1.0 Introduction
The Outreach Program was originally the brainchild of former ISS President, Iain McCall (UK). The purpose of this document is to detail guidelines for future programs.

2.0 Aims
The aims of the Outreach Program are as follows;
• to fulfil one of the primary objectives of the ISS in providing high quality education in the diagnosis and management of musculoskeletal disorders.
• to provide this education in countries where exposure of physicians to high quality teaching may be limited by financial and/or geographical constraints (i.e. in “developing” countries).
• to foster development in these countries/regions of groups or societies with the aim of promoting the diagnosis and management of musculoskeletal disorders.

The program is also aimed to increase the awareness of the ISS as the leading International Society in the field of diagnosis and management of musculoskeletal diseases, with emphasis on radiological and pathological diagnosis and to foster ties with the Society.

3.0 Budget
The budget for the Outreach Program will be included in the Treasurer’s annual budget presented to, and agreed by the Executive Committee and members at the subsequent Business Meeting at the time of the annual meeting. It is acknowledged that the amount expended in any year will be dependent on the number of programs run in that particular year. It is anticipated that there will be around 6 programs organized each year around the world with an average cost to the ISS of $10,000 per program. The Outreach Program chairman will be responsible for approving faculty expenses that will be paid by the Society’s management company, Weiser. Weiser will keep a record of all budgetary expenditure and provide regular updaters to the Treasurer in the form of a spreadsheet. The Treasurer will monitor the amount spent year-on-year and will report back to the Executive Committee if the average annual expenditure significantly varies from the budgeted sum.

4.0 Budgetary Expenditure
The ISS will reimburse the lecturers for all reasonable expenses associated with their return travel (standard/economy class air fare ONLY) to participate in the program and to cover their hotel accommodation in the host country during the program. If a lecturer opts to upgrade to a business class airfare he/she does so at entirely at his/her own expense. It is anticipated that hotel accommodation for the program in the host country will be 3 or 4 nights. If a lecturer wishes to stay on longer for social or cultural reasons he/she does so at his/her own expense. Other expenses that may be claimed include travel to and from the home airport, airport parking etc. Lecturers should submit an expenses claim together
with the original receipts to Weiser using the claim form (see Appendix 2) within 2 months of the end of the Outreach Program. An additional $250 will be added to the expenses payment to cover incidental expenses such as visa applications, immunisations, single trip medical/travel insurance and refreshments in transit. A copy of the completed expenses claim form should also be sent to the Chair of the Outreach Program Committee.

5.0 Outreach Program Committee
The President appoints the committee for a period of 2 years renewable for 2 years. In addition to the chairman there will be members responsible for initiating programs in different geographical areas (Regional Coordinators). These include the following:
- Central/South America
- North Africa
- Sub-Saharan/Central/Eastern/Western Africa
- Eastern Europe/Russia/Balkans
- Far East and Middle East

The chairman may co-opt onto the committee other ISS members with a proven track record of education in the third world to act as “Advisors”.

6.0 Regional Coordinators
It will be the responsibility of each Regional Coordinators to propose a minimum of one program (location, lecturers, local organizer etc.) per year for his/her region to the chairman. As and when the proposal is accepted, with or without modifications, the Regional Coordinator will then be expected to continue with planning until such time as he/she considers that the Lead Lecturer and the Local Organizer can take over. It is important that these individuals keep the Regional Coordinator informed of progress (copying in e-mails etc.) in case of subsequent problems.

