

The Society of Radiographers of South Africa (SORSA)

National Newsletter



June 2006

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Notes from the compiler

The 2006 SORSA newsletter captures the professional roles of the radiographer in a dynamic and changing environment. It also reflects the empowerment of radiographers as they take on an array of responsibilities in the profession. As the Education Representative of SORSA, I am particularly proud of all the radiographers who are advancing their studies and by doing so, are strengthening our profession. The national president of SORSA, Aladdin Speelman in his message highlights this fact by encouraging radiographers to use every opportunity in engaging in research activities.

I wish you a fruitful time while engaging with the contributions from a number of radiographers. Thank you to each contributor.

Hesta Friedrich-Nel
06 June 2006

1. MESSAGE FROM THE NATIONAL PRESIDENT

Dear Colleagues

The Society of Radiographers of South Africa (SORSA) will, in conjunction with the ISRRT, hold two congresses of note in the next two years. These are the International Congress of Radiology (2006) to be held at the Cape Town International Convention Centre and the ISRRT 2008 World Congress to be held at the Durban International Convention Centre. The opportunity granted to host the 2008 World Congress is a major mile stone achieved by SORSA, as a congress of this nature is hosted on different continents every two years with very competitive bidding prevalent between countries. This will be the first international congress ever hosted in Africa. All radiographers are therefore invited to support both congresses, as it will inform members about state of the art technology, advanced practices and academic matters related to Radiography. It is further an opportunity for radiographers to engage, and thus establishing networks with professionals from all over the world, which can only be of benefit to the profession. Members will also be able to obtain a number of CPD points, which will be of use towards the new CPD cycle starting in 2007.

Encouraging seeing is the steady increase in the number of radiographers, many of whom are proud members of the society, obtaining masters and doctoral degrees on very topical and challenging issues. Radiography has in terms of research, by far not reach saturation yet. All radiographers are encouraged to engage in either active research or partake in the general surge of professional enrichment currently evident in our profession. This professional development is especially important in the light of Radiography education, at a national level, becoming a four year degree programme in the near future.

SORSA is further inviting non-members to join, and thereby share their professional expertise with colleagues, which can only strengthen the society and the profession as a whole. Your support and participation at branch level, will allow SORSA to continue fostering the interest of radiographers in South Africa. SORSA being the only professional association for radiographers is only as strong as its members.

Aladdin Speelman, President of the National Council (2006/2007).

2. SUMMARY OF THE NATIONAL COUNCIL MEETING 1/2006 Held on 21 APRIL 2006 at the PREMIER CONFERENCE CENTRE, JOHANNESBURG INTERNATIONAL AIRPORT, JOHANNESBURG

1. President of the Society of Radiographers

Mr Aladdin Speelman was inaugurated as the new President of the Society of Radiographers by the outgoing president, Mrs Jenny Motto.

2. Theme for 2006

The theme for 2006 is Professionalism in Radiography.

3. Society Addresses

- The e-mail address for the Society at the Administrative Office in Cape Town is Sorsa.admin@iafrica.com. The Web Page address is www.sorsa.org.za

4. **Membership Subscription fees for 2006**

Ordinary Members	R 190.00
Student / Associate Members	R 95.00
Institutional Members	R 380.00

5. **Joining Fee for Students**

The joining fee for students has been officially re-instated. In September 2004 it was decided by National Council that the students need not pay a joining fee but this was only a once-off subsidy.

6. **National Newsletter**

The 2006 national newsletter will be distributed in July 2006.

7. **Awards and Grants for members**

The closing date for financial assistance from all the Society's funds is 30 June each year.

8. **Professional Board for Radiography and Clinical Technology**

Private Practice for Radiographers in Ultrasound, Radiotherapy and Nuclear Medicine has been discussed by the Professional Board, HPCSA and the outcome is still awaited.

9. **Community Service**

There is a delay at the HPCSA in the registration of radiographers after completing their community service and some hospitals will not employ these radiographers without proof of registration. The problem will be investigated with the HPCSA.

10. **Conditions of Service / Scarce Skills / Rural Allowance / Uniform Allowance**

There is still no official response to the letter written to the Department of Health regarding these allowances. A letter is to be written to the Minister of Health to address these issues.

11. **Safety of Radiographers in the Workplace**

Radiographers are being assaulted in the workplace.

Radiographers must:

- know their legal rights especially in such circumstances - there are Acts in place which state your legal rights (Act 61 of 2003)
- file a civil claim if necessary
- take such problems to the unions
- Injured on Duty procedures must be followed in such cases

12. **Continuing Professional Development**

The current CPD system remains in place until the new CPD system has been approved by the HPCSA Council.

