



WFPI Executive Committee meeting, 6th November 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)

Red comments = agreed

Blue comments = action

1/ Partnerships, update (IB)

RAD-AID Annual Conference, Baltimore, Oct 2014

IB attended and presented WFPI. Important networking/advocacy opportunity. WHO-PAHO present (Dr. Miriam Mikhail), among others.

RAD-AID has set up two young physicians to lead its pediatric work, one appointed by WFPI (Hansel Otero), the other also known to DB (Michael Reiter). First project to test the next RAD-AID/WFPI partnership is likely to be in Shanghai.

RAD-AID is largely run by and aims to include young physicians – primarily residents and fellows. Highly dynamic, a force to be reckoned with. WFPI will play a “bolt-on” role – inject expertise.

Upcoming WHO child imaging safety meetings

WHO contacted Image Gently and WFPI to identify speakers for pediatric radiation safety meetings in

- Tanzania, Nov (for physicists): Dr. Ademola Adekanmi, Nigeria
- Tokyo, Dec: Dr. Osamu Miyazaki, Japan

In liaison with IG, we are becoming a “one stop shop” re speaker nominations for pediatric WHO radiation safety meetings around the world. Good progress.

WHO pediatric imaging manual

Initially proposed many months ago. To be edited by WFPI under the auspices of ISR (ISR lead: Eric Stern). Went dormant, re-activated since WHO discussions at RAD-AID meeting and contact with ISR since.

Action: need to check if Savvas Andronikou and Kieran McHugh still prepared to lead this for WFPI.

WHO wants worldwide authorship. Manual on basic concepts – gather texts for a targeted audience -> general radiologists and health workers working with imaging in lower resource settings.

ISR

Partnership with ISR to act as its pediatric wing stalled. ISR sponsored by RSNA, ACR and ESR – such a wing considered unnecessary (see Oct minutes).

Since then, WFPI has worked with ISR anyway (online TB educational model) and ISR has signed a more general association agreement with WFUMB. WFPI do the same?

IB pursuing it with new President, James Borgstede. **Action: IB available to attend ISR board meeting at RSNA if need be.**

GS: discussed ISR-WFPI relationship with Dr. Laurence Lau, PhD. Gave the impression that some sort of agreement, with WFPI acting on pediatric interests, was still in the air. WFPI for pediatrics, IG for child imaging safety issues. **Action: IB - might be wise to contact Dr. Lau**

2/ Online education, update (DB)

Due to meet up with Sanjay Prabhu (WFPI webmaster) in Boston this week. Sanjay has produced a template format for online videos. Kassa Dirge developing Ethiopia US videos – hope to include them in the library. Webpages: building up. **Action: presentation needs re-organization.** EG, eg draw out content for sonographers.

3/ Outreach activities, update (AD)

Latin America:

Ramon Sanchez (Spanish, trained by Goya Enriquez, now based in Michigan, USA), has outreach experience in Latin America. He is bringing centres in Peru and Guatemala onto the tele-reading platform. Peru started referring but health staff since affected by Peruvian health sector strikes. Guatemala – seems to have technical details. So both are a bit slow moving for now. GS asked for more details on the centres – **Action: will be connected with Ramon by mail.**

West Indies:

Also Ramon Sanchez, who is working through the WHO-PAHO network. Centres in Kingston, Jamaica (WFPI had contact with a pediatric radiologist in Kingston a couple of years ago, is still calling for support) and Trinidad both heading for installation on the tele-platform.

Malawi:

Next Steps being pursued with Kay North/Kansas University (has raised considerable funds for the Malawi clinic in the past, highly invested) and Imaging the World. Either send the Malawi PoC US users to South Africa for training through Tracy Kilborn/WFPI and/or the SASPI network, or ITW will send the next training team to Malawi – hopefully funded by Kansas or ITW. Tele-reading not looking good for now, not digitalized. An MSF/DWB guideline does exist on taking photos of films with digital cameras then sending them as JPEGs but Savvas doesn't encourage it. Quality is too low.

Mozambique:

Tele-reading started for Maputo, slow flow but looking steady. Handled for WFPI by Dr. Ricardo Faingold, head of pediatric imaging at McGill University, Montreal. 3 other Portuguese speakers ready to join the reader team. Dr Faingold learning about Maputo's constraints (E.g. Maputo can't provide CT coronal reformats).

