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**2014 AFOMP Council and Executive Committee Meeting**

**Ho Chi Minh City, Vietnam**

**Agenda of Meeting**

**Date** : Friday 24th October 2014

**Time** : 12:30 – 13:30

**Venue** : Eureka Meeting Room, Hotel Novotel Saigon Centre

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- Attendance

- Minutes of the 2013 Council and Executive Committee Meeting, Singapore

1. President's report (Yimin Hu)
2. Treasurer's report (Anchali Krisanachinda)
3. Secretary General's report (Howell Round)
4. Report by Chair: Education & Training Committee (Shigekazu Fukuda)
5. Report by Chair: Professional Development Committee (Howell Round)
6. Report by Chair Science Committee (Arun Chougule)
7. Report by Chair: Funding Committee (Kiyonari Inamura)
8. Report by Chair: Awards and Honors Committee (Kin Yin Cheung)
9. Report on 13th AOCMP in Singapore, December 2013 (James Lee)
10. Report on 14th AOCMP in Vietnam, October 2014 (Nguyen Tan Chau)
11. Progress Report on 15th AOCMP, Xian, PR China, 2015 (Yimin Hu)
12. 16th AOCMP/14th SEACOMP/ICMP December, Thailand, 2016
13. Proposal for Individual Membership of AFOMP
14. AOB

**AFOMP Annual Council Meeting, 2013, Singapore**

**Minutes of Meeting**

**Venue : Level 4, Cancer Centre,, Singapore General Hospital, Singapore**

**Time :** 12:30 – 3:30, December 13, 2013

**Present :**

Yimin Hu, *President (Voting Delegate of China, and replacing Huang Yaoxiong and Jianrong Dai)*

Howell Round, *Secretary General and PDC Chair (Voting Delegate of New Zealand)*

Tae-Suk Suh, *Vice President (Korea,replacingBoe-Young Choe and Youngyih Han)*

Anchali Krisanachinda, *Treasurer (Voting Delegate of Thailand)*

Kwan-Hoong Ng, Past *President (Voting delegate Malaysia)*

Kiyonari Inamura, *FC Chair (Japan)*

Shigekazu Fukuda, *Education and Training Committee Chair (Voting Delegate of Japan)*

Arun Chougule, *Scientific Committee Chair (India, replacing K Munjal)*

Tomas Kron, *(Voting Delegate of Australia, replacing Stefan Eberl and Simon Downes)*

Masahiro Endo*, (Voting Delegate of Japan)*

Hajime Monzen*, (Japan, replacingMunefumi Shimbo)*

Freddy Haryanto, *(Voting Delegate of Indonesia)*

Challapalli Srinavas, *(Voting delegate of India)*

Kuppusamy Thayalan, *(India, replacing S D Sharma)*

James C L Lee*, (Voting Delegate of Singapore)*

Norberto Abella Jr., *(Voting Delegate of Philippines)*

Kanchan Adhikari, *(Nepal, replacing Pradumna Chaurasia))*

Agnette Peralta*, (Philippines)*

Minh Bui Hoang, *(Vietnam)*

Nguyen Tan Chau, *(Vietnam)*

Cao Huu Vinh, *(Vietnam)*

Supriyanto Pawiro, *(Indonesia)*

1. The Minutes of the 2012 Council Meeting and the reports:
2. President's report
3. Treasurer's report
4. Secretary General's report
5. Report by Chair: Education & Training Committee
6. Report by Chair: Professional Development Committee
7. Report by Chair Science Committee
8. Report by Chair: Funding Committee
9. Report by Chair: Honors and Awards Committee
10. Report on 12th AOCMP in Chiang Mai, December 2012
11. Report on 13th AOCMP in Singapore, December 2013

were taken as read, and not discussed.

1. Progress Report on 14th AOCMP, 2014

Report was presented by James Lee (Singapore). The conference was successful with over 250 delegate while only 150 were expected.

1. Report on 14th AOCMP.

Delegates from Vietnam presented their proposal to host 14th AOCMP and the ensuing arrangemnts made thus far. There was some discussion about signing of the Memorandum of Understanding.

Motion by Tomas Kron (Australia)

“AFOMP accepts the Vietnam bid to hold the 2014 AOCMP conference with the condition that VAMP will sign the Memorandum of Understanding and that the text is not changed and the decision must be sent to the President or Secretary General of AOCMP by 20 December 2013”.

Passed.

It was noted that the Memorandum of Understanding would also be signed by Nguyen Truong Son, Director of Choray Hospital, Vietnam. The meeting was in agreement with this.

1. Bids to hold 15th AOCMP

Bids were presented by delegates from India and P R China.

Vote was taken – India 8, P R China 10.

Declared that China would host 15th AOCMP in Xian.

1. Application for Affiliate Membership of AFOMP by the Malaysian Association of Medical Physics (MAMP)

As Malaysia is already represented on IOMP and AFOMP by the Medical Physics Subgroup of the Institute of Physics Malaysia, MAMP cannot be a national member of either organization, but it can be an affiliate member of AFOMP. Delegates voted in favour of accepting MAMP as an Affiliate Member of AFOMP. It was recommended that MAMP and the Medical Physics Subgroup of the Institute of Physics Malaysia work together to form an umbrella organization to represent both groups to IOMP and AFOMP.