13. **CPD Activities offered by e-CPDS**

It was reported that e-CPDSA is offering free CPD activities to SORSA members. Please note that this information is not correct. **The correct information is that subscribers to the e-CPDSA website will be able to do**

the CPD activities is free. AND the SA Radiographers Journal CPD activities are free to the SORSA members, Certificates included.

14. Future congresses / seminars / workshops

- 10 – 14 June 2006 14th ISRRT World Congress – Denver, USA
- 13 – 15 September 2006 ICR Congress - Cape Town www.isr2006.co.za
- 24 – 27 April 2008 15th ISRRT World Congress - Durban

15. Next Congress

The Society of Radiographers of SA will be hosting the radiographic component, on behalf of the ISRRT, of the proposed International Congress of Radiology (ICR) to be held from 13 – 15 September 2006 in Cape Town. The provisional programme is available on www.isr2006.co.za

16. ISRRT 2008 World Congress

15th ISRRT World Congress will be held in Durban from 24 – 27 April 2008

17. Date of the next meeting

Monday and Tuesday, 11 and 12 September 2006, Administrative Office, Cape Town

18. Deadline for Agenda items

1 August 2006

Summary compiled by W. Bower

3. SORSA WEBSITE (www.sorsa.org.za)

This must be one of the most important websites for all Radiographers. The Society of Radiographers of South Africa's website is now running for almost 4 years. This website contains valuable information regarding the work and plans of SORSA.

The website is serving as an information site that is assessable for all people, regardless whether you are a member of SORSA or not. Information on the latest Seminars and Congresses are available as well as the appropriate documentation you need to attend or get more information on.

Opening the Society's website, you will see a number of shortcuts contained on this site. This include for example a list of all the branches and contact persons, forms for download and my personal favourite, the links to other radiography related websites.

SORSA wishes that you will find this website helpful and useful as we will continue to strive for a better profession for all Radiographers.

Should you have any comments or recommendations on the website, you are kindly invited to send an e-mail to sorsa.admin@iafrica.com.

Yvette Hechter

4. REPORT ON VISIT TO TANZANIA

The papers presented at the PACORI conference varied and were presented by radiographers, educators and radiologists. Some papers were very good, while others were fair. Quite a few research projects done by radiologists and radiographers together were also presented.

Ultrasound items featured a great deal on the programme. The Ultrasound training in Kenya, Tanzania, and Uganda is done post diploma. It is receiving a lot of attention to ensure that adequate training is given. Courses are being extended to a year but do not include all “modalities”. Links with the Thomas Jefferson University and the radiologist that are responsible for the training is strong.

Their curricula are outcome based and they are innovative in terms of assessments although resources are limited. A lot of collaboration with overseas Universities has taken place to ensure their curricula are up to international standards.

Most modalities are covered and CT is available in many of the centres (in the above countries) but there is only one MRI in Tanzania at present. Installations in rural areas are taking on a new dimension- fully digital, film-less with teleradiography – quite an interesting mind shift.

After the congress I had a meeting with the Head’s of Department from the Universities of Dar Es Salaam and Nairobi (Mr Ndalele and Mr Odidi respectively) to establish the foundation and feasibility of establishing a collaborative agreement to offer the B.Tech (D) on a shared responsibility system. A proposal will be submitted to the respective heads and to the committee dealing with these agreements in the University of Johannesburg.

All courses run in the above countries are three year diplomas or degrees. No early exits are offered. Pattern recognition is considered a priority and even an assistant radiologist has been muted. Even though their equipment may not be the state of the art everywhere there standard appears to be good, and their enthusiasm to upgrade standards is to be commended.

The highlight was to see that their educational strategies are international and their approach to equipping rural departments quite revolutionary.

Jenny Motto

5. REPORT ON FEASIBILITY WORKSHOP - PROFESSIONAL ROLE EXTENSION FOR RADIOGRPAHY

The Department of Health and Wellness Sciences, Radiography (Cape Peninsula University of Technology) hosted this workshop. The workshop was facilitated by Imelda Williams and based on her research. The rationale for the workshop was to assess:

- The feasibility of introducing role extension nationally;
- To identify the possible barriers;

- Exactly which professional role extension areas were most needed in South Africa;
- To plan a way forward based on the input and discussion emanating from the workshop.

The following invited speakers namely, Ms Greef, Ms Varies, Ms Peer, Ms Williams, Dr Tuft, Dr Engel-Hills, Ms V Thompson, Prof Benningfield, Dr Labuschagne, Ms Fortuin, Ms Motto, Ms Kekana, Dr M Hardy collectively gave an overview of a wide range of topics, perspectives, current practice, HPCSA legal requirements, ethics, survey on radiologists opinions as part of the research, staff shortages and the need for radiographers to do pattern recognition and image interpretation, modalities and disciplines that could be identified for extended roles.

