

Annual Report and Accounts 2009–2010

The Royal College of Radiologists: delivering public benefit

As a Charity registered with the Charity Commission for England and Wales (Registration No 211540), the College works for the benefit of the public it serves – patients who use the services delivered by clinical oncologists and clinical radiologists and their carers, families and friends.

The great majority of the College's Fellows and members are based in the UK.

The **main areas of public benefit** are as follows.

- Setting and developing the standards for entry to, and practise in, the specialties of clinical radiology and clinical oncology.
- Arrangements for continuing professional development (CPD) in both specialties.
- Setting the specialty-specific standards for revalidation of doctors in the College's two specialties along with associated guidance, advice and tools.
- The *Imaging Services Accreditation Scheme* (www.isas-uk.org) – a patient-focused quality accreditation scheme for imaging services throughout the UK (a joint initiative with the Society and College of Radiographers).
- Extensive and growing involvement of patients in the work of the College – at all levels from the development of policy to detailed standards and assessment work.
- Publishing a range of patient guidance leaflets free of charge and copyright-free, enabling local health services to adapt them to their own needs.
- A major, award-winning website devoted to patient information (www.goingfora.com).
- Publishing professional guidance, standards and similar documents which, with a few exceptions, are available free of charge on the College's website.
- Active involvement in healthcare policy development such as cancer services and promoting the use of new diagnostic and treatment techniques where quality and consistency of care are the core objectives.
- Significant work in the area of patient safety, notably in cancer services and interventional radiology.

Our future aims as regards further fulfilment of our public benefit duties include:

- Introducing annual lectures for the public, and exploring other ways to involve and engage the public in the work of the College and its specialties
- Supporting the introduction of revalidation in our specialties that fulfils the Government's objective of giving greater public assurance to the work of doctors
- Continuing to develop the work we do with, and for, patients.

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President's overview

As I look back over the last three years as President of the College, I am struck by how much has changed and developed – both here at the College and in our specialties of clinical oncology and clinical radiology – over that time. This past year has, as ever, been a busy one, marked by the fruition of plans for the future of the College premises, tempered by the demands of the current economic climate, the further development of revalidation, and concerns about time for supporting professional activities (SPAs) and the European Working Time Directive.

I am heartened to be leaving a forward-thinking and ambitious College which continues to grow in both scope and influence, and which is fully prepared for the future of both clinical radiology and clinical oncology, and of the medical profession as a whole.

The College's premises strategy

In last year's Annual Report, I highlighted the continuing issue of space at the College's current premises and the need to acquire another building. As most members and Fellows will know, the College purchased 63 Lincoln's Inn Fields, London last autumn taking advantage of the depressed commercial property market prices at the time. I am very grateful for the comments and suggestions that we have received from members and Fellows regarding our plans which have been very helpful in taking the project forward.

The refurbishment of the building is a substantial project and we have appointed a highly experienced project team who have developed the design with us. As is often the case with major building works, as the design has developed, the estimated costs have increased and therefore we have needed to reappraise the project to ensure that the scheme will give the College as a member body and a charity the required value for money. Council has therefore undertaken a review and reaffirmed the intention to refurbish the building.

Interventional radiology and subspecialty status

Interventional radiology (IR) enables the treatment of patients using minimally invasive techniques, avoiding the risks associated with traditional surgery. However, this discipline has faced substantial obstacles to expansion, including an inappropriate funding system and the lack of an infrastructure for clinical practice.

In early 2009, the College put the case for dedicated posts in IR to the Departments of Health of the four countries of the United Kingdom,



Professor Andy Adam,
President

while recognising that such a development could not occur unless IR became an identifiable entity in its own right. Therefore, we proposed to the Postgraduate Medical Education and Training Board (PMETB, now merged with the General Medical Council as of April 2010) that IR should be recognised as a subspecialty of radiology, with its own curriculum and dedicated training posts. I

am delighted to say that approval of the curriculum was given in Spring 2010. There is still much work to be done, but we should shortly have in place a mechanism for the appropriate training of interventional radiologists. This is commented on further in the Clinical Radiology section of this report.

UK Presents at RSNA 2009

In November 2009, I was honoured to be able to chair the session, *UK Presents at RSNA 2009*, at the Radiological Society of North America's (RSNA) Annual Meeting in Chicago. The session was designed to showcase the latest in radiology research from the United Kingdom, and seemed particularly appropriate in view of the close links between British and North American radiology. There are similarities in the practice of our specialty on the two sides of the Atlantic but, in science as in life, there are also sufficient differences for us to have key things to teach each other.

I introduced three key speakers:

- Dr Tony Nicholson, Dean of the Faculty of Clinical Radiology at the RCR, on 'The development of emergency radiology'
- Professor David Hansell, Director of Radiology at the Royal Brompton Hospital, London, on 'HRCT of the lungs: a treasure trove of silver insights'
- Professor David Lomas, Professor of Clinical MRI at Addenbrooke's Hospital, Cambridge, on 'MR fluoroscopy: from red goggles to earplugs'.

A large number of attendees were present to hear our speakers, and I am very grateful to Dr Nicholson and Professors Hansell and Lomas, for their superb and learned insights in highlighting the UK's contribution to radiology, and the College, on the world stage.

Role extension of radiographers

The interpretation of medical images by radiographers is unique to the United Kingdom, having been introduced within the NHS in the

1990s due to a shortage of radiologists. Role extension in this way, supported by the RCR and the Society and College of Radiographers (SCoR), has made important contributions, particularly in the field of ultrasonography. Those areas in which radiographers could undertake image interpretation were initially clearly defined, but more recently radiographers have extended their roles beyond those standards set out by the RCR, and this has raised a number of concerns regarding the implications for radiologists delegating medical image interpretation to radiographers.

