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In 2015, the College celebrates its 40th anniversary since gaining the title The Royal College of Radiologists. This timeline highlights some of the most significant events, both for the College and for our specialties. An interactive extended timeline is available on our website www.rcr.ac.uk/college/historicaltimeline

- College events
- General historical events

1975

- The Faculty of Radiologists gained the title The Royal College of Radiologists on 12 February.
- The first President of The Royal College of Radiologists was Sir Howard Middlemiss.
- First FRCR examinations held in Singapore.



1978

The College moved into its first permanent HQ at 38 Portland Place.

1978

First FRCR examinations held in Hong Kong.

2004

RCR elects its first female President – Professor Dame Janet Husband DBE.

2000

First NHS cancer plan published.

1995

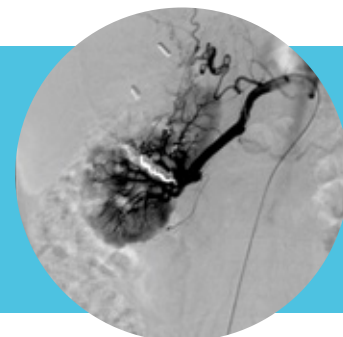
First RCR website launched.

2007

Radiology-Integrated Training Initiative launched.

2008

Imaging Services Accreditation Scheme established.



R A T I N G 4 0 Y E A R S



1979 HRH Duke of Edinburgh opened the building and admitted as an Honorary Fellow.

1986 RCR Annual Scientific Meeting introduced.



Clinical Oncology

The Royal College of Radiologists

1994 The RCR was one of the first Colleges to establish a continuing medical education (CME) process.

1991 Faculties of Clinical Oncology and Clinical Radiology established.

1989 First issue of the *Clinical Oncology* journal published.

1989 *Making the best use of a Department of Radiology* first published.



Clinical Radiology

The Royal College of Radiologists

2010 Interventional radiology recognised as a radiology subspecialty.

2013 The College moved to 63 Lincoln's Inn Fields.



2014 First membership survey was undertaken.

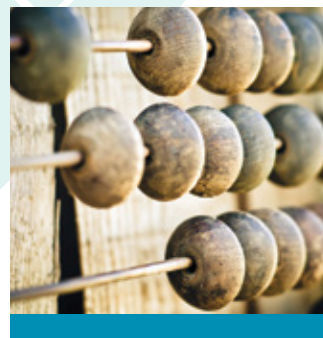
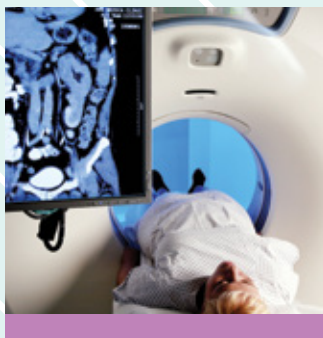
2015

First FRCR examinations held in India.



Contents

The College	5–10
The Faculty of Clinical Radiology	11–14
The Faculty of Clinical Oncology	15–18
Finance and resources	19–22
RCR Officers and Senior Management Team	23





The College

The College has raised the profile of its two specialties with stakeholders and the public and improved the online delivery of support for, and services to, Fellows and members to help them provide high-quality care for patients.

The workforce crisis in clinical oncology and clinical radiology

The pressure on clinical oncologists and clinical radiologists working on the frontline of healthcare continues to increase. The College has made the severe and deteriorating shortage of clinical radiologists and clinical oncologists a key theme of its external communications and influencing work over the past year. It has conducted workforce censuses and, with some success, lobbied workforce planning bodies for greater funding of training places. Health Education England (HEE) recognised both specialties as key priority areas for 2015–2016 and agreed to increase the number of training posts for clinical oncology by four and clinical radiology by 16 at a time when many other specialties saw a proposed reduction.

The workforce crisis has profound effects. Patients are suffering due to lack of access to the modern radiotherapy treatments that they need, including stereotactic radiotherapy and proton beam therapy, and there are delays in access to radiological intervention. College snapshot surveys carried out in autumn 2014 and spring 2015 found that around 330,000 patients were waiting more than a month for the results of their X-rays and scans. This has been highlighted to the English Care Quality Commission and all four Departments of Health.

The College believes the current situation must change to ensure a fairer and more equitable allocation of resources for cancer treatment. High-quality cancer care can only be achieved with adequate numbers of clinical oncologists. The benefits of earlier diagnosis of cancer cannot be realised if there are insufficient cancer specialists to treat these patients.

With around half as many radiologists per head of population as the Western European average, inadequate numbers in training and vacant consultant posts in all parts of the UK, the care and welfare of patients are suffering.

The College will continue to stress the issues of proper investment in and planning of the oncology and radiology workforce. More details on the College's work in this area can be found in the Faculty sections which follow.

Benefiting the public

In addition to meeting the needs of patients through the work of the College's Fellows and members, the RCR serves the wider interests of patients and the public. The College benefits greatly from the contribution that lay people – those who are neither doctors nor dentists – make to its work. Lay people contribute to the discussions and decisions at the College's governing Council, at its policy-making Faculty Boards and on many other boards and committees that do more detailed work. The appointment of an RCR Clinical Fellow to review sources of patient information available on the website and the continuing successful public lecture programme further underline the College's commitment to delivering public benefit.

Engaging and influencing

In a changing healthcare environment, the College has sought to engage and influence government, healthcare regulatory bodies and other organisations in all four UK countries. In responding to over 100 public consultations during the last year, by fielding speakers at external radiology and oncology meetings and other healthcare conferences and by striving to influence policy makers and

healthcare commissioners, the College has played a leading role in driving debate on issues such as workforce planning and the resourcing and future development of radiology and cancer care services.

