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The Royal College of Radiologists

Annual Review 2018–19

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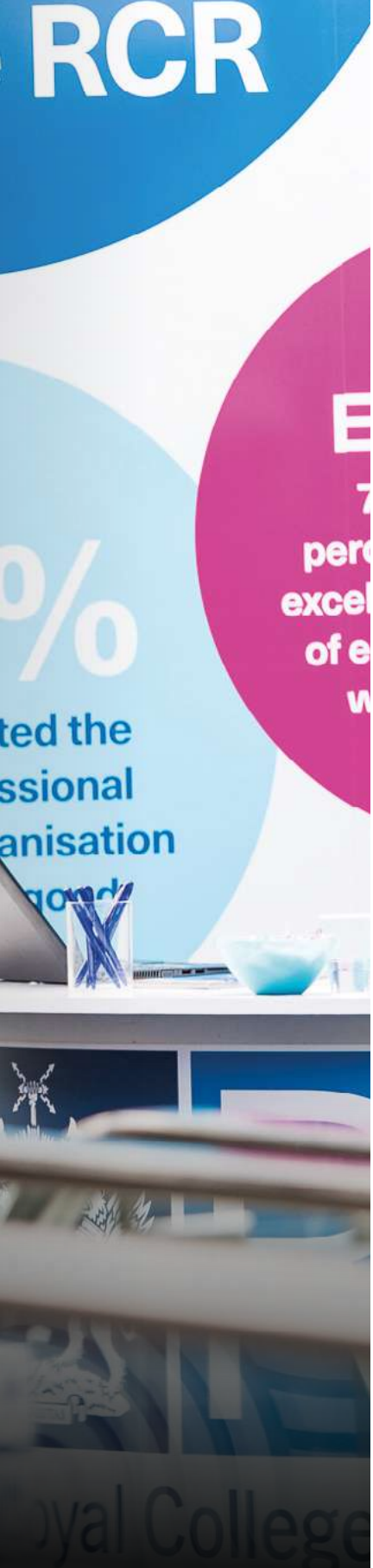


Overview

This year we have been focused on: finding solutions to the ongoing workforce crises; providing support to our membership in the face of continuing challenges and uncertainty around Brexit; and increasing public understanding of our specialties.

Key developments in healthcare

July 2018 marked the 70th anniversary of the establishment of the NHS. This prompted a celebration of all the NHS has achieved over the past 70 years, but also served as a reminder of how much further there is to go and how many pressures and challenges face the NHS.

The past year has seen several important developments. Among these was the publication of NHS England's (NHSE) *Long Term Plan*.[1] The implementation of the Plan will have significant implications for both our specialties and is likely to influence the RCR's work in England over the next few years. During the formulation of the Plan, the RCR provided evidence to NHSE, emphasising the importance of a sufficient, skilled workforce and investment in necessary equipment and information technology (IT) infrastructure. We also advocated for prevention, early diagnosis and universal access to effective treatments. Many of these priorities were reflected in the final Plan, although we are yet to see how and whether they will translate into practice.

We have also seen continued technological advancement across the sector. From artificial intelligence and machine learning to genomics, healthcare technologies are growing and maturing. In 2018, the Secretary of State for Health and Social Care prioritised technological modernisation in the NHS and launched a technology vision to build the most advanced health and care system in the world. February this year saw the announcement of NHSX, an organisation for digital, data and technology which aims to take forward digital transformation in the NHS in England. These developments reflect a wider change in healthcare; the RCR believes that the future of healthcare will see clinicians and technology working together harmoniously and interdependently. Technological advancements will by no means replace clinicians but will, we hope, enable more efficient and effective working that will optimise patient care.

Workforce

Addressing the workforce shortages in both our specialties remains the key priority for the RCR. The shortages are undeniably damaging patient care and doctor wellbeing alike. We know that, without significant long-term investment, the current situation will only continue to worsen. The RCR is constantly campaigning to raise awareness of the issues, advocating for increases in recruitment and training numbers. However, despite our best efforts, real progress often seems out of reach.

Our annual workforce censuses form the basis of our efforts to raise awareness of the workforce crises, and this year's reports found that shortages are worsening.[2,3] The ten years' of workforce data we have are a unique and major resource.

