

ISR Congress: Cape Town 2006

Steve Beningfield, MB ChB, FFRad (D)

Department of Radiology, University of Cape Town

So the International Society of Radiology Congress blew through the Foreshore like the South-Easter – hopefully it went well for you? After the lead-up of years of preparation and planning, the actual event passed in a flash. What with the multiple tracks, many outstanding speakers, the generous exhibitor's displays and catching up with the Diaspora, we were truly spoilt for choice. Speaking of which, it is really gratifying to see what top-quality exports the country's graduates make – maybe too good!

As with the RSNA, it wasn't remotely possible to get to all the talks one would have liked to attend; the considerable and cosmopolitan array of excellent big-name speakers left many uncertain how best to optimise the experience. Another of the consequences of the multiple tracks was that, other than at the impressive opening and closing ceremonies, there was little opportunity for the whole group to gather professionally – it was almost a case of different sub-specialists happening to hold meetings at the same venue, although at least there was the opportunity to cross over to see what the others were talking about. One wonders how many people ran true to form and stuck only to their specific fields?

This got me thinking about the various groupings and how compartmentalised we are becoming – the paediatric radiologists, the neuroradiologists, the MSK fundis, the vascular, abdomen, ENT, chest and emergency groups all have their own identities and, no doubt, idiosyncrasies! Maybe we pick some of these up from our interacting clinicians? Where is cardiac going to fit in – a hybrid vascular and chest crossover?

There do seem to be some natural clusterings – neuroradiology and vascular march to similar beats, GIT and urological link easily; the same applies to most interventional groupings – vascular and neuro are close, although not in all centres. This highlights a point made by Coert de Vries and others – after 4 years of training, should there not be another more in-depth year of say two 6-month fellowships? It may ultimately transpire that we split into different sections, much as the surgeons have done. Think back to the era of the general surgeon, and how more knowledgeable and skilled today's surgical subspecialists are.

The turnouts of speakers and audience at the free paper sessions were a little mixed and variable, but considering the competition, not surprising!

The increasing impact of digital technology in our specialty was brought home in a number of areas; not only by the manufacturers, but by the increasingly critical role of PACS, and the academic benefits of projects such as Mypacs.net (<http://www.mypacs.net/>) and Rick Hansberger and Ann Osborn's new digital, peer-reviewed 'STATdx'

archive (<https://my.statdx.com/>), evolving from the wonderfully organised and illustrated Pocket Radiology and Diagnostic Radiology series. Added to which, I saw my first 4G USB stick (loaded with 1 200 cases, from Tanzania!)

The African sessions starkly juxtaposed the imbalances between and within continents, with some areas lagging sadly. Training of medical officer radiologist-equivalents as alternatives to radiologists, and role extension for radiographers were scrutinised as possible solutions in the African and radiography sessions. A continental Radiology Society is another ongoing initiative.

Academically the congress was an outstanding success – a mini-RSNA, for a fraction of the cost! The congress executive did a great favour to us, enabling our profession to be exposed to many of the greats for such a reasonable fee. The fact that the RSSA executive had the idea of bidding for the Congress so many years back, speaks of their foresight – I was proud of the Society!

The remarkable work by the ever-energetic Jan Labuscagne over the protracted lead-in period was a major boost to the international profile of South African Radiology – thank you, Jan! Thanks also to my co-track chairs for shepherding their own programs through sometimes uncertain waters. The support by the overseas track chairs was outstanding, with their vital personal contacts and liaison greatly facilitating the strong international representation for all the tracks. We also owe a huge thank you to the Congress organising staff, and the exhibitors for their excellent support and superb displays that added great value to the congress.

The whole experience was rounded off by a superb African dinner at Spier's Moyo Restaurant although, for some, by Saturday congress fatigue was setting in!

So here we are, yet to see the impact of CT/PET rolling out in Southern Africa, increasing roles in Cardiology and Oncology, while losing ground in other areas. What do we carry away – contacts, ideas and hope? It was great to network with the leaders in the various fields, and to see our own doing so well. Consequences should hopefully be increased professional assurance and appetite for more major international interaction.

The process is rolling again, with the next destination the romantic city of Marrakesh, Morocco, in 2008, June 1-5. By straddling the continent with successive congresses, hopefully this will act as a catalyst to spur on the potential giant of African Radiology. Hope to see you there?!

Steve Beningfield

Guest Editor