The College published briefings for all political parties ahead of the General Election, sent an open letter to the new UK Government just days after it came into office and made a comprehensive submission to the English Cancer Taskforce. College spokespeople have been quoted extensively in the print and broadcast media and the College has had significant success using the media to make its views known to politicians and the public. In 2015, the RCR Twitter feed gained its 5000th follower.

Celebrating our fortieth anniversary

12 February 2015 marked exactly 40 years since the College was entitled to use the name 'The Royal College of Radiologists.' To mark this anniversary, a special commemorative lecture was given by Professor Adrian Dixon and the 2015 Annual Scientific Meeting will include a one-off lecture in memory of the late Professor Robert Steiner for whom a memorial stone has been installed in the College's Wolfson suite.

Continuing the historical theme, the visual timeline in this Review shows significant events in the history of the College.

Remaining responsive to our membership

Following the 2014 membership survey, several major work streams were initiated. Progress on these was communicated to Fellows and members through the *What you said – what we're doing* series of updates.¹ Based on feedback, the College's communications with members and the wider world underwent much change and improvement. A new College website was launched with improved content, navigation and search functionality, *Membership Matters* replaced the former mailpack and the *Monthly News* e-bulletins received a new look. The *Newsletter* is now a quarterly publication, with an Editor appointed for a two-year term. In response to comments in the survey, the College has increased the number of events held outside London. Input and feedback from Fellows and members continues to inform the formulation of policy and the development of services. The next survey of the membership is scheduled for 2016.

As a modern membership organisation, the College has embraced digital technology to deliver and improve services, including refreshed professional networking via online forums, enhanced online learning including continuing professional development (CPD) videos and online customisable member profiles.

The College recognises the potential that exists to strengthen international ties and, in May 2015, a second Global Health Day was held focusing on philanthropic activity. Many of our Fellows lecture or volunteer abroad, often in low-income countries. Meanwhile, closer ties were forged with organisations representing the international radiological and oncological communities. In recognition of the global reach of the College, two maps have been included in this Review, comparing our international membership in 1975 and 2015.

October 2014 saw the launch of a new series of Welcome days. These will become regular events, providing an opportunity for new consultants to meet College Officers. Both clinical radiologists and clinical oncologists attended the first event in London and clinical radiologists attended

a similar welcome day in Leeds in April 2015. Feedback from both events was positive, with 95% of participants rating the programme as excellent or very good.

Sustaining the FRCR examinations

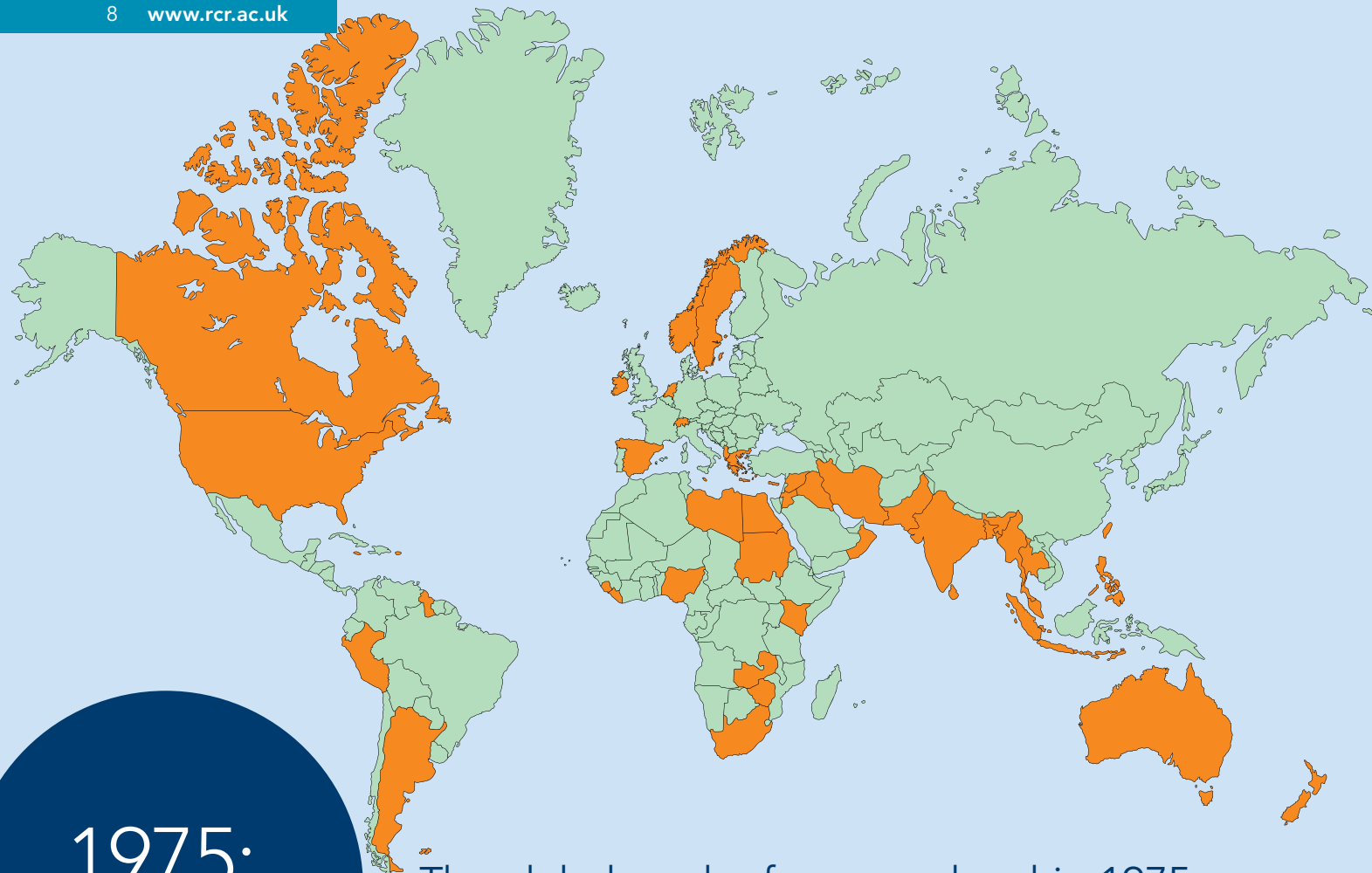
In 2013 the College commissioned an independent review of all FRCR examinations in both specialties. This revealed that College examinations were fundamentally sound and highlighted many areas of good and excellent practice, while also suggesting some areas for improvement. By addressing the report's recommendations, the College has committed to making the necessary changes to sustain the integrity of the FRCR examinations.