The NHSE *Long Term Plan* recognised the need for increases in the healthcare workforce, and we hope that this will translate into the necessary investment. The RCR has been represented on the medical workforce group which informed the *Interim NHS People Plan*, published earlier this year.[4]

Last year, with the British Medical Association, NHS Employers and other medical royal colleges, we campaigned for an end to the Tier 2 Visa cap for medical professionals from outside the European Economic Area (EEA). The cap limited international recruitment to our hospitals, unnecessarily worsening workforce shortages. A few months later, we welcomed the announcement that highly-skilled doctors and nurses were to be taken out of the Tier 2 visa cap.

Workforce issues have underpinned much of the RCR's media activity, policy work and meetings with key stakeholders. More detail on our efforts to address the workforce crises for each specialty can be found in the clinical oncology and clinical radiology and sections of this *Annual Review*.

> **The RCR believes that the future of healthcare will see clinicians and technology working together harmoniously and interdependently.**

Artificial intelligence

Artificial intelligence (AI) has continued to gain attention and momentum. Both genomics and AI featured heavily in the *Topol Review* commissioned by Health Education England, which explored how to prepare the healthcare workforce to deliver the digital future.[5] The RCR believes that AI has the potential to bring about significant changes across healthcare and beyond, and is continuing to ensure AI and machine learning translate into patient benefit and clinician support. We are working to establish common standards for AI that enable universal applicability, and have hosted meetings with key stakeholders examining AI-related issues and the development of standards. In March, the RCR with the British Institute of Radiology jointly ran a meeting *'Artificial intelligence in 2019: where are we now?'*. The RCR ran a workshop on the Future of Digital Imaging at the Digital Health ReWired Conference.

Brexit

The UK's expected departure from the European Union has dominated headlines this year. Brexit, and particularly the threat of leaving with no-deal, has the potential to cause upheaval for healthcare and our day-to-day work, and the impacts of this uncertainty are already being felt. In this climate, the future of NHS staffing, medicines supply and medical research remains unclear.

One of the greatest concerns for both specialties remains uncertainty on access to medical radioisotopes post-Brexit. Initially raising awareness of this issue in 2017, the RCR has continued to campaign on radioisotope supplies, frequently featuring in the national media and continuing discussions with Parliamentarians and Government officials. In March, with the British Nuclear Medicine Society and the UK Radiopharmacy Group we published guidance to help nuclear medicine teams plan services using radioisotopes in the event of a no-deal Brexit.

Membership engagement survey and action plan

We are always keen to listen to our membership. In 2018 we ran our second full *Membership Engagement Survey*, in order to gain insights into the experiences of our Fellows and members and their opinions of the RCR and its work.[6]

We received over 2,000 responses and feedback was widely positive: 70% of respondents rated the RCR as good or excellent as a professional membership organisation and 82% agreed that the RCR is successful in fulfilling its primary aim: 'To improve the quality of care in clinical oncology and clinical radiology for the benefit of patients and the public'.

Perceptions of the RCR in terms of leadership, support and education had all increased since the 2016 survey. However, the 2018 survey also highlighted areas for improvement. These are the focus of our ten-point *Action plan* for the future:[7]

1. Continue to deliver membership benefits for overseas Fellows and members
2. Improve value to the membership
3. Raise the profile of the two specialties
4. Achieve better public and patient understanding of the work of the specialties
5. Provide more support for our members
6. Continue to provide strong leadership for the specialties
7. Support the sustainability of the professions
8. Dispel the myth that the RCR is London-centric
9. Reflect the diversity of our membership across the governance structures of the RCR
10. Improve our communications to the membership.

This plan is now being implemented ahead of the next survey which will take place in 2020. As part of our work, two Overseas Ambassadors for India and Egypt were appointed in April on a pilot basis to support Fellows and members in those countries and provide improved links with the RCR.

RCR18

Our annual conference is always one of the highlights of the RCR year, and *RCR18* was no exception. Last year's conference in Liverpool was attended by almost 600 Fellows and members, and was a successful and highly informative three days. Some of the features included a dedicated workshop stream for radiology trainees, an oncology workshop and lecture stream on prostate and rectal cancer, and hot topic sessions on issues such as AI, mechanical thrombectomy, radioisotope supply and bullying and team-working in practice. Highly informative plenary lectures on proton beam therapy, circadian rhythms and AI were also well-received. We hope that *RCR19* proves to be equally as exciting and educational.

Media

Our work engaging with the media and growing our external profile has continued to increase over the past year. Between April 2018 and April 2019, the RCR secured more than 2,400 pieces of media coverage, in outlets ranging from local newspapers and radio to national broadcast channels, healthcare journals and TV.