In response to these concerns, the RCR convened a working party in the autumn of 2009, the membership of which included representation from the health departments of the four UK countries and other Royal Colleges, the SCoR, the General Medical Council (GMC), the Care Quality Commission (CQC), and other healthcare organisations, to provide information and guidance to members and Fellows. As a result, the RCR was able to form a medico-legal view about role extension, which was endorsed by the GMC and published in April 2010 as our guidance document, *Medical image interpretation by radiographers: Guidance for radiologists and healthcare providers*. This guidance clarifies the position of radiologists and radiographers in this area and should help in the planning of imaging services.

Supporting professional activities (SPAs) and the European Working Time Directive (EWTD)

The College has joined with its sister Royal Colleges in ensuring that training and practice is not adversely affected as a result of the fuller implementation of the EWTD in the UK from August 2009 and the pressures on SPA time. In both these cases, the Academy of Medical Royal Colleges has conducted discussion at national level, gathered evidence of the impact of the EWTD – to which the RCR has contributed – and monitored the developments in SPAs in consultant job plans.

Our specialties have probably been among the least affected by the EWTD and therefore the impact has been relatively small. There have undoubtedly been some effects on training, out-of-hours work

and the breadth of training opportunities available to trainees. In some trusts and other NHS bodies maintaining the position has been fragile.

The position on SPA time remains outstanding, although somewhat crude measures such as the blanket '9+1' job plan proposed for Scotland appear to have receded. We were pleased to support the Academy's statement on SPAs issued earlier this year. It is encouraging that the new Government intends to pursue this issue and seeks to minimise the impact of the EWTD on the UK.

Revalidation and continuing professional development (CPD)

The College successfully piloted its 'portfolio approach' to revalidation in 2008–09, and the subsequent approval of this approach by the GMC late in 2009 confirmed that it was both entirely feasible, and a practical way of helping our Fellows and members collate the appropriate evidence to achieve revalidation.

The College held a consultation on its draft specialist standards framework for revalidation in September and October 2009, with a majority of positive responses to this consultation, resulting in the publication in March 2010, of our document, *Specialty standards and supporting information for revalidation for clinical oncologists and clinical radiologists*. The document contains two checklists – one for each Faculty – which list the types of supporting information (both generic and specialty-specific) that members and Fellows could use for revalidation, as well as supporting

information for both Faculties including a range of possible evidence that doctors will be able to apply according to their individual pattern of practice. I am very grateful to the College's Recertification Committee for its leadership on this vital area of work, and to the College's Patients' Liaison Groups for their input, in seeing this important document through to publication.

We have recently developed tools which have initially been issued for clinical radiology, including tools for peer review and multisource feedback, to assist Fellows and members in collecting the

“ The interpretation of medical images by radiographers is unique to the United Kingdom, having been introduced within the NHS in the 1990s due to a shortage of radiologists ”

supporting information required for revalidation. In doing this, the College continues to show its commitment to ensuring that a fair, workable and appropriate system of revalidation is introduced for clinical oncology and clinical radiology.

In conjunction with work on revalidation, a heavily revised CPD scheme is being developed for both Faculties to be introduced from the start of the 2011 CPD year.

The College also prepared a comprehensive response to the GMC's 2010 consultation document on revalidation.

Standards and training – at the heart of what we do

The last year has seen the College refocus its efforts on standards for practice. We have developed strong links with the National Institute for Health and Clinical Excellence (NICE) and created new bodies – the Professional Support and Standards Boards – in each Faculty. These new boards will bring together our work on standards, advice, guidance, guidelines, revalidation, audit and research.

We have also made significant advances in education and training development, with the approval of our two main curricula by the PMETB (now merged with the General Medical Council as of April 2010), the introduction of workplace-based assessment, the use of e-portfolios, further e-learning projects and, in clinical radiology, the introduction of the first digital examinations. The Faculty sections of this report give further details on all of these areas of work.

College congresses

The College has had successful programmes of scientific meetings in both specialties, with attendance growing and the performance of these meetings sustained despite the challenges of the economic climate. We now wish to build on this and the plans for each Faculty are referred to in the Faculty sections of this report.

The College has been pleased to be a member of Radiology and Oncology Congresses (ROC) for a number of years – this being the

“ The College continues to show its commitment to ensuring that a fair, workable and appropriate system of revalidation is introduced for clinical oncology and clinical radiology ”

body that organises the UK Radiological Congress (UKRC) and the UK Radiation Oncology Congress (UKRO). However, these arrangements have now run their course and the College feels the time is coming for it to drive the premier radiology and clinical oncology meetings in the UK itself, albeit with input from others. This is the focus for the College beyond 2011 until which point we are pleased to remain a member of ROC. It was that view that led us to seek to establish, with the British Institute of Radiology (BIR), a new UK-wide radiological scientific meeting, which after much discussion and with great regret, we decided not to

pursue given the challenges of establishing a successful new meeting at the current time. The decision instead to build on the best of what we have is now the more obvious path for us to take and I am sure we will see very positive results of this initiative in the years ahead. This is also referred to further in the Clinical Radiology section of this report.

Conclusion

The progress we have made during my Presidency would not have been possible without the tireless work of our elected College Officers. I would like to offer my sincere thanks to our present elected Officers, and to all the former College Officers who have held these posts throughout my Presidential term with my special thanks going to those retiring at the 2010 AGM; namely Dr Jane Barrett as Dean, Clinical Oncology – now elected as my successor, Dr Adrian Crellin as Registrar, Clinical Oncology but due to succeed Dr Barrett as Dean, Drs David Lindsell and David Spooner our Wardens and Dr Conall Garvey our Treasurer. I would like to congratulate those elected or appointed to succeed them: Dr Nick Ashford as Treasurer; for clinical oncology, Dr Dianne Gilson as Warden and Dr Diana Tait as Registrar; for clinical radiology, Dr Richard Fowler as Warden. As ever, the College is also enormously grateful to all Fellows, members and patients who have contributed to our work through working parties, committees, meetings, and by way of responses to documents.