Facilitating whole-life learning

Over the past year, development of the CPD scheme has continued, underscoring the College's firm commitment to offering comprehensive and tailored professional support. Greater resources have been made available online, including templates for logging CPD and revalidation activities and associated learning activity. The College's programme of CPD meetings allowed Fellows and members to demonstrate and record their engagement in continuing education.

The College acknowledged the *Shape of Training* report and continues to consider how training in its specialties may change in the future.² Clinical radiology already fulfils the ambitions of the *Shape of Training* initiative as it provides broad-based, generalist training with scope for developing specialist knowledge and practice.





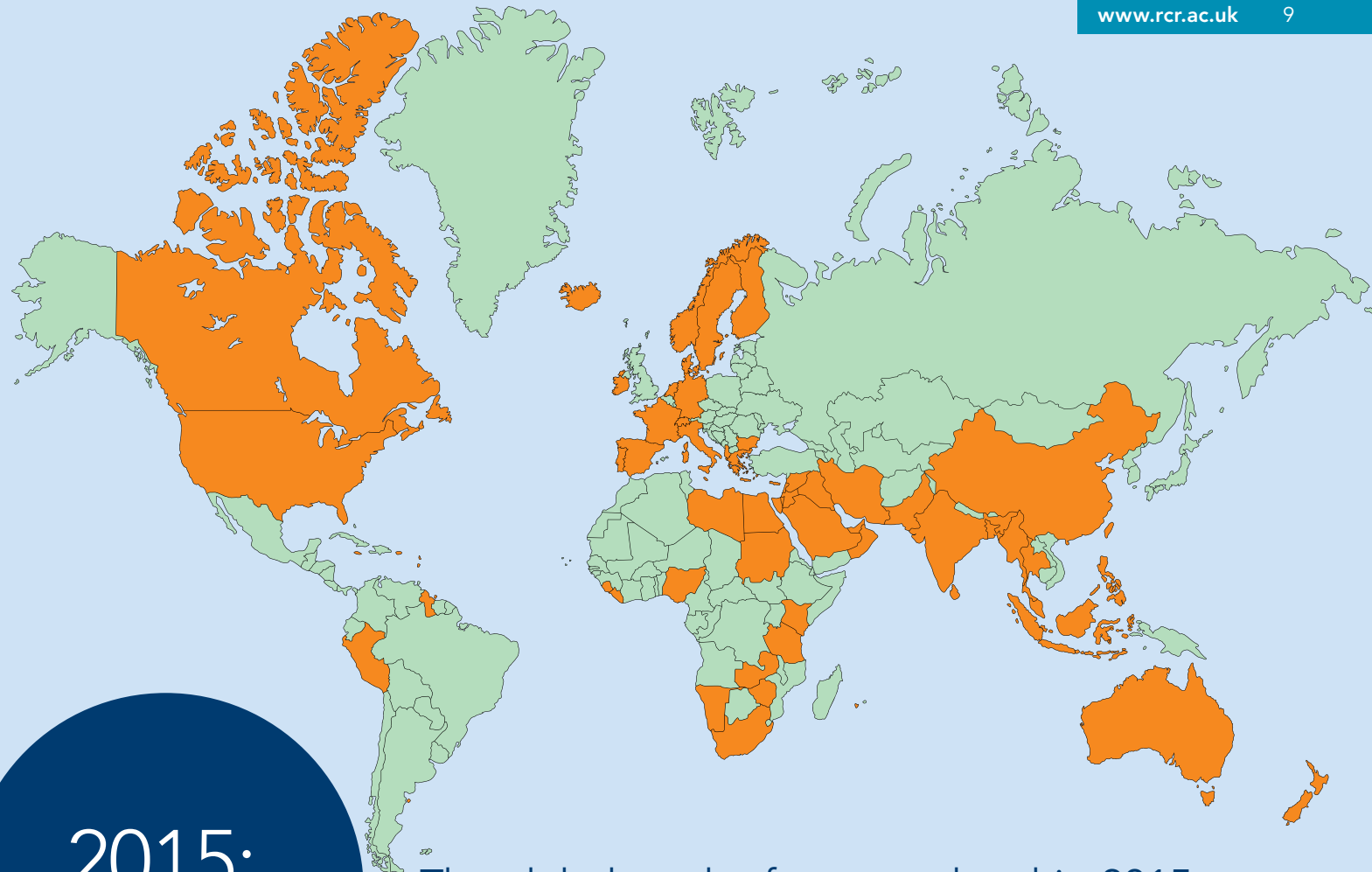
1975:
47 countries
(highlighted in
orange on the
world map)

The global reach of our membership 1975

Argentina	India	Netherlands	Spain
Australia	Iran	New Zealand	Sri Lanka
Bahrain	Iraq	Nigeria	Sudan
Bangladesh	Ireland	Norway	Sweden
Barbados	Jamaica	Oman	Switzerland
British Guiana - Guyana	Jordan	Pakistan	Syria
Burma	Kenya	Peru	Taiwan
Canada	Kuwait	Phillipines	Thailand
Cyprus	Liberia	Rhodesia - Zimbabwe	UAR - Syria
Egypt	Libya	Sierra Leone	United States
Greece	Malaysia	Singapore	Zambia
Hong Kong	Malta	South Africa	

Countries that are different between 1975 and 2015 are highlighted in bold in the lists.

