



The Royal College of Radiologists



Annual Report and Accounts
2005-2006

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 (2006), Annual Report & Accounts 2005-2006. Royal College of Radiologists, London.

ISBN 1-905034-03-02

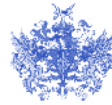
RCR Ref No. RCR(06)1

© The Royal College of Radiologists, July 2006

This publication is copyright under the Berne Convention and the International Copyright Convention

All rights reserved.

Design by Tin Dog: email info@tindog.co.uk



The Royal College of Radiologists

Annual Report and Accounts 2005-2006

Content

Foreword by the President	2
The College at a glance in 2005-2006	5-6
The Faculties at work	
Clinical Oncology	7
Clinical Radiology	12
Accounts 2005	18
Trustees 2005-2006 - Council	24

This report contains abbreviated accounts for the 2005 Financial year and the reports of the Council, the Treasurer and the Warden of the Fellowship.

“This year, the College has embarked on an ambitious programme of development and change, as set out in our Forward Plan.”

Foreword by the President, Janet Husband

Looking back over the last year, we have continued to see momentous changes in healthcare and an unprecedented focus on imaging and on the delivery of cancer services. It has been a year in which the College has faced difficult issues and the path ahead has not always been clear and straightforward. However, it has also been a year which has brought new and profound opportunities to work together within our specialties, across the professional disciplines, across the whole field of medicine, and indeed globally, to modernise healthcare delivery for the benefit of patients. This year, the College has embarked on an ambitious programme of development and change, as set out in our Forward Plan, published in the summer of 2005. We aim to modernise, to be outward looking, and to ensure that the College is fit for purpose within a contemporary healthcare environment.

When I began my Presidency, I emphasised the importance of communicating personally with Fellows and members of both Faculties and I have therefore been visiting different parts of England, Scotland, Wales and Northern Ireland throughout 2005 and 2006. The value of these regional visits was highlighted by meetings in such diverse places as Birmingham, Liverpool and Cambridge, where we

had most stimulating and lively discussions on the wide range of issues facing diagnostic radiology and clinical oncology at the present time. I intend to continue these meetings throughout the remainder of my Presidency, using them as an opportunity for real debate about the issues that are of concern to our Fellows and members. These meetings are just one of a number of channels of communication across the College, which include the eBulletin, the College Newsletter, the College website, and the recently established Site-Orientated e-Networks (SOeNs) in Clinical Oncology.

The College's Forward Plan also highlighted the need for the role of Council to develop and change, and real change is happening. Council is becoming more strategic and proactive, with time allocated to debate key issues and to make important decisions on new initiatives and challenges facing our specialities. The Presidential Election Working Party has concluded its work and has recommended the opening up of the election for President to the whole of the UK-based Fellowship, rather than to a small electoral college. This new system will have several advantages, and is clearly more democratic. The formal proposals will come before our 2006 Annual General Meeting.



Professor Janet Husband OBE | President

We have continued to work with our stakeholders on a number of issues of key importance to the future of both radiology and oncology. Specific examples include our work with the Royal College of General Practitioners (RCGP) on primary care access to imaging, and the Society and College of Radiographers on skill mix in both specialties, and incident and error reporting in radiotherapy. The College also continues to have a productive dialogue with the Departments of Health, regulators, patients, and other key agencies and individuals.

Many of the strategies defined in our Forward Plan have come to the forefront of our agenda in the past year. We held our first PET-CT Advisory Board meeting in January 2006, with representation from many different stakeholders, including the Royal Colleges, the Society and College of Radiographers, industrial partners, the Department of Health, and representatives of the devolved UK countries.

The Board has proved to be an important vehicle for enabling appropriate implementation and delivery of PET-CT in the UK.

In February, the College took a leading role in the national launch of the three new Radiology Academies which was held in Norwich. We were all delighted that Lord Warner officiated at the ceremony and, in

keeping with the ethos of the Radiology Integrated Training Initiative, he did so via an electronic link from Westminster! The day was a resounding success and not only did we have a live link to Lord Warner but also to the Peninsula Academy in Plymouth where an ultrasound procedure was performed on a well-known volunteer and transmitted live to Norwich.

The College's working party report on radiotherapy dose-fractionation is now published. This review of the level of evidence supporting current UK practice is of great importance in benchmarking individual departmental practice and in providing a basis for audit and research. We are very grateful to Dr Michael Williams for leading this piece of work, and to the large number of Fellows who contributed their comments.

In March 2006, the European Congress of Radiology took place in Vienna, led by UK President, Professor Andy Adam. At what was a superb meeting - both the scientific and social content were second to none - a highlight for me was the opportunity, on behalf of the College, to organise a special session entitled "ECR meets UK". In a series of three lectures, we explored the effectiveness of imaging in clinical care, its impact on deepening understanding of disease processes, and the ability of imaging to permit new

approaches to treatment. In addition, the United Kingdom Radiological Congress in May provided a stimulating and forward looking programme, and provided many hot topics for debate. The Congress, presided over by Professor Rodney Reznick for 2006, was an excellent forum in which to meet colleagues, share views on radiology, and to learn about the latest technological advances and their application to clinical practice.

I am very pleased that the College is currently engaged in the development of a service based accreditation scheme for radiology. The College has been praised for its model of training accreditation and we intend to use that experience and expertise to develop the new service accreditation scheme. Such a scheme has the potential to improve the quality of imaging services, irrespective of the service provider, and to help inform patient choice. Those services awarded accreditation will establish a benchmark to which others can aspire, and thus will help to bring into focus the importance of providing high quality imaging to commissioners and providers alike.

The year ahead promises to be just as challenging. The Officer team is keenly aware that pressures in the delivery of services are placing significant restrictions on the ability of many Fellows' and members' involvement in wider professional activities, including College work. We will be looking constructively at ways in which we can assist in ensuring that this valuable

activity is not curtailed. We are planning to review various aspects of the College's work over the next year or so, including patient involvement, career pathways, and academic practice.