Finally, on behalf of the whole Officer team, I wish to thank all the staff of the College, led by our outstanding Chief Executive, Mr Andrew Hall, who have provided us all with such dedicated and strong support and guidance throughout my time as President. I wish my successor Dr Jane Barrett every success for the future.

Clinical Oncology

The past year has been as busy as ever for clinical oncology, with the continued spotlight on cancer services and the increasingly challenging financial climate. The Faculty has continued to be heavily involved in the cancer services reform and delivery agenda in all four UK countries, continuing the close relationship established with the English National Cancer Director, Professor Sir Mike Richards.

Faculty Officers have continued to argue the case for investment and development of radiotherapy services as well as for increasing training numbers in discussions all around the UK. In Wales, a proposal has been put to the Welsh Assembly Government on developing intensity-modulated radiation therapy (IMRT). In Scotland, discussions have been held with the Chief Medical Officer about new techniques in radiotherapy, such as IMRT, and the need to ensure that both new and established members of staff receive appropriate training. Concerns have also been raised in Scotland about service delivery, in particular the availability of acute radiotherapy. Northern Ireland has seen workload issues coupled with the demands of new radiotherapy techniques, which have created significant difficulty within clinical oncology, and approval given for the creation of new clinical oncology posts and the replacement of retiring consultants.

The Faculty is represented in England on the National Radiotherapy Advisory Group Implementation Group (NRIG) and many other similar bodies, including the National Collaborating Centre for Cancer. Alongside this, work to achieve consistent approaches for training in clinical oncology and medical oncology has been advanced through the Joint Collegiate Council for Oncology (JCCO).

Within the College, the new board and committee structure has been established with the Specialty Training Board (formerly the Education Board) covering all matters leading up to and including the award of a Certificate of Completion of Training (CCT) and the new Professional Support and Standards Board for all post-CCT matters. The latter gives the Faculty a new focus to develop and promote the work of the College in standards and guidance, in supporting research and audit and in delivering the agenda for revalidation.

Scientific meetings

It has been extremely rewarding to see the Faculty's scientific programme revived and become extremely successful. In September 2009, the one-day meeting on protons was sold out and received extremely positive feedback from delegates. The Faculty's



Dr Jane Barrett,
Dean, Clinical Oncology



Dr Adrian Crellin,
Registrar, Clinical Oncology

involvement with the National Cancer Research Institute (NCRI) continues to develop, with a sponsored afternoon session at its annual conference in October 2009. There has also been the November 2009 advanced radiotherapy planning course, the brachytherapy course in February 2010 and the April 2010 head and neck meeting arranged jointly with the Institute of Physics and Engineering in Medicine which was also oversubscribed.

We are looking forward to another successful Annual Scientific Meeting in September 2010 and a programme of meetings organised by the Faculty in its own right and in collaboration with others. Currently, work is in hand to ensure a highly successful 2011 UK Radiation Oncology Conference (UKRO), although the Faculty feels the time is right to develop and deliver its own national meeting beyond 2011 in conjunction with other healthcare professions.

Research

A great deal of effort is being applied to refocus academic work and research within the specialty. An academic research meeting was held at the College in March 2010 to examine ways to raise the profile of British academic radiotherapy and improve the opportunities for clinical oncologists who wish to undertake academic training. This has allowed a strategy to develop within the Faculty and with the NCRI and a meeting in June 2010 examined the improvements in academic training with assessment now being based on competencies. A fresh look is being taken at the Small Project Grants Scheme to ensure that this offers value for money for those who seek support and as far as the use of College resources is concerned.

Workforce

In the past year, the Faculty produced *Guidance on the Management of Cancer Patients during an Influenza Pandemic*, as well as the *Clinical Oncology Annual Workforce Census 2008*. The Workforce Census was the first of an intended annual exercise. The

2009 census report will be more detailed and include information on medical oncologists as well as clinical oncologists. This has begun to show the real value of workforce activity and has had a practical impact, with data being used in conjunction with the National Cancer Action Team and in the implementation of both the National Radiotherapy and National Chemotherapy Advisory Groups' work. In Wales, the Welsh Assembly Government is currently reviewing the organisation of cancer services and is discussing the option of an All Wales Services Organisational Framework.

Support for Fellows in practice

In order to connect the parts of the specialty and bring together those who are operating in site-specific areas, the Site Orientated e-Networks (SOeNs) were formed a few years ago. The initial enthusiasm has not as yet led to the SOeNs being used to their full potential, although they have been useful to gain stakeholder views and input into the development of guidelines by the National Institute for Health and Clinical Excellence (NICE). The Faculty continues to promote the SOeNs as it feels that this is an excellent way to gather information and exchange thoughts, ideas and professional support.

Specialty training

There has been no let up in activity in the training agenda of the Faculty with the major effort in introducing assessment methods this last year. The Faculty is extremely grateful to a large group of distinguished Fellows drawn mainly from the Specialty Training Advisory Committee and in partnership with colleagues from the Clinical Radiology Faculty and with assistance from the Royal College of Physicians of London (RCP). The new workplace-based assessment methods includes those adapted from existing RCP tools, such as mini-CEX, continuing professional development (CPD) and audit assessments, together with new practical observational skills developed within the Faculty for radiotherapy planning (DORPS) and in systemic therapy (DOSTS). These have



Dr David Spooner,
Warden, Clinical Oncology

Scottish Government Health Department's proposed changes to training grade numbers do not take account of the significant expansion in numbers that will be required to achieve various challenging targets for the delivery of services in Scotland in the next few years.

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been piloted and will be integrated into the new e-portfolio which is due for launch in August 2010 and has already been piloted. The Faculty is now regularly organising training days for educational supervisors in the use of the workplace-based assessment tools and in the e-portfolio. The RCR's Standing Scottish Committee remains concerned that the

This last year has seen clinical oncology taking part for the first time in nationally co-ordinated recruitment for appointments in England and Wales, with the interviewing taking place in May 2010 under arrangements with the Kent, Sussex and Surrey Deanery. There were understandable fears that a nationally organised recruitment process would result in a loss of local control but the experience in other specialties suggests that there are more advantages than disadvantages.

