

Association internationale sans but lucratif

International non-profit organisation

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NEWSLETTER

ISSUE II - 2018

Brussels, March 26, 2018

Dear Delegates,

On behalf of the Bureau of the Section, please find your copy of the periodical Newsletter. This second issue of 2018 will be almost entirely dedicated to the outcomes of the last European Congress of Radiology held in Vienna, February 28 - March 04, 2018 and to the most relevant UEMS meetings organised alongside the Congress, including the ESR-UEMS Joint Session and the meeting of the Section. This last edition attracted 28.474 delegates (compared to 26.829 of 2017) from 137 different countries. In the top three of congress attendees: Germany, Austria and Italy.



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During the Congress, the Section has been granted a booth in the International Village,

which has been the occasion to increase our visibility and to distribute the newly designed

promotional material. More than 500 visitors have been provided with information on the

UEMS, on our European projects, the educational and training programmes and some life

facts of the internal Divisions.

In conclusion, I wish to remind you that the subscription fees of the Section and of the

Neuroradiology Division for the current year are past due and that the good standing is

a prerequisite to cast a valid vote at the Fall Meetings of 2018. On behalf of Prof. Paolo

Ricci and of the Executive Bureau, I would like to thank you once again for your support

to the life of the Section.

With warmest regards,

Francesco

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ESR & UEMS: a strong common voice for radiology

The ESR-UEMS Joint Session took place on March 01, 2018 co-chaired by Prof. L. Bonomo - ESR Past President - and Dr. M. Adriaensen, member of the Executive Bureau of our Section. Prof. P. M. Parizel - Chairperson of ESR Board of Directors - and Dr. B. Maillet - UEMS Treasurer - kindly participated in the meeting and shared with the audience their considerations on the many similarities between ESR and UEMS. In addition, Prof. V. Sinitsyn from Russia gave a speech about the impact of EU policies on radiology and remarked how the alliance of the two organisations could only be a win-win situation, while Prof. L. Oleaga from Spain gave an interesting presentation on ESR *Clinical Audit Tool* following the implementation in February 218 of Euratom Directive 2013/59 which will mandate the regular use of clinical audit as a mechanism especially to review, at personal and departmental level, defined parameters, patient safety and radiation protection.



Dr. B. Maillet

As many of you already know, the UEMS was founded in 1958 and is the oldest European medical organisation. With a current membership of 39 national member associations, it comprises 43 different specialist sections and boards, 14 multidisciplinary joint committees and over 20 divisions, involving more than 1.6 million healthcare professionals. With more than 75.500 members from 157 different countries, the ESR - European Society of Radiology, created in 2005 by merging the European Congress of Radiology and the European Association of Radiology, is now the world's biggest radiological society.

Prof. Parizel highlighted that - despite their obvious differences in history and structure - both organisations share a common ideal of serving the healthcare needs of the general public supported by science, teaching and research and aim at improving the quality of care. Dr. Maillet thought a strong collaboration between ESR and UEMS, even extended to a common advocacy strategy at European level, will provide more power and visibility. Concretely, this has been realised through different joint projects such as the European Training Assessment Programme (ETAP), the Accreditation Council in Imaging (ACI) and the European Diploma in Radiology (EDiR).

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Prof. P. Ricci

A focal point of the Session was Prof. P. Ricci's speech on the working methodologies of the European Accreditation Council for Continuing Medical Education (EACCME) and ACI in the framework of Continuing Medical Education (CME) and Continuing Professional Development (CPD) programmes. "These initiatives are of great importance in structuring the organisational framework of continuing medical education in radiology throughout Europe, and they bear witness to the excellent relationship between the UEMS and the ESR" - emphasised Prof. Ricci, who is ACI Scientific Director. Unfortunately, the European Union has not yet demanded any mandatory system of CME/CPD in