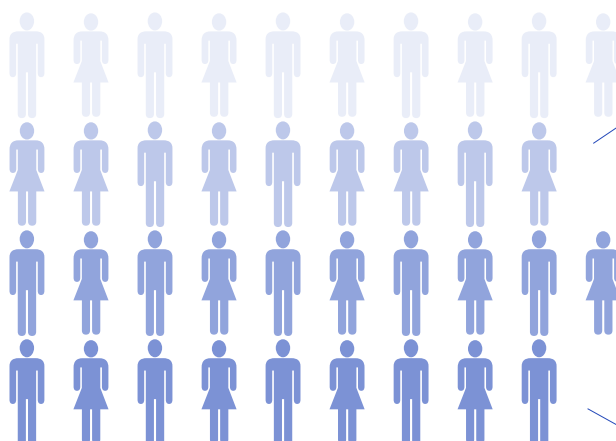
In concluding, I wish to thank the four Officers who retire at this AGM; Dr Robin Hunter, Dean, Clinical Oncology; the Wardens of both Faculties – Professor Adrian Dixon (Radiology) and Dr Frances Calman (Oncology); - and Professor Peter Dawson, Clinical Radiology Registrar. I would also like to offer my heartiest congratulations to our four newly-elected Officers; Dr David Lindsell, Warden and Dr Giles Maskell, Registrar of Clinical Radiology, and to Dr David Spooner, Warden and Dr Jane Barrett, Registrar of Clinical Oncology. They will take up their official posts at the AGM in September, and I look forward to working with them and welcoming them to the Officer team. The College is hugely grateful to all Fellows, members and patient representatives who have contributed to our work through working parties, committees, responses to documents, the Integrated Training Initiative, SOeNs, and *Making the Best Use of A Department of Clinical Radiology*, to name but a few.

Finally, on behalf of the whole Officer team I wish to thank all the staff of the College who provide us all with such dedicated and strong support and guidance.

Professor Janet Husband

President

Membership statistics 2005-2006



April 2005
 Faculty of Clinical Oncology
1336
 Faculty of Clinical Radiology
5151

Faculty of Clinical Oncology
1338
 Faculty of Clinical Radiology
5406
 March 2006

The College at a glance in 2005-2006

Communications and publications

Number of publications 2005-2006

- Clinical Radiology - six
- Clinical Oncology - two
- Clinical Oncology Journal – 10 issues
- Clinical Radiology Journal – 12 issues

Meeting Attendance 2005-2006

- Clinical Radiology meetings – 16 (18 in 2004-2005)
- Clinical Oncology meetings – 4 (3 in 2004-2005)
- Average meeting attendance – 125 (113 in 2004-2005)

Membership statistics 2005-2006

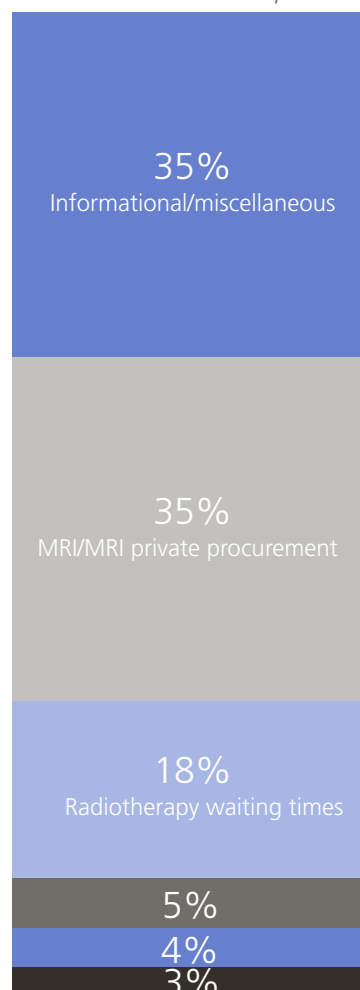
- April 2005**
- Faculty of Clinical Oncology – 1336
- Faculty of Clinical Radiology – 5151
- March 2006**
- Faculty of Clinical Oncology – 1398
- Faculty of Clinical Radiology – 5406

Breakdown of Press queries

- Informational/miscellaneous – 35%
- MRI/MRI private procurement – 35%
- Radiotherapy waiting times – 18%
- Late-effects of radiation – 5%
- Radiotherapy errors – 4%
- Cancer misdiagnoses – 3%

Other prominent topics - Radiology Integrated Training Initiative, PET-CT Strategy Document, MRI scanners and obesity

Breakdown of Press queries



Late-effects of radiation
 Radiotherapy errors
 Cancer misdiagnoses

EXAMINATIONS

Clinical Oncology

First FRCR Examination

Autumn 2005 sitting: 43 of the 75 candidates were successful – a pass rate of 57%

Spring 2006 sitting: 46 of the 67 candidates were successful – a pass rate of 68%

Final FRCR Examination

Autumn 2005 sitting: 27 of the 56 candidates were successful – a pass rate of 48%

Spring 2006 sitting: 20 of the 55 candidates were successful – a pass rate of 36%

Joint Final FRCR/FHKCR Examination

Autumn 2005 sitting: 6 of the 10 candidates were successful – a pass rate of 60%

Clinical Radiology

First FRCR Examination

Winter 2005 sitting: 317 of the 514 candidates were successful – a pass rate of 61%

Spring 2006 sitting: 152 of the 236 candidates were successful – a pass rate of 64%

Summer 2006 sitting: 140 of the 285 candidates were successful – a pass rate of 49%

Final FRCR Part A Examination

Autumn 2005 sitting: 205 of the 353 candidates were successful – a pass rate of 58%

Spring 2006 sitting: 215 of the 329 candidates were successful – a pass rate of 65%

Final FRCR Part B Examination

Autumn 2005 sitting: 169 of the 240 candidates were successful – a pass rate of 70%

Spring 2006 sitting: 133 of the 220 candidates were successful – a pass rate of 60%

Joint Final FRCR/FHKCR Part B Examination

Autumn 2005 sitting: 23 of the 27 candidates were successful – a pass rate of 85%

Dental Radiology

DDR Part A Examination

Autumn 2005 sitting: 1 of the 3 candidates was successful – a pass rate of 33%

Spring 2006 sitting: 1 of the 2 candidates was successful – a pass rate of 50%

DDR Part B Examination

Spring 2006 sitting: The single candidate was successful – a pass rate of 100%

SPECIALIST REGISTRATION

Clinical Oncology

Recommended for award of Certificates of Completion of Training (CCT): 43

Recommended for entry to the GMC Specialist Register on the basis of equivalence: 9

Clinical Radiology

Recommended for award of Certificates of Completion of Training (CCT): 185

Recommended for entry to the GMC Specialist Register on the basis of equivalence: 123

CONTINUING PROFESSIONAL DEVELOPMENT

Certificates of satisfactory CPD participation were awarded to 77% of the clinical oncologists, 81% of the clinical radiologists and 92% of the dental radiologists whose CPD target date was 31 December 2005. Overall, 77% of clinical oncologists, 83% of clinical radiologists and 92% of dental radiologists were up-to-date with their CPD requirements at 31 December 2005.