1. AOB

* Masahiro Endo (Japan) presented a proposal for a Japanese journal - Radiological Physics and Technology- to be endorsed as an official journal of AFOMP. AS there are no formal guidelines for making such an endorsement, then it was agreed that the Scientific Committee of AFOMP should draw up journal endorsement guidelines for approval by AFOMP. AFOMP will then ask for a formal submission from Japan.
* Tae Suk Suh presented a proposed re-vamped web site design for AFOMP. Comments on the design are to be forwarded to him in the next three months.
* Arun Chougule will work as a new Editor of the AFOMP newsletter.

This meeting was adjourned at 15:30 pm

**Item 2**

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14th AOCMP

TREASURER’S ANNUAL REPORT 2014

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| --- | --- | --- |
| Item Description | (A)  Expenditure | (B)  Income |
| Accounting activity | 5,000 | 805.96 |
| Balance (B) - (A) | **-4,194.04** | |
| Fund brought forward from 2013 | US$ 17,980.75 | |
| Balance carried forward to Dec 2014 | US$ 13,786.71 | |

Account of Income and Expenditure for the Year 2014

**Income**

03/03/14 AFOMP Subscription 2013 (IOMP) US$ 805.96

**Expenditure**

23/10/14 Travel Awards 2014 US$ 5,000.00



Anchali Krisanachinda

Treasurer

Oct 23,2014

AFOMP Subscription 2013

(March 3, 2014)

Indonesia $ 39.75

China $292.77

Taiwan $165.76

Philippines $ 57.00

India $160.23

Malaysia $ 90.45

  $805.96

**Item 3**

**AFOMP SECRETARY GENERAL’S REPORT**

1. 2014 AOCMP

The Congress was held in Singapore, 12- 14 December 2014.

1. AFOMP Committees

The membership of the Committees is as follows:

**Education & Training Committee**

Shigekazu Fukuda (Japan) (Chair)

Howell Round (New Zealand)     
Simon Downes (Australia)          
David Ka Wai Yeung (Hong Kong)        
Hasin Anupama Azhari (Bangladesh)       
Supriyanto Pawiro (Indonesia)          
James C L Lee (Singapore)         
Shinichi Wada (Japan)               
Nguyen Tan Chau (Vietnam)            
Chhom Sakborey (Cambodia)          
Asdar ul Haque (Pakistan)

**Professional Development Committee**

Howell Round (New Zealand) (Chair)

Kwan-Hoong Ng (Malaysia)  
Shigekazu Fukuda (Japan)  
Raju Srivastava (Nepal)  
Anchali Krisanachinda (Thailand)  
Lilian Rodriguez (Philippines)  
Joseph An Chen Shiau (Taiwan)  
Francis Tang (Hong Kong)  
Xiaowu Deng (PR China)  
Kuppusamy Thayalan (India)\

Youngyih Han (Korea)

**Science Committee**

Arun Chougule (India) (Chair)

Takeji Sakae (Japan)  
S. D. Sharma (India)  
Hasin Anupama Azhari (Bangladesh)  
Simon Downes (Australia)  
Rajesh A. Kinhikar (India)  
Kanchan P. Adhikari (Nepal)  
Ben Yu (Hong Kong)  
Jeong-Woo Lee (Korea)

**Funding Committee**

Kiyonari Inamura (Japan) (Chair)

Anchali Krisanachinda (Thailand)

Tae Suk Suh (Korea)

Agnette. P. Peralta (Philippines)

Yi Min Hu (P R China)

Howell Round (New Zealand)

S K Koul (India)

**Awards and Honors Committee**

Kin Yin Cheung (Hong Kong) (Chair)

John Drew (Australia)

James Lee (Singapore)

Shinichi Wada (Japan)

1. The Executive has been discussing the introduction of a new category of membership: Individual Membership, for medical physicists in countries where there are too few medical physicists to expect a medical physics society to be formed. This will be discussed at the Council Meeting.
2. Two medical physics organizations have become affiliate members of AFOMP:

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| Bangladesh Medical Physics Society  Pakistan Organization of Medical Physicists |

1. AOCMP 2015

AOCMP 2015 will be hosted by the Chinese Society for Medical Physics, in the Sofitel Hotel in Xi’an China on 22th to 25th October 2015

1. AOCMP 2016

Following discussions with IOMP and SEAFOMP, the AOCMP 2016 will be held in Thailand in conjunction with the International Conference on Medical Physics and the South East Asian Congress of Medical Physics.

1. AFOMP Travel Awards

Nine awards were made to attend 14th AOCMP. Details are in the Awards and Honors Committee report.

1. AFOMP Policy Number 5

AFOMP Policy Statement no 5 on Career Progression for Clinical Medical Physicists in AFOMP Countries is under development.

Howell Round

16 October 2014

**Item 5**

**AFOMP Professional Development Committee Report 2014**

**Committee Membership**

Howell Round (New Zealand) (Chair)

Kwan-Hoong Ng (Malaysia)  
Shigekazu Fukuda (Japan)  
Raju Srivastava (Nepal)  
Anchali Krisanachinda (Thailand)  
Lilian Rodriguez (Philippines)  
Joseph An Chen Shiau (Taiwan)  
Francis Tang (Hong Kong)  
Xiaowu Deng (PR China)  
Kuppusamy Thayalan (India)

Youngyih Han (Korea)

In 2014, the committee has been developing a Policy: Career Progression for Clinical Medical Physicists in AFOMP Countries. It is not yet finalized. A draft is below.