spite of the fact that many member states have already created obligatory systems (e.g. in Italy and Germany up to 50 CME credits should be collected annually). Since a major concern of the UEMS has been the facilitation of accreditation of CME/CPD activities, EACCME sees itself as the central link between the National Accreditation Authorities, the UEMS Specialist Sections and Boards, the European Specialty Accreditation Boards (ESABs) and the Providers of CME activities. From the point of view of the providers, the accreditation process is less resource-consuming and easier since they do not have to apply to every National Accreditation Authority to have an event recognised in every country that recognises and accepts European CME "currency", namely the ECMEC's (stands for "European CME credits"). The approval from the accreditation authority of the country where the event takes place will be recognised by all the other European partners. But CME accreditation granted by the EACCME also provides a guarantee to participants from all over the world that the content of the CME provided is of a high quality, unbiased and didactic and, for European doctors, that this quality will be recognised in their home country. There are even agreements of mutual recognition in place with the US and Canada.

Being aware that accreditation systems in Europe are so different from one another, the Accreditation Council in Imaging has recently (July 2017) conducted a survey in an attempt to collect the relevant data on accreditation systems in Europe. According to the data received, the CME system has been introduced in 78,5% of European countries and has been indicated as mandatory by 64.7% of respondents. It is extremely important to specify - added Prof. Ricci - that 100% of ESR institutional member societies and 78.2% of individual ESR members from Europe would support mandatory CME. To

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conclude, one relevant tendency emerged from the survey, and it is that the unification of CME/CPD systems within Europe would be supported by the vast majority of respondents, which we shall consider the 'voice of European radiology' for the future.

Launch of ETAP 2.0 project

The ETAP - European Training Assessment Programme - was established in 2001 as the oldest example of collaboration between the Section and the forerunner of the European Society of Radiology. The aims of the programme were to improve and harmonise the standards of radiology training in Europe, to provide institutions offering postgraduate radiology education with objective assessment of their training programmes and to develop assessment systems and guidelines for use by postgraduate education authorities at a national level. The new edition ETAP 2.0 - now a partnership with EBR, European Board of Radiology - has turned physical assessment visits into virtual assessment with the aim to be recognised as a certificate of excellence and added value across Europe and beyond.



Prof. Parizel and Prof. Ricci sign the ETAP 2.0 agreement

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The steps to achieve the certification are the following: evaluation of the documentation, video & report, on-line interviews with the Head of Radiology Department, tutors of the residents, residents and different radiologists. Visited centres could be granted three levels of certification could be granted: silver, gold and platinum according to the results of assessment performed by the designated assessor and co-assessors. The Agreement has the duration of 1 year automatically renewable for 1 further year: it is free of charge for the Section and can be transformed into a source of income for the future. ETAP Terms & Conditions are visible at:

http://www.myebr.org/etap/apply-etap-assessment/#etap-terms-and-conditions

Meeting of the Section

The last meeting of our Section took place on March 03, 2018 at 13:30 with a very successful participation in terms of attendance, organisation and topics. Prof. Parizel and Dr. Maillet were very welcomed guests and gave a summary of the main topics already discussed in the Joint Session. ESR's most tangible sign of friendship and support is the free-of-charge website offered to the Section in lieu of the quite outdated current website. ESR IT department - explained A. Stipsits from ESR - is already at work with the support of the webmasters of Section and NR Division to be able to present the new website in the course of spring 2018.

The number of delegates involved in UEMS bodies (e.g. Multidisciplinary Joint Committees) is constantly increasing and all areas of interest for the radiology specialty have been covered: in addition, Dr. J.P. Joris - Secretary of the Section - is actively collaborating with ESR European & International Affairs department on monitoring European events and relevant topics on the Health Policy Platform, as already happened last year with the *Thematic Network on Medical Training & Professional Development for patient safety*.

