# Global CE Summit Report, 2019

**Agenda**

1. Introduction of attendees/countries
2. Last Summit recommendations
3. Actions taken on recommendations
4. Regions/Countries report
5. Survey of new/additional subjects
6. Ranking subjects’ significances
7. Next step actions
8. Dinner

## Number of Representatives

<table>
<thead>
<tr>
<th>Countries in total</th>
<th>80</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMRO (12 + 1)</td>
<td>Argentina, Brazil, Canada, Chile, Colombia, Ecuador, Haiti, Mexico, Paraguay, Peru, USA, Venezuela (Bolivia)</td>
</tr>
<tr>
<td>EURO (17 + 8)</td>
<td>Albania, Bosnia &amp; Herzegovina, Croatia, Czech Republic, France, Germany, Greece, Ireland, Italy, Kyrgyzstan, Netherlands, Poland, Russia, Spain, Switzerland, Tajikistan, UK (Belgium, Bulgaria, Finland, Kosovo, Luxembourg, Montenegro, Portugal, Turkey)</td>
</tr>
<tr>
<td>AFRO (8 + 6)</td>
<td>Benin, Botswana, Cameroon, Ethiopia, Ghana, Kenya, Mozambique, South Africa (DR Congo, Rwanda, Sudan, Tanzania, Uganda, Zambia)</td>
</tr>
<tr>
<td>WPRO/SEARO (8 + 2)</td>
<td>Australia, China, India, Japan, Malaysia, Nepal, Philippines, Singapore (Bangladesh, Taiwan)</td>
</tr>
<tr>
<td>EMRO (3 + 2)</td>
<td>Egypt, Pakistan, Yemen (Jordan, Lebanon)</td>
</tr>
</tbody>
</table>

66 Country CE Status Reports 12/19; download on Website
Regional Summaries from Afternoon Meetings (more details to follow):

**AMRO**

1. Identification
2. Engagement
3. Education (leadership)
4. Professional standing

**EURO**

1. Promotion of Clinical Engineering program in every hospital
2. Legislation of the profession
3. Promotion of safe use of device safety legislation
4. Standard Data collection that is evidence-based CE function
5. Concern for CE-IT relationship
6. Investigate creation of Federation of Clinical Engineering in Europe
7. Situation in Russia is more acute

**AFRO**

1. Education is fragmented and training lacks applied opportunities to build capacity
2. Develop health technology policies, eg, manage donation in much more optimal methods
3. Lack of recognition for Clinical Engineers including within MoH - need stronger support from WHO
4. More opportunities to demonstrate professionalism
5. Lack of communication between decision makers and CEs

**WPRO/SEARO**

1. Lack of appreciation of CE HTM by other health professionals – Unique competencies
2. Virtual hub to share high quality best practices
3. Need for Clinical Engineering benchmarking examples
4. Need to establish mentoring programs
5. Better involvement of CE in pricing and reimbursement decisions in India
6. Credentialing

**EMRO**

1. Lack of education and continuous training
2. Lack of recognition
3. Lack of regulation
4. Lack of policies relating to Clinical Engineering
5. Lack of National Society

Robust Social Media during the Congress!
### 2019 Common Challenges

<table>
<thead>
<tr>
<th>2019 Common Challenges</th>
<th>Votes</th>
</tr>
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<tbody>
<tr>
<td>Lack of Education and Mentoring program – promote unique competencies</td>
<td>20</td>
</tr>
<tr>
<td>Lack of Professional Recognition</td>
<td>18</td>
</tr>
<tr>
<td>Lack of Credentialing Standard</td>
<td>0</td>
</tr>
<tr>
<td>Lack of National Association and Federal umbrella</td>
<td>3</td>
</tr>
<tr>
<td>Lack of policies relating to Medical Devices and its safe use</td>
<td>12</td>
</tr>
<tr>
<td>Increase Clinical Engineering role in Decision making processes, eg, promote CE Involvement in pre purchase-evaluation at hospital level</td>
<td>21</td>
</tr>
<tr>
<td>Standardize terms and definitions</td>
<td>5</td>
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<tr>
<td>Add medical devices to Regulatory Agency names, eg, Food &amp; Drug Agency-FDA should be Food, Drug, Med Dev.</td>
<td>0</td>
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<tr>
<td>Encourage Clinical Engineering system design incorporation into System Lifecycle</td>
<td>3</td>
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### Action plan

1) Develop communication strategy for the comments above  
2) Provide curated Directory (of CE documents) and access to existing content online  
3) Identify opportunity to engage CE in policies and standards development and make them Universal

### Attendees

(On podium: Kallirroi, Yadin, Tom; remote: Roberto Ayala, Marcelo Lencina)