The role of MPE/QE/RPO in Hospitals - the African Perspective

By

Rebecca Nakatudde

1. Lecturer, Department of Radiology and Radiotherapy School of Medicine, College of Health Sciences,, Makerere University.

2. Vice president, Federation of African Medical Physics Organisations (FAMPO).

3. Medical Physicist, Department of Radiotherapy, Mulago Hospital.

Introduction

•FAMPO is the "Federation of African Medical Physics Organisations

- Established on 7th October 2008 with the aims and purposes of promoting;
- Improved quality service to patients and the community in the Africa.
- The co-operation and communication between Medical Physics Organisations in Africa and where such Organisations do not exist between Individual Medical Physicists.
- The profession and practice of medical physics and related activities in Africa.
- The advancement in status and standard of practice of the medical physics profession.

Introduction cont.....

, and improving the training of Medical Physicists.

 research and developing in the field of Medical physics.

•appropriate use of technology to the benefit of rural populations.

 organizing and/or sponsor international conferences, regional and other meetings or courses

collaborating or affiliate with other Scientific
Organisations

•It is a non profit making organisation.

Executive members of FAMPO

- Dr. Ahmed Ibn Seddik of Morocco is the president.
- Ms. Rebecca Nakatudde of Uganda is the Vice President,
- Dr. Khaled ElShahat of Egypt is the Treasurer.

✤ Dr. Taofeeq A Ige of Nigeria is the Secretary -General.

Current status of FAMPO

•About 48 individual medical physicists in Africa have registered.

•In addition GAMP, NAMP, SAAMPS, SAMP and MPST of Ghana, Nigeria, South Africa and Tanzania have also expressed interest.

•The IOMP council approved FAMPO's application as the new regional youngest organisation of IOMP.

•FAMPO has a log and a website on <u>http://www.federation-fampo.org</u>

•Submission of FAMPO's letter head to the IOMP will be done during the deliberations in Beijing.

•FAMPO is sponsoring AFRIRPA 04 to be held in 2014 in Morocco.

Objectives of the study

Training gaps of MPE/QE/ RPO in radiation protection and safety

- Countries with recognised professional bodies governing medical physicists and other radiation protection personnels
- Current situational analysis of the communication links among Medical Physicists, facility manager and Regulators during management of radiation protection aspects in Medical Practices.
- Level of involvement of medical physicists, regulators and hospital managers in safety of Medical Practices.
- Challenges faced by Medical Physicists and regulators when conducting their work in medical practices.

Methods and materials

•The study was conducted 11 medical Physicists during AFROG conference held from 20th -24th February, 2012 in Kampala, Uganda

• Eleven countries ie Morocco, Egypt, Kenya, Zimbabwe, Ghana, South Africa, Uganda, Zambia, Cameroon, Tunisia and Mauritius

• 25 regulators/RPOs of 15 countries during (AFRA) Training course for trainers in the use of ICT teaching materials in radiation protection held between 20th -24th February, 2012 in Gaborone Botswana

• participating countries included; Tanzania, Morocco, Ghana, Niger, Kenya, Botswana, Mali, Nigeria, Egypt, Zambia, South Africa, Sierra Leone, Mauritius, DR. Congo and Uganda.

•A questionnaire was used to collect data inline with the objectives.

Results and discussions

- 1. Training gaps of MPE/QE/ RPO in radiation protection and safety in IAEA African member states.
- 1.1 Qualification of Medical Physicists and Regulators in IAEA African member states

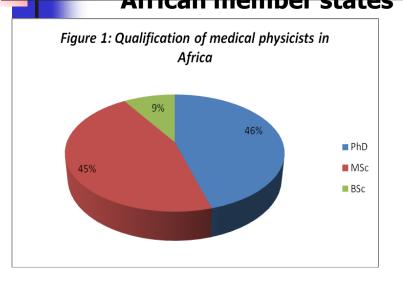
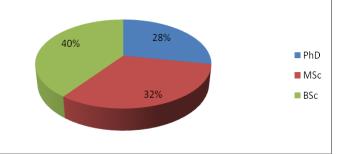


Figure 2: Qualification of RPO's in Regulatory bodies in Africa



There is a big divergence among the highly and least qualified Medical physicists in Africa

>Uniform distribution of carders at all levels of qualification for RPOs which is not reflected in the MP Field.