After a very substantial piece of work for which the Faculty is grateful, the new training curriculum was submitted to the former Postgraduate Medical Education and Training Board and subject to some conditions which have now been fulfilled, has been approved by its successor, the General Medical Council. The new curriculum will be introduced from August 2010.

There has been further major work with both parts of the FRCR Examination in order to improve its governance, integrity and reliability in both conduct and content. A structured and individual

feedback report for each candidate is now operational and proving extremely valuable. It is now possible to split the single best answer (SBA) and clinical/viva parts of the Final Examination. Candidates will still be encouraged to sit both parts of the Final Examination at the same sitting but will be able to opt to sit the SBA section alone.

One aspect of bringing together clinical oncology and medical oncology is through the Final FRCR Examiners now routinely meeting with their colleagues in medical oncology, helping them to develop their own MRCP Specialty Part III Examination. During the year, the Faculty was able to donate over 200 examination questions from its bank to facilitate the inaugural medical oncology examination.

Oncology Registrars' Forum

The involvement of the Oncology Registrars' Forum (ORF) in all the training-related activity of the Faculty was extremely productive. The ORF has undertaken several projects in the last year, addressing relevant and interesting issues to trainees. Recent examples include the national 'Clinical Oncology Trainee Survey 2009', regular updates of the 'Consultant Vacancy Survey', the 'Ideal Trainee Timetable' and the 'Trainee Induction Pack'. All this work is accessible to clinical oncology trainees via the ORF web pages of the RCR website. Future work will include guidance on organising a productive out of programme experience (OOPE) and updated guidance on preparation for the FRCR examinations.

The Trainee Survey 2009, reported earlier this year, is the most comprehensive survey of its kind to date, providing information on positive and negative impressions of training. The survey looked at educational experience, examinations, training programmes and assessment, service delivery, professional practice, out of programme activities, and career and work-life balance. It found that the majority of trainees felt that the overall quality of their educational experience was either good or excellent.

However, the survey identified also that two-thirds of trainees were happy with the balance between service provision and training, leaving a substantial number less happy. Furthermore,

while structured 'in-house' teaching was of good quality, where available, only around half of trainees had adequate access to such resources. This reflects the upward pressure on services

associated with modern training changes and European Working Time Directive (EWTD), where trainees are spending increasing amounts of time supporting more junior colleagues and also covering absences or vacancies. Inevitably, pressures are communicated to their training consultants, resulting in less time available for training.

Of note, 60% of trainees reported spending a period of time out of programme in research, or having

intentions of doing so in the future. This suggests that trainees may feel a need for additional training time to consolidate specialist clinical or research skills or develop more advanced technical skills in order to survive in a competitive and fast-evolving workplace.

The Journal

Clinical Oncology continues to develop as a major international cancer journal, reflected in a 30% increase in the electronic use of the journal during 2009, with over 160,000 downloads. 2009 saw ten issues published, with two Special Issues focusing on 'Breast Cancer in the Elderly' and 'Radiochemotherapy in Solid Tumours'.

An important feature of managing the journal is the work of the regional Editors. The Regional Editors for North America and Asia are now well established in their roles, promoting the journal internationally, and a new Australasian Editor has been recently appointed. Of course, thanks, as always, also must go to the Journal's Editorial Board.

The Journal's publisher, Elsevier, continues to provide excellent support to the Editorial Board, maintaining production of the journal on schedule and there is extensive worldwide access to the contents through their electronic platform. We have maintained a high level of efficiency, with an average time from acceptance to online publication of only 4.6 weeks.

The quality of papers accepted for publication is a tribute to the large number of reviewers who give freely of their time, the

Clinical Oncology continues to develop as a major international cancer journal, reflected in a 30% increase in the electronic use of the journal during 2009

hard-pressed clinicians, statisticians and scientists who provide authoritative and timely reviews, and who have enabled the adoption of a highly efficient system for processing new manuscripts. In 2009, the acceptance rate was down to 22%, reflecting their contribution and the Editorial Board's policy of publishing only high-quality manuscripts.

Patient involvement

The Faculty continues heavily to involve patients in all aspects of its work and would be much the poorer were they not giving their insight and input to the work for the specialty.

The Clinical Oncology Patients' Liaison Group (COPLG) has, over the last year, continued to be proactive in discussing a range of oncology and wider health-related issues. Individual COPLG lay members have also been involved in different committees and working in PLGs both within the College and for outside bodies, and have attended various conferences on different issues.

The COPLG has continued discussions arising from the different strands of the English Cancer Reform Strategy, which included Professor Sir Mike Richards, National Cancer Director, as the guest speaker at the annual COPLG/CRPLG seminar. There is ongoing involvement in the work taking place to improve chemotherapy

services and the development of acute oncology services, and much discussion of general issues affecting the whole of the medical profession including recertification/revalidation, the impact of the EWTD on registrar oncologists, patient involvement in training and patient feedback questionnaires. In 2009, the COPLG reviewed its purpose and priorities within the College structure and the development of its own ideas, including the publication of a leaflet aimed at raising the profile of the COPLG beyond the College. This leaflet, written by COPLG members, explains the workings of the COPLG and has been widely circulated to different

health and non-health organisations and is available on the RCR website. The COPLG has also started to review the usefulness of its two 'patient-friendly' documents, *Making your Radiotherapy/Chemotherapy Service more Patient Friendly*, during which they sought the views of heads of cancer services, radiotherapy services managers and the RCR Clinical Oncology Audit Committee.

Looking forward

Taking the lead provided by the Faculty of Clinical Radiology, the Faculty of Clinical Oncology is now heavily involved in the development of e-learning with the e-Oncology

project and the Advance Radiotherapy project – both are well under way and producing content, and it is hoped to see the development and fruition of these projects during the forthcoming year.