The names of winners of College medals, awards, prizes and lectureships can be found on the College website www.rcr.ac.uk

The Faculties at work

Clinical Oncology

7

Introduction

Over the past year, the Faculty has faced and dealt with a number of important issues - revalidation, evidence-based radiotherapy dose-fractionation, the definition of training competencies for the Postgraduate Medical Education and Training Board (PMETB), and waiting times to start treatment.

Radiotherapy capacity and services

In February 2006, the Faculty published the findings of its *Re-audit of Radiotherapy Waiting Times 2005*, on the College website. Following on from previous UK-wide audits conducted in 1997 and 2003, this latest audit showed some improvement on the results published in the 2003 audit, but current waiting times remained substantially worse than those in 1997. The audit revealed that over half of all patients receiving curative radiotherapy waited longer than the recommended maximum of four weeks from the date of decision to treat. The wait varied substantially across the country, some centres treating all patients within target and others not achieving this for any of their patients. The College believes that prompt treatment is essential for all patients as there is good evidence that delay allows tumours to grow. We are pleased that the Department of Health (England) National Radiotherapy Advisory Group

is working to address these issues and to devise a comprehensive plan for radiotherapy services over the next decade.

A review of radiotherapy services in Wales is under way, as part of a wider "Policy Review of Cancer services for the people of Wales". The report, to be published through the Cancer Service Coordinating Group and submitted to the Welsh Assembly Government, will highlight the fact that Wales has fewer linear accelerators - 3.7 per million population - than the rest of the UK, and will estimate requirements for adequate provision of radiotherapy services for the next decade. It will focus not just on the need for more linear accelerators, but will assess different models for using these machines and the necessary staffing, in the form of therapeutic radiographers and physicists, for optimum operation.

Work continues on developing the Northern Ireland Cancer Network, and the profile of Oncology in Northern Ireland has recently received a major boost with the opening in March of the new Northern Ireland Cancer Centre at Belfast City Hospital. This state-of-the-art facility which will greatly encourage cross-communication among all disciplines under one roof and will facilitate research in Northern Ireland.



Dr Robin Hunter | Vice-President and Dean of the Faculty of Clinical Oncology

“Radiotherapy Dose-Fractionation is one of the most important contributions that the Faculty has made to the practice of Radiotherapy since its establishment in 1972.”

Publications

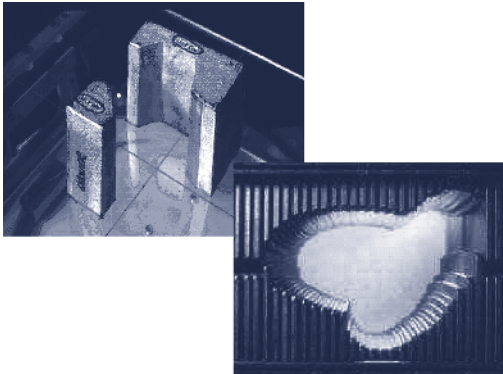
Radiotherapy Dose-Fractionation is one of the most important contributions that the Faculty has made to the practice of Radiotherapy in the UK since its establishment in 1972. This technical document reviews and grades the published international evidence on best practice, and makes clear recommendations for practice. In addition, this work defines the requirement for radiotherapy treatment facilities. Patients currently wait too long for treatment, with over half of patients waiting longer than the recommended maximum of one month from the decision to treat. The College continues to work with the National Radiotherapy Advisory Group in England to develop a 10-year plan to ensure an adequate service which will deliver radiotherapy for all patients within a maximum of four weeks. The final report is expected in Autumn 2006. This literature and practice review provides a firm basis for further research to improve radiotherapy.

In 2006, the College, together with the Joint Collegiate Council for Oncology (JCCO), responded to the issues raised by the steady growth of independent sector treatment providers for NHS patients, by publishing the document *Principles to underpin the delivery of NHS Radiotherapy or Chemotherapy Services in Cancer Units in the UK*. This growth has produced a number of issues that clinicians and

managers must address, in order to ensure that patient care will not be adversely affected by the use of devolved radiotherapy and chemotherapy services. The College continues to be particularly aware of the potential problems because of its involvement in the difficulties surrounding the use of independent sector providers of MR services in radiology over the last three years. The new Faculty document is aimed at providing guidelines and principles for new devolved cancer services, whether they are run by the NHS or the independent sector. The guidelines, building on previous work done by the College, are provided in the specific areas of Cancer Network policies and guidelines, service specification and patient-centred care. The Faculty is fully conscious of the importance of clear guidelines to ensure that patients receive the highest quality cancer treatment possible in the correct timeframe, regardless of whether this treatment is via independent sector services or NHS units.

Identifying Errors

Incidents and errors in radiotherapy delivery are a high-profile issue, following the publication of a number of cases in the past year involving patients who received the incorrect dose of radiotherapy. Preventing these errors is extremely important, and quality assurance techniques should reduce them. The College is working with the Health Protection Agency, the National Patient Safety Agency, the Society and



College of Radiographers, the Institute of Physics and Engineering in Medicine, and the British Institute of Radiology, in order to improve procedures and develop a process that identifies guidelines, which should be reported across the UK. The College is also examining whether a UK-wide reporting system could allow more transparency, and timely reporting, of those errors and near misses which do occur; at present our knowledge of some serious incidents is limited to what has been published in the press after enquiries conducted under the Freedom of Information Act.

