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Annual Review

2012–2013



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The College

The RCR develops and delivers a unique body of work, which, were it not there, would be unlikely to be taken up by any other UK-wide body with such a broad perspective on our two specialties.

The College exists to lead, support and educate in medical imaging and cancer treatment by setting the standards for practice in and shaping the future of the specialties of clinical oncology and clinical radiology for the benefit of patients.

The past year has seen many changes and developments in the health service and the impact on the RCR, on our Fellows and members and on patients has been considerable. There is now a major debate emerging on the roles of generalist and specialist medical practice and how primary and secondary care interface with each other. This will bring challenges and potential changes for our two specialties and the RCR intends to lead the debate.

As we all digest the Francis Inquiry Report and address the recommendations, the RCR has reaffirmed its commitment to ensuring that clinical oncologists and clinical radiologists are well supported and that their patients receive the care that they expect and deserve. We issued an immediate response to the report and then took time to develop a specific response to the recommendations, from which more work will flow. The appointment of a patient safety adviser for the RCR will be a focus for much of the effort in the coming year.

While the past 12 months have presented challenges for the RCR and the medical profession as a whole, there are many successes to be celebrated.

New membership hub

In July 2013, the RCR moved into its new premises at 63 Lincoln's Inn Fields. The move signals a new era for the RCR as the building becomes the membership hub to connect Fellows and members virtually as well as physically. With the increasing demands on Fellows' and members' time we are committed to enabling as many people to get involved with the College without having to visit its bricks and mortar.



Fellow and member engagement and value

The RCR has dedicated time and resources to continue to lead, support and educate Fellows and members. Officers have travelled to meetings and events around the UK to understand better the needs of the wider membership in addition to the feedback and input we obtain through boards and committees.

Changes have been made to the way that the College communicates with Fellows and members, such as online discussion forums, and we will continue to develop these and our relationships with healthcare bodies in all four UK countries.

RCR Life, launched in spring 2013, brings a different perspective to member value offering a range of benefits and discounts covering leisure, travel, insurance and more.

RCR publications

In 2012 alone, the RCR published 29 standards and guidance documents. Several of these were joint publications with other organisations, reinforcing team working across specialties and the integral nature of diagnostic imaging and importance of cancer treatment for patients.

Revalidation

Revalidation came into effect in December 2012, although the first ideas and indeed first draft standards were published in the late 1990s. The UK is leading the way in its approach to revalidation and the early months have gone smoothly. Thus far the straightforward approach that we forged over the last few years is serving us well. We have recruited and trained a group of revalidation advisers to assist and guide Fellows and members as they go through the first revalidation cycle.

Scientific meetings

The RCR continued to build its strong track record in delivering high-quality scientific meetings to support the education and continuing professional development of clinical oncologists and clinical radiologists.

During 2012–2013 the College ran 25 meetings across both specialties, with an average attendance of 187, an increase of 36% from the past year. The creation of workshop-style events has also been a welcome addition to the RCR's meeting schedule and this will continue to be developed alongside the provision of online access to lectures.

Annual Scientific Meeting

2012 saw the launch of a new style RCR Annual Scientific Meeting at the Barbican in London. We welcomed more than 800 attendees over three days to attend lectures, workshops and to network with colleagues. The new venue allowed us to host a larger industry forum for the first time and we look forward to building on this in the coming years.

There will be two further developments for 2013; the RCR will bring the two faculties together again for joint sessions, allowing clinical oncologists to benefit from a dedicated programme with crossover topics to encourage networking with clinical radiology colleagues. Second, will be an increased focus on international attendees, which we intend to grow over the next few years.

Value of lay member input

Lay members make a very considerable contribution to the work of the College and during a year of change their continued support has been of great value. The RCR was one of the medical Royal Colleges that pioneered lay involvement and during 2012 we reviewed this invaluable work to make sure the voluntary effort by our cohort of lay colleagues was best directed to make the most of that time and bring the greatest value to the College. The new Lay Member Network incorporates views into the wider work of the RCR and facilitates a broader understanding of the College's activities and the issues faced by the specialties. This sits alongside the more specific work that lay people bring to many boards and committees.

International reach

The RCR's standing overseas is strong and well recognised and while the College is involved in education and training internationally, we believe there is more that we can offer. In April 2013 we brought together experts and thinkers from across the world for an international strategy forum to explore innovative ideas on how support for middle and low income countries can be effective, sustainable, integrated and meet local needs. The RCR is now creating a strategy to harness the expertise and experience in our specialties to ensure that is has a sustainable and co-ordinated impact.