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Clinical Radiology



Dr Tony Nicholson,
Dean, Clinical Radiology

As ever, the emphasis of Faculty work in 2009–10 has been focused on improving services for patients and helping our Fellows to achieve this. Most of the work carried out in the last year has been informed by the College's Strategic Plan 2008–10, but perhaps this year has been slightly different in that our intended goals required us to carry out some restructuring of

committees within the Faculty. Restructuring has emphasised the importance of post-CCT professional support and standards in an age of revalidation. We hope that it will also emphasise lay engagement with the Faculty and change the emphasis within the Faculty from research project funding to academic development. We have also noted the increasing importance the departments of health in the UK have placed upon the delivery of radiology services and this has required us to work increasingly with new outside groups and agencies.

The College has been working with government agencies and other Colleges to develop standards for trauma services, emergency services generally and ways of improving access to imaging services. We have also worked to clarify the issue of role extension of radiographers, with the publication of our guidance document, *Medical image interpretation by radiographers: Guidance for radiologists and healthcare providers*; there is more information on this in the President's overview. The Faculty recognises that in these areas the UK lags behind equivalent countries and that UK mortality and morbidity figures do not bear scrutiny. Radiology – both diagnostic and therapeutic – is vital to effective healthcare. We support the aims of the English Department of Health in its quality, innovation, productivity and protection (QIPP) agenda. Extension of the working day and seven-day services, along with efficient IT systems for requesters, data transfer and electronic reporting systems are vital to these initiatives. We have previously laid out standards for

delivering 24-hour services and continue to develop standards for information technology working closely with the PACS and Teleradiology Group. Efficient data transfer is also vital to this process and the College continues to work with Connecting for Health and other agencies to develop these facilities.

The Scottish Government Health Directorate (SGHD) has established a Multidisciplinary Diagnostic Imaging Clinical Network for Scotland, to explore areas where there might be a useful interchange of information, development of co-ordinated activity and an opportunity to advise the SGHD with a coherent view from radiologists across the country. Radiologists in Northern Ireland have seen active local discussion between clinical radiology and clinical oncology, on the need for a more complementary working

relationship between the two specialties in outlining tumour volumes and the diagnostic evaluation of computed tomography (CT) treatment plans.

The Faculty also recognises that while there has been a significant increase in the number of consultant radiologists over the last ten years, we still lag a long way behind equivalent countries in our numbers. The same is true for radiographers and nurses. This will clearly be an important factor in developing services in the coming year. Recruitment and workforce issues feature in Wales, where currently

there is a significant difficulty in recruiting middle grade doctors in core specialties, which threatens to impact significantly on the delivery of services across Wales. Service provision in North and mid-Wales in particular continues to rely on English hospitals.

Specialty training

A great deal has happened over the last year on the specialty training front. An entirely new curriculum has been approved by the Postgraduate Medical Education and Training Board (PMETB, now part of the General Medical Council). This breaks competences down into core, level 1 and level 2 and includes a new generic section which all specialties were required to build into their curricula. Interventional radiology has been approved as a subspecialty of clinical radiology and has its own curriculum (see

“ While there has been a significant increase in the number of consultant radiologists over the last ten years, we still lag a long way behind equivalent countries in our numbers ”



Dr Nicola Strickland,
Registrar, Clinical Radiology

more below). During the course of the year, the new Part 1 Physics and Anatomy modules have been implemented and the anatomy, rapid reporting and reporting modules of the exam have all been converted to digital electronic exams, with the first successful sitting of these in March and April this year. Single best answer questions have replaced the multiple true/false format for the

Part 2A Exam. Various types of workplace-based assessments and an e-portfolio have also been piloted and validated during the year for implementation from August 2010.

For the first time, nationally co-ordinated recruitment into clinical radiology training took place in England and Wales, with Scotland and Northern Ireland conducting their own recruitment. The number of applicants for radiology training posts was somewhat down on previous years but there were still slightly fewer than four applicants for every post which demonstrates continuing healthy competition for posts. The vast majority of posts in England and Wales were filled through the national process which has been deemed a success and will be maintained and refined for future years, and hopefully extend to cover the whole of the United Kingdom.

Various initiatives have encouraged wider inclusion of radiology in the undergraduate curriculum and to stimulate interest in academic radiology training pathways. The European Working Time Directive (EWTD) still continues to cause concern as to whether it is impacting on the quality of training; in Northern Ireland, for example, the implementation has resulted in changed work rotas with resultant difficulty in maintaining the same level of training exposure within working hours.

The electronic learning database (e-LD) of the Radiology – Integrated Training Initiative (R-ITI) continues to be improved and

updated and there is growing evidence of its incorporation into the core training that is being delivered around the country.

Junior Radiologists' Forum

This year the Junior Radiologists' Forum (JRF) developed two of its aims discussed in last year's Annual Report. First, in the area of championing trainee research, the JRF has created a database of radiologists with a track record of research in a wide variety of imaging fields. If a trainee wishes to consider developing a research interest not catered for by their scheme, the JRF can put them in contact with approachable and supportive individuals to advise them in the early stages of their plans.

Second, the JRF also targeted cardiac imaging training, producing a UK survey providing evidence of poor and patchy provision of core training and lobbying for solutions. The British Society of Cardiovascular Imaging (BSCI), the RCR and some training schemes are involved in ways of addressing this situation.

Another project included analysis of the impact of the EWTD on on-call rotas. The JRF completed UK surveys before and after 48-hour working limitations were implemented and has published a letter in *Clinical Radiology* to disseminate methods of optimising rotas.

The United Kingdom Radiological Congress (UKRC) 2010 included a JRF lecture session aimed at

trainees, organised in conjunction with an essay competition. Other JRF initiatives resulted in the appointment of a RCR consultant representative for less than full-time trainees, as well as a successful RCR management lecture course. The JRF also promoted audit, in addition to helping develop nationally co-ordinated trainee recruitment, the e-portfolio and the new trainee curriculum. Trainees who want to improve and develop radiology at trainee level are strongly encouraged to stand for election.

