



WFPI Executive Committee meeting, 2nd April 2015 (online)

Present: Ines Boechat/IB (President, chair), Wendy Lam/WL (Secretary), Dorothy Bulas/DB (Vice Secretary), Gloria Soto/GS (Treasurer), Rutger-Jan Nievelstein/RJN (Vice Treasurer), Tim Cain/TC (Acting Treasurer, Membership Secretary), Jaishree Naidoo/JN (President AfSPI, ex officio ExCom member), Cicero Silva/CS, WFPI Outreach Leader, Amanda Dehaye/AD (General Manager)

Absent: Veronica Donoghue (Vice President)

“How does outreach work become affiliated with WFPI?”

“With regard to outreach, AOSPR has many member countries. So far outreach programs have been mainly focused outside Asia (except IGICH-India and Cambodia under ESPR). I think we can contribute a lot more in helping to carry out outreach programs in Asia. Although we don't have much money, we do have local experts that can help. The problem at the moment is that we don't know how to co-ordinate with WFPI. I think more collaboration and communication is needed. EG if we want to start some program, how to coordinate with WFPI? Apply through outreach committee? Or we wait for the outreach committee to decide when they want to have a program in Asia? So far I feel this has been a bit confusing. There should be a proper and formal channel that different countries or societies can express their needs for the development of programs, and then someone can decide and choose.... (? Chairman of outreach ? council members?)” **Wendy Lam, AOSPR, feedback to “WFPI What Future?” February 2015**

Red comments = agreed

Blue comments = action

IB: AOSPR's statement pinpoints exactly where the problem lies. Ideas must come from members, not “top down”, can't impose. Process?

CS: Brief update on transition into outreach position

RJN: No discussion regarding ESPR's wish to be part of WFPI. Seen as a federation representing organisations and societies active in radiology field, talking with one voice to large organisations – WHO, ISR etc. It is a platform to unite in the field of outreach, teaching, education, patient safety etc. The main concern: how to coordinate and affiliate outreach activities. Many Europeans are doing this sort of work, not visible to WFPI. How should we handle this? WFPI's role? Funding? Or just facilitate and hook people up, point projects in the direction of funding elsewhere? **ESPR's questions about WFPI relate to its role in coordinating and fund raising for outreach activities throughout the world – not just Africa.**

JN: We do need to formalize outreach, continue with momentum in training. Top down or bottom up? Suggestion: ask regional organizations to identify areas of outreach then apply to WFPI. **Need to get regional societies more involved.** Fund through regional societies first, then WFPI?

TC: Re top down – experience suggests this is complicated. Need someone on the ground, bottom up, to drive. Asking “where should we go?” or stating “we need to go here” requires significant resources. Out of our reach. Questions: how do we identify which projects we affiliate to? Do we try and fund them in part?

DB: Just back from WFUMB bi-annual meeting. WFPI presented its ultrasound work. 8 other organizations present – WHO, ITW, etc. All larger and existed longer than WFPI (8-20 years), stronger funding opportunities. WFPI passed the message “think pediatrics, build it into your work, we're here to help”. Was welcomed, people are starting to know that we're here. **This is WFPI's role for now – getting the message out, getting people to think about pediatrics.**

TC: Exploring these different points, step by step:

Definitions:

Outreach includes teaching in lower resource settings.

All agreed

Action

- ⇒ This has been a bit muddled in the past, so ensure the two are “officially” merged (party line!)
- ⇒ The two are separated on the website, needs fixing - will happen over time as links in external documents, newsletters etc. crash when pages are moved around.

WFPI Mission statement

“WFPI provides an international platform for pediatric radiology organizations united to address the challenges in global pediatric imaging training and the delivery of services”.

