



# CAMERA Needs Assessment Survey

Dear Radiologist or Radiographer or Physicist or Scientist,

Thank you in advance for taking time to complete this survey from the Committee for Advancement of MRI Education and Research in Africa (CAMERA). CAMERA is a Working Group of the European Society for Magnetic Resonance in Medicine and Biology (ESMRMB) that is working to develop a sustainable framework for accelerating MRI research and education excellence in Africa, a region of the world with the lowest density of MRI scanners.

This 15 minute survey is the first step towards achieving CAMERA's vision of reducing the disparity in MRI research capacity in Africa.

By completing this survey, you will help CAMERA:

1. Identify and understand needs and challenges of conducting MRI for clinical use and research in Africa.
2. Identify and understand gaps in training of highly qualified personnel in MRI research and clinical practice.
3. Create educational programs to help close gaps in training of highly qualified personnel in MRI.
4. Help create a consortium of MRI experts and users from Africa interested in collaborating with African MRI scientists and global partners.
5. Help our vendor partners know how to support MRI needs in Africa.

All information provided in this survey is confidential and accessible solely to the members of the CAMERA MRI listed at the end of this survey.

If you have questions about this survey, please contact: [udunna.anazodo@mcgill.ca](mailto:udunna.anazodo@mcgill.ca)

\* Indicates required question

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1. Email \*

## A.Facility Information

2. Please indicate your specialty or designation \*

*Mark only one oval.*

- ☐ Radiologist
- ☐ Radiographer / Technologist
- ☐ Physicist
- ☐ Other:

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## 3. Where is your Diagnostic Imaging facility located? Please select only one. \*

*Mark only one oval.*

- ☐ Algeria
- ☐ Angola
- ☐ Benin
- ☐ Botswana
- ☐ Burkina Faso
- ☐ Burundi
- ☐ Cabo Verde
- ☐ Cameroon
- ☐ Central African Republic
- ☐ Chad
- ☐ Comoros
- ☐ Congo
- ☐ Cote d'Ivoire
- ☐ Democratic Republic of the Congo
- ☐ Djibouti
- ☐ Egypt
- ☐ Equatorial Guinea
- ☐ Eritrea
- ☐ Ethiopia
- ☐ Eswatini
- ☐ Gabon
- ☐ Gambia
- ☐ Ghana
- ☐ Guinea
- ☐ Guinea-Bissau
- ☐ Kenya
- ☐ Lesotho
- ☐ Liberia
- ☐ Libya
- ☐ Madagascar

- ☐ Malawi
- ☐ Mali
- ☐ Mauritania
- ☐ Mauritius
- ☐ Morocco
- ☐ Mozambique
- ☐ Namibia
- ☐ Niger
- ☐ Nigeria
- ☐ Republic of Congo
- ☐ Rwanda
- ☐ Sao Tome & Principe
- ☐ Senegal
- ☐ Sierra Leone
- ☐ Somalia
- ☐ South Africa
- ☐ South Sudan
- ☐ Sudan
- ☐ Tanzania
- ☐ Togo
- ☐ Tunisia
- ☐ Uganda
- ☐ Zambia
- ☐ Zimbabwe

4. Please describe your facility ownership and affiliations. Please select all that apply. \*

*Check all that apply.*

- ☐ Public/Government
- ☐ Private practice/out-patient only radiology
- ☐ Non-Profit including religious charities
- ☐ University Hospital
- ☐ Community hospital or health care center or ambulatory clinic
- ☐ Tertiary or Regional Hospital/ Health Care Center
- ☐ Other:

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5. Please indicate the number of personnel you have in your facility \*

*Mark only one oval per row.*

	None	1	2-5	6-10	>10
<b>Radiologists</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>MRI Radiographer / technologists</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>MRI Physicists</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Nursing Staff</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other Staff</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Do you have an MRI Scanner at your Imaging Facility or Department? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No      *Skip to question 38*

## B. Scanner Description

7. What is the total number of MRI scanners at your at your center \*
8. How many of the total number of MRI scanners are working (not broken) and in use \*  
at the moment