Interventional radiology

As reported in the President's overview, the delivery of therapeutic clinical radiological services has been helped significantly by the recognition of interventional radiology (IR) as a

“ The delivery of therapeutic clinical radiological services has been helped significantly by the recognition of interventional radiology (IR) as a subspecialty ”

subspecialty. This move was supported by interventional radiologists, trust chief executives, Deaneries, primary care trusts, commissioners, politicians and the NHS throughout the UK, with specific support from the English Medical Director and Chief Executive of the NHS. Of note is the requirement by the GMC for IR to be delivered in six years (3+3), a move accepted after the fact by the RCR.

However, subspecialty recognition alone will not deliver better IR service. Training needs to be funded and specific national training numbers identified for IR. Consultant posts will need to be funded as well and robust networks set up in our regions. The question of who travels – patient or interventional radiologist – needs to be answered with the patient’s needs to the fore. This certainly will form part of the College’s work over the coming 12 months.

The Standing Northern Ireland Committee has emphasised to the Northern Ireland health service the importance of providing an IR service with sufficient staffing and resources to provide a safe and high-quality service for patients, including a formal IR out-of-hours rota within the Belfast Trust. In Scotland, the focus has been on the delivery of an out-of-hours IR service across the country. A review found that only three Health Boards, covering approximately 43% of acute hospital beds in Scotland, had formal IR services out of hours, the remainder relying on the ad hoc availability of radiologists. Co-operation between radiologists in neighbouring Health Boards might be considered as one solution, as well as options for a standard IR ‘kit bag’ to reduce the problems around using unfamiliar equipment. This work is strongly supported by the Chief Medical Officer for Scotland and it is hoped that a clear recommendation will be forthcoming later in 2010.

Standards and guidelines

Thanks to remarkable work in the College, the process behind the sixth edition of *Making the best use of a department of radiology (MBUR6)* has been accepted by the National Institute for Health and Clinical



Dr David Lindsell,
Warden, Clinical Radiology

Excellence (NICE) for NHS Evidence. The development of a seventh edition continues on schedule and we believe that the evidence base for this edition will be even more robust than the current edition. We recognise the future importance of decision support tools for requesting imaging referrals and have concerns that the lack of any national strategy in this area will cause a piecemeal introduction of systems, leading to the use of guidelines developed on a commercial basis, which have a less well-developed evidence base. We also wish to share these guidelines with other countries but recognise that there is a very significant cost involved in producing each edition which will have to be found.

A great deal of time has been spent working with the English Department of Health and the Care Quality Commission to support and encourage them in responding appropriately to the recommendations of the Committee on Medical Aspects of Radiation in the Environment (COMARE) report, *The impact of personally initiated X-ray computed tomography scanning for the health assessment of asymptomatic individuals*. We will continue to provide help and advice to ensure effective patient pathways are put in place, which mitigate the effect of excess radiation and inform patients at all stages of the pros and cons of ionising and non-ionising radiation when used for imaging, especially where these relate to individual health assessments.

// We recognise the future importance of decision support tools for requesting imaging referrals and have concerns that the lack of any national strategy in this area will cause a piecemeal introduction of systems //

The Faculty has worked closely with the National Patient Safety Agency in England to develop radiology-specific patient safety checklists, to improve services for patients with gastrointestinal bleeding, to reduce the surprisingly high mortality from nasal gastric tube insertion and to develop sensible guidelines for contrast administration.

Patient involvement

In the past year, the Clinical Radiology Patients' Liaison Group (CRPLG) has looked at, and contributed to, many areas of the Faculty's work, including:

- Attendance at a multi-stakeholder working party, clarifying the legal basis for role extension and the position of non-medically qualified individuals, who might be asked to work in an extended role capacity
- The review and updating of the RCR's patient information leaflets
- Involvement in the work of the Lay/Patient Group of the Academy of Medical Royal Colleges (AOMRC), and with lay representatives at other medical Royal Colleges on matters of common interest
- Contributing to the RCR's responses to consultation documents
- Attendance at key RCR committees and working party meetings.

The CRPLG takes the role of a 'critical friend', whose aim is, when invited by committee chairs, to provide one or two people on College committees, and on the committees of key external organisations such as the Academy of Medical Royal Colleges Lay/Patient Liaison Group. The chair of the CRPLG is particularly interested in making the Group's presence known to clinical directors, and through them, to their patient representatives.

The CRPLG would also like to improve its diversity, with a presence from other UK countries, ethnic minorities, and people with disabilities.

The Journal

In another busy year for *Clinical Radiology*, a forthcoming special issue will focus on the increasingly hot topic of molecular imaging. It was gratifying to find out how keen the leading experts in this field were to contribute, and there will be papers from the USA and mainland Europe, as well as the UK, when the issue appears.

This year has also seen a review by Faculty Officers of the strategy for the journal. One possibility considered was a move towards a more CPD-orientated publication rather than a peer-reviewed journal

publishing original research and reviews. The issue was discussed at the June 2010 meeting of the Journal's Editorial Board, with a firm steer from the current Editor that the College needs to retain its own scientific journal of record. This has coincided with the periodic review by the College of the performance of the Journal's publisher. This exercise is undertaken to ensure that the College continues to obtain good value for money for members and Fellows, and that the publication process serves the scientific needs of the journal. This is particularly important at a time when there are significant changes occurring in the way in which we access information. In last year's Annual Report, the request from the Junior Radiologists' Forum for an electronic-only option was mentioned, and this is now available for those no longer wishing to receive a paper copy. This trend will continue, bringing not only the eventual demise of the hard-copy version, but a move away from desktop computer access, as increasingly sophisticated mobile devices become available.