Site-Orientated e-Networks

This past year has seen the establishment of our Site Orientated e-Networks (SOeNs), which are now up and running with each of the twelve groups having an individual lead; these leads, in turn, have been encouraged to challenge members and Fellows with developing site-orientated competences for Fellowship candidates by the end of 2006.

These networks are a key future resource for the Faculty, providing, as they will, a system enabling easy access to site oriented specialist advice. SOeNs will also provide a framework for site-orientated sub-specialty training and accreditation, mentoring and revalidation, which are almost certainly just round the corner.

Assisted Dying for the Terminally Ill

In May 2006, Clinical Oncology members and Fellows responded to a Faculty survey on their attitude to Lord Joffe's proposed new legislation on Physician Assisted Suicide. Out of 249 respondents, 189 (75.9%) felt that a change in legislation is not needed because good clinical care and a dignified death can be provided within existing legislation. A further 13 (5.2%) were undecided, and 47 (18.9%) believed that a change in legislation was needed.

When asked whether they would personally be prepared to participate actively in a process to enable a patient to terminate his or her life under the conditions outlined in the draft legislation, 45 out of 249 (18.1%) replied that they would, 13 (5.2%) were undecided, and 179 (71.9%) felt that they would not be prepared to do so. These results showed that the extensive debate in the UK over the last two years does not appear to have convinced many clinical oncologists of a need for a change in legislation at this time. Indeed, it appears that, if the proposed legislation were enacted, the majority of those surveyed would opt out, leaving patients in the unsatisfactory situation of being in conflict with their specialist, and potentially forcing them to seek an assisted suicide service from a doctor who has not known them or their case for any length of time.

Education, training and trainee involvement

The latest *Modernising Medical Careers* framework includes the provision of time-limited training contracts and potentially more non-training career posts than at present. Negotiations are under way by the Faculty, with medical oncology, palliative medicine and haematology, to agree common core competencies, which might lead to the development of a “themed” stream for cancer medicine. A further five years of specialist training in clinical oncology, at the end of Basic Medical Training Year 2, seems to remain the best option at present, and it is hoped that a uniform method of selection into the specialty might be adopted nationally.

In Scotland, visits by the Postgraduate Medical Education and Training Board have criticised the smaller training schemes in Aberdeen and Dundee for their lack of subspecialist training and have recommended a rotational training scheme with Glasgow on the London model. The problems of distance make this organisationally challenging. The principle of having basic clinical oncology training in a centre like Aberdeen with a compulsory (non-reciprocating) move to Glasgow for the rest of training has been discussed, and, while the College approves the concept of multi-centre training, this might prove



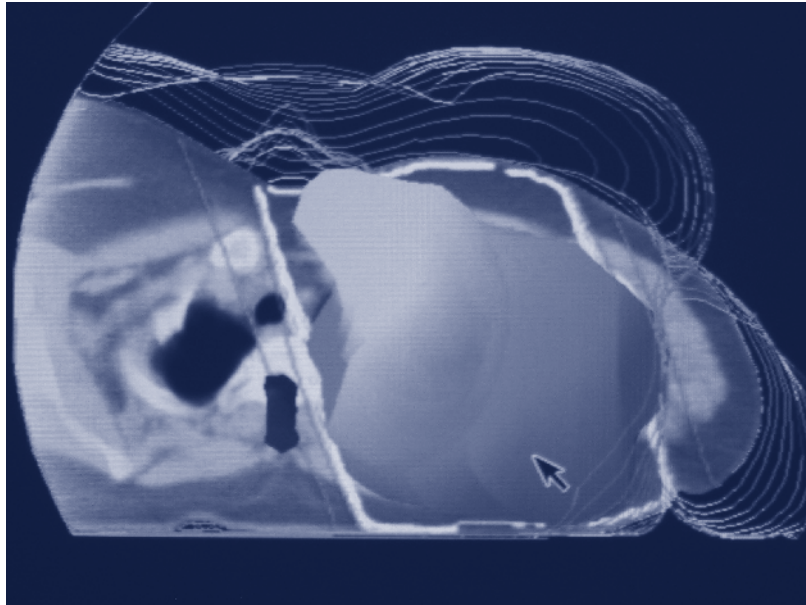
Dr Frances Calman | Warden, Faculty of Clinical Oncology

unpopular with trainees. Recommendations for the establishment of a Scotland-wide training scheme have been submitted to PMETB.

Wales is currently at the ceiling for Clinical Oncology training numbers. It is hoped that the ceiling will be raised next year in line with the planned expansion of consultants in the future. The planned process for Modernising Medical Careers, due to take effect during 2007, has been evaluated, and the opportunities and threats for future training have been highlighted.

Northern Ireland trainees attend the London Part 1 and Part 2 FRCR courses. Entrance to training remains highly competitive and, as a consequence, our trainees are of very high calibre. Northern Ireland now has a vigorous cancer research institute, and Clinical Oncology trainees are increasingly encouraged to work towards an MD or PhD research degree as well as undertaking further training elsewhere in the UK or overseas.

During the last year, the Clinical Oncology Division of the Junior Radiologists' Forum was engaged in the debate centred on the new PMETB, the Modernising Medical Careers (MMC) programme, changes to structures of formal instruction and examination for Specialist Registrars, research opportunities and career pathways, 'professional fees', and the pressing need to improve radiology



training to facilitate education and progress in graphical volume definition. The Forum is intending to introduce a new constitution, which more clearly meets the needs of Clinical Oncology trainees, and will stimulate repopulation of the forum.

The Journal

Clinical Oncology continues to develop its role as a leading cancer journal. The number of issues has been increased from eight per year to ten per year as of the current volume, as a reflection of the Journal's success in attracting high quality papers, and the wish to keep to a minimum the time from acceptance to publication. A new feature, introduced in the last year, has been that of Special Issues devoted to a particular topic and comprising a comprehensive collection of authoritative reviews. These have been well received and attract a high number of electronic downloads, which can now be tracked with accuracy.