Howell Round

Chair Professional Development Committee

16 October 2014

**AFOMP Policy No 5**

**CAREER PROGRESSION FOR CLINICAL MEDICAL PHYSICISTS IN AFOMP COUNTRIES**

**Preamble**

A qualified clinical medical physicist is defined in AFOMP Policy #1 “The Role, Responsibilities and Status of the Clinical Medical Physicist in AFOMP” [1] as “*a person who is qualified with a master university degree or equivalent in physical science or engineering science and working in* *alliance with medical staff in hospitals, universities or research institutes. In addition to his/her university degree or equivalent, a Clinical Medical Physicist shall have specialist training in the concepts and techniques of applying physics in medicine including training in the medical application of both ionizing and non-ionizing radiation. This person must have a thorough knowledge in one or more sub-fields of medical physics, including radiotherapy physics, imaging physics, nuclear medicine physics and radiation protection.*”

A medical physicist's career can span more than 40 years, including the time spent in medical physics education and training. During their career, the physicist should initially engage in a period of specialised training and education following graduation in a relevant physical or engineering science. This will normally be followed by many years of practice where the physicist could be involved in

* clinical practice
* research and development
* education and training
* management
* professional contributions

The path that a medical physicist's career takes will depend on many factors such as

* whether the physicist is employed in the government or the private sector
* whether the physicist has a university academic appointment
* whether the career path is defined by an employment contract
* whether the physicist has left active participation in the profession for a period
* opportunities for continuing professional development
* the economic status of the country that the physicist is working in

While medical physicists in some countries, especially those in the government sector, are employed under contracts that define a career advancement pathway through various stages of seniority, this is not the case for many physicists.

The purpose of this policy is to define how a medical physicist's career should progress and to offer guidance to those who employ medical physicist as to how they can develop career structures that will enable their employees to optimise their career and performance.

**Education and Training**

To ensure that a clinical medical physicist will be able to practice independently and safely, it is imperative that they receive appropriate education and training. While in the past most physicists were trained in the profession through informal on-the-job experience in an apprentice-like fashion, the complexity of modern medical technology and the depth and breadth of scientific and technical knowledge and understanding required, this is no longer appropriate. Education and training must now be well-structured, formal, comprehensive with appropriate assessment and examination of the trainee physicist's skills and knowledge being undertaken, resulting in formal certification by a recognised competent body (such as the certifications by the Australasian College of Physical Scientists and Engineers in Medicine or the American Board of Radiology).

AFOMP Policy #3“Recommendations for the Education and Training of Medical Physicists in AFOMP Countries” [2] details how medical physicists should be educated and trained. Relevant education, training and certification structures have been defined by the International Atomic Energy Agency [3-6] and by the International Medical Physics Certification Board [7], and education, training and certification schemes should conform to their recommendations. Generally, those entering the profession should have an undergraduate degree in an appropriate physical science or engineering. This should be followed by a masters-level or higher degree in medical physics that consists of a comprehensive lecture program on medical physics theory and technology, anatomy and physiology, and a research project. Finally, a structured program of in-house training must be undertaken at a properly-equipped hospital department that should last for a minimum of two years.

For the period that a physicist is being trained in-house in a hospital department, they should be accorded all of the rights of an employee in that department, including being remunerated at a medical physicist level.

**Career Structure**

In the private sector, it is not common for a defined career structure to exist. In several countries, where public sector medical physicists work under a negotiated national, state or provincial employment contract, a career structure is defined by way of a salary/seniority structure through which physicists can progress. AFOMP, in principle, supports the use of such structures as they often provide guidance as to how a physicist’s career is progressing and they often define the level of responsibility and expertise required at each stage of the structure.

It is recommended that medical physicists are employed under negotiated agreements that define levels of qualifications, skills, attributes, experience, responsibilities, performance and accomplishments that must achieved to be promoted from one level to the next.

For example, the following 4-level structure could be used for guidance. The titles could be accorded to each level and should be chosen according to local terminology. The structure will not be strictly implementable in all AFOMP countries and hospitals, and it is not intended that it should be implemented. Likewise, the expectations of the capabilities, experience and responsibilities of the physicists at each level, nor the number of years that a physicist should spend at each level and the number of levels are not strict. Therefore it is expected that each hospital or country will develop their own structure to suit local conditions.

**Level 1**

A Level 1 physicist is one who has completed an undergraduate degree and who is in clinical training (including masters-level academic education) or in the first few years of their career after completing their certification. A physicist would normally be employed at this level for the first 5 to 8 years of their employment including their time in clinical training.

The physicist will not have any responsibility for equipment or processes. Their work responsibilities would be of a general nature and would be under the direction of a physicist employed at a higher level. They would train and work on less complex phases of medical physics while continuing to broaden the scope of their understanding of all phases of clinical physics, especially in their chosen medical physics specialization.

**Level 2**

A Level 2 physicist is one who has completed a formal clinical medical physics training program of the duration and standard recommended by the International Medical Physics Certification Board or the International Atomic Energy Agency and has sufficient experience to act independently as a medical physicist. A physicist would normally be employed at this level in the 6th to 15th years of their employment as a medical physicist. They would normally be specialized in an area of medical physics such as radiotherapy or diagnostic imaging.