This year also brings a change of Editor, and the outgoing Editor, Dr Bob Bury, must be congratulated for the excellent leadership he has provided over the past four years. Dr Bury would like to thank the Deputy Editors and members of the Editorial Board for all the support they have provided, and all the many referees recruited by Assistant Editors to deal with

individual papers. The Faculty is fortunate to be able to draw on the services of such an enthusiastic – and unpaid – group of experts to maintain the quality of the peer-review process.

The Faculty looks forward to working with Professor Derrick Martin as Dr Bury's successor as Editor and wishes him every success in the role.

The future

The Faculty's desire to build on the current Annual Scientific Meeting (ASM), in order to develop a radiology congress designed by

radiologists for radiologists of international stature (as referred to in the President's overview), has become more informed in the last 12 months. We now have a clear view of what we wish to do and how we are going to achieve it. In 2011, the ASM will grow to include proffered papers as a statement of our intent to make this meeting a natural home of radiology education and research. It will continue to grow year on year until our aims are wholly achieved.

“ In 2011, the ASM will grow to include proffered papers as a statement of our intent to make this meeting a natural home of radiology education and research ”

Accounts 2009



Dr Conall Garvey,
Treasurer

Report by the Treasurer of the College

1. Extracts from the accounts

	2009	2008
General Fund Only	£	£
Total income	5,117,417	4,666,133
Total expenditure	3,644,857	3,759,734
Operating surplus	623,362	906,399
(from the conduct of the general business of the College)		
Value of Investment Portfolios	4,461,022	7,881,183
(The drop in value reflects the use of funds to purchase the new building during the year)		
Gain/loss (realised and unrealised) in investments	726,473	(1,430,342)
*see note below		

This report covers the financial year 1 January–31 December 2009. An abbreviated version of the accounts is to be found on the pages following this annual report. The full audited accounts are available on request from the College at 38 Portland Place.

2. Overview of the Year

2009 has been an important year for the College. The financial market remained in turmoil for much of the year. From a high of almost 6,800 in 2007, the FTSE 100 index of shares fell to 4,434 at the start of 2009 and fell to almost 3,500 during the year before soaring to over 5,400. It closed the year at 5,413 to show an overall gain for the year of 22%. Removal of a large sum from the investment portfolio in 2007 allowed the College to weather the financial storm associated with the global financial crisis and to be well placed to purchase a new building at a time when commercial property was being discounted. The sum reserved in cash happened to exactly meet the purchase cost of the freehold of 63 Lincoln's Inn Fields. The recent recovery in the financial market has allowed the remaining investment portfolio (*after the purchase of the new building) to show a gain of £726,473 over the year.

During the year, the College was extremely grateful to receive a substantial legacy from the estate of the late Dr Prafulla Ganguli. The final amount expected to be received will approach £1 million. Arrangements are in hand to enable the College to meet the terms of the legacy.

3. Investments

The College's investment portfolio continues to be managed by Rathbone Investment Management Limited. Over the year, the portfolio has shown a total return of 5.7% and an appreciation of £726,473. Over the year as a whole, the portfolio outperformed the benchmark by 2.5%, due largely to good stock selection in the final quarter of the year. The Investment Committee continues to meet regularly to review the College portfolio and investment strategy and to offer advice on various issues related to the College finances.

4. Outlook

The global financial picture remains unsettled and the fear of a 'double-dip' remains. The major banks are still not lending to small businesses to the extent that governments require. There are persistent concerns over unreasonable banking bonuses, over delays in introducing proper regulatory mechanisms in banking, and worries about the level of sovereign debt in many countries, including the UK. Despite these concerns, the College remains financially sound and is well placed to steer a safe passage through these uncertain times. Significant high-cost areas identified for 2010 include:

- The cost of refurbishing 63 Lincoln's Inn Fields, as part of the overall premises strategy
- The medium and longer term costs of delivery of an electronic exam for anatomy and physics in the part 1 exam and the rapid reporting/long cases for the part 2B exam in clinical radiology
- Persisting uncertainty around costs associated with revalidation, including support for Fellows and members, development of an e-portfolio and a digital CPD record.

All of these developments continue to pose a challenge to the College finances, not least because of the associated infrastructure and running costs.

5. Approval of Council

The audited accounts were approved by Council on 26 March 2010. The Annual General Meeting will be asked to adopt the accounts on 14 September 2010, when it will be proposed that Sayer Vincent should be reappointed as College Auditors, and that Council be empowered to set the subscription rates for 2010–11 in accordance with the prevailing rate of inflation and the anticipated budgetary needs of the College.

Acknowledgements

This is my fifth and final annual report as Treasurer. I am most grateful to Fellows for electing me to this important office within the RCR. The position has been quite challenging at times and would have been extremely difficult without the support I have had from fellow Officers and staff.

I wish to extend, on behalf of the College, my continued thanks to our independent investment advisors Percival Stanion and David Newlands, and I wish Dr Nick Ashford well as my successor in this role.

Dr Conall Garvey
Treasurer

Report of the Council

These summarised accounts are extracted from the full unqualified audited accounts approved by the Council on 26 March 2010 and subsequently submitted to the Charity Commission. They may not contain sufficient information to allow a full understanding of the financial affairs of the College. For further information, the full accounts, the auditors' report on those accounts, and the Council's Annual Report should be consulted: copies of these can be obtained from The Royal College of Radiologists, 38 Portland Place, London W1B 1JQ.

Signed on behalf of the Council

Dr CJ Garvey

Treasurer

July 2010

Auditors' report on summarised accounts

Independent auditors' statement to the Council of The Royal College of Radiologists

We have examined the summarised financial statements of The Royal College of Radiologists, set out on pages 18 and 19.

Respective responsibilities of Council and auditors

The Council, who are trustees under charity law, are responsible for preparing the annual report in accordance with applicable law.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements within the Annual Report with the full financial statements and Council's Report. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of Opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgments made by the Council in the preparation of financial statements, and of whether the accounting policies are appropriate to the College's circumstances, consistently applied and adequately disclosed.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and Council's report of The Royal College of Radiologists for the year ended 31 December 2009.

