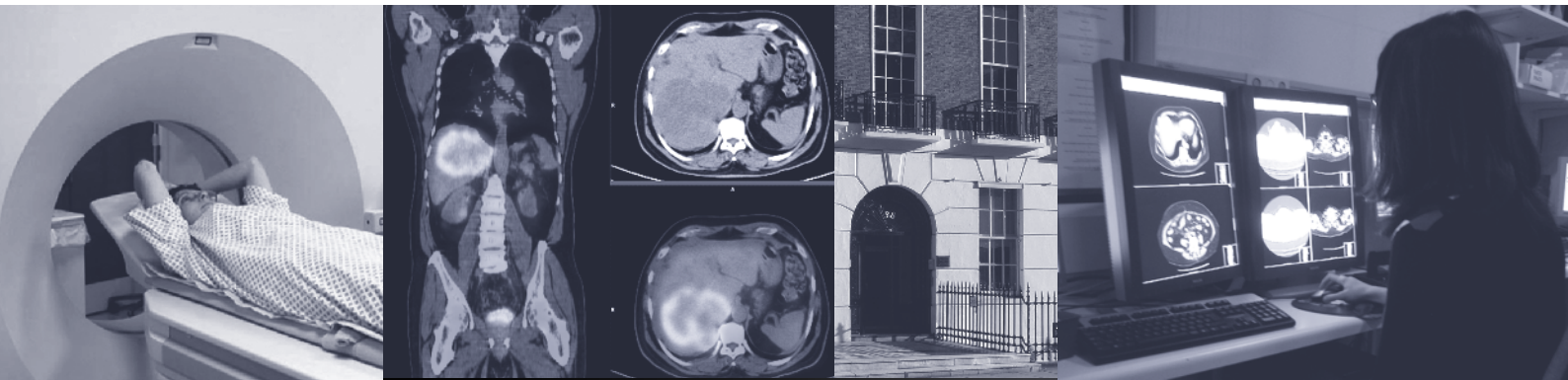




The Royal College of Radiologists



Annual Report and Accounts
2006–2007

Principal aims 2006–2007

The following aims for the year 2006–2007 were agreed for the College as a whole and for each of the two Faculties in order to take forward delivery of the College's Forward Plan. This Annual Report records progress against these aims and other activities during the College year 2006–2007.

Aims for the College

- To review how the College and the Faculties involve the public and patients in their work, with the benefit of a paper prepared by current patient and lay representatives on the College's Council, Boards and committees.
- To review all channels of communication with Fellows and members in order to ensure that there are efficient, cost-effective and timely methods of communication; this work will build on the significant investment in web-based communication over the last few years.
- To deliver the Radiology Accreditation Programme, which will combine quality monitoring with quality improvement in radiology services in the UK and to work with the Academy of Medical Royal Colleges on accreditation models for all medical specialties.
- To establish an Academic Forum for the College and the Faculties to ensure that careers in academic medicine in clinical radiology and clinical oncology are supported and encouraged; this will first involve gathering information about current academic career opportunities and threats and developing a network of key contacts.

Aims for the Faculty of Clinical Oncology

- To explore the fitness for purpose of current training arrangements given changing needs and multidisciplinary management of cancer.
- To continue to press the need for investment in radiotherapy in England given the investment plans already agreed for Scotland and Wales; this will build on the work done with the National Radiotherapy Advisory Group (England) by Faculty Officers.
- To work with other professional bodies and agencies to develop a more effective method of sharing the learning from radiotherapy incidents and errors for the benefit of patient safety and effective management.

Aims for the Faculty of Clinical Radiology

- To develop training across traditional boundaries; this will start with a new specialty of breast disease diagnosis and management and extend to interventional/surgical work.
- To monitor the radiology workforce and the effects of teleradiology and independent sector treatment centres on imaging services.
- To explore the opportunities and threats as regards reconfiguration of imaging services in the light of policies in England to develop out-of-hospital care and primary care access to imaging.



The Royal College of Radiologists

Annual Report and Accounts 2006–2007

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This report contains abbreviated accounts for the 2006 financial year and the reports of the Council, the Treasurer and the Warden of the Fellowship.