Dr Maryann Hardy a consultant radiographer and senior lecturer at the University of Bradford UK as the guest speaker, gave an overview of how role extension had been introduced in the UK and the training necessary to undertake the tasks, responsibilities and accountability associated with role extension. The extended roles in the UK that are presently available to train for are:

IV injection introduced in 1980

Barium Enemas introduced in 1995

Barium meals introduced in 1995

Image interpretation/ Reporting introduced in 1992.

Total consensus reached at the workshop was, however that comprehensive education and training was essential if role extension was undertaken as the accountability by the radiographer for his/her actions was an imperative.

A task team was appointed to address role extension at a national level. The following persons were nominated:

I Williams (convenor), R. Boshoff (Therapy), F Isaacs (Ultrasound), J Motto (SORSA), F Peer (Nuclear Medicine), Z Fortuin, S Loff, G Bowie and V Thompson (Clinical), M Kekana (HPCSA).

Areas that need to be investigated are:

Potential threats, overlapping of scopes of practice within the medical professional groups, research on the “red dot” systems” as it is currently implemented in the Western Cape, posts structures, incentives and career paths to accommodate those radiographers who ultimately qualify to extend their roles, accredited courses for role extension.

The stakeholders that would need to be involved in the way forward would be amongst others the Department of Health, Higher Education Institutions, radiologists, HPCSA, hospitals currently using the “red dot” system and SORSA.

In conclusion it was agreed that it is feasible to extend the professional role of radiographers provided adequate training is undertaken.

Jenny Motto

6. RADIOGRAPHY EDUCATION: FOLLOW-UP ON THE WAY FORWARD

The Radiography and Clinical Technology Standard Generating Body (SGB) met on Wednesday 29 March 2006 at the Johannesburg International airport. The meeting was chaired by Ms M Kekana (Chairperson of the Board). Representatives from both professions as well as M Kelly from SAQA and a lawyer from the Dept. of Health (DOH) responsible for drafting qualifications in the government gazette were in attendance. The latter two persons gave presentations around their respective duties.

The following issues were discussed:

That registration of the new qualifications will have to follow a two pronged process – i.e. one where the qualification is submitted to meet the SAQA requirements and one where it is to go to the HPCSA for approval.

Hence the request that the SGB must table the new proposed qualification to the full board of the HPCSA. The reason is that SAQA will not approve the qualification if it was not endorsed by our Council (HPCSA). This process will indeed now be followed as the proposed qualification will be tabled at the next meeting of the HPCSA in May 2006.

The route that the qualifications will follow is as follow:

The SAQA route:

- Draft will be submitted to M. Kelly of SAQA, who will then forward it to the Deputy-Director of Higher Education for publishing in the government gazette and for placement on SAQA website for public comment.
- A consultative panel (which has replaced the NSB) will look at the document and will refer it to EXCO of SAQA (who meets every two months) or it will go back to the SGB if not satisfied.
- Once the authority has approved the qualification, it is registered provided it was approved by the Minister of Health.
- The qualification will then be placed on the qualification registry.
- Once the qualification is registered, Higher Educational Institutions can apply for accreditation from CHE and HPCSA to offer it according to regional needs.
- Educational institutions apply for re-curriculum from own academic board/ senate to offer the new programme.
- The time frame between draft to end product can be anything between 6 – 18 months. (SAQA route only)

The HPCSA route:

- HPCSA works with the minister of Health in order to promulgate qualifications.
- All prescribed qualifications for health have to be approved by ministry.
- No institutions can offer qualification until approved by Minister of Health.
- Prior to being approved, the qualification will have to be placed as draft in government gazette for public comment.
- If comments received, DOH will have to respond. If valid, a compromise will be reached, if not, comments will be rejected with due consideration.
- Once final the qualification will have to be scrutinized by 7 Chief-Directors of Health to ascertain whether their departments will be influenced by the new qualifications.

- Once they gave their stamp of approval, the minister of Health will then promulgate the new qualification.
- This process that can take a maximum of 4 years.

The deadline for submission of qualification has been extended to June 2009. Radiography will meet the 2006 deadline as most qualifications are now in their final stages with some minor changes suggested to the current format.

A lively discussion ensued around a proper name for the qualification. The proposed names are:

A Bachelor Degree:	Diagnostic Radiography
	Radiotherapy
	Nuclear Medicine Technology
	Ultrasound
(Designator)	(Qualifier)

Aladdin Speelman, SGB Representative for SORSA

7. CPD REPORT

CPD is compulsory for all radiographers but non-compliance cannot at this stage be enforced. The new system will start in January 2007 and all “credits” accumulated for 2005 and 2006 will count and each practitioner will be given 30 CEU’s to start with. Random audits will be done but compliance however will only be enforced once the non-clinical register has been approved and implemented by the HPCSA. The Society will be applying to the Professional Board for Radiography and Clinical Technology to be an accredited provider for CPD.