It was with sadness that we recorded the death of Professor Frank Ellis, one of the great leaders and pioneers in radiation therapy. The journal was privileged to publish the first Frank Ellis Lecture in the current volume, and continues to award, on an annual basis, the Frank Ellis medal for the best published paper in each volume.

Patient involvement

The Clinical Oncology Patients' Liaison Group has had a busy year with an ever-increasing workload. The Group has completed work on a document on herbal supplements and cancer treatments, and an updated version of the brochure *How to make your Radiotherapy Department more Patient-friendly*. Members have offered comments on 20 different external consultation documents, received educational presentations on several topics, and debated a number of issues including waiting times for radiotherapy, tissue damage following radiotherapy, informed consent, prioritisation of waiting lists for radiotherapy, and approval and licensing of drugs for cancer treatment. Letters were sent to the Secretary of State on the latter two issues. A review of the Group's constitution and Terms of Reference has been completed. The group is looking to develop links with other cancer organisations, stimulated by the College's Forward Plan.

Conclusion

With a year of solid and demonstrable progress behind us, the Faculty is well equipped to contribute effectively to the development of the specialty and to help influence the external agenda. The year ahead promises to be no less busy than 2005-06.

The Faculties at work

Clinical Radiology

Introduction

Organisations' annual reports frequently refer to developments as "challenges" and "opportunities", the former representing examples of the latter, and the College has taken up a number of opportunities during 2005 and 2006. Key among such developments is Wave 2 of the Diagnostics outsourcing initiative. Inevitably, the "change agenda" for the delivery of imaging services has absorbed much time and energy. The existence of the first and second wave programmes demonstrates a realisation by the English NHS that delivering diagnostics, including imaging, is a sine qua non for achievement of other targets. The setting up of a National Diagnostic Imaging Board for England, chaired by an Imaging Lead, Dr Erika Denton, is evidence of this. At a UK level, the major investment in training of radiologists through increased training numbers and the support for the Radiology Integrated Training Initiative Academies will further build capacity.

Imaging Capacity

Welsh radiologists have been heavily involved with the national imaging investment framework, including support for evaluation teams looking at new equipment. There is a pilot evaluation of the "map of medicine" in North Wales. Welsh

radiologists are involved with commissioning services through involvement with Local Health Boards. Regional diagnostic imaging networks have been set up for the south east, mid and west, and north Wales regions to achieve the 2009 eight week maximum waiting time for diagnostic imaging through the Service and Financial Framework annual planning process. In Northern Ireland, the Integrated Clinical Assessment and Treatment Service (ICATS) remains an unknown quantity. It is currently being developed and implemented, and will have a significant impact on imaging in the province.

For England, any expansion of clinical imaging capacity and provision has to be welcomed but there are huge challenges in the integration of the second wave diagnostics programme into NHS medical care, in the development of adequate communications, in establishment of robust clinical governance arrangements and in the efficient use of spare capacity already in existence within the NHS. Efforts to end or limit the "additionality" rule within the programme continue. This is seen as one of the keys to effective integration and clinical governance as well as more efficient use of resources. The College has worked hard, particularly through the efforts of

“At a UK level, the major investment in training of radiologists through increased training numbers and the support for the Radiology Integrated Training Initiative Academies will further build capacity.”



Dr G. Markham | Vice-President and Dean of the Faculty of Clinical Radiology

Professor Adrian Dixon, in his role as MRI Guardian, to improve some of the shortcomings of the first wave MRI programme delivered by independent sector providers. Significant improvements have been achieved, though difficulties persist.

Research

The College is very pleased to have established a joint research training Fellowship with the Medical Research Council (MRC). The scheme represents a major opportunity for radiologists in training to obtain high-level research experience and is of particular importance to those considering a career in academic radiology. The Fellowship provides up to three years' support for clinically qualified and active professionals to undertake specialised or further research training in the bio-medical sciences within the UK.

Picture Imaging and Archiving Systems (PACS) and IT

Last year this report described the roll-out of PACS in England as “unfinished business”. This remains true for PACS and for other aspects of the NHS Connecting for Health programme. The College has remained active in advising the programme through several channels including its committees. Anxieties remain about cost, although these may not be as great as originally

suggested. The College has emphasised the importance of an effective link with existing local Radiology Information Systems or the provision of new ones with each PACS system supplied.

Wales and Scotland have separate approaches to PACS. Wales proceeds on an individual Trust procurement basis and future integration may be an issue; the University of Wales Department of Public Health, is involved in work on evaluating and maximising the impact of imaging guidelines in conjunction with developing electronic requesting across the principality. In Northern Ireland a separate PACS project continues to make progress. In Scotland there is an ongoing four-year PACS deployment scheme with central funding of capital costs and a central archive. Major national investment in Radiology is underway and the PACS roll-out beginning in Glasgow should mean that all hospitals in Scotland are equipped by early 2009.

Members of the IT Sub-Committee have also put considerable time and effort into the establishment of universal PACS systems and also the essential messaging technology, to ensure that clinical radiology coding dovetails neatly with the proposed national SNOMED CT (clinical terms coding system) coding procedures.

Workload and workforce issues

The previously noted increase in National Training Numbers in England will make a significant contribution to the workforce difficulties radiology is experiencing and the roll-out of the Radiology Academies will have its own impact as time goes on but, obviously, neither will make an immediate impact and service delivery continues to be a struggle.

The situation in Wales, Scotland and Northern Ireland continues to be serious too, and workload is certain to exceed capacity for years to come. The Standing Welsh Committee has been involved in discussions with the Welsh Assembly with regard to radiological workforce issues (currently there is a 20% consultant radiological vacancy rate in Wales) and the development of training based on the Integrated Training Initiative model, which would expand the number of training numbers and also develop diagnostic imaging staff to maximum potential.

