THE EUROPEAN ASSOCIATION OF RADIOLOGY 1962 – 2007

A Vision Realised

European Association of Radiology
www.ear-online.org

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Preface

The European Association of Radiology (EAR) arose from a Europe recovering from a disastrous war. The cooperation between radiologists and national radiological societies from the various European countries resulted in a dynamic and fruitful organisation that will continue with the work of the European Society of Radiology (ESR). Giving an account of such an active organisation is not easy and much has been left out. When Marie Curie compiled her biography of her late husband Pierre Curie she wrote: 'This narrative is, to be sure, neither complete nor perfect. I hope that the picture it gives of Pierre Curie is deformed, and that it will help to conserve his memory. I wish, too, that it might remind those who knew him of the reasons for which they loved him.' This account of the work of EAR is neither complete nor perfect, and we trust that it is not deformed. The authors hope that this account will help to conserve the memory of EAR and will also serve as a reminder of the lasting achievements of an organisation that we will remember with affection and love.

Adrian Thomas
Convenor, EAR Working Group on the History of Radiology
February 2007

'Our profession is pre-eminently based on technology but we must always appreciate and promote that which is good and humane.'

Mathias Demoulin, 1982

Introduction

The radiological sciences as we know them were born in Europe towards the end of the 19th Century. In 1895, Wilhelm Conrad Röntgen (1845-1923) was professor of physics and director of the Physical Institute at Würzburg in Germany. As part of his work required the use of evacuated glass bulbs, he noted that when an electric current was passed across the bulb, a barium platinocyanide screen was seen to fluoresce. He at once realised the significance of this observation and on the 28th of December 1895, his manuscript 'Über eine neue Art von Strahlen' ('On a New Kind of Rays') was submitted to the Würzburg Physical Medical Institute. The essential features of the X-rays were described and the new discovery aroused a worldwide sensation. The description of the ability to see through the body was greeted by many with incredulity and the early accounts had to reassure the public that this was a serious discovery by a respected scientist. Antoine Henri Becquerel (1852-1908) was interested in this exciting new discovery so he decided to investigate the possibility of a connection between X-rays and naturally occurring phosphorescence. This led to his discovery in 1896 of the phenomenon of natural radioactivity and the new rays were called Becquerel rays. The young Marie Curie (1867-1934), born in Poland under the name Maria Sklodowska, was at that time working in Paris and was looking for a topic for her doctorate. She decided to investigate these new Becquerel rays and worked on the problem with her husband Pierre Curie (1859-1906) who had been appointed professor in the School of Physics at the Sorbonne in Paris in 1895. Their fruitful collaboration resulted in the discovery of two new radioactive elements, polonium and radium. Wilhelm Röntgen was awarded the first Nobel Prize for physics in 1901 and Antoine Henri Becquerel was awarded the Nobel Prize for physics jointly with the Curies in 1903. Marie Curie was awarded a second Nobel Prize for chemistry in 1911 for her work on radioactivity and it was Marie Curie who first used the word radioactivity.

It is interesting to note that in 1880, the brothers Jacques Curie and Pierre Curie predicted and then subsequently demonstrated the principle of piezoelectricity by showing that certain crystals can generate an electrical polarisation when subjected to mechanical stress. The first practical application for piezoelectric devices was sonar that was first developed during World War I by the French physicist Paul Langevin (1872-1946), who had been a pupil of Pierre Curie. Paul Langevin and his co-workers developed an ultrasonic submarine detector. The interest in piezoelectric devices finally led to medical applications in diagnostic ultrasound.

That the discoveries of Wilhelm Röntgen, Antoine Henri Becquerel and the Curies had medical and other applications was soon realised. The X-rays and radium were applied to medical diagnosis and therapy. After the discovery of X-rays, Röntgen societies were formed in countries throughout the world to enable practitioners and enthusiasts to meet, discuss and exchange new ideas. For example, in the United Kingdom, the first meeting of a new X-ray Society was held on 18th March 1897 in London with Silvanus Thompson as the first president. Wilhelm Röntgen was the first honorary member. This society was the first of the Röntgen societies to be formed and was the precursor of the current British Institute of Radiology. It was Thurstan Holland from BIR who was the President of the 1st International Congress of Radiology that was held in London in 1925. Throughout Europe, national radiological societies were formed and flourished. In the USA, the American Roentgen Ray Society (ARRS) was founded in 1900 and the Radiological Society of North America (RSNA) followed in 1915. Today the RSNA is one of the largest radiology societies in the world and hosts the world's largest annual radiology meeting attracting delegates from all around the world. In Europe however there was no pan-European organisation of radiology as such. Each country in Europe had its own radiological organisation with its own scientific meetings and its own rules and regulations regarding radiological training.

The European Association of Radiology (EAR) was created to be a common forum for the national and subspecialty radiological societies representing diagnostic and interventional radiology, radiotherapy and medical imaging in the European countries. EAR promotes and coordinates the work of radiologists in all European countries in order to further the progress of radiology and related sciences by fostering research, education and patient care. EAR helps to establish and promote good relations between radiologists as well as professional, scientific and industrial organisations. EAR also represents European radiological interests towards public authorities. Apart from research, education, training and professional issues, the further development of European radiology in harmony and in close collaboration with the national radiological societies and the subspecialty radiological societies remains an important goal of EAR. The work of EAR since its formation has gone far beyond the expectations of the founders and has resulted in the present successful and dynamic organisation.

The Early Years

The culture of Europe is complex and diverse with many different languages and traditions. There was fragmentation following the decline and then fall of the Mediterranean-centred Roman Empire and unity of Europe was an ideal but far from a reality. For hundreds of years Europe was connected by a loose administration under the Frankish empire of Charlemagne and the Holy Roman Empire. A collection of competitive nation states developed and attempts to unify the disparate nations of Europe seemed to be doomed to failure. It was only after the catastrophe of World War II (1939-1945) that the need for European integration was accepted.

On the 19th September 1946, the former British prime minister Winston Churchill gave a celebrated speech at Zurich University in Switzerland. The speech was the first statement of the need for European integration in the post-war period.

> *"I wish to speak to you today about the tragedy of Europe … Yet all the while there is a remedy which, if it were generally and spontaneously adopted by the great majority of people in many lands, would as if by a miracle transform the whole scene, and would in a few years make all Europe, or the greater part of it, as free and as happy as Switzerland is today. What is this sovereign remedy? It is to recreate the European Family, or as much of it as we can, and to provide it with a structure under which it can dwell in peace, in safety and in freedom. We must build a kind of United States of Europe … The first step in the recreation of the European Family must be a partnership between France and Germany." Winston Churchill (1946)*

In 1950, the French Foreign Minister Robert Schuman (1886-1963) made a proposal for achieving partial integration by setting up a European Coal and Steel Community (ECSC). The position of Robert Schuman was interesting. Schumann had been born in Luxembourg and he was technically a German national since his father was from German-held Lorraine. He served as an auxiliary with the German army during the First World War and became a French citizen after the Lorraine region was returned to France at the end of hostilities in 1918. Schuman went on to take up a leading role in French politics. The ECSC plan linked many competing interests, with its main objective being reconciliation between France and Germany. West Germany was not a sovereign nation then and so used this as an opportunity to be recognised as an equal partner among the six founding nations. The European Coal and Steel Community treaty was signed in Paris on the 18th of April, 1951 and came into force on the 23rd of July, 1952. Events progressed satisfactorily and on the 25th of March, 1957, two more treaties were signed in Rome. These Treaties of Rome established the European Economic Community (EEC) and the European Atomic Energy Community (EURATOM). These treaties came into effect on the 1st of July, 1958 and were signed by France, West Germany, Italy, Belgium, the Netherlands and Luxembourg. The full name of the treaty was 'Treaty establishing the European Economic Community as Amended by Subsequent Treaties ROME, 25th of March, 1957.' Of the three agreements, by far the most significant was establishing the EEC. In the preamble of the latter it was stated that those signing were 'determined to lay the foundations of an ever closer union among the peoples of Europe.' The signatories affirmed the political objective of a progressive closer political integration. The EEC was primarily a customs union and therefore was known as a 'Common Market.' The member countries were to remove all tariff barriers and so in July 1968 all tariffs among the EEC States were withdrawn. Although there would be a free market of goods there were still many restrictions to the movement of people, capital and the provision of services. For the restrictions to be removed it was necessary to wait until the Single European Act was signed. This took place in Luxembourg and The Hague on the 17/18th of February, 1986 and came into effect on the 1st of July, 1987. The Treaty on the European Union was then signed at Maastricht on the 7th of February, 1992 coming into force on the 1st of November, 1993.

One of the early problems of the EEC was the absence of the United Kingdom. This was for a number of reasons. However the success of the EEC in the 1960s caused the United Kingdom to realise its mistake and to apply for membership. The United Kingdom, Denmark and Ireland joined the EEC in 1973, Greece in 1981 and Spain and Portugal in 1986. The European Union continues to grow with the recent addition of Eastern European countries. The vision of those who have worked for European Union has become a reality.

It was against this background of the development of European cooperation and integration that the possibility of increasing the relationships between the various European radiological societies was first raised. The year

was 1962 and it was a time of great change. The pre-war certainties were being questioned and our modern world was emerging. There was a growing awareness that we were a human family on a single planet and early space exploration brought this into focus. On the 20th of February, 1962, John Glenn orbited the earth three times in 4 hours and 55 minutes whilst aboard Friendship 7 as part of the Mercury Space Programme. This was followed on the 10th of July by the launching of Telstar, which became the world's first active telecommunications satellite. The first transatlantic television transmission was made using the Telstar satellite and our modern worldwide television and communications networks started to become a reality. On the 12th of September the American President John F. Kennedy promised that the USA will get a man on the moon by the end of the decade. Pope John XXIII. convened the first ecumenical council of the Roman Catholic Church and opened Second Vatican Council on the 11th of October, 1962. However the 'cold war' between east and west was at its height and the Berlin wall had been built during the previous year in 1961. On the 14th of October, 1962, the Cuban missile crisis began when an American U-2 flight over Cuba took photographs of Soviet nuclear weapons being installed. The tensions between the United States and the Soviet Union brought the world to the brink of a nuclear war. On a more positive note, an agreement was signed between France and the United Kingdom on November 29th to develop the Concorde supersonic airliner. It was against this background of both conflict and cooperation that EAR was born.

The growing relationships and integration between the European countries had implications for medical specialists, including radiologists. There was a vision that through efficient cooperation it would be possible to establish high standards of radiological training and clinical practice throughout Europe. It was also thought that radiologists should take the opportunity to define their roles, responsibilities and duties more clearly.

EAR was thus created with the established aims of:

- Furthering progress in radiological sciences as applied to biology and medicine.
- Studying the scientific and technical problems that arise from all the spheres of application of ionizing radiation and affiliated techniques.
- Contributing to the international promotion of radiology as an essential scientific and clinical discipline.
- Maintaining radiological unity.
- Helping to bring about the coordination and development of the different study and examination programs in the different countries as well as the standardisation of training for radiologists and non-medical technical assistants (radiographers).
- Contributing to the development of cordial relations between radiologists and scientific, professional and industrial organisations.

In order to achieve these aims, various courses of action were proposed. These would include the organisation and coordination of scientific gatherings such as symposia, conferences and congresses. There should also be a promotion of international exchanges of both doctors and other professional groups. Finally, there should be the creation of prizes and scholarships to reward excellence.

The inaugural assembly of the newly created European Association of Radiology was held in France in Strasbourg on December 15th, 1962. The two names most associated with the formation of EAR are Boris Rajewsky from the Max Planck Institute in Frankfurt, West Germany, and Charles Marie Gros from the University of Strasbourg in France. It is noteworthy that it was thanks to the initiative of German and French radiologists that EAR was founded, mirroring the German and French initiatives that started the process of European unity with the formation of the European Coal and Steel Community Treaty over 10 years earlier. The official inauguration of EAR had been preceded by many preliminary contacts, particularly in Strasbourg and in Montreal. The founding members of EAR were from nine European countries comprising West Germany, Belgium, Spain, France, Italy, Luxembourg, the Netherlands, Portugal and Switzerland.

At the inaugural assembly of EAR, Boris Rajewsky was elected the first President, and Charles Marie Gros as the first Secretary-General. The early years were particularly concerned with the setting up of the internal structures of the new association and with the initial work of the various committees. The task of preparing the statutes was given to a committee that was led by J.R. von Ronnen from the Netherlands. These statutes were ratified at the General Assembly held in Strasbourg in November 1963. EAR was officially registered by a decree on September 21st, 1964 in the department of Bas-Rhin. The initial registration lapsed in 1975 because the official address of EAR, as defined in the statutes, was that of the Secretary-General. In 1975, L. Oliva from Italy had succeeded Charles Marie Gros, but EAR was not registered in Italy at that time.

Between 1984 and 1989, when G. Delorme was Secretary-General, EAR was registered in France, but at all other times until 2003, it has not been registered in any country. Finally, in 2004 EAR registered in Austria.

Four committees were created by EAR in the first two years. These were:

- The Technical Committee, created in 1963. The first Chairman was J.R. von Ronnen from the Netherlands.
- The Statutes Committee, created in 1963. The first Chairman was J.R. von Ronnen from the Netherlands who was succeeded by A. Ratti from Italy.
- The Symposia and Conference Committee, created in 1963, with B. Rajewsky from West Germany as Chairman.
- The Committee on Professional Organisation (POC), created in 1964 and with R. Coliez from France as Chairman.

In 1964, EAR also formed a Liaison Committee, with the European radiological industry within the CCRETI (Committee for the Coordination of Radiological and Electromedical Industries 'COCIR'). It was believed to be important to have good relationships with the manufacturers involved with medical radiology. The work of radiologists has always involved a partnership with the radiological industry with which there is now a fruitful and mutually beneficial cooperation.

On June 16th, 1966 the European Council granted EAR the status of a consultative organization, category II (specialised organisations).

Boris Rajewsky ended his term of office in 1967 and was succeeded by S. Masy from Belgium. The untimely death of S. Masy in the early months of 1969 led to the appointment of J.R. von Ronnen as President (The Presidents of EAR are listed in Table 1 on page 8). Luigi Oliva succeeded Charles Marie Gros as Secretary General in 1975. (The Secretaries-General of EAR are listed in Table 2 on page 8, the EAR treasurers are listed in Table 3 on page 8). It was decided that from April 1968 onwards the President would regularly inform the Presidents of the National Delegations of the activities of EAR to enable the publication of these in the radiological press. More recently, reports of the General Assembly and of Bureau Meetings have been published in the journal 'European Radiology', and are also available on the EAR webpage.

In 1975, an attempt for a standardised European nomenclature was begun by R. Romanini from Italy. The study was associated with a survey on the different systems of social security in European countries. The systems for social protection vary widely in different countries.

The coordination of the aims and needs of the different European radiological societies has not been without problems. Indeed, many countries have different issues and priorities. At times there were concerns that EAR does not fully fulfill its aims and that the voices of the larger countries were not proportionately heard. In the 1980s a number of countries expressed such concerns threatening to leave EAR. The Norwegian Society of Medical Radiology was concerned about the benefits of EAR membership. At that time the Norwegian Society of Medical Radiology paid about 25% of their total income to EAR and many Norwegian radiologists were asking what they received in return from EAR. There also was concern about the high EAR subscription when compared to the membership subscription of the International Society of Radiology.

The Italian Association of Medical Radiology (SIRM) also had concerns which were expressed in a letter by G.F. Pistolesi to the EAR President in 1981. SIRM felt that they were paying much higher membership fees compared to other societies because of the large number of Italian radiologists and believed that the methods employed for membership calculations were unequal. The National Societies were being charged a membership fee based on individuals but EAR did not provide 'individual' services but only a 'global' service. The service that EAR provided was the same for all National Societies and this was independent of the National Membership numbers. It was felt that if EAR set a subscription based on individual radiologist membership of the National Societies then an individual service should also be provided. These concerns also extended to the decision-making powers of EAR. Every National Society has one vote, both in the General Assembly and in the Bureau. This method was felt to respect the minority and also to be very democratic, so it was in the interest of the 'small' Societies to keep the status quo. The 'small' Societies made up the majority of EAR and it was to their advantage to keep the current structure. A proposal from SIRM for a reduction in membership fees was not passed by 12 votes to 8. They felt that there could be only two solutions to the problem: If the membership fee remained proportionate to the number of individual members of the National Society, then the number of votes should be assigned in proportion to this number. If each Society retained the same decision-making power then there should be a change in the way the membership fees were calculated. SIRM itself supported the democratic system, however, was under pressure because of its own budgetary difficulties. These discussions continued and were raised once again in the opinions expressed during the debates that took place during the formation of the European Society of Radiology in 2005.

EAR entered the last decade of the 20th century strengthened by the new Charter and Internal Regulations that were drafted by the Executive Bureau in January 1989 and approved by the General Assembly held in Paris in July 1989. The Charter and Internal Regulations are given as Appendices 1 and 2.

From 1989-1991, Ian Isherwood was President and Albert L. Baert was Secretary-General. The whole Executive Bureau for this period is given in Table 4 on page 8. The start of the Presidency of Ian Isherwood coincided with major changes in the political map of Europe, which would have a profound impact on the structures and aims of EAR. In 1989, the first free trade union 'Solidarity' was founded in communist Poland. The demise of the communist system in Europe had started.

In August 23rd, 1989 Hungary opened its 'iron curtain' to Austria and in September 1989, within three days, more than 13,000 East Germans escaped via Hungary. This was the first mass exodus of East Germans since the erection of the Berlin Wall in 1961. In East Germany there were mass demonstrations against the government and on October 18th, 1989 Erich Honecker, the East German head of state, was forced to resign. On November 9th, 1989 at 10.30 pm at Bornholmer Strasse the East/West border was opened and the Berlin Wall passed into history. A new era of European relationships began and EAR would have to meet this new challenge.

In 1991, several decisions were made:

The official language of EAR was changed from French to English. French had been the official language as EAR was registered in France and because it was decided and implemented in the statutes that EAR would be registered in the country of residence of the Secretary-General. Guy Delorme was the Secretary-General until 1989. In previous European congresses, the working language had always been English; however, papers could be presented in English, French or German with simultaneous translation. The abstracts were published in the original language as well as English. At ECR '91 one refresher course was given in Italian with simultaneous translation. At ECR '93 the official language was English while simultaneous interpretation was provided in 5 languages including Russian.

The most important change in EAR was marked by ECR '91. ECR '91 was the result of the implementation of the decisions that were taken in 1985 concerning the new congress format that was proposed by Professor Josef Lissner. The meeting was held in Vienna for the first time from September 15th to 20th that year and a special Austrian stamp was issued (Fig. 1, page 23). The ECR meetings prior to ECR '91 had been organised by local committees that consisted of prominent radiologists with no prior involvement in the organization of ECR meetings. This local committee would decide on the international scientific faculty and the formation of all necessary committees with no further consultation with EAR.

Table 1. EAR Presidents

1962-1967	B. Rajewsky
1967-1969	S. Masy
1969-1975	J.R. von Ronnen
1975-1977	O. Olssen
1977-1979	M.D. Snelling
1979-1981	G. Pontifex
1981-1983	E. Koivisto
1983-1985	M. Demoullin
1985-1987	L. Oliva
1987-1989	E. Boijsen
1989-1991	I. Isherwood
1991-1993	G. Delorme
1993-1995	L. Dalla Palma
1995-1997	A.L. Baert
1997-1999	H. Ringertz
1999-2001	R. Passariello
2001-2002	R.W. Günther
2002-2003	H. Pettersson
2003-2004	G. Hurley
2004-	N. Gourtsoyiannis

Table 2. EAR Secretaries-General

1962-1975	Ch. M. Gros
1975-1983	L. Oliva
1983-1989	G. Delorme
1989-1993	A.L. Baert
1993-1998	M. Bléry
1998-2005	P. Vock
2005-	G. Frija

Table 3. EAR Treasurers

1962-1989	G. Leroux
1989-2003	W.M. Ross
2003-2005	R. Passariello
2005-	L. Bonomo

Table 4. EAR Executive Bureau, 1989-1991

President	I. Isherwood (Manchester UK)
Past President	E. Boijsen (Sweden)
Vice-President	G. Delorme (Bordeaux FR)
Secretary-General	A.L. Baert (Louvain BE)
Treasurer	W. Ross (Durham UK)
Radiodiagnostic	M. Luning (Berlin DE)
Radiotherapy, Oncology	J. Henry (Brielle's BE)
Congress Committee	J. Lissner (Munich DE)

Diagnostic Radiology and Radiotherapy

When radiology started as a discipline there was no real separation between diagnostic and therapeutic aspects of radiology. The early radiologists were equally involved in both aspects of radiology. As time progressed, radiologists developed interests towards either diagnosis or therapy. In the United Kingdom the process of separation was taking place by the 1930s; however, on continental Europe the two disciplines were more closely related. The traditional discipline of radiotherapy developed as clinical oncology advanced. By the late 1970s and early 1980s diagnostic radiologists and radiotherapists/clinical oncologists had different professional needs. In many countries, there were attempts to create separate radiotherapy or oncological-radiotherapy societies. Within the International Society of Radiology (ISR), the breach between diagnostic radiologists and radiotherapists was avoided by the creation of sections of radiodiagnosis and radiotherapy that were largely autonomous.

At the European level, numerous animated discussions were being held on this subject, notably in Geneva in 1979 and London in 1980. The radiotherapists/clinical oncologists created, independently of EAR, a European society with essentially scientific aims. The new society was the European Society for Therapeutic Radiology and Oncology (ESTRO). ESTRO was founded in Milan in September 1980 as a society of individual members working in the field of radiotherapy and oncology. The organisation and structures of this new society were completely autonomous.

The principal objectives of ESTRO are to:

- Foster radiation oncology in all its aspects.
- Develop standards for the QA of radiation oncology, radiation physics, radiation technology and radiobiology in Europe and stimulate their implementation.
- Improve the standards of cancer treatment by establishing radiation oncology as a clinical specialty integrated with other cancer treatment modalities.
- Promote international exchange of scientific information on radiotherapy & oncology and related fields of science such as radiation physics and radiobiology.
- Set standards for education and practice in radiation oncology and associated professions.
- Establish relationships and cooperation with international, regional and national societies and bodies in the field of radiation oncology.

The first ESTRO Congress was held in London in 1982.

At Porto Carras in 1980 the decision was taken to create an autonomous Radiotherapy Section within EAR. This decision was ratified by the General Assembly held in Brussels in 1981. The first Board of this new Section met in Brussels. The President was F. Eschwege and the Vice-Presidents were M. Snelling and W. Ross. The President of the Radiotherapy Section was a non-portfolio member of the limited Board of EAR.

Meetings between EAR and ESTRO (Paris 1980, London 1982) served to avoid a schism within radiotherapy members of the Radiotherapy Section of EAR belonging to the Board of the ESTRO and vice versa. The duties of each society were clearly defined. In this way, the Bordeaux Congress was at once the 5th ECR and the 2nd European Congress of Radiology and Oncology (ESTRO). The programme was constructed in a unique manner with two days dedicated to radiotherapy, one day to common interests, and three days to radiodiagnosis. This format safeguarded, at least for the time being, the unity or radiology.

