

Annual Report and Accounts 2007–2008

The Royal College of Radiologists: delivering public benefit

The College is a Charity registered with the Charity Commission for England and Wales (Registration No 211540)

The College works for the benefit of the sections of the public it serves – patients who use the services delivered by clinical radiologists and clinical oncologists, together with their carers, families, and friends, and potential patients within the UK.

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

The **main areas of public benefit delivered** are as follows:

- Setting and maintaining the standards for entering and practice in the specialties of clinical radiology and clinical oncology
- Arrangements for continuing professional development in both specialties
- Professional guidance, standards and other publications, available free of charge, with a few exceptions, on the College's website, www.rcr.ac.uk
- A range of patient guidance leaflets available free of charge and copyright-free, enabling local health services to adapt them to their own needs
- www.goingfora.com, an award-winning College website devoted to patient information
- Extensive and growing involvement of patients in the work of the College at all levels, from the development of policy to detailed standard setting and assessment work
- A well-established lay role on the Council of the College (Charity Trustees), which has independent oversight of governance procedures and processes
- A collaborative project with the Society and College of Radiographers in the Radiology Accreditation Programme, to set minimum and developmental approaches to the quality, efficiency, and safety of radiology services whether delivered in the public or independent sectors throughout the UK
- Active involvement in healthcare policy development such as cancer service reform, to develop and promote the use of new diagnostic and treatment techniques and in service development, design and quality
- Significant work in the area of patient safety, notably in radiotherapy services with other professional bodies and government agencies.

Contents

President's overview	4
The Faculties at work	
Clinical Oncology	7
Clinical Radiology	11
Accounts 2007	15
Trustees 2007 – 2008	20
Legal and administrative details	21
The College at a glance	23

President's overview

My first year as President of the College has been a busy one, marked by both fresh and continuing challenges in clinical radiology, clinical oncology, and the medical profession as a whole. For the College, the continuation and development of several projects mark out the College as a forward-thinking institution, within the modern healthcare environment. We have seen much upheaval and some resolution of the issue of medical training and education. The College has continued to develop significantly in many areas such as recertification, radiology service accreditation, and communication with members and Fellows. The College is continuing an ambitious programme of development and change, which is set out in our new *Strategic Plan*. Conscious of our position as a registered charity, we have clearly identified the public benefit we deliver, a summarised statement of which can be read on the inside front cover of this report.

Recertification

The College established its aims and objectives for recertification, following the Government's White Paper, *Trust, Assurance, Safety: Regulation of Health Professionals in the 21st Century*, which outlined a key role for the medical Royal Colleges in specialist recertification. In the past year, we have conducted a College-wide consultation on our plans, co-ordinated by our Recertification Committee. Further consultation will take place as relevant issues are identified in the future. It is worth restating our aims and objectives for recertification:

- Command the confidence of patients, the public and the profession
- Allow early warning of potential failure so remedial action can be taken
- Allow those who are working at acceptable levels to recertify without undue difficulty or stress
- Identify those whose practice falls below acceptable levels, give advice, and undertake monitoring to allow recertification to be reconsidered
- Should be equitable across each specialty, independent of differing areas of practice, working environments and geographical location within and outside the UK
- Use existing tools, College standards and processes where appropriate
- Be affordable and flexible, starting simply to allow further development
- Encourage all members and Fellows continually to improve their practice.

Our consultation revealed a high level of overall support for the College's proposals, and accordingly, we will be proceeding with a portfolio-based approach to recertification. Currently, we are



Professor Andy Adam,
President, RCR

piloting this portfolio approach, and we will share the results with members and Fellows as soon as possible.

A number of issues around recertification and re-licensure remain unresolved, but it is rewarding that the College is recognised as being at the forefront of current thinking. We are committed to working through these issues with the support of, and in full consultation with, our members and Fellows.

Education and training

The major issue uppermost in the minds of many of those in the medical profession over the past 12 months has been the huge problems arising from Modernising Medical Careers (MMC), and the Medical Training Application Service (MTAS). Along with the Academy of Medical Royal Colleges, we welcomed Sir John Tooke's report, *Aspiring to Excellence*, into the future of medical training. The report addressed the concerns expressed by the College during its review and consultation stages, and made excellent recommendations on the flexibility of training, particularly in regard to the establishment of a new over-arching training body, NHS Medical Education England (NHS:MEE). It therefore came as something of a disappointment when the Government's response to the Tooke report, while taking on board some of the report's key recommendations, postponed the creation of NHS:MEE. We sincerely hope that, over the next few months, the Tooke recommendations will be implemented in full, especially since many of them are interdependent. A partial implementation might greatly reduce their effectiveness. In addition, while the Tooke report only applies directly to England, it is clear that the other three countries are watching developments with interest.

The role of the doctor

Sir John Tooke, through his report, challenged the medical profession to define the role of the doctor in the 21st century. This topic had already been in the minds of College Officers, given the structure and the fast-changing nature of our two specialties. We, therefore, produced a clear view of the unique but vital characteristics, skills and contributions that clinical oncologists and clinical radiologists can offer as part of the healthcare team.

I was particularly pleased to draw on the views of UK-based clinical radiology Fellows on aspects of skills mix to inform our paper. Our views on the role of the clinical radiologist and clinical oncologist can be read on the College website.

I believe this is only the beginning of the debate. You can rest assured that College Officers will use all available opportunities to promote these principles.

The Radiology Accreditation Programme (RAP)

In turning to RAP, I would like to begin by praising the foresight and vision of my predecessor as President, Professor Dame Janet Husband, in leading the creation of RAP; it was Dame Janet's drive and enthusiasm that enabled this project to hit the ground running. RAP has attracted significant funding from BUPA Insurance, the Department of Health (England), Nuffield Hospitals, and Philips Medical Systems, and much interest from the General Medical Council, other regulatory bodies, and the devolved countries of the UK. The programme stands out as an important example of collaborative working with other organisations, in particular with the Society and College of Radiographers.

As a patient-focused and developmental programme, this remains an innovative and ground-breaking project, and as such, there are many challenges and problems to be addressed. Market research and a costing exercise, undertaken by RAP, suggest that the best way forward is to work with an existing accreditation body, to deliver a radiology accreditation scheme. This is the avenue we will be pursuing in the coming months, in order to bring this project to fruition. All those involved are deserving of congratulations for their hard work on a project that shows great promise, having as it does the potential to be a vital tool for ensuring that healthcare professionals work in systems and with resources which will enable them to deliver the care that their patients expect. The Clinical Radiology section of this document reports on the work done to develop standards for RAP.

