WEBINAR
Why GCEA is important for our Profession

MLADEN POLUTA
GCEA Founders Council Member and Director of Health Technology at Western Cape Department of Health, South Africa

STEFANO BERGAMASCO
IFMBE CED Secretary, GCEA Founders Council Member, and Italian Association of Clinical Engineers, Italy

YADIN DAVID
GCEA Interim President, Founders Council Member, and Global CE Journal Editor-In-Chief, USA

TOM JUDD
IFMBE CED Board Chair and GCEA Founders Council Member, USA

REGISTER FOR FREE

SEPTEMBER 29
6:00-7:00 PM UTC
Why the Global Clinical Engineering Alliance (GCEA) Is Important

Dr. Yadin David, Ed.D., P.E., C.C.E., C.N.A.F.E.
Editor-in-Chief, Global Clinical Engineering Journal www.globalce.org
Founders Council, Global Clinical Engineering Alliance www.GlobalCEA.org
President, Biomedical Engineering Consultants, LLC www.BiomedEng.com
Ass. Prof. (adj.), University of Texas School of Public Health https://sph.uth.edu/about/deans-note
Our challenge

- Becoming and sustaining a profession
- Educate health & wellness related community about our scope of expertise (BoK and BoP)
- Advocate academic education, training and credentialing programs towards future thinking of problem-solving methodologies
- Strengthening capacity for engaging with policy, regulatory & decision makers regarding safety, quality, accessibility, performance and effectiveness of health technology life cycles and its management
- Understand the relationship between patient (customer) experience and technological tools performance through collaborations with other stake-holders
- Demonstrate benefits derived from guiding funds to applied point-of-care research
- Build and expand representation in and engagement with regional/international technical bodies developing and adopting standards, regulations, guidelines & recommendations in healthcare technologies and systems (ISO, IEC, ANSI, ITU, CISPR, IEEE, CEN, WHO)
- Build recognition & impact through uniquely dedicated clinical engineering organization
Global Clinical Engineering Alliance (GCEA)

• A registered not-for-profit organization created by Clinical Engineers for CE (from every continent - North & South America, Europe, Africa, and Asia)

• Uniquely dedicated to the Clinical Engineering field (engineers, technologists, technicians)

• Aims to Maximized the benefits from healthcare technology and Clinical Engineering practitioners for the benefit of patients and their care providers, while minimizing the technology risks and costs. (credit Professor Dan Clark, UK). To increase information exchange, build capacity and expertise and promote awareness of the CE field

• Provides international networking between and across healthcare stake holders (including patients), associations, global agencies, governments, academia, and industry, that leverage knowledge, competence, recognition, professional service, to empower optimal improvement in patient experience everywhere

• Created a not-for-profit Foundation to encourage funding of collaborative research and studies of point-of-care engineering and technology issues

globalcea.org
Global Clinical Engineering Alliance (GCEA)

- Initiated education program (webinars and courses) that clarifies the link between technology, engineering and patient’s outcomes
- Completed international review of technological innovations addressing COVID-19 needs in LMICs for WHO Compendium 2021
- Maintains COVID-19 vetted publications (with CED) in promoting and supporting of CE community [https://www.globalcea.org/hcu](https://www.globalcea.org/hcu)
- Established & posted an international recognition program, with a global call-for-nominations, for Collaborative Capacity Building Award that recognizes excellence in international Clinical Engineering collaboration programs
- Lead professional tenets that include Global Clinical Engineering Summit, Global Clinical Engineering Day, Global Clinical Engineering Journal, International Clinical Engineering & Health Technology Management Congresses (the 4th ICEHTMC)
- Collaborating with IFMBE/CED on the establishment of common professional thresholds intended for global CE certification program
Global Clinical Engineering Alliance

Vision for professional Future

• The only international organization that created by, for, and governed by Clinical Engineers

• Presents unified voice thus acts as Professional organization uniquely qualified to represent the common interests of clinical engineering practitioners everywhere

• Develops & publishes surveys/consensus on clinical engineering role and advocating recognition of the unique contributions made by CEs to improve healthcare programs’ outcomes

• Through inspiring leadership, will create alliances with other healthcare professions to optimally serve patients’ and system’s interests, and Engage them with International Congress of Clinical Engineering and Health Technology Management, the Global Clinical Engineering Summit, the Global Clinical Engineering Journal, and now the Global Clinical Engineering Alliance.