Thanks and recognition

As I demit office in September 2013, I want to thank the very many people who have worked with the RCR over the last three years; all my Officer colleagues, all those who serve on our Council, boards and committees, our lay members, those who lead particular initiatives and the staff. I particularly want to recognise the commitment of Fellows and members who contribute to essential functions such as examinations, training, the workforce censuses and running meetings among many other activities. The RCR *is* its Fellows and members and the commitment demonstrated by those involved is astonishing. It has been a pleasure to work with so many inspired and inspiring professionals. I wish my successor, Dr Giles Maskell, all the best for the next three years and hope that his term is a productive and fascinating as mine has been.



Jane Barrett
President



The RCR and benefit for the public

The RCR exists to serve the public who use the services delivered by clinical oncologists and clinical radiologists; the patients, their carers, families and friends.

Clinical radiology is at the heart of medical care and much of the radiologist's time is spent helping to decide upon the best management of patients' problems, and in performing and interpreting complicated procedures.

One in three people develop cancer at some time in their lives; clinical oncologists are at the forefront of non-surgical cancer treatment and supporting patients and their families and friends to tackle this disease.

By setting the standards that underpin the two specialties the RCR has a direct impact on the care provided to patients. Much of the guidance is available free of charge online together with supporting advice for practising specialists.

ISAS – supporting high-quality imaging services

The Imaging Services Accreditation Scheme (ISAS) is the first patient-centred accreditation scheme that enables imaging services to demonstrate that they are delivering a high-quality service by competent staff working in safe environments. The RCR and the College of Radiographers developed the scheme which is managed by the United Kingdom Accreditation Service (UKAS).

Following feedback, ISAS has been developed over the past year to:

- Introduce a preparatory phase to support and reassure services of their readiness for accreditation
- Create a staged approach allowing recognition of progress throughout the process
- Improve the web-based system that enables the uploading of information.

Accredited imaging services give the people using them confidence in their diagnosis and enhances the credibility of the service. ISAS has become the model for at least two further healthcare accreditation schemes.

Supporting cancer patients

During 2012, the RCR worked closely with the government in England to make it easier for patients going through cancer treatment to get financial support through the welfare benefit system.

This work means that hundreds more people who are awaiting, receiving, or recovering from any form of chemotherapy or radiotherapy for cancer will be placed in the Support Group for Employment and Support Allowance where they will get the help they need while unable to work.

Public lectures

The RCR continued its programme of free public lectures that explore the fields of imaging and cancer treatment. In June 2012 we welcomed Dr Kevin Harrington to deliver his lecture 'Radiation and smart drugs: Homing in on cancer's Achilles' heel' to a fascinated audience at the Wellcome Trust in London.

The radiology lecture in November gave an insight into the imaging services delivered at the London Olympics. The volunteer imaging lead, Dr Phil O'Connor, kept the audience intrigued with a behind the scenes glimpse into the lives of professional athletes and the crucial (yet often unseen) cogs that keep a major sporting event running.



The Faculty of Clinical Oncology

Over the past year, the Faculty of Clinical Oncology has continued to raise the profile of radiotherapy and support the UK's clinical oncologists to ensure the highest possible standards of patient care.

Radiotherapy awareness

Public awareness of radiotherapy as a modern and effective treatment was boosted following the Year of Radiotherapy in 2011 and 2012–13 built on that success. Through involvement with the National Radiotherapy Awareness Initiative and the National Radiotherapy Implementation Group, the RCR was able to develop its public message which, research shows, has moved on the public perception.

Radiotherapy Board

As the National Radiotherapy Implementation Group concluded its work in April 2013, the RCR took the lead and joined with the Institute of Physics and Engineering in Medicine and the Society and College of Radiographers in establishing the Radiotherapy Board. The Board, which has a UK-wide remit, provides a mechanism for supporting the continued development of radiotherapy services for cancer patients by forming a strategy and structure for workforce planning, training and professional standards as well as collaborative working with other groups.

The workforce

Now in its fourth year, and with a second consecutive 100% completion rate, the workforce census provides high-quality data about clinical and medical oncologists in the UK. While there has been some expansion of the non-surgical cancer treatment workforce, with the growing prevalence of cancer and an aging population, together with the increasing complexity of treatment, the workforce must be further expanded if the quality of care is not to suffer.