➢ However, the diversion of the employed RPO's in different subject matter has presented a problem especially when inspecting Radiotherapy Medical Practices due to lack of training and expertise.

1.2 Working experience of Medical Physicists and Regulators in IAEA African member states

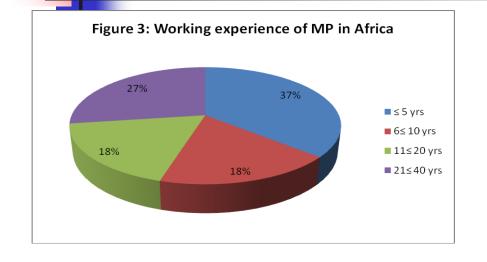
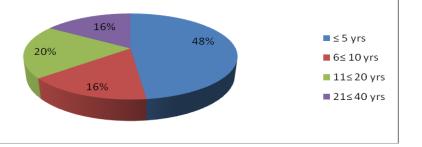


Figure 4: Working experience of RPOs in Regulatory bodies in Africa



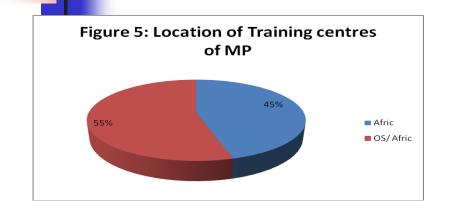
Continuity is possible in RPO field as compared to MP.

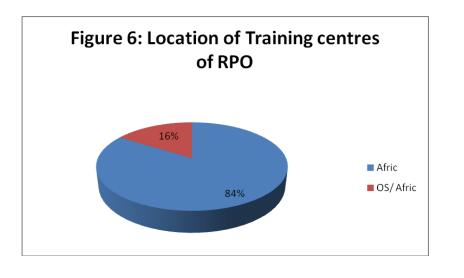
Continuous training to achieve a uniform distribution of all cadres is a key issue for FAMPO and all stakeholders.

✤. FAMPO has established that training of MP is very expensive and very few training centres in Africa exist.

Identification of the long experienced and highly qualified to help in local training

1.3 Centres of training of Medical Physicists and Regulators in IAEA African member states





With support of the IOMP, IAEA, WHO, machine vendors, local governments, identification of a training centres for MP in East and West Africa is key to FAMPO's activities and work plan.

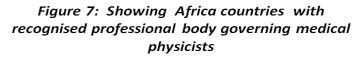
 Employing personnel with MP background in the regulatory authority can be a quick solution

 Review of training curricula for RPOs 2.0 Countries with recognised professional bodies governing medical physicists and other radiation protection personnels in IAEA African member states.

2.1 Existence of Law regulating use of ionising radiation in IAEA African member states

 All the 11 participating medical Physicists and 25 regulators indicated that they have approved Laws and bodies governing the use of radiation in their respective countries

2.2 Recognised professional bodies governing and registering medical physicists in African countries



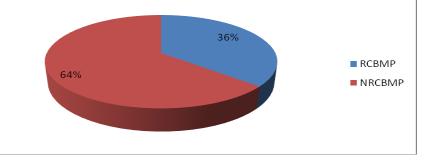
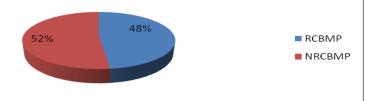


Figure 8: Showing Africa countries with recognised professional body governing medical physicists from the RPO's perspectiv*e*



The figures indicated are comparable

 Non recognition has presents a challenge of ineffective communication among individual physicists and related fields.
This has also led to nonrepresentation on hospital and government boards

led to minimal financial support to the field of MP.

