# European Training and Education for Medical Physics Experts in Radiology (EUTEMPE-RX)

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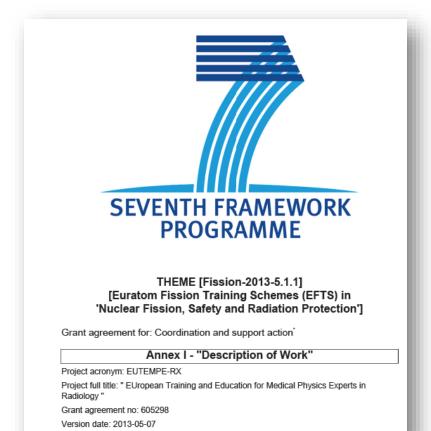








# I. Facts leading to EUTEMPE-net



Successful application to a Euratom 'Fission Training Scheme' call

 EU support: 1.7M€ th birthday

Timing:

01/08/2013 -31/07/2016

### **EUTEMPE-RX**

<u>European Teaching and Education for Medical Physics</u> <u>Experts in (diagnostic and interventional) Radiology</u>

It started as an EU supported project.

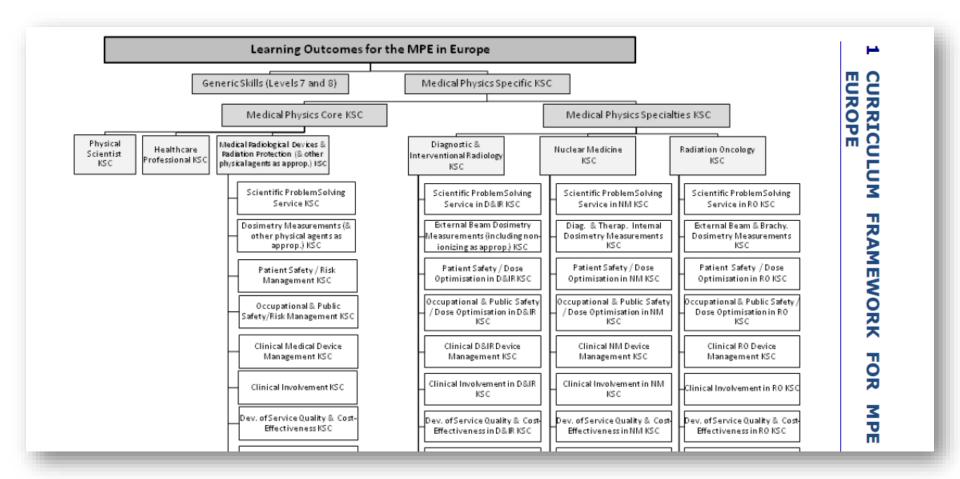
Now it is a network of motivated teachers,
the EUTEMPE-net, running EUTEMPE-RX courses
(without EU support)



#### **RADIATION PROTECTION NO 174**

## EUROPEAN GUIDELINES ON MEDICAL PHYSICS EXPERT

Directorate-General for Energy
Directorate D — Nuclear Safety & Fuel Cycle
Unit D.3 — Radiation Protection
2014



| Knowledge  | Skills  | Competence                    |
|--|---|-------------------------------|
| (facts, principles, theories, practices)   | (cognitive and practical)   | (responsibility and autonomy) |
| K1. Explain statutory and institutional requirements for Medical Physics Services in Diagnostic and Interventional Radiology with respect to Scientific Problem Solving Service.  K2. Explain the common imaging modalities (general projection x-ray imaging (DDR, CR and film-screen where this is still valid), chest systems, mammography, dental systems (intra-oral, OPG, cephalon systems), mobile, flat panel / image intensifier fluoroscopes includin arms, interventional systems, tomosynthesis, paediatric systems, radiostereometric (RSA) systems, stereotactic systems, dual energy ray absorptiometry (DXA), axial and helical mode CT, cone-beam C MRI, ultrasound) and explain their function as instruments for the measurement, mapping and imaging of the spatial distribution of diff physical variables within the human body. Each imaging modality/dedicated device has its utility in the various applications of medical imaging i.e., diagnosis, population screening, patient monitor intervention and specialised use such as paediatric.  K3. Discuss the advantages and disadvantages of imaging as a means of displaying spatially dependent signals and variables.  K4. Explain in detail the principles of image quality measurement: linear systems theory, types of contrast (subject, image and display), unsharpness (LSR, PSF, LSF, MTF), lag, noise (including sources, noise power spectra, effect of lag on noise, noise propagation in ima subtraction), SNR (including Rose model, Wagner's taxonomy, CNR relation to dose, NEQ, DQE, NPS etc).  K5. Explain inverse problem mathematical techniques used in image reconstruction (including both convolution and iterative methods and advantages and disadvantages of each).  K6. Explain at an advanced level the following: temporal / frequency dor representation of signals, fourier transform, statistical description of signals, power spectral density, autocorrelation function, sampled (discrete) signals, delta function and its Fourier transform, Fourier transform of aperiodic discrete signal (DFT), the FFT | (cognitive and practical)  S1. For each modality, operate imaging devices at the level necessary for give advice on optimization of imaging protocols, quality control, image quality manipulation, and carry out research when the available evidence for advice is not sufficient.  S2. For each modality predict the effect on image quality and diagnostic accuracy when changing scanning and reconstruction parameters.  S3. Manipulate acquisition parameters for all forms of projection x-ray imaging devices (e.g., kV, filtration, mAs, sensitivity ('speed'), collimation, magnification, SID, SSD, frame rate, screening time, manual/AED modes, compression), explain the effect on image quality and relevant patient dose quantities (and occupational dose particularly when this is correlated with patient dose) and relevance to specific clinical studies. | •                             |
| transform of apenodic discrete signal (DFT), the FFT, the effects of sample intervals, linear processors, impulse response, convolution integral and theorem, various types of filters used in the processing medical signals.  K7. Explain in detail the way that acquisition data is processed to facilitathe extraction of information.  K8. Explain the principles and reprocessing and feature enhorements of integration and co-registration.  K9. Discuss the limitations of integration in the FT, the effects of the FT, the FTT, t | of<br>te  |                               |
|  |   |                               |
| 118  | 43  | 32                            |

