI?) but it is considered too early to cut these pages yet. However, we do need to take corrective measures to up traffic, and if they don't work, re-visit the option of removal.

Two areas of work that are a drain on staff time and for which Amanda has no "added value" so they could be handled elsewhere - and if by a physician, handled better as he/she could also generate medical content:
1) Some of the website updating and maintenance. To note: (a) the webmaster does not do the webwork, just sets policy and guides WFPI's overall online presence, and to date is "hands on" on social media, but not on the site, and (b) the future development of Image Gently will need web work. It does need resourcing, and this will outstrip WFPI staff capacity.
2) Coordinating the tele-platform.

The search for volunteers is on: "job descriptions" for both posted at the end of these minutes.

Action:
- **Identify more volunteers to help run WFPI**

3/ Outreach funding – Laos application, Internal Allocation Funding Committee's recommendations to EXCOM

TC: US$ 5k allocated for outreach project, received one application for technicians' airfares (rest self-funded) for a two week training visit to Laos Friends' Childrens Hospital – now posted in the Leadership workroom. The radiologist leader has an international background/experience. The Loas hospital is backed by Friends without Borders (as is Angkor Childrens in Cambodia, which was handed over to the MoH in 2013), and RAD-AID. So this is bolt-on work.

Visit aims:
The radiologist-
1. Lectures to doctors on plain film interpretation and radiation protection in particular for children.
2. Small group plain film reporting workshops.
3. Point of care ultrasound sessions.
4. Hot reporting sessions.
5. Basic clinical governance teaching and "Duty of Candour" and dealing with discrepancies during misinterpretation- it is imperative that we share our understanding of good medical practice.
6. Communication skills with pediatric patients and their families
Sonographers-
1. Hands on ultrasound skills and techniques.
2. Short lectures on ultrasound techniques
Radiographer-
1. X ray calibration and dose control
2. Hands on x ray techniques
3. Short lectures on x ray techniques
The ultimate aim would be for the local staff in performing and interpreting basic clinical conditions to aid diagnosis. This will allow them to be less reliant on external support such as tele-radiology and to seek secondary opinion in difficult cases. (There is no radiologist onsite, so this would be training a radiographer for emergency triage, with the rest going to physicians.)

WFPI's Internal Allocation Funding Committee (Bernie Laya, Gladys Mwango, Alexandra Monterio, Robert Marterer, Rebecca Stein-Wexler) all support the project, and all recommended full support bar one member who suggested 50% because the trip is so short. Members would also like to see, among others, evaluations of pre and post-visit knowledge levels. TC is inclined to award full funding, with recommendations for strong tie-in with RAD-AID – e.g. RAD-AID already knows the pre-visit knowledge levels. It is good that both RAD-AID and WFPI are focusing on the same area – if we concentrate efforts, our chances of making things work and getting results are higher.

Agreement: application accepted.
Action (TC): the applicants will be informed, along with EXCOM's call for strong tie-in and coordination with RAD-AID's work.

4/ IPR – meetings & Case of the Day

- Requests for WFPI meeting times are posted in the Leadership Workroom. **Not yet confirmed.** Hopefully will all be on Monday 16th, morning Chicago time
- Case of the Day: Neil Johnson running it, may need 3 cases per society. Hansel Otero coordinating. More information soon, including how in-depth the information needs to be (depends on whether CME or not). Make them easy to look at and learn from.
More extensive discussion/updates of IPR plans carried over to the February 2016 EXCOM agenda.

5/ Child imaging safety

ESR and the link with Eurosafe: ESR is not looking to work with WFPI, but Image Gently and AFROSAFE (JN) are involved in their group, and KA and JN are also WFPI. So we will be able to form a comprehensive idea of what the different initiatives are doing and where WFPI has added value in the creation of international synergies.

<mark>More extensive discussion/updates of WFPI/IG progress, AFROSAFE and other safety campaigns carried over to the February 2016 EXCOM agenda.</mark>

Next meeting: Thurs 4th February 2016

Annex – two job descriptions for volunteers

1/ Tele-plaform coordinator

WFPI is looking for a volunteer coordinator for our web-based tele platform, COLLEGIUM TELEMEDICUS, https://collegiumtelemedicus.org/ct/index.php.
(More information here:
https://collegiumtelemedicus.org/ct/htdocs/documents/wootton_wu_bonnardot_2013.pdf)

To date, we have received 250 referrals on this platform. They were all allocated to our WFPI volunteers for a "second opinion" (some 45 volunteers currently registered and active)

Coordination demands
We can alleviate some of the work load by moving to an "auto-allocation" function, handled by the platform
But:
- auto-allocation won't work for those sites that only refer occasionally, and
- the Coordinator is still need for (i) when volunteers don't respond (manual re-allocation required after a 24 hour delay) and (ii) to sort out questions when they arise, which are posted on the platform.
So the platform needs checking at least once, usually twice a day. However, **each check in is rapid, and can be done on a smartphone if necessary.**

Current performance
To give an idea, there were 96 referrals in December, manually allocated by the Coordinator to volunteers within an average (median) delay of 1 hour - allocations must indeed be quick, platform autoallocations are immediate - and responded to within an average (median) of 4 hours, which is very rapid! (We can actually allow 24 hours for first response, before re-allocation)

Coordinator location
It is preferably to have a Coordinator in Europe or Africa, given that cases are largely referred from Laos (our biggest referrer) at SE Asia evening time, so morning for Europe/Africa. But this is not mandatory.