Benchmarking

The College has come under some pressure from Fellows to revise its previous statements and publications concerning benchmarking and workload. This pressure was partly engendered by the consultants' contract negotiations but other factors have played a part. It is fair to say that opinion in the profession is split between those who feel a new benchmarking exercise is essential and those who feel it would be either impossible to do meaningfully, given the great variations in working practices and circumstances, or positively counterproductive. After much discussion, an exercise is under way with the involvement of the University of Keele, who have agreed to share their benchmarking data with the College

International Radiology Quality Network (IRQN)

This initiative between the College and other professional bodies in Europe, the United States and Australasia, to develop quality standards for clinical radiology continues to flourish. It is anticipated that this will have a significant impact on the delivery of high quality radiology services. Network and College

representatives will take part in a symposium hosted by the International Atomic Energy Agency, to be held in Vienna in November 2006.

Regional links

The Regional Chairs' Committee has been a success story in terms of establishing an effective two-way conversation between the College and the regions. However, the informality of this conversation has been seen as a disadvantage, particularly at a time when there are growing numbers of links for effective regional representatives to make. Consequently, this year, updated terms of reference have been agreed, providing for proactive liaison with regional structures including the newly reformed Strategic Health Authorities and NHS Connecting for Health Programme in England, as well as maintaining the links in the devolved UK countries.

The Standing Welsh Committee is including an expert patient for future committee meetings. There has been a general encouragement for imaging departments in Wales to have a patient liaison member attached to the Trust Radiology Directorates.

The Scottish Standing Committee has begun to consider how the changed service context in Scotland since devolution can best be reflected in terms of input to the Regional Chairs' Committee.

“Central to the activities of the Faculty is the development and maintenance of standards.”

Service Review

The aim of the Service Review Committee is to carry out invited reviews of departments to help to maintain high quality radiology services for patients. The College service review document has recently been revised and reissued. Notwithstanding the appearance on the scene of other players such as

the National Clinical Assessment Service, the College believes that the Service Review Committee still has an important role to play, in responding to requests for review of service provision in departments of clinical radiology where Trusts are concerned about standards or performance issues.

Publications

Central to the activities of the Faculty is the development and maintenance of standards. Increasingly, published standards for competence and performance will underpin the processes of appraisal and revalidation. Standards documents cover a very wide range of topics. Each is subject to review four years after publication or earlier, as appropriate.

Among documents approved in 2005 were:

Standards for Patient Consent Particular to Radiology, Standards for Cancer Multidisciplinary Team Meetings, and Standards for the reporting and interpretation of imaging investigations.

These standards are not regulations governing practice, but rather they are aimed at defining those aspects of radiological services and care, which promote the provision of high quality service to patients.

One further publication of considerable interest to the profession is ***Standards for Iodinated Intravascular Contrast Agent Administration to Adult Patients***, issued in 2005; this document offers advice on the use of contrast agents, addresses relevant precautions and provides management advice in the event of an adverse event occurring. The Standards Sub-Committee and the Audit Sub-Committee continue to produce pragmatic guidance and auditable standards such as this, which help to maintain the high quality of clinical radiology within the UK.

In Wales, the Imaging Modernisation Advisory Forum is looking at standard setting and setting up Departmental accreditation programmes. These are based on standards documents produced by the College, and by the American College of Radiology and other relevant regulatory bodies.

Other key publications this year have included ***PET-CT in the UK: a strategy for development***

and integration of a leading edge technology within routine clinical practice. This document, put together by a working party led by the College, and supported by the Society and College of Radiographers, contains recommendations for facilities and equipment, staffing levels, training, and handling of data for the use of PET-CT throughout the UK.

Providing Expert Advice to the Court: Guidelines for Members and Fellows, provides advice for all clinical radiologists and clinical oncologists who act as expert witnesses, who need to ensure that they comply with the recommendations of Lord Woolf's report Access to Justice: Final Report (July 1996). The College has used Lord Woolf's recommendations and sought to provide advice for members and Fellows who are called upon to give expert evidence that will maintain the high standing of the profession and ensure the high quality and the integrity of expert witness testimony in clinical radiology and also in clinical oncology.

Interventional radiology

The Faculty conducted a survey of those College members and Fellows who identified themselves as having a "special interest" in interventional radiology. The survey, designed to examine the amount and types of interventional radiology being done in the UK, found that although vascular work forms a very major part of interventional radiology, there is a very broad spectrum of both numbers of professional activities and techniques. It is quite clear that for interventional radiology to flourish, training must remain broad-based.

Education, training and trainee involvement

Modernising Medical Careers (MMC), having at first suggested that entry into all specialties would occur immediately after Foundation Year 2, has now introduced the concept of fixed term specialist training. This should allow a proportion of recruits into Clinical Radiology Specialist Registrar training posts to continue to acquire experience in medicine, surgery, etc, over and above that gained in Foundation Years 1 and 2. Nevertheless, it is likely that most Specialist Registrars will eventually enter “run through” radiological training after FY2.

The PMETB has taken over the role from the Specialist Training Authority for the award of Certificate of Completion of Training and the assessment of candidates seeking other routes onto the General Medical Council Specialist Register. The College remains closely involved in this process, with representation on the PMETB’s key committees, and in continuing dialogue with the Board and with MMC. This has included input from the Junior Radiologists’ Forum, who have been working closely with juniors from other specialties at the Academy of Medical Royal Colleges, using this united voice to attempt to influence policy particularly in regard to PMETB.



Professor Adrian Dixon | Warden,
Faculty of Clinical Radiology

Scottish radiologists have been encouraged by the support for an increase in radiologist numbers featured in the 2005 Kerr Report. The four training schemes in Scotland are effectively at maximum capacity and the Scottish Standing Committee therefore has proposed a modified Academy, on the lines of those in England and adopting their developing infrastructure.

Northern Ireland has discussed the question of taster electives for F2 doctors, as well as the possibility of sharing slots with Pathology as a means of attracting candidates and enabling trainees to express an interest in the specialty.

The Radiology Integrated Training Initiative (RITI) was formally launched with the opening of three Academies (Leeds, Norwich and Plymouth). The electronic learning database (eLD) and the Validated Case Archive (VCA) are also progressing well, thanks to the contributions of many Fellows. It is planned to make the eLD available to all UK training schemes by the end of 2006.