Communications with, and support for, members and Fellows

My commitment as President is to seek and implement the most effective means of hearing your views as members and Fellows. There was some scepticism when I first suggested using improved interactive electronic means of consulting the membership, as all previous methods of consultation had generated very few

responses. However, it seems that this scepticism was not justified; radiologists among you will be aware of the survey referred to above on skills mix issues. This has been successful beyond our most optimistic expectations, generating more than 1,400 responses. I hope that we now have a method with which we can keep in close contact with the members and Fellows of the College. We intend to refine this technique in order to make it even easier for you to use and to let us know what you think about major issues facing our two specialties.

Another development is the rolling out of a pilot workforce census within all the radiology and oncology departments in the UK this year.

This key piece of work will provide, for the first time, data on the composition of the UK workforce in clinical radiology and clinical oncology, which will prove invaluable for workforce planning. The survey has been disseminated via a web-based census form for all non-training grades in either clinical radiology or clinical oncology. This pilot will assist us in planning future surveys.

The last year has also seen a further move towards electronic means of communication with our members and Fellows, as a more cost-effective and directly targeted approach. This has included the launch of a redesigned College website, the

introduction of a new College logo, a phased reduction and focusing of the number and content of mailpacks, and the expansion of the College *Monthly News* email (formerly the *eBulletin*) to a monthly, Faculty-specific format. Along with a planned move away from hard-copy publications, all these changes are designed to offer timely and effective news and information.

Research and academic activities

We have commenced a review of College activity to support research in, and academic development of, our two specialties. The College has pursued a number of research support activities over the years, and it is timely to undertake a review, to see how best we can use our resources for the future.

One element of this will be the part to be played by the *Cancer Research Fellowships Appeal*. Through these Fellowships, it is hoped that new diagnostic techniques, which can detect cancers earlier, will be developed, introducing new methods of treatment for future generations, and progressing the medical knowledge of

“ The continuation and development of several projects mark out the RCR as a forward-thinking institution, within the modern healthcare environment ”

today's young doctors. I am very pleased to support wholeheartedly the work of Professor Dame Janet Husband as our Appeal President, and the Duchess of Devonshire as our Patron.

We will report on the progress of our research and academic review in future Annual Reports.

College infrastructure

As you may recall from last year's Annual Report, it had become clear that, due to rapid expansion of College activities, and likely future demands such as recertification, we would shortly outgrow the available space at 38 Portland Place. Accordingly, a programme of refurbishment and reconfiguration of the site at 38 Portland Place was drawn up. However, it has not subsequently proved possible to deliver on these plans, and so Council has reviewed the options open to the College. Any strategy needs to take a long view, to accommodate potential future developments in the College's infrastructure, and I would like to assure members and Fellows that the College will focus on the most cost-effective ways of providing premises fit for purpose.

Acknowledgements

Our elected College Officers have, as always, played a crucial role in the life of the College, and I wish to thank them all. In particular, I wish to pay tribute and thanks to our two outgoing

Faculty Deans, Dr Gill Markham of the Faculty of Clinical Radiology and Dr Michael Williams of the Faculty of Clinical Oncology, whose hard work and support has been absolutely invaluable. I welcome Dr Adrian Crellin as incoming Registrar, Clinical Oncology, and Dr Tony Nicholson as the new Dean, Clinical Radiology and congratulate Dr Jane Barrett on taking on the role of Dean in Clinical Oncology from the position as Registrar. The College is also hugely grateful to all Fellows,

members and patients who have contributed to our work through working parties, committees, responses to documents, recertification, and the Radiology Accreditation Programme, to name just a few.

Any President taking up office owes a huge debt to his or her predecessor, and I could have had no more inspiring an act to follow than that of Janet Husband. Her legacy is obvious from this overview, but her tireless efforts to promote and advance the work of the College gave me the best

possible achievements and foundations on which to build.

Finally, on behalf of the whole Officer team, I would like to thank all the staff of the College who provide us all with such dedicated and strong support and guidance, and who have supported us all so ably and efficiently through my first year as President. I look forward to what we can achieve together in the future.

“ My commitment as President is to seek and implement the most effective means of hearing your views as members and Fellows ”



Dr Michael Williams,
Dean, Clinical Oncology

Oncology services have maintained their prominent position in health service planning across the four countries of the UK. In Wales, the radiotherapy strategy published in 2006 is being taken forward. Representatives of the College met with representatives of the Welsh Assembly Government to highlight issues of radiotherapy

provision and the College document *Towards Safer Radiotherapy*. Scotland published a document on radiotherapy in 2005 which has led to substantial further investment. The whole of the cancer service in Scotland has now been subject to a consultation exercise, to which the College has submitted a response.

In England, the Cancer Reform Strategy was published in December 2007. It promises substantial improvements, with earlier diagnosis, timely access to treatment and improved information and assistance with survivorship. Further investment in radiotherapy of £200 million has been recommended in order to achieve the new target that all patients should be treated within 31 days. An executive committee derived from the earlier English National Radiotherapy Advisory Group (NRAG) has been reconvened to help take this work forward and its focus will be on using national and local data to understand the needs of the service. The intention is that a commissioning tool should be developed to assist in this process. In addition, the College is represented on the group, 'Going further on cancer waits'. These initiatives are expected to result in substantial improvement in radiotherapy services for patients.

The most recent College audit of radiotherapy waiting times showed substantial improvement with the proportion of patients waiting longer than four weeks for radical treatment falling from 50% to 30%. This improvement will be important in supporting the case for further investment. As access improves and waits shorten, we need to address quality issues. To assist in the implementation of intensity-modulated and image-guided radiotherapy, the Radiotherapy Development Board has been established to develop this area of practice with other professions. One of the bases for further

investment will be research to assess and improve these technologies and we therefore hope to develop strong links with the research and development functions of the NHS across the UK.

Faculty guidance issued in 2007 and 2008

Guidance from the Faculty of Clinical Oncology is available on the College website.