All country names are stated as they stand in 2015.



2015:
62 countries
 (highlighted in
 orange on the
 world map)

The global reach of our membership 2015

Australia	Germany	Malta	Saudi Arabia
Bahrain	Greece	Mauritius	Singapore
Bangladesh	Hong Kong	Myanmar	South Africa
Barbados	Iceland	Namibia	Spain
Belgium	India	Netherlands	Sri Lanka
Bermuda	Indonesia	New Zealand	Sudan
Brunei	Iraq	Nigeria	Sweden
Bulgaria	Ireland	Norway	Switzerland
Canada	Israel	Oman	Taiwan
China	Italy	Pakistan	Tanzania
Cyprus	Jamaica	Papua New Guinea	Thailand
Denmark	Jordan	Peru	Trinidad and Tobago
Dominica	Kenya	Portugal	United Arab Emirates
Egypt	Kuwait	Qatar	United States
Finland	Lebanon	Saint Vincent and the Grenadines	Zimbabwe
France	Malaysia		

Annual Scientific Meeting

This respected event became even more firmly established in 2014, with 659 delegates attending the meeting to hear 230 eminent specialists deliver lectures, plenary sessions and workshops. Innovations included the launch of a successful ASM app, helping participants derive even more benefit from the conference experience. Delegate feedback attested to the quality of the programme, to the calibre of speakers and to the smooth planning and running of the event.



Member numbers

1975 Total **2,590**

2015 Total **9,741**

376%

The College has seen a huge increase in its membership since gaining the title The Royal College of Radiologists, 40 years ago.



Developing leaders, medical educators and mentorship

Leadership, medical educator development and mentorship were all areas of growth for the College. In 2014, the College collaborated with the Royal College of Pathologists to deliver the *Leading Transformational Culture Change* programme. Participants completed quality improvement projects that sought to deliver better patient experiences and reduced healthcare costs. The success of this initiative led to the launch, in June 2015, of the RCR's own *Leadership for Improvement Programme* for both clinical oncologists and clinical radiologists. Run in conjunction with the Institute of Physics and Engineering in Medicine this will equip 18 aspiring and new clinical directors/heads of department with the necessary skills to fulfil their roles. In addition, the College's mentoring scheme for new consultants completed its 12-month pilot phase in May 2015.

In terms of medical educator development, the suite of training days, including supervisor skills, training the trainers and the trainee in difficulty, is being delivered across the UK. The College has also delivered a series of commissioned, bespoke medical educator workshops for local deaneries. Finally, the College's first two Educational Fellows have been making progress on writing modules (learning, teaching and assessment in radiology/oncology), which will eventually form part of Dundee University's PGCE/MA in Medical Education. Although specialty-specific Masters in Education courses exist for other specialties, such as surgery, this innovation will be a world first for radiology and oncology.

Development of RCR Clinical Fellowships

To help involve more junior Fellows in the work of the College, several Clinical Fellowships have been created, including two to review our patient information resources for clinical oncology and clinical radiology. In addition, two Clinical Fellows were recruited for a project to identify and develop resources to support the teaching and learning of aspects of functional and molecular imaging which are now in the current core training curriculum. A clinical oncology trainee was appointed to compile and develop a set of e-learning resources to improve the ability of clinical oncologists to interpret radiological images for radiotherapy treatment. Finally, two Clinical Fellows are looking at the value of educational appraisal meetings in radiology and clinical oncology.





Clinical Radiology

The Clinical Radiology Faculty has prioritised the urgent need for a larger radiologist workforce and ways to achieve sustainable working to help ensure that patients have the imaging services they deserve.

Workforce and training numbers

The inadequate supply of radiologists combined with a significant increase in the 24/7 demands being made on radiology departments means that current arrangements for the provision and delivery of diagnostic and interventional radiology are unsustainable.

Advances in imaging technology, particularly computed tomography (CT) and magnetic resonance imaging (MRI) scanning, have markedly increased the number and complexity of radiology reports needed to treat patients. Figures from NHS England show that over the last ten years the total number of CT examinations has grown by 10% to 12% *each year*, from just under 2.0 million CT examinations in 2003–2004 to 5.2 million in 2013–2014, and from 0.8 million to 2.7 million MRI examinations in the same period.³ Interventional radiological referrals have also increased significantly in number, complexity and in the co-morbidities of patients.

The Faculty's workforce census revealed some stark findings.⁴ The number of consultant radiologists was reported to be only 3,239 – an increase of just 2% on 2012. There has been a minimal increase in the number of radiologists per 100,000 head of UK population from 4.7 whole-time equivalent posts (WTE) in 2012 to 4.8 in 2014. However, some regions experienced a decrease, with the East Midlands and the South East faring the worst – in both regions there are now only 3.5 WTE consultants per 100,000 people. Crucially, the number of unfilled consultant radiologist posts in the UK has increased substantially from 283 in 2012 to 421 in 2014, a rise from 8% to 12% of total posts.

The census also revealed that 29% of the current consultant workforce plan to retire by 2024 and an estimated 46% by 2029. In 2014, the number of trainee radiologists was 1,035, an increase of just under 2% since 2012. A total of 251 UK radiology trainees will begin training in autumn 2015, an increase from 231 in 2014.