• COVID-19, sadly & unfortunately, taught us that no one is an island, that we need to be better connected for the next disaster, and to Promote professional education and credentialing standards so we will become equal member of the healthcare & wellness team. Join GCEA Because....

Together we can make it better!
References


5. Japan Association for Clinical Engineers (JACE) https://www.ja-ces.or.jp/about-jaces/overview/outline/


Thank you!

Yadin David
David@biomedeng.com
Why GCEA is important for our profession

Why did AIIC join GCEA?

Stefano Bergamasco, Italian Clinical Engineers Association – GCEA – IFMBE/CED
The Italian Clinical Engineers Association

• AIIC was founded in 1993 and aims to contribute to the dissemination of knowledge and the advancement of scientific, technical and organizational knowledge in the field of Clinical Engineering. In particular, the Association protects the professional figure of the Clinical Engineer and has the purpose of disseminating Clinical Engineering Services within healthcare structures as a governing element of healthcare technologies.

• AIIC has 6 board members + President and Past-president, and has 30 regional delegates
AIIC members growth

AIIC members
AIIC members identikit

GENDER

- 53% MEN
- 47% WOMEN

TOTAL AIIC MEMBERS: 1,716

GEOGRAPHICAL DISTRIBUTION

- NORTH: 37% (334 MEN, 289 WOMEN)
- CENTER: 30% (242 MEN, 251 WOMEN)
- SOUTH AND ISLANDS: 33% (322 MEN, 239 WOMEN)

QUALIFICATIONS

- 3% High School Degree
- 7% Bachelor Degree
- 11% Biomedical or clinical engineering Degree
- 35% Degree in other engineering
- 56% Master or PhD

AREA OF ACTIVITY

- 47% Services
- 53% Hospital

AGE

- 29% 20-29
- 54% 30-39
- 12% 40-49
- 5% > 50

- 36% MEN 20-29
- 64% WOMEN 20-29
- 47% MEN 30-39
- 53% WOMEN 30-39
- 73% MEN 40-49
- 27% WOMEN 40-49
- 90% MEN > 50
- 10% WOMEN > 50
AIIC committees

• Members’ management
• Organization of congresses/conferences
• Relationship with the National Council of Engineers
• Training
• Health Technology Assessment
• Telemedicine
• Information & Communication Technology
• International activities

• + a series of thematic working groups
AIIC strategic goals

• Partnerships (with Universities, Industry, Institutions, …)
• Professional development (webinars, training courses, …)
• Professional recognition
• Research and data analysis
• Growth of the association
AIIC international activities

• AIIC is affiliated to **IFMBE** (2 CED board members, 8 CED collaborators), **EAMBES**, and now **GCEA**
• AIIC is promoting the creation of a **European Clinical Engineering Federation**
• Active participation to the **Global CE Day**
• ICEHTM 2015: **Clinical Engineering Teamwork Award**
• Collaboration with **CERN** (European Organization for Nuclear Research) and **WHO** (World Health Organization)
• III International Clinical Engineering and Health Technology Management Congress – **ICEHTMC**, 21-22/10/2019 in Rome
• 2021 ACCE/HTF **International Organization Award**
AIIC strategic goals and current international activities are aligned with the founding principles of GCEA

Why was GCEA created?

- For Clinical Engineering (CE) Professionals to be recognized for their unique contribution to healthcare delivery.
- To combine strength and leverage for change, engaging national society leaders to address healthcare challenges, and provide networking across societies.
- To improve harmonization and promotion of international CE education.
- To provide a platform to discuss & address challenging healthcare issues.
- To contribute to the definition of laws and regulations worldwide in the field of medical technology.
- To encourage CE practices and processes.
This is a common experience with other national clinical engineering associations

TOWARDS AN EUROPEAN CLINICAL ENGINEERING ASSOCIATION

Stefano Bergamasco – Chair - AIIC Associazione Italiana Ingegneri Clinici/GCEA Global Clinical Engineering Alliance, Palmanova – ITALY
Yadin David – Co-Chair - Global Clinical Engineering Alliance GCEA, Houston – USA