“As my Presidency draws to a close, it is very heartening to be leaving a College that is growing in both remit and influence”

Professor Dame Janet Husband, DBE, President



President's overview

As I look back over my term as President of the College, I am struck by the number of significant changes and developments in the healthcare professions over the past three years. While the last year in particular has been marked by major problems with the Medical Training Application Service (MTAS), and by concerns over safety and resources in radiotherapy, the College has made major progress and continues to make significant contributions to such diverse areas as electronic learning, radiology service accreditation, recertification, the work of the National Radiotherapy Advisory Group (NRAG) and the development of the Cancer Reform Strategy. As my Presidency draws to a close, it is very heartening to be leaving a College that is growing in both remit and influence. We continue an ambitious programme of development and change, as set out in our Forward Plan and within the context of our annual Principal Aims (see page 2).

Patient involvement

The College has long benefited from the work of patients and lay people in its work. This has taken many forms and continues to increase, perhaps most significantly through the work of our two Faculty patients' liaison groups. One consequence of

increasing patient involvement is the growing burden of work, which impacts on the small number of individuals involved. This led Council to commission a fundamental review of the ways we involve patients, the structures we have and the support we give them.

The outcome of the review is a series of recommendations, the aim of which is to make patient involvement more effective, build on the strengths of the current structures, and address the areas where problems exist. The College intends that as these recommendations are implemented, both patients and the College will enjoy more involvement of patients, use their skills and experience more effectively, and embed their work more fully in what we do.

Education and training

The reports on the work of the Faculties record the developments in education, training, and examinations. Here, I particularly want to focus on e-learning where the College is a leader as demonstrated by the Radiology – Integrated Training Initiative (R-ITI). I have seen this develop from an idea into a state-of-the-art, world-class resource, providing an electronic learning solution for training radiologists and for increasing capacity to meet

demand. The Validated Case Archive (VCA) has been delivered and is moving into a new phase with the proposed development of a web-based archive, which will be relaunched within the next 12 months. Many Fellows and members have dedicated hours to harvesting cases for the VCA and for this, I am very grateful. The electronic learning database (e-LD) has now rolled out for use by all radiology trainees and consultants across the UK. The process of updating the e-LD has started.

It was wonderful to have the opportunity to present R-ITI to an audience of radiologists from around the world at the 2006 conference of the Radiological Society of North America, and to celebrate the national and international awards, which R-ITI has won.

From this magnificent start, the College is now embarking on projects to deliver e-learning for years 4–5 training in radiology, to assist Fellows in achieving recertification for revalidation in the future and an e-learning initiative for oncology.

Academic Forum

The new Academic Forum aims to foster and monitor research activities within both our specialties with the following aims:

- To provide career advice and guidance for all clinical radiology and clinical oncology academic trainees
- To explore methods of helping to fund new Joint Academic Clinical Fellowships to enable Fellows of the College the opportunity to study for a higher degree
- To explore support from industry for targeted fellowships
- To restructure the existing pump-priming grant scheme so as to support a smaller number of substantive grants
- To explore bringing together a number of the existing College academic prizes to be used more imaginatively, in order to help foster research activity.

The Forum has made good early progress and the intention is to establish it on a secure footing from 2008 onwards.

Radiology Accreditation Programme

I am very pleased that the Radiology Accreditation Programme (RAP), a very exciting project developed by the College together with the Society and College of Radiographers, is making excellent progress. RAP will introduce a scheme for accreditation of a radiology service, showing that its services are safe, and that it is committed to a detailed action plan to bring about continual service improvements. This means of accreditation will be a vital tool for ensuring that individual clinicians work in systems and with resources that will enable them to deliver the care that their patients expect. RAP is being specifically developed to be led by clinical professionals working in close partnership with patients and clinical colleagues in other disciplines.

Following consultation both with Fellows and members, and with a wider stakeholder group, RAP has been progressed to a developmental pilot stage, with five sites that are helping to refine the standards and define the accreditation process. As RAP is developed and put into practice, there will be many related benefits for patients, practitioners, radiology service managers and commissioners of services. The development of RAP would not have been possible, without generous support and assistance from the Department of Health (England), BUPA Insurance, Nuffield Hospitals and Philips Medical Systems. The scheme will be rolled out during 2008.