All agreed still valid

B/ Strategic priorities – the place of outreach therein

Set out as “working avenues” in our **Strategic Framework 2012-2015** [Note: 3 year validity, Needs revision in Sept. 2015]

1. Communication and collaboration between pediatric imaging practitioners, via their organizations
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
7. Information
8. Institutional high performance

IB: steered the drafting of this document, removed outreach from N° 1 position in prior drafts, replaced it with “communication and collaboration between pediatric imaging practitioners, via their organizations”. **Outreach is hugely important, in general and for WFPI.** But first emphasize that we work together, coordinate among ourselves, to direct help where it is needed. **The rest doesn't happen without this.** And if we place outreach as our primary goal, people start perceiving us as an NGO, which in my opinion we aren't. We can work with NGOs, we need to be at the table with them and big partners (WHO etc.), open negotiations, pass the messages – **this is our focus.** Member societies help us here, which is why it was so clear that we needed to bring in African partners – AfSPI. They were missing previously, discussions had a huge hole in them.

TC: RJN mentioned work already being done by individuals around the world. Communicate and collaborate so as to use resources more effectively.

Jaishree: Great potential for collaboration with WHO. E.g. AFROSAFE campaign ([click here](#)). Big impetus to involve AfSPI in it, WFPI helps collaboration with WHO.

DB: AFROSAFE represented at WFUMB, talked about WFPI/AfSPI, great to have this networking up and running.

AD: how our working avenues/strategic priorities have been presented in public to date:

Communication and collaboration is our primary goal – not the most scintillating but it's who we are and what we can do. All else flows from this.

N°s 2-7 are spin-off activities from the synergies created from our primary goal. Are they still valid? Add?

Remove? Change wording/emphasis for clarification? If want to be more specific, some ideas (from work underway or ideas/expectations tabled):

- developing online educational tools - all topics, all settings
- setting up visiting professor missions in lower resource settings
- building up imaging-focused medical development expertise in lower resource settings, RAD-AID/Imaging the World style
- bolting on to other initiatives with our expertise (patient safety, tele-reading, teaching/training, tools, guidelines, other) – all topics, all settings

- producing guidelines – all topics, all settings
- publishing an international registry on the website of pediatric imaging outreach undertaken by any individual member of a WFPI member society

TC: All agree WFPI can bring about change through education and training. As JN/DB say, as we become more known we will receive more requests. Collaborate first, then deliver our resources – skills based, professional knowledge. Work through RAD-AID etc, that's our value added value.

DB: **Setting up visiting prof missions: BOLT ON!!!! Must stress this.** Cannot state we will organize these missions ourselves given funding situation. Set ourselves up to fail.

AD: "Bolting on to other initiatives with our expertise (patient safety, tele-reading, teaching/training, tools, guidelines, other – all topics, all settings) covers it all. But e.g. visiting prof. missions may have been an expectation of ESPR in the past, SPR members would apparently also like to see it – teaching is what WFPI people can do! It's a way they can give back. So we need to clarify our position. Need to clarify.... **There are also quality issues regarding fly in, fly out teaching missions.** Bolting on to longer-term initiatives in which teaching is a component part do increase the likelihood of relevance and impact – see RAD-AID White Paper 2012:

Education and training in the developing world is an essential component of sustainable radiology development. However, training health care personnel in the developed world is equally important, yet often overlooked. It is short sighted (maybe hypocritical) to assume that a radiologist, technologist, engineer, or other professional from the developed world has the knowledge and skills to develop, deploy, and participate in a radiology development project in the developing world. Overlooking such training probably contributes to the plethora of well-intentioned, but doomed to fail, attempts to increase access to medical technology in general and radiology in particular.

Is the Council ready to stress that we will only do onsite teaching as bolt-on to existing initiatives?

TC: correct. Communication and collaboration, facilitation, is our main goal.

RJN: ESPR funds fellowship-type applications for lower resource settings. Presumably SPR and others do to. Can WFPI facilitate here, up visibility for these efforts?

AD:

- a) We do it already - see events page (website) and Facebook/Twitter. ESOR fellowships are posted. Excellent information to disseminate to an international pediatric radiology community: informative and flags opportunities. **Send us whatever you want, whenever you want.** Considered part of our "communication and collaboration" work.
- b) But it is hard to extend visibility beyond that, e.g. cover this work in other website pages/newsletters as not "WFPI-affiliated". A website does need to stick pretty rigidly to an organization's core/affiliated activities or it just becomes a jumble - very hard to navigate.