7.0 Choice of Lecturers
The Regional Coordinator should propose the team of three lecturers to be agreed after discussion with the chairman. The following should be taken into account when choosing lecturers.
- each lecturer should be an ISS member
- each lecturer should have recognised skills as an educator
- the expertise of lecturers should compliment each other to ensure a broad syllabus can be proffered
- preference will be given to those members with local knowledge or specific language skills relevant to the country and/or prior ethnic links with the country or region
- the choice of lecturer should take account of the distance required for him/her to travel to and from the country to participate in the program as this will influence travel costs to the Society and may impact on the individuals ability to teach (jetlag etc.)
- in general no member should participate in more than one Outreach Program in any 2 year period. Regional Coordinators should refer to Appendix 1 when drawing up a short list of possible lecturers.
- the Outreach Program is primarily an opportunity for younger members to serve the Society and participate in education in developing countries.
• the Regional Coordinator may propose himself/herself as one of the three lecturers. This is encouraged on at least one occasion, as it will give him/her valuable insight into the organizational requirements of running one of these programs.
• the choice of lecturers should also take into account local factors e.g. religion, dietary etc. For example, there is no point in sending vegetarian teetotallers to Siberia. They would starve and offend their local hosts in equal measure!
• one of three lecturers will be appointed Lead Lecturer by the Regional Coordinator. It will be his/her responsibility to act as liaison with the Local Organiser to finalise program dates, travel arrangements, lecture/tutorial program etc. The Lead Lecturer will be responsible for providing the Regional Coordinator and Chairman with a report after the programme is completed highlighting what aspects worked well and what didn’t and opportunities for future ventures.

- Individual faculty members may request certificates of participation from the local organiser for each outreach program indicating the number of local CME credits. No CME Credits according to US or European demands will generally be provided.

8.0 Local Organizer
A critical early step in deciding where to hold an Outreach Program is for the Regional Coordinator to identify an appropriate individual to act as the Local Organizer. This may be an existing ISS member who resides and works in the country in which case he/she might be chosen as one of the three lecturers. Alternatively, and more commonly, the Regional Coordinator will need to identify a Local Organizer who has no prior involvement with the ISS. This individual will need to be a physician of good standing in the country with the necessary contacts, organizational skills, access to facilities etc. required to ensure a successful program. The Local Organizer’s responsibilities include the following;
• to liaise first with the Regional Coordinator and subsequently the Lead Lecturer to arrange dates for the program, travel schedule, lecturer’s hotel accommodation, lecture/tutorial program etc.
• to provide a venue to hold the program (lecture theatre + tutorial rooms for 3 groups)
• to handle all aspects of registration of participants.
• to seek (if required) support from industry towards program costs with the exception of lecturer’s costs. It must be stressed at all times that the ISS is only able to cover the lecturer’s travel and hotel accommodation costs. All other costs are the responsibility of the Local Organizer/Institution etc.

9.0 Choice of City/Country
Several factors need to be considered when deciding whether a particular city/country is appropriate for an ISS Outreach Program. These include the following;
• a potential enthusiastic Local Organizer with skills to fulfil responsibilities listed in item 8.0 (see above).
• Adequate financial backing to cover Local Organizer’s costs e.g. industry support etc.
• sufficient numbers of radiologists (or pathologists depending on program content) living in the surrounding area to participate on program. For example, Malawi in Central Africa has a population of almost 20 million but several years ago there were only 2 radiologists in the whole country. While there may be a desperate need for good quality
education in that country the low number of relevant qualified physicians makes it an inappropriate site for a program.

• potential participants should under normal circumstances have little opportunity to attend major international congresses e.g. RSNA, European Congress of Radiology etc. This may be due to relatively low pay or the remote location may make travel costs for physicians from that country prohibitive.

• it is important that both political and security issues are considered. It should be avoided to organize a program in a country where the political situation is volatile or foreign visitors are a frequent target for petty crime. Similarly it would be appropriate to avoid organizing a program in the 2 months before and 1 month after major elections in a country in case of temporary political instability.

• when determining dates for a program it is best to liaise with the Local Organizer to avoid national and religious holidays as this can impact on ease of travel and registrants ability and willingness to participate on the program. Seasonal variations in the weather also need to be considered e.g. in monsoon areas.

10.0 Program Content
The standard Outreach Program has a maximum of 50 local participants undergoing 2 days instruction from the 3 lecturers. There should be a mix of didactic lectures to the whole assembly and smaller tutorial sessions (see Appendix 4 for a specimen program template). Some latitude with the program schedule is permissible dependent on local factors. Lecturers will need to adjust the speed of delivery of their lecturers dependent on local language ability. The Local Organizer may provide simultaneous translation but this will be at his/her cost. Alternatively, already successfully trialled in Siberia, the lecturers PowerPoint presentations can be translated by the Local Organizer (or his/her staff) and projected side by side with the master presentation (i.e. dual projection). For this to work the lecturers need to submit their PowerPoint presentations well in advance of the program.