Jenny Motto

8. HPCSA’S RESTORATION FEES

The amended restoration fees appeared in the HPCSA SHOUT Newsletter for the Professional Board for Speech, Language and Hearing April 2006. The following is quoted from SHOUT “According to the amendment, the restoration fees payable by a practitioner if he/she applies for restoration of his or her name to the register within six months after erasure shall be equivalent to twice the applicable annual fee for the current year, as well as the outstanding fees. After a period of six months but within 12 months of the erasure date, the amount shall be equivalent to four times the applicable annual fee plus the outstanding fees. Those paying after more than 12 months from erasure date will pay five times the applicable annual fee for the current year plus the outstanding fees, if any”.

The moral of the story is: *DO NOT LET YOUR REGISTRATION WITH HPCSA LAPSE. IT IS ILLEGAL TO WORK IF YOU ARE NOT REGISTERED.*

Jenny Motto

9. MY BRUSSELS EXPERIENCE

On 9 September 2005 I flew off to the sunny skies of Brussels in Belgium to represent Netcare Parklands hospital at the 7th International Stereotactic Radiosurgery Society Congress. It was my first time abroad and I knew it would be an unforgettable experience. Brussels with its architectural charm and culinary specialties was the perfect setting for the congress.

It was a unique multi-disciplinary environment that allowed attendees from various countries to meet, elevate and share their knowledge in the field of radiosurgery. I got to meet the most reputable oncologists and neurosurgeons in the world. My knowledge in this perpetually evolving field of radiosurgery has really expanded. Attending the congress has given me the opportunity to assess our treatment techniques in South Africa and at Parklands in particular. I received great insight on treatment techniques and doses used in other centres around the world. I realized that we are definitely in keeping with world standards and will be in the forefront of technology and radiosurgery with the new radiotherapy machine soon to be installed at Parklands hospital.

The congress was also graced with the presence of Her Majesty, Queen Fabiola of Belgium. My trip was an exceptionally enlightening and knowledgeable one and I thank Netcare for this unforgettable experience.

Prea Naidoo, Radiotherapy Department, Parklands Hospital

10. ADVANCES IN RADIOTHERAPY

10.1 Taking a look into the future

The progress made in the field of radiotherapy has been astounding over the last 10 years. Many of us have studied and worked in the era of C-arms; SSD fields; broad beam algorithms and 2D planning.

To optimize dose to tumour volumes and minimize dose to normal tissue, leading to improved local control with less late side effects, 3D conformal R/T was developed, where the planning is done using transverse cuts of the treatment area.

This has evolved to Intensity Modulated Radiotherapy (IMRT) for specific cancers, where 3D conformal is not optimal, e.g. nasopharyngeal fields, where the sparing of the spinal cord and salivary glands are not to be compromised when quality of life is considered.

The utilizing of custom made alloy blocks has been replaced by Multi leaf collimators, to shape fields and spare normal tissue. This is also in constant upgrading and the 160 leaf is already in the testing phase.

The smaller the tumour volumes are drawn, the more important the imaging becomes for the planning as well as for the treatment. For the treatment planning, the norm has become doing CT scans to have a perfect representative volume of the patient area. It is also daily practice to do MRI studies, which can be fused with the CT images for optimal pathological images, demonstrating bones, soft tissues

and abnormalities. It has also become a reality to fuse PET images for demonstration of the physiology of the tumour cells.

The external daily set-up differences can be monitored with electronic portal imaging devices, to correct for errors and ensure precise daily set-up according to the planning position. These devices have continually been upgraded to be hypersensitive to Megavoltage beams and results in very good quality X-rays. The latest being the conebeam modality, incorporated into the Linac for the construction of coronal and sagittal kV images by means of a few CT slices. This process has evolved to being digital, from the planning computer, to the simulator to the Linac, with the result that X-ray films have become redundant.

Because it is of the utmost importance to be able to track the internal movement of organs when delivering single fraction stereotaxis for specific brain lesions or IGRT, tracking systems have been developed which aligns the photon beam with fiducial markers, implanted in the patient, to precisely and constantly align the treatment fields.

With regards to treatment of lung lesions and any volume in the thorax, where the movement is caused by breathing, it is now possible to gate the Linac for the radiation to coincide with a specific phase of breathing.

Even the calculation algorithms have evolved from the broad beam to the pencil beam, the convolution models and now all the vendors are striving to get the Monte Carlo mode operational on their treatment planning computers, which is a dream come true for many a physicist.

Intra-operative Radiotherapy, delivering a single high dose of radiotherapy with electrons which minimizes the dose to the adjacent tissues, has become a reality for breast cancer treatment in South Africa. Real-time implants of Palladium or iodine seeds into the prostate also delivering ultra high doses to the prostate and minimizing dose to the urethra and rectum, ensures better local control of the tumour with improved quality of life for the cancer considered to be the second highest killer of men in the developed countries.