ITALY - Umberto Nocco - AIIC Associazione Italiana Ingegneri Clinici
FRANCE - Christophe Parret - AFIB Association Francaise des Ingenieurs Biomedicaux
GERMANY - Frank Rothe - FBMT Fachverband Biomedizinische Technik
SPAIN - Raquel Canovas Paradell - SEEIC Sociedad Española de Electromedicina e Ingeniería Clínica
IRELAND - Brian Kearney - BEAI Biomedical/Clinical Engineering Association of Ireland
HOLLAND - Roland Loeffen - BMTZ BioMedische Technologen in de Zorg
GREECE - Aris Dermitzakis - ELEVIT Hellenic Society of Biomedical Technology
BOSNIA AND HERZEGOVINA - Lejla Gurbeta Pokvic - DMBIUBIH Bosnia and Herzegovina Medical and Biological Engineering Society

Key messages from the speakers (-> need of international relationships)

• Recognition of the clinical engineering profession
• Provide support to each other
• Exchange of knowledge
• Standardization and dissemination of maintenance and regulatory guidelines
• Need for the voice of CEs to be heard (by hospital administrators, politicians, general public)
• Increase lobbying and legislation for CEs
• Need to fight disinformation
• Need to improve collaboration at local, national, international level
AIIC joined GCEA as one of the first affiliated organizations

Process completed in September 2021 (easy registration form and quick response from GCEA)
AIIC has the resources (active members, international committee) and the experience to provide value to GCEA

AIIC will benefit from GCEA membership AND will contribute to GCEA for the benefit of all member organizations
AIIC invitation and call for action to other clinical engineering associations

Join NOW! It is important to give GCEA the strength it needs to start operating in an effective way.

Any association, big or small, can join and be part of GCEA. No special efforts are required (it's all voluntary work!)

We can work at regional level (e.g. European Clinical Engineering Federation) and at global level (GCEA) at the same time. General goals are perfectly aligned; specific objectives and strategies can be different; time and effort based on priorities.
Thank you!

Stefano Bergamasco
stefano.bergamasco@medtechprojects.com
Why GCEA is Important to Our Profession

A Systems Perspective

Mladen Poluta
Board Member, IFMBE Clinical Engineering Division
Exco Member, South African Health Technology Assessment Society
Former Director: Health Technology, Western Cape Department of Health, South Africa
Clinical Engineering Interfaces

*Source: Human resources for medical devices: the role of biomedical engineers (Figure 9.1)*

WHO Medical Device Technical Series
WHO 2017
Clinical Engineering BoK/BoP

Analysis of IFMBE-CED 2017 Worldwide Clinical Engineering Survey

By L. Nascimento¹, S. Calil², T. Judd², Y. David³

¹ Department of Biomedical Engineering - School of Electrical and Computer Engineering, University of Campinas, Brazil
² Chair, IFMBE Clinical Engineering Division, Associate Editor, Health Technology and Quality, The Permanente Journal
³ Biomedical Engineering Consultants, LLC, University of Texas School of Public Health

TABLE 1. New Subjects Added to the Set of Knowledge of clinical engineering in the Last 18 Years (based on personal observations)

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Medical Equipment Management</td>
<td>Medical Equipment Management → Technology Management</td>
</tr>
<tr>
<td>Safety</td>
<td>Safety → Risk Management</td>
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<td>Procurement</td>
<td>Procurement</td>
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<td>Education</td>
<td>Education</td>
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<td>Individual Product Management</td>
<td>Disaster Preparedness</td>
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<tr>
<td>Individual Thinking</td>
<td>Cost Control (TCO, LCC)</td>
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<td>Technology Assessment</td>
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<td>Telemedicine (Homecare)</td>
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<td>Project Management</td>
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<td>Contract Management</td>
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<td></td>
<td>Mobile Healthcare (Events, Transports, Group Assistance)</td>
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<td>Home Care</td>
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<td>Quality Management</td>
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<td>Information Technology (Interoperability)</td>
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<td>Human Factor Engineering</td>
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<td>Forensic Analysis</td>
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<td></td>
<td>Artificial Intelligence</td>
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<td></td>
<td>Systems Integration And Management</td>
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<tr>
<td></td>
<td>Soft skills (Writing, Communication, Supervision)</td>
</tr>
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<td></td>
<td>Team Practicing</td>
</tr>
</tbody>
</table>

LCC = life cycle costs; TCO = total cost of ownership
Clinical Engineering BoK/BoP

CE activities

FIGURE 2. Percentage of the types of employers of clinical engineers worldwide.