The EAR Section of Radiotherapy was finally disbanded in 1995, following the decision by radiation oncologists in many countries to separate from diagnostic radiology in their national societies. However, EAR continues to support the association between diagnostic and therapeutic radiology.

Membership of EAR

At the time of its foundation in 1962, EAR had members from nine countries. These were the German Democratic Republic, Belgium, Spain, France, Italy, Luxembourg, the Netherlands, Portugal and Switzerland. The numbers steadily increased and by the early 1980s EAR had 29 countries as Full Members with Algeria and Egypt as associate members. This title of Associate Members was given to Algeria and Egypt because of their links with Europe. Associate membership did not confer the right to vote in the General Assembly. The countries added between 1963 and 1982 are listed in Table 5.

By 1982 EAR was composed of various different types of members. The categories were:

- Membres Titulaires (Full Members): These are National Radiological Societies whose admission is ratified by the General Assembly.
- Membres Adhérents (Subscribing Members): These are industrial or commercial companies whose activity relates to the field of radiology.
- Membres Associés (Associated Members): These are radiologists or those closely connected with the sector resident in a country with no National Society.
- Membres d'Honeur (ou Honorifiques) et Membres Correspondants (Honorary Members): These are celebrities and persons nominated by the Association.

In 1984, the number of categories of members was reduced to two, keeping 'Full Members', originally 'Membres Titulaires' (those European National Societies of Radiology and European Scientific Societies whose activities have to do at least in part with radiology, in both cases 'as accepted by the General Assembly'), and 'Associated Members', originally 'Membres Agréés' (non-European National Societies of Radiology. In 1991, 'Full Members' were defined as 'European National Societies of Radiology and European Scientific Societies whose activities have to do at least in part with radiology,' in both cases 'as accepted by the General Assembly.'

By 1991, three Full Members (Bulgaria, Rumania and the USSR) and three Associated Members (Israel, Morocco and Tunisia) were added. Today in 2006 the EAR accounts for 39 Full Member countries and these are listed in Table 6.

Table 5. EAR Member countries added in the first 20 years (1963-1982)

Full Members:

Country	*Date of joining*
Belgium	1975
Bulgaria	1967
Denmark	1971
Finland	1971
Germany (D.R.)	1975
Great Britain	1967
Greece	1971
Hungary	1975
Iceland	1972
Ireland	1969
Norway	1971
Poland	1979
Sweden	1971
Czechoslovakia	1975
Turkey	1981
Yugoslavia	1975

Associate Members:

Country	*Date of joining*
Algeria	1981
Egypt	1981

Table 6. EAR Full Members (2006)

Albania
(Albanian Association of Radiology)
Austria
(Austrian Roentgen Society)
Belarussia
(Belarusian Society of Radiology)
Belgium
(Royal Belgian Radiological Society)
Bosnia and Herzegovina
(Association of Radiologists BIH)
Bulgaria
(Bulgarian Association of Radiology)
Croatia
(Croatian Medical Association & Croatian Society of Radiology)
Cyprus
(Cyprus Radiological Society)

Czech Republic
(Czech Radiological Society)
Denmark
(Danish Society of Radiology)
Estonia
(Estonian Society of Radiology)
Finland
(Radiological Society of Finland)
France
(French Society of Radiology)
Georgia
(Georgian Association of Radiologists)
Germany
(German Radiological Society)
Greece
(Hellenic Radiological Society)
Hungary
(Society of Hungarian Radiologists)
Iceland
(Radiological Society of Iceland)
Ireland
(Faculty of Radiologists, Royal College of Surgeons)
Italy
(Italian Society of Radiology)
Latvia
(Latvian Association of Radiology)
Luxembourg
(Luxembourg Society of Radiology)
Macedonia, Republic of
(Macedonian Society of Radiology)
Malta
(Maltese Radiological Society)
Netherlands, The
(Radiological Society of the Netherlands)
Norway
(Norwegian Society of Radiology)
Poland
(Polish Medical Society of Radiology)
Portugal
(Portuguese Society of Radiology and Nuclear Medicine)
Romania
(Romanian Society of Radiology and Medical Imagistics)
Russia
(Russian Association of Radiology)
Serbia
(Radiology Association of Serbia)
Slovak Republic
(Slovak Association of Radiology)
Slovenia
(Slovenian Association of Radiology)
Spain
(Spanish Society of Radiology)
Sweden
(Swedish Society of Medical Radiology)
Switzerland
(Swiss Society of Radiology)
Turkey
(Turkish Society of Radiology)
Ukraine
(Association of Radiologists of the Ukraine)
United Kingdom
(British Institute of Radiology, Royal College of Radiologists)

Cardiovascular and Interventional Radiological Society of Europe
(CIRSE)
European Society of Cardiac Radiology
(ESCR)
European Society of Gastrointestinal and Abdominal Radiology
(ESGAR)
European Society of Head and Neck Radiology
(ESHNR)
European Society of Musculo-Skeletal Radiology
(ESSR)
European Society of Neuroradiology
(ESNR)
European Society of Paediatric Radiology
(ESPR)
European Society of Thoracic Imaging
(ESTI)
European Society of Urogenital Radiology
(ESUR)
European Society of Breast Imaging
(EUSOBI)

EAR Associated Members (2006):

Kazakhstan
(Radiology Section of the Academy of Medical Sciences of Kazakhstan)
Uzbekistan
(Uzbekistan Radiology Society)

The Statutes and Organisation of EAR

The period following the formation of EAR was one of a very rapid technical development in radiology and this has continued to this day. It was therefore necessary for EAR to continuously revise its structure to meet the dynamic and changing professional and social environment. The changes in radiology led to changes in the nature and composition of EAR, which, according to its statutes, comprises the European National as well as Subspecialty Societies of Radiology.

By 1982, the administrative organs of EAR (ratified at the General Assembly on June 28th, 1981, in Brussels) were:

- The General Assembly: comprising all full members. The General Assembly decided on all important matters concerning the Association (running of the Board, surveys, accounts, purchases, etc.)
- The President and Vice-President: elected by the General Assembly for two years, not eligible for re-election. The Vice-Presidents take over from the President at the end of the former's term of office.
- The Board: composed of the President, Vice-President, Secretary-General, Treasurer, former President, and the Head and one member of each national delegation. Each national delegation included a radiotherapist and a diagnostic radiologist, but has only one vote in the Assembly.

The Secretaries-General and the Treasurers were chosen from the members of the Board.

The administration of the Association was assured by an Executive Board, comprising the President, Vice-President, Secretary General, Treasurer, former President, and Section Presidents. The President of the next ECR was a member with a consultant status. At a later time, the Chairmen of the Sections radiotherapy and radio diagnosis were included.

The various Committees were created by the EAR Board. The Section Subspecialty Societies was created to give autonomy and facilitate the development of the basic radiological disciplines. The Internal Regulations were to be approved by an absolute majority of the General Assembly members and would define the details of the functioning of the Association and the tasks of its different parts. EAR therefore installed an Executive Bureau in order to achieve its objectives. Since the EAR General Assembly held on March 5th at the ECR 2001, the Executive Bureau of EAR consists of 11 members instead of the previous 9. Traditionally, the outgoing President of ECR is appointed President of EAR. In order to have more flexibility, a second track for Presidency was created which allows the inclusion of candidates from the EAR Executive Bureau and committees. The statutes and internal regulations of an organization such as EAR are subject to frequent review and modification, just as the practice of the specialty changes with changes in apparatus and applications.

In 1997, the Cost-Effectiveness Working Party was established and it was also agreed to institute a diploma for Past-Presidents of EAR. In 1998, it was approved that the Executive Bureau should include an additional member acting as a 'liaison' or link with radiologists from Eastern European countries; R. Rienmüller of Graz was invited to be the first such representative. In 1999, following a further meeting of the heads of national societies, a working party was set up to consider whether there should be a differential between the representatives within the Association and its General Assembly of National Societies of Eastern Europe and Western Europe respectively. It was agreed that there was no need for such differentiation, but that there should be an additional member of the Executive Bureau to represent the interests of all National Societies.

In 2000, it was decided that the President of EAR should serve for one year instead of two, and that there should be two Vice-Presidents. However, by 2003 it was apparent that this arrangement led to poor continuity, and the structure reverted to a presidency of two years with one Vice-President.

In 2001, a working party on research in radiology led to the establishment of a Research Subcommittee of the Executive Bureau and to a consideration of the relationship with the Association of University Radiologists in Europe.

Finally in 2003, an Extraordinary General Assembly was held in Vienna to consider new draft Statutes for EAR, setting the Association up under Austrian law and also to discuss the possible establishment of a European Society of Radiology (ESR) which would bring together EAR,

ECR (which had been a separate entity since 1993) and possibly other elements of European radiology under one roof.

The practice of radiology has changed beyond recognition since the 1960s when EAR was founded and the term 'radio-diagnosis' was felt to be inaccurate. According to the current Statutes of EAR, radiology is now defined as 'diagnostic and interventional radiology and medical imaging.'

The evolution of the statutes and internal regulations of EAR shows that a major consideration of those responsible has been to encompass the explosive developments in our specialty, which cannot be stopped. The changes have impact at one and the same time on the practice of the discipline whether in the public sector, hospitals or private sector. Throughout the years it has been essential to consider the interests of medical radiologists, biomedical scientists and engineers, technicians and patients. The current (2005) Statutes and (2006) Internal Regulations of EAR are given in Appendices 3 and 4.

The Committees of EAR

In the first 2 years following the formation of EAR (1963-1964) a number of committees were created. These were the Technical Committee, the Statutes Committee, the Symposia and Conference Committee, the Committee on Professional Organization, and the Liaison Committee. In 1969, Charles Marie Gros proposed the creation of a Committee of Young Radiologists to be responsible in particular for exchanges and conferences.

At the General Assembly held in Stuttgart in May 1969, the Association undertook a critical analysis of the running of the various Committees. It was found that significant results had been achieved by the Education and Statutes Committees. However, the sphere of action of the Committee on Professional Organization had to be more clearly defined. The other Committees also experienced some difficulties. The Board henceforth assumed responsibility for the organisation of symposia and conferences. The short-lived Press Committee was discontinued.

In 1971, it was seen that the Technical Committee in its initial form had been unsuccessful, possibly due to poor communication with industry. The creation of a Computer Committee was also proposed.

In 2006, four standing committees are part of EAR:

1. Education Committee
2. Professional Organization Committee
3. Research Committee
4. Subspecialties Committee

In addition there is an IT Ad Hoc Committee and one Working Group on Safety.

1. Education Committee

Education is one of the most important functions of EAR and covers a broad spectrum, from the training of medical students in radiology and radiation protection to continuing medical education for the specialist and subspecialist radiologist. The Education Committee is one of the most longstanding and active committees of EAR. The Committee has been concerned about the standardisation of radiological studies in Europe. The current Chairman is É. Breatnach and Society Delegates to the Committee are from the National Societies and the Subspecialty Societies.

The following documents have been finalised or drafted:

- Undergraduate training in radiology in Europe;
- Radiation protection in the basic curriculum of medical students;
- The role of the radiologist;
- Guidelines for training in general radiology (including the core of knowledge, requirements for training facilities and recommendations for training programmes for the years two, three, four, and five);
- A syllabus for a course entitled 'Diagnostic imaging - physical and biological aspects.'
- Guidelines for training in subspecialty radiology;
- Continuing medical education (CME) guidelines of the EAR/UEMS radiology section and board.

The activities focus on: a) undergraduate education, b) specialist education, c) post-graduate education (including continuing medical education), d) training of operators and technologists.

a. Undergraduate education

In 1967, EAR stated that 'considering that radiology is a discipline vital to medical studies as a whole, it is of utmost importance that these branches should be shared among and brought into line with basic clinical teaching', and suggest 'subjects that should be incorporated into the medical curriculum (normal radiological anatomy, basic radiobiology, basic radiological techniques, etc.).

The committee carried out a survey of 11 European countries and found significant differences in the teaching that was being given, and then made a number of suggestions concerning the role of radiology in the medical syllabus, such as ensuring the teaching by radiologists and making the teaching of medical radiology compulsory. The committee stressed that if it is not possible for EAR to influence the regulations in European countries, then it should be possible to submit advice on how to reach uniformity in undergraduate education of medical students, so as to obtain an acceptable level of knowledge of radiology with qualified doctors. Progress

has been made towards harmonisation of basic education in radiology in Europe and in all aspects of medical education. It is now widely agreed that radiology should be brought to the attention of all students in the hospital stages of their education.

Under Article 7 of the new European Directive on health protection of individuals against the dangers of ionising radiation in relation to medical exposure (Council Directive 97/43/EURATOM) one of the paragraphs on 'Training' states that: 'Member states shall encourage the introduction of a course on radiation protection in the basic curriculum of medical and dental schools.'

b. Specialist education in radiology

The first contacts with respect to the elaboration of a project to standardise the studies of specialised radiology occurred within EAR in a fairly informal fashion, jointly with the monospeciality of radiology of the UEMS. Although both associations had a common objective (that the quality of radiological practice obviously is determined by the quality of the education in this field), when tackling concrete problems the divergent points of view that subsequently appeared rapidly emphasized the difficulty of the task at hand.

In 1965, at the Congress of Rome, S. Masy and J.R. von Ronnen presented several points related to training in radiology. Firstly, that there should be a division between radiology and radiotherapy. Secondly, that radiological training for doctors should be of four years duration, be full-time and should take place in a university department of radiology or in a teaching hospital. The studies should be inspected and reviewed periodically. Doctors wanting to obtain a 'double specialisation' would need 6 years of studies divided between diagnostic radiology and radiotherapy. Finally, non-radiological specialists wishing to use ionising radiation should follow a full-time 2-year training course in radiology. However, opinions were not unanimous and the French and German delegates insisted on the indivisibility of radiology.

From 1968 onwards, the UEMS was involved in the topic of specialised training at the instigation of M. Demoullin, who became the chairman of the EAR Education Committee. A paper was proposed, which restated certain elements already discussed: training of specialists (in radiodiagnosis or in radiotherapy) should include theoretical courses and a 4-year study programme in a university department of radiology or in an approved hospital; the training of a general radiologist would involve theoretical courses and a practical course of a minimum of 5 years; the first year of training would have a common syllabus; for a 'super specialisation' (neuroradiology, nuclear medicine, etc.) a supplementary training period of one year would be obligatory. These basic principles were adopted by the EAR General Assembly held in London on April 3rd 1968.

The Committee insisted on the necessity of the common syllabus for radiologists and specialists, and the UEMS proposed a motion on the contents, giving a great emphasis to radioprotection.

In 1971, at the Amsterdam ECR, an official letter was addressed to the Minister of Public Health of each member country of EAR, that reaffirmed the opinions stated in 1962 at the WHO: 'We shall do our utmost in the area of radioprotection, assuring that the practice of radiology be undertaken only by those highly-qualified in this field.'

It also advised that:

- all doctors acquire elementary but precise notions of radioprotection during their normal medical studies;
- non-radiological specialists go through an obligatory training comprising a syllabus including basic physics and biology, and a full-time course duration proportional to the importance of radiology within the specialisation;
- the specialists in radiology have a common syllabus comprising the teaching of basic physics and biology necessary in the use of ionising radiation. The teaching appropriate to the specialisation will conform with the directives of the Treaty of Rome.

Although these different points were to be restated at the 13th World Congress of Radiology held in Madrid in 1973, the joint meeting of the EAR-UEMS held in Brussels in 1974, affirmed that European unity in this field was far from being an established fact.

A survey held in the member countries of EAR in 1975 showed significant differences, among them the length of the period of study. This varied between 3 years in France, Italy and Belgium, 5 years in Germany and was longer still in Great Britain, Ireland and the Scandinavian countries. Students were examined on theory and practice in France, Great Britain, Ireland and Italy, but not in the majority of the other countries.

The elaboration of a precise programme was obviously necessary. However, there were many positive findings in the survey throughout Europe: The teaching of the specialisation was featured in doctorate study-programmes

in medicine; in many countries trainees were paid; a full-time training-course is accepted in principle, although not always in practice; it is also accepted that radiology should comprise three elements: diagnosis, therapy and nuclear medicine. On June 16th, 1975, the European Council of Ministers (Foreign Affairs and Public Health) accepted the principle of free movement of doctors within the European Community. The directives concerning the establishment of medical practice in the different member countries were to take effect within 18 months. This decision has had generally beneficial effects. However, there has been and there continues to be considerable variation and inequalities in the numbers of doctors in different European countries which has had an impact on service provision.

At a meeting in Bordeaux in 1975 the idea of a European Diploma was proposed on the basis of a need to standardize the teaching of radiology through Europe. Guy Delorme, Howard Middlemiss and J. Blickmann laid the foundation of this European Diploma in Bristol. The Diploma should focus the attention of European governments on the need for standardisation of the study of radiology in order to facilitate the effective circulation of European radiologists from the end of 1976 onwards; also it should work towards the elaboration on a study programme which could serve as the example for the rest of Europe and become an acknowledged supra-national qualification. The Diploma should correspond to a high level of knowledge which must under no circumstances be inferior to the individual national qualifications, and it should be of value to those who will undertake further specialised studies. The practical elements concerning the European Diploma were finally established in Athens (1976), London (1977) and Hamburg (1977).

Candidates for the Diploma were:

- to have completed 4 years full-time training in the radiology department of a university or a department approved by the national society;
- to be presented by a body authorized to deliver the national diploma of radiology;
- to be able to certify that they have, during their first year, acquired the basic notions in radiology, radiological anatomy, general radiodiagnosis, special examinations in radiodiagnosis, contrast media and radioprotection.

The examinations comprised written and oral sections. It was organised by each country concerned and would be in the candidate's native language. The written part may be taken in several centres nationwide with the oral being in one centre only. The examination board comprised a European board and a national board.

The European Diploma was therefore seen as a basis for standardisation and as a high-level qualification, offering a respected and valuable title. The Education Committee was most active at the time when the European Diploma of Diagnostic Radiology was created. It became a large organization with examiners appointed in all EAR member countries. It was well received in countries where teaching at that time was non-existent. However, in countries that had efficient and established teaching, there was only a very small number of candidates. Also, in countries with high level of uptake the candidates were often older, had practiced for some years, and occupied the post of head of department. This was not the main aim of the Diploma, which was rather intended to provide a uniform standard for recently qualified specialists. It was also felt that the development of radiology in its various subspecialties could lead to the development of a certificate at European level for each specialisation.

The European Diploma in Radiology no longer exists and its demise was in part related to the absence of legal status for the Diploma. The activities of the Education Committee were also reduced following the death of Sir Howard Middlemiss.

EAR has developed other specialist diplomas especially for radiologists, for example the Certificate of Clinical Ultrasound. In 2001, further consideration was given to setting up a European Diploma in Radiology, after the success of a similar project in the specialty of anaesthetics, but it was felt that it would be in competition with existing national qualifications.

One of the most important changes introduced by the General Assembly in Vienna in 1991 was the creation of a European College of Radiological Education (EUCORE) to recognize the increasing importance of education as a means for promoting unification. In this context, education includes undergraduate, postgraduate and continuing phases. Education was a major theme of the presidency of Ian Isherwood (1989-1991) and much effort was put into developing guidelines for general radiological training and setting up sub-disciplinary training committees. At that time many Eastern European countries were in great need of general rather than specialized radiologists and they had no universal guidelines for their training.

EUCORE was created in 1993 with Ian Isherwood being appointed as dean. The idea for EUCORE had

initially come about after Luigi Oliva and Guy Delorme conducted a survey on all aspects of medical education in different European countries because of the expansion of the common European market (EEC) that was to be implemented in 1992. It was triggered, however, when Roberto Passariello organised a seminar at the University of Aquila in September 1990 in conjunction with the Universities of Bruxelles, Berlin and Montpelier, dealing with digital radiology and PACS. This was the first of a series of such seminars, the second being a similar one held in Versailles in May 1991.

EUCORE was responsible within the sections of radiodiagnosis and oncological radiotherapy for educational activities, such as symposia and workshops in clinical radiology and to establish and maintain standards of radiological education in Europe. Its aims and objectives include:

- to advise on standards of training in radiology for both undergraduates and postgraduates;
- to advise on standards required for departments of radiology responsible for radiological training; to coordinate the strategy for continuing education programmes and diplomas for European radiology;
- to establish a structure for continuing assessment programmes in European radiology;
- to liaise closely with the ECR;
- to advise the Executive Bureau on the proper use of those grants and awards held by or donated to EAR specifically for educational purposes.

It was initially thought that the EUCORE would replace the Education Committee. An Academic Board was created with seven representative academic radiologists from European training departments, nominated by the Executive Bureau. The Chairman of the Academic Board was to be designated dean and was nominated by the Executive Bureau from the seven members. In 1993, the working group on education, including members of the Education Committee, the Executive Bureau and EUCORE was formed. EUCORE was eventually laid down as a separate structure in 1999 and its activities were subsumed into the general educational activities of EAR and in particular into the work of the subspecialty societies.

The Junior Radiologists Forum (JRF) / Radiology Trainees Forum (RTF)

The Junior Radiologists Forum (JRF) was established during the ECR in 1991 to improve the fields of training, career development and research for junior radiologists as well as to promote exchange programmes and the creation of national junior radiologists' organizations. The JRF was given its own charter and held its first general assembly in 1993 where the first board was elected. The JRF focused on improving the co-operation between eastern and western Europe. Its exchange programme, which was introduced in 1995, ran very successfully until its closure in 2000 due to lack of interest from juniors. At that time the JRF had 21 members. In an effort to revitalize the JRF and to increase the co-operation within European radiology EAR proposed changes to the JRF charter and officially changed the Forum's name to the Radiology Trainees Forum (RTF). In addition, EAR welcomed RTF's views on a number of matters such as the proposed new European Training Charter in Radiology and Teleradiology. Today the RTF has 27 members; it is represented by an executive board consisting of a chairman, vice chairman, secretary and two other members. The JRF/RTF Chairmen are listed in Table 7.

Since 1995 EAR has published comprehensive 'Guidelines for Training in Radiology,' concerning the knowledge and training experience required of radiologists at every stage of their career from undergraduate training to senior specialist, in both general radiology and in the various radiological subspecialties, and of a 'general' radiologist in respect of each subspecialty. Those guidelines have been regularly updated.

At a meeting in 1997 the implications and requirements of the EURATOM directive on radiation exposure were considered, as well as the challenges the directive posed to radiologists and to their training and education in relation to the radiation of individual patients, staff and the general public. This led to the development of 'referral guidelines' and the dissemination across Europe of the UK Royal College of Radiologist's radiology guidelines document. These guidelines for doctors 'Making the best use of a Department of Radiology' had been first issued by the Royal College of Radiologists in 1989, by 2003 their 5th edition was issued. These guidelines have proven of use to both radiologists and to clinicians when assessing the appropriateness of radiology requests.