The length of the radiology training means there is at least a five-year lag between any increase in trainee numbers and an impact on the consultant radiologist headcount. The Faculty has been vocal in raising awareness of workforce issues, repeatedly highlighting the impact on patients, as well as the cost to the wider health service, of delays in the reporting of images. Following lobbying by the College, the role of consultant clinical radiologist has been added to the National Shortage Occupation List, allowing radiologists to be recruited from outside the EU without the employer having to demonstrate that they have been unable to recruit from within the UK.

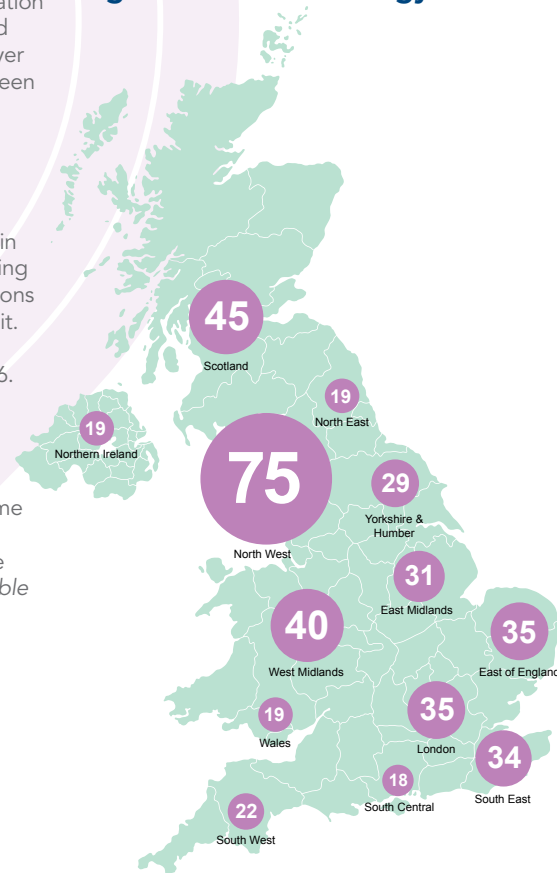
At the 2015 European Congress of Radiology (ECR), the Faculty hosted a special session for radiologists based abroad who were interested in working in the UK. The session included a networking opportunity facilitating informal discussions with British radiologists seeking to recruit. This session was promoted by specialist media and will be repeated at ECR 2016.

The Faculty also set up the Sustainable Future Working Party to develop guidance on a range of workforce related issues such as home and part-time working and the operation of radiology networks. The results of this work will be published in a series entitled *A sustainable future for diagnostic radiology*.

Snapshot surveys

Findings from two snapshot surveys of English radiology departments conducted by the Faculty revealed that almost 330,000 patients were waiting more than a month for results of their X-rays, and almost 8,000 were waiting over a month for CT and MRI scan results. Focusing on the impact of these delays on patients and the wider health service, the Faculty used the findings to call for proper monitoring of imaging delays, the recruitment of more radiologists and better use of the existing radiologist workforce, including the adoption of radiology networks.

Unfilled consultant posts by region: clinical radiology⁴



Radiology networks

The Faculty has proposed regional networks to share the scanning and interpretation of diagnostic images between NHS organisations in the four UK nations. An interconnected network of 150–200 radiologists would have the capacity to provide continuous 24-hour cover across a range of specialties. Such networks would be able to serve far greater numbers of patients than the often small teams based in individual hospitals. Through this more flexible model of service delivery, patients would receive more timely interpretation of their images, wherever those images were acquired. As a concept, radiology networks are an innovation very much in the spirit both of the Dalton review of options and opportunities for providers of NHS care and the *Five Year Forward View* published by NHS England.^{5,6}

Patient safety, discrepancy and human factors

An overriding commitment to patient safety in radiology continues to inform Faculty work and policy. Reviewing and learning from reporting discrepancies, which may arise with the benefit of hindsight and additional information, provides many opportunities to enhance patient outcomes. The Faculty's Radiology Events and Discrepancies (READ) programme is a confidential system for sharing incidents, events and discrepancies in radiology, accessible by all Fellows and members. READ newsletters are issued in hard copy and online.

The Faculty publication *Quality assurance in radiology reporting: peer feedback* promotes daily, workflow-efficient, IT-facilitated brief text feedback to reporters of previous imaging.⁷ The aim of this

document is to support departments in recognising and addressing actual or potential discrepancies.

The RCR has liaised with the National Institute for Health and Care Excellence (NICE) about the requirement for safe staffing levels in radiology services and is also exploring, with other stakeholders, how best to improve non-technical skills among radiologists. This focus on patient safety by the Faculty is reinforced by the creation and appointment of a Radiology Patient Safety and Human Factors Adviser and a Radiation Protection Adviser. In addition to this, and further demonstrating its continuing support for patient safety, this year the Faculty updated its guidance on interpreting and applying the *Ionising Radiation (Medical Exposure) Regulations*.^{8,9}

Standards and guidance

The Faculty has produced several key publications in the last year including *Standards for Learning from Discrepancies meetings* which highlights the importance of radiologists demonstrating objective assessment of, and reflection on, their practice, and the contribution of peer feedback to this reflection.¹⁰ Other important Faculty publications include, *Cancer multidisciplinary team meetings – standards for clinical radiologists* and *Guidelines for nursing care in interventional radiology, Second edition*.^{11,12}

Imaging Services Accreditation Scheme

The well-established Imaging Services Accreditation Scheme (ISAS) continues to grow. Very much a patient-focused, developmental scheme, ISAS ensures

imaging services continue to evolve and improve. Developed and owned jointly by the RCR and the Society and College of Radiographers, ISAS assessments are conducted independently for the Colleges by the United Kingdom Accreditation Service. The number of services interested in the scheme has grown steadily across the UK; over one third of diagnostic imaging providers are currently participating in ISAS.