Current Employer

- Academia
- Hospital / Clinic
- Health System
- Medical Equipment Manufacturer
- Independent Service Organization
- Medical Equipment Vendor (Sales/Rental)
- Non-medical Industry
- Consultant, Private Practice
- Government Agency
- Standards Development Organization (SDO)
- Consulting Firm
- International Aid Organization
- Student
- Other
CE Practitioners as HT Life-Cycle Custodians

HTA toolkit supporting LCM Governance

- Health technology regulation
  - Safety
  - Performance (devices)
  - Efficacy (drugs)

- Health technology assessment
  - Clinical effectiveness
  - Ethics
  - Social issues
  - Organizational

- Health technology management
  - Procurement
  - Selection
  - Training
  - Use

Early-stage HTA (HT innovation)

Hospital-based HTA

Safe disposal

(to what end ...?)

(ACCESS)

WHO, 2012

globalcea.org
Technology Implementation

(Implementing technology)

- How should the technology be implemented in this setting?
- Should the technology be implemented in this setting?
- Can the technology work in this setting?
- Can the technology work?

(WHO, 2012)
HTA Evaluation Domains

- **Efficacy**: Does the technology affect health status in ideal clinical trial circumstances?
- **Effectiveness**: Does the technology affect health status when the intervention is adopted in the community?
- **Efficiency**: Does the technology affect health status to the maximum extent at least cost?
- **Equity**: Who benefits (e.g. rich/poor or young/old) from the technology and what are the relative weights assigned to differing distributions of benefit?
- **Appropriateness & Feasibility**
- **Cost** (initial / implementation)
- **Safety**
- **Organisational & Societal Impact**
- **Ethical & Legal**

.. co-ordinated by CE/HTM practitioners in support of decision-making ..
## HTA Stakeholders

<table>
<thead>
<tr>
<th>Organizations/individuals</th>
<th>Types of decisions</th>
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</thead>
<tbody>
<tr>
<td>Government agencies</td>
<td>Regulatory approval, reimbursement, public health programs</td>
</tr>
<tr>
<td>Health care professionals (HCP)</td>
<td>Adoption of technologies</td>
</tr>
<tr>
<td>Hospitals, health care administrators</td>
<td>Equipment procurement, availability procedure</td>
</tr>
<tr>
<td>Private sector insurance</td>
<td>Scope and extent of coverage</td>
</tr>
<tr>
<td>Patients, care givers</td>
<td>Guidance for treatment and support, access to services</td>
</tr>
<tr>
<td>Academia</td>
<td>Information for future HCP</td>
</tr>
</tbody>
</table>
It takes a village.....

* Medical Physicists, Clinical Technologists/Technicians, Radiographers, etc.

+ Hospital Managers & Administrators ....
‘Back to Basics’ (Engineering BoK/BoP)

The World Federation of Engineering Organizations:
• The peak body for professional engineering organizations
• Founded in 1968
• Under the auspices of UNESCO
• 100+ national professional engineering institutions
• 12 international and continental/regional professional engineering institutions
• Representing 30 million engineers

Engineering for Sustainable Development

The International Engineering Alliance (IEA) and the benchmark Framework for Graduate Attributes and Professional Competencies (GAPC)

• IEA is an umbrella organisation that provides governance for the three Accords and four Agreements that provide international multilateral recognition of graduate attributes and professional competencies across 30 countries.

• For graduation after tertiary engineering education course*:
  • Washington Accord – Professional Engineer usually 4-5 years
  • Sydney Accord – Engineering Technologist usually 3-4 years
  • Dublin Accord – Engineering Technician usually 2 years

• After graduation for professional registration, after a period of work experience:
  • Intl. Professional Engr. Agreement – Prof. Engineer
  • Intl. Technologist Engr. Agreement – Eng. Technologist
  • Intl. Associate Engr. Agreement – Eng. Technician
  • APEC Engineering Agreement – APEC Region- Prof. Engineer

* Note: The duration of academic formation will normally be at least sixteen years (Washington Accord), fifteen years (Sydney Accord) and 13 years (Dublin Accord).

Engineering for Sustainable Development

INTERNATIONAL ENGINEERING ALLIANCE

GRADUATE ATTRIBUTES & PROFESSIONAL COMPETENCIES

PROUDLY SUPPORTED BY:

INTERNATIONAL ENGINEERING ALLIANCE

GRADUATE ATTRIBUTES & PROFESSIONAL COMPETENCIES

PREAMBLE

The International Engineering Alliance is pleased to announce that all Accords and Agreements have approved revisions to its Graduate Attributes and Professional Competencies (GAPC) international benchmark. The review, supported by UNESCO, was undertaken by a joint IEA-WFEO Working Group who engaged extensively with IEA signatories, WFEO members and WFEO partners representing academics, industry and women globally. They reflect requirements for new technologies and engineering disciplines, new pedagogies and values such as sustainable development, diversity and inclusion and ethics. They are well positioned to support the engineering role in building a more sustainable and equitable world.