*Mark only one oval.*

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ All

9. Select the total number of scanners for each scanner type you have at your center.  
Select ONLY what applies to your facility

*Check all that apply.*

	0	1	2	3	4	5
<b>3 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.5 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.0 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1.0 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Describe your scanner, make and field strength. Select ONLY what applies to your facility

*Check all that apply.*

	Toshiba/Canon	Siemens	General Electric	Philips	Other
<b>3 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.5 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.0 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1.0 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How long have you had your scanner? Select ONLY what applies to your facility

*Check all that apply.*

	5-10 years	3-4 years	1-2 years	< 1 Year
<b>3 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.5 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1.0 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>&lt;1.0 Tesla</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Does your facility have access to a Service Engineer who takes care of technical issues with the MRI scanner \*

*Mark only one oval.*

☐ Yes

☐ No      *Skip to question 15*

## C. Maintenance

13. If you have a service engineer, is the engineer \*

*Check all that apply.*

☐ A staff of the facility/insitution/clinic

☐ from a 3rd party service provider

☐ Other

14. If yes, how often does your Service Engineer perform scheduled and regular performance maintenance of your scanner \*

*Check all that apply.*

☐ Monthly

☐ up to 2-3 times per year

☐ Once per year - Annually

☐ Never - only when the scanner is broken or down



## D. Usage

15. What is the approximate total number of patients that you scan on your MRI at your facility per day \*

*Mark only one oval.*

- ☐ up to 5
- ☐ 6-10
- ☐ 10-15
- ☐ 15+

16. Downtime Frequency. How often is your MRI scanner unavailable for use or down \*

*Mark only one oval.*

- ☐ Often (1-2 times per week)
- ☐ Occasional (1-3 times per month)
- ☐ Seldom (<1 time in a 6 month span)
- ☐ Never

17. What are the most common indications for MRI scans at your facility? Choose all that apply. \*

*Check all that apply.*

- ☐ Brain - Routine, Seizure, Orbits, Headaches/Migraine, Space Occupying lesions<
- ☐ Angiograms
- ☐ Cardiac - Ischaemia, infiltrative disease, congenital malformation, cardiomyopathy<
- ☐ Musculoskeletal (MSK) - Wrist, Shoulder, Knee, Ankle, Hip, Long bones
- ☐ Breast
- ☐ Cerebrovascular and Vascular studies
- ☐ Abdomen and Pelvis - Liver, Kidney, Basic Abdomen
- ☐ Spine - Cervical, Thoracic and Lumbo-Sacral

## E. Facility Infrastructure

18. How often is the power supply at your facility? Is power available... \*

*Check all that apply.*

- ☐ 100% of the time
- ☐ 75% (3/4) of the time
- ☐ 50% (1/2 to 3/4) of the time
- ☐ Less than 50% of the time

19. Do you have a source of back- up power

*Mark only one oval.*

- ☐ Yes
- ☐ No

20. Does your facility have a Picture Archiving and Communication System (PACS) to store and retrieve images

*Mark only one oval.*

- ☐ Yes
- ☐ No

21. Does your facility use teleradiology? Teleradiology is the interpretation and/or consultation of MRI acquired at your facility at another location

*Mark only one oval.*

- ☐ Yes
- ☐ No

## F. Personnel Training and Education

22. If you have a Radiologist at your Facility, how often does the Radiologists at your facility engage in continuing medical education each year

*Mark only one oval.*

- ☐ I don't know
- ☐ Often (at least 2-3 times per year)
- ☐ Seldom (once per year)
- ☐ Never

23. How often does the Radiographer/Technologists at your facility engage in continuing education each year

*Mark only one oval.*

- ☐ I don't know
- ☐ Often (at least 2-3 times per year)
- ☐ Seldom (once per year)
- ☐ Never

24. If you have a Radiologist at your Facility, how often does your Radiologists attend the following forms of continuing medical education