By experience simultaneous translation has not shown to be a favourable solution for insufficient command of the English language by the participant of the ROP. It should be an exceptional case.

The level of the lectures and tutorials need to take into account the educational level of physicians working in that country. Lecture content should not all be high-tech as many of the participants will have little access to advanced imaging techniques.

The registrants ideally should be in the latter stages of training or recently appointed to a substantive post. It is recognised that choice of registrants is under the control of the Local Organizer and that factors may influence numbers and age of participants.

To-date all the Outreach Programs has been radiological. One or more pathology programs will be trialled over the next few years. Ultimately, it might be possible to organize multidisciplinary programs.

11.0 Report
The Lead Lecturer will be responsible for providing the Regional Coordinator and Program Chair with a report of the program. In addition, the Local Organizer will obtain
feedback from the participants that can be incorporated into the report. Lead lecturers will also be invited to write a second report detailing the state of musculoskeletal imaging in that part of the world (see Appendix 5). These reports may in due course be published as an occasional series in the journal, Skeletal Radiology subject to the Editor’s approval.

12.0 Repeat Visits
Initially the programs will be organized in different countries. It is envisaged, however, that over time further visits will be organized to the same countries (different city?) to foster ties with the Society and educate the next generation of “trainees”.

13.0 Preparation
Experience of previous programs shows that it can take a minimum of 1 year to set up a program from the time that a particular country/city, Local Organizer and Lead Lecturer are identified. Realistically Regional Coordinators should be planning programs 12 to 24 months ahead.

Lecturers need to be reminded to ensure that they have adequate personal travel insurance (including medical cover) and that they should apply for any visas well in advance. It may be necessary for the Local Organizer to provide each Lecturer with a formal letter of invitation from his/her institution or relevant radiological society to be included with the visa application documentation. In some countries this may also include written approval from a government agency within the country concerned.

Lecturers should also check in advance whether any immunisations are recommended before travel and if there are any medications that should be taken e.g. malaria prophylaxis.

While most programs will be conducted in fairly modern surroundings it is not always possible to guarantee this beforehand. Lecturers are, therefore, advised to take a laptop with the necessary cables to connect to an overhead projector (at least one per team of 3 lecturers), an appropriate electrical adaptor for the region (can be purchased at the home airport on departure), lectures and tutorials backed-up on CD ROM in case the laptop is “mislaid” (the CD ROM should preferably travel in a different bag from the laptop) and a laser pointer (+ spare batteries). The latter item should not be included in hand luggage as it is banned on most flights as a potentially offensive weapon!

Amended November 5, 2012, March 26, 2013, October 2014

A Mark Davies  Chair ISS Outreach Program  October 2010

Klaus Bohndorf  Chair ISS Outreach Program  2012-2014

Victor Cassar Pullicino  Chair ISS Outreach Program  2014-2016
APPENDIX 2: INTERNATIONAL SKELETAL SOCIETY

OUTREACH PROGRAM

GUIDELINES FOR FACULTY MEMBERS EXPENSES & CLAIM FORM

The ISS is responsible for reimbursing the lecturers expenses (see below). The local host/society organizing an Outreach Program is usually responsible for all other aspects such as transport to and from the host’s airport to the faculty hotel transport to and from the hotel to the program venue and any associated social events.

The ISS will reimburse the lecturers for all reasonable expenses for participating in the Outreach Program. These include:

• Return standard/economy class airfare. Please note that the Society will not pay business class fares. Any lecturer wishing to upgrade their ticket to business class do so at their own expense.

• Travel expenses to and from home airport.

• Car parking at home airport if applicable.

• Hotel accommodation in the foreign country during Outreach Program.

In addition to the expenses listed above the ISS will pay an additional $250 to each lecturer to cover any incidental expenses that may arise such as visa applications, immunisations, single trip medical/travel insurance and food & drink while in transit.