A project is now in place to roll out ISAS in all Welsh NHS diagnostic imaging services and discussions are well advanced with colleagues in Northern Ireland for the whole of the Province. Two successful ISAS events have been held; the first, a workshop hosted by the Faculty, targeted those providers already aware of and interested in ISAS, while a session held at the UK Radiological Congress focused on those providers that had yet to engage with ISAS. Twenty-two services, including NHS and private providers, have achieved accreditation under the scheme which is recognised by the Care Quality Commission as evidence of high-quality care and standards when inspecting trusts in England.



Fellowship Admissions

1975 Total **114**
2015 Total **347**



304%

Fellowship admissions have increased over the last 40 years, and the College now offers exams in Hong Kong, India and Singapore.

iRefer

The Faculty publishes the *iRefer: making the best use of clinical radiology* imaging referral guidelines and currently makes these available under licence to all NHS professionals in the UK.¹³ To assist general practitioners and emergency care doctors in requesting the most appropriate radiological investigation for their patients, the next edition of *iRefer* is being developed with their needs in mind and with the aspiration that *iRefer* becomes compatible with the decision support software used by doctors in primary care.

Nuclear medicine

After many years of discussion, negotiation and planning by the RCR and the Royal College of Physicians, training in nuclear medicine is about to be transformed. A new curriculum was approved by the General Medical Council (GMC) in 2014 and will take effect in August 2015. Under the arrangements, all nuclear medicine trainees will spend the first three years of their training following the core radiology curriculum, including taking the FRCR examinations.

International Sponsorship Scheme

With GMC approval, the International Sponsorship Scheme became available for radiology trainees in October 2014. Through the scheme, overseas trainees wishing to undertake part of their training in the UK, who have completed the equivalent of the first three years of UK core training in their home countries, can be sponsored by the College in respect of GMC registration and visa applications.

Academic clinical radiology

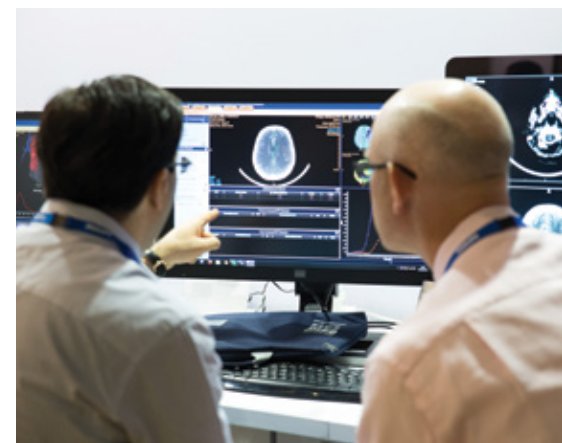
In 2014 the Faculty's Academic Committee awarded the first Research Certificate for competency in research. Following this, in October a successful Research Day was held at the College with a similar event planned for November 2015 in York. The Research Day advises on and encourages trainees and consultant radiologists to get involved in research. The Faculty continues to support joint research fellowships with the Medical Research Council and the Wellcome Trust, as well as offering a range of direct prizes, awards and grants for research projects including the Constance Thornton Fellowship, Kodak Radiology Fund Scholarship and the Kodak Research Bursary.

Clinical Radiology journal

Clinical Radiology, the international monthly scientific journal of the Faculty of Clinical Radiology, edited by Dr Grant Baxter, has a current impact factor of 1.759.¹⁴ This year saw the journal publish its first virtual special issue which focused on breast radiology.

Clinical Imaging Board

The Clinical Imaging Board comprises representatives of the three professional bodies for medical imaging – the RCR, the Institute of Physics and Engineering in Medicine and the Society and College of Radiographers. The Board provides a collaborative forum to promote the development of high-quality clinical imaging services in the UK, providing leadership and advising on the quality and safety of services for the benefit of both radiologists and patients.





Clinical Oncology

Workforce pressures have been a continuing concern for the Clinical Oncology Faculty with the relentless growth in the numbers of cancer patients. Addressing the development of high-quality radiotherapy services has been a particular area of focus.

Image courtesy of Elekta AB

Workforce and training numbers

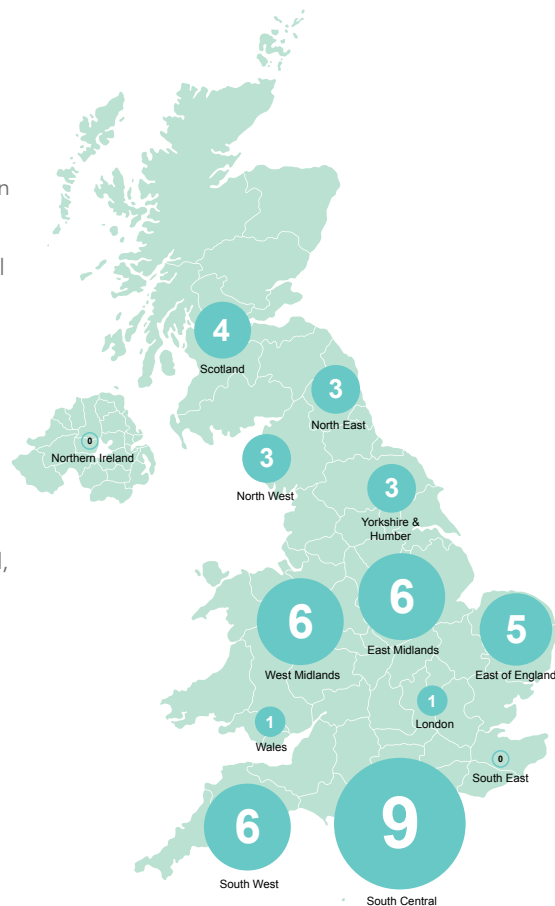
As the incidence of cancer grows with an aging population, and with increased survival rates resulting in a greater prevalence of cancer, current pressures on the UK clinical oncology workforce continue to escalate. While the workforce has increased only very slightly over the last several years, tighter financial constraints mean even this small increase will become more difficult to sustain in the future. The specialty must expand to allow for delivery of more complex, high-quality radiotherapy for patients.