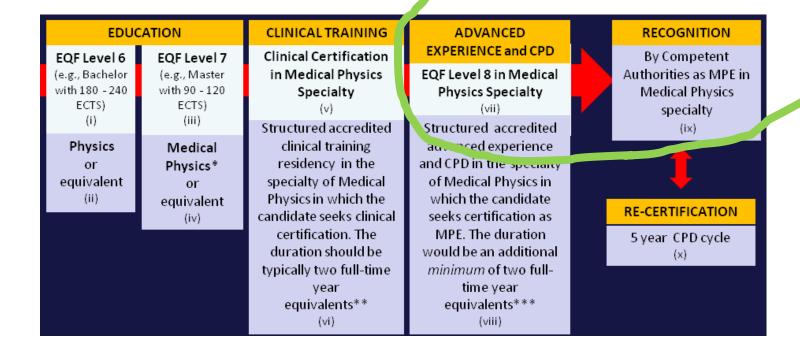
## Our project application was convincing:

- We can increase nuclear safety in RX with MPEs
- Doses in X-ray imaging can be considerable (risks)
- Radiology is important (business)
- None of the EU Member States has the required (complete) training programs for medical radiation physics at EQF level 8
- We can realize borderless, life long learning, with e-learning and other modern teaching methods
- Yes, there is excellence in Europe
- -> Cherry-picking!



# II. Objectives

1. Provide a modular training scheme for the MP in Radiology to bring him to EQF level 8



# II. Objectives

- Set up a multicampus education combining online with face-to-face learning
- 2. Serve as a model for harmonised courses
- 3. Get accredited (by EFOMP) (now EBAMP)
- 4. To achieve excellence in:
  - module content (RP174) and organization
  - fulfillment of quality objectives
  - participant and stakeholder satisfaction



## III. Methods

- Different expert teams were selected to organize a module
  - Excellent publication record or excellent teachers
  - Geographical spread / gender
    - Belgium, Malta (Czech Republic), Italy, Spain, Bulgaria, UK,
       The Netherlands, Swiss, Greece, Germany
    - Hilde, Virginia, Annalisa, Kristina, Federica, Saartje, Sofie
  - Website
  - Common e-learning platform







## III. Methods

- Quality manual describing all the procedures & forms
  - Module abstract in the required format.
  - CVs of course leader(s)
  - Appropriate aims of the modules
  - Sufficiently comprehensive list of learning outcomes (10 –
     15 learning outcomes) and at EQF level 8
  - EFOMP accreditation achieved





#### Module MPE01: Development of the profession and the challenges for the MPE (D&IR) in Europe

#### ABSTRACT

44.

Title: Development of the profession and the challenges for the MPE (Diagnostic and Interventional Radiology) in Europe

Module Code: MPE01

Module Level: EQF level 8

Aims: This module aims to help the acquire the knowledge, skills and address the development of the aphase participants will have the allotest EU directives, guidelines a

#### Learning Outcomes: At the end

| MPE01.01 | Take r |
|----------|--------|
|          | Europ  |
| MPE01.02 | Imple  |
| MPE01.03 | Evalua |
| MPE01.04 | Take r |
|          | and c  |
| MPE01.05 | Take   |
| MPE01.06 | Discu  |
| MPE01.07 | Resea  |
|          | profe  |
| MPE01.08 | Mana   |
| MPE01.09 | Mana   |
| MPE01.10 | Imple  |
| MPE01.11 | Partic |
| MPE01.12 | Take   |
| MPE01.13 | Inter  |
|          |        |

Date and Location of Face-to-Fa



Prof. Carmel J. Caruana (carme Past EFOMP Chair for E&T and radiation protection, medical d development of the role defini in MEDRAPET. He also represe

Prof. Eliseo Vano (eliseov@me Full Professor of Medical Phy: Health for radiation protection Chairman of the Committee on

Faculty: Carmel J. Caruana, Elis

Delivery of the module: The phase will be mostly asynchro learning is required this would assessment).