Table 7. JRF Chairmen / RTF Chairperson

1993-1995	Paolo Pavone (IT)
1995-1997	Jiri Neuwirth (CZ)
1997-1999	Vasco M. Ramalho (PT)
1999-2001	Andras Vargha (HU)
2001-2003	Milos Lucic (YU)
2003-2005	Luis Gorospe (ES, stepped down mid-term) Gergely Turoczy (HU, Vice chairman)
2005-2007	Anagha P. Parkar (NO)

c. Professional postgraduate training in radiology

Professional training, which is an obligation for any doctor, is attributed with certain particularities in the field of radiology arising from the rapid development of equipment and techniques, and from the evolution of clinical medicine itself.

EAR has contributed to the spread of new knowledge, through the intermediary of different European radiological reviews and by organising or giving support to a large number of symposia, seminars and conferences in all branches of radiodiagnosis and radiotherapy.

Radiologists across Europe are supporting the formalization of continuing radiological education (CREDITH) for practitioners in both public and private sectors.

The subspecialty societies of EAR are currently major providers for postgraduate radiological education in Europe.

d. Technical personnel training in radiology

Work on the role of technical radiological personnel (radiographers) has been carried out by the Education Committee, the Professional Organisation Committee, and by the Radiology Monospecialisation of the UEMS jointly.

The task of technical personnel in the radiology department is to carry out radiographic procedures and treatments under the supervision of a radiologist. For some years, EAR and UEMS have been in regular contact with elected representatives of the radiographic profession. The title of the technical personnel is different according to the individual country (Table 8, page XX). As a universal and precise title, L. Oliva suggested 'Technical Radiological Personnel' (TRP). By 1982 many EEC countries had accepted this terminology. In 1973, L. Oliva noted widespread disparities in the distribution of this staff from the ideal. The numbers of radiographers varied considerably between individual countries and the training, status, practice, responsibilities, schedules, and salaries were also very different.

EAR therefore proposed:

- The standardisation of the title;
- The definition of the field and nature of activity and practice;
- The mutual recognition of qualifications between different European countries;
- The harmonisation of salaries and fringe benefits;
- The filling of vacant posts in each country;
- Studying the risks of overprovision of staff and unemployment;
- That the prescription and interpretation of X-rays are solely the responsibility of the radiologist;
- That non-medical practitioners are responsible for the technical processes under the direct supervision of the doctor.

The different tasks of technical personnel were defined in Teheran in 1971, with the associations representing the technicians. The roles and responsibilities of radiographers are still very different in individual European countries. For example in the United Kingdom the radiographers have taken on some traditional medical roles and will report some radiological examinations. There is still considerable work needed to be done to harmonise the role of technical staff throughout different countries and significant differences persist.

Table 8. Title of technical personnel in different countries

Country	Title
Belgium	Radiological Assistant
Denmark	Technician in Roentgenology
France	Electroradiological Manipulator
Germany	Radiological Assistant
Ireland	Radiographer
Italy	Technician in Radiology
Luxembourg	Technical Medical Assistant in Radiology
Netherlands	Laboratory Assistant in Radiology
United Kingdom	Radiographer

2. The Professional Organization Committee (POC)

The Professional Organization Committee was created soon after the formation of EAR and was of particular concern to M. Demoullin. The committee has concentrated its activity on the coordination and standardisation of the conditions of practice of radiology in the separate European countries. The current chairman is B. Silberman and society delegates to the committee are from the National Societies and the Subspecialty Societies.

The programme of work as set out in 1969 included:

- The study of the situation of hospital radiologists in different European countries.
- A comparative study of the legislation and regulations dealing with the practice of the medical radiologist, auxiliary radiological personnel, and with radiation protection.
- The production of a common glossary of radiological terminology.
- The establishment of a European nomenclature of radiological treatment.
- The production of a report in radiation protection.
- It was also decided that work would be carried out in close collaboration with the monospecialisation radiology of the UEMS.
- Radiation Protection:
  - An analysis of the situation in different countries, since the beginning of the Committee's activity, has shown large differences regarding the accepted standards of irradiation and protection security measures. It was therefore necessary to establish more uniform regulations for radiation protection between European countries.
- At the Amsterdam Congress in 1971, a letter was addressed to the Ministry of Public Health in all the member-countries of EAR asking for the elaboration of standards required for radiation protection. This letter laid out a number of propositions:
  - To limit the use of ionising radiation to only those practitioners having a recognized qualification in radiation protection. Teaching should be organised to allow practitioners to acquire such a qualification;
  - All radiological treatments should be carried out at the orders and under the supervision of a doctor and that there should be a system that would enable practitioners to be informed of patients' previous X-ray history;
  - To carry out an inventory of radiological equipment on a national scale in order to improve it and to eliminate any defective or inadequate machinery, and to establish criteria of acceptability, and a system of supervision of equipment;
  - To organise radiotherapy and nuclear medicine departments in a network based on real medical requirements, the quality and security of equipment, the competence and qualifications of doctors and assistants to be guaranteed by regulations concerning the equipment and those using it (previous authorisation, periodic verification, etc).
- In 1974 the two documents on radiation protection and radiological training were approved by the Permanent Medical Commission of the EEC.
- At the Hamburg Congress in 1979 the UEMS made various recommendations to the Ministers of Public Health of the EEC countries. These suggestions (limitation of use of X-rays to practitioners qualified in radioprotection, inventory of radiological equipment, etc.) restated in essence the main points of the letter to the Amsterdam Congress reproduced above.
- In 1980, another enquiry into radiation protection in Europe was carried out following that undertaken by Joan MacCarthy (1978). The results are the following:
  - Almost everywhere radiological equipment was checked by a state organisation, and the rules were generally precise, restrictive and well-supervised, in particular for complex radiological apparatus;
  - In many countries, the concept of the 'universality' of the degree of doctor of medicine prevailed. In Germany and the Scandinavian countries there was a kind of 'certificate of protection' guaranteeing a minimum of hours of training. In France there was as of then nothing very precise, apart from a certain minimal training and this was mostly ill-defined;
  - A 'radiation license' for doctors and a personal X-ray record for patients have been under consideration, but it has been rather poorly instituted;
  - In almost all countries a few hours of radiation protection are included in the medical syllabus, and a more detailed study was obligatory in the first year of specialisation in radiology.
- Two important texts relating to radiation protection were adopted by the Council of the EEC. The first fixed basic standards relative to protection of the population and of workers against the dangers of X-rays; the second was a directive regarding the radiation protection of persons undergoing medical examinations and treatment (Official Journal of EEC 31st Dec 80 No.350/20). This directive prompted a new inquiry by EAR and UEMS and provoked numerous criticism: 'adequate medical training' of doctors able to use X-rays was not defined sufficiently precise, some fearing restrictions of freedom to practice and of patient's rights. It appeared vital to everyone that standards of competence should be defined very precisely.
- Following the publication of this proposal, the Committee insisted that the distribution of medical radiological equipment be carried out in a logical and uniform manner. Competent radiologists should keep responsibility for prescription and carrying out of treatment pertaining to the profession.
- Professional status of radiologists and the organisation of the profession.
- In 1969, it was decided to examine the situation of radiologists within the hospitals in the different European

countries in order to obtain an improvement of working conditions.

- A 'Charter of Hospital Radiologists' was drawn up and widely circulated in 1973, stating:
  - that radiologists must have the same professional and administrative status as other specialties;
  - that radiologists must have the same rights and duties;
  - that their professional responsibility should be the same (moreover, they should avoid unnecessary X-ray examinations;
  - that the radiologist is responsible within his department for the treatment of patients, the training of students and technicians, and the creation of a permanent post-university training
- The close collaboration between the Professional Committee of EAR and the monospecialisation radiology of the UEMS has proved of use to the Common Market countries. Studies carried out have been adopted by the European tribunals through the intermediary of the permanent Committee of EEC doctors.
- On June 16th, 1975 the Council of Ministers of the EEC adopted two directives. The one dealing with mutual recognition of diplomas including measures designed to facilitate the efficient exercise of the right to international practice and free movement. The other aimed at the coordination of administrative legislation and regulations concerning doctors' activities.

A Consultative Committee for medical training was created to ensure comparable levels in the Community, along with a Committee of Senior Civil Servants in Public Health. Freedom of movement and of practicing rights within the EEC came into force on December 20th, 1976. The UEMS has since its creation obtained six delegates to the Consultative Committee.

If the essential principles of freedom of movement are achieved as hoped, three important questions remain to be solved: the standardisation of training programmes; the new problem posed by demographic changes on a European scale; a greater homogeneity of conditions of practice, notably the problems by variations in social security.

3. The Research Committee

In 2001, a working group on research in radiology led to the establishment of a Research Subcommittee of the Executive Bureau and to a consideration of the relationship with the Association of University Radiologists in Europe (AURE). The current chairman is G.P. Krestin and the delegates to the Committee are from the National Societies and the Subspecialty Societies.

On the 19th of November, 2004 EAR wrote a letter together with the Research Committee, to all heads of research departments affirming their commitment to create an environment and infrastructure that promotes biomedical imaging research in Europe. Their aims include the building of a biomedical imaging research network throughout Europe, the encouraging of excellence in basic and clinical imaging research as well as the creation of opportunities for research education. The aim was to launch a European Institute of Biomedical Imaging Research (EIBIR) in 2005. EIBIR would represent a strong European biomedical imaging research network. The core of this network should consist of a number of high-quality fundamental biomedical imaging research laboratories surrounded by and interacting with many top-quality academic imaging departments involved in clinical and/or fundamental biomedical imaging research. It was felt that this endeavor could mobilise EU as well as industrial support. The member institutions of EIBIR would be selected on the basis of their involvement in fundamental as well as clinically applied biomedical imaging research. The criteria to be taken into account would be the volume, quality and area of present activities, available resources as well as funding and scientific output.

In March 2005 the General Assembly of EAR voted for the changes of the EAR Statutes in which the establishment of a Standing Committee on Research was introduced. According to the Statutes of EAR, the Research Committee would have to be established during 2005 based on the proposals coming from the Committee members. All full member societies of EAR were to vote on the Chair of the Committee during the General Assembly in 2006.

4. The Subspecialties Committee

The Subspecialties Committee was formed in 1993, comprising a representative appointed by each European Subspecialty Society in radiology, recognized by the General Assembly. Its purpose was to promote the subspecialties within radiology, and to advise the Executive Bureau on any relevant matters. In 1997 the Chairman

of the Subspecialties Committee was recognised as a member of the Executive Bureau, replacing the temporary arrangement since 1989 when the representatives of the European Pediatric Radiology and Neuroradiology Societies had been co-opted to the Bureau. In 2003, it was agreed that those subspecialty societies should be recognised as full paying and voting members and should therefore also send a delegation to the General Assembly. The current chairman is J.I. Bilbao and the delegates to the Committee are from the Subspecialty Societies.

The increasing diversification of radiology, particularly the tendency to fragmentation, has promoted the development and maturing of EAR. The fragmentation has had a number of causes including the development of new apparatus and imaging modalities and to more organ-oriented studies. There has also been the separation of radiotherapy/clinical oncology from diagnostic radiology. EAR should therefore accept within its structure other societies that may relate to diagnosis or therapy, to techniques or organs, provided that they are 'European' in structure and recognition. So in 1989 representatives of the European Societies of Neuroradiology and of Pediatric Radiology were co-opted to the Executive Bureau.

The European Society of Pediatric Radiology was formed in 1963 after efforts by Jacques Lefebvre. Since 1964, it has held an annual congress, at a site chosen by the General Assembly, rotation through different European countries. Since 1987, joint meetings or Congresses have been held with the North American Society of Pediatric Radiology.

The European Society of Neuroradiology was formed by 68 neuroradiologists, from all European countries, who met at Colmar on September 5th, 1969. Professor Ziedses des Plantes of Amsterdam immediately gave his support and collaboration in creating such a society and accepted appointment as the first President. Dr J. Bull (London) was another founding member. In Italy, Ruggiero and his pupils gave their support.

More subspecialty societies have been added over the years to EAR and they now number 10. They are given in Table 9.

Table 9. Subspecialty Societies of EAR

Cardiovascular and Interventional Radiological Society of Europe (CIRSE)
www.cirse.org
European Society of Breast Imaging (EUSOBI)
www.eusobi.org
European Society of Cardiac Radiology (ESCR)
www.escr.org
European Society of Gastrointestinal and Abdominal Radiology (ESGAR)
www.esgar.org
European Society of Head and Neck Radiology (ESHNR)
www.eshnr.org
European Society of Musculo-Skeletal Radiology (ESSR)
www.essr.org
European Society of Neuroradiology (ESNR)
www.esnr.org
European Society of Paediatric Radiology (ESPR)
www.espr.org
European Society of Thoracic Imaging (ESTI)
www.esti-society.org
European Society of Urogenital Radiology (ESUR)
www.esur.org

Other Committees of EAR

The Statutes Committee

This Committee elaborated the original statutes, later adapting them according to the necessities of development.

The Technical Committee

The Technical Committee or more precisely the Joint Committee of EAR and COCIR was set up for the organisation of the congresses and to facilitate the standardisation and development of apparatus and medical imaging.

The Liaison Committee was set up in 1964 with the European radiological industry within the CCRETI (Committee for the Coordination of Radiological and Electromedical Industries – 'COCIR') with the aim to obtain financial support, cooperation for international conferences and establishment of radiological standards. EAR maintains a close co-operation with COCIR, the European Coordination Committee of the Radiological and Electromedical Industry, which was founded in 1959 by the medical engineering industries of five European Community countries. COCIR is the European

organisation of trade associations representing the European electromedical industry. On the occasion of the International Congress of Radiology in Madrid in 1973 it was decided to reactivate the liaison committee with COCIR to deal with the problems of technical exhibitions at radiological congresses. These discussions proved to be difficult because COCIR represents only makers of radiological apparatus, excluding recording materials, film and contrast media.

The present 2006 members of COCIR are the national associations of Belgium, France, Germany, Italy, the Netherlands, Spain, Sweden, Finland, and the United Kingdom.

The Computer Committee / IHE

The Computer Committee was formed during the second ECR that took place in Amsterdam in June 1971. The Committee has studied the role of computers in radiology in the fields of both diagnosis and therapy, and has organized many seminars. By 1991 there were two Committees for informatics: one in radiotherapy (under the direction of the Chairman of the section of oncological radiotherapy) and the other in radiodiagnosis (under the direction of the Chairman of the section of radiodiagnosis and medical imaging).

The current European and international markets demand globally competitive solutions for integrated IT systems in health care and medical imaging. The 'Integrating the Health Care Enterprise' (IHE) initiative has provided such a platform in the USA to develop such solutions. In Europe, IHE will offer providers of Health Care IT solutions, including medical imaging, a platform to develop and test world-class interoperability solutions.

COCIR and EAR have therefore taken the initiative to promote the concept of IHE-Europe which will be supported by the European Union. A national initiative has already been promoted in France and Germany, and others will follow.

The "European IHE Committee" will be responsible for the selection of IHE profiles that will be part of the European integration activities. It will maintain the relation with the IHE Strategic / Planning / Technical Committee in the USA and will influence the evolution of the IHE Technical Framework to ensure continuity and consistency across Europe.

EAR currently has an IT Ad Hoc Committee and the Chairman is Davide Caramella from Italy.

The European Congress of Radiology

European X-ray congresses have taken place since 1967. The European Congress of Radiology (ECR) has been held ever since the formation of EAR and is a major event that brings together many European radiologists. The ECR has always been important for contacts, on a scientific level and for the industrial exhibition. It was initially decided that a congress should be held every four years in a European city chosen by the General Assembly of EAR, who would also elect the President of the Congress. The Presidents of the ECR and the various venues are listed in Table 10.

The 1st European Congress of Radiology took place in Barcelona in 1967 in conjunction with the Radiological Federation of Latin Culture (Féderation Radiologique de Culture Latine) and a special stamp was issued (Fig. 1). This congress was the start of a series of increasingly successful European congresses held at four-year intervals beginning with Barcelona, and then continuing with Amsterdam, Edinburgh, Hamburg, Bordeaux and Lisbon respectively.

The 2nd European Congress of Radiology was held in Amsterdam in June 1971 and at that time the 'Commission Informatique' was formed. The profits from that Congress led to the establishment of the 'Amsterdam Fund' that has supported several congresses, symposia and colloquia for radiology in Europe.

The third ECR was held in Edinburgh in 1975 under the Presidency of Eric Samuel. That year O. Olsson, from Sweden, became President of EAR, and L. Oliva, from Italy, was elected Secretary General. For the first time, four Eastern European countries joined EAR. As a result of the Congress, the Edinburgh EAR Congress Educational Trust was created to sponsor training and research in radiology. This fund was used to finance scientific exchanges of researchers, students and radiologists and to further research. It was registered on May 12th, 1977.

These two funds (the Amsterdam Fund and the Edinburgh EAR Congress Educational Trust) were administered by the Executive Bureau and an Edinburgh Subcommittee respectively until they were depleted and closed in 1995 and 1996 respectively.

The last Congress conducted under the original arrangements was the Fifth European Congress that was held in Lisbon in 1987, under the Presidency of Mme. M.E. Silvestre. Before that particular Congress there was a widespread feeling that it was no longer appropriate for the Congress to move to a different location each time, and that consideration should be given to a shorter interval than four years between the Congresses.

The idea to start a new type of congress became more intensively discussed because of the increasing attraction of the annual congress of the Radiological Society of North America (RSNA). The RSNA was becoming an ever-increasing attraction to European radiologists. The second reason for the change was the cost factor. The ever-changing location of the congress increased the expenses and in addition the experiences of organising a

Fig. 1. The 1st European Congress of Radiology

congress were not being passed on since each congress was being organised by a separate local committee.

In 1985, the European Congress of Radiology (ECR) founded a committee, chaired by Prof. Dr. Josef Lissner, for the purpose of arranging the ECR congress organisation. It was decided that the congress should take place every two years and the location should not change if possible. It was agreed that the most appropriate location of the congress would be Vienna, partly due to its geographical location uniting Western and Eastern European countries. The society 'Verein Europäischer Röntgenkongress (ECR)' was founded and a congress organising institution was established at the Medical Academy of Vienna. By the end of the 1980s, the Programme Planning Committee had been formed, consisting of 120 European radiologists and chaired by Professors Albert L. Baert, Peter Josef Ell, Jacques Henry, Herwig Imhof, and Paul F.G.M. van Waes.

After many years of developing ideas and concepts, establishing and expanding contacts with the industry and various other essential partners, after never-tiring efforts by all involved, the first 'new' European Congress of Radiology was opened on Saturday, September 15, 1991, under the presidency of Prof. Dr. Lissner , also a special stamp was issued (Fig. 2). The Congress turned out to be an enormous success. Overall, 4,500 radiologists took part, 4,500 technicians and others making a total of 9,000 participants. 98 further training courses were held by 202 Europeans and 25 foreign nationalities, mostly Americans, Canadians, and Japanese.

As has been said, it was Prof. J. Lissner who masterminded and formulated the new type of ECR after becoming aware of the need for change. There were also requests for change from a number of radiologists as well as from the representatives of the radiological industry. J. Lissner was appointed chairman of the working party that undertook the survey of possible locations for future congresses and it was in this capacity that he proposed that the meeting become a bi-annual event and he suggested that the next two consecutive meetings take place in Vienna whilst the ECR'95, which would coincide with the centennial of the discovery of X-rays, should be held in Berlin. ECR'97 could possibly be held in Paris. Indeed, ECR'91 was the first truly European meeting since its was organized by a new body, namely the Congress Committee, chaired by J. Lissner with the support of 20 prominent radiologists from 10 different European countries. The only Austrian member of this committee was H. Pokieser from Vienna who was also the Vice-President. On this Committee G. Schuyler from the USA, the official representative of the RSNA, acted as consultant to the President since the ECR'91 was modeled very much after the successful Scientific Assembly and Annual Meeting of the RSNA. The second committee that was founded was the Programme Planning Committee that had six sections radiodiagnosis, refresher courses and workshops, scientific papers, radiotherapy, nuclear medicine and scientific exhibitions. It was furthermore responsible for organising the scientific programme, a task involving the planning of refresher courses, plenary sessions, honorary lectures, invited keynote lectures as well as the scientific exhibition. The

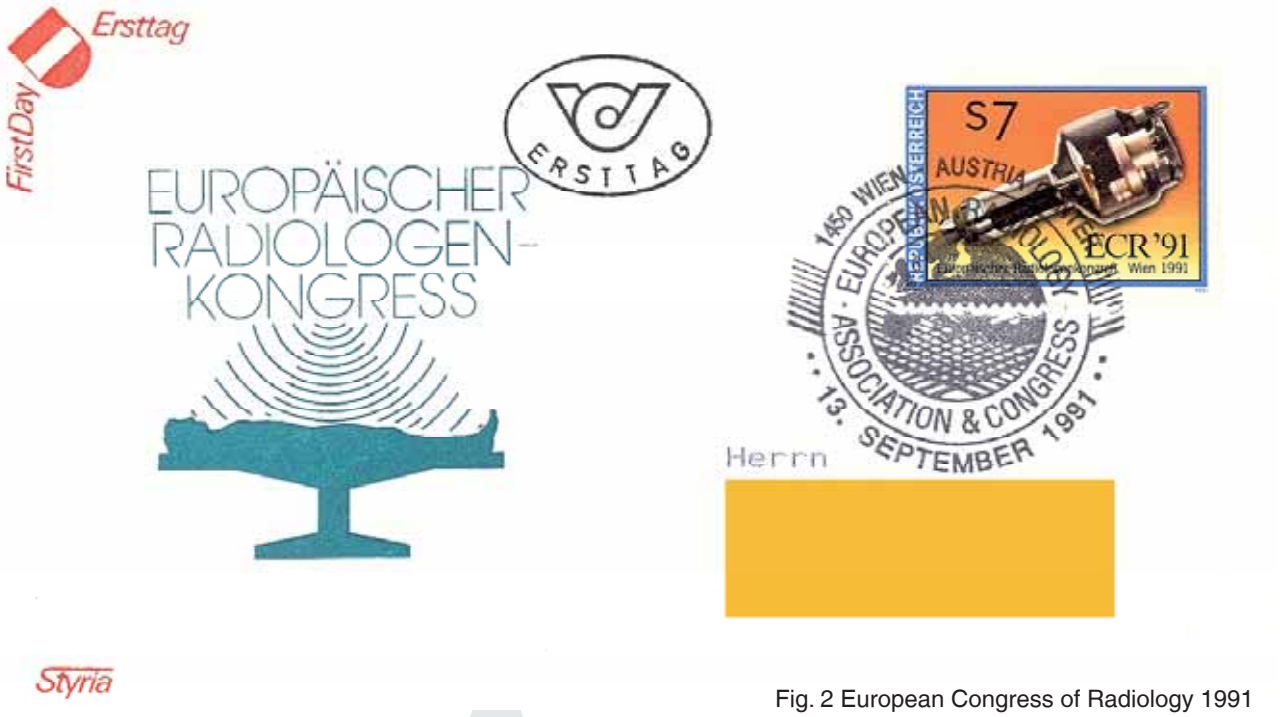


Fig. 2 European Congress of Radiology 1991

papers submitted were assessed and selected by the 17 new organ- or modality-related subcommittees that were formed. The success of the congresses continues and the ECR became an annual event as from the year 2000.

