

Application from the International Organization for Medical Physics for admission into official relations with WHO

1. **Year of establishment of the organization:** 1963

2.(a) **Address of the headquarters of the organization.**

Fairmount House
230, Tadcaster Road
York YO24 1ES
United Kingdom of Great Britain and Northern Ireland

Website: <http://www.iomp.org>

(b) **Contact information, name(s) and titles of officer(s) who may speak and correspond authoritatively on behalf of the organization.**

Dr Madan Rehani
Secretary General
Peter-Kaiser-Gasse 13/2/1
Vienna 1210
Austria

Dr Kin Yin Cheung
President
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Dr Slavik Tabakov
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London SE5 9RS
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3. **Aims (or purposes, objectives) of the organization as they appear in its constitution, by-laws or equivalent document.** The International Organization for Medical Physics is a professional organization for medical physics with around 20 000 members in 80 countries. The International Organization's mission is to advance the practice of medical physics worldwide by disseminating scientific and technical information, fostering the educational and professional

development of medical physics, and promoting the highest quality medical services for patients. Its aims are:

- (i) to organize international cooperation in medical physics and to promote communication between the various branches of medical physics and related subjects;
- (ii) to contribute to the advancement of all aspects of medical physics;
- (iii) to advise on the formation of national organizations of medical physics in countries that lack such organizations, and the possible formation of national committees in countries with more than one medical physics organization.

4. Main fields of work of the organization. Health care professionals (medical physicists, clinical scientists, and those working with radiation medicine).

5. Main types of activities of the organization.¹ Advocacy, conferences, education/training, journals/publications/media and research.

The organization has activities in the following countries: Austria, China, Germany, Republic of Korea, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America.

6. Membership information.

| Type of member | Total number | Voting status |
|---------------------------------------|--------------|---|
| Individuals | 20 000 | 0 |
| Nongovernmental national associations | 80 | As per the table below |
| Nongovernmental regional associations | 6 | 12 |
| Commercial enterprises | 3 | 0 |
| Total | 20 089 | 12 plus the number from the table below |

The voting rights of nongovernmental national associations are determined by the following criteria:

| Number of members | Number of delegates | Voting rights |
|-------------------|---------------------|---------------|
| Fewer than 10 | 1 | No |
| 10–100 | 1 | Yes |
| 101–400 | 2 | Yes |
| More than 400 | 3 | Yes |

¹ For an explanation of the types of activities, please see the Annex to the application.

Members in the following countries and areas: Algeria, Argentina, Australia, Austria, Bangladesh, Belgium, Brazil, Bulgaria, Cameroon, Canada, Chile, China, Colombia, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Ecuador, Egypt, Estonia, Finland, France, Georgia, Germany, Ghana, Greece, Hungary, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Israel, Italy, Japan, Jordan, Lebanon, Lithuania, Malaysia, Mexico, Mongolia, Morocco, Nepal, Netherlands, New Zealand, Nigeria, Norway, Pakistan, Panama, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Saudi Arabia, Singapore, Slovenia, South Africa, Spain, Sweden, Switzerland, Thailand, The former Yugoslav Republic of Macedonia, Trinidad and Tobago, Turkey, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela (Bolivarian Republic of), Viet Nam.

Regional offices/representatives in the following countries: Australia, Brazil, China, Indonesia, Lebanon, Morocco, Nigeria, Panama, Philippines, Saudi Arabia, United Kingdom of Great Britain and Northern Ireland.

7. Name, composition, function and frequency of meetings of the main, or if applicable, the two main decision-making bodies.

Name: Council

Composition: The Council is made up of elected officers and committee Chairs. Its officers are the President, Vice President (President-elect), Secretary General, Treasurer, and Past President. Its committee Chairs are from the Science, Education and Training, Professional Relations, Publications, Awards and Honours, Rules, and Nominating committees, and from the Medical Physics World Board. Additional delegates to the Council are appointed by the International Organization's nongovernmental national association members in accordance with the following criteria: nongovernmental national association members with more than 400 members are allowed to have three delegates at the Council with voting rights, those with between 101 and 400 members are allowed to have two delegates, and those with between 10 and 100 members are allowed to have one delegate. Nongovernmental national association members with fewer than 10 members are allowed to have one delegate, with no voting rights. Each nongovernmental regional association is allowed to have two delegates with voting rights.

Function: The Council is the ultimate authority of the International Organization.

Frequency of meetings: Meetings in person are held only at the time of the triennial World Congress on Medical Physics and Biomedical Engineering. Decisions on agenda items that require a vote are carried out electronically as and when necessary, which may be several times a year.