After Prof. Reekers and Sąsiadek had given a summary of the most relevant life facts of the two Divisions, the central part of the meeting has been dedicated to the usual update on educational and training initiatives, which are such an important part of the mission of the Section. In particular, Ms. V. Iranzo - EBR Executive Manager - presented the last

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facts and figures on the ACI: 329 applications have been received as of February 23, 2018 and 300 events accredited, a tangible sign of ACI popularity. Moreover, two members of our Executive Bureau - Dr. M. Adriaensen and Prof. H. Lamb - both delegates of the Netherlands - gave a presentation on the EDiR, illustrating the continuous increase in the number of candidates. Over 2000 candidates have taken the EDiR since 2011, an increase of 65% has been registered from 2016 to 2017 and 1000 places have been offered to candidates in 2018. On his behalf, H. Aronen summarised the history of ETAP and the peculiarities of the new version - ETAP 2.0 - which turned physical assessment into a virtual project to save travel time of assessors and related costs. Since ETAP 2.0 could be an important source of income for the Section - as Prof. Ricci explained into detail - the Bureau hopes in a very successful project and ETAP 2.0 new promotional video was able to catch the attention of the audience. Prof. Ricci invites you to choose time and venue of the next meeting through a survey which will be forwarded in the upcoming weeks.

Meeting of the Neuroradiology Division

The meeting of the Neuroradiology Division took place on March 01, 2018 at 13:30 chaired by the Division President - Prof. M. Sąsiadek. After consensus over a shared version of the document had been reached in January 2018, the Standards of Practice in Interventional Neuroradiology were unanimously approved and received the endorsement of the Section two days later. As remarked by Prof. J.A. Reekers - President of the IR Division - neuroradiologists and interventional radiologists are finally cooperating for the sake of patient safety and quality of care. Furthermore, Prof. G. Schroth - Treasurer of the Division - illustrated the financial trend, which is acceptable and with a slight increase in incomes, while Dr. F.B. Pizzini - General Secretary - presented the design and the structure of the new website of the Division, which is included in ESR grant and - despite many common features - will keep its autonomy from the website of the parent Section. Very appreciated quests have been Dr. Bertrand Maillet - in representation of UEMS Executive, Dr. A. Rovira Canellas - President of the European Society of Neuroradiology and Dr. Turgut Tali - CEO of the European Board of Neuroradiology. Since the Division has already received several invitations from the annual congresses of ESNR and ESMINT, preferred date and venue of the next meeting will be decided by the delegates in the next weeks. Finally, we would like to inform you that - thanks to the close

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cooperation with the Section - EBNR examinations have received UEMS-CESMA appraisal (Malmö, September 13, 2017); all the examinations endorsed by the Section and the two Divisions have now been granted the CESMA mark of excellence.

Save the date

- UEMS Spring Council: Marrakech, April 27-28, 2018.
- UEMS CESMA Meeting: London, May 26, 2018.
- ESMINT Congress: Nice, 6-8 September, 2018.
- ESNR Congress: Rotterdam, September 19-23, 2018.



- CIRSE Congress: Lisbon, September 22-26, 2018. The meeting of the Division of Interventional Radiology will be scheduled alongside CIRSE Congress.
- UEMS Conference on CME-CPD: Brussels, November 23-24, 2018. The 60^{th} anniversary of the UEMS will be celebrated at the conference.
- ECR 2019 The bigger picture: Vienna, February 27 March 03, 2019.

ACI & EDIR

The Leadership Meeting of the ACI - Accreditation Council in Imaging - took place in Vienna on February 28, 2018 chaired by Prof. P. Ricci - ACI Scientific Director, Prof. C. Loewe - Chair of ACI Reviewing Committee and Prof. M. Lučić - Chair of ACI Policy Committee. The ACI is an initiative of the EBR - European Board of Radiology and acts as a facilitator between the providers and the UEMS-EACCME offering a personalised and efficient service and performing regular quality controls to prevent any form of bias and interference from industry. Since its creation in January 2016, 329 applications had been received, from which 300 events had been accredited. The future goals are to further collaborate with the EACCME in the elaboration of a document on the European accreditation systems, to maintain radiology as one of the medical specialties with the

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highest number of UEMS accredited events (currently second after oncology) and to increase the number of e-learning accreditations.