Appeal update

The College's former *X-Appeal* was a great success in terms of both its implementation and its aims. It is a pleasure to see the start of a new College appeal, the *Research Fellowship Appeal of The Royal College of Radiologists*. Funding research for cancer diagnosis and treatment remains a priority, and although the NHS is dedicated to meeting the needs of patient services and developing a programme of research, it has limited resources and, of the £5.5 billion that is spent on cancer annually, only 10% is directed into research. This is where the College's Appeal can make a genuine and lasting difference to patients. By launching Research Fellowships for clinical oncology

and diagnostic radiology, we will be assisting specialists in building the future of medicine for the overall benefit of cancer patients everywhere.

The aim of the first phase of the Appeal is to raise £1 million to provide the income necessary to support these Research Fellowships. Our vision is that the Appeal will be instrumental in developing new diagnostic techniques that can detect cancers earlier, introducing new methods of treatment for future generations, and progressing the medical knowledge of today's young doctors.

Communication with Fellows and members

I am delighted that I been able to mark my time as President with a greater emphasis on communicating personally with Fellows and members of both Faculties. Accordingly, throughout 2006 and 2007, I have continued my series of visits to different parts of England, Scotland, Wales and Northern Ireland. As in previous years, these meetings stimulated lively discussions on the wide range of issues currently facing clinical radiology and clinical oncology. I would like to thank all those who have attended the numerous regional meetings across the UK in the past 18 months; they have been immensely useful in highlighting particular issues in both Faculties.

These meetings are just one of a number of communication methods that we continue to develop across the College. During 2006–2007, we have taken a fundamental look at all channels of communication. The communications review proposes a series of recommendations that aim to deliver greater and more effective use of electronic communications (via the College website and e-bulletins), a structured move away from hard copy publications, and a phased reduction in College mail packs. This should result in a more cost-effective, targeted approach to communications.

Already, all College clinical audits are conducted online, and this will be further enhanced with the provision by the Faculty of Clinical Radiology of a combined and updated online version of *Clinical*

Audit in Radiology: 100+ Recipes and Clinical Governance and Revalidation.

Recertification

The Government's White Paper, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century* outlined a key role for the medical Royal Colleges in specialist recertification, one of the two components of revalidation. The White Paper set out principles, whereby specialty-specific standards will be set and assessed by the Colleges and approved by the General Medical Council. The Academy of Medical Royal Colleges has been asked to support the development of recertification through the co-ordination and piloting of the recertification process. As a College, we are committed to maintaining the highest standards of practice and education in clinical oncology and clinical radiology across the UK, and the White Paper is to be welcomed as an initiative that will confirm and build public trust in healthcare professionals. We look forward to playing a constructive role in setting the standards and processes of assessment for recertification. This is an excellent opportunity for the College – together with the Government, regulators, Fellows and members – to benefit patient care. Although in the early stages, we have already established a new Committee of Council, identified leads for each specialty, and started to define the aims of recertification.

College infrastructure

It will be apparent from the Annual Reports made during my term of office, that the College has grown significantly – both in terms of the range of functions and services it offers and the volume of work it conducts. Council approved a significant expansion in the staffing infrastructure in 2006, following the publication of the *Forward Plan* with its ambitious aims. It was quite clear that with those developments, and known future demands such as recertification and the redefinition of continuing professional development, we would outgrow the available space in the College building at 38 Portland Place.

Following an extensive option appraisal, Council decided in March 2007 to effect a programme of refurbishment and reconfiguration of the site at 38 Portland Place over the next few years, subject to obtaining the necessary planning and other approvals. I am pleased to say that through careful management of reserves, this plan is intended to be achieved without calling on Fellows and members for additional contributions.

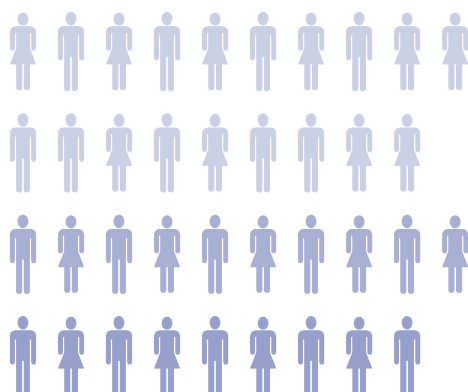
Conclusion

As always, my role as President has been continually enhanced and supported by the tireless work of our elected College Officers. I would like to offer my grateful thanks to our present elected Officers, and pay tribute to all the former College Officers who

have held these posts throughout my Presidential term. The College is also hugely grateful to all Fellows, members and patients who have contributed to our work through working parties, committees, responses to documents, RAP, R-ITI, clinical oncology Site-orientated e-Networks (SOeNs), and the updating of *Making the best use of clinical radiology services*, to name just a few.