Towards Safer Radiotherapy

This document defines the characteristics of a safe radiotherapy service and also contains a classification of incidents and errors. It is hoped that this tool will help to improve reporting across the UK and to this end the professional bodies are working with the National Patient Safety Agency, Healthcare Commission and Health Protection Agency, to try to develop a national reporting, analysis and learning system, which we hope will extend across the four countries of the UK.

A Guide to Understanding the Implications of the Ionising Radiation (Medical Exposure) Regulations in Radiotherapy

This document has been written to clarify the responsibilities of individuals and organisations under this legislation which is written in criminal law. Radiotherapy does not sit easily in the diagnostic framework used in IR(ME)R with a referrer, an operator and a practitioner. In radiotherapy, the same person can have multiple roles and this has led to confusion which the document sets out to resolve.

Guidance for the Clinical Implementation of Geometric Verification Treatment for Megavoltage X-ray External Beam Radiotherapy

This document sets standards for the verification of the accuracy of treatment and recommends that departments measure the precision of their techniques so as correctly to inform margin development during the planning process.

Guidelines for the Management of the Unscheduled Interruption or Prolongation of a Radical Course of Radiotherapy, Third Edition

This document will be the third edition of the College's guidance on this topic.

Previously it has been written in the tone of helpful guidance, but in this edition clear standards are set, which need to be achieved in order to provide the optimal therapy of patients undergoing curative and palliative treatment.

“Oncology services have maintained their prominent position in health service planning across the four countries of the UK”



Dr David Spooner,
Warden, Clinical Oncology

Education and training

The last year has seen a great deal of effort and resources committed to meeting the demands of the Postgraduate Medical Education and Training Board (PMETB). The new curriculum was activated in August 2007, and Quality Assurance Assessment methods were finally approved in December. The evolving

postgraduate medical agenda process will inevitably continue to involve considerable change for all trainees in the coming year.

The Faculty's Specialty Training Advisory Committee, (STAC), the successor to the Training Accreditation Committee, had its inaugural meeting in January 2008. STAC and its sub-committees are responsible for:

- Curriculum review
- Development of workplace-based assessment
- e-portfolio development
- Reviewing the role of clinical tutors.

Sub-committees have been established to address these issues.

The London Thames Deanery has decided to create a School of Clinical Oncology which will be independent of its School of Medicine. This move will provide a unique Deanery position in the four countries, and will provide excellent experience and information as well as better serving the needs of the local trainees.

The Faculty made a successful joint bid with medical oncology (the Royal College of Physicians of London; RCPL) to the Department of Health for funding to create an e-learning in oncology programme, to serve both the clinical and medical oncology curricula. The inaugural Executive Board meeting took place in April and modules will be developed for a common core curriculum for the first two years of training.

In January 2008, the Faculty held its first annual examination review; extensive updating of the exams, standardising of questions and subsequent detailed scrutiny of their suitability is ongoing.

The Oncology Registrars' Forum

The Oncology Registrars' Forum (ORF) has been revitalised, with its focus firmly on training and education topics. It now has a committee of vigorous trainees, representing all regions of the UK, meeting twice yearly with enthusiastic electronic communication in the interim and much work going on in the background.

The ORF completed a survey of all clinical oncology trainees, and a review of consultant vacancy trends in clinical oncology.

The results of the survey are available on the RCR website at <http://www.rcr.ac.uk/index.asp?PageID=986>, and are being actively used to shape the ORF's thoughts on the development of postgraduate training in clinical oncology, and to raise relevant issues with the College and further afield. There is continuing concern among trainees about shortages of consultant vacancies and also the possible creation of a sub-consultant grade.

The ORF pages of the website have been quite extensively revised over the last year and contain a wealth of information which will be of interest to trainees and possibly consultants as well.

The ORF is working with the various College Boards and

committees, which are reviewing the College's curriculum and assessment processes; they are able to influence these with a view from the 'sharp end' of post-MMC postgraduate medical education.

Patient involvement

The Clinical Oncology Patients' Liaison Group (COPLG) has been increasingly involved in College activities as a result of the College's 2007 Patient and Public Involvement (PPI) review. Lay members have contributed to the work of the Faculty Board, Education Board, Joint Collegiate Council for Oncology, the Clinical Excellence Awards Committee and the Recertification Committee. Additionally, there is now representation on the Clinical

Oncology Audit Sub-Committee and input into the Part 2 Clinical and Viva Examination developments.

“ The Cancer Reform Strategy promises substantial improvements, with earlier diagnosis, timely access to treatment and improved information and assistance with survivorship ”

There was lay representation on the multidisciplinary group set up by the Faculty to look into incidents and errors and make recommendations to improve safety in radiotherapy. This was a particularly positive contribution, raising a number of safety and communication issues of particular interest to patients and their carers which then featured in the report *Towards Safer Radiotherapy* (see page 7).

Subsequent to this group's work, the National Patient Safety Agency (NPSA) set up a further multidisciplinary working group to support and take forward the recommendations in the report. The same lay member was also involved in this work, enabling the experience and knowledge gained during the work of the 'Towards Safer Radiotherapy' group to be used by the NPSA working group.

The new Faculty Radiotherapy Development Board includes lay involvement. As well as the work referred to above, the Board is involved in rewriting the Cancer Standards for radiotherapy. The Board seeks to develop the use of intensity-modulated and image-guided radiotherapy, working with other professional organisations to develop national standards and indications. The techniques are only available in some centres at present, but this situation is improving rapidly.

Outside the College, the COPLG is represented on the Academy of Medical Royal Colleges Patient/Lay Group, and is contributing to Academy discussions on major issues affecting the medical profession and services to patients. This included representation on the joint Working Group that produced the report *The effects of cancer treatment on reproductive functions*, and contributions to the production of two patients' information/advisory booklets (one for women and the other for men) on *Cancer Treatment and Fertility*, which was published jointly by the RCR, the RCPL, the Royal College of Obstetricians and Gynaecologists, and Cancerbackup. Members of the group also participated in the PMETB seminar on the Future Training of Doctors from a patient's perspective, and the National Institute for Health and Clinical Excellence (NICE) workshop on consultation guidelines for disability issues.

The Group has continued to discuss a wide range of topics relating to cancer patients and carers and has agreed a work programme

for the coming year. A new booklet, *Making your chemotherapy service more patient friendly*, has been produced which is being published jointly with the RCPL. The COPLG has also offered comment which was included in College responses to several consultation documents.