Radiotherapy planning – new challenges for clinical oncologists

Clinical oncologists in the UK need the competencies required to deliver radiotherapy that matches the quality standards and technical advances of radiotherapy in other countries. The issues of job planning, professional engagement and competency in the newer advanced radiotherapy techniques must be addressed. In July 2012, the RCR published an outline of the changes needed and will develop a strategy over the coming year to support Fellows and members through this period of change. The intensity-modulated radiotherapy (IMRT) workshops were another success for the Faculty in planning for the future.

Academic oncology

Continuing the RCR's commitment to supporting research in the UK, 2012 saw the creation of a mentorship scheme for research trainees in clinical oncology. Additionally, a meeting was hosted during the 2012 NCRI conference to encourage trainees wishing to pursue an academic career.

Focus on...

advanced radiotherapy training

Following the Government's announcement of nearly £23 million for a radiotherapy innovation fund in England, the RCR secured funding to run a series of free workshops for clinical oncologists on intensity-modulated radiotherapy (IMRT).

The College ran eight one-day workshops updating the skills of nearly 250 clinical oncologists to enable them to provide this potentially life-saving treatment to patients. The investment will support the continuing development of radiotherapy to guarantee that it remains one of the most effective ways to treat cancer.

The RCR will deliver sessions in Scotland, Northern Ireland and Wales throughout 2013 to provide UK-wide coverage of this essential training.

FACT:

49 new Fellows were welcomed to the College in 2012

Clinical Oncology journal

The impact factor for *Clinical Oncology* has gone up significantly in the 2012 figures, increasing from 2.072 to 2.858. Congratulations to Professor Peter Hoskin and the Editorial team. *Clinical Oncology* published high-quality special issues on a variety of topics and across 2012 and 2013 we published editions on IMRT, extra nodal lymphoma and breast cancer. The journal continues to attract significant attention on the ScienceDirect platform with a 21% readership increase.

The steady increase of submissions to *Clinical Oncology* highlights its popularity with authors from around the world and in 2013 its frequency has increased from 10 to 12 issues to help meet the demand. The time taken from acceptance to print publication has reduced from an average of 25 weeks in 2012 to 18 weeks so far in 2013.

Developing online learning

Radiotherap-e is an online educational resource for advanced radiotherapy, produced in partnership with e-Learning for Healthcare, the Institute of Physics and Engineering in Medicine and the Society and College of Radiographers. Radiotherap-e provides resources to support development of the knowledge and practical skills required to implement advanced radiotherapy techniques safely and efficiently.

In early 2013, all five modules for this valuable tool were completed and users can now access informative and engaging content on image-guided brachytherapy for cervix cancer, intensity-modulated radiotherapy, image-guided radiotherapy, prostate brachytherapy and stereotactic radiotherapy.

The Oncology Registrars' Forum (ORF)

The ORF supports the future generations of clinical oncologists, serves as an important link for trainees with the RCR and provides trainee representatives for College and external committees. In addition to running a successful Annual Trainee Oncologists' Meeting (ATOM) in Cambridge, the ORF produced trainee-to-trainee guidance on how to approach the FRCR examination.



Focus on...

NCRI cancer conference

In November 2012, the RCR teamed up with the National Cancer Research Institute (NCRI) to host joint sessions at this world-class event. The three excellently attended sessions focused on lung cancer – the state of the art and the science; acute oncology; and a proffered papers session.

The 2012 George Edelstyn lecture was delivered for the first time at the NCRI conference and the audience was treated to a fascinating talk looking at the pitfalls and progress in translational research in lung cancer. These successful joint sessions at the conference will be further developed in 2013.

FACT:

245 clinical oncologists have attended the IMRT workshops

The Faculty of Clinical Radiology

The Faculty of Clinical Radiology has had another highly active and successful year developing and promoting the specialty and organisation as a whole both in the UK and abroad.

Increase in training numbers

For the second year running the clinical radiology workforce census had a 100% return rate resulting in powerful data to negotiate for the development of the specialty. As well as providing figures about practising clinical radiologists, the workload questions revealed that over the past three years the number of MRI examinations had increased by 38% and CT examinations were up 35%. All other imaging modalities had also increased. Multidisciplinary team meetings, essential for patient care, had increased in frequency, length and preparation time required.

These data allowed the Faculty to put a case forward and negotiate an additional 30 training places per year for three years from 2013 (an increase of 15%) in England and a further four places in Wales. The case for further investment in training continues in Scotland and Northern Ireland. Outside of the already planned increases in training numbers in general practice and psychiatry, clinical radiology is the only medical specialty to secure an increase in national training numbers.