*Mark only one oval per row.*

	Often (at least 2- 3 times per year)	Seldom (once per year)	Never
<b>Training (in person) - rounds, in service, seminars</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Training (online)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Local Conferences / meetings</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>National Conferences/ Meetings</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Regional Conferences / Meetings - Within Africa</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>International Conferences / Meetings</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How often do your Radiographer/Technologists attend the following forms of continuing medical education

*Mark only one oval per row.*

	Often (at least 2- 3 times per year)	Seldom (once per year)	Never
<b>Training (in person) - rounds, in service, seminars</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Training (online)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Local Conferences / meetings</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>National Conferences/ Meetings</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Regional Conferences / Meetings - Within Africa</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>International Conferences / Meetings</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Would your staff be interested in attending a Local/National/Regional MRI Workshop?

*Mark only one oval.*

☐ Yes

☐ No

27. Please could you elaborate on specific reasons for your selection below. Is access (including but not limited to costs) to training opportunities a challenge?

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## G. Health Economics

28. What is the average cost of an MRI scan at your facility (in US Dollars) \*

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29. How is the cost of MRI scans covered \*

*Check all that apply.*

- ☐ Fully public funded - National Health Insurance Scheme
- ☐ Some public funding
- ☐ Private (out-of-pocket)
- ☐ Private Insurance
- ☐ Hospital/clinic-funded
- ☐ Other: 

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## H. Research

30. What areas of MRI research has your facility participated in or interested in participating in. Please select all that apply. \*

*Check all that apply.*

- ☐ Physics- hardware (scanner development, coil development)
- ☐ Physics - Pulse sequence development
- ☐ Image Processing
- ☐ Brain Imaging Application
- ☐ Cardiac Imaging Application
- ☐ Tumour Imaging Application
- ☐ Musculoskeletal Imaging Application
- ☐ Neuroscience
- ☐ Informatics and Radiomics

31. Does your facility lead or participate in research using MRI? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No

32. Does your facility have a Research Ethics Board or Institutional Research Board? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No

## I. Optional - Challenges

The following questions are optional but provides an opportunity for you to describe in your own words some of the challenges you face at your facility with operating your MRI facility and with participating in MRI research.

We encourage you to please take some time to briefly describe your challenges to help CAMERA better understand how to create a sustainable framework to increase MRI access, research and use in Africa.

33. Please describe briefly some challenges faced by your facility that impairs its day-to-day operation of the MRI program?

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34. Please describe briefly some challenges faced by your facility that impairs its ability to conduct or participate in MRI-related research?

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35. Please describe briefly any challenges in personnel capacity that impairs your facility's ability to perform clinical MRI imaging well

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36. Please describe any solution you envision for tackling challenges you face in using MRI clinically

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37. Please describe any solution you envision for tackling challenges you face in conducting MRI research

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## J. Optional - Contact information

The following questions are optional. Please complete these questions, if your facility wish to be included in future CAMERA initiatives, such as upcoming educational training opportunities, information for research collaborations, or be part of the CAMERA Research Network Database.

38. Please provide the name of your of facility

- 39 Please provide the address of your facility - Street number, name, city, province/state, country

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40. Postal Code

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41. Name of the primary contact person at your facility (Chief Radiographer or Chief Radiologist, or Managing Director)

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42. Title/Role of the primary contact person

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43. Contact phone number of the primary contact person

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44. Email address of the primary contact person

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## Disclaimers

This survey tool is designed by the CAMERA MRI Environmental Scan Task Force comprising of the following individuals; Udunna Anazodo PhD, Edward Chege Nganga MBBS , Henk-Jan Mustaerts MD PhD, Godwin Ogbale MBBS, Mario Forjaz Secca PhD, and Johnes Obungoloch, PhD.

Information captured in this survey is confidential and will be solely accessible to the members of the CAMERA MRI Environmental Scan Task Force listed above. The information captured in this survey will be analyzed and maybe be published as part of a larger effort to describe the state of MRI access, use and readiness for research in Africa.

This survey tool is based on questions from RAD-AID Radiology-Readiness Tool. For more information on RAD-AID Radiology-Readiness Tool please see <https://www.rad-aid.org/resource-center/radiology-readiness>

## Term of Use

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