Media attention focused on various topics, including Brexit and the supply of radioisotopes; our workforce censuses; waiting times for scans and cancer treatment; and the *Radiology Review* report published by the Care Quality Commission.[8]

RCR organisational values

Last autumn, the RCR finalised and adopted its first organisational values:

- **People focus:** we treat everyone fairly and with respect, actively listening and responding appropriately, while recognising individual differences.
- **Integrity:** we are open, honest and transparent. We strive to reflect and learn from experience in every area of our work to deliver the right outcome.
- **Making a difference:** we strive for excellence. We make a difference by setting standards and empowering our membership and our staff through personal development and lifelong learning.

We recognise that patients' best interests underpin everything we do.

These values underpin how we interact with our membership and stakeholders and how we work internally. Those who have major responsibilities for the reputation of the RCR, including Officers, examiners, the Overseas Ambassadors and staff, are expected to demonstrate these values in all they do for and with us.

Making the RCR fit for the future: governance review

Last year, Council established a working party tasked with undertaking a major review of the RCR's formal powers and structures in order to make the RCR fit for the future. The review is exploring six themes: broadening the membership; being explicit about the benefits of membership; awarding post-nominals other than the *FRCR*; deciding what membership or Fellowship of the RCR should mean; determining whether the two-Faculty structure is viable for the longer term; and considering how Council can be enhanced to enable it better to govern the business, financial and regulatory aspects of RCR activities. The membership at large, and other stakeholders, will be consulted on the working party's proposals as they are developed.

Public education

One major objective of the RCR is to educate the public about its specialties. Our twice-yearly public lectures are a key part of this, offering members of the public a chance to learn about the latest developments in clinical radiology and clinical oncology direct from leading clinicians. Last June, Dr Ed Smith from the Christie spoke about the widely-publicised but often misunderstood topic of proton beam therapy; and in November Dr Deepa Gopalan gave her audience a fascinating insight into how novel imaging technologies are revealing new information about the heart. We are grateful to both speakers for delivering such engaging and informative talks and look forward to more public lectures this coming year.

Last July, the RCR took part in Imperial College London's Pathways to Medicine summer school week. This event allowed 50 talented students from low- and middle-income homes to experience medicine first-hand in the hope they may take it up as a career.

Earlier this year, we launched a public education section on our website *Discover and explore*, which has accessible and engaging content to attract viewers to learn more about clinical radiology and clinical oncology, and specifically the role our doctors play in diagnosing and treating patients.

> **The RCR is its Fellows and members: at any one time, approximately 500 will be involved with the work of the RCR.**

Tariff

This year, NHS England's national tariff, or 'Payment by Results' (PbR), system has been a major focus, leading to the RCR report *You get what you're paid for? RCR members' experiences of the NHS tariff system in England*.[9] The report emphasised the lack of clarity in the PbR system and uncovered financial disincentives for providing optimum patient care. In light of this, work is in progress with the NHS England National Casemix Office to ensure radiology input to the Diagnostic Imaging Expert Working Group.

International work

The work of the RCR's International Committee is growing, providing stronger links with initiatives that bring medical education and training to low- and middle-income countries. The Committee aims to harness the enthusiastic work of individual Fellows and members, learning from successes and setbacks so that such work can become sustainable and achieve maximum benefit. This includes great work done under the International Travelling Fellowship scheme which is now to be offered annually.

It's a team effort

The RCR is its Fellows and members: at any one time, approximately 500 will be involved with the work of the RCR. This ranges from short-term, focused efforts such as producing a webinar or writing professional guidance, to the major commitment given by the Officers. We also rely on contributions made by fellow healthcare professionals, the conscientious lay members who bring so much to RCR deliberations, and the RCR staff. This is truly a team effort and the the RCR is grateful to all who played a part in the considerable progress made over the last 12 months.

Looking ahead

It is likely that many of the challenges that the RCR is currently facing will continue throughout the coming year and beyond. We will keep working to forward the interests of our specialties and address challenges including workforce and Brexit.

In the coming months, the RCR will formulate a new *Strategy* to succeed the current one which concludes in 2020. This will define our future priorities.


4WORLDS

Clinical oncology

This year has seen real progress in the field of clinical oncology with the launch of proton beam treatment centres in the UK. To make sure that patients benefit from improvements in cancer detection and treatment, the workforce must be in place to deliver these services.

Key developments in clinical oncology

Cancer services featured heavily in NHS England's (NHSE) *Long Term Plan*.[1] The ambitions of the Plan are laudable, and we continue to campaign to ensure that investment and staffing will be sufficient to fulfil them.