TC: reverting to the list in the Strategic Framework, could we agree that:

- ⇒ Advocacy: will expand with time
- ⇒ Patient safety: under education
- ⇒ Education: still our major thrust
- ⇒ Outreach, including onsite teaching: specify we mainly adopt a bolt-on approach. Sometimes directly, with a hospital itself: tele-reading (plenty of capacity to do more here, a great way to include volunteers - CS agreed).
- ⇒ Research: largely an aspiration goal, CS outlined research protocol for smart phones using JPEG and DICOM images with the aim of expanding tele-radiology take up.
- ⇒ **A sticking point: N°7: "Information",** defined as follows in the Strategic Framework: *"The WFPI website aims to compile information banks on other imaging initiatives, equipment donation sites, grants, scholarships, meetings and useful links"*.

What do we do with information on non-affiliated WFPI outreach initiatives? This is a practical issue – what information should we handle, what is its added value? To note: **providing information is a resource drain.**

AD: an example: ESPR's latest newsletter call "Any member who wishes to have their work recognised by WFPI should forward the details to Dr. Veronica Donoghue via the ESPR office". A report was received from Portuguese pediatric radiologists who ran an ultrasound course in Maputo, massive overlap with WFPI's work with the same people in the same place (Ines visited last year – WFPI bolt-on to a UCLA Center for World Health project). Neither ESPR and WFPI were aware of this course – so no prior WFPI briefings and information exchange. However, despite lack of "WFPI-affiliation", we posted it on the Mozambique section of the WFPI website – the overlap was so great it would have been senseless not to.

In resource-terms, the posting took an hour: filtering the emails to collate the info, editing the English, compiling a pdf report, inserting photos, compressing, uploading, webpage layout..... One hour for this **ONE** example. There are potentially **HUNDREDS** of them all over the world. **The vast majority will not have any overlap at all with WFPI-affiliated projects.** What should we do with them? Should resources be used to process/give visibility to these reports? Once we know about them, are we expected to have them on our radar re coordination and facilitation too?

TC: We need to weigh up the value/usefulness of this information (generally low) with the need to promote and recognize individual efforts so as to increase adherence to and ownership of WFPI, bearing in mind the resource-drain this represents. What do regional societies expect? We need opinions.

C/ WFPI's identity (in general, and vis à vis outreach)

TC: The way WFPI defines itself also influences the way its outreach work is perceived.

AD: The basic message: WFPI's Council has leeway in choosing how it defines itself.

Our legal status: as an off-shoot of SPR, **WFPI is a 501(c)(3) tax-exempt non-profit organization in the United States.** But can't use this as a title – people outside (and many within) the USA are unfamiliar with it. So blanket status: we are a **NON-PROFIT ORGANIZATION.** It gets complicated thereafter. We are constantly called upon to define ourselves so quite critical for the Council to agree on this point!

Options:

A non-governmental organization (NGO): *An organization that is neither part of a government nor a conventional for-profit business. Usually set up by ordinary citizens, NGOs may be funded by governments, foundations, businesses or private persons.*

To note: WHO would call us this if we ever affiliate with it for the purpose of disseminating policies, programs and strategies. WFUMB and ISR are "NGOs" in WHO's eyes – in this type of partnership, WHO looks to differentiate partner organizations from itself (INTER-governmental) and stress its partners' **non-governmental** character.

If EXCOM considers that:

(i) WFPI is an NGO, and

(ii) WFPI is an international extension of its member organisations (it does not exist in isolation: its member organizations shape it via their representation on the Council)

this means that **AfSPI, AOSPR, ESPR, SLARP, SPR consider themselves NGOs too.** Does this fit? Don't people usually perceive NGOs as project-action based? Which would throw the spotlight onto WFPI's outreach work (e.g.) and off its primary communication and collaboration goal?

A charitable organization: *A type of non-profit organization. It differs from other types of NPOs in that it centers on non-profit and philanthropic goals as well as social well-being (e.g. charitable, educational, religious or other activities serving the public interest or common good). The legal definition of charitable organization (and of Charity) varies according to the country and in some instances the region of the country in which the charitable organization operates. The regulation, tax treatment, and the way in which charity law affects charitable organizations also varies.*

For many, 'charity' might infer faith-based connotations. But actually "NGO" and "charity" overlap. Doctors Without Borders is called a "charity" in the UK press.