This new technology is accompanied by a huge responsibility in using it wisely to the benefit of our patients. In South Africa we are moving slowly but surely onto using this brand new technology. The benefit to our patients is increased survival rates as well as improvement in quality of life.

One consolation is that this technology is rather expensive and requires extensive research into the optimal and safe use thereof. Therefore it may perhaps be a while before we at the southern tip of Africa tread very lightly where angels fear to go.

Maryna van der Westhuizen, Head of Radiotherapy, GVI Oncology

10.2 Advances in Radiotherapy – Equipment and Techniques

In the 2005/2006 financial year, Tygerberg Hospital has spent R54 million on new equipment. The largest item at a cost of about R15.2 million, was a multi-modality linear accelerator with multi-leaf collimation, two X-ray energies and eight electron

energies. This must be compared to the financial outlay for new equipment during the previous five years that was a total of only R100 million.

After many years when minimal old equipment was replaced, it has been a steep learning curve for the radiographers to become conversant with a new digital simulator (2004), brachytherapy after-loader (2005), virtual simulation workstation, Brachyvision brachytherapy TPS, linear accelerator and two computer planning workstations (2006).

This has put a tremendous workload on the radiographers because they all have to learn to operate the new equipment. Previously all radiographers rotated through the department and maintained a good knowledge of all the equipment. However this new advanced technology demands a dedicated radiographer on each unit who can use the equipment to its full potential.

New techniques utilised in the department are:

- CT-MRI fusion;
- Brachytherapy treatment planning with integrated dwell position optimisation;
- In vivo dosimetry for the bladder and rectum during intra-cavitary brachytherapy;
- Connecting our planning computer and workstation to the MRI, 2 CT scanners and the simulator is the first step to having all our equipment linked and moving into a paper free department;
- The arrival of the new a multi-modality linear accelerator with multi-leaf collimation is a first for this department and presents a welcomed challenge;
- As a labour saving measure for our Mould Room technicians, we are converting from the conventional Acrilan ultra high impact sheets to a thermoplastic immobilisation system on all treatment units.

Sally Seier, Tygerberg Hospital, Radiotherapy Representative, Bellville Branch

11. RADIOGRAPHERS IN RESEARCH AND HIGHER EDUCATION

At the recent regional conference of the South Association for Health Educationalists (SAAHE) held on 19 and 20 March 2006 at the University of Western Cape, Cape Town, we bumped into a *healthy radiography representation*. Five of the radiographers presented their research at the conference, namely Penelope Engel-Hills, Geraldine Philotheou, Polly Davidson, Saretha Brüssow and Hesta Friedrich-Nel. If this becomes a trend in Radiography, then the future of the Radiography profession is challenging, exciting, healthy and secure.

We also want to congratulate Penelope Engel-Hills on obtaining the D. Tech. (Radiography) at CPUT. We believe that Fozy Peer has recently qualified for her doctorate. Dr Engel-Hills and Doctorandus Peer, the radiographers in South Africa are proud of you!

On the picture are

From front left to right

Geraldine Philotheou, Lizel Hudson, Rashid Mruma (Tanzania), Valdiela Darries, Everest Katungwansi (Uganda)

Back Left to Right

James Ukpong (Nigeria), Bridget Wyrley-Birch, Penelope Engel-Hills, Imelda Williams, Gabriel Okaku (Nigeria), Hesta Friedrich-Nel, Polly Davidson, Saaiga Ismail.



Hesta Friedrich-Nel

12. INTERESTING FACTS ABOUT PRIVATE PRACTICE FOR RADIOGRAPHERS

- Radiographers may operate independently in private practice.
- The Radiographer may claim for services rendered from the medical aids directly.
- Guidelines for fees are set by the BHF.
- The first step is to register a private practice at the BHF to receive a unique practice number.
- There are special conditions for instance: a Radiographer may not administer contrast media or claim when a Radiologist is present.
- Our main scope is Cardio and Theatre.

Belinda van der Merwe, Bloemfontein

13. FUTURE EVENTS

13.1 Next SORSA Congress

SORSA have agreed to host the radiographic component of the International Congress of Radiology (ICR) on behalf of the ISRRT, from 12 – 15 September 2006 in Cape Town. Check details on www.isr2006.co.za .

A dedicated tract will be available for radiographic issues, however radiographers are welcome to attend **any/all of the scientific sessions and social functions**. There will be 9 tracts/parallel sessions throughout the congress.

A reduced registration fee has been negotiated for radiographers. Although the registration fee for radiographers will be substantially less than that for radiologists, radiographers will be treated as full participants.