Total participant effort time: 8

Assessment Mode: The assess are expected to demonstrate to the profession. Participants are during the course.



| MODULE CONTENT: AIM and SUMI                |  |   |  |
|---|--|---|--|
| Aim   | This module will help the future MPE (Diagnostic and Interventional Radepartment) acquire the knowledge, skills and competences necessar. The content of the module would address the development of the role other modules. In the face-to-face phase participants will have the opprofession. The participants would also be updated with the latest of forefront of these developments. |   |  |
| Learning Outcomes                           | MPE01.01   | Take responsibility for researching, evaluating, leadin   |  |
|   |  | in the ambit of European and national legislation and   |  |
| (10 – 15 learning                           | MPE01.02   | Implement and evaluate strategic solutions to the cha   |  |
| outcomes which                              | MPE01.03   | Evaluate the various models of management suitable  |  |
| provide an overview<br>of the KSC addressed | MPE01.04   | Take responsibility for researching, evaluating, leadin<br>service quality and clinical governance in D&IR. |  |
| in the module)                              | MPE01.05   | Take responsibility for ethical issues in the area of rad   |  |
|   | MPE01.06   | Discuss the role of the MPE (D&IR) in health technological  |  |
|   | MPE01.07   | Research, develop and lead the development of the<br>other healthcare professionals.                        |  |
|   | MPE01.08   | Manage inter-professional issues in D&IR.   |  |
|   | MPE01.09   | Manage priorities regarding radiation protection res MPEs.  |  |
|   | MPE01.10   | Implement safety culture in their management practi   |  |
|   | MPE01.11   | Participate in networks for research and developmen   |  |

## III. Methods

- consortium meetings with educational workshops:
  - the use of e-learning tools
  - the creation of e-learning material
  - activation of the audience
  - assessment methods at the expert level
  - teaching methods
- sharing teaching experiences, hints & tricks
- feed-back by professionals in education











## III. Methods

#### 'My' lessons learned

- We learned a lot from teaching experts. Enthusiasm is at the core of success
- What can be taught with a power point presentation, should be taught upfront, online
- Group work / group disucssion is appreciated most by our participants
- The use of different teaching methods is appreciated
- Videos should be maximally 5min long
- No multiple choice exams for EQF level 8