Our thanks to UNESCO and WFEO for their constant support and endorsement and to the GAPC Working Group members, who commenced this work three years ago and who have worked tirelessly to bring this to fruition.

... opportunity to advance CE

IEA Constituent Agreements

Washington Accord
International Professional Engineers Agreement

Sydney Accord
International Engineering Technologists Agreement

Dublin Accord
APEC Engineer Agreement Agreement for International Engineering Technicians

Graduate Attributes and Professional Competences

Approved Version 4: 21 June 2021

This document is available through the IEA website: http://www.ieaagreements.org

Executive Summary

Many accrediting bodies for engineering qualifications have developed outcomes-based criteria for evaluating programs. Similarly, many engineering regulatory bodies have developed or are in the process of developing competence-based standards for registration. Educational and professional accords for mutual recognition of qualifications and registration have developed statements of graduate attributes and professional competence profiles. This document, which is a revised version that takes into account the present-day state of engineering activities, presents the background to these developments, their purpose, and the methodology and limitations of the statements. After defining general range statements that allow the competences of the different categories to be distinguished, the paper presents the graduate attributes and professional competence profiles for three professional tracks: engineer, engineering technologist, and engineering technician.

... templates for CE-related capacity building


globalcea.org
NDoH Request to ECSA: Professional Registration of Clinical Engineering Practitioners

CE PRACTITIONERS STEERING COMMITTEE MEETING - 5 MARCH 2002

ENGINEERING COUNCIL OF SOUTH AFRICA

INTERNATIONAL REGISTER

What is an International Register?

The International Engineering Alliance (IEA) is a global non-profit organisation which comprises of members and signatories from 36 jurisdictions within 28 countries. The IEA seeks to improve engineering education and competence globally. It fulfils this mission through its constituents: education agreements that are concerned with standards, best practice accreditation processes and mutual recognition of accredited engineering programmes and agreements for defining and recognising professional competence. The Engineering Council of South Africa (ECSA) is a member of the IEA.

ECSA maintains international registers for Engineers, Technologists and Technicians. These registers are regulated by three competency agreements namely; International Professional Engineers Agreements (IPEA), International Engineering Technologists Agreement (IETEA) and Agreement International Engineering Technicians (AIET). The engineering qualifications are governed by the Washington Accord, Sydney Accord and Dublin Accord for Engineers, Technologists and Technicians respectively.

Each member of IEA keeps their own section of the international register within their Jurisdiction. If you are registered in the international register section of South Africa, registrants are entitled to use the following postnominal:

- International Professional Engineer – Int PE (SA)
- International Engineering Technologist – Int ET (SA)
- International Engineering Technician – Int ETn (SA)

Framework for Health Technology Policies - National Health Technology Management System
The Future of Clinical Engineering: The Challenge of Change

STEPHEN L. GRIMES

Covid-19 pandemic response forged new linkages and collaboration

Post Covid-19 ‘new normal’

"It’s not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.”
—Charles Darwin

"It’s not the progress I mind, it’s the change I don’t like.”
—Mark Twain

"Change is good. You go first …”
—Dilbert
Thank you!

Mladen Poluta
mpoluta@mweb.co.za
Why GCEA is Important to Our Profession: IFMBE CED Perspective

Tom Judd, IFMBE CED Board Chair, USA

https://www.globalcea.org/home
Since 2015, the Global CE Community has come together, resulting in the following milestones.