Fozy Peer
ISRRT representative

13.2 Other events

- 13 – 15 September 2006 International Congress of Radiology - Cape Town
www.isr2006.co.za / 2006 SA Radiographer 44(1).22
- 24 – 27 April 2008 15th ISRRT World Congress - Durban

14. NEWS FROM THE BRANCHES

14.1 Bellville

14.1.1 Contact details

CHAIRPERSON	SECRETARY	NATIONAL COUNCIL
Mrs R Griffiths Tel 021-9385149	Ms D Thompson Tel 021-9385149	Ms I Mintoor Tel 021-9385863 Fax 021-9385903

14.1.2 News

When Mr Speelman was approached to represent Bellville Branch on National Council, he was told that he would be the Society's first male president one day. What started off as a "joke", became a reality in 2006. With much pride and joy, we congratulate Aladdin on this achievement. Aladdin, we wish you a successful term of office and assure you of our full support as friends and colleagues.

14.1.3 Academic

Gone are the days that people referred to radiographers as "button-pushers". Radiographers face many challenges in a rapidly-changing technological world. Role extension is a term we will have to acquaint ourselves with. Needless to say that we need to be empowered and equipped to live up to these challenges!

Mr Speelman identified a need in CT and took the initiative to design a post-graduate CT course (the first of its kind in South Africa). After a lot of hard work, the course has been approved. This has led to the registration of the first students in February this year. We hope and trust that more radiographers will register next year. We wish them well!

Another former branch committee member, Mrs I Williams, has done us proud by completing her Masters Degree in the UK in 2005. Well done Imelda! When you hear her name, I think the first thing that comes to mind, is "Pattern

Recognition". It is clear that she will be playing a vital role in extending the scope of radiographers. We really appreciate her willingness to share her knowledge and contribution to our CPD activities.

Currently two pilot studies are being conducted in the Western Cape, namely:

- 1) Radiographers at Paarl Hospital are attending Pattern Recognition sessions of the Musculo-Skeletal System. After a specific period, they will be asked to report on Musculo-Skeletal examinations. Their reports will then be compared to those of the radiologists.
- 2) The Pulmonology department at UCT is involved in the second study; where the focus is on the chest. The Chief Radiographers from Paarl – and Eben Donges Hospitals as well as Imelda, attend reporting sessions at this institution.

This is just a very brief summary of developments on Pattern Recognition. We wish them the best of luck. Mrs Williams will keep us posted.

14.1.4 Third year recruitment drive

Ever since I attended the 16th National Congress of SOR in Port Elizabeth, I was shocked to find out that the majority of the delegates were non-members. The society is such an important body that not only promotes Radiography as a career, but also forms a vital link with other professions and assists radiographers with much needed information about various aspects of our career.

It is just astounding to me that a radiographer would choose not to be a member of the Society. The voice of the Society could weaken and even cease to exist if we don't make an effort to recruit more members. We need a 51% membership in order for us to gain a seat in the bargaining chambers. Currently, we as radiographers need to rely on other professions to speak on our behalf at National level.

It is with this thought in mind that I have decided to go on a recruitment drive of 3rd year students in December this year, just before they start their careers as qualified radiographers. Many students don't know what the Society is really about and what we stand for. I have undertaken to inform them and hopefully recruit them. Should this drive prove to be successful, I will personally see that it takes place every year and maybe it will motivate the other branches to follow in our footsteps.