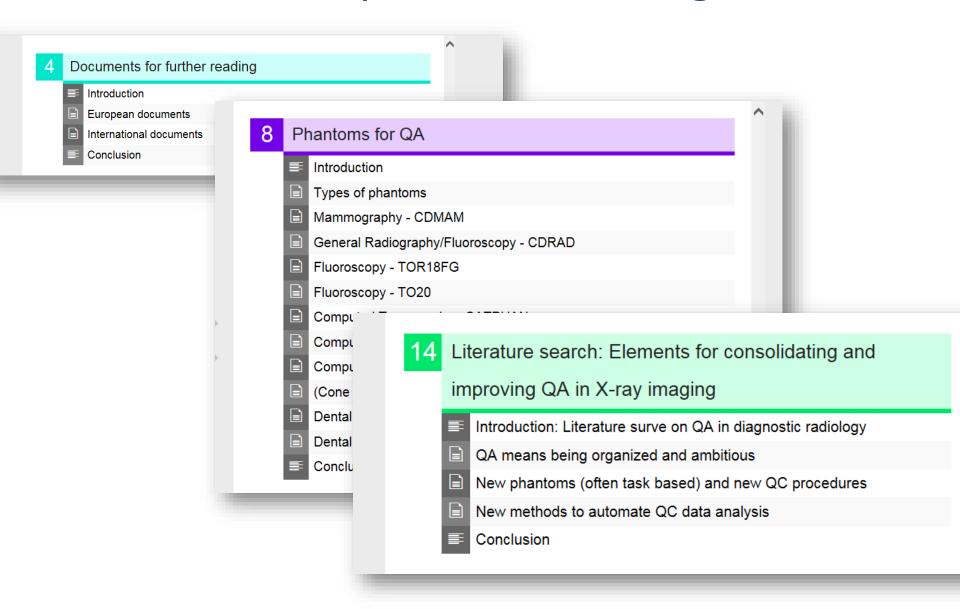


## Characteristics EUTEMPE-RX modules

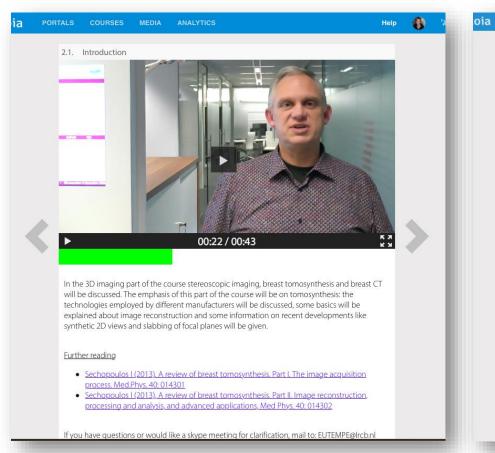
- Half of the effort in the online platform
- On site, small group (nearly individual) teaching in particular skills and competences
  - knowledge is more covered online
- An enthusiastic team of teachers
- Important 'social program'
- Very different from a attending a conference:
  - Learn by doing
  - Different topics. Example: it is not perse about innovation, but how to embrace it in the practice