1991 was also the year that marked the formal establishment of the ECR Office in Vienna, which henceforth has been the official organiser of the European Congress of Radiology.

Since the meeting place has proved to be very convenient for East and West, Vienna will probably remain the congress venue in the foreseeable future. Vienna is the intellectual and cultural centre of Europe and the location and ambience enables both East and West to meet on equal terms.

It followed a change in policy as a result of which EAR accepted the overall responsibility for the Congress rather than the individual national societies.

In 1993, the ECR was legally established in Vienna, and its office in the Neutorgasse in the first district was opened. ECR assumed the responsibility for future European Congresses of Radiology, under the philosophical umbrella of EAR, though it was legally independent. Since then the European Congress of Radiology has evolved and refined itself as the largest radiological meeting in Europe, attracting more than 16,000 participants from over 90 countries. The scientific and educational offer has expanded to 1,500 oral scientific presentations and 1,100 electronic poster presentations in EPOS™.

The European Congress of Radiology currently employs over 40 staff members who are dedicated to providing support to its constituent bodies and its members, and generally administering activities related to the ECR. The staff is based at the ECR Office in Vienna, Austria, the headquarters of the European Congress of Radiology.

Table 10. The ECR venues and ECR Presidents

Year	Venue	President
1967	Barcelona	Alvarez Galvez-Armengaud (Barcelona/ES) † 1975
1971	Amsterdam	Johann Rudolph von Ronnen (The Hague/NL)
1975	Edinburgh	Eric Samuel (Johannesburg/ZA) † 1997
1979	Hamburg	Walter Frommhold (Tübingen/DE)
1983	Bordeaux	Guy Delorme (Pessac/FR)
1987	Lisbon	Maria Emilia G. Silvestre (Lisbon/PT)
1991	Vienna	Joseph Lissner (Munich/DE)
1993	Vienna	Albert L. Baert (Leuven/BE)
1995	Vienna	Albert L. Baert (Leuven/BE)
1997	Vienna	Hans Ringertz (Stockholm/SE)
1999	Vienna	Roberto Passariello (Rome/IT)
2000	Vienna	Rolf W. Günther (Aachen/DE)
2001	Vienna	Holger Petterson (Lund/SE)
2002	Vienna	Philippe A. Grenier (Paris/FR)
2003	Vienna	Nicholas Gourtsoyiannis (Iraklion/GR)
2004	Vienna	Helen M.L. Carty (Liverpool/UK)
2005	Vienna	Antonio Chiesa (Brescia/IT)
2006	Vienna	Andreas Adam (London/UK)
2007	Vienna	Christian J. Herold (Vienna/AT)

The Boris Rajewsky Medal

At the General Assembly of 1969 in Stuttgart it was decided to award a medal to those who had made significant contributions to European radiology. The medal was to be awarded on the advice of the Bureau and was named after Boris Rajewsky who had been the first President of EAR. The first medal was awarded in 1972 and the recipient was Dr. P.C. Reizenstein. Many distinguished radiologists have been awarded this prestigious medal. The Boris Rajewsky Medalists are listed in Table 11.

Table 11. EAR Boris Rajewsky Medallists

1972	Dr. P.C. Reizenstein, SE
1973	Dr J. Vermej, NL
1975	Dr. Dale, FR Prof. de Albertis, IT Prof. Ducan, UK Dr. Müller, NL Dr. Philp, UK Dr. F. Rosso, IT Prof. E. Samuel, UK
1976	Dr. E. Biggi, IT Dr. E.P. Strecker, DE Dr. D. Müller, DE
1980	Prof. W. Frommhold, DE Prof. P. Gerhardt, DE Dr. H. Uhl, DE
1981	Dr. Higer, DE Prof. J.L. Jeanmart, BE Dr. H. von Lieven, DE
1982	Prof. O. Olsson, SE Prof. W. Penn, NL Dr. M.D. Snelling, UK Prof. G. van Der Schueren, BE
1983	Prof. G. Delorme, FR Prof. Ch. Gros, FR (posthumous) Prof. H. Middlemiss, UK (posthumous) Prof. von Ronnen, NL
1984	Prof. J.P Braun, FR Prof. A. Rüttimann, CH
1988	Prof. M. Demoullin, LI Prof. E. Koivisto, FI Prof. L. Oliva, IT Prof. W. Ross, UK
1989	Prof. W. Frik, DE
1993	Prof. L. di Guglielmo, IT Prof. G. Friedmann, DE Prof. W. A. Fuchs, CH Prof. F. Heuck, DE Prof. J. Kolar, CZ Prof. A. Pinet, FR Prof. F. Pinet, FR Dr. W. M. Ross, UK
1995	Prof. J. Bonmati, SP Prof. I. Isherwood, UK Prof. H. Nahum, FR Prof. H. Pokieser, AT Prof. R. E. Steiner, UK Prof. E. P. Zeitler, DE
1997	Prof. L. Dalla Palma, IT Prof. U. Erikson, SE Prof. A.E. van Voorthuisen, NL Prof. A. Wackenheim, BE Prof. W. Wenz, DE
1999	Prof. A. Belan, Prague, CZ Prof. P. V. Vlasov, RU Prof. F. Weill, Besan
2000	Prof. F. Olbert, AT Prof. G. Pistolesi, IT
2001	Prof. L. Diankov, BG Prof. G. Pontifex, GR Prof. B. Pruszynski, PL
2002	Dr. O. Pohlenz, DE Dr. D. Nolan, UK
2003	Prof. E. Boijsen, SE Prof R. de Dominicis, IT
2004	Prof. T. Pirnar, TR
2005	Prof. M. Blery, FR Prof. R. Rienmüller, AT
2006	Dr. G. Hurley, IE Prof. G. van Kaick, DE

The Publications of EAR

European Radiology

A new development initiated by Prof. J. Lissner was the launch of the Journal 'European Radiology,' which became the Journal of the European Congress of Radiology (ECR), as well as the official organ of the European Association of Radiology (EAR). 'European Radiology' merged with the journal of the French Society of Radiology (SFR), which then discontinued its publication. The new Journal was conceived as a vehicle for the dissemination of the scientific advances presented at every European Congress of Radiology and to foster cooperation and communication between European radiologists and their colleagues throughout the world. The new Journal was announced together with the ECR'91. It was planned to present the first issue at the Congress to all participants of the Congress, and then to provide it free of charge for the next two years. The Editor-in-Chief was J. Lissner with T. Vogl as the Editorial Assistant. The Editors were A.L. Baert, A. Chiesa, H. Nahum, H. Pokieser and P.F. van Waes. Its success was immediate with a circulation of 5,000 copies. The Journal was distributed worldwide and it was soon accepted by 'Radiology' for inclusion in their regular index. It was later to become the official Journal of 7 of the European subspecialty societies and published the abstracts of the proffered scientific papers presented at their annual meetings together with the reports and news of their activities. A.L. Baert took over from the first issue of 1996 and has developed the journal to its current high position. By 1999 it was included in the 'index medicus' and MEDLINE on the MEDLARS system. By 2000, the bimonthly journal became monthly exceeding 1,800 pages per year, its impact factor as determined by the ISI reached 1,119, while as from 2001 it was also published electronically. In the year 2004 (volume 14) there were a total of 351 peer-reviewed scientific articles published from a total of more than 924 submitted manuscripts. The journal was published in 12 monthly issues with a total of 2,374 pages. The ISI Impact Factor for 2004 was 2,364 giving the journal a rank of 24 out of 84. In 2005, the ISI Impact Factor reached 2,437 (rank 24 out of 84 in the category "Radiology, Nuclear Medicine and Medical Imaging"). The subscription is stable and the Journal enjoys the third highest circulation in the world of international journals devoted to radiological imaging. Now there is also an online electronic publication and this has proven to be of great value. From April 2004 onwards, all manuscripts for 'European Radiology', from submission through the process of peer review to acceptance for publication, are processed exclusively electronically and online.

The following are the European Subspecialty Societies that have chosen 'European Radiology' as their official journal:

European Society of Breast Imaging
(EUSOBI)
European Society of Cardiac Radiology
(ESCR)
European Society of Gastrointestinal and Abdominal Radiology
(ESGAR)
European Society of Head and Neck Radiology
(ESHNR)
European Society of Musculoskeletal Radiology
(ESSR)
European Society of Thoracic Imaging
(ESTI)
European Society of Urogenital Radiology
(ESUR)

In addition, EFOMP, representing the European physicists involved in medical imaging, also reports in the journal.

Electronic Learning

ePACS – PACS-supported radiological report training

ESR is proud to introduce a new e-learning tool for both novices and experts, which will be presented for the first time at ECR 2007: ePACS.

ePACS offers a new method of learning on the basis of original radiological reports with either self directed or guided training in an emulated radiological working environment using a modified web based PACS-system. Attendants will study images in DICOM quality, and will learn how to diagnose and draw up written results. At the end of each teaching file an expert report including comprehensive multimedia explanations will be provided. Participants will have the option to obtain a diploma by using the supplied self assessment module.

ePACS intends to support lectures and courses by enabling participants to improve their performance in diagnosing and reporting of cases presented with clinical and radiological information only.

EDIPS Download

EDIPS Download is part of ECR's Digital Preview System. It enables you for the first time to download Microsoft® Office PowerPoint Presentations of given lectures from ECR 2006 throughout the year.

Register for free and enjoy browsing through over 530 presentations covering a wide variety of radiological topics, and provided by the most esteemed scientists from all over the world.

More than 1,500 unique users per month!

eECR – Electronic European Congress of Radiology

ECR's electronic congress tool eECR brings a selection of scientific highlights of ECR right to your home. View and listen to given talks from ECR 2004, 2005, and 2006, as well as presentations from ESGAR and ESMRMB (in total over 300).

Experience 'ECR meets' Sessions, Categorical Courses, Foundation Courses, Interactive Image Teaching Sessions, Special Focus Sessions and New Horizons Sessions, Refresher Courses, Stateof-the-Art Symposia, the Image Interpretation and Junior Image Interpretation Quizzes, as well as Satellite Symposia and Hospital Administrator Symposia presentations.

Search the database easily by topic, title or keywords. eECR holds something for everyone and can be accessed free of charge.

EPOS™ – Electronic Presentation Online System

Years ago ECR has taken a bold step and introduced an all electronic scientific exhibition using EPOS™, the Electronic Presentation Online System, thus setting new standards in the medical meeting industry.

At ECR 2006, the electronic scientific exhibition under EPOS™ continued its path of success. 777 scientific and educational exhibits, 13 presentations by invited lecturers and 71 presentations by paper presenters were displayed on 100 terminals on the traditional 'EPOS™ floor'.

Browse through more than 5,400 electronic exhibits of ECR 2003-2006 as well as of several subspecialty societies including CIRSE, ESGAR, ESMRMB, ESCR, ESSR and SIR. The online EPOS™ database can be accessed free of charge by everybody.

EURORAD – Radiological Case Database

The largest peer-reviewed teaching database of radiology on the Internet offers free access to a wealth of medical information and imaging data, whose accuracy and quality have been validated by some of the most experienced radiologists in Europe. EURORAD contains case reports for medical students (simple cases), residents in radiology (everyday cases) and senior radiologists (complex cases). For easy retrieval of required cases, the website offers a new powerful search engine as well as multi-lingual navigation.

EURORAD allows you to download, save, and print the cases as PDF documents, or e-mail them via the web-based e-mail client.

All EURORAD cases are registered with a DOI (Digital Object Identifier), which makes all cases citable.

The European Society of Radiology (ESR)

From 1967 until 1987, European Radiology had been organised as a single organisation. With ECR'91, EAR remained a federation of national societies who sent delegates to the General Assembly. The new ECR structure however, with the new congress formula, became the second body that organised the Congress and also published the journal European Radiology. The constitution of ECR gave it the status of a society based on individual membership. The ECR Board was independent and nominated ordinary members which had been ratified by the General Assembly, based on their previous record through the organs of ECR. UEMS became the third independent body of European radiology, being an organ of the Parliament of the EU in Brussels.

The idea of a new society was proposed for the first time in Vienna during a meeting of the Executive Bureau of EAR held in February 2002. Indeed, that was a time when the members of the Executive Board were looking for a new identity of the Association, were investigating avenues of implementing a new role and evaluating a number of different proposals in that respect. This created unrest within the radiological community, even the radiological industry could see the confusion and started to express their concern. The reason for this was a lack of understanding of the roles of EAR and ECR. Later on, this need for a more clear representation of European radiology was focusing on the aim of the formation of a new body to include the two existing bodies of EAR and ECR, which would enable this new structure to grow and evolve in any necessary direction for the overall benefit of European radiology.

A brainstorming meeting of the Executive Bureau of EAR was called in Lund from July 19th to 21st, 2002 in order to define the relationship and cooperation needed between EAR and ECR. Iain W. McCall introduced the subject of the relations of EAR to UEMS and Gerard Hurley addressed the legal relationships between EAR and ECR. Holger Pettersson elaborated on the image and profile of EAR in general, while Nicholas Gourtsoyiannis focused on the strategy of forming a future structure, transforming the existing committees into organs of the new Society. Albert L. Baert questioned the issue of radiology as a unity, versus division into the subspecialties.

On July 4th 2003, the Executive Bureau of EAR met in Dublin under the presidency of Gerald Hurley. During this meeting, four members from large national societies, namely Germany, France, Italy and Spain through their representatives C. Claussen, G. Frija, G. Risotto and L. Donoso-Bach had asked to address the Executive Bureau. They expressed their concern as to the fact that EAR does not fully fulfill its aims and that the voice of the large countries is not proportionally heard. Furthermore, they pointed out that there is the need for one European Society combining all aspect of radiology including the ECR. Andy Adam presented the model proposed by the ECR with an individual membership with voting rights that was criticised as not being transparent. Indeed, everybody could see that, after a series of successful meetings, the ECR had created healthy financial reserves, while EAR was a federal structure with a restricted financial base. Therefore it would be difficult for EAR to adopt the role of the leader in strengthening European radiology and face the challenges. This meeting clearly revealed the different views of various parties and outlined the need for a new vehicle that would embrace all aspects of the future of European radiology, while at the same time, respect the work, effort and contribution of all associated parties and individuals.

During the ECR Executive Committee Meeting, held in Vienna on October 31st, 2003, Nicholas Gourtsoyiannis, as president of the ECR, addressed the Board and asked for an official position on the issue of the future of European radiology to be adopted. He made his proposal under which the ECR would remain an independent society, possibly under a different name, EAR would involve itself with training and professional issues and there would be a new Biomedical Institute for Science and Research. All three entities would be connected and supervised by a Board called the European Association of Radiological Sciences (EARS). After an 8 hour meeting the board voted in support of the proposal. After this meeting was over, a joint ECR/EAR Executive Board meeting followed; Prof. Gourtsoyiannis presented his plan that was duly endorsed, and the meeting ended with the matter remaining open for approval of the Extraordinary General Assembly of EAR.

The following day, November 1st, the General Assembly of EAR assembled with 50 national representatives present. Guy Frija, representing the 5 largest countries proposed

one body of European radiology incorporating both EAR and ECR. Nicholas Gourtsoyiannis presented his plan that had been approved by the ECR/EAR Executive Board, while C. Claussen suggested a Society with a Board and a General Assembly composed of national societies, subspecialty societies and individual members. After a long, heated and in-depth discussion, the majority opted for one united 'House of Radiology' and voted for the establishment of a European Society of Radiology. There were, furthermore, a lot of key issues still left open, and therefore an ad hoc committee of 10 members from each body was established to address the issues involved and to bring forward proposals for a structure that would incorporate the role of both EAR and ECR, while allowing individual membership and national and subspecialty society delegates to function together in a single body.

The Ad Hoc Committee held its meeting on January 31st, 2004 in Munich. After a day of fruitful and constructive discussions, the Committee decided upon a joint position paper, where both ECR and EAR were strongly committed in favour of a unified European radiology society based on voluntary individual membership to be presented to the General Assembly of ECR 2004.

At ECR 2004, on March 8th, the General Assembly of EAR heard proposals from G. Frija and N. Gourtsoyiannis and agreed that there was a need for continental cooperation of all major radiological activities. They finally agreed that both Boards should further explore the foundation of a single European Society for Radiology (ESR).

On May 23rd 2004, at the Executive Bureau meeting held in London, a Joint EAR-ECR Standing Committee was proposed consisting of 4 members from each body so as to, among other issues, identify the desirable structure and functions of the new society and define methods of representation of the national and subspecialty societies.

On July 17th, 2004, during a brainstorming session held at the Hotel Hanner in Mayerling, Nicholas Gourtsoyiannis proposed a revised plan for the proposed ESR based on voluntary individual membership and a fair representation of the national societies. Both ECR and EAR could continue to work independently with regard to financial, organisational or scientific matters, while both General Assemblies can form one General Assembly, the ESR General Assembly. The proposal would have to be legal under Austrian law, purpose-driven, and respect the virtues set by the position paper which at the time was considered the relevant document in this concern.
The Executive Bureau of EAR met the following day on July 18th and endorsed the proposal. Finally, the General Assembly of EAR held in the Austria Center in Vienna on March 7th 2005 that was attended by the members of Executive Bureau, participants from 34 national societies, 10 representatives of the subspecialty societies, and representatives from the various committees and working groups, numbering 114 in total, unanimously approved of the statutes of the European Society of Radiology (ESR). The birth of the new Society was celebrated after the meeting with a glass of champagne. It had taken more than 3 years of official meetings, discussions, communications and exchange of e-mails, to overcome the obstacles that led to the final agreement and conclusion.

From then on until the constituent General Assembly that was planned for December 5th, a number of meetings were held in order to ensure a smooth running of both ECR/EAR and ESR and to avoid conflicts and overlaps in authorities and areas of influence while preserving ECR's two major achievements, the congress and the journal.

During a very successful EAR/ECR brainstorming meeting chaired by N. Gourtsoyiannis, held in Venice on July 1-3, 2005 a number of advances were made. Preparations were under way for the election of Board members of ESR so as to give flesh to what was until then a society only on paper. EAR and ECR were to propose their 9 respective representatives, while the first agenda was put forth for approval. The items on this agenda were the drafting of a strategic plan to develop and strengthen a real single house (ESR) and a definition of a time schedule for the further development and conclusion of the project. Finally the two bodies agreed on the candidates for the ESR Board posts for the next two periods of office.

On October 30, an ad hoc committee was established in order to work and prepare the new ESR statutes to be ratified by the General Assembly in 2007 while an agreement was made on the final agenda for December 10th.

The constituent General Assembly of the European Society of Radiology (ESR) was held on December 10th, 2005. This was the formal establishment of the new society. During this meeting the Board of Directors was unanimously elected as follows:

ESR President	N. Gourtsoyiannis (EAR)
ESR Vice-President	A. Chiesa (ECR)
ESR Secretary-General	G. Frija (EAR)
ESR Treasurer	B. Marincek (ECR)

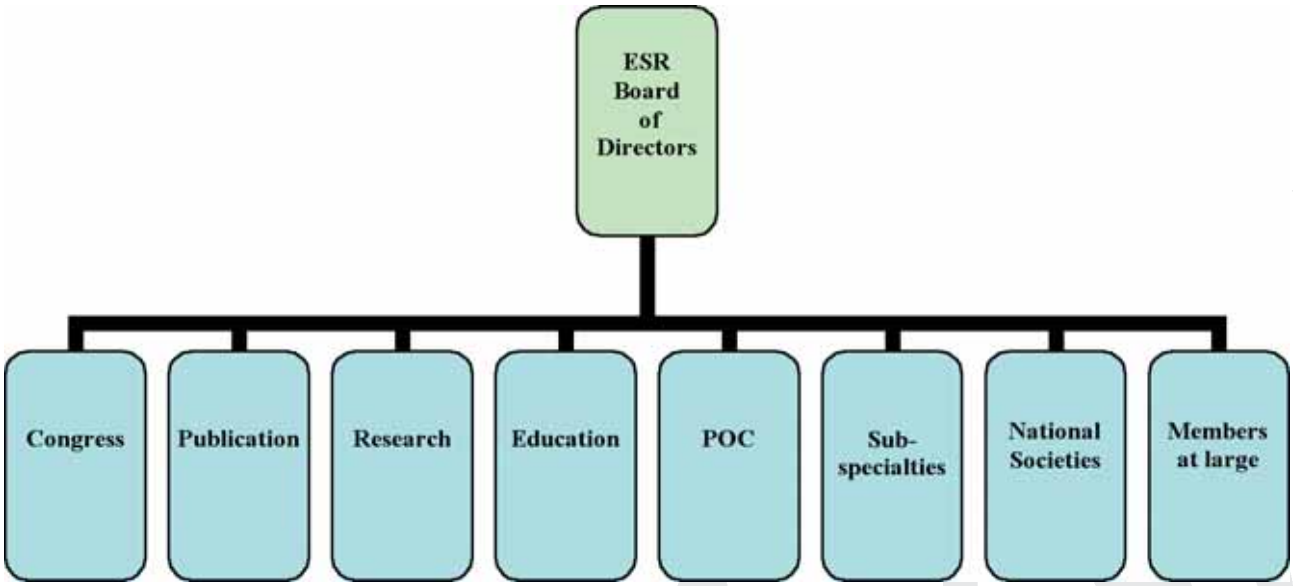
During the EAR Annual Leadership Meeting that followed, and after a lengthy discussion, the two-year strategic plan was unanimously accepted.

Nicholas Gourtsoyiannis, as the first President of the Society, addressed the EAR General Assembly, held on March 6th, 2006 giving full account of what went on in the last two years following the assignment to create the European Society of Radiology (ESR). He informed the GA of the elected Board and of the committees that had been set up to run the various tasks of the society and went on informing the GA of the ESR constitution as well as the plans to have them rewritten so as to keep it functional and efficient, absorbing those of EAR and ECR while fully preserving their functions. He also outlined the benefits for the foundation of the new Society in fulfilling EAR/ECR mission and the members' expectations, while strengthening European radiology by the following initiatives:

1. Outreach programmes and global e-learning initiatives
2. The formation of the European School of Radiology
3. A new public awareness campaign
4. Improving its position in relation to their specialties
5. Increasing influence on the EU

He presented the ESR Board as well as the 8 committees that were established as follows making ESR the home for research, education and management of professional issues, while incorporating ECR, the subspecialty societies, the national societies and European Radiology.

