



IFMBE

Clinical Engineering Division

Clinical Engineering Division (CED) Chairman Report

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On behalf of IFMBE/Clinical Engineering Division (CED) I am delighted to submit this report. The report covers activities since September 8, 2010 when election of new CED chairman and Board members took effect.

Clinical engineering is growing profession as judged by recent creation of national clinical engineering societies in India, China and Ethiopia. Further expansion in the scope of healthcare technologies development and advancement in the deployment of biomaterials, informatics, wireless communication and nanotechnology placed an additional focus on the need for competent clinical engineers. Globally, technology transfer, multinational collaboration and harmonization of regulations promote the need to identify common elements for clinical engineering education. Healthcare technology life cycle management has become to be more complex and demands knowledge that is not readily accessible around the world. Hence, the need for international platform for knowledge exchange, for facilitation of professional development and growth, and for modeling practices benchmarks. The CED is planning to position itself to engage in and provide focal point for leading global efforts in the clinical engineering field. Newly elected members and chairman are enthusiastic about the strategy and the budget submitted to IFMBE executives earlier this year. Attached to this report are:

1. CED membership roster
2. CED newly proposed charter (adding allowance for new member category for expanded participation in the CED working groups).
3. CED vision statement, goals and objectives and Working Groups approved by CED members.
4. CED created and operates new website (screen page picture enclosed) at no cost to IFMBE.

The low activity level originated from CED over the past years raised the question if the CED purpose and/or structure are in line with the needs of the global clinical engineering community. Based on the CED chairman and the new Board members extensive exposure to clinical engineering groups around the world - CED implemented the following activities that address these needs:

1. Drafted new charter and requesting the administrative council to approve it.

2. Developed annual budget and secure executive approval.
3. Created operating structure for the CED with three (3) Working Groups, assigned leaders and priority areas for each one of them.
4. Created and collaborated with a host (Kaiser Permanente Clinical technology) on the new CED website located at <http://health.groups.yahoo.com/group/CEDGlobal/>

This website already serving as excellent communication tool, has logged at the time of this report writing 78x registered global members are communicating via the site as well as high messaging traffic between members. During the month of April 2010, 15x posting registered which translates into a post every other day reflecting mark improvement from 2009 and previously when such tool was not available and communications were slim. It is important to note, that CED has not been charged for the development or the hosting of this website, however, plans and budget should be put in place for the transfer of this function into the IFMBE website when it will be ready.

5. Initiated e-Meeting with the first simultaneous virtual multinational clinical engineering meeting took place on June 29, 2009. Another e-Meeting took place during the World Congress in Munich and since; the CED is holding quarterly e-Meetings bringing the communication between clinical engineers and collaborators on the CED board to significantly higher level than before. Reliable internet connection is still a frustrating factor causing, at times, loss of members' participation. I believe that regardless, this tool is already facilitating global clinical engineering cooperation that continues to evolve.
6. Energized the working relationship with WHO. During the WHO 2nd Technical Advisory Group (TAG) meeting on Health Technology that took place in Rio de Janeiro, Brazil in Nov. 2009, CED representative made presentations about IFMBE and about the role of CED to large international gathering (with travel funding provided by WHO). Informal CED board and collaborators meeting took place there with representatives from ACCE and WHO joining. Following that, CED representative participated at the WHO planning session in Geneva (December 2009) to assist in the development of the First Global Forum on Medical Devices scheduled to take place in Bangkok, Thailand between Sept. 9-11, 2010. During the planning meeting CED representative worked on the program planning and the clinical engineering sessions.
7. During January 2010, CED sent two (2) representatives to participate in Third International Conference BME 2010 specifically in the Clinical Engineering Workshop (CEW) in Ho Chi Minh City, Vietnam, in support of the IFMBE Asia-Pacific Working Group and to assist in the development of biomedical engineering program there. Through collaboration with Orbis International, the travel expenditures of one CED representative were completely covered by Orbis Foundation. The topics delivered by the CED representatives included Survey results of Clinical Engineering Body of Knowledge, Development of Biomedical Engineering in Hong Kong – From Cradle to Certification and Development of Biomedical Engineering program – Roundtable Discussion.
8. Supported the creation of listserv for Clinical Engineers in Support of Haiti Relief - over 100 clinical engineers from around the world volunteer to help. Connected with the Pan American Health organization (PAHO) and non-government organization to move assets and talents as

needed. This even highlighted the need for disaster response strategy for clinical engineers. CED will continue to work on this initiative.

9. During February 2010, CED representative and collaborators participated in the 20th anniversary celebration of the ACCE Advanced Clinical Engineering Workshop in Atlanta, GA, USA. Since 1991, 45x ACEWs hosted by 28 countries, with over 4000 participants from 63 countries attending, and more than 70 faculty members involved. In Atlanta, presentation was made to faculty and students from about 40 countries about the new CED, its purpose and website.
10. CED representative met with ACCE leadership and with Healthcare Technology (clinical engineering) Certification Commission to review areas for cooperation. As a result, the Commission submitted to the CED proposal for establishing international body for clinical engineering certification with the support of CED. Additional information related to the proposal was requested from the commission and CED plans to continue to review it at their annual Board meeting in Greece.

The mission of CED - to advance worldwide learning, research, knowledge, deployment and communication in the clinical engineering community, healthcare technology management and its understanding by other stakeholders has started to be heard. Translation of clinical engineering text book (Ziken series), development and maintenance of directories of clinical engineers and of clinical engineering training units, website services and professional development and certification review all causing increase excitement about CED operation. 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. Please review and approved the CED charter enclosed here.