At this level, a physicist would be expected to be able to

* work independently with reference to a Level 3 or 4 physicist;
* define a problem and formulate strategies for solving it;
* interpret novel or non-standard data;
* make value judgments in unfamiliar situations;
* communicate scientific advice clearly and accurately to others;
* recognize fault situations and take appropriate action

Their responsibilities will include:

* participating in the training of Level 1 physicists and other staff;
* participating in the specification of new equipment;
* participating in or leading the commissioning of new equipment, procedures and techniques;
* providing medical physics support clinical services relevant to their specialization;
* measuring and analyzing data as part of quality assurance programs;
* performing calibrations of equipment and participating in the maintenance of equipment;
* participating in safety programs;
* keeping abreast of current developments in their specialization;
* participating in committees and other activities within their hospital department;
* leading the provision of a special procedure (e.g., brachytherapy,peptide receptor radionuclide therapy);
* providing advice to medical physics colleagues, technicians, technologists, researchers, medical specialists and other staff;
* participating in research programs;
* participating in medical physics professional organization activities at a local level;
* presenting papers and posters on medical physics research and development at scientific meetings

**Level 3**

A Level 3 physicist is one who has extensive experience post-training, and has a significant level of responsibility, leadership and management in the department in which they are employed. They are recognised locally as an expert in all aspects of their specialization. A physicist would normally be employed at this level in the 12th and later years of their employment as a medical physicist. They would have extensive experience in their area of specialization and would be contributing to research and development, if possible, in their local environment.

At this level, a physicist would be expected to be able to, in addition to what is expected of a Level 2 physicist

* lead and coordinate the work of Level 1 and 2 physicists;
* manage colleagues under their control;
* participate in strategic planning for their department;
* have developed links to a university to participate in teaching and research where possible;

Their responsibilities will include:

* coordinating the training of Level 1 physicists and other staff, and providing teaching;
* leading the specification of new equipment;
* leading the commissioning of new equipment, procedures and techniques;
* providing medical physics support clinical services relevant to their specialization;
* ensuring the provision and reliability of quality assurance programs;
* overseeing and validating calibrations and maintenance of equipment;
* playing a leading role in safety programs;
* leading strategic developments in the provision of services in their specialization;
* making budgetary decisions;
* participating in committees and other activities within their hospital as a whole;
* ensuring the provision of a special procedures (e.g., brachytherapy, peptide receptor radionuclide therapy);
* participating in medical physics professional organization activities at a national level;
* developing and coordinating medical physics research and development projects

**Level 4**

A Level 4 physicist is one who has overall responsibility for planning, organizing and leading the medical physics staff in providing support for therapeutic and diagnostic medical procedures, calibrating and commissioning of equipment, education of medical physicists and other technical and clinical staff, research and development in a hospital or group of hospitals. They are recognised nationally, and possibly internationally, as an expert in all aspects of their specialization, but are able to lead physicists in all medical physics disciplines. A physicist would normally be employed at this level in the 15th and later years of their employment as a medical physicist. They would be likely to have an adjunct academic appointment in a university.

At this level they would be expected to

* lead the strategic development of medical physics services in their hospital(s);
* manage all staff to ensure effective delivery of medical physics services;
* organize, delegate and motivate others;
* assist in the development of skills and experience for staff;
* engage and communicate effectively with senior management at hospital and national level;
* represent their department at all levels in their hospital(s);
* provide advice to consultants and other medical staff, radiographers, manufacturers and service engineers, and other physics staff;
* develop and implement local and national protocols and procedures;
* coordinate and develop the research strengths within the physics department.
* maintain and develop research communication programs, particularly with local tertiary (i.e., university-level) institutions;
* actively participate in medical physics professional organizations and related scientific organizations and committees at a national and international level

**Professional Development**

It is vital that a medical physicist stays up-to-date with developments in their area of practice; therefore all physicists should be engaged in a program of professional development. AFOMP Policy #4 “Recommendations for Continuing Professional Development Systems for Medical Physicists in AFOMP Countries” [8] should be consulted and a system implemented in each hospital.

**Temporary Cessation of Employment**

It is quite possible that at some point in their careers, medical physicists may cease their employment for a period because of health issues, extended family leave, etc. Provision should be made to enable such physicists to re-enter the medical physics workforce so that the profession will not lose their expertise and experience.

While temporary sensation is likely to have a negative effect on career advancement, strategies should be employed to minimize the impact. For example, where possible, a program of continuing professional education should be followed during the absence so that the physicist will stay up-to-date with the technology and techniques used in the profession.

**Academic Appointments**

Interaction between clinical medical physicists should be encouraged where possible. This would promote the medical physics profession to students and encourage joint research projects to the benefit of the university, the physicists, and their department. It must be recognised that this can be difficult to institute, especially where the physicists are located remotely from a university with an interest in medical physics.

Medical at the more senior levels should encourage and lead research and development projects within their own departments, and contribute to teaching in postgraduate medical physics programs in universities. A formal adjunct academic appointment to a university should be made for physicists, where possible, to secure clinical/academic interaction and facilitate applying for joint research grants. Joint employment appointments for physicists between a university and a clinical department are also encouraged. Both employing parties cooperating to ensure that the dual nature of the position is taken into account when considering career progression and promotion to higher professional levels within each organization.

**Professional Status**

A certified medical physicist will normally have had at least 5 years tertiary education and training. Increasingly, medical physicists complete a doctorate and will have had have had eight years tertiary education. It is expected that they will also have completed two or three years of clinical training and passed examinations by a recognised body before they are certified. Thus a certified clinical physicist will have had 7 to 11 years of tertiary education and training.