“ Knowing that there is a shortage of non-surgical oncology provision in the UK, we have agreed that working together is essential ”

The Journal

Clinical Oncology continues to enjoy a healthy flow of high-quality manuscripts submitted, only one-third of which are finally accepted and appear in the Journal. This ensures that we maintain high standards in the content published, reflected in a further increase this year in the Journal's citation index. The number of manuscripts submitted increases each year, and efficient handling and tracking of these papers in the Editorial Office is essential to the Journal's success.

Book reviews, which have become increasingly sparse, will be phased out from the next volume.

Volume 19 for 2007 comprised ten issues, including two Special Issues, the first focusing on the Management of Early Rectal Cancer and a second devoted to Radiobiology. The Frank Ellis Memorial Lecture on the use of three-dimensional imaging in gynaecological radiation therapy by Dr A N Viswanathan was published in Issue 1 of Volume 20.

The work of the Editorial Board remains unstinting, and particular thanks are due to those stepping down this year, and to the small band of statisticians who review each original paper to ensure that all data presented in the journal is statistically robust. A warm welcome is extended to those joining the Board.

Research

In 2007, the Faculty Research Sub-Committee awarded a one-year Fellowship and two pump-priming grants, to a total value of around £70,000. These two funding streams have now been replaced by a single Small Project Grants scheme. The new scheme is particularly suitable for applicants near the start of their research career, who wish to generate pilot data to support future grant applications. Details are available on the College website at <http://www.rcr.ac.uk/index.asp?PageID=129>

Audit activity

This has been a productive year for the Clinical Oncology Audit Sub-Committee (COASC). Two major audits, *Interruptions to Radiotherapy for Head and Neck Cancer* and *Re-Audit and Systemic Therapy Waiting Times*, have been completed and accepted for publication. A third audit, *Fractionation for Painful Bony Metastases* is also complete and available on the website. A number of other audits have been developed and will be completed in the forthcoming year.

There have been important developments in terms of the potential for future audit and its organisation via the development of links with national databases, particularly Radiotherapy Episode Statistics and Lung Cancer Audit Data Analysis, and the involvement of the College Site-Orientated e-Networks (SOeNs). COASC's role in education and training has been enhanced by a representative from the Oncology Registrars' Forum becoming a member, and the start of a national, registrar-led audit of the use of MRI-based imaging in rectal cancer management.

Oncologists of the future

Over the past year, the RCR and the RCPL have been considering the role of oncologists in the future in the Joint Collegiate Council for Oncology (JCCO). Knowing that there is a shortage of non-surgical oncology provision in the UK we have agreed that working together is essential. The idea of common core training has been agreed, and in November 2007 a national meeting was held in London to consider the issue further. The conclusions reached on that day have been taken into account and are being worked on, in association with the e-learning project to develop the role of the non-surgical oncologist for the 21st century. Already the RCPL and RCR have developed a common mechanism for response to NICE consultations, working in the Faculty of Clinical Oncology via the SOeNs. The belief is that a co-ordinated approach from the two Colleges leads to more forceful recommendations.

Workforce issues have been prominent, arising from NRAG and the English Cancer Reform Strategy. Therefore, the College has set up an online workforce census to ensure that data held on the clinical oncology workforce in the UK are accurate and up to date. Once the pilot has run, it is hoped that the system will be refined year on year. The census will include all training and career grades in clinical oncology and will then be linked to the RCPL Medical Oncology workforce census to complete the picture of the national non-surgical oncology workforce.

“ The necessity to invest further in services for cancer patients has been successfully highlighted across the four countries of the UK ”

Looking forward

The necessity to invest further in services for cancer patients has been successfully highlighted across the four countries of the UK. The College is actively involved in assisting with the implementation of development plans for radiotherapy. In addition, we have a central role in setting standards. We are already starting to see improvements in waiting times for radiotherapy. Advanced techniques of radiotherapy are becoming more generally available, particularly intensity-modulated

radiotherapy. The College wishes to see this technique available to all those who may benefit from it and is also working to assist the implementation of image-guided radiotherapy. The introduction of these techniques will provide substantial research opportunities but there will also need to be new initiatives in education and training to take full advantage of the opportunities provided. The continuing development of skills mix in oncology will be essential in order to implement these techniques.

With radiotherapy having attained the necessary profile, the Faculty's efforts will be devoted to seeing through the implementation of the development plans recorded here. Over the next year, considerable progress is expected in education and training projects, including e-learning. The Faculty working party on recertification will also be concentrating on standards and structures needed to deliver an appropriate system for clinical oncology.

Clinical Radiology



Dr Gill Markham,
Dean, Clinical Radiology

The pace of change in radiology has not slowed over the last year. Delivery of non-obstetric ultrasound remains a challenge, leading as it is to non-standard ways of delivering ultrasound, particularly at the primary care level. This is of concern, as the quality assurance of such services when disconnected from an imaging department can be

compromised, and it remains one of the major challenges of service delivery across the country. The challenges of the 18-week targets in England have largely been met by a combination of the evidence base of the sixth edition of *Making the best use of clinical radiology services*, which informs clinical pathways, and the efficient and innovative working of radiologists and imaging departments across the country.

PACS

The Picture Archiving and Communications System (PACS) is now rolled out across England, with similar arrangements for Scotland, Northern Ireland and Wales well advanced. The full advantage of this image transfer technology has not yet been realised in England because of the non-standard implementation of a unique patient identifier. Image transfer with the inherent problems of security remains a problem but interim guidance has been produced by the IT Sub-Committee, which is both practical and informative. However, the full advantage of PACS will not be realised until there is efficient and secure image transfer between and within trusts.

A comprehensive and authoritative update of IT and PACS issues has been produced by the hard work of the IT Sub-Committee and is now available on the College website at <http://www.rcr.ac.uk/index.asp?PageID=310>. Up-to-date guidance on the appropriate use of lossy compression is also available as trusts grapple with escalating storage requirements.

In Northern Ireland, the progress in the Northern Ireland combined RIS/PACS project (NIPACS) has been welcomed, with the implementation phase about to begin.

Networking of radiology services

Image transfer will be essential if the political agenda of enabling the delivery of care closer to the patient is to be realised. It will also facilitate specialist second opinions and comprehensive specialist services within geographical areas. There will be a need for high-quality 24-hour image interpretation, which will be supported by image transfer as this becomes an essential part of healthcare.