The completed expenses claim form should be returned with the original receipts to Pam Murphy, International Skeletal Society, Two Woodfield Lake, 1100 E Woodfield Road, Suite 350, Schaumburg, IL 60173, US (pam@wjweiser.com). Please keep a copy of your claim form and receipts in case the originals go astray. Please also send or email a copy of the claim form and the receipts to the Chair of the Outreach Program. Please make sure that it is clear on the form what currency applies ($/£/€ etc.).
INTERNATIONAL SKELETAL SOCIETY
OUTREACH PROGRAM
FACULTY MEMBERS EXPENSES CLAIM FORM

NAME _______________________________________

ADDRESS _______________________________________

____________________________________

Email _______________________________________

Air Fare (standard/economy class) _______________________

Travel to & from Home Airport _______________________

Airport Parking (if applicable) _______________________

Hotel Accommodation _______________________

Please select a payment method below (either wire transfer or mailed check)

If a wire transfer is required preferred:

BANK NAME _______________________________________

BANK ADDRESS _______________________________________

ACCOUNT NAME _______________________________________

BANK IDENTIFIER CODE _______________________

IBAN* _______________________________________

*international bank account number

If a mailed check is required/preferred:

ADDRESS _______________________________________

*Please indicate only if different from the above address
The completed claim form should be sent together with the original receipts to Pam Murphy, ISS, Two Woodfield Lake, 1100 E Woodfield Road, Suite 350, Schaumburg, IL 60173, US (pam@wjweiser.com). A copy of the claim form and receipts should also be sent to the Chair of the Outreach Program, Prof. Dr. Victor Pullicino via PDF to victor.pullicino@rjah.nhs.uk. The Regional Coordinators are advised to keep a copy of the completed claim form and receipts for your own records in case of later queries.
APPENDIX 3

OUTREACH PROGRAM COMMITTEE
2014-2016

CHAIR
Victor Cassar Pullicino (UK)

REGIONAL COORDINATORS
Central/South America  Michel Crema (Brazil)
Far East and Middle East  Wilf Peh (Singapore)
North Africa  Ali Guermazi (US)
Sub-Saharan/Central/Eastern/Western Africa  Johnny Monu (US)
Eastern Europe/Russia/Balkans  Josef Kramer (Europe)
APPENDIX 4

ISS OUTREACH PROGRAM SPECIMEN TEMPLATE

FACULTY
Lecturer A giving lectures A1, A2 & A3
Lecturer B giving lectures B1, B2 & B3
Lecturer C giving lectures C1, C2 & C3

Participants divided into 3 equal groups for Tutorials – X, Y & Z

DAY 1

0730-0815 Registration
0815-0830 Welcome

Session 1 Lectures
0830-0915 A1 Lecturer A
0915-1000 B1 Lecturer B
1000-1045 C1 Lecturer C

1045-1115 COFFEE

Session 2 Tutorials
1115-1200 Group X Lecturer A
Group Y Lecturer B
Group Z Lecturer C

1200-1245 Group Z Lecturer A
Group X Lecturer B
Group Y Lecturer C

1245-1400 LUNCH

Session 3 Lectures
1400-1445 B2 Lecturer A
1445-1530 C2 Lecturer B
1530-1615 A2 Lecturer C

1615-1645 TEA

Session 4 Tutorials
1645-1730 Group Y Lecturer A
Group Z Lecturer B
DAY 2

Session 5  Lectures
0900-0945  C3  Lecturer A
0945-1030  A3  Lecturer B
1030-1115  B3  Lecturer C

1115-1145  COFFEE

Session 6

1145-1230  Topic Discussion  Lecturers A, B & C

1230-1300  Feedback/Certificates & Close

This template is for advice only. The schedule can be amended as required. For example the program can be expanded to fill 2 days to give more time for breaks/between lectures or to include more tutorials if desired. Alternatively, depending on travel arrangements, the program can commence at lunchtime on Day 1 and continue through to the late afternoon on Day 2.
APPENDIX 5

INTERNATIONAL SKELETAL SOCIETY

OUTREACH PROGRAM

SKELETAL RADIOLOGY REPORT GUIDELINES

BACKGROUND
The former Chair of the ISS Outreach Program Committee, Mark Davies (UK), recently looked into how these educational activities could be more widely publicised thereby raising the profile of the Society in the wider medical community. His proposal is that one of the faculty members would also be asked to write a report on the state of musculoskeletal imaging in the country or region they had just visited. This idea met with the approval of the editors and publisher of Skeletal Radiology and it was agreed that these reports, subject to editorial approval, would be published in Skeletal Radiology for a trial period. The purpose of this document is to outline guidelines on what should be included in the report and how it should be structured in an attempt to ensure some degree of uniformity.