Physics is recognised as being one of the more challenging sciences to study and understand, and it requires those studying it to a graduate level to also have skills in mathematical, computational and experimental techniques. With regard to this and the specialised nature of their expertise, contracts under which medical physicists are employed should recognise that their education, training and expertise is usually at a different level to that of other medical scientist and technologists. Thus employment contracts for physicists should be separate to those of other medical employees.

The status of the medical physicist in a clinical environment should be similar to that of a qualified medical specialist. This appears to be the situation in several countries (such as Finland, the Netherlands, and Hungary).

While being a medical physicist is a recognised occupation by the International Labour Organization and is listed in the International Standard Classification of Occupations (ISCO-08) [9], it is still not recognised as an occupation or profession in many countries. Medical physics professional organizations should encourage their governments to formally recognise the profession of the medical physicist.

**References**

1. Ng KH et al (2009) AFOMP Policy Statement No 1: The role, responsibilities and status of the clinical medical physicist in AFOMP. Australas Phys Eng Sci Med 32:175-179
2. Round W H et al (2011) AFOMP Policy Statement No 3: Recommendations for the education and training of medical physicists in AFOMP countries. Australas Phys Eng Sci Med 34:303-307
3. International Atomic Energy Agency, Clinical Training of Medical Physicists Specializing in Diagnostic Radiology (2010), IAEA, Vienna, Austria http://www-pub.iaea.org/MTCD/publications/PDF/TCS-47\_web.pdf
4. International Atomic Energy Agency, Clinical Training of Medical Physicists Specializing in Radiation Oncology Physics (2009), IAEA, Vienna, Austria http://www-pub.iaea.org/MTCD/publications/PDF/TCS-37\_web.pdf
5. International Atomic Energy Agency, Postgraduate Medical Physics Academic Programmes (2014), IAEA, Vienna, Austria http://www-pub.iaea.org/MTCD/Publications/PDF/IAEA-TCS-56\_web.pdf
6. International Atomic Energy Agency, Clinical Training of Medical Physicists Specializing in Nuclear Medicine (2011), IAEA, Vienna, Austria http://www-pub.iaea.org/MTCD/publications/PDF/TCS-50\_web.pdf
7. International Medical Physics Certification Board, http://www.arooj.org/IMPB/guidelines120112.htm
8. Round W H et al (2012) AFOMP Policy Statement No 4: Recommendations for continuing professional development systems for medical physicists in AFOMP countries. Australas Phys Eng Sci Med 35:393-398
9. International Labour Organization, http://www.ilo.org/public/english/bureau/stat/isco/isco08/index.htm

**Item 6**

**Report of Scientific Committee AFOMP**

The committee was formed in July 2013 and revised in June 2014 on feedback/suggestions and uploaded on AFOMP website is as follows

**Committee Chairman**

|  |  |
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|  | **Dr. Arun Chougule [ India]** |

**Committee members**

Takeji Sakae (Japan)

S. D. Sharma (India)  
Hasin Anupama Azhari (Bangladesh)  
Simon Downes (Australia)  
Rajesh A. Kinhikar (India)  
Ben Yu (Hong Kong)  
Jeong-Woo Lee (Korea)

Kanchan P. Adhikari (Nepal)

During AOCMP 2013 at Singapore the meeting of the science committee was held and the discussions were communicated to all the members through email as only few members only could attend the meeting at Singapore.

The criteria and norms for officially affiliating a journal with AFOMP were discussed by the committee and the recommendations were given to Secretary General AFOMP. The criteria suggested by science committee for circulated to AFOMP EXCOM by Secretary General and after the inputs they will be finalized by AFOMP GBM.

During AOCMP 2013 at Singapore the EXCOM AFOMP had given the responsibility of restarting the newsletter of AFOMP to me. I am happy that the newsletter is restarted and two issues have already brought out and uploaded on AFOMP website, the third issue is under process. Through emails all the members of science committee are kept informed of the scientific activities in AFOMP region and their help is sought to make it more effective.

With help, support and continuous consultation/ cooperation from the Nguyen Tan Chau, Organising Secreatry AOCMP 2014 a well balanced scientific programme is devised which is uploaded on the website.

The science committee of AFOMP meeting is planned on 23 rd Oct. 14 at HCM city during AOCMP2014.

**Committee roles**

|  |  |
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| 1. | To explore and identify the need for international scientific symposia, research meetings, regional meetings and/or research workshops and assist with the member country medical physics organization for effective arrangements of these activities in AFOMP member countries |
| 2. | Sensitize and enhance the cooperation of member state medical physics organisation for exchanging the information regarding scientific activities planned in their respective countries and put the information on AFOMP website as calendar of scientific activities |
| 3. | Promote the co-operation and the communication with other medical physics organizations outside Asia to maintain quality of patient care through research, education and training |
| 4. | Organize and /or sponsor regional and international conferences in AFOMP region |
| 5. | Encouraging research, education and training in medical physics so as maintain quality of medical physics and patient care in AFOMP region |
| 6. | Promote exchange of knowledge and research to upgrade skills of medical physicists to enhance application of principles of physics in medicine To explore frontier areas in physics and biology and their impact on the principles of physics in medicine, emphasizing research within academic physics, in order to promote international cooperation |
| 7. | Promote international cooperation in addressing the science needs of medical physics, including participation in the scientific programs of other organizations |
| 8. | Encourage medical physicists to provide the information about their new research, publication so that AFOMP members get to know and benefit from the member |
| 9. | Explore possibilities of exchange programme for young medical physicists to upgrade their knowledge and skills |

We are trying to achieve the goals.