The challenges of providing life-saving interventions, now increasingly based in interventional radiology, are being tackled by clinical networking in a variety of different models. With an increasing cohort of trainee radiologists coming from a surgical background, provision of interventional radiologists is being addressed, so that patients in the future can have access to these crucial treatments.

Making the best use of clinical radiology services, 6th edition

Following publication of the hard copy version of the sixth edition of *Making the best use of clinical radiology services* (MBUR6), the Department of Health has licensed from the College, and funded, full online UK-wide availability to all healthcare professionals within the NHS. MBUR6 has proven to be an invaluable tool for implementing clinical pathways to meet the 18-week targets and the lessons that have been learnt from this process will be made available to colleagues in Scotland as they tackle a similar process.

The robust evidence-based guidance is invaluable to referrers to inform appropriate referrals in increasingly complex imaging strategies.

Standards and recertification

The work of the Standards Sub-Committee has, as ever, been excellent. In addition to the already extensive programme of work, the Sub-Committee has extended its remit to include the development of recertification, as it could operate in radiology. A portfolio to support recertification is being developed in four streams; 360 degree appraisal (multi-source feedback);

“ The challenges of providing life-saving interventions, now increasingly based in interventional radiology, are being tackled by clinical networking in a variety of different models ”

attendance at discrepancy and error meetings; continuing professional development; and audit and evidence of an individual's specific areas of expertise. A pilot is under way to test the feasibility of this approach.

In clinical radiology, service delivery targets have played a significant part in the agenda for radiology departments across Wales. The Standing Welsh Committee has joined with the Medical Imaging Sub-Committee (MISC) of the Welsh Advisory Scientific Committee in working with CHKS, an organisation developing benchmarking tools to assist with consultant appraisal in Wales.

The Service Delivery Unit (SDU) in Northern Ireland is pursuing a programme of service improvement with the introduction of challenging targets both for waiting times for examination and reporting times. The committee has produced responses to these initiatives, and is liaising with the SDU on developments that will have a significant impact on the working lives of radiologists in the years ahead.

Involving patients

The links with our patient representatives have been strengthened during the year with more robust representation, allowing for continuity in the development of standards of patient care, in particular their involvement in the challenges of confidentiality in the electronic era and input into revalidation evidence is invaluable.

As well as serving on the Clinical Radiology Patients' Liaison Group (CRPLG), patients also sit on and contribute to the:

- Faculty Board
- Education Board
- Standards Sub-Committee
- Equivalence Committee
- Development group for standards for the Radiology Accreditation Programme
- Website Working Party.

A major theme has been discussion of issues of informed patient consent and confidentiality. The increasing use of teleradiology brings hard questions about where images are read and by whom

and what kind of patient consent is required for different uses of images. Members of the CRPLG recognise the great benefits to patients of teleradiology, but are also aware of patients' concerns about the transmission and use of electronic data. While being strong supporters of the development of PACS and attempts to develop the possibilities of data exchange, the group is also determined to seek safeguards for patients.

A more recent, but growing, concern has been the benefits and risks of multiple scans. The CRPLG has supported applications to carry out research into the effects of scanning, particularly on

children, and has begun to consider the need for regulation of those offering scans to the general public as an apparent preventative measure.

Members of the CRPLG have been active on behalf of the College in other fora, taking part in the work of the Patient/Lay Group of the Academy of Royal Medical Colleges. Further, when organisations like the Postgraduate Medical Education and Training Board (PMETB) and the General Medical Council consult patients, the CRPLG endeavours to ensure that the particular concerns of radiologists and their patients are taken into account.

The CRPLG welcomes the growing role for patients in the work of the College, but is also aware that increased involvement and consultation means increased work for a relatively small group of lay volunteers. One of the challenges facing the Group and the Faculty is how to make the most effective use of lay resources in supporting and developing radiology and improving the quality of patient care.

Education and training

One of the main proposals from the Tooke report, relating to reforms of the first four years of postgraduate medical education and training, will be the subject of further consideration but without a timescale for this to happen. This means that two years of Foundation Training will continue for the time being. Specialties such as general medicine, general surgery, anaesthetics and emergency medicine have uncoupled their training so that trainees do two years of core training following which they compete for further specialty and sub-specialty training posts. This means that these trainees will also have the

“ Provision of interventional radiologists is being addressed, so that patients in the future can have access to these crucial treatments ”



Dr David Lindsell,
Warden, Clinical Radiology

option at that time to enter specialties such as clinical radiology. This ensures that the majority of trainees entering radiology training will have the opportunity to develop significant clinical skills and experience before doing so while still allowing a small group to enter directly from the Foundation Years when they have been able to demonstrate a clear commitment and

enthusiasm for the specialty.

The Faculty's Specialty Advisory Committee has started work, and its three working groups on assessment, curriculum and quality have already achieved much. One of the most noticeable changes will be the implementation of regular workplace-based assessment for trainees as prescribed in the 'Gold Guide'. Various possible methods for use in clinical radiology are currently being piloted, with a view to rolling them out across all training schemes during the course of the next year. The sub-group looking at the quality of training is considering how best to offer Postgraduate Deans the external expertise to allow them to ensure that the quality of radiology training in their Deanery reaches the national standard as defined by the College.

As continuing professional development (CPD) is also likely to play a major role in the safe delivery of healthcare, the remit of the Faculty lead for CPD has been reviewed.

Recruitment into clinical radiology in Wales has been overseen by the Welsh Deanery and the Welsh Modernising Medical Careers Board with full recruitment to both North and South Wales training schemes. The Welsh Deanery has formed a School of Radiology which is developing the PMETB quality agenda and implementation of the 'Gold Guide'.

The Junior Radiologists' Forum

The Junior Radiologists' Forum (JRF) remains a strong voice for trainees within the College, representing their views on a wide range of issues including all aspects of training, audit, research and

examinations. The JRF now comprises elected representatives from all 36 training schemes in the UK, a much larger but more representative body than at any time in the past. The Forum has also strengthened links with other trainee representatives, on local Specialty Training Committees, within the new radiology schools, and as part of the Trainee Doctors Group of the Academy of Medical Royal Colleges.

The JRF broadly welcomes the recommendations of the Tooke inquiry. We are glad that, under the revised system, future trainees will likely undergo substantial clinical training before radiology, as they have done in the past. Recently, the JRF completed a survey of Less Than Full-Time radiology trainees in the UK; results are encouraging, with the majority happy with the quality of training that they have received.