For further information, please visit: http://www.myebr.org/aci/how-to-apply/

EDIR - European Diploma in Radiology is becoming an international passport to a better career in radiology and the numbers are encouraging: an increase of 65% from 2016 to 2017 and 25% increase rate foreseen for 2018. Over 2000 candidates have taken the EDIR since its launch in 2011 and current pass rate is 70%. The examination tests knowledge, skills and competence in general radiology in three components: Multiple response questions, Short cases and Clinically Oriented Reasoning Evaluation. EDIR received CESMA appraisal in 2015 and it is now considered a UEMS examination: EDIR examiners can be granted 2 ECMECs per examination according to the new EACCME criteria.

For further information, please visit: http://www.myebr.org/edir/certification-of-excellence/

Best Practices in Infection Prevention & Control in Ultrasound

At the last meeting with delegates, Dr. Christiane Nyhsen - former Vice President of the Section - illustrated a set of best practices in *Infection Prevention and Control in Ultrasound*, on behalf of the ESR Ultrasound Working Group. The WG - which was supported by a multidisciplinary team of radiologists and microbiologists - hoped to raise awareness on infection prevention across Europe and to contribute to the highest standards of patient safety. These safety recommendations have unanimously received the endorsement of the Section and the UEMS will collaborate with ESR to further enhance their visibility. Most best practices - some of them are summarised below - are the result of a previous survey distributed in 2015 to all 22.000 ESR full members and appeared on *Insights into Imaging* in 2016: Nyhsen CM, Humphreys H, Nicolau C, Mostbeck G, Claudon M (2016) Infection prevention and ultrasound probe decontamination practices in Europe: a survey of the European society of radiology. Insights Imaging 2016 Dec; 7(6):841-847.

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Ultrasound transducer on intact surface skin

No contact with body fluids, no skin disease/known transmissible infections

Thorough cleaning of transducer: remove all gel with soap and running water OR detergent wipes, to remove invisible remnants of gel containing pathogens that disinfectants cannot penetrate. Dry paper is not recommended as it is less effective and may scratch transducer surfaces.

Drying of transducer: avoids dilution of subsequently applied disinfection agents which renders them less effective or completelyin effective

Low Level Disinfection of US transducer: use wipes, foam or other approved substances with antibacterial, antiviral and antifungal properties. This should be in compliance with manufacturers' recommendations to avoid transducer surface damage

Drying of transducer: allows sufficient time for the disinfectant to attain maximum effect

Ultrasound transducer (with protective cover) in contact with:

- Mucous membranes (all endo-cavity US)
- Any body fluids (all US guided interventional procedures including injections, tissue sampling, use in theatre)
- Infected/broken skin and wounds

Careful removal of protective sheath: avoid additional transducer contamination

Thorough cleaning of transducer: removal of all macroscopically visible soiling and US gel with soap and running water OR detergent wipes. Dry paper is not recommended.

Drying of transducer: avoid diluting subsequently applied disinfection agents which renders them less effective or completely ineffective

High level disinfection in compliance with manufacturers' recommendations with one of the following:

- Approved multistep disinfectant wipes
- Standardised automated validated systems (using hydrogen peroxide, ultraviolet light)
- Other approved procedures that have been validated for high level disinfection

Drying of transducer: allow sufficient time for the disinfectant to attain maximum effect

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Ultrasound transducer in contact with normal skin surface

No skin pathologies such as eczema, wounds, infections etc.

Single use bottles are strongly advised

(rather than refill bottles)
to minimise the cross-contamination risk.

Once opened, gel bottles should be used within a short period of time and ideally discarded at the end of the working day.

Bottles should not be warmed for longer than absolutely necessary as warmers will serve as incubators thus facilitating the multiplication of potential pathogens.

Ultrasound transducer (with protective cover) in contact with:

- · Mucous membranes (all endo-cavity US)
- Any body fluids (all US guided interventional procedures including injections, tissue sampling, use in theatre)
- Infected/broken skin and wounds

Use of sterile gel is strongly advised outside as well as inside transducer covers due to high reported transducer cover perforation rates and possible porosity

A new sachet should be opened for every patient but the same sachet can be used for gel inside and outside the probe cover

For complete information on the work of ESR Ultrasound WG, please visit: $\frac{https://link.springer.com/article/10.1007/s13244-017-0580-3}{https://link.springer.com/article/10.1007/s13244-017-0580-3}$

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