Junior Radiologists’ Forum (JRF) Clinical Radiology Division

The Junior Radiologists’ Forum (JRF) is in the process of amending its constitution, with particular emphasis on getting juniors involved in the work of the Faculty and making the Faculty more accessible. The JRF is

planning to send out a new national survey of trainees, which will be broadly similar to the national survey of 2004. From this, it hopes to canvass the views of trainees, feedback the information to the training schemes and observe any trends.

The Forum continues to embrace the electronic era, re-organising the JRF section of the RCR website, using the College database to move the Juniors' Survey to an electronic format, and increasing our use of e-mail for communication thereby reducing the need for meetings.

The Journal

The total number of submissions to *Clinical Radiology* continues to rise but the unpredictability of the flow of papers has been a challenge. The past year has seen the two extremes of too much copy in hand, resulting in a few "bumper" issues, contrasting with a lean period in which the number of papers ready for publication has been uncomfortably small. However, the continuing rise in *Clinical Radiology's* Impact Factor, from 1.514 in 2004 to 1.799 in 2005, is heartening.

There has been a very pleasing response to the articles on web-based and allied technologies. This regular quarterly series is planned to run for 18 months after which time the Editorial Board and authors will decide how or whether this series will be continued. The handling and processing of manuscripts by Editorial Manager software continues to benefit authors and allows the timely publication of papers in *Clinical Radiology*. The software is continuously updated and the system has been used to deal with more than 2000 submissions in the last two years. The Deputy and Assistant Editors have continued to do sterling work in keeping the "time to final disposition" to a minimum, and the Assistant Editors' and Reviewers' performance is constantly monitored to keep the turnaround time within acceptable limits.

In January 2006 Dr Bob Bury, currently Deputy Editor, was appointed Editor of *Clinical Radiology* with effect from 1 September 2006. Bob Bury comes with a wealth of experience, having served on the Editorial board of *Clinical Radiology*, and having edited the College newsletter for many years, and his appointment will

ensure that *Clinical Radiology* continues to flourish.

Patient involvement

The Faculty gains considerably from the supportive work of patients who sit on the Patients' Liaison Group, on Faculty Board, and on several sub-committees. College responses to consultation documents have been immeasurably enhanced by their comments, and the Group itself has started a programme to review all its information leaflets. The Faculty is grateful for the voluntary effort from this small but dedicated group of individuals.

Conclusion

With the workload of the College increasing in all spheres, the College relies heavily on the hard work of its committees and sub-committees. The commitment of the Chairs and members of these groups is invaluable and the College could not function without them. The Faculty of Clinical Radiology has developed greatly throughout the past year, in line with the College's Forward Plan. We will continue to ensure that the Faculty continues to lead on developments and changes within our specialty, with the prospect of the service accreditation scheme becoming a reality in the next year.

Accounts 2005

1. Extracts from the accounts

	2005	2004
	£	£
General Fund Only		
Total income	3,271,238	2,978,407
Total expenditure	3,137,859	2,555,043
Operating surplus <i>(from the conduct of the general business of the College)</i>	133,379	423,004
Value of Investment Portfolios	7,497,035	5,644,460
<i>(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)</i>		
Gain in Investments	1,690,930	554,757

This report covers the financial year 1 January 2005–31 December 2005. 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.

2. Overview of the Year

2005 has been a busy year for the College. Once again, an active scientific programme has taken place in both Faculties and overall, the programmes have produced a small surplus. The FRCR examination continues to grow with increasing candidate numbers. The overall meeting schedule for College Officers and the various College committees has risen over the year. This increased activity is reflected in the increased operating costs. However, due to cautious budget setting and tight expenditure controls, the year has ended with a modest operating surplus.

3. Investments

The College's investment managers, Rensburg Sheppard, have continued their successful management of our investments portfolio, outperforming the selected benchmarks and achieving a total return on our portfolio of 15.8% over the year. We have transferred a further cash sum of £500,000 from the General Fund deposit account into the portfolio and this has been judiciously invested during the first quarter of 2005.

Our thanks are also due to our external experts, David Newlands and Percival Stanion, who have given freely of their valuable time and expert advice. In addition, we have retained the investment monitoring services of Jewson Associates, who provide us with detailed quarterly reports of our investments performance.

4. Outlook

The College is going through a significant developmental phase. Some examples include:

- RCR Forward Plan
- Use of Council as a body guiding the strategic development of the College
- Migration of the Radiology Integrated Training Initiative e-learning content to the College
- Site-Orientated electronic Networks (SOeNs), developed in Clinical Oncology
- Development of an electronic examination in Clinical Radiology
- Service Accreditation
- Development of an online version of *Making the Best Use of a Department of Radiology*
- Improved communications

All of these developments represent a significant financial challenge to the College, not least because of the associated infrastructure and running costs. It is vital that College finances grow sufficiently to enable this important work to be done. One of the key areas of activity for the next few years is to identify additional sustainable income flows.

5. Approval of Council

The audited accounts were approved by Council on 17 March 2006. The Annual General Meeting will be asked to adopt the accounts on 12 September 2006, when it will be proposed that Sayer Vincent should be appointed as College Auditors, and that Council be empowered to set the subscription rates for 2006/7 in accordance with the prevailing rate of inflation and the anticipated budgetary needs of the College.

Acknowledgements

This is my first annual report as Treasurer. I would like to acknowledge the work of my predecessor Dr Henry Irving who has worked hard for the College over the previous five years and from whom I inherited a solid financial structure.

Dr Conall Garvey
Treasurer

Legal and administrative details

For the year ended

31 December 2005

Status

The organisation is a registered charity, incorporated by Royal Charter in 1975.

Charity number

211540 (Registered as a charity with the Charity Commission)

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

Report of the Council

These summarised accounts are extracted from the full unqualified audited accounts approved by the Council on 17th March 2006 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 C J Garvey Treasurer

July 2006

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 22 and 23.

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 judgements 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 2005.