2.3 Communication links among Medical Physicists, facility manager and Regulators during management of radiation protection aspects in Medical Practices. countries

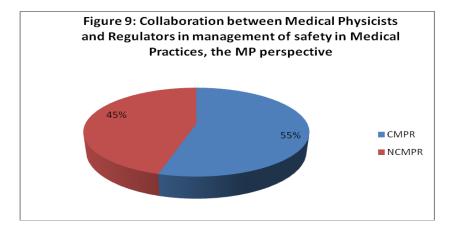
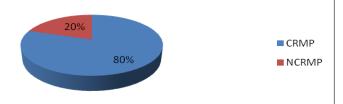


Figure 10: Collaboration between **Regulators** and Medical Physicists in management of safety in Medical Practicesthe RPO persdpective



Among the areas of collaboration include; consultancy, conference participation and individual dosimetry

✤. the 45% that work in isolation pose a challenge on how safety issues are managed

countries with no MP face a challenge when inspecting Radiotherapy centres.

Some countries use the same RPO as QE and MPE.

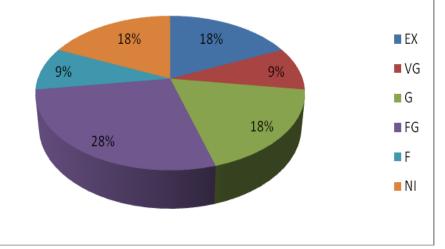
There is also a mix of duties and roles among MP and RPO.

2.3 Communication links among Medical Physicists, facility manager and Regulators during management of radiation protection aspects in Medical Practices.

2.3.1 involvement of MP in handling radiation protection

in medical Practices

Figure 11: Level of involvement of Medical Physicists in Radiation Protection in Medical Practices in African Countries

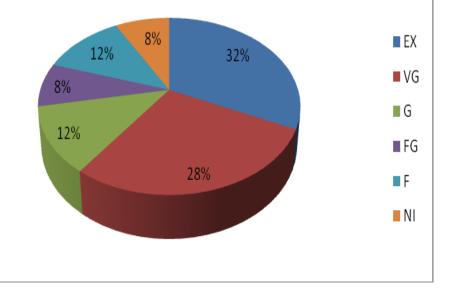


 non uniform level of involvement of MP in handling radiation protection in medical Practices.

FAMPO to investigate the factors.

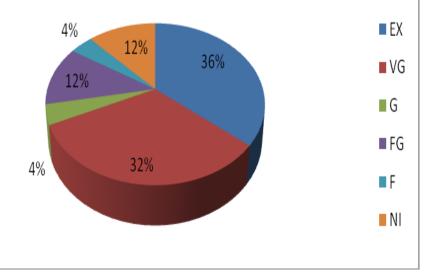
2.3.2 Involvement of Regulatory body in sensitizing the hospital managers and users on safety of radiation in Medical Practices

Figure 12: Involvement of Ragulatory body in sensetizing the hospital managers and users on safety of radiation in Medical Practices



For the Law to be strong, effectiveness of the regulatory bodies should be felt by all radiation users in every country. 2.3.3 Awareness by the hospital managers of the work of the regulatory bodies in medical practices

Figure13: awareness by the hospital managers about the work of the regulatory body in medical practices



Through sensitizing workshops organized by the regulatory bodies to create awareness and have a vote for support in terms of operational funds, training and employment of MP and RPOs.

3.0 Challenges faced by Medical Physicists and regulators when conducting their work in medical practices in IAEA African member states

Un timely release of funds from the government for the regulatory bodies to carry out their work.

- •In adequate number of medical Physcists in the country.
- •Most regulators/ RPOs play the roles of the Medical physicists.
- •Lack of commitment to radiation safety by some hospital managers in some hospital or clinics

•Confusion on the roles and responsibilities of the Regulators and Medical Physicists.

3.0 Challenges faced by Medical Physicists and regulators when conducting their work in medical practices in IAEA African member states cts.....

Some hospital administrators do not appreciate the need for radiation safety in their settings

•Un justified increase of licence fees brings un cooperation with users

•In adequate collaboration and communication among regulators, existing MP and hospital mangers

•Some countries with no MP employed in the regulatory body, find it very difficult to inspect Radiotherapy centre.

•Some countries do not have any MP existing so no collaboration can be done

3.0 Challenges faced by Medical Physicists and regulators when conducting their work in medical practices in IAEA African member states cts.....

Un authorised radiology centres

•Some countries share same body for radiation protection and MP.

•Missing data base of sources. So inspection and licensing of all sources is very hard

•MP play the role of RPO in some countries. This presents a big overload.