J Palmer, Community Health Representative

14.2 Bloemfontein

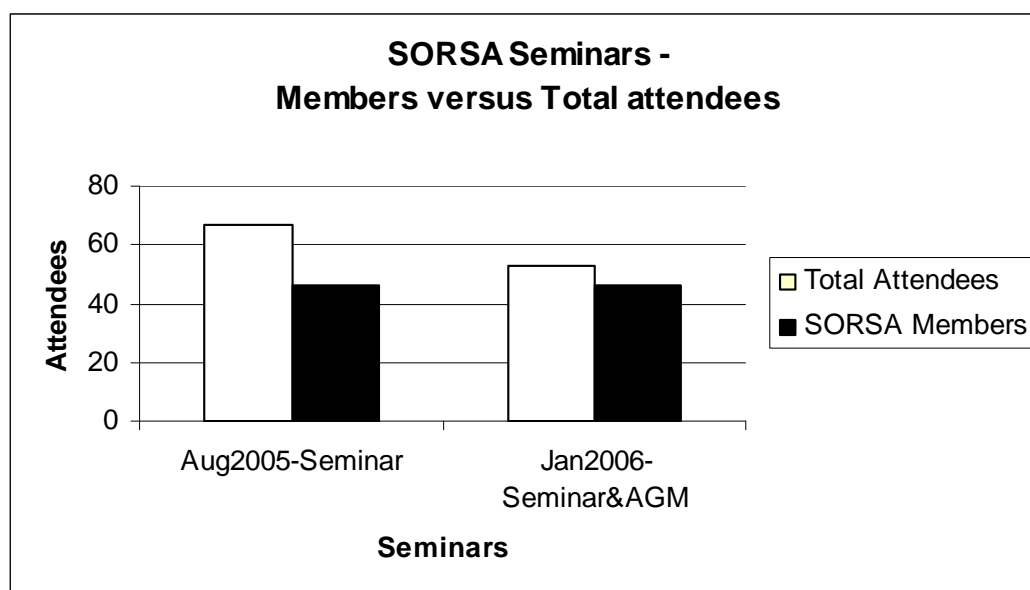
14.2.1 Contact details

CHAIRPERSON	SECRETARY	NATIONAL COUNCIL
Mrs S Brüssow sbrussow@cut.ac.za Tel: 051 507 3267 Fax: 051 507 3354	Mrs A Grundling antoINETTE.grundling20 04@tiscali.co.za Tel: 051 5221963(w) Fax: 051 5224226(w)	Mrs C Meyer Gndrcm.MD@mail.uovs. ac.za 051 405 3586/3468

14.2.2 News

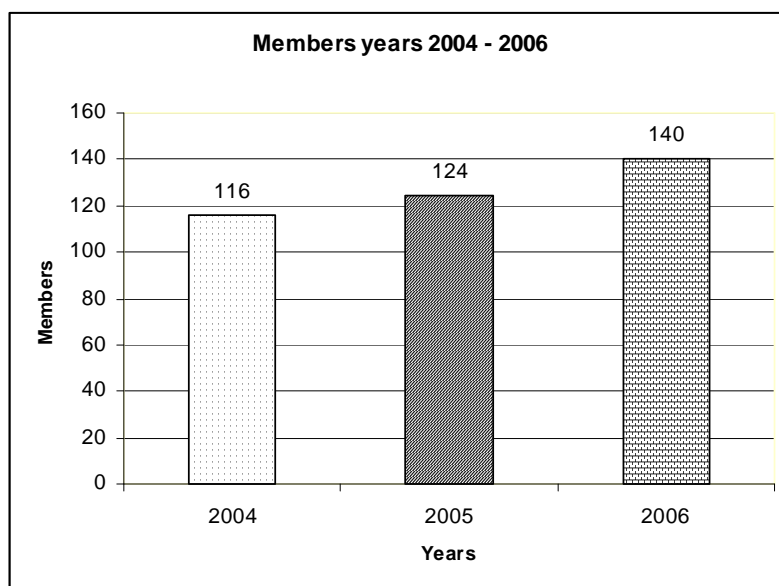
It becomes a tradition to schedule four CPD morning seminars for radiographers in Bloemfontein. The third seminar for 2006 will be organised on 19 August 2006 by the branch and the last by the Radiography Programme at the Central University of Technology. Free State (CUT) on 21 October 2006. The first seminar for 2006, organised by the SORSA Bloemfontein Branch, was held together with the AGM in January and the second organised by CUT on 13 May. Both the events was well attended.

The following figure shows the attendance of members versus the total attendees for the last two seminars organised by the Bloemfontein branch.



The Bloemfontein branch is proud of the growth in membership during 2005 and 2006. We hope we can improve the trend in 2007. Membership is still small, when compared with the total registered DR's (HPCSA-registrations with DR-numbers) in the Free State, which are 500 radiographers.

The following figure shows the upward trend in membership at our branch.



All correspondence from the National Council, like branch newsletters and minutes are scanned and is available for the branch committee members with the agenda and minutes of the branch's own agenda and minutes on the Bloemfontein radiography website <http://www.radiography.org.za>. A program and a registration form for morning seminars are also available on the website for Bloemfontein radiographers.

A new 16 slice CT-scanner was installed at a private practice in Bloemfontein and there are plans to install a PET-scanner in 2007. Society members of the Bloemfontein branch already requested the CUT to include new developments in nuclear medicine in their curriculum.

If the total CPD-points or CEU's necessary to practise as a radiographer are 30 points a year, it will be more than worthwhile to be a member of the Society in the Free State. A member will receive two SA Radiographer journals per year. In addition the four morning seminars will be fifty percent cheaper for members. It is possible to earn between eighteen and twenty-two CEU's with journals and seminars. If one subscribe to e-CPDSA on their internet website <http://www.ecpda.co.za>, all CEU's contributed to the site for radiography, through the society, will be free of charge for Society members. Nearly all the reading and answer contributions for diagnostic radiography, therapy, nuclear medicine and ultrasound were made by a Bloemfontein branch member, Mrs S Brüssow.