A medico-politico organization. “Medico” = a medical practitioner or student, “Politico” = a politician or person with strong political views.

DB: not medic-politico/ Uncomfortable with the politics things.

WL: better to be an NGO

DB: Are international radiology societies really considered by WHO as NGOs? ISR is a federation made up by RSNA, ACR and ESR: it is not an NGO!

AD: Yes, this is what WHO calls them, because they are not run by governments. It pulls on the literal sense of the term rather than being concerned by the connotations associated with it.

TC: We are a “medical organization”, but on a more technical front “NGO” (or charity in the UK/the equivalent elsewhere) is the closest fit, although we don’t see ourselves as that.

AD: An illustration of our own internal contradictions to demonstrate how unclear this point can be: in 2012 ESPR applied the “gold standard” measurement used in the NGO/charity sector to evaluate performance - a financial ratio of 15:85 expenditures, 15% being admin, 85% being “direct project support” – to WFPI, saying “It is noteworthy that in Europe no more than 15-20 per cent of charitable donations may be used for administration costs”. Other members of WFPI’s leadership did not agree with WFPI being considered a charity, anymore than SPR, ESPR, etc. are (by inference, organizations in which “direct project support” is not the primary goal...).

[That said, it is good practice for any non-profit organization to keep an eye on this. WFPI’s “admin” is in all honesty very low as we have so few members. TC: If we tallied the hours volunteers spent on WFPI - services in kind – it would have a significant impact on the ratio.]

TC: “**Medical non-profit organization**”? Need to agree on this. If WHO calls us an NGO, we can live with it. BUT accord ourselves the label that we think fits best

- ⇒ For public use
- ⇒ For the bylaws - specify USA 501 (c) (e) and e.g. footnote that WHO would consider us an NGO, if registered in the UK we’d be a charity, etc.

D/ In practical terms: WFPI outreach affiliation – criteria, process

AD: At some point we do need to draw a line between ourselves and projects we are not bolted on to. This is not to caste a value judgement on these latter, but if we count all and any pediatric imaging outreach initiative as WFPI-affiliated we will sink! “Mission drift” is damaging for organizational momentum and efficient, transparent governance.

Suggested way forward: **affiliation entails satisfactory compliance with our guidelines, here**

<http://www.wfpiweb.org/OUTREACH/Projectapproval.aspx>. These guidelines are broad-brush, but experience suggests that it is not possible to cover every eventuality. **Case by case considerations will always be needed.** They should, however, provide a framework for fair and transparent deliberations.

In summary, projects submitted for affiliation reflect:

- ⇒ Pediatric image needs regardless of race, politics, religion etc.
- ⇒ WFPI’s geographical spread
- ⇒ WFPI’s strategic priorities as discussed above
- ⇒ WFPI’s bolt-on, cross-regional approach. [This does not mean purely regional or national projects are “sub-standard”. But they are off-scope for WFPI which has an institutional obligation to show meaningful cross-regional federation.]
- ⇒ Individuals who (i) identify the project via first hand knowledge and (ii) drive it forward over time (fly in, fly out projects generate too many concerns in terms of impact). Dropping ideas on WFPI and expecting the

Outreach Leader and staff to get on with them does amount to foisting work onto a limited resource base, and above all compromises outcome. E.g. IGICH at the outset. Personal connections and knowledge are key.

⇒ Institutional buy-in, from onsite imaging staff and preferably facility management. Avoid the IGICH start-up difficulties, our failure to start-up in Liberia, etc.

⇒ Onsite teaching delivery from physicians in the region wherever possible – e.g. AOSPR physicians for Cambodia

⇒ External benchmarks to measure “radiology readiness”

⇒ No specific focus on war zones

⇒ Either a bolt-on role for WFPI or complete ownership of the project – rare, mostly tele-reading.