The delegates approved unanimously of the plan presented and the presentation given by showing their hands. During the ESR Meeting of June 1st, the new ESR constitution was presented and was voted on during the ESR Executive Board on July 9th, 2006. The new era had started. The final EAR General Assembly will take place on Monday, March 12th, 2007 in the Austria Center in Vienna at ECR 2007 where there will be a formal dissolution of EAR with the agreement of transition arrangements and the transfer of assets to the European Society of Radiology.



EAR – Perspectives and Conclusions

During the past years the most important task of EAR has been building up the identity and unity of European radiology with a well-organised modern European Congress of Radiology and by integrating Eastern, Central and Western European members. While these activities have been very successful, they will continue to require great efforts in the future. In parallel, EAR - in cooperation with the Radiology Section of the UEMS (the European Union of Medical Specialists) is closely involved in planning and adapting European regulations, such as those for radiation protection (Medical Exposure Directive 97/43 EURATOM) or quality improvement (for example, quality criteria for computed tomography). European research projects, such as the framework programmes of the European Community, have been underused by radiologists, and EAR will try to improve radiologists' access to upcoming programmes.

The inexorable march of medical progress has continued unabated over the last fifty years. Since EAR was officially created in 1962 the practice of radiology and allied sciences has changed beyond recognition. We have now CT and PET scanning, MRI, ultrasound and complex interventional procedures and digital imaging, none of which were around at the time of the organisation's birth. Radiology currently plays an essential and increasing role in patient care and management. The founding fathers of the European organisation could not have dreamt of such rapid technological advances that would take place in radiology practice in the late 20th and early 21st century. EAR has also evolved in the last 40 years and has risen admirably to the challenge of coordinating the activities of member countries into one coherent organisation with a common purpose. Today the annual European radiology meeting in Vienna has become a major educational event in the world radiology calendar and rivals the RSNA meeting in the USA.

What is the future? Radiology has always continued to face challenging times and has been a rapidly evolving specialty. Because of its dependence on high technology and high capital investments there have always been uncertainties about future developments and the way the subject is practised and service is delivered. The newly formed ESR will continue the work of EAR and we are sure that the organisation will rise admirably to the challenges faced by the hospitals and the radiology community in the future and will continue to thrive well into the 21st century.

Selected Biographies

Albert L. Baert (*1931)

Albert L. Baert was born in Aalst in Belgium in 1931. His undergraduate education was at the Catholic University of Leuven, Medical School and he received his MD in 1956. He obtained postgraduate training in radiology in Belgium, Germany, Switzerland and France. He was board certified in radiology in 1961 and obtained his PhD is 1968 with a dissertation on the 'Angiography of Renal Tumours.' He joined the faculty of the department of radiology of the Catholic University of Leuven Medical School in 1962 and was appointed professor in 1971. He was appointed chairman of the department in 1971 and a member of the board of directors of the University Hospitals of Leuven in 1986.

Albert L. Baert is a member of the editorial staff of many journals and editor-in-chief of 'Medical Radiology', 'Frontiers in European Radiology' and 'European Radiology.' He has been awarded honorary membership of many radiological societies and the 'Röntgenplakette' by the city of Remscheid, Germany.

Albert L. Baert was secretary-general (1989-1993) and then president of the European Association of Radiology (1995-1997). He was also president of the European Congress of Radiology in 1993 and 1995.

Michel Bléry (*1938)

Michel Bléry was born at Le Bourget in France in 1938. He was intern and resident at the Hôpitaux de Paris from 1962 to 1964 and an assistant from 1969 to 1972 working in the department of V. Bismuth. He was head of the department of radiology at Hôpital Raymond Poincaré (1974-1984) and head of the department of radiology at Hôpital Lariboisière (1984-1991). In 1991 he was appointed head of the department of radiology at Hôpital Bicêtre.

He served as secretary-general of the College of French Academic Radiologists (1997-2000), the French Society of Radiology (1988-1994) and the European Association of Radiology (1993-1997). Since 2000 he has been functioning as secretary-general of the Council of the Francophone Academic Radiologists. He is editor-in-chief of the Feuillets de Radiologie, member of the executive board of Revue d'Imagerie Médicale and member of the editorial board of European Radiology.

He is a member of the administrative board of the Collège de Médecine des Hôpitaux de Paris and vice-president of the Franco-Asian Medical Association (AMFA), director of the Collection d'Imagerie (Masson) and consultant to the French Drug Agency: Commission de Transparence et de la Commission de l'autorisation de mise sur le Marché des Médicaments.

Erik Boijsen (*1922)

Erik Boijsen was born in Lund in Sweden in 1922. He graduated from the Medical School of the University of Lund in 1949 and completed his residency and fellowship in diagnostic radiology at the Lund University Hospital and at the Community Hospital in Helsingborg.

In 1956 he was appointed assistant professor (later associate professor) of diagnostic radiology at the Lund University Hospital. His PhD thesis focused on renal angiography.

In 1970 he was appointed professor and chairman of the diagnostic radiology department of the Malmö General Hospital. From 1977 to 1988 he held the same position at the Lund University Hospital where he is professor emeritus.

Erik Boijsen concentrated his research activities on angiography and published many scientific articles. He was a member of the editorial boards of 'Der Radiologe', 'Frontiers in European Radiology', 'Gastrointestinal Radiology', and 'Cardiovascular and Interventional Radiology'. From 1983 to 1992 he served as editor-in-chief of 'Acta Radiologica'.

Erik Boijsen has served on many expert committees within the Swedish Medical Research Council, the Swedish Cancer Society, the National Committee for Radiation Protection, and the Swedish Council for Technology Assessment (SBU). He has also worked as an adviser in radiology to the Swedish Board on Health and Welfare.

He has given numerous invited lectures and organised a series of international symposia and conferences held at the Lund University Hospital.

He was president of the Swedish Society of Medical Radiology (1972-1973), the European Association of University Radiologists (1984-1986) and the European Association of Radiology (1987-1989). He was awarded honorary membership of the British Royal College of Radiologists, the Society of Gastrointestinal Radiologists, the Cardiovascular and Interventional Society of Europe (CIRSE), and the American College of Radiology. He received the Boris Rajewsky Medal of the European Association of Radiology in 2003.

Lorenzo Bonomo (*1946)

Lorenzo Bonomo was born in Andria in Italy in 1946. He qualified in medicine magna cum laude in 1970 from the Medical School of the Catholic University of Rome. He attended the Postgraduate School of Radiology at the Catholic University of Rome and was awarded his degree in radiology in 1975 with magna cum laude. From 1976 to 2003 he worked at the department of radiology of the University of Chieti becoming the chairman of the department of radiology in 1990. Since 2003 he has been the professor of radiology and chairman of the department of radiological sciences and bioimaging of the Catholic University of Rome. His research interests have included the field of chest imaging involving all imaging modalities.

He functioned as President of the Italian Society of Thoracic Radiology (1992-1996), the European Society of Thoracic Imaging (2000 -2001) and the Italian Society of Radiology (2002-2004). Since 2005 he has been serving as treasurer of the European Association of Radiology.

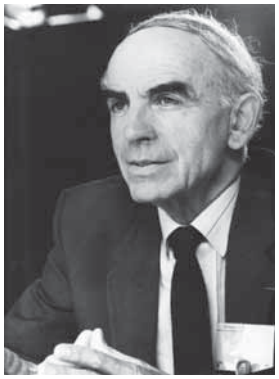
Ludovico Dalla Palma (*1928)

Ludovico Dalla Palma was born in Padua in Italy in 1928. He graduated in medicine and qualified in radiology at the University of Padua, where he served as assistant professor of radiology until 1958. He was professor of radiobiology at the Faculty of Medicine of the University of Florence until 1968. He held the professorship of radiology and chairmanship of the department at the Faculty of Medicine of the University of Trieste from 1969 until 2000.

Ludovico Dalla Palma has been serving as chairman of the department of clinical, morphological and technological sciences of the University of Trieste since 2000, and as director of the Post-Graduate School for Diploma in Diagnostic Radiology at the University of Trieste since 1971.

Being a member and honorary member of numerous national and international radiological societies Ludovico Dalla Palma is also honorary fellow of the American College of Radiology and has held many executive positions and presidencies in national and international societies.

Ludovico Dalla Palma was founder and project leader of the Halley Project for continuing education in radiology in Eastern Europe under the sponsorship of the European Association of Radiology. He has been on the editorial board of several radiological journals and has been the author of many papers on diagnostic radiology, radiotherapy and radiobiology. He has been Gold Medallist of the European Congress of Radiology and the European Association of Radiology.



Guy Delorme

Guy Delorme was born in Lorraine in France, the region bordering on Belgium and Luxembourg. He started his medical training during the Second World War in the part of France which was occupied by the Germans. He was arrested and deported to Germany in 1943. From Erfurt (Thuringia), where he worked in obstetrics and gynaecology, he escaped in 1944 and lived in hiding until the liberation of France.

He finished his medical studies after the war, first in obstetrics and gynaecology and later in radiology. He completed his training in 1958 and qualified in radiology becoming a senior resident in 1962. He worked under Professor Reboul and became full professor and chairman of the department for electroradiology, Ecole de Manipulateurs, Hôpital Xavier Arnozan in 1968.

Guy Delorme was secretary-general (1983-1989) and then president of the European Association of Radiology (1991-1993). Together with H. Solomas he elaborated the history of EAR entitled 'Radiological Europe. History, Evolution, Perspectives' (Bordeaux, October 1982) and produced a second edition in 1991.

Mathias Demoulin (1917-1997)

Mathias Demoulin was born in the Grand Duchy of Luxembourg. He went to primary school in his native village and attended secondary school in Echternach. He underwent medical training at the Universities of Giessen, Vienna, Strasbourg and Paris and postgraduate training in radiology at the Universities of Homburg-Saar and Erlangen in Germany followed by Paris, Zurich and Strasbourg. He made his professional career as a radiologist at the City Hospital of Esch-sur-Azette. He was convinced that coordination at the European level was indispensable for the improvement of medical qualification, the efficient organization of the radiological profession, and the conditions of practice and radioprotection.

In 1968, he served as secretary of the council of directors of the Union Européenne des Médecins Spécialistes (UEMS). He was appointed chairman of the Professional Organisation Committee of the European Association of Radiology, president of the group "Monospeciality" of the European Union of Medical Specialists in Brussels, and member of the Medical College of the Grand Duchy of Luxembourg.

He was dubbed knight of the Order of Oak Wreath "Chevalier de l'Ordre de la Couronne de Chêne" in Luxembourg. In 1973 he became president of the Society of Radiology of Luxembourg and was re-elected in 1974. He was honorary member of many national societies of radiology. In 1981, he was appointed associated editor of the journal "Radiology CEPUR", vice-president of the European Association of Radiology, and remained a member of the Executive Bureau of the European Association of Radiology until 1987. He served as president of the European Association of Radiology from 1983 until 1985. In 1985, he was appointed Commander in the Order of Merit "Commandeur de l'Ordre du Mérite" in Luxembourg.

In 1997, Mathias Demoulin died of leukaemia following a long professional life exposed to ionising radiation.

Guy Frija (*1945)

Guy Frija was born in Morocco in 1945. He qualified as a doctor in 1976 and took his Board of Radiology in France in 1979. Being a resident in radiology from 1970 to 1976, he served as assistant professor from 1976 to 1981). From 1984-1989 he acted as chairman of the department of radiology in Garches, France and from 1989-2000 as chairman of the department of radiology at the Laënnec Hospital in Paris, France. Since 1990 he has been serving as director of the Laboratory of Imaging Research (Contrast Media - INSERM U494) and since 2000 as chairman of the department of radiology of the Georges Pompidou European Hospital in Paris.

He functioned as secretary-general of the French College of Radiology (1984-1989), Consultant to INSERM (1986-1993), chairman of the Board of Radiology (1989-1993) and president of the French Medical Association (1996-1999).

From 1994-2006 he was secretary-general of the French Society of Radiology and since 2000 has been acting as president of the National Commission of Medical Devices. He was elected secretary-general of EAR in 2005.

Guy Frija was awarded honorary membership of the Belgian Royal Society of Radiology, the Deutsche Röntgen Gesellschaft, the Radiological Society of North America, the Argentine Society of Radiology and the Vietnam Society of Radiology.

Guy Frija is interested in functional and molecular imaging as well as management in the context of a filmless academic hospital.

Nicholas Gourtsoyiannis (*1943)

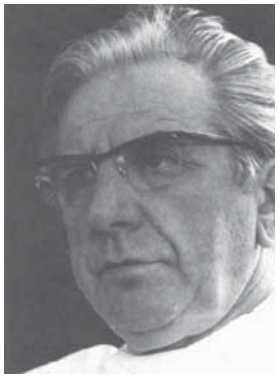
Nicholas Gourstoyiannis was born in Amphissa (Greece) in 1943. He obtained his medical degree from the University of Thessaloniki in 1967 and his doctoral thesis from the University of Athens in 1977. After a three-year internship in internal medicine in the Red Cross Hospital of Athens, he completed a three-year residency in radiology at the Evagelismos Hospital in Athens and did a two-year fellowship at the Radcliffe Infirmary in Oxford (1977-1979). He served the Hellenic Air Forces Hospital in Athens between 1975 and 1987, where he was head of the radiology department after 1981. He was elected associate professor of radiology of the University of Crete in 1986 and since 1990 he is professor and chairman of the department of radiology. He has served as the first medical director at the University Hospital of Crete (1997-1999) and two terms as dean of the Faculty of Medicine of the University of Crete (1999-2001 and 2001-2003).

He is a founding member of the European Society of Gastrointestinal and Abdominal Radiology (ESGAR), he was president in two of its annual ESGAR meetings (1990, 1996), president of the Society (1997-2000), and president of the joint European (ESGAR) and American (SGR) Abdominal Congress in 2006.

He has served on the editorial board of numerous journals including 'Abdominal Imaging', 'Investigative Radiology', 'Acta Radiologica' and 'Magnetic Resonance in Medical Science'. He is section editor of European Radiology and has been the editor of Hellenic Radiology. He is also the editor or co- editor of 3 books, Imaging of Small Bowel Tumors (1997), Radiological Imaging of the Small Bowel (2003) and Radiologic Pathologic Correlations (2005).

He has been awarded honorary memberships of the Radiological Society of North America, the British Institute of Radiology, the French Society of Radiology, the Radiological Society of Switzerland, the Austrian Society of Radiology, the Italian Society of Medical Radiology, the Royal Belgian Radiological Society, the Argentinean Society of Radiology, the Bulgarian Association of Radiology, the Turkish Radiological Society, the Hungarian Society of Radiology. He has been awarded honorary fellowship of the Royal College of Radiologists (UK) and fellowship of the Royal College of Surgeons (Ireland), the 2000 Gold Medal of ESGAR, the 2003 Schinz Medal of Switzerland and the first Gold Medal of the Hellenic Society of Radiology.

Nicholas Gourtsoyiannis was president of ECR in 2003 and chairman of the ECR executive committee in 2004. From 2004-2007 he was president of the European Association of Radiology (EAR). He introduced the Electronic Poster Online System (EPOS) and the European School of Radiology (ESOR) and he masterminded the creation of the European Society of Radiology (ESR). Nicholas Gourtsoyiannis was the first president of the European Society of Radiology (December 2005 - March 2007).



Charles M. Gros (1910-1984)

Charles M. Gros was born on August 12th, 1910 in Aigues. He studied mathematics and physics and received his diploma in 1928 and 1929. Under the direction of Professor Lamarque from Monpellier Gros started to study medicine and obtained his MD in 1943. He became chief of the radiotherapy service of the Centre Règional Anticancéreux de Strasbourg in 1947 and the department of radiology in 1949. In 1951 he became interested in investigations of breast pathology and published with his co-worker Sigrist his paper on 'La radiographie de la glande mammaire' which initiated a new phase in mammography in Europe. In 1963 he described the inter-relationship of pathology, clinical examination, histology and radiology. Gros also described the typical carcinomatous configurations of microcalcifications in intraductal comedo carcinoma and pointed out the irregularity of separate micro particles. This work formed the basis for the future analysis of the differences between benign and malignant microcalcifications of the breast.

Gros' revolutionary achievement was the technical improvement of mammography by using a molybdenum anode X-ray tube, which was originally developed for non-destructive testing. In 1965, he developed in co-operation with CGR the 'seneograph', which was the first X-ray unit dedicated to mammography.

He was appointed professor of radiology at the University of Strasbourg, a position he held until his retirement in 1979. Inspired by the concept of a multi-disciplinary approach to breast disease in 1976, Charles-Marie Gros founded the SIS (Senologic International Society).

On December 15, 1962 Boris Rajewsky and Charles Marie Gros from the University of Strasbourg (France) founded the European Association of Radiology (EAR). Boris Rajewsky became the first president (1962-1967) and Charles M. Gros the first secretary general of EAR (1962-1975).

Rolf W. Günther (*1943)

Rolf W. Günther was born in Strasbourg in 1943. He obtained his medical degree from the University of Heidelberg, Germany, in 1968. After interning at community hospitals in Mannheim, Ludwigshafen and Bühl, he was a resident in radiology at the Universities of Heidelberg and Mainz. He was an assistant, then associate professor at the University of Mainz before assuming his current position as chairman of the department of diagnostic radiology at the Aachen University of Technology.

Rolf W. Günther's scientific work has encompassed the subspecialties of interventional radiology, uroradiology and endocrine radiology. He worked as a referee in the German Research Foundation (DFG) from 1992-2000 and was a member of the Scientific Council of the German Chamber of Physicians.

He served on the editorial boards of numerous journals including 'Abdominal Imaging, Chirurg, Cardiovascular and Interventional Radiology (CVIR)', the 'Journal of Vascular and Interventional Radiology', 'Fortschritte auf dem Gebiet der Röntgenstrahlen (RöFo)', and the 'Zeitschrift für Gastroenterologie'. From 1990 to 1995, he was the European editor of CVIR and, since 1991, he has been editor and co-editor of RöFo. He has also edited 'Interventional Radiology' (2nd edition) and the 'German Year Book of Radiology' (1991-1995) and co-edited the 'Atlas and Textbook of Ultrasound' (7th edition).

He has been awarded honorary membership by the Radiological Society of North America (RSNA), the British Institute of Radiology, the Japanese Society of Radiology and the Swedish Medical Society. In 1991, he gave the Dotter Memorial Lecture at the annual meeting of the Society of Cardiovascular and Interventional Radiology in San Francisco. He received the Alken Prize in 1980, and was awarded the Centennial Roentgen Prize of the University of Würzburg in 1995. The Cardiovascular and Interventional Society of Europe (CIRSE) awarded Rolf W. Günther the gold medal in 1997 and the Grüntzig medal in 1998. He received the 2003 'Röntgenplakette' by the city of Remscheid, Germany, the birthplace of W.C. Röntgen. Rolf W. Günther was president of ECR in 2000 and served in the following year as chairman of the ECR Executive Committee. From 2001-2002 he was president of the European Association of Radiology (EAR). Rolf W. Günther was awarded the Gold Medal of ECR and EAR.

Gerard D. Hurley (*1940)

Gerald D. Hurley was born in Leap, Co. Cork in Ireland in 1940. From 1961-67 he studied medicine at the Royal College of Surgeons in Ireland and received his LRCP&SI in 1967.

He became registrar in radiology at the Western Infirmary in Glasgow (Scotland) in 1968 and received his diploma in medical radiodiagnosis DMRD in London in 1969. He worked as a senior registrar in radiology at the Stobhill Hospital in Glasgow (Scotland) and the St. Thomas' Hospital and the Brompton Hospital in London. In 1973, he received the fellowship of the Royal College of Radiologists (London, FRCR) and in 1978 the fellowship of the Faculty of Radiologists RCSI Ad Eundum.

He was consultant radiologist at the City Hospital in Nottingham (England, 1974-1975), the Federated Dublin Voluntary Hospitals -RCDH, the Baggot St. and the Meath and Adelaide Hospitals incorporating the National Childrens Hospital in Tallaght (1975-2005).

Gerald D. Hurley was elected dean of the Faculty of Radiologists (RCSI, 1992-94) and is a former council member of the Irish Medical Organisation. He was elected president of the Union Européenne des Médecins Spécialistes (UEMS) Radiology Section and Board 1995 –2000 that was responsible for the harmonisation and improvement of the quality of medical specialist practice in the European Union. In 1997, G. Hurley was awarded honorary membership of the Radiological Society of North America (RSNA). He served as president of EAR in 2003-2004. During his tenure he re-wrote the statutes to set up EAR on a proper legal basis in Vienna, kept rebel national societies within EAR and introduced new electoral rules for national and subspeciality societies leading to open elections at EAR AGM 2005. He also re-established the structure of the research committee.

Ian Isherwood (*1931)

Ian Isherwood was born in 1931. He was qualified as MB and ChB from the University of Manchester in 1954.

He served as consultant radiologist to the Derby Group of Hospitals England between 1961 and 1963 and was the deputy director of the group 'radiological services' at United Manchester Hospitals between 1969 and 1975.

He was appointed professor of diagnostic radiology at the University of Manchester in 1975 and consultant radiologist to the Manchester Royal Infirmary. He was also consultant radiologist to the University Hospital in South Manchester and honorary consultant radiologist to the University Hospital of Salford. Ian Isherwood has published extensively particularly in the field of neuroradiology.

He has been president of the European Association of Radiology, Manchester Medical Society, British Institute of Radiology, North of England Neurological Society, Section of Radiology of the Royal Society of Medicine and the UK Roentgen Centenary Congress. He is currently the honorary medical librarian of the Manchester Medical Society and life president of the British Society for the History of Radiology.

Ian Isherwood has been on many editorial boards and was awarded honorary membership of many international radiological societies. He has given many invited lectures. He was awarded honorary membership of the RSNA in 1993. He was awarded the CBE for services to radiology, the Barclay prize of the British Institute of Radiology, the Gold Medal of the Royal College of Radiologists, the Boris Rajewsky Medal of the European Association of Radiology, the Jephcott Medal of the Royal Society of Medicine and the Beclere Medal of the International Society of Radiology.

Erkki L.M. Koivisto (*1927)

Erkki L.M. Koivisto was born in Seinäjoki inFinland in 1927. In 1951, he obtained his BSc in economics from the School of Commerce at the University of Southern California, Los Angeles, California. He qualified as a doctor from the University of Helsinki in 1955 and obtained his doctor of medical science (PhD) from the University of Oulu, Finland in 1969.

He was resident in radiology at the Turku University Hospital (1960-61) and associate professor of Roentgenology at the University of Oulu, Finland (1967-70). He was appointed professor of diagnostic radiology at the University of Tampere, Finland (1978-90) and director of the Institute of Clinical Sciences of the University of Tampere (1982-83). From 1990-95 he served as assistant professor (docent) at the University of Tampere at the Institute of Clinical Sciences.

