

Clinical Engineering Division (CED) Chairman Report

April 26, 2012

On behalf of IFMBE/Clinical Engineering Division (CED) I am delighted to submit this report. The report covers activities between 2009-2012 and reflects the global progress achieved to date.

Following the election CED Board members in 2009, with the good support from IFMBE leadership, CED was able to adopt and to begin accomplishing its newly adopted mission. On December 1, 2009 the CED Board voted and confirmed the following vision and mission statements:

Vision statement:

To become an international forum for discussions of all subjects that may improve clinical engineering profession and thus improve global healthcare delivery through the advancement of safe and effective innovation, deployment and management of healthcare technology by competent clinical engineering practices.

IFMBE is the only international professional federation that has a Clinical Engineering Division focusing specifically on the life cycle management of healthcare technology and embracing all those who professionally practice in the clinical engineering field, whether in academic institutions, health care facilities, industry, business, voluntary sector, or government.

Mission statement:

To advance worldwide learning, research, knowledge, deployment and communications in the clinical engineering community, healthcare technology management and its understanding including other stake holders.

To achieve this, several fundamental actions were needed (1) to establish organization structure within CED that will guide and maximized board members work, (2) communications tool that is globally useful, and (3) prioritization of CED functions to make it relevant and useful.

The organization structure was built by establishing working groups and selecting members to lead the group and its specific projects. Three such working groups were established:

1. Professional Practices and education,
2. Standards and guidelines, and
3. Strategic development and communications.

The accomplishments of these working groups include the following:

1. Securing donation support from the largest healthcare provider system (Kaiser-Permanente) in the USA to establish and to host a **CED website** as shown in figure 1 below that can be found at the following url:
<http://health.groups.yahoo.com/group/CEDGlobal/>

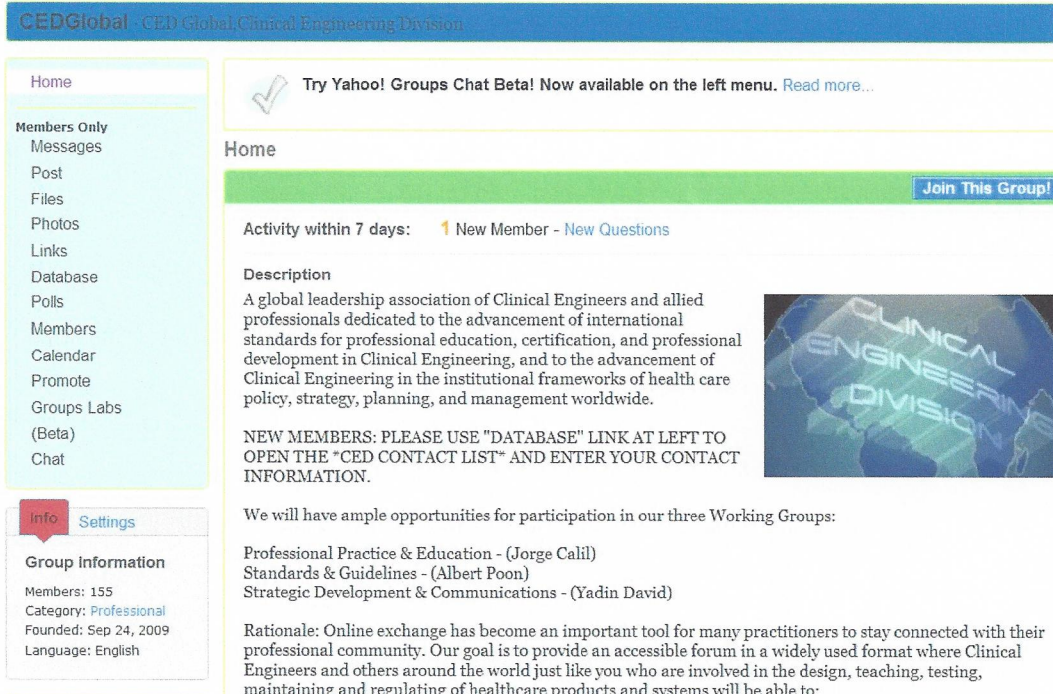


Figure 1: Hosted CED website

This accomplishment allowed CED work products to be timely posted, shared and to begin engaging the clinical engineers community from around the world. It facilitated the sharing of such items as meeting agenda, meeting minutes, pending projects, news, call for volunteers and other pertinent publications to this community. There are over 150 registered members on this website with close to 400 postings showing growth in on-line interactions as noted in the figure below.