The JRF aims to raise its profile over the next year, with the JRF Chair speaking at the Society of Radiologists in Training annual meeting, and a new regular column in the College Newsletter.

“ MBUR6 has proven to be an invaluable tool for implementing clinical pathways to meet the 18-week targets ”

In other developments the JRF is organising a national day for trainees (and newly qualified consultants) examining the future of radiology including the implications of outsourcing, continuing sub-specialisation and private providers. A session organised by the JRF is also planned for UKRC 2009.

The Radiology Accreditation Programme (RAP)

The focus of the RAP project has been on the development of a suite of standards, which have been subject to early testing by the five developmental pilot sites, constant input by patients' representatives, feedback from consultation, and input by regulators and by the health departments across the UK. The final formal consultation process is now in train. Beyond the project, the College and the Society and College of Radiographers will put in place robust arrangements, to ensure the standards are up to date, relevant, and fit to purpose. The very considerable effort devoted to this process will ensure that accreditation of radiology services in the UK has a very firm foundation on which to build.

The project has been at pains to ensure the accreditation model is relevant to all the UK counties, and especially strong links have been forged with Scotland and Wales. In the latter, the College's Standing Welsh Committee has acted as a reference point in Wales for RAP, and there have been very fruitful discussions with the Welsh Assembly Government.

The Journal

Clinical Radiology has appeared on time and within budget during 2007–08. The flow of material continues to be healthy, submissions increasing by 15% over the year with a relatively greater increase in original papers. Subscription and renewal rates also remain encouragingly high, with a continuing trend towards online access and away from the paper journal.

Traditionalists, including the Editor, would be sad to see the end of the hard-copy journal, and there is anecdotal evidence that members and Fellows like to receive a paper copy each month. However, there seems little doubt that the future of all publishing is electronic, and online access to the Journal is on a continuing upward trend, with over 200,000 hits in 2007.

Clinical Radiology is an international journal, with fewer than 50% of submissions coming from the UK. Whether this is seen as a bad thing (not enough papers being produced in the UK) or a good one (the influx of overseas papers reflecting our international appeal as a quality journal) depends on your position on the optimism/pessimism spectrum. Not surprisingly, the Editor takes a positive view, although we may perhaps expect an increase in domestic submissions as the radiology job market becomes more competitive and applicants for consultant posts once again feel a need to get some publications on their CVs. Similarly, 12% of subscriptions are from the UK, with 34% from North America and 19% each from Asia and mainland Europe, which probably reflects the increasingly global nature of medical publication, as well as the fact that so many overseas radiologists qualified in the UK.

There has been an increase in the variety of non-clinical material in the Journal over the year, with a number of contributions on medical education topics, and some personal views on issues of current concern, such as the state of academic radiology. This is a trend which is likely to continue, although the primary purpose of the Journal remains that of promoting and publishing high-

quality research. As always, thanks are due to the Editorial Board and the many referees for their unstinting hard work in ensuring that manuscripts are dealt with promptly, and that the quality of accepted papers is maintained.

Faculty Board reorganisation

In order to streamline the workings of the Faculty Board and to bring the work of the College closer to the experience of Fellows and members, changes are being introduced which will enhance the contribution of the directly elected members to the Board. Newly elected members will be invited to take on a portfolio

relevant to their experience and interests and thus to facilitate the reporting of the work of certain sub-committees to the Board. Representation of all four countries of the UK will be maintained and enhanced.

Looking forward

Undoubtedly, most of the challenges faced in the past year will continue for 2008–09. However, the Faculty looks forward to the successful conclusion of the RAP, the further development of our joint training initiatives, and strong progress in the several education and training projects.

“ The very considerable effort devoted to this process will ensure that accreditation of radiology services in the UK has a very firm foundation on which to build ”

Accounts 2007

Report by the Treasurer of the College

1. Extracts from accounts

	2007	2006
General Fund Only	£	£
Total income	4,194,398	3,373,836
Total expenditure	3,715,988	3,258,879
Operating surplus (from the conduct of the general business of the College)	367,643	114,957
Value of Investment Portfolios	8,902,818	8,499,986

(This total investment portfolio includes all College Funds. Other than the General Fund, the funds are 'restricted' and 'designated'. They are for specified purposes and are not available for the use of the general business of the College.)

Gain in Investments	35,891	812,438
----------------------------	--------	---------

This report covers the financial year 1 January–31 December 2007. An abbreviated version of the accounts is to be found on the pages following in this Annual Report. The full audited accounts are available on request from the College at 38 Portland Place.

2. Overview of the Year

2007 has been a busy year for the College. The meetings schedule for College Officers and the various College committees has stabilised, and there is a gradual but definite increase in the use of teleconference facilities. The agreed communications strategy has seen an increased use of electronic communication with Officers, committee members and Fellows and members. This is a gradual process, closely linked to a reduction in the frequency of the College mailpack, and to the planned redesign of the College website. The mailpack has been a historic source of registrations for scientific meetings; this function has been subsumed by electronic applications advertised through the RCR Monthly News. Through cautious budget-setting and careful budgetary controls, the year ended with an operating surplus.

3. Investments

Following approval by Council, and in order to prepare for the outcome of the premises review, the cash value within the capital projects portfolio has been increased to £4.164 million. While this has had a beneficial effect during times of falling equity values, there could be a negative effect if the market picks up in the future. The Investment Committee towards the end of 2007 decided to initiate a process to re-tender for investment management. In March 2008, following a shortlisting and interview process, a new investment manager, Rathbone Investment Management, was appointed. Taking into account the financial market, the need to release funds for premises development and the advice of our external advisors, the risk profile of the investment portfolio has been reviewed and a number of steps taken to reduce further the portfolio's volatility. The Finance Advisory Committee continues to meet regularly, to receive and consider the advice of the Investment Committee, and to review the College portfolio and investment strategy, as well as offering advice on various issues related to College finances.

4. Outlook

The College has, over the next couple of years, some important decisions to make. Areas under discussion, with significant resource implications, include:

- The outcome and implementation of the premises review
- Significant development of the FRCR exam, identifying electronic delivery methods, and further curriculum development
- Workplace-based assessment
- Costs associated with recertification
- Workforce censuses and analysis.