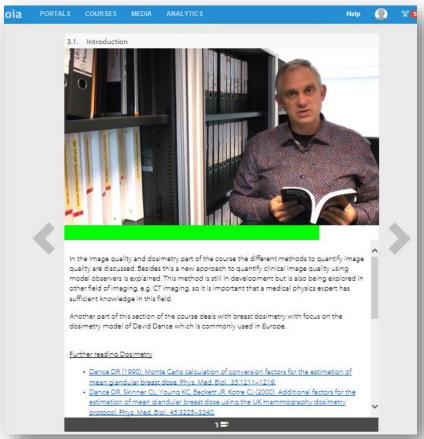


## Results: Example of e-learning material

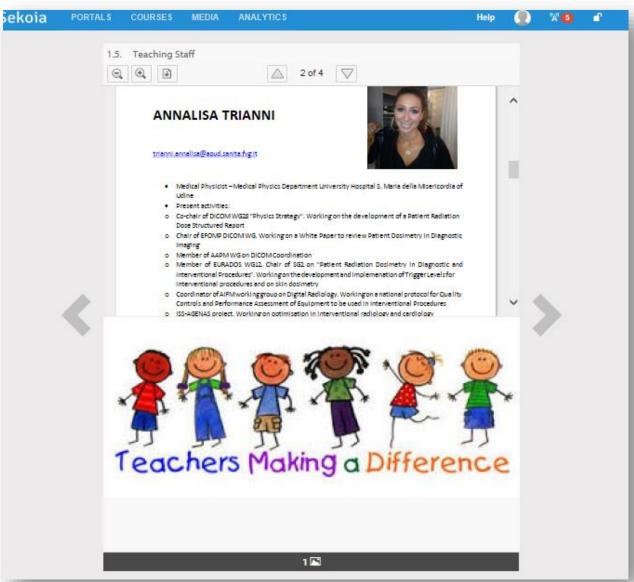


# Example of e-learning teaching

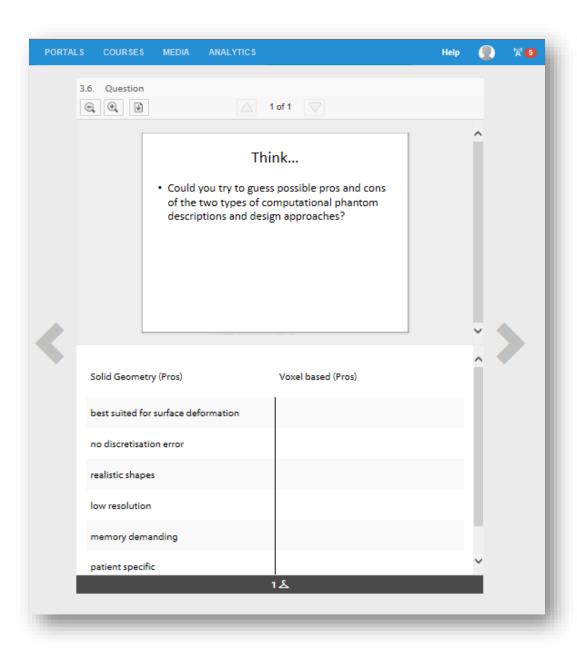




## Upfront introduction of the teachers



## Interaction

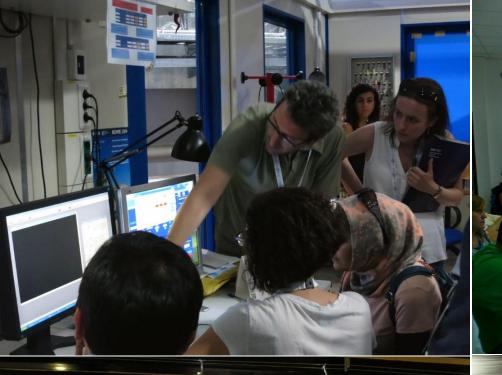


## Example of Module 6 in Leuven

### "From basic to advanced QA: why & how"

- Invited: Industrial rep. & President of article 31 group: 'what is QA?'
- Invited speaker: 'create QA from the start'
- Practical sessions showing how QA is done in Leuven & discussion
- Case study: normal QA protocols, but what is missing?
- Show case: phantoms, reading studies, dosimetry
- Group work: compile a new QA protocol discuss report to all
- Advanced QA science by local expert: 'Digital opportunities and measurements of digital systems explained', Q& A.
- Hints and tricks competition
- Assessment: make the outline for a task based QA protocol

| Monday, 13 Nov 2023  Wake Up Poll: Hello world! Do you need advanced QA protocols? We surely do.  Suess why!  Typical QA protocols and the development of new protocols - N. Marshall  From basic QC to advanced QA in the MPE practice - H. Bosmans  Example QA reports from Leuven and all, of systems without problems  Example QA reports: find the problems. How could testing be improved?  Ilunch break 12.30 - 13.30  Introduction to patient dose monitoring systems - J. Binst Introduction to task based testing and introduction to datal energy CT and photon introduction to datal bases  Introduction to task based testing and introduction to (dental) Cone Beam CT (CBCT) - K. Merken Introduction to contrast introduction into contrast introduction i | e systems with type of protocol p? lines, by the sz (GE) nent of Al |
|--|---|
| advanced QA protocols? We surely do. Guess why!  Typical QA protocols and the development of new protocols - N. Marshall  From basic QC to advanced QA in the MPE Automatic expsure control in mammo, practice - H. Bosmans  Coffee break 10.30 - 11.00  Example QA reports from Leuven and all, of systems without problems Example QA reports: find the problems. How could testing be improved?  Lunch break 12.30 - 13.30  Introduction to patient dose monitoring systems - J. Binst Introduction to task based testing and figures of merit - N. Marshall  Introduction to task based testing and figures of merit - N. Marshall  Choose one practical:  1. The use of QA data bases  Advancatic expsure control in mammo, fluoroscopy and CT - N. Marshall  Example phantoms for several applications.  Bring in your experience with phantoms. How could testing be improved?  Introduction to dual energy CT and photon counting detectors (PCCT) - J. Vignero  (DBT) and Synt. Mamm Introduction to contrast figures of merit - N. Marshall  Choose one practical:  1. Review of annual CT testing  3. Create protocol outline for PCCT  3. Create protocol outline for CBCT   | type of protocol<br>p?<br>:lines, by the<br>sz (GE)<br>nent of Al   |
| 8.30 - 10.30  Guess why!  Typical QA protocols and the development of new protocols - N. Marshall  From basic QC to advanced QA in the MPE practice - H. Bosmans  Coffee break  10.30 - 11.00  Example QA reports from Leuven and all, of systems without problems  Example QA reports: find the problems. How could testing be improved?  Introduction to patient dose monitoring systems - J. Binst  Introduction to task based testing and figures of merit - N. Marshall  13.30 - 17.00  Choose one practical:  1. The use of QA data bases  2. Create protocol outline for PCCT  3. Create protocol outline for PCCT  Automatic expsure control in mammo, deflowing lEC guid manufacturer - R. Klau manufact | p?<br>lines, by the<br>sz (GE)<br>nent of Al                        |
| Typical QA protocols and the development of new protocols - N. Marshall  From basic QC to advanced QA in the MPE practice - H. Bosmans  Coffee break 10.30 - 11.00  Example QA reports from Leuven and all, of systems without problems How could testing be improved?  Introduction to patient dose monitoring systems - J. Binst counting detectors (PCCT) - J. Vignero Introduction to task based testing and figures of merit - N. Marshall  Introduction to task based testing and figures of merit - N. Marshall  Typical QA protocols and the development versus dedicated MC - R. Trevisan Mass.  Automatic expsure control in mammo, fluoroscopy and CT - N. Marshall  Example QA reports from Leuven and all, of systems without problems  Example QA reports: find the problems. How could testing be improved?  Bring in your experience with phantoms. How could testing be improved?  Introduction to dual energy CT and photon counting detectors (PCCT) - J. Vignero Introduction to digital (DBT) and Synt. Mamm Introduction to task based testing and figures of merit - N. Marshall  Choose one practical:  Choose one practical:  Choose one practical:  1. Review of annual CT testing  2. Create protocol outline for PCCT  3. Create protocol outline for CBCT   | ellines, by the<br>sz (GE)<br>nent of Al                            |