Erkki L.M. Koivisto has had many presidencies including the Radiological Society of Finland(1986-88), European Association of Radiology (1981-83), Scandinavian Radiological Society (1991) and the 49th Scandinavian Congress of Radiology (1991). He was on the editorial boards of many journals including 'Diagnostic Imaging in Clinical Medicine', 'Frontiers in European Radiology' and 'Acta Radiológica Portuguesa'.

Erkki L.M. Koivisto has received many awards including the Carl Wegelius Medal of the Radiological Society of Finland (1982), the Silver Medal of the Radiological Society of Finland (1987), honorary membership of the Deutsche Röntgengesellschaft (1988), the Boris Rajewsky Medal in silver of the European Association of Radiology (1989), Knight, 1st Class Order of the White Rose of Finland (1989), Silver Medal of the Radiological Society of Finland (1992).

Georges F. Leroux (1916-1991)

In 1948, Georges F. Leroux was put in charge with the course of radiodiagnosis at the Faculty of Medicine at the University of Liège and was appointed chief physician at the radiological department of the Hospital Bavière. He was appointed associate professor and later full professor until he was given the emeritus status in 1983. Georges F. Leroux was mainly interested in the improvement of radiological techniques. He preferably worked on raster tomography to study pulmonary and mediastinal diseases.

Georges F. Leroux was appointed member titular of the Société Royale Belge de Radiologie in 1948. From 1961 to 1970 he was representative editor of the 'Belgian Journal of Radiology', and from 1963 to 1965 he served as vice-president, president and past-president of the Société Royale Belge de Radiologie.

In 1962, Georges L.M. Leroux was involved in the foundation of the European Association of Radiology in Strasbourg and dedicated his interests in building up this new international organisation. He became member of the executive board and served as EAR treasurer from 1962-1989. In 1991, Georges L.M. Leroux was awarded the Boris Rajewsky Medal.

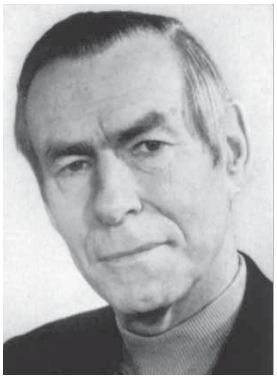
Simon Masy (1905-1968)

Simon Masy was born in Landen, Belgium. His father worked as a pharmacist at the civil hospital in Tirlemont. In 1928, he qualified in medicine from the University of Louvain. In 1929, he married Léa Maisin, a sister of Professor Joseph Maisin who offered him a position as assistant at his institute of cancer. Here he worked in the field of radiology. He did some fundamental research on the interaction of X-rays with biological objects which he continued when he returned to Tirlemont in 1930. He opened a private radiological practice and established a radiological service at the clinique du Sacré-Cœur in Tirlemont. In 1935 the position of as chief physician at the civil clinic de Louvain Saint-Pierre was vacant. By recommendation of his brother-in-law Professor Maisin, the commission nominated Simon Masy as successor which he accepted. In 1937 Masy was nominated 'suppléant' of education and in 1942 "maître de conference" which is a permanent teaching-research position at the Catholic University of Louvain.

By suggestion of Professor Joseph Maisin a school of electro-radiology was inaugurated at the Catholic University of Louvain in 1948. It functioned from 1949 to 1969 and Simon Masy became its secretary-general. From 1950 to 1957 Simon Masy became chief physician at the service of physiotherapy of the clinic Saint-Raphaël, and in 1953 he was appointed extraordinary professor of physiotherapy at the Catholic University of Louvain.

Professor Masy started to work on the further development of new radiological techniques, in particular he constructed new methods and apparatus for examination of vascular diseases and for angiocardiography. He was one of the pioneers of tomography, kymography and cineradiology.

He was appointed secretary-general of the Société Royale Belge de Radiologie. From November 1963 to October 1967 he served as vice-president of the European Association of Radiology and as its president from 1967-1969. In his position as chairman of the education committee he was responsible to find a way to transform the very different national opinions to a unified European view of the future of radiology.



Olle Olsson (1911-1999)

Olle Olssen was born in 1911 in Landskrona, Sweden. He qualified as a doctor in 1937 from university (Sweden) and completed his residency training in radiology at the Lund University Hospital. He obtained his PhD and was appointed associate professor of radiology in 1943. In 1949, he was appointed professor of diagnostic radiology and chairman of the department, a position he held until his retirement in 1977. He was medical director of the Lund University Hospital (1956–1977). He was scientific advisor to the Swedish Health and Welfare Board (1970–1977) and president of the Swedish Society of Medical Radiology, Scandinavian Society of Radiology, and European Association of Radiology.

He was a medical consultant and advisor to the WHO and was a member of its General Assembly. He was an honorary member of over 50 national radiological societies, including the Radiological Society of North America and the American College of Radiology.

He was interested in clinical uroradiology and neuroradiology and many leading radiologists travelled to Lund to study and participate in his research.

Roberto Passariello (*1941)

Roberto Passariello was born in Rome in 1941. He graduated from the Medical School of the University of Rome 'La Sapienza' in 1965. He took his residency in radiology at the University of Padua (1965-67) and was appointed free docent on radiology in 1970. He was fellow in radiology at the University of Perugia (1967-70), assistant professor of radiology at the University of Rome (1970-76), associate professor of radiology at the University of L'Aquila (1976-86), and full professor of radiology and chairman of the department of radiology at the University of L'Aquila (1986-91). In 1991, he was appointed full professor of radiology and chairman of the 2nd department of radiology at the University of Rome 'La Sapienza'. In 1998, he became director of the institute of radiology of the University of Rome 'La Sapienza.' Since 2002, he has been serving as chairman of the department of radiological sciences of the University of Rome 'La Sapienza.'

Roberto Passariello has been on the advisory and/or editorial boards of many journals.

His presidencies include the Italian Society of Cardiovascular and Interventional Radiology (1978-82), the Italian Society of Informatic Radiology (1984-88), the Italian Society of Magnetic Resonance Imaging (1988-92), the European Society for Magnetic Resonance (1988-92), the ECR (1999), and the European Association of Radiology (1999-2000). He was a member of the European College on Radiological Education (1992-95), the directory board of the Italian Radiological Society in Medicine and Biology (1992-93), the Executive Board of the NICER Programme (1990-94).

Roberto Passariello has received the honorary membership of the Bulgarian Radiological Society, the Polish Radiological Society, the Russian Radiological Society, the Belgian Radiological Society, the Radiological Society of North America, the Radiological Society of Bosnia and Herzegovina, the American College of Radiology, the French Society of Radiology, and the Royal College of Radiologists.

Holger T.A. Pettersson (*1942)

Holger T.A. Pettersson was born in Uddevalla in Sweden. He received his MD in 1970 from the University of Lund. In 1975 he qualified as specialist in diagnostic radiology and in 1978 received his official recognition as qualified specialist in paediatric radiology.

Holger T.A. Pettersson is currently professor of radiology at the University of Lund, chief medical officer, in the region of Scania (South Sweden), director of the WHO Collaboration Center for Education in Radiology at the University Hospital of Lund (Sweden), WHO advisor and expert for radiological education at the WHO Headquarters in Geneva (Switzerland), member of the WHO Expert Panel on Radiation in Geneva (Switzerland), adjunct professor at the department of radiology of the University of Florida (Gainesville, Florida, USA) and adjunct professor at the Sun-Yat Sen University in Guangshou (P.R. China). He has held numerous prestigious positions including the presidency of the International Skeletal Society (1996-1998), the European Association of Radiology (2002-2003), and the European Congress of Radiology (2001). He was founding president of the European Society for Musculoskeletal Radiology (1993-1995), secretary-general of the Scandinavian Society of Radiology (1994-2002), member of the Committee on International Radiological Education of the RSNA, and co-founder and educational and scientific director of the NICER Institute (1991-2001).

Holger Pettersson has been on the advisory and/or editorial boards of many international scientific journals. He has been awarded the honorary membership of the Russian Society of Radiology (1996), the Belgian Society of Radiology (1997), the Radiological Society of North America (2000), the Argentinean Society of Radiology (2001), the German Society of Radiology (2002), the French Society of Radiology (2002), the Hellenic Radiologic Society (2002), the Scandinavian Society of Radiology (2002), the Chinese Society of Radiology (2003), and the honorary fellowship of the American College of Radiology (1997), and the Royal College of Radiology, UK (2002). In addition, he was honoured with the Antoine Béclère Medal delivered by the International Society of Radiology (Delhi, India 1998), and the Gold Medal of the Asian & Oceanian Society of Radiology (2001). Professor Pettersson was also awarded the Gold Medal of the European Congress of Radiology and the European Association of Radiology in 2006.

Grigorios Pontifex (1913- 2006)

Grigorios Pontifex was born in 1913. In 1936, he graduated in medicine from the University of Athens, specialising in radiology. He received his diploma in 1939 and became a resident in radiology at the Areteion University Hospital of Athens in 1940. In 1949 he obtained his doctorate focusing on the early diagnosis of ulcerative cancer of the stomach.

In 1950, he spent two years on further studies in diagnostic radiology in London under Sir Peter Kerley at the Westminster Hospital and Dr. Hugh Davies at the National Hospital for Nervous Diseases.

Following his return to Areteion University Hospital, he completed his PhD on percutaneous angiography of the brain and was nominated assistant professor of radiology at the University of Athens in 1952. In 1956, he became director of the radiology department at the Alexandra Maternity Hospital. In 1958, he again went to London to work with Sir Brain Windeyer in the radiotherapy department at the Middlesex Hospital. On his return to Greece in 1959, he became director of the combined department of radiodiagnosis and radiotherapy, a position he retained for the next 10 years.

In 1963, he was awarded a Fulbright scholarship and worked at the NIH under Professor C. Andrews. In 1969, he was elected professor of radiology at the University of Athens and chairman of radiology in the Areteion University Hospital. He was the first to establish the Hellenic Congress of Radiology with wide participation by many foreign and internationally known radiologists. He was a founding member and later president of the

Hellenic Society for Medical Studies and editor of the Greek medical journal 'Iatriki'. Grigorios Pontifex has been honoured by many societies including the Medical Academy of Moscow and the radiological societies of Poland, Hungary and Czechoslovakia.

He was elected to the presidency of the European Association of Radiology (1979 – 1981) and was awarded the Boris Rajewsky Medal of EAR.

Boris Rajewsky (1893-1974)

Boris Rajewsky was born in 1893 in Tschirigrin (Ukraine) as a son of a noble Russian family. In 1912, he matriculated at the Faculty of Mathematics and Physics of the University of Kiev. In 1918, he took his final degree with a dissertation on "The Dispersion of Electric Waves in Fluid Dielectrics." From 1919-20 he was assistant director of the Physical Institute of the University of Kiev. At the time of the Russian revolution he emigrated to Germany. In 1921, he became the assistant of Friedrich Dessauer at the Institute for Physical Principles in Medicine at University of Frankfurt. He studied biophysics and obtained his PhD from the Faculty of Science of the Johann Wolfgang Goethe University in Frankfurt/Main.

He received the German citizenship in 1927 and was appointed adj. professor for physics and physical principles of medicine in 1929 in Frankfurt/Main. As Dessauer's most intimate collaborator Boris Rajewsky was appointed alternate director of the institute in 1932. His main interests were in high voltage X-ray therapy and radiation induced cancer. He developed a wavelength independently precision dosimeter for clinic routine work and started his investigation of radium contaminations. He was appointed chair for physical principles of medicine at the University of Frankfurt/Main (1934), dean of the Faculty of Natural Science at the University of Frankfurt (1936-37), first director of the "Kaiser Wilhelm Institute of Biophysics" (1937) and pro-rector of the Johann-Wolfgang-Goethe-University Frankfurt/Main (1938).

After World War II Boris Rajewsky was involved in the reconstruction of his institute. Following eight months of internment he was invited to look after the editorial office of the of FIAT reports in biophysics in 1945. He was appointed director of the "Max-Planck-Institute for Biophysics", in Frankfurt/Main in 1947. American officials offered him the opportunity to emigrate to the United States but after being elected rector of University of Frankfurt/Main in 1949 he decided to stay in Germany. In 1955, he became a member of the German Atomic Commission.

With the progressive reconstruction of the institute, Boris Rajewsky restarted his scientific activities. The installation of a 35 MeV Betatron for deep electron therapy in 1957 enabled him to investigate several aspects of high-energy radiation physics such as the formation of amino acids and peptides by irradiation.

On December 15, 1962 Boris Rajewsky and Charles Marie Gros from the University of Strasbourg (France) founded the European Association of Radiology (EAR). Boris Rajewsky became the first president (1962-1967) and Charles Marie Gros the first secretary-general of EAR (1962-1975).

Boris Rajewsky was appointed president of the Scientific Society at the Johann-Wolfgang-Goethe-University in Frankfurt am Main (1955-70) and the German Roentgen Society (1956). He was also nominated chairman of the Special Committee Radioactivity (1956).

Among the many renowned awards Boris Rajewsky has received the membership of the Academy of Science LEOPOLDINA of Halle (1943), the Goethe-Plaque of the state of Hessen (1958), an award of the Academia Medica, Rome (1959), the "Röntgenplakette" of the town of Remscheid (1958), the Sigillum Magnum of the University of Bologna (1962), the Order of the Federal Republic of Germany (1963) and the Lenin-Medal in gold (1970).

Professor Rajewsky published 1,300 original papers. He was awarded six honorary doctorates of national and international universities (Berlin, Giessen, Hanover, Innsbruck, Naples und Turin), the faculty medal of the Faculty of Natural Science Johann-Wolfgang-Goethe-University and the Gold Medal of the University of Rom.

Boris Rajewsky died on November 11th, 1974 in Frankfurt/Main.

Hans G. Ringertz (*1939)

Hans G. Ringertz was born in Stockholm in Sweden in 1939. He was professor and chairman of the department of radiology at the Karolinska Institute in Stockholm and is an expert in paediatric radiology. His association with that institute dates back to 1958 when he began his medical studies there. In 1964, he obtained his medical degree and five years later he had earned a doctorate in biophysics at the same institute. Initially he held research positions at the institute's department of physiology and department of medical physics. In 1969, he began a residency in diagnostic radiology. Only nine years later, he was chairman of the department of radiology at the Sachs' Paediatric Hospital in Stockholm. He returned to the Karolinska Institute in 1984. Hans G. Ringertz currently serves as visiting professor at the department of paediatric radiology of the LPCH Stanford University Hospital in the United States. He is member of more than two dozen professional organisations and has acted as invited lecturer or chairman at many scientific and professional meetings and workshops.

He has received numerous awards including the honorary membership of the Swedish Society for Medical Radiology, the Chilean Society of Radiology, the Hungarian Society for Medical Radiology, the Russian Radiological Association, the European Society of Paediatric Radiology and the Radiological Society of North America. In 2003, he became chairman of the Nobel Assembly at the Karolinska Institute. He is also member of many national and international scientific committees. In addition, he is editor, ad hoc referee or on the editorial board of a dozen medical publications worldwide.

He was president of the European Association of Radiology from 1997 to 1999 and was awarded the Gold Medal of the European Congress of Radiology and the European Association of Radiology.

William M. Ross (*1922)

William M. Ross was born in Durham and studied medicine at the King's College of the University of Durham. He qualified as a doctor in 1945 and took his diploma in medical radiotherapy in 1948. He was registrar and then senior registrar at Shotley Bridge Hospital. In 1953, he was appointed consultant in radiotherapy to the Newcastle Regional Hospital Board and Newcastle Hospitals. In 1973, he was appointed consultant in charge of the Northern Regional Radiotherapy Centre. He was awarded the Queen's Jubilee Medal in 1978 and the CBE in 1987.

William M. Ross was honorary treasurer of the Royal College of Radiologists from 1978 to 1983 and president from 1983 to 1986. He was honorary treasurer of EAR from 1989 to 1903 and was awarded the Boris Rajewsky Medal in bronze in 1989 and in silver in 1993.

Margaret D. Snelling (1914-1997)

Margaret D. Snelling was born in 1914 and qualified as a doctor in 1938 at the Royal Free Hospital School of Medicine in London. She did her house jobs at the Royal Free Hospital and in Chelmsford and became an assistant radiotherapist at the Middlesex Hospital in 1940 and obtained her MRCP and DMR. During the war she trained as a surgeon obtaining her FRCS. From 1944 to 1946 she worked as a general and orthopaedic surgeon at Haymeads Emergency Hospital in Bishop's Stortford. In 1947, she returned to the Meyerstein Institute of Radiotherapy at the Middlesex Hospital and became assistant radiotherapist and deputy director under Sir Brian Windeyer. She was appointed consultant to the Middlesex Hospital in 1949 as well as the Marie Curie Hospital and Bedford General Hospital. She was director of the Meyerstein Institute of Radiotherapy from 1969 to 1979.

She was president of the British Institute of Radiology and the first female president of the European Association of Radiology.

Peter Vock (*1946)

Peter Vock was born in Aarau, Switzerland. He qualified in medicine at the University of Bern in 1966 obtaining his MD in 1973. His started his residency in radiotherapy at the University Hospital Bern in 1973. He moved to diagnostic radiology at the University Hospital Bern in 1974 and to nuclear medicine in 1976, returning to diagnostic radiology in 1978. Peter Vock took a residency in internal medicine from 1976 to 1978 at the Medical Propedeutic Clinic of the Tiefenauspital Bern.

From 1982 to 1984 Peter Vock was a visiting research associate in thoracic radiology the department of radiology at the Duke University Medical Center, Durham, USA. He was appointed clinical staff member at the department of radiology of the University of Bern in 1979 and in 1986 he took his post-doctoral lecturing qualifications (habilitation) at the medical faculty of the University of Bern and was then appointed lecturer. Two years later Peter Vock was appointed chief of MRI and in 1987 chief of body-CT and director of the teaching programme at the department of radiology, University of Bern.

Peter Vock is currently professor of radiology and chairman of the institute of diagnostic radiology and chairman of the department of radiology, neuroradiology and nuclear medicine at the University of Bern, Switzerland.

Peter Vock has been on many committees including the Swiss Radiology Examination Board and the Swiss Society of Medical Radiology serving as chair of the diagnostic section. From 1997-1998 he was president of the Société d'Imagerie Thoracique, and from 1988-2005 he acted as secretary-general of the European

Association of Radiology (EAR). He was treasurer of the European Society of Thoracic Imaging and chest subcommittee chairman of the European Congress of Radiology in 1999 and 2000. Peter Vock was chairman of the Swiss Radiology Congress in 2000.

Peter Vock is part of the editorial boards of 'Der Radiologe', 'Schweiz. Medizinische Wochenschrift', 'Therapeutische Umschau' and 'European Radiology' (chest section).

Johann R. von Ronnen (1910-1995)

Johann R. von Ronnen was born in Amsterdam (Netherlands) in 1910. He studied medicine in Leiden and qualified in 1937. He was resident in radiology in Leiden with Steenhuis, followed by two years in Batavia, now Djakarta, Indonesia. In 1940, he was registered as a radiologist and started practising radiology as a medical officer in the Dutch Army in various military hospitals in the East Indies. In 1942, he was taken prisoner by the Japanese Army and was interned in several camps. During the imprisonment he used his medical experience to assist his fellow-prisoners and to perform radiological examinations on a limited scale with the help of a dental machine which he changed into a fluoroscopy unit.

In 1951, he returned to the Netherlands to a position as chief radiologist in the general hospital in The Hague. He was appointed professor and chairman of the department of radiology at the University Hospital in Leiden in 1956, and he kept this position until his retirement in 1975. Johann R. von Ronnen strived for a high profile of his department in which all areas of radiology were practised.

In 1962, he was president of the Dutch Society for Radiology when Boris Rajewsky took the initiative to form the European Association of Radiology. As a founding member he accepted a position in the Executive Bureau of EAR and, when the acting president Masy died in 1969, von Ronnen became his successor. During his presidency he succeeded in attracting many national societies as new members. He organised the second European Congress of Radiology in Amsterdam in 1971.

For his many merits he was distinguished with the honorary membership of the French, German, Belgian, Luxemburgian and Indonesian societies of radiology. He was elected a member by the first German Academia Leopoldina and awarded the Boris Rajewsky Medal and the Gold Medal of EAR.

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Appendix 1 – Charter of the European Association of Radiology, January 1989

Approved by the General Assembly held in Paris in July 1989

ARTICLE I

Name and head office of the Association

The name of the Association of the National Radiological Societies in European countries is the "European Association of Radiology" (EAR). Its duration is unlimited. Its head office is that of the Secretary-General. In the Charter and in the Internal Regulations it will be referred to as "the Association".

ARTICLE II

Aims of the Association

To promote and coordinate the efforts of radiologists in all European countries in a scientific, philanthropic spirit and with non-lucrative aims in order to:

1. Further the progress of radiological science and medical imaging in the fields of diagnosis and oncological radiotherapy.

2. Study scientific and technical problems in all the fields of application of medical imaging and oncological radiotherapy.

3. Contribute to informing all countries about radiology, medical imaging and radiotherapy.

4. Maintain the unity of medical imaging.

5. Help to realise in the different countries an equivalence in training as regards (a) doctors in electro-radiology and (b) non-medical technical assistants by coordinating and adjusting teaching and examination programmes,

6. Help to establish and promote good relations between radiologists and the professional and industrial scientific organisations.

ARTICLE III

Means of attaining proposed aims

1. Organisation and coordination of scientific meetings (symposia, conferences, etc.).
2. Organisation every two years, in full agreement with the Foundation, of a radiology conference.

3. Collaboration with scientific societies whose activities have to do in part with radiology, medical imaging or allied disciplines.

4. Encouragement of international exchanges between fellow-workers, medical and non-medical.

5. Foundation of prizes, grants, etc., and all means considered useful towards the proposed aims.

ARTICLE IV

Members

The Association is made up of:

a) Full Members:

1. European National Societies of medical radiology, as accepted by the Executive Bureau and approved by the General Assembly.
2. European Scientific Societies whose activities have to do in part with medical radiology or an allied discipline, as accepted by the Executive Bureau and approved by the General Assembly.

b) Associate members

Non-European National Societies of radiology and medical imaging, as accepted by the Executive Bureau and approved by the General Assembly.

The status of membership is lost:

- by resignation
- by dismissal pronounced by the Executive Bureau on serious grounds, for acting in such a way as to compromise the aims pursued by the Association or for refusing to pay membership fees.

ARTICLE V

Parts of the Association

A. The President and the Vice-President
B. The General Assembly
C. The Executive Bureau
D. The Commissions
E. The Sections

A. The President and the Vice-President

The President of the Association is at the same time President of the General Assembly and the Executive Bureau.

The Vice-President is elected by the General Assembly for a term of 2 years: at the end of the President's mandate (2 years), he succeeds him and as of right takes over his title and functions. He leaves office when the new President takes up his functions and becomes Past-President for a duration of 2 years.

B. General Assembly

The General Assembly is made up of all the members of the Societies belonging to the Association.

Each full member country is represented by a head of delegation with the right to vote (one vote per full member).