The Faculty's workforce census continues to provide an unparalleled resource for describing and tracking the clinical oncology workforce nationally.¹⁵ This gives the Faculty robust data on consultant numbers and work patterns and information on how trainees transition into the consultant workforce. The 2014 census found that the number of consultant clinical oncologists in the UK had increased from 749 in 2013 to 766 in 2014 (equating to 699 WTE consultant clinical oncologists) representing a 2% workforce increase. This represents 10.9 WTE consultant clinical oncologists per million population in the UK.

Although the clinical oncology workload is increasing, there are currently only 384 clinical oncology trainees. With this in mind, the predicted shortfall of clinical oncology consultants (WTE) required to meet fully the needs of the service by 2018 will be 362. To close this gap, 93 clinical oncology trainees are required each year until 2018. Considering that the average duration of clinical oncology training is six and a half years, and to support the continued expansion in workload, these predictions need extending to give a ten-year perspective.

The Faculty used its workforce census data to support submissions to bodies across the four nations that commission the workforce in an effort to secure increased funding for consultant and trainee posts and radiotherapy equipment. This work has included intensive discussion with NHS Education for Scotland, who have agreed to increase capacity in clinical oncology training by five places for the 2015 intake.

Unfilled consultant posts by region: clinical oncology¹⁵



Future of the specialty of clinical oncology

The range and complexity of non-surgical oncological treatments, combined with an increase in the number of patients referred for such treatments, means that the specialty faces challenges very different from those of a decade ago. As a broad-based specialty, clinical oncology must keep abreast of such developments, review periodically the requirements of the patient population and, against this, balance the capabilities of the workforce to ensure high-quality treatments are delivered in accordance with patient needs, while demonstrating good value to the health service. With an aging UK population, more patients suffering additional diseases alongside cancer and the desire and need for clinical oncologists to engage in academic studies and clinical research, the delivery of cancer care and treatment is coming under increasing pressure.

The Future Shape of the Specialty document published by the Faculty in December 2014 recognises and addresses these issues.¹⁶ The workforce report highlighted that the current clinical oncology workforce is insufficient to meet both present and future demands.¹⁷ The report covered the full scope of practice for clinical oncology, the ways in which clinical oncology services are currently delivered and outlined how both of these are expected to change over the next ten years. It focused on four interconnected areas: training, workforce and job plans; service delivery and access; the research basis for radiotherapy and chemotherapy; and quality for radiotherapy and chemotherapy.

The report's findings – that the increasing rates of cancer and the growing complexity of treatments can only be met by expanding the current workforce – formed the main argument of a submission by

the Faculty to Health Education England on the estimated shortfall in numbers of consultants in clinical oncology, while underlining the key role of clinical oncologists in supervising high-quality, advanced radiotherapy.

Regional visits

The successful programme of Faculty regional visits continues to attract trainees and consultants. Meetings were held in Newcastle and Leeds, with attendees from Carlisle, Middlesbrough, Newcastle, Leeds, Sheffield and Hull. Such valuable networking opportunities facilitate a healthy exchange of ideas and information, serving to bring together the geographically spread oncological community. Further visits are planned to Scotland and Southwest England.

Exams in India

First FRCR exams for clinical oncology were held for the first time in Kolkata, India in spring 2015. This will be repeated in the autumn and the Faculty hopes to offer opportunities to take the Final 2A exams in India, and to consider other venues. India now joins Hong Kong and Singapore as an overseas examination centre, enabling candidates in those regions to sit their FRCR closer to home.



Survival rate for cancer

1975 – 25%
2015 – 50%



With advances in treatment, cancer survivorship has doubled in the last 40 years¹⁸



Clinical oncology – a cornerstone of modern cancer treatment

As part of the RCR, the Faculty of Clinical Oncology leads the development of non-surgical cancer treatment by promoting high standards of care and supporting and educating clinical oncologists throughout their careers

www.rcr.ac.uk/oncology

Academic clinical oncology

The need to enhance the profile of academic clinical oncology, involving re-considering the pathway through training and consultant careers, has been identified by the Faculty as a dedicated work stream to be largely progressed through the academic year 2015–2016 in line with the *College Strategy 2014–2016* and the *Future Shape of the Specialty* report.^{16,19}

Clinical Oncology journal

Clinical Oncology, the international monthly scientific journal of the Faculty, has achieved a significant increase in its impact factor, rising from 2.862 to 3.398 in the last year.²⁰ The Faculty is indebted to Professor Peter Hoskin as outgoing editor for all his work and welcomes Dr Charlotte Coles as his successor.

Standards and guidance

The Faculty continues to guide Fellows and members on best practice, standards and clinical issues. *Radiotherapy Dose-Fractionation* is the most consulted guidance document on the clinical oncology pages of the website, while *A review of the use of radiotherapy in the UK for the treatment of benign clinical conditions and benign tumours* is raising awareness of how radiotherapy can be used to treat conditions other than cancer.^{21,22}

Fellowships and awards

The Faculty bestows a variety of medals and awards funded through a number of sources, to recognise achievement in training, examinations, publications and audit by Fellows and members and undergraduates. Interest in and take-up of the awards, bursaries and Fellowships offered by the Faculty have remained strong, with six successful applicants for the Cyclotron Fellowship and two applicants for the Kay Fellowships. The Keith Durrant Memorial Fellowship provides up to £3,000 for senior clinical oncology specialist registrars or recently appointed consultants to visit departments in the UK or abroad to gain further experience or training. Furthermore, to support and encourage medical students who have an interest in clinical oncology, the Faculty offers bursaries and prizes specifically for undergraduates. These have been well received.