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| From basic QC to advanced QA in the MPE practice - H. Bosmans  Coffee break 10.30 - 11.00  Example QA reports from Leuven and all, of systems without problems How could testing be improved?  Introduction to patient dose monitoring systems - J. Binst Introduction to task based testing and figures of merit - N. Marshall  Introduction to task based testing and figures of merit - N. Marshall  Choose one practical:  1. The use of QA data bases  From basic QC to advanced QA in the MPE protocol outline for CBCT  Automatic expsure control in mammo, fluoroscopy and CT - N. Marshall  Example QA reports from Leuven and all, example phantoms for several applications.  Bring in your experience with phantoms. How could testing be improved?  Bring in your experience with phantoms. How competition!  DQE workshop or repedatabase or Contrast Introduction!  Introduction to dual energy CT and photon counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mammor counting detectors (PCCT) - J. Vigner | nent of Al  |
| practice - H. Bosmans  fluoroscopy and CT - N. Marshall  algorithms (by the MP  Coffee break  10.30 - 11.00  Example QA reports from Leuven and all, of systems without problems  Example QA reports: find the problems. How could testing be improved?  Introduction to patient dose monitoring systems - J. Binst Introduction to task based testing and figures of merit - N. Marshall  15.00 - 17.00  Choose one practical:  1. The use of QA data bases  fluoroscopy and CT - N. Marshall  Example QA reports from Leuven and all, applications.  Example phantoms for several what you always wan NNPS and DQE  Bring in your experience with phantoms. Hints and tricks competition!  Introduction!  Introduction to dual energy CT and photon counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mamn Introduction to (dental) Cone Beam CT (CBCT) - K. Merken  Tammography - L. Con Choose one practical:  1. The use of QA data bases  1. Review of annual CT testing  1. Review of digital br 2. Patient dose monitoring: a tool for MPEs  3. Create protocol outline for PCCT  3. Create protocol outline for PCCT  3. Create protocol outline for CBCT  |   |
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| Example QA reports: find the problems. How could testing be improved?  Bring in your experience with phantoms. Hints and tricks competition!  DQE workshop or repediatabase or Contrast III.  Introduction to patient dose monitoring systems - J. Binst III.  Introduction to task based testing and figures of merit - N. Marshall III.  15.00 - 17.00 Choose one practical:  1. The use of QA data bases  1. Review of annual CT testing  2. Patient dose monitoring: a tool for MPEs  3. Contrast detail analysis and 4AFC  3. Create protocol outline for CBCT   | ed to know on MTF,  |
| How could testing be improved?  Hints and tricks competition!  Introduction!  Introduction to patient dose monitoring systems - J. Binst counting detectors (PCCT) - J. Vignero (DBT) and Synt. Mamn Introduction to task based testing and figures of merit - N. Marshall (CBCT) - K. Merken mammography - L. Counting testing and figures of QA data bases  1. The use of QA data bases  2. Patient dose monitoring: a tool for MPEs  3. Contrast detail analysis and 4AFC  Hints and tricks competition!  Introduction!  Introduction to dual energy CT and photon (DBT) and Synt. Mamn (DBT) |   |
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| 2. Patient dose monitoring: a tool for MPEs 2. Create protocol outline for PCCT 2. Create protocol outline for CBCT 3. Create protocol out |   |
| 3. Contrast detail analysis and 4AFC 3. Create protocol outline for CBCT 3. Create protocol out  | ast tomo testing  |
|  | ne for CE Mammo   |
|  |   |
| 17.00 - 17.30 Working groups report to all Working groups report to all Working groups report  | to all  |
| Break Break  |   |
| 18.00 - 19.00 Tour of the radiology department Hands-on testing of the PCCT Hands-on testing of Cl   |   |
| Facultative Tour to the proton therapy center  |   |
| Tour of the Medical Physics lab  |   |
|  |   |
| 19.30 Social Program with all in Leuven  |   |