Antoinette Grundling, Secretary Bloemfontein

14.3 Cape Town

14.3.1 Contact details

Use Wendy Bower e-mail	wbower@pgwc.gov.za
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14.4 Johannesburg

14.4.1 Contact details

CHAIRPERSON	SECRETARY	NATIONAL COUNCIL
Fiona Christelis 0114503343h 0116407612w 0116407689fax 0834148640	Carole Francis 0119184534h 0118128367w 0118173525fax 0824570856 carolefrancis@worldon line.co.za	Carolyn Reddell 011-7631372 h. 011-9516075 w. 011-9516043fax 0731866186 cereddekk@webmail.co.za

14.4.2 News

On the 13th May we hosted a successful morning seminar which included a sumptuous brunch at the Sunnyside Park hotel. One hundred and fifty delegates registered and feedback was very favourable. Topics included in the programme were:

- Tsunami Related Victim I.D.
- Basic Oncology
- Service Delivery – Oncology
- CT of the Eye

A highlight of the seminar was the announcement of the names of six lucky radiographers who had applied for sponsorship to the Cape Town Congress. They each received a cheque to cover the cost of their registration fee. Congratulations, enjoy the congress and thank you for being such loyal members of the Society of Radiographers.

Carole Francis

14.4.3 Tribute to Razia Rehman (120150 – 190306)

Razia commenced her radiography career in 1968. She was one of the first groups of Indian/Coloured student Radiographers to be trained at Coronation Hospital. Academically, a great achiever, she attained the highest Physics mark nationally, when qualifying in her final year. I can recall her in-service training to myself and fellow colleagues on the mobile units, a very technical demonstration! Razia worked until her last day of departure from her work. A committed, dedicated and loyal staff member to the Department of Health, right to the end. Yet in her time of need they failed her in not addressing her medical boarding, which she accepted as she respected the vision of the Department of Health 'A Better Life for All.'

She returned to Coronation Hospital in 1987. Her commitment to her career and the care of her patients a legacy she left for all of us to continue with. She was unable to enjoy the pleasure of staying at home and lived for her children and grandchild. Razia struggled day in and day out with her pains increasing but her commitment to her work was what kept her going. Her work was therapeutic to her and also a sanctuary for her to go to daily. Though in poor health she did her utmost to assist and perform her duties.

Three years ago she managed to perform her pilgrimage to Mecca for which we are very grateful to the Almighty God.

Though on high doses of medication, she often contributed to departmental activities with valuable ideas. She had a sharp mind and a vast general knowledge.

We accept the Almighty's will and although we are saddened by her loss we are humble and grateful for having known Razia and interacting with her in our place of work.

Her family can take comfort in the knowledge that Razia has left her mark on the lives of many. Lessons to learn: "Take everyday as if tomorrow may never be."

Salma Patel, A.D. Radiography

14.5 KwaZulu-Natal

14.5.1 Contact details

Loganee Moodley	bavanig@adh.kzntl.gov.za
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14.6 Port Elizabeth and East London

14.6.1 Contact details

Antoinette Edwards	sorsa_pe@telkomsa.net
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14.6.2 Dates for seminars

Port Elizabeth Branch

Date : 5 August 2006

Venue : Livingstone Hospital Resource Centre, Port Elizabeth

East London Branch

Date : 18 November 2006

Venue : East London Health Resource Centre

14.7 Pretoria

14.7.1 Contact details

Amanda van Rooyen	amandavanrooyen@webmail.co.za
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14.8. Admin Office

14.8.1 Contact details

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15. THE ENRICHMENT CORNER

15.1 Small enough

The naturalist *William Beebe* tells of visits he made to *Theodore Roosevelt*, another naturalist. After an evening's talk in Roosevelt's home at Sagamore Hill, the two men would go out on the lawn and gaze up at the sky and see who first could detect the faint spot of light-mist beyond the lower left-hand corner of the great square of Pegasus, and then one or the other would recite: That is the spiral galaxy of Andromeda. It is as large as our milky way. It is one of a hundred million galaxies. It is 750 000 light-years away. It consist of one hundred billion suns, each larger then our sun. After an interval Beebe reports Mr. Roosevelt would grin and say: "Now, I think we are small enough, let's go to bed"(Henry Coffin).

Albert Einstein, when asked to describe radio, replied: "You see, wire telegraph is a kind of a very, very long cat. You pull his tail in New York and his head is moving in Los Angeles. Do you understand this? And radio operates exactly the same way: you send signals here, they receive them there. The only difference is that there is no cat."

15.2 Now that I'm older here is what I have discovered:

1. My wild oats have turned into prunes and All Bran.
2. Now that I finally got my head together, my body is falling apart.
3. Funny I don't remember being absent minded.
4. All reports in life is now officially unfair.
5. If all is not lost where is it?
6. It is hard to make a comeback if you haven't been anywhere.

15.3 The Senility Prayer

God, grant me the senility to forget the people I never liked anyway,
The good fortune to run into the ones that I do,
And the eyesight to tell the difference.

Belinda van der Merwe
Bloemfontein

*Newsletter compiled by Hesta Friedrich-Nel
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