<table>
<thead>
<tr>
<th>Global CE Brand</th>
<th>2015</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IFMBE CED</strong> Board &amp; Collaborator (B&amp;C) growth</td>
<td>40</td>
<td>100</td>
<td>250</td>
<td>420</td>
</tr>
<tr>
<td><strong>IFMBE CED</strong> B&amp;C Countries Represented</td>
<td>20</td>
<td>70</td>
<td>110</td>
<td>165</td>
</tr>
<tr>
<td><strong>Global CE</strong> Day (since 2015):</td>
<td>Honoring Individuals &amp; Societies! <a href="https://www.globalcea.org/globalceday">https://www.globalcea.org/globalceday</a></td>
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<tr>
<td><strong>Global CE</strong> Alliance (since 2020)</td>
<td>One Voice for all CE Professionals! <a href="https://www.globalcea.org/home">https://www.globalcea.org/home</a></td>
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<tr>
<td><strong>Global CE</strong> Partnership with WHO</td>
<td>Modern Era since 2009: Sharp Focus Together re COVID19 2020-2021</td>
<td></td>
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<tr>
<td><strong>WHO-GCEA-CED</strong> 2020-2021 Innovation Compendium</td>
<td>Had 50 colleagues from 37 countries give field-based evaluation of 33 global innovations for WHO</td>
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</tr>
<tr>
<td><strong>Global CE</strong> Weekday COVID19 e-Newsletter</td>
<td>Hacking Coronavirus Repository! 340+ since March 2020 <a href="https://www.globalcea.org/hcu">https://www.globalcea.org/hcu</a></td>
<td></td>
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</tr>
<tr>
<td><strong>Global CE</strong> Training / Webinars</td>
<td>2019 3rd ICEHTMC Rome</td>
<td>30</td>
<td>10+ (+ many country-based programs)</td>
<td></td>
</tr>
<tr>
<td><strong>Global CE</strong> WhatsApp (daily colleague sharing)</td>
<td>50</td>
<td>150</td>
<td>200 (+ many country-based groups)</td>
<td></td>
</tr>
<tr>
<td><strong>Global CE</strong> Internships (3 months each, began in 2020, 3rd group now)</td>
<td>Giving Young Practitioners Global CED Perspective! <a href="https://ced.ifmbe.org/about-us/ced-volunteer-internship.html">https://ced.ifmbe.org/about-us/ced-volunteer-internship.html</a></td>
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</tbody>
</table>
So IFMBE CED has created the global CE Network.
• We are all very thankful for this growth and global impact!
• But what have we learned that is missing?
IFMBE CED & the Global CE Community

• Key Findings
  • “The establishment of a global alliance to clearly identify the field of clinical engineering; to promote public awareness; to form liaisons with government agencies and other healthcare decision makers, will improve global cooperation and inter CE societal relations that will serve patients as well.
  • The survey highlighted the state of CE (national) associations, networking, professional challenges, and the desire for more international cooperation that leads needed professional development programs.”
  • CED can identify best practices, but – by charter – is limited how to optimally partner with various organizations, eg, national societies and other global entities, to implement solutions.
  • One example: IFMBE CED – although an endorsed NGO of WHO – could not readily receive funds to conduct contracual work with WHO for its 2021 LMIC Innovation Compendium, whereas a partnership of CED and GCEA could and did so.
Global CE Community & Joint Collaboration

• CE / BME Capacity Building for Health Technologies (HT)
  • Education & Training
    • Grow the CE/BME workforce to meet national needs
      • Identify best practices of CE Competencies
      • Implement Country & Region specific training to implement best practices
  • Credentialing
    • Ensure the CE/BME workforce meets defined global standards of competencias
    • Empower existing Credentialing structures, create new where necessary

• WHO Partnership / Impact
  • Enable Countries and Regions to participate in global initiatives
    • Example of the WHO 2021 Innovation Compendium
  • Demonstrate evidence-based impact with healthcare decision-makers
    • Policy: help Ministries of Health set & implement appropriate HT national policy, eg, for Telehealth & Digital Health

• Recognition / Collaboration
  • Internal to the Profession
    • Help build and nurture national CE societies
      • Now over 100 national CE societies affiliated with CED
    • Research
      • Partner with CE-HTM focused WHO Collaborating Centers & various national Centers of Excellence
      • Receive and disburse funding from global entities to conduct research and implement solutions
  • Externally to the Profession
    • Raise Public Awareness
      • As the WHO WHA meetings of 2020 and 2021 have done, focused on Ventilator and Oxygen system global needs
    • Utilize Alliances with NGOs and other global entities to address major HT challenges, examples:
      • Sustainable Oxygen delivery systems, eg PSA plants
      • Create national Spare Parts needed directory for COVID equipment, etc.

With the overarching goal of improving global healthcare clinical & business outcomes, the scope of these roles is beyond IFMBE CED’s ability to address, but in partnership with GCEA, all is possible!

https://www.globalcea.org/home
Thank you!

Tom Judd
Judd.tom@gmail.com
WEBINAR
Project Management for the Boss/Executive Sponsor

JONATHAN GAEV
MSE, PMP, Applied Project Management LLC

REGISTER FOR FREE