The General Assembly:

1. Hears reports on the administration of the Executive Bureau and also on the secretarial and financial situation of the Association.
2. Nominates for four years the Finance Commissaries responsible for making an annual check on the Association's accounts.
3. Approves balance sheets and book-keeping of past financial period as well as accounts documents referring to this.
4. Takes decisions concerning all acquisitions, exchanges, transfers of buildings necessary to the aims pursued, settlement of mortgages, leases longer than nine years, transfer of property relevant to endowments, loans.
5. Elects the Vice-President of the Association.

General Assembly reunions are valid when at least half the Full Members of EAR are present.

All General Assembly decisions are taken by relative majority of Heads of Delegations members present, except when changes in the Charter (Art. XI), changes in the Internal Regulations (Art. X), and the dissolution of the Association (Art. XII) are to be decided.

C. Executive Bureau

The Executive Bureau is made up of:

- the President
- the Vice-President
- the Past-President
- the Secretary-General
- the Treasurer
- the Chairman of the Radiodiagnosis Section
- the Chairman of the Oncological Radiotherapy Section
- the Representative of each European Society accepted by the Executive Bureau
- the Chairman of the Commission of the Congresses

As far as possible, it is recommended to ensure a balanced and geographical distribution.

D. Commissions

Commissions can be set up within EAR in order to promote its fundamental activities. The Executive Bureau creates these Commissions. The titular members of the Executive Bureau nominate the participants.
One exception is the Congress Committee (Art. XI of the Internal Regulations).

E. Sections

At least two Sections are set up within EAR

- the Radiodiagnosis and Medical Imaging Section
- the Oncological Radiotherapy Section

Sections are instituted by the General Assembly.

ARTICLE VI

Representation

Its President represents the Association in all the acts of civil life, or, if this is not possible, by the Vice-President, Secretary-General or any member specially nominated by the Executive Bureau.

ARTICLE VII

Powers for formalities

All powers are given to the President or his representative to effect all official acts and formalities necessary to the proper functioning of the Association.

ARTICLE VIII

Endowment

Endowment comprises:

1. Real estate of which the Association might become owner
2. Public financial aid

ARTICLE IX

Annual receipts

These are made up of Full Member's fees (the amount of which is laid down annually) and, as the case may be, of fees for sessions, conferences, congresses etc. The resources of the Association must be used exclusively for the purpose of the Association.

ARTICLE X

Regulation

Internal Regulations approved by an absolute majority of General Assembly members fix the details of the functioning of the Association and the assignments of its different parts. The regulations can be modified by an absolute-majority decision of the General Assembly's voting participants.

ARTICLE XI

Modification of Charter

The present Charter can be modified only by the General Assembly with a two-thirds majority of voting members. If a two-thirds majority is not obtained, the General Assembly will be convened to meet again, after an interval of at least 30 days. Provided that at least 50% of Members are then present, the General Assembly can take a valid decision on a simple majority of the Members present.

ARTICLE XII

Dissolution

A two-thirds majority at a General Assembly can pronounce dissolution. If this quorum is not reached, the General Assembly is called to meet once again, at a fifteen-day interval and can then take a valid decision by a majority vote of the members present.

The capital of the Association will be distributed amongst Members in their quality of moral persons in proportion to their fee. These funds must be used by the Societies in accordance with the spirit of the Association.

ARTICLE XIII

Implementation of Charter

This charter takes effect immediately after adoption by the General Assembly.

Appendix 2 – Internal Regulations of the European Association of Radiology (1989)

Approved by the General Assembly to be held in Paris in July 1989

ARTICLE I

The official name of the Association is the "European Association of Radiology" (EAR). The official language is English. Either German or French may be used during meetings. Only the English text of the Charter has official standing.

ARTICLE II

Applications for admission to the EAR from Scientific Societies eligible to become members with the quality of moral persons (Article IV of Charter) should be addressed in writing to the General Secretary for the attention of the President of EAR by the President of the Society or the representative of the group applying for admission.

A copy of the Charter and a list of members should accompany the application. In order to be taken into consideration, the application and documents should reach the Secretary-General at least four months before the General Assembly meeting.

ARTICLE III

Scientific Societies pay fees in proportion to the respective number of full members in their Societies (who are not members of the National Society of Radiology in their country). The Executive Bureau will fix this amount yearly. Fees should be paid to the Treasurer during the month of January each year.

In the case of resignation or dismissal, fees are due for the current year. Members who have resigned or been dismissed cannot make any claim as regards fees paid which belong to the Association.

ARTICLE IV

Each Member Society is to send the list of its members yearly to the EAR Executive Bureau along with details of any modifications in its Charter.

ARTICLE V

Each Delegation is composed of THREE MEMBERS:

- The Head of the Delegation (the only one with voting right)
- Another member belonging to a different branch of radiology
- A third member

The Delegates are chosen by their National Society (Societies) in such a way that each speciality of radiology is represented. Unless he is nominated by the Society, each Delegation elects its own Head.

The members of the National Delegations are elected for a period of four years; their mandate can be renewed once.

It is however desirable that after a mandate of four years, National Delegations should be renewed in part.

If the Head of the Delegation is prevented from attending, the Second Delegation Member replaces him; if the latter is absent too, the Third Member replaces him.

Details of the composition of the National Delegation should be sent along with the addresses of the Delegates of each Member Society to the Secretary-General of the Association at least four months before the normal General Assembly.

The General Assembly normally meets every two years. Special meetings can also be called:

1. by the President,
2. by the Executive Bureau,
3. if at least a quarter of its members request such a session.

The President lays down the agenda; it is sent to the three Delegation Members of the Delegation 2 months before the date fixed for the meeting.

If modifications to the Charter are proposed, the text should be reproduced in full and enclosed with the agenda.

In the case of equal votes, die President's vote is the casting vote.

ARTICLE VI

The Executive Bureau is called to meet by the President at his direction, at least two months before the date of the proposed meeting.

The Executive Bureau:
- deals with all ongoing business
- sees to the application of the Charter and Internal Regulations
- administers the Association and manages its estates
- prepares and implements the budget
- makes all decisions necessary for normal operation of the Association
- appoints staff
- convenes whenever the President calls it to meet

Meetings are held validly if at least six members are present.

All decisions are made by a simple majority of the members present. In case of equal votes, the President has the casting vote.

Members receive no payment for their participation.

Provision is made in annual budgets for administrative running costs of the Association and its various components.

ARTICLE VII

Election of the Vice-President

1. At least six months before the General Assembly planned for the election of the Vice-President, the General Secretary invites the Presidents of all member Societies to submit candidates' names if any. Their replies should reach the Secretary-General at least two months before the date planned for the election.

2. The candidates' names are examined at a special meeting of the Executive Bureau to be held before the General Assembly planned for the election and a list of no more than three names is drawn up.

3. The Secretary-General then distributes the list to all voting General Assembly members, asking them to tick ONE name, fold the voting slip (secret ballot) and hand it to the election. Relative majority elects the Vice-President.

4. In accordance with the Charter (Art. V), at least half the members of the General Assembly must attend for its decisions to be valid.

5. At least two months before the General Assembly meeting planned for the election of the Vice-President, the Secretary-General sends details of the venue to all Delegation Heads and members.

ARTICLE VIII

The Executive Bureau proposes the Secretary-General and the Treasurer chosen from among members of Societies belonging to the EAR.
The Sections and Commissions propose the Chairmen of Sections and Commissions to the Executive Bureau. They are then elected by the General Assembly.

The decision to accept a member of a European Society as a member of the Executive Bureau must be ratified by the General Assembly.

The term of office of all members is 4 years and may be renewed once.
The President of the Congress Commission is elected according to Article XI of the Internal Regulations.

ARTICLE IX

The Executive Bureau sets up the Committees. Their Chairmen remain in office for 4 years.

However, the Chairman of the Congress Committee follows the rule laid down in Article XI of the Internal Regulations.

The Committee Chairman:
- calls and runs Committee meetings
- coordinates Committee activities and reports to the Chairman of the corresponding Section, to the Executive Bureau or to the General Assembly.

ARTICLE X

The Sections are set up by the General Assembly.
The Chairman remains 4 years in office.

The Chairman
- is a member of the EAR Executive Bureau
- calls and runs Section meetings
- coordinates Section activities and reports to the Executive Bureau or to the General Assembly
- supervises the Committees set up within this Section.

ARTICLE XI

a) The EAR Congress is to be held every two years (as from 1991) in a European city recognized as fulfilling all the conditions necessary for the event to take place.

b) The Congress is placed under the aegis of a COMMITTEE comprising:
- eight radiologists
- one full-time administrative representative, coordinating

the different committees and chosen by the Congress Committee with consultative vote (see organisation chart enclosed).

c) During Congress preparation, the Committee is joined by the radiologist (or official representative) of the national Society of the country in which the Congress is to be held.

d) The eight radiologists of the Congress Committee are appointed by the Executive Bureau, renewable every two years as from the first Congress, either after voluntary resignation or (if necessary) by drawing lots.

Resigning members are not immediately re-eligible for re-election. New members proposed by the Congress and approved by the Executive Bureau replace them.

e) At the suggestion of the Congress Committee the decision of the Congress venue is made by the EAR Executive Bureau.

f) The Chairman of the Congress Committee, who is also Congress President, is appointed by the Congress Committee; he is chosen from among the group of the above-mentioned eight radiologists. His term of office cannot exceed six years and is not renewable.

ARTICLE XII

In accordance with the scientific activity of EAR, the programmes of congresses, symposia and international colloquia are examined and coordinated by the EAR Executive Bureau.

Organizers and coordinators of scientific meetings (symposia, conferences, congresses, etc.) wishing to meet under the auspices of EAR, CREDI^{Th,} (Continuing Radiological Education Diagnostic and Therapy) must submit their programme to the Executive Bureau.

ARTICLE XIII

The Executive Bureau may appoint an administrative secretary who takes part in meetings without a right to vote. The administrative secretary may be salaried.

ARTICLE XIV

These Internal Regulations shall not be changed unless by decision of the General Assembly by an absolute majority of the Members present.

Appendix 3 – Statutes of the European Association of Radiology

Approved by the EAR General Assembly at the ECR 2005 Congress

PREAMBLE

The European Association of Radiology (EAR) was established under the name of "l'association européenne de radiologie" in Strasbourg on December 15, 1962, as a Europe-wide association of national and subspecialty radiological societies of unlimited duration.

With regard to the intended transfer of its registered office to Vienna, the Association shall now be constituted according to the Austrian Association Act 2002 ("Österreichisches Vereingesetz").

§ 1 Name, registered office

The name of the Association shall be "European Association of Radiology" (EAR), known in Austria as "Europäische Radiologenvereinigung".

The Association shall have its registered office in Vienna and extend its activities throughout Europe and beyond.

§ 2 Purpose of the Association

The EAR shall promote and coordinate the scientific, philanthropic, intellectual and professional activities of radiologists in all European countries without intention of profit. Its aim is to serve the general public through the support of science, teaching and research in the field of radiology.

In the statutes of the Association the term "radiology" shall mean "diagnostic and interventional radiology and medical imaging". A radiologist is a qualified medical practitioner who has undergone post-graduate training in diagnostic and interventional radiology and medical imaging, if possible, in accordance with the EAR guidelines for Postgraduate Training in Radiology.

The EAR shall in particular aim at:

1. Furthering the progress of radiology and related sciences by fostering education, research and management skills to improve the quality and accessibility of safe radiological services for European patients;
2. Informing the authorities and populations of all member countries about radiology;
3. Maintaining the unity of radiology;
4. Co-ordinating and adjusting teaching and examination programmes to provide, in the different countries equivalent training for: (a) radiologists and (b) other staff working in radiology departments;
5. Establishing and promoting good relations between radiologists and other physicians as well as other scientific, professional and industrial organisations with a shared interest in and common goals for the development of radiology; in particular, the EAR shall aim at having close working relations with the Union Européenne des Médicins Specialistes (UEMS) Radiology Section.
6. Representing the interests of European radiologists to public authorities and Non-Governmental Organisations (NGOs), e.g. the European Community, national governments, World Health Organisation (WHO), International Atomic Energy Agency (IAEA) etc.;
7. Promoting the exchange of information between radiologists in Europe and beyond;
8. Enhancing the quality and quantity of research in the field of Radiology;
9. Promoting and supporting the European Congress of Radiology and the journal "European Radiology";
10. Representing the interests of European radiologists by improving the ethical, technical and material conditions of their practice in close collaboration with the UEMS Radiology Section;
11. Promoting the improvement of technical equipment and management techniques to provide efficient and effective management of radiology departments and practices throughout Europe.

§ 3 Activities to achieve the purpose of the Association

The purpose of the Association shall be achieved by the following activities:

1. Organisation and co-ordination of scientific meetings (conferences, seminars, symposia etc.);
2. Support and promotion of the European Congress of Radiology;

3. Co-operation with scientific societies whose activities have to do at least in part with radiology or allied disciplines;
4. Encouragement of international exchange between fellow workers, both medical and non-medical;
5. Support of prizes, allowances, grants etc. and all other means considered useful to the aims of the Association, including:
   a. the Boris Rajewsky Medal awarded to radiologists who have made a major contribution to the development of radiology in Europe,
   b. the Certificate of Honour awarded to persons who have made a significant contribution to the advancement of radiology in Europe and
   c. the Diploma awarded to retiring officers of the EAR;
6. Organisation of committees with regard to specific areas of interest, e.g. research, education and training standards, outcomes, management and professional issues, radiation safety etc.;
7. Support and promotion of the journal "European Radiology" for the publication of scientific papers and other suitable articles;
8. Provision of a regular newsletter and a website in order to improve communication with members;
9. Fund-raising other than by taxable trading, e.g. accept subscriptions, donations, devices and bequests for the promotion of the objects of the Association;
10. Acquisition or disposal of property of any kind (in accordance with the charity status);
11. Award of grants and the setting aside of funds for special purposes or as reserves against future expenditure.

§ 4 Methods of raising funds

A. The national and subspecialty radiological societies shall pay fees whose amount shall depend on the number of full members of the societies (full members shall be radiologists and shall not include honorary members, physicians in training, physicists, radiographers, radiobiologists, engineers, and industry representatives). The total fee for every national and subspecialty society shall be determined by the Executive Bureau of the Association. In November of each year the Treasurer shall contact the member societies indicating the amount payable, per capita, for each full member of the national or subspecialty society for the following year. In January of every calendar year, the fees are to be paid in advance to the Treasurer for the current year with a deadline of the 18th of February. Failure to pay the due amount and/or any arrears on or before that date will lead to loss of voting rights at the General Assembly of that year. In the case of withdrawal or expulsion from the EAR, the fees for the current year are still to be paid. Sustaining members shall pay an annual contribution amounting to 10,000.00 Euro for Gold Members or 5,000.00 Euro for Silver Members.
B. The national and subspecialty radiological societies shall raise funds other than by taxable trading, e.g. accept subscriptions, donations, devices, properties and bequests for the promotion of the objects of the Association.

§ 5 Acquisition and termination of membership

Acquisition of membership:
The EAR shall consist of full members, associate members and sustaining members. The Executive Bureau shall decide on the admission of members, and the General Assembly will then approve the admission.

1. Full members:
Full members shall be (a) the national societies of radiology of European countries (In the event that there is more than one representative body for radiologists in a European country these bodies are encouraged to reach agreement on which radiologists will represent that country at the General Assembly. The maximum number of delegates will be three. The names of the voting members should be notified in advance to the Secretary-General.), (b) European subspecialty societies of radiology whose activities are associated with radiology or an allied discipline, as accepted by the Executive Bureau and approved by the General Assembly or (c) such societies or legal persons that are accepted by the Executive Bureau and approved by the General Assembly.
Full members shall have voting rights at the General Assembly.

2. Associate members:
Associate members shall be (a) national societies of radiology of countries from outside the boundaries of Europe accepted by the Executive Bureau and approved by the General Assembly, and (b) European scientific societies whose activities are at least in part related to radiology or an allied discipline and which are accepted by the Executive Bureau upon prior approval by the General Assembly. Associate members shall have the right of participation but no voting rights at the General Assembly.

3. Sustaining members:
Individuals or bodies which provide sponsorship and/or support for EAR activities as accepted by the Executive Bureau and approved by the General Assembly. Sustaining

members shall have the right of participation, but no voting rights at the General Assembly.

Termination of membership:

Membership shall be terminated by

a. The loss of legal personality in the case of legal persons or partnerships having legal capacity or the loss of the representative status or death of persons;
b. Resignation - which shall only be possible as per December 31st of every calendar year. The Executive Bureau has to be notified in writing at least three months in advance. In case of late notification, resignation shall become effective as of the next withdrawal date only. The postmark shall be decisive for the date of notification;
c. Expulsion, which may be decided by the Executive Bureau and approved by the General Assembly on serious grounds, such as behaviour harming the Association or non-payment of membership fees.

§ 6 Rights and duties of the members of the Association

Every year, each national and each subspecialty society of radiology has to send a list of its full members, the three names of its certified official delegates and official substitutes to the Secretary-General of the EAR and has to provide details of amendments to its statutes. Every year, all national societies of radiology should report to the Education Committee of EAR about their existing educational and training programmes as well as on the progress achieved in these areas in the past year.

Members shall be entitled to attend all events of the Association and to make appropriate use of its facilities. Only the certified official delegates of full member societies who have paid their subscription for the current year and accumulated arrears shall have a vote in the General Assembly as well as the right to vote and stand for elections.

Members shall be obliged to further the interests of the Association to the best of their abilities and to refrain from any action which could harm the reputation and the objects of the Association. They are to observe the statutes of the Association and the resolutions of its executive organs.

§ 7 Organs of the Association and their competences

The EAR shall have the following organs:

1. General Assembly (§ 8);
2. Executive Bureau (§ 9);
3. Auditors(§13);
4. Committees (§12);
5. Arbitral tribunal (§14).

§ 8 General Assembly

The General Assembly shall be made up of the delegations of each of the European national and subspecialty radiological societies which are full members of the EAR. Only the delegates of full member societies which have paid their annual subscriptions shall have the right to vote on behalf of the said full member society. Each full member society is represented by a delegation of three, made up of certified official delegates (usually the elected officers or alternatives) of the society whose chosen head of delegation has the right to vote on behalf of the society.

All delegations have at least one vote. Additional votes are allowed on the basis on the number of eligible individual members paid for by each national or subspecialty radiological society. National societies with up to 200 such members as well as subspecialty societies with up to 100 such members will have one vote. National societies with 200 - 1,500 such members as well as subspecialty societies with 100 - 200 such members will have two votes. National societies with 1,500 or more such members as well as subspecialty societies with more than 200 such members will have a maximum of three votes.

The Secretary-General of EAR has to be notified by the president or secretary of the national or subspecialty societies about details regarding the voting members (name, address) no later than 14 days prior to the General Assembly.

The agenda for the General Assembly is laid down by the president and Secretary-General of EAR, and sent to the President and Secretary-General of each member society not later than 1 month before the date fixed for the meeting, together with details of the time and venue.

The item "suggestions by the member societies" on the agenda of every General Assembly will allow the societies to raise matters of general interest for discussion and decision. These suggestions must be submitted in writing

at least one month before the General Assembly.
Competences of the General Assembly:

a. Receive the report of the Executive Bureau on the administration, management and financial status of the Association; receive and approve the activity report and the statement of accounts presented to the auditors;
b. Elect and relieve the members of the Executive Bureau and the two auditors, who are obliged to audit the accounts of the EAR on an annual basis;
c. Approve the annual accounts and bookkeeping of the past financial period (calendar year) and of all relevant documents;
d. Take decisions regarding all acquisitions, exchanges or transfers of buildings, settlement of mortgages, leasing contracts with a duration of more than nine years, transfers of property relevant to endowments and loans required to pursue the aims of the Association;
e. Take decisions on amendments to the statutes and the voluntary liquidation of the Association;
f. Advise and decide on other items on the agenda;
g. Adopt rules of procedure regulating internal matters of the Association.

The General Assembly shall be the "members' assembly" according to the Austrian Association Act 2002 ("Österreichisches Vereinsgesetz"). The ordinary General Assembly shall be held every year at the same time as the "European Congress of Radiology".

An extraordinary General Assembly shall be held within eight weeks if decided by the Executive Bureau, the ordinary General Assembly or upon written request by at least one tenth of the members or upon request by the auditors.

Invitations to both ordinary and extraordinary General Assemblies shall be extended to all members in writing, via fax or via e-mail (to the fax number or e-mail address indicated to the Association by the member society) at least one month prior to their date. The invitation to the General Assembly shall be accompanied by the agenda. The General Assembly shall be convened by the President and the Secretary-General.

The General Assembly shall reach a quorum, if half of the full members of the EAR are present. All resolutions passed by the General Assembly shall require a relative majority of the valid votes cast, except for amendments to the statutes or in the case of liquidation of the Society, which shall require a two-third majority of the valid votes cast. In case of a tie at a vote requiring a relative majority, the President shall have the casting vote.

Valid resolutions, with the exception of those regarding a motion to convene an extraordinary General Assembly, can only be passed on items that are part of the agenda.

The General Assembly shall be presided over by the President. In his absence, the General Assembly shall be chaired by the Vice-President and, if the latter is also absent, by the Secretary-General.

§ 9 Executive Bureau

The Executive Bureau shall consist of
- the President (elected)
- the Vice-President (elected)
- the Secretary-General (elected)
- the Treasurer (elected)
- the Chairman of the Professional Organisation Committee (POC) (elected)
- the Chairman of the Educational Committee (elected)
- the Chairman of the Subspecialties Committee (elected)
- the Chairman of the Research Committee (elected)
- the Representative of the European national radiological societies (elected)
- the Chairman of the Board of the European Congress of Radiology (by virtue of his office)
- the Editor of the Journal "European Radiology" (co-opted without voting right).

If the Chairman of the Joint Commission EAR/UEMS Radiology Section is not the Chairman of the POC, he/she will be co-opted to the Executive Bureau. As far as possible there should be a balanced geographical and subspecialty spread of members. All members of the Executive Bureau (with the exception of the President of the European Congress of Radiology [member by virtue of his office] and the Editor of European Radiology [co-opted member without voting right] who are members by virtue of their offices) shall be elected by the General Assembly of EAR. Holders of the offices of President, Vice-President, Secretary-General and Treasurer shall not be eligible for re-election to these offices. If an elected member withdraws, the Executive Bureau has the right to co-opt another eligible member, which requires the subsequent approval by the following General Assembly.

The term of office of the President and Vice-President shall be two years. The President cannot be re-elected but he/she will be automatically replaced by the Vice-

President on completion of his/her term of office. The term of office of the Chairmen of the Committees shall be three years without the possibility of re-election to the respective office. The term of office of the Representative of the European national radiological societies shall be two years without the possibility of re-election. The term of office for the Secretary-General and Treasurer shall be four years without the possibility of re-election to the respective office. The Executive Bureau shall be convened in writing (as it is done for the General Assembly) or, if necessary, orally by the President or, if he/she is absent, by the Vice-President. If the latter is also absent, it may be convened by the Secretary-General. The Executive Bureau has to hold a meeting two months before a proposed General Assembly.