To note: if a project is **not affiliated but supported by a member organization** we can happily give it visibility via this webpage <http://www.wfpiweb.org/EDUCATION/MemberOrganizationsInitiatives.aspx>

TC: All societies need to look at these guidelines: **do they fit in with their expectations?** Answer AOSPR’s questions? Ensure fairness and transparency? AOSPR: not many projects yet, SLARP: not aware of projects, AfSPI: would love to get projects going – does the bolt-on approach fit OK with AfSPI’s aspirations?

Suggested process:

⇒ Proposals for outreach project affiliation with WFPI are submitted to WFPI's Outreach Leader and the Executive Committee of WFPI's governing Council for consideration.

⇒ Upon hearing the Outreach Leader's point of view, the Executive Committee (composed of cross-regional, cross-society representatives), takes the final decision to approve (or not) WFPI affiliation by a simple majority vote of ExCom members present at the ExCom meeting at which the proposal was presented.

⇒ Approval will hinge upon alignment with the points set out below AND WFPI's own resources/capacity to contribute.

⇒ When a project has the potential to be particularly demanding or politically charged, the Executive Committee can consult the full Council before moving to a vote.

To note:

○ applications can be succinct and circulated to by mail before an ExCom meeting. If there is unanimous agreement, no lengthy discussion required.

○ We should probably not expect many. The need for individual, long-term investment from a pediatric radiologist to drive the project forward often proves too demanding

E/ Outreach funding

RJN: agree with most of the guidelines set out. Not the real discussion in the ESPR. The confusion is on the financial aspects. **Does WFPI fund? Or just non-financial affiliation?**

IB: Budget limited but could put funds aside. But it will disappear in the blink of an eye. Facilitation and affiliation are already significant – look how much the Maputo overlap would have benefitted from prior discussion and coordination! Affiliation = ACTIVE participation and sharing knowledge.

RJN: Totally agree. Not asking that WFPI becomes a donor. But in the past, society members in Europe did think that WFPI would fund projects. We must be CLEAR: communication and collaboration is our primary role, explain what concretely this achieves.

IB: Funding HAS been allocated to specific projects– online videos for the website, e.g. These reach the whole world, meaningful for all. Channel efforts into making them.

RJN: Agree.

AD: Devil’s advocate: think WFPI **should** put money aside for outreach – as we did for the teaching trip for Malawi (bolt on to Imaging the World)

- Expectations are so wide here, almost impossible to dash
- Adds substance to our work, also great for visibility
- Helps fund raising. Everyone now seems to agree that staff support has added value and is worth funding if possible, but it is an **invisible benefit for the “outside world”**. If it's the only thing we raise funds for, we may get into trouble....

The main difficulties with putting funding aside:

- raising it (though can allocate it year by year depending on financial situation) and
- governance – demanding in terms of time, transparent process, choosing/refusing can be painful...

What it would entail:

- ⇒ Defining the annual amount to set aside
- ⇒ Setting up a selection committee
- ⇒ Defining the application process and reciprocal requirements (reporting, logo use etc.)
- ⇒ Incorporating the admin. This WILL up time spent on WFPI admin – watch the 15 :85 ratio !! But justified?

Includes:

- Circulating application process and deadline(s)
- compiling applications, forwarding them to the selection committee
- checking potential recipient status
- upon award, securing bank account information, responding to transfer queries (national regulations regarding international transfers, bank access codes, IBAN/SWIFT issues, wire charges, account holder specifications, etc.)
- securing recipients' reports within the given timelines, circulating them
- checking presentation of recipient expenditures, processing the accounts

CAUTION : ALL THIS BECOMES FAR, FAR MORE COMPLICATED IF FUNDING ALLOCATIONS ARE EXTENDED TO NON-WFPI AFFILIATED PROJECTS

TC: need to get all regional thoughts/representation/input before take a position.

E/ Wrap up

IB: Think about the points that emerge in the minutes, answer the questions – they are critical to WFPI's momentum and governance. Keep moving forward - **aim to have an EXCOM position on them for Graz leadership and Annual Members' meetings.**

Meeting adjourned. Next EXCOM meeting: Thursday 7th May.