Name: Executive Committee

Composition: The President, Vice President (President-elect), Secretary General, Treasurer, and Past President, the Chairs of the Science, Education and Training, Professional Relations, Publications, Awards and Honours, Rules, and Nominating committees, and the Chair of the Medical Physics World Board. These professionals are elected once every three years to the Executive Committee.

Function: The Executive Committee is responsible for implementing the decisions of the Council, for carrying out the operational business of the International Organization, and for proposing to the Council strategies to advance the International Organization's objectives. The Executive Committee is empowered to act on behalf of the Council when it deems that prompt action is necessary. Such actions shall be reported by mail or email to all Council members. The Executive Committee decides on and implements the International Organization's operational plans.

Frequency of meetings: Most of the Executive Committee's work is carried out by email communication or by virtual meetings, which are held several times a year, and at meetings in person at regular conferences of the International Organization and at the conferences of its regional associations.

8. Human resources of the organization.

Number of paid staff at headquarters/secretariat: 2

Number of volunteer staff at headquarters/secretariat: 0

Number of paid staff worldwide (including staff at headquarters/secretariat): 2

Number of volunteers worldwide (including staff at headquarters/secretariat) 0

9. Financial information on the organization.¹

Annual income and expenditure in the range: US\$100 000 to US\$ 500 000

10. Formal relations with organizations and bodies in the United Nations system and nongovernmental organizations.

In formal relations with IAEA, International Union of Physical and Engineering Sciences in Medicine, the International Union of Pure and Applied Physics, and the International Council for Science.

11. Collaboration with WHO.

(a) Activities carried out jointly with WHO during the working relations period.

The International Organization has collaborated with WHO on promoting implementation of the Global Initiative on Radiation Safety in Health Care Settings, supporting the strengthening of national regulatory authorities, and facilitating the development and implementation of norms, standards and guidelines for the safety and efficacy of radiological health technologies. The International Organization has worked with WHO on advocacy for countries to implement, monitor and evaluate national policies for safer access to radiological health technologies, and to strengthen the evidence-based selection and rational use of those technologies.

¹ In order to facilitate comparison, nongovernmental organizations are requested to express their annual income and expenditure in United States dollar equivalents, and to provide estimates of these annual figures in cases where their accounts cover different periods.

In December 2012, the International Organization prepared a paper entitled “Medical physics capacity building as part of cancer control programmes in developing countries – IOMP partnering with IAEA and WHO” for a round table discussion the International Conference on Radiation Protection in Medicine (Bonn, Germany, 3–7 December 2012), and participated in the discussion. The International Conference, which was jointly organized by WHO and IAEA, led to the 2013 Bonn call for action on the safe use of radiation in medicine.

In May 2012, WHO participated in, and was part of the programme committee for, the twenty-third World Congress on Medical Physics and Biomedical Engineering (Beijing, 26–31 May 2012), which the International Organization organizes every three years together with the International Federation for Medical and Biological Engineering and the International Union for Physical and Engineering Sciences in Medicine. WHO delivered a keynote lecture at the plenary session and co-chaired a workshop on medical device system design and manufacturing. It co-organized with the International Organization a workshop on the International Basic Safety Standards for Protection Against Ionizing Radiation and for the Safety of Radiation Sources, during which it gave a presentation on the application of basic safety standards during medical radiation exposures. Participants at the workshop discussed requirements for justification for medical exposures, and agreed on the role of medical physics in promoting a culture of radiation safety in health care. WHO also presented on education and training on radiation protection for medical physicists in the workshop on new basic safety standards: requirements for medical physicists education and training, which enabled the dissemination of an action plan for the professional development of medical physicists in Africa. A workshop on the role of medical physicists during nuclear and radiological emergencies was organized jointly by WHO, IAEA and the International Organization for Medical Physics, with WHO and IAEA co-chairing.

The International Organization chaired and participated in a meeting held by WHO on the Global Initiative on Radiation Safety in Health Care Settings (Geneva, 10–12 September 2013).

WHO participated in the twentieth International Conference on Medical Physics (Brighton, United Kingdom of Great Britain and Northern Ireland, 1–4 September 2013) as a guest presenter on radiation safety in health care and promoting medical physics in Africa. A meeting was also organized between the International Organization’s Executive Committee and representatives of WHO to discuss progress made in collaboration and plan future actions.

The International Day of Medical Physics was organized in cooperation with WHO on 7 November 2013, and was celebrated in many countries. WHO delivered a video message, which was posted on the International Organization’s website.¹

During 2013, the International Organization provided WHO with a list of publications on medical physics, covering safety in radiation oncology and diagnostic imaging, for inclusion in WHO’s HINARI database.