All of these developments represent a significant financial challenge for the College, not least because of the associated infrastructure and running costs. The major premises review currently being worked through is an important milestone for the College. It is vital that College finances grow sufficiently to enable all of these important pieces of work to be continued.

5. Approval of Council

The audited accounts were approved by Council on 28 March 2008. The Annual General Meeting will be asked to adopt the accounts on 16 September 2008, when it will be proposed that Sayer Vincent should be re-appointed as College Auditors, and that Council be empowered to set the subscription rates for 2008–09 in accordance with the prevailing rate of inflation and the anticipated budgetary needs of the College.

Acknowledgements

This is my third annual report as Treasurer. As well as the wise guidance of committee members and staff, I wish to thank, once again, our independent investment advisors Percival Stanion and David Newlands, who have been particularly helpful during the complex and difficult process of changing investment managers.

Dr Conall Garvey

Treasurer

Report of the Council

These summarised accounts are extracted from the full unqualified audited accounts approved by the Council on 28 March 2008 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 2008

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 2007.

SAYER VINCENT

Chartered Accountants

Registered Auditors

Balance sheet

As at 31 December 2007

	2007	2006
£	£	£
Fixed assets		
Tangible fixed assets	2,115,552	2,202,187
Investments	8,902,818	8,499,986
	11,018,370	10,702,173
Current assets		
Debtors	204,489	200,595
Cash at bank and in hand	2,348,302	1,524,853
	2,552,791	1,725,448
Creditors: amounts falling due within one year	1,427,131	937,643
Net current assets	1,125,660	787,805
Net assets	12,144,030	11,489,978
Funds		
Restricted funds	3,825,720	3,540,832
Unrestricted funds:		
Designated funds	3,137,398	3,133,808
General fund	5,180,912	4,815,338
Total funds	12,144,030	11,489,978

Statement of financial activities

For the year ended 31 December 2007			2007	2006
	Restricted	Unrestricted	Total	Total
	£	£	£	£
Incoming resources				
<i>Incoming resources from generated funds</i>				
Voluntary Income	32,836	–	32,836	46,021
Activities for generating funds	42,495	11,015	53,510	10,245
Investment income	70,793	406,767	477,560	268,306
<i>Incoming resources from charitable activities</i>				
Membership subscriptions	–	1,750,708	1,750,708	1,575,763
Examinations	–	684,149	684,149	702,063
Education	–	213,012	213,012	171,903
Courses	–	74,250	74,250	105,738
Conferences and meetings	–	339,593	339,593	375,453
Publications	–	139,400	139,400	124,499
Accreditation & ITI	622,249	–	622,249	75,000
<i>Other incoming resources</i>	–	79,521	79,521	60,096
Total incoming resources	768,373	3,698,415	4,466,788	3,515,087
Resources expended				
<i>Cost of generating funds</i>				
Costs of generating voluntary income	16,669	36,700	53,369	1,645
Net incoming resources available for charitable application	751,704	3,661,715	4,413,419	3,513,442
<i>Charitable activities</i>				
Membership	1,401	225,741	227,142	218,863
Examinations	5,277	759,050	764,327	758,926
Education	6,658	671,005	677,663	602,550
Courses	495	65,190	65,685	99,739
Conferences and meetings	991	387,599	388,590	343,464
Publications	991	137,746	138,737	165,981
Medical audit, guidelines, standards, accreditation & ITI	417,855	300,177	718,032	307,553
Faculties	3,640	497,279	500,919	551,077
Research	53,765	170,094	223,859	195,637
<i>Governance costs</i>	758	89,546	90,304	66,191
Total charitable expenditure	491,831	3,303,427	3,795,258	3,309,981
Total resources expended	508,500	3,340,127	3,848,627	3,311,626
Net incoming resources before other recognised gains and losses	259,873	358,288	618,161	203,461
Gains/(losses) on investments				
Realised	13,250	56,231	69,481	278,485
Unrealised	(6,406)	(27,184)	(33,590)	533,953
Net movement in funds	266,717	387,335	654,052	1,015,899
Reconciliation of funds				
Funds at beginning of year	3,540,832	7,949,146	11,489,978	10,474,079
Transfers	18,171	(18,171)	–	–
Funds at end of year	3,825,720	8,318,310	12,144,030	11,489,978

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

Trustees 2007–2008 – 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 Radiology

Dr G C Markham, London (2005)

Vice-President and Dean of the Faculty of Clinical Oncology

Dr M V Williams, Cambridge (2006)

Warden of the Faculty of Clinical Radiology

Dr D R M Lindsell, Oxford (2006)

Warden of the Faculty of Clinical Oncology

Dr D Spooner, West Midlands (2006)

Registrar of the Faculty of Clinical Radiology

Dr G F Maskell, Truro (2006)

Registrar of the Faculty of Clinical Oncology

Dr J M Barrett, Oxfordshire (2006)

Elected Council members

Clinical Radiology

Dr J Adam, London (2005)

Dr F V Gleeson, Oxford (2007)

Professor D Martin, Manchester (2005)

Dr R J H Robertson, Leeds (2007)

Dr F A Smethurst, Liverpool (2006)

Clinical Oncology

Dr K Benstead, Cheltenham (2007)

Dr A M Cassoni, London (2007)

Dr A E Champion, Rhyl (2006)

Professor B Jones, Birmingham (2006)

Professor R E Taylor, Swansea (2006)