Commissioning

Commissioning medical services in England has been a highly complex issue over the past 12 months and the RCR has actively engaged with colleagues and decision makers to ensure patients, services and clinical radiologists are supported within clear parameters. We have created a joint working group with the Society and College of Radiographers and the Royal College of General Practitioners and published standards and guidance on the key principles of commissioning a quality imaging service.

Any Qualified Provider (AQP)

As part of our activity in the NHS England Commissioning agenda, RCR Officers met with the AQP team to represent clinical radiology and provide information from Fellows for the end-of-first-year feedback. Serious concerns were fed back including the duplication of imaging, lack of result availability and the over-referral of patients. As a result modifications were made by NHS England.

Teleradiology

Due to technological developments, radiology reporting is increasingly practised by doctors who are geographically remote from their patients. There are benefits that appropriate use of quality teleradiology can bring to the patient; however, concerns arise when doctors practising overseas report on UK patients. The RCR published a position statement outlining the issues and began working with relevant bodies to ensure that UK patients receive the best possible care. This work will be continued in the coming year in conjunction with the healthcare regulators in all four countries.

Clinical Radiology journal

The impact factor for *Clinical Radiology* is 1.818 and the journal is currently ranked 55th out of 120 journals in Thomson Reuters' Radiology, Nuclear Medicine and Medical Imaging category.

We saw a steady increase of submissions and the page budget increased by 14% in 2013 to accommodate the additional research being submitted. *Clinical Radiology* attracted a significant readership on the ScienceDirect platform, with a 23% increase in readers accessing the journal this way.

Focus on...

International Day of Radiology

On 8 November 2012 the RCR marked the first International Day of Radiology by looking to the future of the specialty and showcasing the current technology used in imaging.

The RCR worked with a group of young radiologists as well as other doctors, healthcare professionals and patients to create a vision for how radiology services should look in 2032. The group examined how the key drivers of advances in technology and medical science, changes in demographics, the economy and culture would influence medical care. A discussion paper drawing together the main themes and thoughts from the event can be read on the RCR website.

As part of the commitment to promoting radiology to the public, the day included an exhibition of radiology equipment including; a radiologist's workstation, CT and MRI images, molecular imaging systems and hand-held ultrasound units. The event concluded with the latest in the RCR's series of free radiology public lectures, 'Medical imaging and the 2012 Olympics', delivered by Dr Phil O'Connor.

FACT:

320 new Fellows were welcomed to the College in 2012

Molecular imaging – looking to the future

Medical imaging develops at a rapid pace alongside developments in technology and improvements in the early diagnosis of disease. Molecular imaging is the next key development of the specialty and the RCR convened a working group of experts to take the next steps to bring this training into the curriculum. The RCR is working towards GMC approval for this essential training, which will pave the way for ever more personalised medical care.

Exam development

In early 2013, we held the first in-house fully digital FRCR 2B exam for radiology for around 190 candidates. The project, which had a lead-in time of two years, is a major step in the examination process. Lightboxes and films will no longer be used and the RCR is set for a new era coinciding with the move to 63 Lincoln's Inn Fields where it will be possible to hold more of the examinations on site.

The RCR has a long-term goal of expanding overseas examining and in spring 2013 through our collaborative venture with the National University of Singapore, the number of candidates examined in Singapore doubled from 40 to 80.

Developing online learning

The Radiology-Integrated Training Initiative (R-ITI) is an innovative, award-winning e-learning resource for trainee radiologists developed with e-Learning for Healthcare. R-ITI enhances the learning of specialist registrars in their core radiology training, breaking down the radiology curriculum into 15 modules of around 750 bite-sized e-learning sessions. Over the past year the RCR has embarked on a major review and update to bring the presentation of some of the older sessions into a modern format as well as checking and updating the content.

The Radiology Events and Discrepancies (READ) project was launched in June 2012 as a confidential learning tool to contribute to improved patient safety and share experiences. READ is a professional mechanism to reflect on adverse events in radiology practice and share best practice to prevent the same discrepancy elsewhere. Since its launch, three e-newsletters have been produced, containing 12 anonymised cases.



Academic radiology

The RCR has managed an intensive programme of work to promote radiology research. The RCR and the Wellcome Trust created a joint research day targeting trainees and young consultants wishing to develop their interests in research. The free event was run in October 2012 and its success has led to another in 2013.