NHSE also unveiled its final service specification for the creation of 11 organisational networks to improve the provision of radiotherapy in England, as well as an aligned specification for cancer centres providing the treatment. These networks should improve patient care by linking up cancer teams across sites and by standardising processes. However, to do this effectively will require an increase in centralised support and funding.

In July 2018, the All-Party Parliamentary Group (APPG) on Radiotherapy was launched. Their work aligns with a number of the Faculty's priorities, and the RCR supported the Group's manifesto. The APPG offers a new outlet through which to promote the curative effects of radiotherapy treatment.

A new proton beam therapy facility at the Christie in Manchester opened at the end of 2018; a second NHS centre is currently being built at University College London Hospitals, due to begin treatment in 2020.

Workforce

Demand for cancer services is rising: one in two of us born after 1960 will have the disease at some point in our lives, and we are also living for longer with cancer.[10] Ambitious targets to diagnose cancer sooner will exacerbate these demands. However, the clinical oncology workforce is not growing quickly enough to meet these growing challenges.

Our 2018 *Clinical oncology UK workforce census report* revealed that the UK is currently facing a shortfall of 184 full-time clinical oncologists (18%) and without any intervention, this is set to rise to 22% by 2023.[2] Clinical oncology trainee numbers need to double to close the growing gap between supply and demand. It is clear that increasing the clinical oncology workforce is essential if we are to be able to maintain and improve patient care.

The RCR will continue to raise awareness of this issue at every opportunity, and hope that this will reap tangible benefits for the future of cancer care.

Assisted dying survey

In February this year, in parallel with the Royal College of Physicians of London, we surveyed clinical oncology Fellows and members on the topic of assisted dying to gather views on this complex issue. As expected, opinion varies significantly across the Faculty so we resolved not to hold a Faculty position on this issue. We will support all our Fellows and members should a change in the law on assisted dying occur.

Curriculum review and rewrite

This year we made substantial progress in revising the clinical oncology curriculum. The curriculum will be submitted to the General Medical Council (GMC) early in 2020 and, subject to its approval, will be implemented from August 2021. The revision is in line with the GMC's *Excellence by Design* standards which aim to help doctors from across all specialties to provide safe and effective patient care.[11]

One of the most notable aspects of the curriculum update is a new combined curriculum for clinical oncology and medical oncology for year one of training. The benefits of this will include giving clinical oncology trainees more exposure to academic oncology and giving medical oncology trainees greater knowledge of radiotherapy. By the end of that year, trainees from both specialties should be able to demonstrate the same competencies, allowing them more easily to transfer between the specialties if they wish to do so. This is an excellent step towards more integrated working between clinical and medical oncologists.

Undergraduate Oncology Societies Association

In May, we launched the Undergraduate Oncology Societies Association (UOSA), an umbrella organisation for oncology societies with the objective of increasing the oncology knowledge base of medical students in the UK. UOSA will bring together medical students with an interest in oncology and encourage collaboration between them, it will also support the creation of undergraduate oncology societies in all UK medical schools.

Launch of *e-Proton*

June 2018 saw the launch of *e-Proton*, an e-learning programme supporting the education and training of clinicians in preparation for the opening of new proton beam therapy centres in the UK. It was developed by the Faculty in partnership with Health Education England e-Learning for Healthcare, the Institute of Physics and Engineering in Medicine and the College of Radiographers. The programme is aimed at all staff groups working in NHS radiotherapy and related services, especially those in referral or support centres.

Health Economics in Radiation Oncology (HERO) project

The HERO project, launched by the European Society for Therapeutic Radiation Oncology, aims to develop a cost accounting model to capture the national cost of radiotherapy across European countries. The Faculty will lead on the UK's contribution to the project, working with the College of Radiographers and the Institute of Physics and Engineering in Medicine through the Radiotherapy Board. We hope that this project will provide important information on costs of UK radiotherapy and help model future workforce needs.

Clinical Oncology Planning Project

The Clinical Oncology Planning Project (COPP) will provide a digital platform for radiotherapy planning. It will support group teaching and learning workshops and allow individuals to undertake independent continuing professional development (CPD) activities to practise and demonstrate radiotherapy planning skills. We are exploring how the COPP tool can be used to bring the radiotherapy planning elements of clinical oncology examinations more in line with current practice.

RCR18 included two outlining workshops which made use of this software, and two more are planned for *RCR19*. Later this year contouring sessions will be offered at one-day events relating to lymphoma and bladder cancer.