Working collaboratively

The Radiotherapy Board was established by the Faculty with the Institute of Physics and Engineering in Medicine and the Society and College of Radiographers. Highlights of the Board's work include defining the multiprofessional workforce required to deliver a world-class radiotherapy service and the results of a survey of the delivery of intensity-modulated radiotherapy across English radiotherapy departments.

The multidisciplinary Chemotherapy Board brings clinical oncology together with medical oncology and clinical haematology, oncology nurses and pharmacists. The work of the Board includes standardised systemic therapy consent, the selection of systemic therapy approaches for elderly patients and the continued evolution of the national Systemic Anti-Cancer Therapy (SACT) dataset.

The Joint Collegiate Council for Oncology (JCCO), the body for non-surgical oncology in the UK established by the RCR and the Royal College of Physicians of London, advises both colleges on matters relating to service needs, education, staffing and resources for the treatment of cancer and responds to relevant consultations. During the last year, the JCCO has co-contributed to responses to the National Institute for Health and Care Excellence on appraisals of new cancer drugs, established a framework for a review of *The effects of cancer treatment on reproductive functions* and reviewed a service specification for the future delivery of acute oncology services.²³



Finance and resources

This year, the College has reviewed its education funds releasing monies to support trainees in our two specialties in providing high-quality care for patients, alongside maintaining a strong and stable financial base.

Finance and resources

The College building is now well established and delivering excellent value for money with much wider functionality than its predecessor. The College continues to expand its services to Fellows and members, and part of this work encompasses the increased use of technological resources.

The College investment portfolio aims for long-term returns in line with the agreed strategic investment objectives and continues to grow, providing financial security and stability. The College is strengthening its business continuity resilience by ensuring its technology-based operations can remain unaffected by unforeseen or emergency situations.

Delivering value

Careful budgetary planning continues to ensure streams of activity are self-sustaining financially.

The review of the education funds and other similar funds has unlocked new resources which the Faculties are developing to support research and teaching. New facilities for those who have retired from practice are under development. The legacy programme is under review and aims to provide lasting memorials to Fellows and members who have contributed so much over their careers.

The graphics on page 22 illustrate the sources of income and the categories of expenditure for the financial year 2014–15. Continued prudent budgetary planning and financial management over the coming years will ensure that the needs of the membership can be met fully in ways that clearly demonstrate value for money.



References

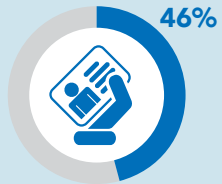
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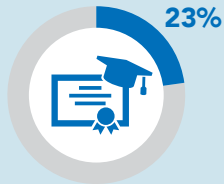
Income and expenditure

Income

January to December 2014



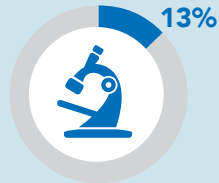
Membership subscriptions



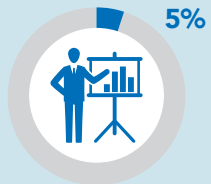
Examinations



Publications



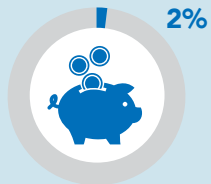
Scientific programme



Specialty training



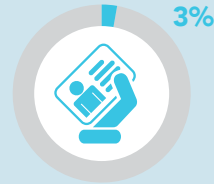
Professional practice



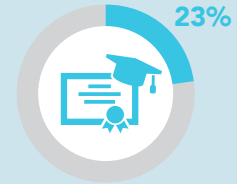
Investment income

Expenditure

January to December 2014



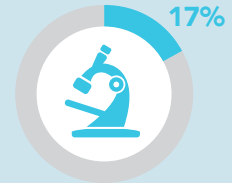
Membership subscriptions



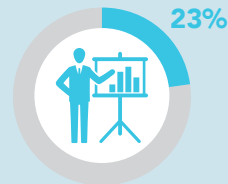
Examinations



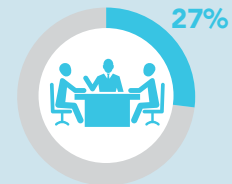
Publications



Scientific programme



Specialty training



Professional practice



Governance costs



Research grants

Note: Detailed accounts are available upon request from the College. Please email katie_harris@rcr.ac.uk

RCR Officers

2014–2015



Dr Giles Maskell



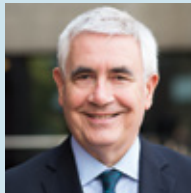
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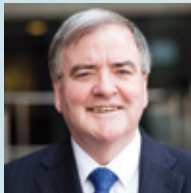
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(Dr Peter Cavanagh until 9 September 2014)

Vice-President, Clinical Oncology
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Dr Caroline Rubin



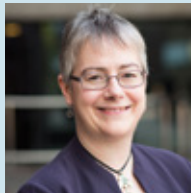
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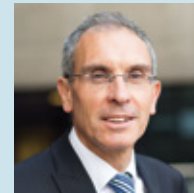
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Ken Green

Executive Director, Specialty Training
Joe Booth

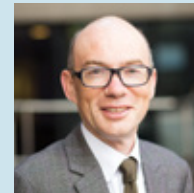
Executive Director, Professional Practice
Virginia Wykes



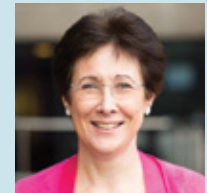
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