To improve the awareness of radiology research in UK institutions, the RCR produced an interactive map to support clinical radiologists to engage with research projects and Fellowships and in early 2013, the RCR confirmed a new fully funded research fellowship with the Wellcome Trust. This will focus on fostering internationally competitive research in the field of academic radiology with the first round of applications in 2013.

FACT:

30 new training places for clinical radiology in England

The Junior Radiologists' Forum (JRF)

The JRF continues to offer an important link between trainees and the RCR and provides trainee representatives for College and external committees. An induction booklet to the RCR and the specialty was created by the JRF to support new trainees and made available on the RCR website and in hard copy at the welcome day in September 2012. Work is now taking place with the Special Interest Groups to facilitate a co-ordinated approach to trainee input into these valuable organisations.

Curriculum development

Over the past year the RCR has seen through significant developments to the clinical radiology training curriculum. Following the revision approved by the GMC in 2012, trainees are now required to be involved in research activities as an important aspect of the specialty and to embed a culture of research for the future.

Interventional neuroradiology is a well – recognised, distinct area of specialist interest in radiology but was not accommodated in the curriculum. In 2012 the RCR received approval to incorporate this into the interventional radiology curriculum.

Focus on...

iRefer: Making the best use of clinical radiology

The cornerstone of diagnostic imaging is getting patients the right test as quickly as possible leading to faster treatment. The RCR's referral guidelines *iRefer: Making the best use of clinical radiology* is a source of professional advice to GPs, clinicians and other healthcare professionals to ensure that their patients receive the most effective imaging investigation.

For the first time, the RCR has agreed licences with all four UK governments to provide free user access to *iRefer* for all NHS professionals. The RCR also launched the *iRefer* app for Android phones in 2012 and for iOS in early 2013 allowing doctors both in the UK and abroad to access these internationally recognised guidelines from their smartphone.

www.irefer.org.uk

FACT:

iRefer involved 300 RCR Fellows voluntarily giving more than 14,000 hours of their time

The Treasurer's Statement

At a time when there is much financial uncertainty in the wider world, The Royal College of Radiologists has developed a sustainable financial plan that focuses on delivering real value to Fellows and members and consequently the wider public. The stable membership provides a solid financial base for the RCR and remaining mindful of the financial climate, an increase in subscription rates for 2013–14 was brought in below the rate of inflation.

One of the major financial commitments for the RCR in recent years has been funding the new headquarters. A confident strategy means that the build and move will be within budget and the sale of the current premises will return funds to the organisation's reserves and enable the establishment of a College project that will add further value to Fellows and members. It has also been possible to achieve this without the need to borrow.

Investment in technology at the building means that it will become the hub for Fellows and members. We are mindful of increasing workplace demands on the availability of doctors and are aware of the need to improve accessibility to the RCR. The building has been designed to support virtual meetings and all meeting rooms are equipped with a high-quality data infrastructure for Wi-Fi, audio-visual, video conferencing and webinar services and facilities. This investment allows Fellows and members to actively engage with the RCR remotely. The new lecture theatre and multi-purpose space will allow several scientific meetings to be run in-house, giving Fellows and members an opportunity to take advantage of the facilities and reduce the amount spent on venue hire.

The online CPD video pilot was successful and following this, financial provision was made to give free access as a benefit of membership. In the two months following, the resource had more than 3,000 visits.

The legacy policy introduced last year has received significant interest from Fellows, members and their families with several requests having been completed. The RCR would like to thank all those who have donated to the RCR to develop the specialties of clinical oncology and clinical radiology further.

While the RCR does not need to rely day-to-day on the performance of our investment portfolio, we are extremely pleased to see that after the years of uncertainty in the financial markets, and with the services of its investment manager, the RCR's portfolio has performed strongly.