Manning the volunteers
- There are contacts with the volunteer pool - currently about once every month or two months - to give them feedback, to remind them to let the Coordinator know about availability during the big holiday periods and to raise any general issues (eg tips on referral notifications on their own phones)
- The Coordinator also needs to know which volunteers are ultra-rapid responders and keep them for re-allocations, as time is now ticking by for these cases.
- Lastly, we do have details on each volunteer. The coordinator can arrange them into groups per speciality, and organize any auto-allocation to take this into account. In liaison with WFPI's outreach leader (Cicero Silva), the Coordinator can also decide to actively recruit more volunteers with particular profiles (eg tropical medicine familiarity).

Administration:
Includes
a) signing up new hospitals plus securing the background info on them for our volunteers (e.g. "this hospital has no CT or MRI....."), and
b) signing up new volunteers.
Templates exist for all procedures.

Future avenues
Our tele-expertise needs to expand and diversify, framing constructive debate on its future through clear and rigorous programmatic evaluation, examination of results from the literature if they exist, recommendations from external experts as appropriate, and confirmation via real-life studies. Our data is stacking up, we need to meaures the usefulness (and quality?) of our responses and publish! The Coordinator has a major role to play here.

Coordinator support
Cicero provides back-up. He also receives platform notifications and regularly goes onto the platform to keep an eye on things. I can also cover for the Coordinator if he/she is away.

In general
Tele-radiology coordination is rewarding. And an opportunity to learn - about the type of pathologies coming through, from the opinions given, and about telemedicine in general. Our volunteers are GREAT - engaged and available.

Here is more literature about this platform, and telemedicine in general
http://www.wfpiweb.org/EDUCATION/Globalandehealthpublications.aspx#E-health

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2/ Website work

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WFPR needs some help with updating and maintaining its website www.wfpiweb.org. Reflecting the policy the webmaster sets out, this entails:

- ⇒ choosing module set-ups and general page lay-out;
- ⇒ formulating/uploading (and compressing) content (including images), designing layout;
- ⇒ **actively pursuing new content**;
- ⇒ cross-linking;
- ⇒ bookmarking (anchoring) sections for communications/social media/newsletter linking;
- ⇒ maintaining dynamic homepage content, including an updated rotating banner;
- ⇒ keeping a constant eye on the whole for updates or deletion.

If the person has a profile that fits, he/she can provide content too (with the webmaster/education lead's approval)

These volunteers work hand in hand with the WFPI social media team, and possibly have posting permission for WFPI's social media channels. A lot of our social media posts hook back to content harboured on the site.

These volunteers also encourage anyone representing WFPI in external or internal communications to include site links on their mails. Relevant links to be provided.

Website traffic is monitored by Google Analytics, indicating whether content is reaching intended audiences or not. We know that the better and more user-friendly the content, the higher the traffic – so long as people are aware of the site.

Regarding areas of interest for recruiting volunteers, the help is needed for e.g.
- ⇒ **education pages** - pediatric radiologists, radiologists and trainees and other medical professionals, and
- ⇒ any future **Child Imaging Safety wor**k if to be posted up on WFPI's site (though perhaps just set up a

portal referring people over to IG, as that's where the safety traffic goes. We can't afford to duplicate resources here…).

[WFPI staff would need to keep institutional pages (some of the home page, "About", leadership workroom) and probably "outreach" as this needs close monitoring of multiple areas of WFPI work that will outstrip any one volunteer's time.]

Extra information provided for EXCOM from AD:
⇒ To date WFPI's webmaster decides policy for the site but he does not actually work on it. He keeps his "hands-on" time for social media and the video library.
⇒ As far as we are aware, SPR's webmasters generally don't work on the site themselves either. Jennifer Boylan/staff handle it. The same goes for IG? Webwork is demanding, time-wise..... But given the limited staff WFPI has, it would seem that either we need to resource up via volunteers or regrettably cut the site back.
⇒ Webwork is something we can delegate to volunteers – staff have no added value for certain pages. On the contrary - a volunteer physician could also add medical/educational content which staff cannot, and no doubt prove more effective at securing it from colleagues. If we give e.g. one web page out per volunteer, it should be do-able?