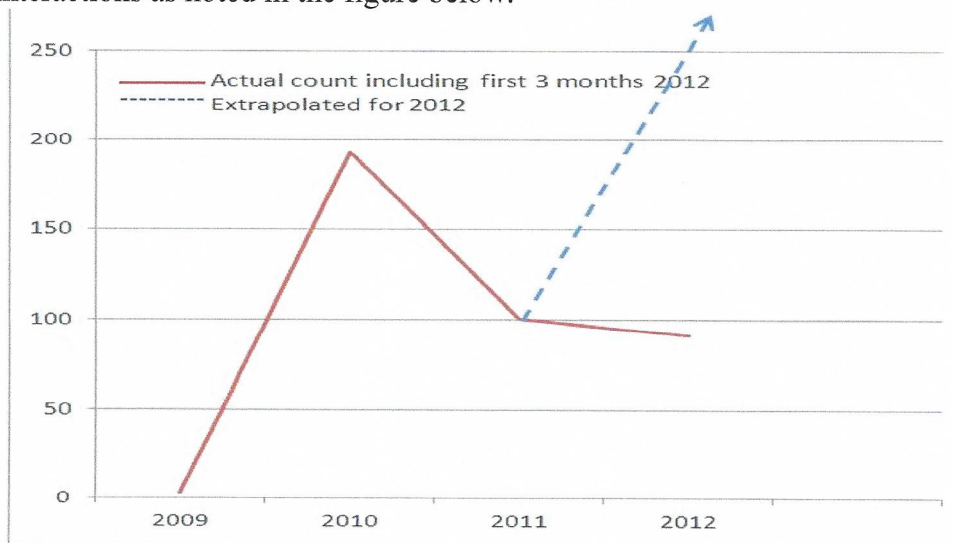


Figure 2: CED website postings

In addition, this on-line capability allowed CED board to conduct global quarterly meetings and facilitated board members participation regardless where they are. CED

also initiated, for the first time within the IFMBE, virtual global meeting using this capacity at the Munich, Germany 2009 congress.

2. Perhaps one of the most significant achievements this past year was the re-writing of the **CED Charter** and securing the General Assembly approval for its adoption. The new Charter, the result of Prof. Jorge Calil's work, allows for the invitation of global experts to collaborate with CED on its various projects while receiving recognition for their affiliation. This will expand the CED ability to work on simultaneous projects.
3. **Building relationship** through active participation with the World health organization (WHO) CED members (together with Prof. Marc Nyssen IFMBE - WHO Liaison) worked on the **development of concept, on lecturers' recruitment and participation in the Global Initiative on Health Technologies (GIHT)** forum supporting the international community in establishing a framework for the development of national health technology programs and encourages the business and scientific communities to identify and adapt "innovative" technologies that have significant impact on public health in developing countries. The **WHO First Forum on Medical Devices** took place in Bangkok, Thailand, 9-11 September 2010. In addition, as part of the overall strategy to improve access to safe, effective and appropriate medical devices, **WHO convened global experts, including from CED leadership**, to develop and publish policies about health technologies (see URL) http://www.who.int/medical_devices/policies/en/. These policies, strategies, and action plans address health technologies, specifically medical devices, and are being added into required national health plan. In addition, relationships were strengthen or initiated for the first time with national clinical engineering societies in China, Italy, USA, Brazil, Canada, India, with WHO and recently also with Engineering Health World.
4. To help meet WHO objectives, **WHO have contracted with IFMBE/Clinical Engineering Division (CED) to compile glossary of medical devices terms** that are specifically used in health technology management by clinical engineers. The use of common terminology and their global harmonization will bring clinical engineering closer. The project was completed under Dr. Yadin David leadership and successfully submitted to WHO in March 2011. For the first time, contract for professional services was awarded to IFMBE and IFMBE was **awarded USD 5,400 for this work**. The outcome of this work will promote global relationships and reflect well on the expertise that CED offers and about the commitment its members make to help colleagues reach better and safer health services. CED members also worked on the series of policies and procedures published by WHO in June 2011 under the Development of Medical Devices Policies website- http://www.who.int/medical_devices/policies/en/, see figure 3 below.