Khayelitsha:

Still can't use the tele-platform, no institutional access to email (extranet). So cases being sent from personal email accounts, forwarded to Stanford who has taken this reading over, will report at RSNA. Not ideal – email data not protected, difficult to archive and share for QA/research.

MSF/DWB:

Ticking along, report on tele-reading/other at RSNA. Some serious advocacy for tele-reading undertaken last June, a great tele-reading speaker went to different MSF/DWB national sections' general assemblies. Everything poised to give tele-reading a big push (because still very slow compared to MSF's field project volume) and then BANG: Ebola. Push deferred.

IGICH:

Moving onto the Collegium Telemedicus platform, see below. Report at RSNA. Referrals still peak and slump, but WFPI relationship with IGICH on a steady footing so all is well.

Cambodia:

VD reported that getting one case a week. Opinion delivered within 24 hours. Initially US, quality poor. Then radiographs – better. No onsite opinion accompanying the cases which somewhat defies the point of giving 2nd opinions (and teaching/training in the process), but VD reluctant to force this point before trust has been built up.

WL: David Stringer knows Cambodia and this hospital well. Contact him for background info?

VD: **Action: will contact him.** Eva Kis also knows the facility but not the radiologist currently there (turnover), and this latter is being nudged into referring by the hospital director so need time to build up trust.

The ideal: Angkor's original demand, i.e. 12 volunteers at Angkor per year, each spending one month onsite teaching and training. Not possible re funding and availability constraints. Tele-reading is the next best option.
Action: with time, thought to be given (with AOSPR) to future, one-off onsite training trips/training opportunities.

Linking the left hand with the right

Agreed: that regional and national societies should systematically be kept in the loop/asked their opinion when outreach projects open in their areas.

Legal aspects of tele-reading:

WFPI only delivers 2nd opinions. Unlikely to come across any national legislation prohibiting health workers to seek 2nd opinions from colleagues resident in other countries. We have the following caveat which must be shared with referring sites.

Legal caveat

The WFPI only gives advice via its tele-reporting work. We offer medical colleagues working at the patient's bedside an opinion which he/she can use (or not) as he/she thinks fit. The legal responsibility for the patient remains with the onsite colleague.

It's a delicate point – may lead referring sites to question quality of volunteer 2nd opinions when no responsibility for them is taken. But this position must be made clear.

- ⇒ Same position adopted by MSF/DWB for its tele-reading - WFPI has access to MSF legal archives on this point.
- ⇒ Ideally, sign a Memorandum of Understanding on this point with all referring sites – **Action: should eventually head this way. Should also sign a MoU with the platform** (have access to MSF/DWB's MoU signed with the Collegium Telemedicus platform – use it as a template). Covers data protection and Intellectual property issues re data use for research and publication.

Tele-platforms:

We have two “competing” platforms:

1/ Collegium Telemedicus - free, now geared up to handle CT scans

2/ Sustsol - developed with the facilitation of Erich Sorantin, not user-friendly yet, outstrips some lower resource centres' IT capacities, will charge us 1€ per case.

Everything points to using Collegium Telemedicus – **Action: to be discussed/confirmed at the RSNA meeting.**

Outreach leadership

Savvas emigrating to the UK, sorting out private life pre-move and wrapping up work in South Africa, PhD, his students etc. Wants to stay involved in WFPI, needs to step back from outreach leadership, just doesn't have the time it requires. There are possible replacements in the pipeline - Cicero Silva, Hansel Otero, Ramon Sanchez and the South African group. **Action: need to reflect and decide on who will carry the torch.** Savvas' pull back = a blow, but his dynamism and output should be seen as an exceptional “surge” rather than a base line pace for WFPI outreach. It will and shall continue, however, and the turnover should be used to both consolidate bases and drive us on.

4/ Ultrasound group

VD: the future shape/organization of any such group depends entirely on whether the targeted external donor in South Africa (David Frost) will fund a specific meeting on this topic or not. I.e. cover travel and accommodation costs for 1-2 day meeting for an international group.

All agree this is an important topic and should be pursued – if no funding for a meeting, conduct the work largely by mail, possibly with meetings tacked onto existing congresses. Production will take longer.

As not all Executive Committee members had seen the original “General Idea” document prepared for the South African donor, discussion followed about the group's aim: “a paper/guidelines on pediatric US use by non-radiologists”? “Basic training requirements to improve the quality of pediatric US use - whatever the speciality –

with the goal of improving pediatric care”? Also discussion on possible partners and possible support (industry – though the group would not be looking to set up training sessions).