As Chairman organizing committee of “International Conference of Medical Physics, Radiation Protection and Radiobiology” ICMPRPR 2k15 being organized at Jaipur, India during 20- 22 Feb. 2015. I invite all the AFOMP members to participate and support this conference.

We plan do more with support and inputs of all the members of AFOMP.

**Item 7**

**Report of AFOMP Funding Committee**

2014/10/7

Chairman of FD Committee

Kiyonari Inamura

**Funding Committee Member**

Kiyonari Inamura (Japan) (Chair)

Anchali Krisanachinda (Thailand)

Tae Suk Suh (Korea)

Yi Min Hu (P R China)

Howell Round (New Zealand)

S K Koul (India)

A. Status of AFOMP dues collection.

1．Effort to collect AFOMP dues has been continued since the method was agreed by EXCOM.

2. The amount of Collected AFOMP dues was reported at AFOMP Council meeting in Singapore on Friday 13 December 2013 .

3．We have to cooperate with IOMP to continue the collection by method described in Report of AFOMP Funding Committee presented at the AFOMP council meeting in2012.

B. Status of cultivation of new AFOMP corporate membership

1. Several accesses to companies have been tried, but not successful. Only exception was that from Varian China who donated $2,000 directly to President Yimin Hu, but it was not through AFOMP corporate membership.

2. Intensive trial especially to Japanese companies has been continued. But they have refrained from donation nor participation to corporate membership.

3. Effort to recruit new Corporate Membership has been continued. An example target was Varian China in Beijing, but president of the company was reshuffled and the effort has not been fruitful.

C. IOMP grant proposition

1. Report of IOMP grant in the past was sent to IOMP in 2013.

2. New proposition in the years of 2014 to 2015 is under preparation in the condition that active plan of Committees of ETC, PDC and/or SC are on the progress.

D. Memorandum of Understanding of Funding Committee

1. Memorandum of Understanding of Funding Committee for the purpose of describing action plan of AFOMP Funding Committee was drafted as attached in this report.

2. MOU of FD is composed of:

2-1. Annual plan of revenue and expenditure

2-2. Corporate Membership of AFOMP-Relevant issues for medical equipment companies-

2-3. Benefits of AFOMP Corporate member

E. Meeting of FD Committee

Meeting of FD Committee was held in Singapore during AOCMP2013 on Friday 13 December 2013 .

Full time attendants were Yimin Hu, Tae Suk Sue, and Kiyonari Inamura.

It was reconfirmed that further effort to cultivate Corporate Member should be continued. But the amount of expected expenditure with active business plan should come first. Inamura promised to present an annual plan for next fiscal year. He had submitted a plan for 2012-2013 fiscal year, but it was not well recognized among AFOM EXCOM. He wanted to try again.

**Annual plan of revenue and expenditure　2014-2015.**

**Revenue** in 2014-2015　(Sep. 201 to Aug.2015) fiscal year **Total:** **US$24,000**

1. Annual fees from Corporate Memberships

Gold: US$ 2000×2 companies　　　　　　　　　　　　　　　　　 US$ 4000

Silver: US$ 1000×2 companies　　　　　　　　　　　　　　　　　 US$ 2000

Bronze: US$ 500×4 companies　　　　　　　　　　　　　　　　　 US$ 2000

Total US$ 8,000

1. Registration fees for training courses and/or workshops

US$ 20 × 50 persons ×6 events US$6,000

1. Fee for advertisement in AFOMP-published Proceedings and homepage:

US$ 1,000 × 4 pages US$4,000

4. AFOMP membership dues US$6,000

**Activities and Expenditure　　　　　　　　　　　　　　　　　 Total:** **US$24,000**

1. Training course on linear accelerators US$1,000

Twice per year -- US$500 × 2　（Venue fee and documentation printing/distribution ）

7 hours (1 day) course in large city such as Bangkok or Kuala Lumpur

6 hours (1 day) course in small city or town

2. Training course on treatment planning system for external beam therapy US$1,000

Twice per year -- US$500 x 2 （Venue fee and documentation printing/distribution ）

7 hours (1 day) course in large city such as Bangkok or Kuala Lumpur

6 hours (1 day) course in small city or town

3. Training course on computed radiography US$1,000

Twice per year -- US$500 x 2 （Venue fee and documentation printing/distribution ）

7 hours (1 day) course in large city such as Bangkok or Kuala Lumpur

6 hours (1 day) course in small city or town

4. Workshop on image quality maintenance 　 US$1,000

Twice a year -- US$500 x 2　（Honorarium and documentation printing/distribution ）

7 hours (1 day) course in a major hospital

6 hours (1 day) course in a small hospital in small city or town

5. Training course on MDCT and quality assurance 　 US$1,000

Once a year -- US$1000　（Honorarium and documentation printing/distribution ）

7 hours (1 day) course in a major hospital

6 Training course on MRI and quality assurance 　 US$500

Once a year -- US$500　（Venue fee and documentation printing/distribution ）

7. Development of AFOMP web site to make it more informative and attractive US$3,000

8. Travel assistance to training course participants

US$85 x 10 persons x 10 events= 　 US$8,500

9. Travel assistance to major relevant international conferences such as AOCMP US$1000 × 5 persons or US$500 × 10 persons or combination US$5,000

10. Travel expenditure for promoting AFOMP membership

US$1000 × 1person × 1 time 　 US$1,000

11. Travel expenditure to promote corporate membership and/or advertisement

US$500 × 1 person ×1 time 　 US$500

12. Funds brought forward from 2013/2014 　 US$500

**Corporate Membership of AFOMP**

**Relevant Issues for Medical Equipment Companies**

AFOMP activities are of benefit to medical equipment companies who want to expand their market in the Asia-Oceania region.