Supporting academic pathways

Academic pathways benefit the whole of the oncology service, and the RCR is always keen to support this work. This year, we funded two trainees to attend Methods in Clinical Cancer Research (previously known as FLIMS) – the premier European trial development meeting for young investigators. We are also launching summer undergraduate research fellowships (SURFs) to allow five medical students to experience radiation research very early in their careers.

Publications

In the past year, the *Clinical Oncology* journal has published special issues on: radiobiology; magnetic resonance imaging and radiotherapy; ovarian cancer; and paediatric radiation oncology. Thanks to the hard work of the Editorial Board, we are pleased to announce the Impact Factor for 2018 has remained stable at 3.047.[12]

Published guidelines included *Radiotherapy dose fractionation, third edition; Good practice guide for paediatric radiotherapy, second edition;* and *Timely delivery of radiotherapy: guidelines for the management of unscheduled treatment interruptions, fourth edition.*

Clinical audit and quality improvement (QI)

This year, audit and QI work has included audits on *Toxicity, tolerability and compliance of concurrent capecitabine or 5-fluorouracil in radical management of anal cancer with single-dose mitomycin-C, Intensity modulated radiation therapy: evaluation of a national cohort* and *Curative radiotherapy for non-small cell lung cancer in the UK: international benchmarking.*

Collaborative working

Delivering clinical oncology services is a multi-professional team endeavour. This year, the Faculty was invited to be on the panel evaluating the Cancer Research UK (CRUK) radiation network (RadNet) bids. This important initiative aims to develop and support a national infrastructure for world-class radiation research.

We have established close links with the Radiation Information Strategy Group (RISG) and the Clinical and Translational Radiotherapy Research Working Group (CTRad), leading to the development of a radiotherapy learning healthcare system.

Our continued work with the Radiotherapy Board led to a presence at the *Britain Against Cancer* meeting in December, which is attended by a number of influential national policy makers. In December, the Chemotherapy Board delivered the National Chemotherapy Commissioning meeting, with speakers covering diverse topics from updates to the national cancer alliances to access to medicines post Brexit.

Clinical radiology

Increasing the clinical radiology workforce must be a priority if patients are to receive the standard of care they expect and deserve.

Key developments in clinical radiology

In July 2018, the Care Quality Commission (CQC) published *Radiology review*, a report that found that timescales for reporting radiology examinations and arrangements for monitoring and managing backlogs varied widely between trusts.[8] The report echoed the Faculty's concerns about radiologist staffing numbers. We welcomed this report and, in addition, called for hospitals to publish reporting backlogs on a weekly basis. The Faculty is working with the College of Radiographers to develop a safe reporting framework for UK hospital imaging. This will be based on the Quality Standard for Imaging – see more below.

The NHS England *Long Term Plan* had several significant implications for radiology, including a roll out of lung screening by 2022, diagnostic imaging networks by 2023, and a commitment to expand mechanical thrombectomy from 1% to 10% of patients.[1] The Plan's commitment to the diagnosis of 75% of cancers at stage one or two will also add to radiologists' already heavy workloads. Although the Plan recognises the need to invest in workforce and scanning infrastructure, whether these investments will be sufficient will remain unclear until the forecast 2019 Comprehensive Spending Review.

2018 also saw the launch of the Taskforce for Lung Health – a group of 30 organisations and individuals, including the Faculty and the British Lung Foundation, working to improve lung health in England. The Faculty, along with the British Society of Thoracic Imaging, is leading the diagnostic stream. In December 2018, the Taskforce published recommendations for changes in the next five years to make a real difference to the lives of people with lung conditions.

Workforce

For many years, workforce shortages in clinical radiology have been our greatest concern and this shows no signs of abating in the near future. This has impact across the UK, painting a worrying picture for the future, particularly in combination with rising demand, insufficient numbers of trainees and a workforce that is showing signs of stress.

The Faculty's 2018 workforce census report revealed that three quarters of UK radiology departments felt that there were insufficient clinical radiologists to deliver a safe and effective level of patient care.[3] The current estimate is a shortfall of 1,104 radiologists in the UK, predicted to rise to 1,867 by 2023 if no action is taken. For the first time, the report included a series of recommendations to address workforce issues.

In summer 2018, we highlighted critical radiologist shortages in Scotland – an issue which received extensive media coverage.

The Faculty has long recognised that as an interim step, bringing in radiologists from overseas can help relieve the stress on overstretched services. To that end, we are participating in the *Earn, learn and return* Global Fellows scheme established by Health Education England (HEE) with Apollo hospitals in India. The purpose of this programme is to attract and recruit experienced FRCR-qualified clinical radiologists from India to develop their specialist expertise for three years in England, while contributing a substantial amount of service delivery. It was rewarding to see the first five radiologists arrive from India to the pilot site in Morecambe Bay in May 2019.