() = date elected

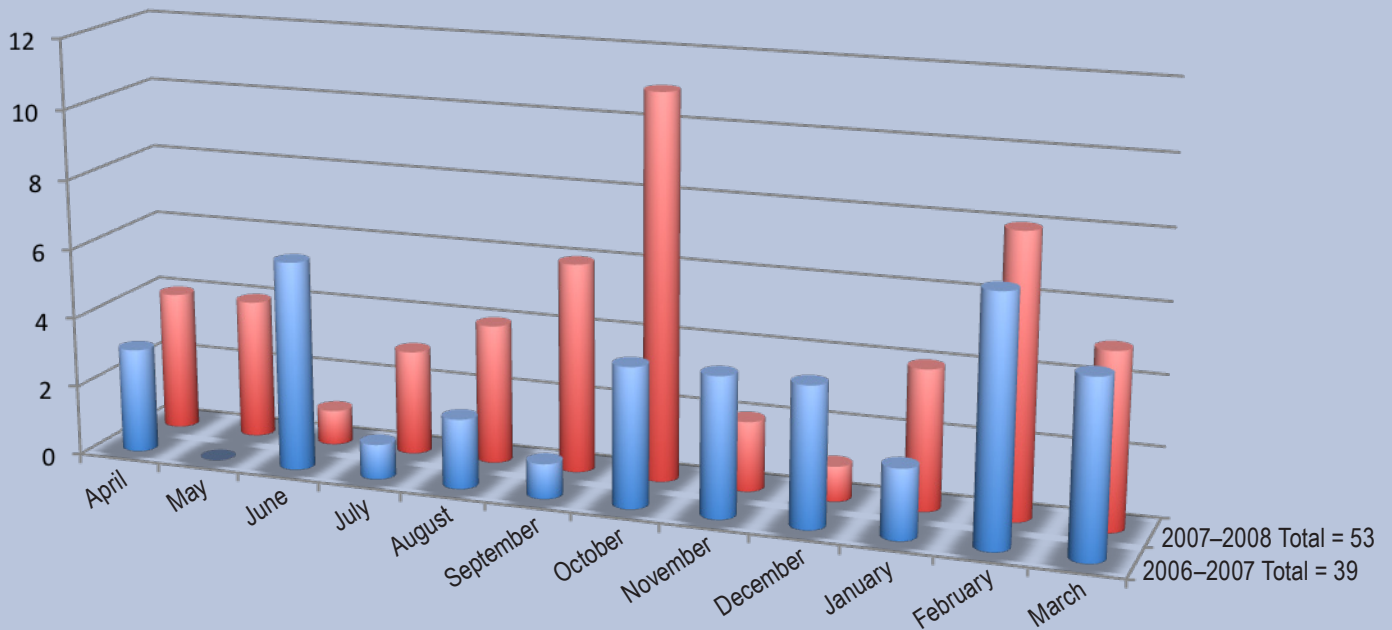
Legal and administrative details

For the year ended 31 December 2007

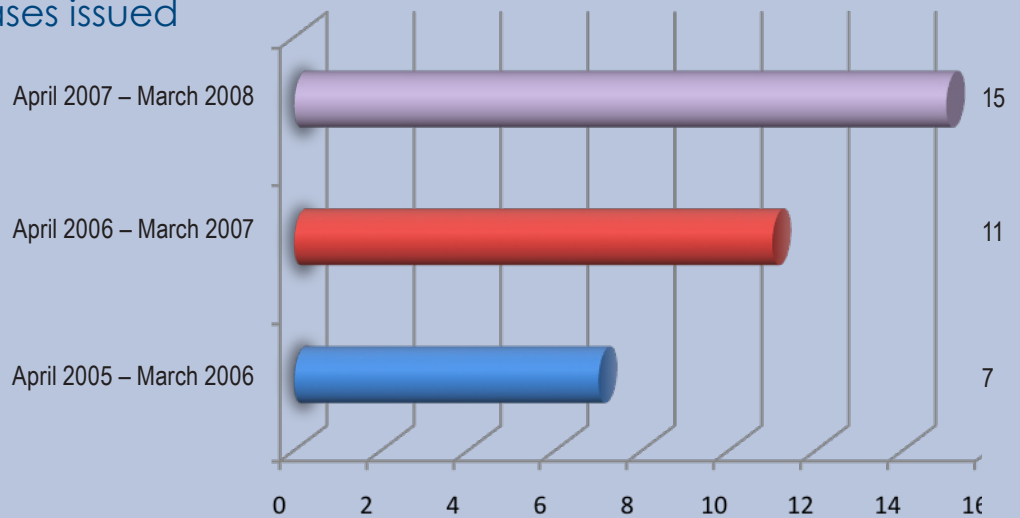
Status	The College is a charity registered with the Charity Commission, incorporated by Royal Charter in 1975.	
Charity number	211540	
Registered office and operational address	38 Portland Place London W1B 1JQ	
Bankers	National Westminster Bank PLC PO Box 2021 10 Marylebone High Street London W1A 1FH	Bank of Scotland 11 Earl Grey Street Edinburgh EH3 9BN
Solicitors	Camerons Solicitors LLP 27 Gloucester Place London W1U 8HU	Hempsons 40 Villiers Street London WC2N 6NJ
Auditors	Sayer Vincent Chartered Accountants Registered Auditors 8 Angel Gate City Road London EC1V 2SJ	
Investment managers	Rensburg Sheppards Investment Management Limited 2 Gresham Street London EC2V 7QN	

The College at a glance

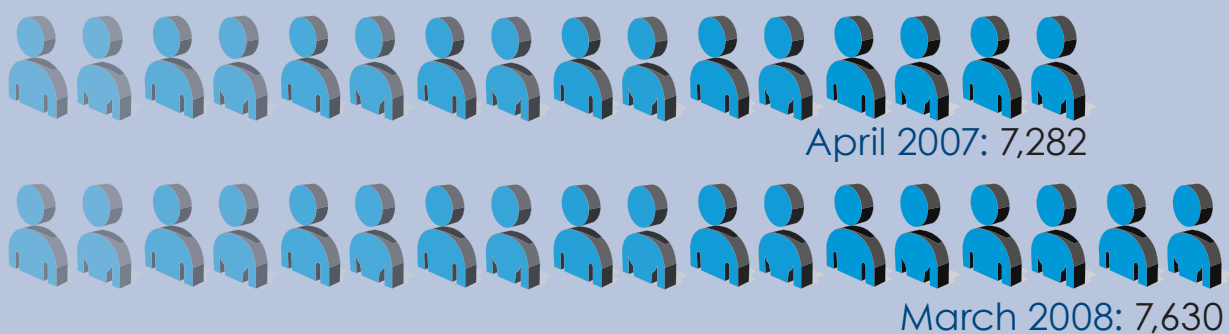
Consultations responded to



College press releases issued



Membership



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



Citation details:

The Royal College of Radiologists. *Annual Report and Accounts 2007–2008*. London: The Royal College of Radiologists, 2008.

Ref No. RCR(08)1 © The Royal College of Radiologists, July 2008. ISBN: 978-1-905034-28-4

For permission to reproduce any of the content contained herein, please email: permissions@rcr.ac.uk

Design by [innov8 graphic design: www.innov8gd.com](http://www.innov8graphicdesign.com) Printed by Latimer Trend