The Executive Bureau shall hold at least three meetings per calendar year.

The Executive Bureau shall reach a quorum, if all its members have been invited and if at least six members are present at a meeting.

Members of the Executive Bureau who are not able to attend may not send a proxy.

All decisions of the Executive Bureau shall be taken by a simple majority of votes of the members present, with the exception of decisions related to amendments of the statutes or proposals regarding amendments to the rules of procedure. Such decisions and proposals shall require a two-thirds majority of the valid votes cast. In case of a tie, the President shall have the casting vote.

Executive Bureau meetings shall be presided over by the President and, in case he/she is absent, by the Vice-President. If the latter is also absent, the Secretary-General shall chair the meeting.

Apart from death and the expiration of the term of office, the office of a member of the Executive Bureau shall come to an end, if the member is relieved of his office by the General Assembly or in the case of resignation.
In exceptional circumstances (e.g. financial, ethical, professional misdemeanours) the General Assembly may remove the entire Executive Bureau or any of its members from office; such a removal shall become effective with the appointment of a new Executive Bureau member or a completely new Executive Bureau. For such decisions a quorum (presence of half of the full members) is needed in the General Assembly and a two-thirds majority regarding the removal of one or more members.

The members of the Executive Bureau may at any time submit their resignation in writing. The resignation shall be submitted to the Executive Bureau or, in the case of the resignation of the entire Executive Bureau, to the General Assembly. The resignation shall become effective only upon election or co-option of a successor.

Members of the Executive Bureau shall not receive payment for attending the meetings, but documented expenses arising in connection with the meetings will be reimbursed.

The Executive Bureau shall be responsible for the management of the Association. It shall be the "managing organ" according to the Austrian Association Act 2002 ("Österreichisches Vereinsgesetz"). It is to perform all functions not allocated to another organ of the Association by the statutes. Its responsibilities shall include:

a. Preparation of the estimated annual budget as well as of the report on activities and of the balance of accounts (rendering of accounts);
b. Preparation of the General Assembly;
c. Convocation of ordinary and extraordinary General Assemblies;
d. Administration of the assets of the Association;
e. Monitoring the compliance with the statutes and the rules of procedure, the management of the overall administration of the EAR and its real estate properties as well as the authorisation of the budget for presentation to the General Assembly, which is prepared by the Treasurer. The Executive Bureau shall monitor the observance of the budget;
f. Admission and expulsion of members of the Association;
g. Employment and dismissal of employees of the Association;
h. Preparation of the minutes of the General Assembly and the Executive Bureau.

§ 10 Election of Executive Bureau members

At least four months prior to the scheduled date of the General Assembly, the Secretary-General shall invite all full members to submit proposals for the offices of the Executive Bureau open for election (except 1. for the office of the President which is automatically filled by the Vice-President at the end of the term of office of the President, and 2. for the offices of the Committees' Chairmen who are nominated by the respective Committees according to § 12 below). The nominations have to be received by the Secretary-General at least four weeks prior to the election

date - a later nomination is not possible. Nominees who should preferably have experience in the management of parts of EAR, shall sign a declaration of their candidature, provide a short CV and have the written support of the president or secretary-general of the European national or subspecialty radiological society which is a full member of EAR. All nominees are presented to the General Assembly and the offices are filled on a simple majority vote. This is taken at a secret ballot, supervised by an auditor, during the General Assembly.

§ 11 Special duties of individual members of the Executive Bureau

The President of the EAR shall at the same time be President of the General Assembly and of the Executive Bureau. His/her term of office shall be two years. In the event of death, resignation or expulsion of the President during the two-year term of office the Vice-President will assume the duties of the Presidency for the residual duration of the term of office of the President. When the new President takes over his/her office, the previous President shall resign and is not eligible to hold office thereafter. The President shall be responsible for the ongoing business of the Association and shall be assisted by the Secretary-General and the other members of the Executive Bureau.

The President shall represent the EAR in all matters. Written documents of the Association, with legal value, shall become valid upon signature by the President and the Secretary-General; documents regarding financial matters are to be signed by the President and the Treasurer.

The President, when absent, shall by represented by the Vice-President. When the term of office of the President ends the Vice-President automatically succeeds to the Presidency.

In case of extraordinary circumstances, the President shall be entitled to take measures independently, even in matters falling within the competence of the General Assembly or of the entire Executive Bureau; such measures shall, however, require the subsequent approval of the competent organ of the Association.

The Secretary-General shall be responsible for carrying out the general correspondence of the Association, organising meetings and preparing the minutes of the General Assembly as well as the Executive Bureau provided that the Executive Bureau does not appoint another member as Secretary.

The Treasurer shall be responsible for the proper financial management of the Association.

§ 12 The Committees

Committees (e.g. Education, Subspecialties, Research or Professional Organisation Committees) and working groups can be set up within the Association to promote its fundamental activities. These committees and working groups are established by the Executive Bureau and are approved by the General Assembly. Each full member with the right to vote in the General Assembly shall nominate a member for the Educational, Research as well as Professional Organisation Committee. Each subspecialties society shall nominate a member for the Subspecialities Committee. The Committee Chairmen are elected by the General Assembly out of the two candidates proposed by the above-mentioned committees. The President and Vice-President are full voting members of all committees. Working committees may be established by the Executive Bureau and approved by the General Assembly for the purpose of dealing with specific matters that are of a short-term nature or do not require a complete committee structure.

§ 13 Auditors

The General Assembly shall elect two auditors for a period of two years. Re-election shall be possible once. The auditors may not be members of an organ whose activities are the subject of auditing – with the exception of the General Assembly.

The auditors are to check the current business and the financial management of the Association for the proper character of accounting and to examine whether the funds are used as provided for in the statutes.

Legal transactions between the auditors and the Association are subject to approval by the General Assembly.

Apart from death and the expiration of the term of office, the office of an auditor shall come to an end, if the auditor is removed from his office by the General Assembly and in the case of resignation.

The General Assembly may at any time remove the auditors or individual auditors from office, which shall take effect upon appointment of a new auditor.

The auditors may at any time submit their resignation in writing. The resignation shall be submitted to the Executive Bureau. The resignation shall become effective only upon election or co-option of successors. The Executive Bureau has to ensure that new auditors are appointed immediately.

§ 14 Arbitrage of disputes

All disputes arising from the associative relationship shall be settled by the internal arbitral tribunal of the Association.

The arbitral tribunal shall be composed of three delegates of the last General Assembly. One party to the dispute shall nominate in writing to the Executive Bureau one member as an arbitrator. Within seven days, the Executive Bureau shall request the other party to the conflict to also nominate an arbitrator within 14 days. Informed by the Executive Bureau within 7 days the two appointed arbitrators shall elect a third ordinary member from the above-mentioned delegation members as chairman of the arbitral tribunal. If the votes are equal, a decision shall be reached by drawing lots. The arbitrators may not be members of an organ whose activities are the subject of the dispute - with the exception of the General Assembly.

The arbitral tribunal shall render judgement after hearing both parties in the presence of all its members by a simple majority of votes. It shall decide to the best of its knowledge and belief. Its arbitration awards shall be final internally.

§ 15 Voluntary liquidation of the Association, utilisation of the assets of the Association

The voluntary liquidation of the Association may only be carried out with a two thirds majority of the valid votes cast in an ordinary or extraordinary General Assembly convened for this purpose. If the necessary majority is not achieved, the General Assembly shall convene anew after a 30-minute break and shall decide on the liquidation of the Association with relative majority.

This General Assembly shall also pass a resolution concerning the assets of the Association, if such assets exist. The General Assembly shall appoint a liquidator and pass a resolution to whom it is to transfer the assets of the Association remaining after the payment of the debts.

In the case of liquidation of the Association the remaining assets shall be transferred to a non-profit organisation pursuing similar aims for the promotion of non-profit purposes in accordance with Section 34 ff of the Austrian Tax Order (Bundesabgabenordnung). The same shall be valid in case the Association ceases to promote its non-profit purpose.

§ 16 Implementation of the Statutes

The statutes take effect immediately after their registration and adoption by the General Assembly.

Appendix 4 – Rules of Procedure of the European Association of Radiology Based on the Statutes

Approved by the EAR General Assembly at the ECR 2006 Congress

RULE 1 – LANGUAGE

The official language is English. Either French or German may also be used during meetings. Only the English text has official standing.

The journal "European Radiology" is the official organ of the Association.

RULE 2 – ELIGIBILITY FOR MEMBERSHIP

Applications for admission to the Association from Societies eligible to become members as outlined in the statutes 5 should be addressed in writing to the Secretary-General, for the attention of the President of the Association, by the president of the society, or the representative of the group applying for admission.

The application should be accompanied by a copy of the charter of the society and a list of members. The societies applying for membership of EAR should provide an overview of their structure and function. The application and documents should reach the Secretary-General at least four months before the General Assembly meeting.

RULE 3 – GENERAL ASSEMBLY

The delegates are chosen by their society according to their own rules. Unless the society nominates the head of delegation, the delegation will elect its own head.
It is desirable that after a period of four years, delegations are renewed in part.

If the head of delegation is prevented from attending a meeting, the second member, or in his absence, the third member, replaces him.

Details of the composition of the delegation, including their names and addresses, should be sent to the Secretary-General of the Association not less than fourteen days before the General Assembly.

If modifications to the charter are proposed, the revised text should be reproduced in full and enclosed with the agenda. Following each meeting of the General Assembly, the Secretary-General will prepare draft minutes, which will be sent to each society with a request for comments within one month.

RULE 4 – EXECUTIVE BUREAU

The President has the privilege to invite to the Executive Bureau Meeting a suitable person to handle an ad hoc problem.

A summary of the minutes of the meetings of the Executive Bureau will be sent as soon as possible to full members of the Association.

RULE 5 – ELECTION OF THE EXECUTIVE BUREAU MEMBERS

The Secretary-General will announce the name of the successful candidate. In the case of a tie a re-ballot of the two candidates with the highest number of votes will take place by the same process. Should there still be a tie, the President shall have the casting vote.

RULE 6 – COMMITTEES

The Committees are created by the Executive Bureau and approved by the General Assembly.

Nominations for the offices of the Committees' Chairmen are sought from the committee members four months prior to the General Assembly by the Secretary-General. If more than two nominations are received a postal ballot of all committee members should be undertaken by the Secretary-General immediately after the close of nominations. Voting should be completed two weeks prior to the General Assembly. The names of the two candidates with the greatest number of votes will be submitted during the General Assembly to a secret ballot. The Secretary-General will ask all voting members to vote for one candidate, fold the paper and hand it to the teller. The Committee Chairmen are elected by a simple majority. At the General Assembly after the ballot,

the Secretary-General will announce the name of the successful candidate.

The Committee Chairmen
- call and run committee meetings,
- coordinate committee activities, and
- report appropriately to the Executive Bureau and to the General Assembly.

RULE 7 – EDUCATION COMMITTEE

1. The Education Committee is created by the Executive Bureau and approved by the general assembly. Each full society member of the Association will nominate a member to the Education Committee to serve for three years, and the Executive Bureau will approve the membership. The President and Vice-President are full members of the committee. The Chairman is elected by the General Assembly. The Committee may elect a Vice-Chairman and Secretary for the Committee if required from their membership. The Vice-Chairman will not have voting rights at the Executive Bureau.

2. *Aims and Objectives*
   The Education Committee will advise on all educational matters within the Association, establish a structure for pregraduate and postgraduate education in radiology, including continuing medical education, in collaboration with the Professional Organisation Committee and the Subspecialties Committee.

3. *Administration*
   The administrative office of the Education Committee will be based at the office of the European Association of Radiology.

4. *Board of the Education Committee*

4.1 The Board of the Education Committee shall consist of five representative academic radiologists from European training departments, nominated by the Education Committee and appointed by the Executive Bureau and two representative radiologists each affiliated with a European Radiology training department nominated by the UEMS Radiology Section National Representatives and approved by the President of the UEMS Radiology Section and the EAR Executive Bureau. The Chairman of the Training Assessment Committee will be a member of the Board. The Board will advise the UEMS Radiology Section on educational matters. The Board together with members of the Committee is responsible for matters relating to radiological education. The Chairmen of the Subspecialties Committee and of the Professional Organisation Committee are ex officio members of the Board.

4.2 The elected Chairman of the Education Committee will chair the Board. The Chairman will serve for a fixed period of three years, which is non-renewable.

4.3 Other members of the Board will serve for a fixed period of two years, and are eligible for re-election for one further period of one year.

4.4 One member of the Board will be designated by the Board to serve as secretary during his/her period of office.

4.5 Meetings of the Board will normally be held twice yearly.

4.6 The Board will coordinate the strategy for continuing education, curriculum development, and assessment programmes in European radiology.

RULE 8 – PROFESSIONAL ORGANISATION COMMITTEE

1. The Professional Organisation Committee (POC) is created by the Executive Bureau and approved by the General Assembly. Each full society member of the Association will nominate a member to the Professional Organisation Committee to serve for three years, and the Executive Bureau will approve the membership. It is advisable that the representative of an EU country may also be one of its UEMS representatives. The President and Vice-President are full members of the Committee. The Professional Organisation Committee will nominate from among those members the Vice-Chairman and Secretary of the Committee, and the Executive Bureau will approve them.

2. The Professional Organisation Committee will advise the Association on matters relating to the structure and practice of the speciality of radiology, including service delivery and professional issues. The POC will consider initiatives related to the issues of manpower, medico-legal aspects, distribution of equipment, including "heavy" equipment, reimbursement for radiology, relations with technical staff, implementation of the Treaty of Rome, continuing professional development, harmonisation and ethics. The POC will prepare responses in regard to radiation regulations, issues of justification and delivery of radiological services, however funded. The POC will consider initiatives related to subspecialisation in radiology and education in radiology, in conjunction with the Subspecialty Committee and the Education Committee respectively.

The POC will co-operate with the Congress Committee in the preparation of the programme of ECR, with particular reference to possible topics in the programme and possible speakers, seminars, session chairmen, and members of discussion groups.

3. The POC will address issues of management in radiology through its subcommittee on management in radiology. The constitution of this subcommittee is approved by the EAR Executive Bureau.

4. The POC will work closely with the Specialist Section and Board for Radiology of the UEMS. That collaboration will be co-ordinated through the Joint Commission EAR-UEMS (see Rule 13).

RULE 9 – RESEARCH COMMITTEE

1. The Research Committee is created by the Executive Bureau and approved by the General Assembly. Each full society member of the Association will nominate a member to the Research Committee to serve for three years, and the Executive Bureau will approve the membership. The President and Vice-President are full members of the committee.
   The Chairman is elected by the General Assembly. The Research Committee may nominate from among those members a Vice-Chairman and Secretary to the Committee, and the Executive Bureau will approve them.

2. *Aims and Objectives*
   The Research Committee will advise on all research matters within the Association and establish a structure for research in radiology in collaboration with the Education Professional Organisation Committee and the Subspecialties Committee.

3. *Administration*
   The administrative office of the Research Committee will be based at the office of the European Association of Radiology.

4. *Board of the Research Committee*

4.1 The Board of the Research Committee shall consist of five research radiologists from European radiology departments, nominated by the Chairman and members of the Research Committee and appointed by the Executive Bureau.

4.2 The elected Chairman of the Research Committee will chair the Board. The Chairman will serve for a fixed period of three years, which is non-renewable.

4.3 Other members of the Board will serve for a fixed period of two years. At the establishment of the committee members are eligible for re-election for one further year to maintain continuity.

4.4 One member of the Board will be designated by the Board to serve as secretary during his/her period of office.

4.5 Meetings of the Board will normally be held twice yearly.

4.6 The Board will coordinate the strategy for the development of research programmes in European radiology.

RULE 10 – SUBSPECIALTIES COMMITTEE

1. The Subspecialty Societies Committee is created by the Executive Bureau of EAR and approved by the General Assembly.

2. It is required that the rules and regulations of each of the Subspecialties Societies represented must be compatible with those of the Association.

3. The term of office of each representative is two years and can be renewed once.

4. It comprises one representative appointed by each of the European subspecialties societies in radiology. The appointment of the representative is not dependent on his/her responsibilities within the Board or Executive Committee of the Subspecialties Societies during their term of appointment.

5. Each subspecialty society shall be responsible for arranging a suitable deputy in case its representative is unable to attend a meeting.

6. The members of the Subspecialties Committee will elect two nominees for the role of Chairman, as outlined in statute 12. One of these nominees is elected Chairman by the General Assembly. The Chairman will not act as the representative of his/her subspecialty society during his/her term of office, so that the subspecialty society will appoint another representative.

7. The President and Vice-President are full members of the Committee. The Secretary-General, Chairman of the Education, Professional Organisation and Research Committees of EAR will be ex-officio non-voting members of the Committee.

8. The Chairman of the Subspecialties Committee is an elected member of the Executive Bureau of EAR. The term of office of the Chairman is three years and cannot be renewed.

9. The Chairman of the Subspecialties Committee is ex-officio member of the Board of the Education Committee and the Professional Organisation Committee of EAR.

10. The Committee will normally meet at least once a year at the European Congress of Radiology.

11. The administrative office of the Subspecialties Committee will be based at the office of the European Association of Radiology.

12. The Aims and Objectives

12.1 The aims and objectives of each subspecialty society represented in the Committee should include reference to the promotion of the subspecialty within the unity of radiology.

12.2 The Committee will advise the Executive Bureau on matters relevant to the subspecialties of radiology.

12.3 The Committee will co-ordinate all initiatives related to issues of subspecialties in radiology, in co-operation with the Education Committee of EAR for specific educational issues and with the Professional Organisation Committee of EAR for specific professional issues.

12.4 The Committee will assist the European Congress of Radiology Programme Committee in the preparation of the educational and scientific programme of the ECR.

RULE 11 – RADIOLOGY TRAINEES FORUM

1. Trainee radiologists are defined as radiologists in training.

2. The purpose of the Radiology Trainees Forum is to provide a communication link with the executive of the EAR with particular reference to education, career development and research.

3. It comprises a representative of each national society member of the Association. The Radiology Trainees Forum may elect from its members a Chairman, Vice-Chairman and Secretary.

RULE 12 – AD HOC COMMITTEES AND WORKING GROUPS

1. Ad Hoc Committees and Working Groups may be created and cancelled by the Executive Bureau to advise it on particular areas of interest.

2. The members of Ad Hoc Committees and Working Groups are appointed by the Executive Bureau. They will not necessarily include persons from each national society, and they may include persons who are not members of those national societies.

3. Working Groups are allowed to co-opt additional members to the Board or to open to membership, subject to the approval of the Executive Bureau.

RULE 13 – JOINT COMMISSION

Liaison and joint projects between the UEMS Radiology Section and EAR will be coordinated through the Joint Commission EAR/UEMS. The President of EAR and the President of the Radiological Section of UEMS will alternate the chair of the Joint Commission annually. The Joint Commission also includes the Chairman of the Education Committee and one other member of the Executive Bureau of EAR, and two executive members of the UEMS Radiology Section. The organisation of the Joint Commission will be through the EAR office.

RULE 14 – ASSOCIATION OFFICE

The Executive Bureau may create an association office and employ staff as appropriate for the function, the aims and responsibilities of the Association.

RULE 15 – AMENDMENTS

Changes to these internal regulations require a two-thirds majority vote by the Executive Bureau and a relative majority decision by the General Assembly.

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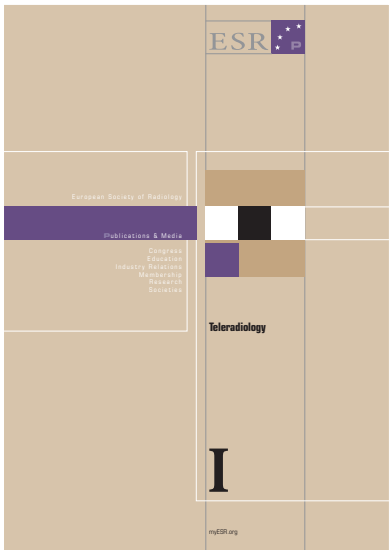

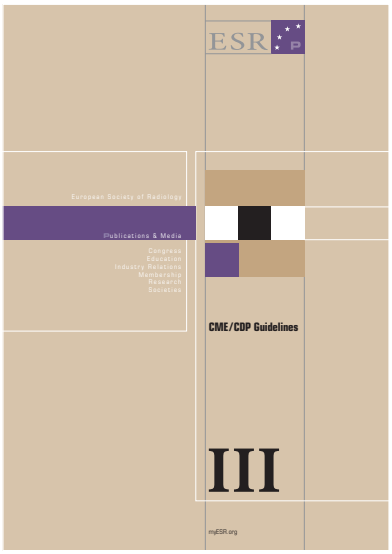

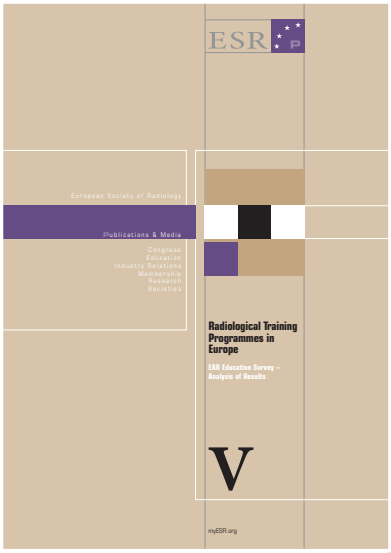

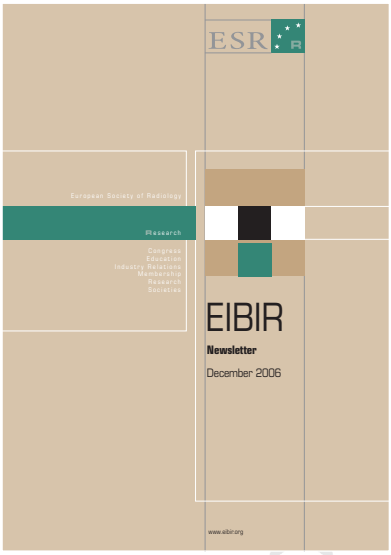

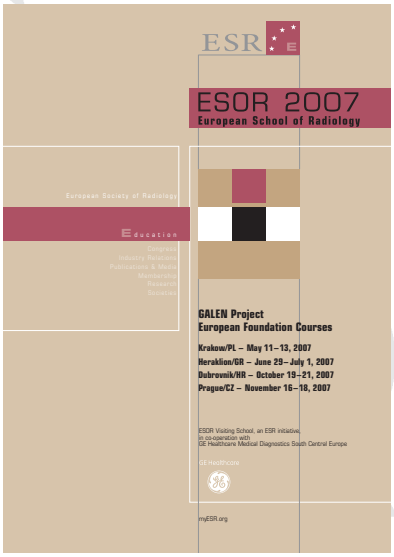

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