•Due to limited personnel, time is not enough to carry out safety assessment in some hospitals

3.0 Challenges faced by Medical Physicists and regulators when conducting their work in medical practices in IAEA African member states cts.....

Lack of developed procedure and training of MP and RPOs.

Lack of inadequate commitement to safety culture at policy level, managerial level and individual level.

Some countries have newly recruited MP and regulators.

Some counties have un qualified experts who try to work as MP and regulators. This presents a brain drain

Un willingness to work in remote/rural centres

Lack of tools to use and expertise to use them

Conclusion

•The gaps identified in the study should be an indicator for FAMPO to carry out close collaboration through the FAMPO Council representatives, radiation protection associations in Africa, WHO, IRPA, IOMP, machine vendors and policy makers when excuting it functions.

References

>AAPM Report no. 42. (January 1994) *The Role of the Clinical Medical Physicist in Diagnostic Radiology.* 500 Sunnyside Blvd., Woodbury, NY 11797. American Institute of Physics.

AAPM Report no. 38. (1993) *The Role of a Physicist in Radiation Oncology*. 335 East 45th Street, New York, NY 10017. American Institute of Physics, Inc.

>AAPM Task Group 61, (March 2001). A protocol for 40-300 kV x-ray beam dosimetry in radiotherapy and radiobiology.

AAPM Task Group 21, (November/December 1983). A protocol for the determination of absorbed dose from high-energy photon and electron beams. *Medical physics*, 10 (6).

Cosset, J. M. (March 2002). ESTRO Breur Gold Medal Award Lecture 2001, Irradiation accidents- lessons for oncology? *Radiotherapy and Oncology Journal of the European Society for Therapeutic Radiology and Oncology*

➢ Federation of African Medical Physics Organisation Constitution .

➢Gunilla, B et al., (1989). Treatment Planning and Dose Calculation in Radiation Oncology. 4th ed. USA: Pergamon press.

References cont.....

Hall, E. J and Giaccia, A. J. (2006). *Radiobiology for the Radiologist*. 6th ed. Philadelphia, PA 19106 USA: Lippincott Williams and Wilkins.

> IAEA-TECDOC-1274, (March 2002). Calibration of Photon and Beta Ray Sources used in Brachytherapy. Vienna, Austria: IAEA.

► IAEA Technical Report Series 398, (May 2001). *Determination of Absorbed Dose for High-energy Photon and Electron Beams.* Vienna, Austria: IAEA.

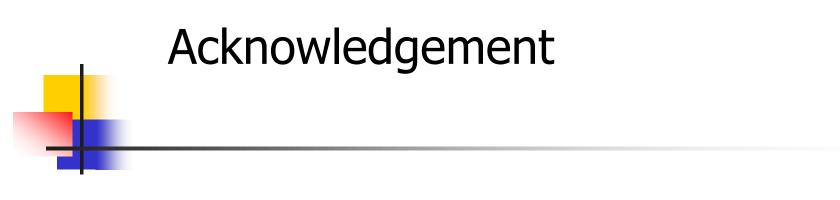
IAEA Basic Safety Standard Series 115, (April 1994). International Basic Safety Standards for Protection Against Ionising Radiation and for the Safety of Radiation Sources Vienna, Austria: IAEA, pg 49-58.

IAEA Safety Standards Series SF-1 (2006). Safety Standards for Protecting People and the Environment.

➢Khan, F. M. (2003). *The Physics of Radiation Therapy*. 3rd ed. Philadelphia USA: Lippincott Williams and Wilkins.

Valentin, J. (November 2001). Recommendations for the prevention of accidental exposure in radiotherapy. *ELSEVIER Science Limited*.

Verdun F. R., Bochud F., Gudinchet F., Aroua A., Schnyder P., Meuli R. (2008). Radiation Risk: What You Should Know to Tell Your Patient



IRPA 13 2012 organizing committee.
Dr. Ahmed Ibn Seddik President to FAMPO,
Dr. Taofeq A. Ige General Secretary to FAMPO and
Dr. Khaled El-Shahat Treasurer to FAMPO.
Makerere University College of Health Sciences and SIDA.

4. Mulago Hospital and MOH