Agreed/Action:

1. **Outline of the “general idea” to be circulated. AD to send it to VD for her prior approbation/tweak.**
2. **IB to raise this topic with WFUMB at RSNA**
3. **External funding clarity to be secured by December**
4. **Depending on the funding situation, VD (chair of this project) will take it from there.**

5/ FAARDIT membership application

SLARP has flagged some issues with FAARDIT’s membership application.

Background:

There are two radiology organizations in Argentina (FAARDIT and Sociedad Argentina de Radiologia), they have not always seen eye to eye. This is gradually changing but Argentina’s pediatric radiologists are divided between the two groups. Neither one can claim to represent all the pediatric radiologists in the country. Argentina’s pediatric radiologists have an embryonic society which meets periodically to share experiences but has no formal structure.

TC:

WFPI membership is comprised of pediatric radiology societies or sections of societies whose membership allows the WFPI to fulfill its purpose as set out in its bylaws [Article II Section 1].

Membership reflects a sharing of values: improving child imaging healthcare.

WFPI does ask for a few criteria to be met – uphold the bylaws, disseminate WFPI news, etc. - but membership does not endorse a group, nor suggest it has territorial exclusivity over pediatric radiologists, nor take into account the relationships a group may have with its neighbouring or regional professional societies.

Overlaps do already exist:

WFPI members include French-speakers, SFIPP (spanning France, Belgium and Switzerland) and German-speakers, GPR (spanning Germany and Austria. Yet there is a separate Swiss pediatric radiology group and a wider German radiology group containing a pediatric interest group (neither a WFPI member).

GS:

The bylaws restrict national/supranational society membership to pediatric radiology groups only (Article II Section 2 (2.2.a.)). **THIS IS TRUE.** There is a contradiction in the text of the bylaws.

[AD’s note to Executive Committee: should not be unduly alarmed by this? These are our first bylaws, international set-ups are always complex, new situations **will** expose holes/ambiguities – we need to be ready to patch them up/interpret as we go along, just make sure we’re transparent in the process.]

Points discussed:

- The role of Regional members Vs national/supranational members
 - o Regionals are on the Council – get Council vote. Nats/supranats **ONLY** get the vote at Annual Mtgs - and the Council decides what goes on this agenda, usually Annual president and treasurer’s report for approval – and on major issues such as bylaws amendments and WFPI’s dissolution).
- Who are Regional members
 - o clearly stated as the founders - AOSPR, ESPR, SLARP and SPR - plus AfSPI since, no “competition” at regional level with this set-up invited
- Restricting membership to pediatric radiology groups only OR extending it to others
 - o The former simpler, the latter more complicated but catches associated groups (technicians, others) and countries with no pediatric group, just wider radiology societies containing pediatric special interest groups (Australia, Netherlands, many middle and lower income countries. Individual members of these latter might be members of their regional societies, or they might not).
- What do nat/supranat members seek to gain from WFPI membership?
- Perceptions: they count. To the point of over-ruling other arguments?

- SLARP is highly uncomfortable about accepting FAARDIT in these circumstances: compromises its representation role re/relationship with Argentinian colleagues
- Must avoid setting a precedent that works in one region (reflects local dynamics) but unintentionally excludes in another

Agreed: a paper would be prepared presenting the different issues at stake and circulated to the Exec Cttee for further discussion and decisions on

- (i) any future bylaws amendment needed and**
- (ii) FAARDIT's application, which will not be approved before then.**

6/ AfSPI

Extract, minutes, Oct meeting: **"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]

Agreed: an AfSPI representative will be asked to join the Executive Committee.

7/ RSNA Next meeting

Open meeting or Council meeting?

Agenda: output re WFPI's goals, i.e. project news, or go into [complex] governance issues too?

Agreed: open, and focus on output/project news. Now we have regular Exec Cttee meetings, governance does not need to be covered in all open meetings too. **Action: AD to send round draft agenda for Executive Committee greenlight without delay.**

8/ Annual Meeting and leadership discussion, Graz/ESPR, Friday 5th June 2015

Program slots, agreed with congress president (Michael Riccabona)

1/ 10-12 am

2/ 1:30-3pm

It seems that the majority of WFPI Council members will be in Graz.

Agreed: leadership meeting first, then Annual Meeting as second slot works better with international online access/time zones.

Action: down the line, consider agendas and invitees for the leadership meeting (extend beyond just WFPI Council members to regional society leaders?).

Conference call was then adjourned.