## **EUTEMPE** characteristics

- Unique opportunities & encounters
  - with the local MPEs showing how they solve their challenges
  - with the team of teachers
  - with medical doctors
  - in modern hospitals
  - in top screening organisation
  - visit a synchrotron facility
  - visit a calibration lab, ...
- Social events are an integral part of the module. (Most courses take place in nice historical cities)
- Registration fees covering the costs of organizing the module by the module leader



## Why attend EUTEMPE-RX modules?

- You learn to defend medical physics in front of medical boards
- You set up your Monte Carlo simulation platform and you run your simulation
- You can make your task specific QA protocols
- You formulate and run an optimization plan of your choice
- You use a simulation platform and truly understand breast imaging
- You get organized for your individualized dose calculations (patients and personnel)(pregnant patients and CT in general)
- You become an expert, in diagnostic and interventional radiology

## Why attend EUTEMPE-RX modules?

EUTEMPE-RX is all about skills and competences. You learn to do something very interesting for

your profession that you did not do before.

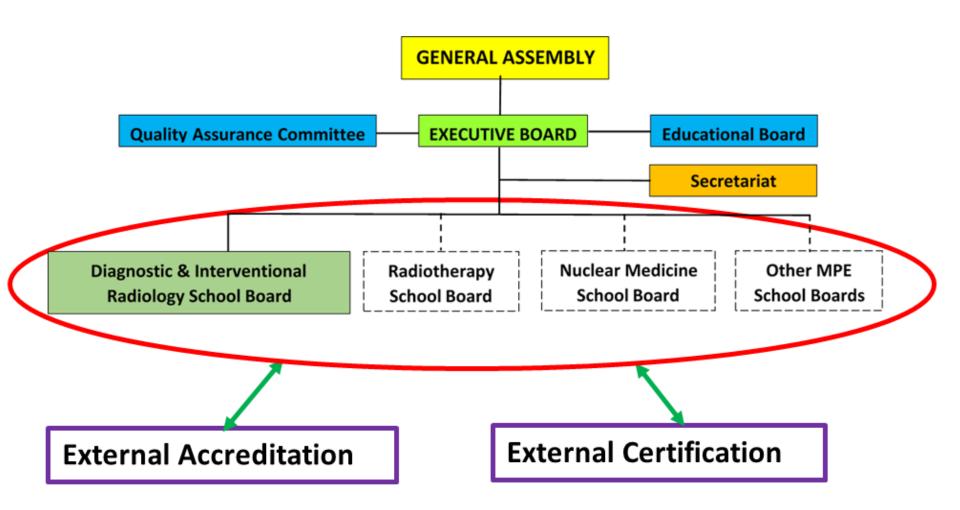


# IV. Sustainability (2016)

- Memorandum of Understanding: let's replicate the effort!
- Creation of the EUTEMPE-net, to repeat the modules
- The consortium plans to go on with yearly meetings
  - for harmonization
  - for feedback and follow-up
  - to plan, learn about and explore new teaching methods
- Modules have to be self supporting, from the registration fees
- Coordination by prof. H. Bosmans
- We reached out to several organisations for support but that part of the work failed



# IV. Sustainability (2016)



# The 1st repetition of the modules



## Module 12: communication of risks

and RP





2017 - 2018
European Training and
Education for
Medical Physics Experts
in Radiology



Lead: prof. Martin Fiebich & Markus Borowski, PhD

Content: Focus on dosimetry and methods to assess dose to the personnel. A visit to a calibration lab in Berlin is included



## 2nd repetition of the modules

#### Program 2019-2020



#### (MPE04) NEW DEVELOPMENTS

A. Taibi & P. Cardarelli online: 1 July 2019 onsite: 24 - 28 Sept 2019 Ferrara, Italy € 540 (€ 270)



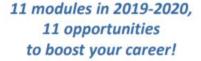
#### (MPE01) LEADERSHIP

C. Caruana &. V. Tsapaki online: 1 Nov 2018 onsite: 4-8 Feb 2019 Prague, Czech Republic € 450 (€ 250)



#### (MPE07) OPTIMISATION

A. Mackenzie online: 3 June 2019 onsite: 6 - 10 Oct 2019 (tbc) Guildford, UK £ 630 (online only £ 450)



Expert teachers

Prepare online

Meet and learn onsite

(opt. exam for extra EBAMP credits)



#### (MPE09) BREAST X-RAY IMAGING

R. E. van Engen & I. Sechopoulos online: 21 Jan 2019 onsite: 25 - 29 March 2019 Nijmegen, The Netherlands € 950 (€ 570)



#### (MPE06) NEW QA PROTOCOLS

H. Bosmans, N. Marshall & E. Vano online: 1 Sept 2019 onsite: 18 - 22 Nov 2019 Leuven, Belgium € 590 (€ 280)



#### (MPE08) IMAGE QUALITY IN CT

F. Verdun & F. Bochud online: 1 Feb 2019 onsite: 6-10 May 2019 Lausanne, Switzerland



#### (MPE12) OCCUPATIONAL DOSIMETRY

M. Borowski & M. Fiebich online: 1 Feb 2020 onsite: 30 March - 3 April 2020 Braunschweig, Germany € 760 (€ 400)



#### (MPE05) ANTHROPOMORPHIC PHANTOMS

K. Bliznakova online: 1 April 2019 onsite: 3 - 7 June 2019 Varna, Bulgaria € 380 (€ 240)



#### (MPE11) DOSE MANAGEMENT

J. Damilakis online: 1 April 2020 onsite: 25 - 29 May 2020 Iraklion (Crete), Greece € 700 (€370)



#### Information & Registration www.eutempe-net.eu

Course fees and dates may still be subject to change



#### (MPE03) MONTE CARLO SIMULATION

J. Sempau online: 10 June 2019 onsite: 8 - 12 July 2019 Barcelona, Spain € 760 (€ 380)



#### (MPE10) INTERVENTIONAL RX

A. Trianni, R. Padovani & N. Marshall online: 1 May 2020 onsite: 22-26 June 2020 (tbc) Udine, Italy € 600 (€ 300) (tbc)



# self-evaluation...



# V. During the Corona pandemic...

- -> educational webinars (1h each)
- -> master classes (2h each)