Figure 3: WHO document policy about medical device.

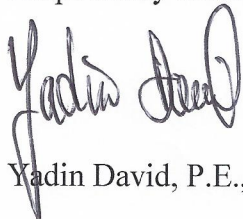
5. The ability to find colleagues to begin professional exchange mandate the need for access to Biomedical engineering teaching units and clinical engineering practitioners. Through the work of Prof. Jorge Calil, the **Directory of Teaching Units and of Individuals practitioners** were updated and posted at the CED website as well as on WHO website.
6. Another successful accomplishment was reached last year, when the translation of six (6) Health technology management books (close to 1800 pages) in the series published by **Ziken was translated into Spanish**. The translation work was done by the Biomedical Engineering Faculty of Tec de Monterrey, school of medicine, Mexico, and Following external review was posted free-of-charge at the CED website, WHO, on the Health Partners International website (http://www.healthpartners-int.co.uk/our_expertise/how_to_manage_series.html) and by national societies throughout South and Central America. Many accolades received about this accomplishment. The approved CED 2010 budget facilitated this achievement and CED, on behalf of the world community, is thanking IFMBE for approving the project that has been delivered on time and within budget.
7. Guidelines for professional development and the role of **clinical engineering certification** were studied by CED member Prof. Mario Medvedec. This important project is work-in process and CED intends to further understand the potential for global strategy in 2012.
8. Part of professional networking is communication about CED programs and update on related science news. The CED began and continues to deliver **Clinical Engineering column** for every issue of the new IFMBE initiative the **e-Newsletter**. The column has been received well judged by the comments sent to CED chairman.
9. CED board members were involved in the delivery of **training on Medical Equipment Management** in workshops around the world. Those were in collaboration with the Pan American Health organization (PAHO), American College of Clinical Engineering

(ACCE) and other entities. For example, in Kuala Lumpur, Malaysia in January 2011, 11 Iraqis clinical engineers from their MOH (Engineering) were in one of these classes. At present, CED is working with several national societies and universities on developing basic clinical engineering workshop for newly graduates who enter practice in hospital and need program management tools.

10. the need for global center for information on how health technology management can be better prepared to face disaster was identified during the Haiti earthquake devastation and CED chairman has proposed to collaborate (for example with Prof. Luis Kun from National Defense University and with WHO) on the **development and establishment of international center for training health technology managers on disaster preparedness plans**. CED participated in organizing support to the Haiti community and Japan's community recovery efforts following the devastating disaster that these communities suffered. The events further emphasize the need for immediate development of such collaborative center where variety of agencies and experts will interact to develop best practice for preparing health technology managers to optimally operate before, during and after disaster hit.
11. CED board is holding **elections in 2012** to fill vacant positions and it is the first time that there are more qualified candidates than available position. Very good news.
12. Finally, CED has organized theme and special session at the **World Congress in Beijing, China** and is looking forward to enjoy successful event.

Judged by the increase involvement of clinical engineers from around the world with the CED Working Groups and with its website provides solid reason to strongly support CED within the IFMBE. We are, therefore, appreciating the IFMBE President and GA support and are looking forward to report on additional accomplishments next year.

Respectfully submitted



Yadin David, P.E., C.C.E., Ed.D.

Biomedical Engineering Consultants, LLC

Asst. Professor, University of Texas School of Public Health

Chairman, IFMBE/CED