TITLE
The title of the report should be “International Skeletal Society Outreach Year: Name of Country”.
E.g. ISS Outreach 2010: Oman
ISS Outreach 2010: Columbia

AUTHORS
The report will be written by one of the three ISS members forming the faculty of the program and should be coordinated with all other members of the faculty. The names of each author and institution affiliations should be given as per any other publication in Skeletal Radiology. The report should be approximately 1500-2000 words. The report should be submitted to the chair of the Outreach program committee within 2 months of the end of the program.

INTRODUCTION
This brief section should indicate the purpose of the report (to review the state of musculoskeletal imaging in that particular country) and that any data presented was collected during an Outreach Program conducted by the authors in city X in month Y (together with brief mention of any cooperating organizations/societies).

DEMOPGRAPHICS
This section should give the reader a thumb-nail sketch of the country. Much of the information can be obtained direct from the internet (e.g. Wikipedia). For example;

Oman, officially the Sultanate of Oman, is a country of 2.6 million inhabitants on the southeast coast of the Arabian Peninsula bordered by the United Arab Emirates on the
northwest, Saudi Arabia on the west and Yemen on the southwest. Approximately one
fifth of the population are migrant workers predominantly from the middle-east and south
east Asia. The economy is based on oil exports with little other industrial development
and limited subsistence agriculture. Etc.

HEALTHCARE SYSTEM
What is the model of healthcare provision in the country? State funded private or a mix of
both? If both what proportions? What % of GDP is spent on healthcare as compared with
the US? What is the life expectancy for the average male and female? In countries with a
large migrant worker population where do they get access to healthcare – if at all?

RADIOLOGISTS
How many radiologists are there in the country (number per million population)? Are
they concentrated in just a few hospitals in the major centres or spread around? Do most
qualified radiologists have to do some private practise to make a living? Do the
radiologists have the opportunity to travel to attend international congresses (ECR,
RSNA etc.)? What proportion of the qualified radiologists are nationals of that country
and what from overseas and from where? What professional radiological organizations
exist – national or regional societies? Independent societies, or allied to other medical
societies? Are there any other educational initiatives taking place due to support from
other outside societies, non-governmental agencies, WHO, industry etc?

RADIOLOGY TRAINING
Are there radiology training schemes and, if so, how many and where and how many
radiologists are trained each year. Is the radiology training based on any western model
(3 year/5 year program, curriculum, examinations etc)? Is musculoskeletal imaging well
represented in the training program? What are the aspirations of the majority of radiology
trainees – to work in their own country once qualified or to move to the West to improve
their quality of life? If the latter what proportion and to which countries (Europe, US etc.) –
does it follow traditional colonial links? If no radiology training schemes exist in the
country where did the radiologists working in that country receive their medical and
subsequently their radiological education?

IMAGING EQUIPMENT
What is the number and approximate age of the imaging equipment in the country
(numbers of CT, MRI, gamma cameras, PET etc)? Compare and contrast number and age
of equipment between state funded and private hospitals. Is the equipment well
maintained – if not what are the particular problems (age of equipment, getting parts,
funding, bureaucracy, availability and expertise of engineers etc)? Where do the gamma
cameras (if any exist) obtain their radioisotopes? Is the equipment appropriate for the
type work – e.g. there may be ultrasound scanners but no probes for undertaking
musculoskeletal applications or are they too busy being used for other clinical
indications? How do the radiologists approach common musculoskeletal problems? Are
techniques considered obsolete in the developing world still practised because of lack of
high tech equipment – e.g. radiculography? If so, how often?
CONCLUSION
This brief section should stress the highs & lows of musculoskeletal imaging in the country as perceived by the visitors and how might the situation be improved for both the patients and radiologists i.e. increased funding alone not sufficient need to improve infrastructure etc.

A Mark Davies,
October 2010

Amended, June 1st 2013-06-01

Klaus Bohndorf
Chairperson of the ISS Outreach Programme 2012-2014

Amended, January 1st 2015-01-01

Victor Cassar Pullicino,
Chairperson of the ISS Outreach Programme 2014-2016