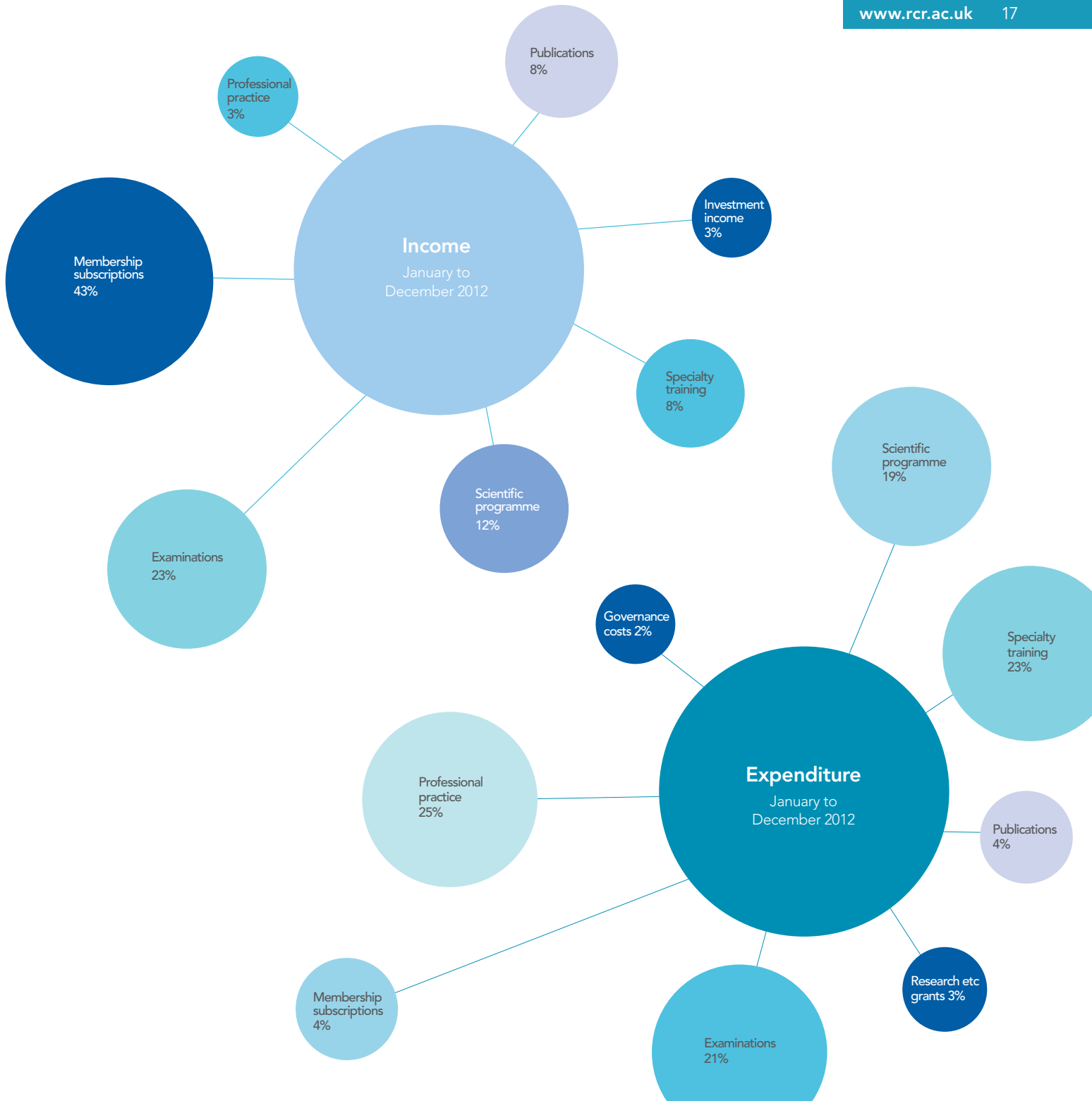
The following page summarises the income and expenditure over the last financial year. Full financial details can be found on the Charity Commission website.



Nicholas Ashford
Treasurer

FACT:

From March 2012 to March 2013 there were 10,974 visits to the RCR CPD video resource



RCR Officers 2012–2013



Dr Jane Barrett



Dr Nicholas Ashford



Dr Diana Tait



Dr Peter Cavanagh



Dr Dianne Gilson



Dr Richard Fowler



Dr Elizabeth Junor



Dr Susan Barter

President
Dr Jane Barrett

Treasurer
Dr Nicholas Ashford

Vice-President, Clinical Oncology
Dr Diana Tait
(Dr Adrian Crellin until September 2012)

Vice-President, Clinical Radiology
Dr Peter Cavanagh

Medical Director, Education and Training,
Clinical Oncology
Dr Dianne Gilson

Medical Director, Education and Training,
Clinical Radiology
Dr Richard Fowler

Medical Director, Professional Practice,
Clinical Oncology

Dr Elizabeth Junor (Dr Diana Tait until
September 2012)

Medical Director, Professional Practice,
Clinical Radiology

Dr Susan Barter (Dr Nicola Strickland until
September 2012)

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Chief Executive
Andrew Hall

Executive Director, Finance and Resources
Ken Green

Executive Director, Professional Practice
Hazel Beckett

Executive Director, Specialty Training
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