Unique approaches, polls, ... and very well attended ©



|  | Webinar  | Masterclass | Topic  | Who                              |
|--|----------|-------------|--|----------------------------------|
|  |          |             |  |                                  |
| 1  | Oct 13   | Oct 27      | Tellin' ain't Teachin'   | Danielle Dobbe                   |
| -  | 00113    | 00127       |  | Danielle Dobbe                   |
| $ldsymbol{ld}}}}}}$ |          |             |  |                                  |
| 2  | Nov 10   | Nov 24      | Webinar:<br>Building robust QC protocols for the                           | Hilde Bosmans &<br>Nick Marshall |
|  |          |             | assessment of medical x-ray imaging systems                                | INICK INIGISTIGII                |
|  |          |             | **   |                                  |
|  |          |             | Masterclass:<br>Assessing the imaging performance of the                   |                                  |
|  |          |             | Synthetic Mammography mode: what should                                    |                                  |
|  |          |             | a QC physicist do?   |                                  |
| 3  | Dec 8    | Dec 22      | Webinar:   | Ruben van Engen                  |
|  |          |             | The philosophy of QC protocols   |                                  |
|  |          |             | Masterclass:   |                                  |
|  |          |             | Digging deeper: The why behind a quality                                   | Ruben van Engen &                |
|  |          |             | control protocol and how to adapt to varying<br>realities                  | Ioannis Sechopoulos              |
|  |          |             |  |                                  |
| 4  | Jan 12   | Feb 2       | Webinar:<br>An introduction to strategic and robust                        | Carmel Caruana                   |
|  |          |             | leadership in medical physics  |                                  |
|  |          |             | reduction property and   |                                  |
|  |          |             | Masterclass:   |                                  |
|  |          |             | Medical physics leadership – real world case<br>studies from the trenches  |                                  |
|  |          |             | studies from the trenches  |                                  |
| 5  | Feb 23   | March 9     | Webinar:   | Markus Borowski                  |
|  |          |             | Personnel Dosimetry – a first step to radiation<br>protection of the staff |                                  |
|  |          |             |  |                                  |
|  |          |             | Masterclass:<br>Personnel Dosimetry – two steps ahead                      |                                  |
| 6  | March 23 | X           | Webinar:   | John Damilakis                   |
|  |          |             | A guided tour of x-ray CT through dosimetry                                |                                  |
| 7  | April 13 | April 27    | and image quality assessment   |                                  |
| ,  | April 13 | April 27    |  |                                  |
| 8  | May 11   | May 25      | Webinar:   | Paolo Cardarelli                 |
|  |          |             | Beyond X-ray tubes: Innovation in radiological                             |                                  |
|  |          |             | imaging with monochromatic sources   |                                  |
| 1  |          | l l         |  |                                  |

# VI. Sustainability (today)

- Help with practical aspects from the Nijmegen team (R. van Engen; D. Dobbe)
- Coordinator: H. Bosmans
- Registration via EFOMP's website
- Hopefully included in EFOMP mailings



# VI. Sustainability (today)

- We ran EUTEMPE ateliers in Dublin ECMPE conf. 2022
- Modules have restarted.
  - Successfully finished
    - Module RPE (Braunschweig, D)
    - Module Digital Mammography (Nijmegen, NL)
  - Planned
    - Module Digital measurements (Guildford, UK)
    - Module advanced QA protocols (Leuven, B)
  - Being reworked: Module 1, on Leadership,
     addressing also nuclear medicine and radiotherapy. New module leader – probably – P. Gilligan



# VI. Sustainability (today)

- Strengths
  - Unique course content; small group teaching; efficient
- Opportunities
  - Growing number of (young) MPEs in radiology
  - Fast technological development
  - Reach out to nuclear medicine, radiotherapy, other
- Threats
  - Work by volunteers; some of them very busy/ retire soon.
  - How to ensure we fill the needs of the 'people out there'
- Weaknesses
  - There is no financial reserve; all effort went into keep registration fees low
  - Cannot financially support expansion of modules

## Summary

- There are still a few places for the Module in Leuven
- The last 4 modules have been successful (number of participants; updated content; enthusiasm)
- If we can cope with the work load, we will continue.
   However, we have to plan the future (better)
- The EUTEMPE team is open for any offer to expand topics and to reach out better to the world of MPEs/RPEs (announcing the courses)