**Important issues are:**

1. High quality education and training of medical physicists is essential to ensure that the quality assurance of diagnostic imaging and radiotherapy equipment is carried out to a high standard. Maintaining imaging and therapy capabilities and quality is a major concern for both medical physicists and medical equipment manufacturers and suppliers.
2. The education and training of medical physicists in the AFOMP region is important to ensure that future high-tech medical equipment will be properly commissioned, operated, quality assured and serviced by qualified experts.
3. The sharing of experience and expertise in workshops will provide a means by which physicists and manufacturers can cooperate in the development and design of medical equipment. This will lead to the improvement of equipment capabilities, operation and maintenance and also extend equipment lifetime.

To ensure the above, AFOMP and medical equipment manufacturers and suppliers must cooperate to initiate and maintain the education and training of medical physicists as well as cooperatively sharing our knowledge and experience. Corporate membership fees will help to implement this and to support other AFOMP activities.

**Benefits of Corporate Membership to Medical Equipment Companies**

**1. Benefits to corporate members are, in the short term:**

(1) A better knowledge of the capabilities, specifications and maintenance requirements of medical equipment by medical physicists will enable them to properly advise clinicians on future equipment planning and purchasing. This will benefit equipment manufacturers and suppliers when negotiating sales with clinicians and physicists.

(2) Fully understanding the maintenance and repair requirements of medical equipment by medical physicists will reduce the repair and maintenance costs to suppliers and manufacturers and ensure the reliable operation of equipment.

(3) AFOMP will provide:

１） Free advertising on the AFOMP website

2） Dissemination of production information to member organizations

3） Discounts for advertisements in AFOMP publications

4） Information on AFOMP-related scientific events and activities

5） Higher priority and discounts for booths at technical exhibitions at the annual Asia-Oceania Congress of Medical Physics

**2. Long-term benefits to companies**

(1) Enhanced market access in the AFOMP region

(2) A larger share of product sales in the AFOMP region

(3) Closer cooperation with users to help design and optimize equipment for users in the AFOMP region

**AFOMP’s expectations in the next 5 years and 10 years**

1. **In the next 5 years, AFOMP will:**
   1. Increase the number of training courses from 6 in the 2013/2014 fiscal year to 12
   2. Increase the number of participants in training courses from 300 in the 2013/2014 fiscal year to 600
   3. Increase the number of certified medical physicists in the AFOMP region by 50%
   4. Recruit 2 more countries into AFOMP membership
   5. Increase the number of paper submissions to official journal of AFOMP (Engineering and Physical Sciences in Medicine) by 50%
2. **In the next 10 years, AFOMP will:**
   1. Increase the number of training courses from 6 in the 2013/2014 fiscal year to 24
   2. Increase the number of participants in training courses from 300 in the 2013/2014 fiscal year to 1200
   3. Increase the number of certified medical physicists in the AFOMP region by 100%
   4. Recruit 2 more countries into AFOMP membership
   5. Increase the number of paper submissions to official journal of AFOMP (Engineering and Physical Sciences in Medicine) by 100%

**AFOMP Corporate member Benefits**

**There are various levels of membership available to suit your marketing strategies. Each corporate package has clear benefits for marketing opportunities in our region. This region has enormous growth potential, and I invite you to help realize this potential in partnership with us. AFOMP is also developing equipment and medical physics profiles in its developing countries, which will indicate equipment status and market opportunities.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sponsorship Level** | **Gold**  **(US$ 3,000)** | **Silver**  **(US$ 1,500)** | **Bronze**  **(US$ 500)** |
| Link to your company on our web site; Free for 2012-13 | **○** | **○** | **○** |
| Free half-page advertising in e-newsletters and web site. | **○** | **○** | **○** |
| Support for training courses | **○** | **○** |  |
| Discount rate for our annual conference exhibition | **○** | **○** |  |
| Free delivery of advertising material on missions to AFOMP countries | **○** |  |  |
| Free introductions to key purchasing personnel in AFOMP countries | **○** |  |  |
| Developing country equipment profiles | **○** |  |  |

**Item 8**

**Report of Honours and Awards Committee, 2014**

1. Membership of the Honours & Awards Committee:

Kin Yin Cheung (Hong Kong), Chairman

John Drew (Australia)

James Lee (Singapore)

Shinichi Wada (Japan)