SAYER VINCENT

Chartered Accountants

Registered Auditors

Balance sheet

As at 31 December 2005

		2005	2004
£	£	£	
Fixed assets			
Tangible fixed assets		2,246,802	2,139,716
Investments		7,497,035	5,644,460
		<u>9,743,837</u>	<u>7,784,176</u>
Current assets			
Debtors	182,801		170,303
Cash at bank and in hand	1,523,855		1,399,697
	<u>1,706,656</u>		<u>1,570,000</u>
Creditors: amounts falling due within one year	<u>976,414</u>		<u>781,059</u>
Net current assets		<u>730,242</u>	<u>788,941</u>
Net assets		<u>10,474,079</u>	<u>8,573,117</u>
Funds			
Restricted funds		3,691,821	3,716,584
Unrestricted funds:			
Designated funds		2,590,616	1,670,222
General fund		<u>4,191,642</u>	<u>3,186,311</u>
Total funds		<u>10,474,079</u>	<u>8,573,117</u>

Statement of financial activities

For the year ended 31 December 2005

	Restricted £	Unrestricted £	2005 Total £	2004 Total £
Incoming resources				
Donations and similar incoming resources	27,033	20,273	47,306	56,893
<i>Activities in furtherance of the College's objects:</i>				
Subscriptions	-	1,401,907	1,401,907	1,294,845
Examinations	-	610,542	610,542	488,986
Education	-	221,186	221,186	163,261
Courses	-	179,103	179,103	161,651
Conferences and meetings	-	408,958	408,958	444,098
Administration	-	43,708	43,708	45,912
Publications	-	245,048	245,048	215,737
<i>Activities for generating funds</i>	-	39,878	39,878	49,848
Investment income	48,997	187,491	236,488	216,519
Total incoming resources	76,030	3,358,094	3,434,124	3,137,750
Resources expended				
<i>Cost of generating funds</i>				
Fund raising and publicity	-	6,471	6,471	26,256
Net incoming resources available for charitable application	76,030	3,351,623	3,427,653	3,111,494
<i>Charitable expenditure</i>				
Examinations	94,730	346,615	441,345	362,075
Education (including membership)	106,662	318,973	425,635	383,208
Courses	10,847	96,536	107,383	100,546
Conferences and meetings	15,367	327,405	342,772	326,111
Faculties	123,990	107,603	231,593	208,623
Publications	9,039	114,807	123,846	135,260
Medical audit, guidelines and standards	38,868	106,142	145,010	135,890
Grants payable	52,398	109,908	162,306	320,522
Support costs	140,368	1,059,579	1,199,947	942,534
Management and administration	9,039	28,745	37,784	37,098
Total charitable expenditure	601,308	2,616,313	3,217,621	2,951,867
Total resources expended	601,308	2,622,784	3,224,092	2,978,123
Net (outgoing)/incoming resources for the year	(525,278)	735,310	210,032	159,627
Gains on investments				
Realised	70,782	168,349	239,131	128,706
Unrealised	429,733	1,022,066	1,451,799	426,051
Net movement in funds	(24,763)	1,925,725	1,900,962	714,384
Funds at beginning of year	3,716,584	4,856,533	8,573,117	7,858,733
Funds at end of year	3,691,821	6,782,258	10,474,079	8,573,117

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

Trustees 2005-2006 – Council

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

Officers

President (Chair of Council)

Professor J E S Husband, OBE, London (2004)

Treasurer

Dr C J Garvey, Liverpool (2005)

Vice-President and Dean of the Faculty of Clinical Radiology

Dr C G Markham, London (2005)

Vice-President and Dean of the Faculty of Clinical Oncology

Dr R D Hunter, Manchester (2004)

Warden of the Faculty of Clinical Radiology

Professor A K Dixon, Cambridge (2002)

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

Dr F M B Calman, London (2002)

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

Professor P Dawson, London (2002)

Registrar of the Faculty of Clinical Oncology

Dr M V Williams, Cambridge (2004)

Elected Council members

Clinical Radiology

Dr J Adam, London (2005)

Professor D Martin, Manchester (2005)

Professor R H Reznek, London (2004)

Dr R A Nakielny, Sheffield (2003)

Dr E P H Torrie, Reading (2003)

Clinical Oncology

Dr H J Dobbs, London (2004)

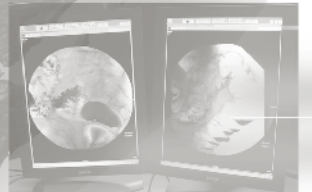
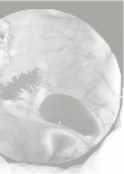
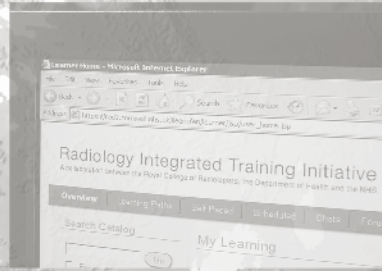
Dr R D Errington, Liverpool (2004)

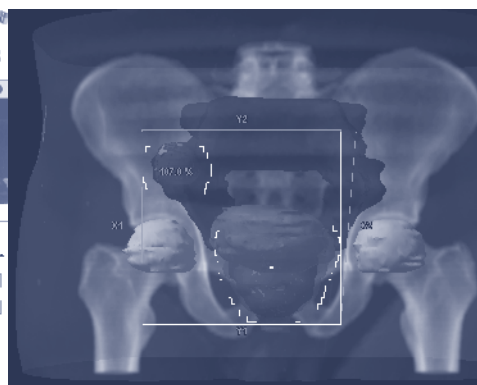
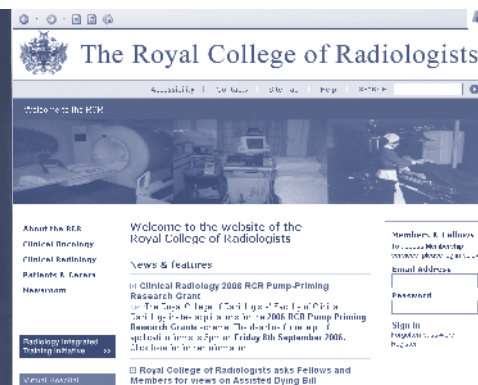
Dr J M Barrett, Oxford (2003)

Dr A M Crellin, Leeds (2003)

Dr C W L Trask, Southend (2003)

() = date elected





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