Both WHO and the International Organization have participated in provided input for each other’s meetings, such as at the second WHO Global Forum on Medical Devices (Geneva, 22–24 November 2013), the fourth Asian and Oceanic Congress on Radiation Protection (Kuala Lumpur, 12–16 May 2014), and the International Radiation Protection Association’s fourth African Regional Congress (Rabat, 13–17 September 2014), where a workshop entitled “Radiation protection in the clinical

¹ Available at <http://www.iomp.org/?q=content/international-day-medical-physics-old> (accessed 31 October 2014).

environment: roles and responsibilities of health care providers” was jointly organized by WHO, IAEA, the International Organization, and the Federation of African Medical Physics Organisations.

(b) Planned collaborative activities with WHO for the coming three-year period.

The International Organization for Medical Physics will contribute to WHO’s work by providing the Secretariat and Member States information on the use of medical devices for diagnostic and therapeutic purposes, technical advice on radiation safety, information on the role of medical physics in the safe use of technologies, and technical support for the development of publications. Medical physicists are essential for the delivery of radiotherapy services for cancer patients and for supporting the safety and quality of all diagnostic and screening procedures in radiology and nuclear medicine.

More specifically, the International Organization will:

- (i) cooperate with WHO and IAEA on developing and disseminating training materials on the role of medical physicists in radiological emergencies;
- (ii) contribute to the organization of the 2015 World Congress on Medical Physics and Biomedical Engineering and organize events to build capacity in scaling up the role of medical physicists in health care at the World Congress and at the International Radiation Protection Association’s regional meetings in Africa, Latin America and Asia;
- (iii) seek, in collaboration with WHO, to increase the recognition of medical physicists as health professionals in resource-limited countries;
- (iv) organize physical and virtual meetings to prepare joint position statements with WHO, and possibly a symposium or session on appropriate technologies in lower-income countries, at a conference, such as the 2015 World Congress on Medical Physics and Biomedical Engineering, which is expected to have around 3000 participants;
- (v) advance the role of medical physics in diagnostic imaging in many countries through the International Day of Medical Physics, in cooperation with WHO;
- (vi) cooperate with WHO and IAEA on the implementation of the Bonn call for action, in particular the safe use of radiotherapy treatment devices to improve radiation safety and clinical outcomes;
- (vii) cooperate with WHO in referencing information on each other’s websites;
- (viii) contribute, as and when requested, to the preparation of a chapter on the role of medical physicists in decommissioning medical devices and appropriate technologies in radiation medicine in the upcoming WHO publication on human resources for medical devices, as part of the WHO Medical device technical series;
- (ix) develop guidelines for the decommissioning and donation of equipment;
- (x) cooperate with WHO and the International Radiation Protection Association for the development of a joint document on principles to establish a culture of radiation protection in medical settings;

(xi) contribute relevant publications on medical physics, including those on radiation oncology, diagnostic imaging and radiation safety, to the HINARI database, in cooperation with WHO; and

(xii) organize with WHO joint sessions and bilateral meetings at the International Conference on Medical Physics in Thailand in December 2016.

Other joint activities to improve the availability, accessibility, appropriateness, affordability, safety, and quality of radiation devices and their use in health care, including capacity-building activities, will take place when the opportunity arises.

ANNEX

EXPLANATION OF TYPES OF ACTIVITIES

Advisory – the organization regularly advises governments, nongovernmental organizations and institutions, intergovernmental bodies, or the media on matters within its competence.

Advocacy – the organization regularly undertakes campaigns, or its main purpose is, to influence decision- or policy-makers, or individual or societal behaviours or attitudes.

Conferences – the organization regularly holds scientific conferences, or other forums, excluding governing body meetings.

Data collection/surveillance – the organization, for example, maintains a register of specific diseases, up-to-date data about the number of people in a particular profession, etc.

Education/training – the organization, or its members, regularly provides educational or training courses for individuals or organizations (governmental and nongovernmental), is an examining or licensing body, or develops curricula.

Funding/donations – the organization funds the work of others and/or donates goods to others, for example, hospital equipment and pharmaceuticals.

Journals/publications/media – the organization regularly publishes a peer-reviewed professional or scientific journal and/or regularly produces and revises books and other media, e.g. CDs and videos, and maintains a publications/resources catalogue.

Research – the organization undertakes commissions or funds research as a regular activity.

Service delivery – the organization provides, commissions or is contracted on a long-term basis to provide services to non-members, for example, child counselling/protection, hospital care, suicide prevention services and delivery of food aid.

Sponsoring – the organization maintains a sponsorship programme, for example, for children, the elderly or young scientists.

Standard-setting – the organization formulates standards, ranging from professional conduct to goods and services.

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