Equivalent arrangements for the devolved nations are being developed with the support of the Chief Medical Officers, drawing on countries other than India. In addition, we are enhancing our guidance on applying for GMC registration and working in the UK, developing advice for employers and running seminars and webinars.

Breast imaging workforce

Working in collaboration with the Association of Breast Clinicians, the National Breast Imaging Academy (NBIA) and HEE, the Faculty has created a three-year credential programme on breast disease management, aimed at standardising and formalising the training of breast clinicians. With funding from HEE, the pilot programme is supporting ten trainees across seven training sites to commence the programme in August 2019. This initiative should go some way to providing a short-term solution to the challenges facing the stretched breast imaging workforce, freeing up crucial time for breast radiologists.

The Faculty is also working with the NBIA on fellowships for training in breast radiology and advising on the development of e-learning modules.

Radiology reporting standards

The Faculty is involved in work to define a framework which will set the standards for education, assessment and reporting of imaging, irrespective of professional background. Over the last year a working group of the Faculty, College of Radiographers and HEE has been meeting to develop these standards, with an initial focus on musculoskeletal radiographs. In March 2019 we held a stakeholder consultation day to present an outline of the framework and seek initial feedback. We hope these standards will ensure quality and consistency in reporting across the country and help strengthen team working in imaging services.

Service quality improvement and the Quality Standard for Imaging (QSI)

In June 2019, together with the College of Radiographers, the Faculty launched enhanced support and guidance for imaging services quality improvement. This saw the former Imaging Services Accreditation Scheme (ISAS) Standard renamed as the Quality Standard for Imaging (QSI). This will be followed by the development of a dedicated website, more on-the-ground help and the sharing of good ideas, and will align the Faculty's quality-improvement tools, guidance and advice. This should prompt a marked increase in the number of services formally committing to the quality-improvement process and attaining accreditation to the QSI – which will be independently assessed by the UK Accreditation Service (UKAS).

Unreported images

Earlier this year, we ran a survey on turnaround times and imaging backlogs in NHS radiology services. Alarmingly, this found that none of the trusts or health boards that responded was able consistently to meet key standards for reporting turnaround – four hours for emergency images and 24 hours for inpatient images.[13] Overall, we found that only 32% of emergency images were reported within four hours, and 60% of inpatient images (including scans of critical, urgent and non-urgent patients) were reported within 24 hours. Improving the situation will require an increase in the number of radiologists as well as investment in IT infrastructure and effective national standards.

Stroke thrombectomy

Stroke thrombectomy – also called mechanical thrombectomy – is a minimally invasive procedure that can make all the difference for patients suffering from thrombotic stroke, preventing serious disability and speeding up recovery. However, currently the provision of this service is inconsistent, partly due to a lack of skilled workforce. The Faculty is leading a multidisciplinary group including interventional neuroradiologists, interventional radiologists, neurologists, neurosurgeons, cardiologists and stroke physicians, along with representatives from NHS England and HEE, to develop a credential which would allow these clinicians to train in the delivery of mechanical thrombectomy and aneurysm coiling. It is hoped that this will significantly increase the available workforce in order to meet the planned rollout of a 24/7 thrombectomy service. We plan to launch this credential by the end of 2019.

International Day of Radiology

Each year on 8 November medical imaging bodies around the world celebrate the International Day of Radiology. In 2018 the Faculty, together with the British Society of Cardiovascular Imaging, released important figures on cardiac imaging. These revealed that, in 2017, at least 56,000 angina patients across the UK had missed out on potentially life-saving cardiac computed tomography (CT) scans due to a shortage of scanners and radiologists, and this issue received national media attention. The RCR public lecture delivered that day was on imaging the heart.

Curriculum review

This year we completed a revision of the clinical radiology and interventional radiology curricula, the most significant that we have undertaken since 2010. Subject to approval by the GMC, the new curriculum will be implemented in August 2020. The revision is in line with the GMC's *Excellence by Design* standards, which aim to help doctors from across all specialties to deliver safe and effective patient care.[11]

The Faculty is also improving access to FRCR examinations for overseas candidates as a priority to start to clear the backlog of these candidates waiting to take their FRCR 2B examination. In January 2019 an extra FRCR 2B examination was held exclusively for overseas (Indian) radiologists, enabled by HEE providing backfill funding for examiners to allow them extra time off from their hospitals to examine. The final 2B examination is being developed to improve its structure and reliability, ensure it meets GMC requirements and to increase both candidate capacity and examiner numbers.