SAYER VINCENT

Chartered Accountants

Registered Auditors

Balance sheet

As at 31 December 2009

	2009	2008
£	£	£
Fixed assets		
Tangible fixed assets	6,396,184	2,061,467
Investments	4,461,022	7,881,183
	10,857,206	9,942,650
Current assets		
Debtors	327,348	255,468
Short-term deposits	2,670,666	2,000,000
Cash at bank and in hand	855,037	397,389
	3,853,051	2,652,857
Creditors: amounts falling due within one year	1,243,126	1,360,640
Net current assets	2,609,925	1,292,217
Net assets	13,467,131	11,234,867
Funds		
Restricted funds	3,908,748	3,613,051
Unrestricted funds:		
Designated funds	5,219,482	2,494,598
General fund	4,338,901	5,127,218
Total funds	13,467,131	11,234,867

Statement of financial activities

For the year ended 31 December 2009			<i>2009</i>	<i>2008</i>
	Restricted £	Unrestricted £	Total £	Total £
Incoming resources				
<i>Incoming resources from generated funds</i>				
Voluntary income	19,585	930,000	949,585	15,923
Activities for generating funds	26,691	–	26,691	35,163
Investment income	54,099	159,701	213,800	549,271
<i>Incoming resources from charitable activities</i>				
Membership subscriptions	–	2,097,024	2,097,024	1,910,958
Examinations	–	901,901	901,901	761,332
Education	–	225,262	225,262	243,517
Courses	–	81,634	81,634	72,633
Conferences and meetings	–	410,573	410,573	361,265
Publications	–	270,284	270,284	410,708
Accreditation & RITI	122,983	–	122,983	490,000
<i>Other incoming resources</i>	–	44,511	44,511	62,062
Total incoming resources	223,358	5,120,890	5,344,248	4,912,832
Resources expended				
<i>Cost of generating funds</i>				
Costs of generating voluntary income	7,286	–	7,286	65,295
Net incoming resources available for charitable application	216,072	5,120,890	5,336,962	4,847,537
<i>Charitable activities</i>				
Membership subscriptions	1,504	183,748	185,252	212,907
Examinations	14,584	828,079	842,663	855,206
Education	8,666	888,996	897,662	773,802
Courses	515	56,340	56,855	67,252
Conferences and meetings	1,030	418,843	419,873	428,025
Publications	1,181	186,708	187,889	217,217
Accreditation & RITI	113,341	131,591	244,932	730,911
Faculties	5,670	737,662	743,332	703,398
Research	64,097	98,174	162,271	244,149
<i>Governance costs</i>	735	89,707	90,442	93,491
Total charitable expenditure	211,323	3,619,848	3,831,171	4,326,358
Total resources expended	218,609	3,619,848	3,838,457	4,391,653
Net incoming resources before other recognised gains and losses	4,749	1,501,042	1,505,791	521,179
Gains/ (losses) on investments				
Realised	47,912	53,891	101,803	(206,239)
Unrealised	243,036	381,634	624,670	(1,224,103)
Net movement in funds	295,697	1,936,567	2,232,264	(909,163)
Reconciliation of funds				
Funds at beginning of year	3,613,051	7,621,816	11,234,867	12,144,030
Funds at end of year	3,908,748	9,558,383	13,467,131	11,234,867

All of the above results derived from continuing activities. There were no other recognised gains or losses other than those stated above.

Trustees 2009–2010 – Council

Trustees are the members of Council who comprise the Officers and elected Council members.

Officers

President (Chair of Council)

Professor A N Adam, London (2007)

Treasurer

Dr C J Garvey, Liverpool (2005)

Vice-President and Dean of the Faculty of Clinical Oncology

Dr J M Barrett, Reading (2008)

Vice-President and Dean of the Faculty of Clinical Radiology

Dr A A Nicholson, Leeds (2008)

Warden of the Fellowship and Warden of the Faculty of Clinical Oncology

Dr D Spooner, West Midlands (2006)

Warden of the Faculty of Clinical Radiology

Dr D R M Lindsell, Oxford (2006)

Registrar of the Faculty of Clinical Oncology

Dr A M Crellin, Leeds (2008)

Registrar of the College and Registrar of the Faculty of Clinical Radiology

Dr N H Strickland, London (2009)

Elected Council members

Clinical Oncology

Dr K Benstead, Cheltenham (2007)

Dr A M Cassoni, London (2007)

Dr H H Lucraft, Newcastle (2009)

Dr M H Robinson, Sheffield (2009)

Dr A Sun Myint, Wirral (2009)

Clinical Radiology

Dr R C Fowler, Leeds (2008)

Dr R J H Robertson, Leeds (2007)

Dr F A Smethurst, Liverpool (2006)

Dr J A Spencer, Leeds (2008)

Professor A F Watkinson, Exeter (2008)

() = date elected

Legal and administrative details

For the year ended 31 December 2009

Status	The College is a charity registered, incorporated by Royal Charter in 1975.	
Charity number	211540	
Registered office and operational address	38 Portland Place London W1B 1JQ	
Bankers	National Westminster Bank PLC PO Box 2021 10 Marylebone High Street London W1A 1FH	
Solicitors	Camerons Solicitors LLP 70 Wimpole Street London W1G 8AX	Hempsons 40 Villiers Street London WC2N 6NJ
Auditors	Sayer Vincent Chartered Accountants Registered Auditors 8 Angel Gate City Road London EC1V 2SJ	
Investment managers	Rathbones Investment Management Limited 159 New Bond Street London W1S 2UD	

The Royal College of Radiologists 38 Portland Place London W1B 1JQ

Tel +44 (0)20 7636 4432 | Fax +44 (0)20 7323 3100 | Email enquiries@rcr.ac.uk | URL www.rcr.ac.uk |

A Charity registered with the Charity Commission No. 211540



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