1. AFOMP Travel Awards 2014

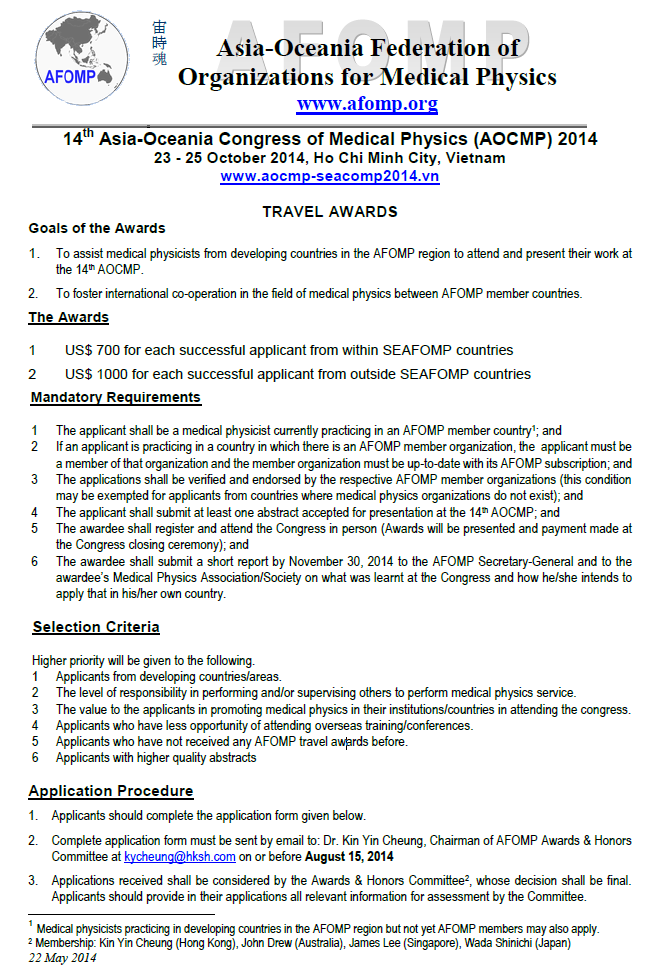
A funding of about USD 8,000 was allocated by AFOMP EXCOM to support medical physicists from developing countries in the AFOMP region to attend the 14th AOCMP and 12th SEACOMP joint congress to be held in Ho Chi Minh City, Vietnam during 23-25 October 2014. Details of the awards and application requirements are given in the announcement attached.

A total of 20 applications have been received. 7 applications were ruled by the Committee as being invalid because they do not comply with one or more mandatory requirements for the Awards. The valid applications with ranking in order of priority as listed below were submitted to AFOMP EXCOM for decision making on the number of awards:

|  |  |  |
| --- | --- | --- |
| **Rank** | **Name** | **Country** |
| 1 | Jibon Sharma | India |
| 2 | Arun Gupta | Nepal |
| 3 | Chhom Sakborey | Cambodia |
| 4 | Azleen Moho Zain | Malaysia |
| 4 | Md. Akhtaruzzaman | Bangladesh |
| 6 | Roujahn Durante | Philippines |
| 7 | Isra Israngkul Na Ayuthaya | Thailand |
| 8 | Rini Shintawati | Indonesia |
| 9 | Timothy Peace Balasingh Santosh | India |
| 10 | Janatul Madinah Wahabi | Malaysia |
| 11 | Arun Chogule | India |
| 12 | Quennie Paylago | Philippines |
| 13 | Nesley Mateo | Philippines |

K Y Cheung

6th October 2014



**AOB**

**Proposal to Institute an Individual Membership Category for AFOMP**

At present, AFOMP has few membership categories:

* Under Article 6.1 of the Constitution: *The Medical Physics Organizations in the Asia and Oceania region may apply for Membership of the Federation.  Only those Organizations which are members of International Organization for Medical Physics will be admitted to Membership of the Federation*.
* Under Article 7 of the Constitution: *Individuals who have made a significant special contribution to the advancement of Medical Physics are eligible for admission to the Federation as Honorary Members, subject to the approval of the Council*.
* Under the Appendix to the Constitution: *Industrial membership and affiliate membership*.

There are several countries in the Asia-Oceania region where there are medical physicists, but too few to establish a national medical physicists’ professional association or society. Such countries would include Myanmar, Cambodia, Tajikistan, Uzbekistan, Kyrgyzstan, Papua New Guinea, Brunei, Afghanistan and French Polynesia. In addition, new radiation oncology centres are being established in Laos, Fiji and New Caledonia, so there will soon be medical physicists there also.

In these countries, the medical physicists can have no affiliation with AFOMP under the existing membership categories, and there is very little chance that in these countries there will be sufficient medical physicists to form a national society or association in the near future. But under Article 4 of our Constitution, one of AFOMP’s aims and purposes is to promote the co-operation and communication between medical physics organizations in the region.

To enhance AFOMP’s ability to co-operate and communicate with our fellow medical physicists in these countries, and to help open up channels through which we can support them, it is proposed that AFOMP institute another membership category: Individual Membership.

To become an Individual Member, it is proposed that an applicant must meet the following conditions:

1. The member must be a medical physicist with a relevant degree in a physical science.
2. The member’s country of residence must not have a medical physics society that is a member of AFOMP.
3. There should be no more than 10 medical physicists in the member’s country of residence. If there are more ten, then the medical physicists are expected to form a formal medical physics association and apply for membership of AFOMP.
4. Application for Individual Membership shall be made to the General Secretary in writing or by email, and Membership shall be granted provided conditions 1., 2. and 3. are met.
5. The member will not be charged a subscription.
6. The member may attend and speak at meetings of Council, but may not vote or hold office.
7. The member may contribute to AFOMP Committee discussions and activities, but may not vote or hold office.

Howell Round

Secretary General AFOMP