RADIANT

In March 2019, the Faculty launched the Radiology Academic Network for Trainees. RADIANT is a national, trainee-led project and its aims include: increasing trainee engagement both in audit and research and in scientific meetings; involving trainees in publications; and improving research training for trainees. Through RADIANT, regional trainee networks will work together to deliver network projects including national snapshot audits, observational research studies and will assist in recruitment to National Institute of Health Research Clinical Research Network portfolio studies.

Radiology Events and Learning

In June 2019, READ (Radiology Events and Discrepancies) became REAL (Radiology Events and Learning). At the same time, Learning from Discrepancy Meetings (LDMs) became REALMs (Radiology Events and Learning Meetings), reflecting the move away from focusing on errors and discrepancies and towards education and learning in these meetings.

The REAL Newsletter, produced quarterly, includes real-life anonymised cases submitted by Fellows and members, real and fictional case scenarios and published letters, and explores learning points to be gained from these situations.

The REAL Panel plans to increase links with REALM leads throughout the UK, utilising the expertise of local radiologists around the country and is planning an annual national two-day REALM course.

Publications

This year, the *Clinical Radiology* journal published two special issues on breast imaging, which included insights into personalised screening, overdiagnosis and overtreatment, performance metrics, the clinical role of breast magnetic resonance imaging (MRI) and advances in breast intervention. A special issue focusing on non-invasive vascular imaging was also published in January 2019 and article collections on artificial intelligence and on management and leadership are currently being published in series. As a result of the continued efforts of the Editorial Board, we were pleased to see our 2018 Impact Factor remain stable at 2.082.[14]

Collaborative working

Collaborative work is hugely valuable for the Faculty. Our engagement with the College of Radiographers, as noted above, has been instrumental in much of our work this year. The Faculty is a member of the Clinical Imaging Board (CIB), which provides guidance, oversight and support for the continuing development of high-quality clinical imaging services for patients in the UK. This year, the CIB published patient information posters on nuclear medicine tests, dental X-rays and computed tomography, as well as guidance on *Learning from ionising radiation dose errors, adverse events and near misses in UK clinical imaging departments*.

We have also continued to work in collaboration with Prostate Cancer UK, providing hands-on workshops to increase the skills and confidence of clinical radiologists performing pre-biopsy multi-parametric MRI of the prostate. The first of these workshops was held in 2018, and by June 2019 130 delegates had completed the programme.

> **The Faculty is also improving access to FRCR examinations for overseas candidates as a priority.**

Finance and resources

We are well placed to review how we manage our funds going forward to ensure resilience and to make sure that we are using our resources to provide the best value.

Financial position

The RCR remains in a secure financial position provided by well maintained reserves and a consistent income stream. Reserves are invested to provide income and growth for future activities. At the year end 2018, there was a small surplus.

The aim is to improve sustainability and value for members by increasing the diversity of income sources.

During the year, Council agreed to change the RCR investment portfolio to a 'Climate Active Fund' which looks to disinvest from the most damaging fossil fuels and to hold a continuing dialogue with fossil fuel producers. The aim of such funds is that such producers reform their business models to become more sustainable and include renewable energy sources. Failure to do so would see the fund disinvest from such companies.

Looking ahead

Building on firm financial foundations, the RCR is looking to make its budgeting and resource allocation more effective from 2020 onwards. This will include:

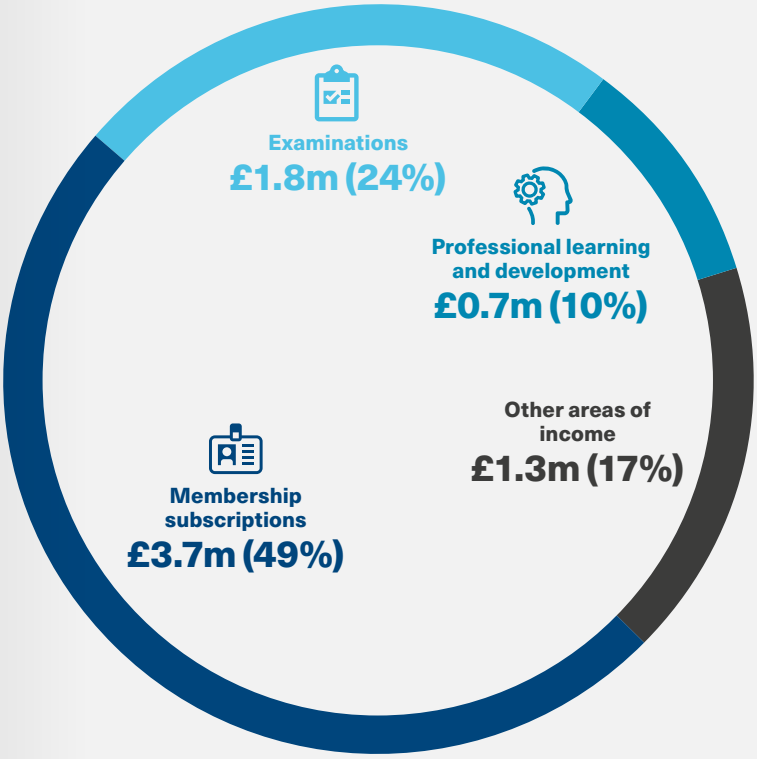
- A major review of financial and resource capacity to ensure future resilience and provide additional sources of income
- Strengthened financial and business governance including oversight and scrutiny to comply better with Charity Commission expectations
- A better alignment of resource planning with strategic aims and priorities
- Reviewing restricted funds to make the best use of these valuable resources.

This will be underpinned by improved financial accounting and planning systems. Those systems in turn will be linked with major investment in a new database and system to manage the relationship with the membership and provide seamless and intuitive ways for Fellows and members to manage their own data and their 'account' with the RCR. Prior to the technology rollout out, all major business processes will have been reviewed and a series of improvements made to ensure the very best is made of this major investment for the profession and other stakeholders. The new technology will also provide a firm platform to continue the improvements and changes beyond 2019.

In line with good practice, the RCR undertakes cyclical reviews of relevant business policies which include: sponsorship, investment, reserves and pricing.

Together, these measures and activities are designed to maintain the firm foundations of the RCR and enable it to act more efficiently in the future delivering better value to Fellows and members and equipping it technologically to develop further.

Income
January–December 2018



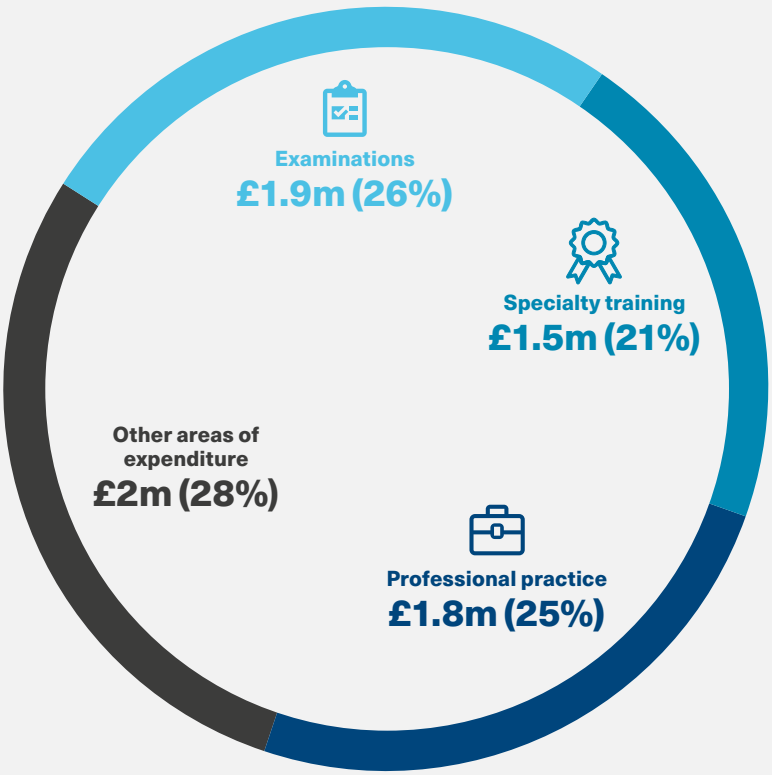
Other areas of income include:

- **Publications** £0.6m (7%)
- **Investments** £0.5m (7%)
- **Specialty training** £0.2m (2%)
- **Other** £0.1m (1%)

Expenditure
January–December 2018

Other areas of expenditure include:

- **Professional learning and development** £1.3m (18%)
- **Research** £0.3m (4%)
- **Publications** £0.2m (3%)
- **Membership subscriptions** £0.2m (3%)



RCR Officers 2018–2019

President
Dr Nicola Strickland

Medical Director, Membership and Business
Dr Andrew Beale

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