Finally, on behalf of the whole Officer team, I would like to thank all the staff of the College who provide us all with such dedicated and strong support and guidance, and who have supported us all so ably and efficiently throughout my time as President. I wish my successor, Professor Andy Adam, every success.

Membership statistics 2006–2007



April 2006
Faculty of Clinical Oncology
1,398
Faculty of Clinical Radiology
5,469

Faculty of Clinical Oncology
1,434
Faculty of Clinical Radiology
5,621
March 2007

The College at a glance in 2006–2007



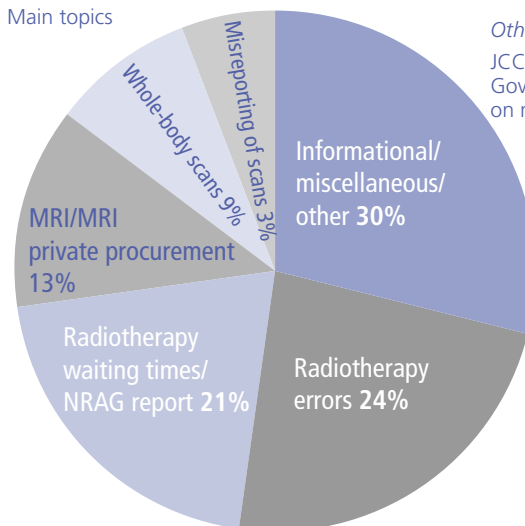
Date	Hits on website	Unique Visitors
July 2006	436,167	15,050
Aug 2006	429,157	14,410
Sept 2006	486,545	15,829
Oct 2006	645,008	18,718
Nov 2006	550,559	17,156
Dec 2006	497,401	15,705
Jan 2007	629,542	19,192
Feb 2007	581,673	18,578
Mar 2007	810,013	21,870
Apr 2007	629,142	20,066
May 2007	602,297	19,574
June 2007	524,744	17,271

Percentage of CPD scheme participants who have satisfactorily achieved their targets, 2000–2006

Year	Percentage of successful clinical oncologists	Percentage of successful clinical radiologists
2000	54	77
2001	74	80
2002	65	80
2003	75	77
2004	73	85
2005	77	81
2006	85	81

Breakdown of press queries

Main topics



Other prominent topics –
JCCO treatment guidelines
Government White Paper
on medical regulation

College responses to consultation documents, April 2006 to March 2007

	April 2006	May 2006	June 2006	July 2006	Aug 2006	Sept 2006	Oct 2006	Nov 2006	Dec 2006	Jan 2007	Feb 2007	March 2007
No of consultation docs responded to	3	–	6	1	2	1	4	4	4	2	7	5
	Six-monthly total: 13						Six-monthly total: 26					
	Six-monthly average for documents responded to each month: 2.2						Six-monthly average for documents responded to each month: 4.3					

EXAMINATIONS

Clinical oncology

First FRCR Examination

Autumn 2006 sitting: 26 of the 65 candidates were successful – a pass rate of 40%

Spring 2007 sitting: 45 of the 87 candidates were successful – a pass rate of 51%

Final FRCR Examination

Autumn 2006 sitting: 30 of the 56 candidates were successful – a pass rate of 53%

Spring 2007 sitting: 34 of the 65 candidates were successful – a pass rate of 52%

Joint Final FRCR/FHKCR Examination

Autumn 2006 sitting: 4 of the 9 candidates were successful – a pass rate of 44%

Clinical radiology

First FRCR Examination

Winter 2006 sitting: 256 of the 439 candidates were successful – a pass rate of 58%

Spring 2007 sitting: 76 of the 198 candidates were successful – a pass rate of 38%

Summer 2007 sitting: 94 of the 251 candidates were successful – a pass rate of 37%

Final FRCR Part A Examination

Autumn 2006 sitting: 180 of the 318 candidates were successful – a pass rate of 56%

Spring 2007 sitting: 167 of the 310 candidates were successful – a pass rate of 53%

Final FRCR Part B Examination

Autumn 2006 sitting: 167 of the 237 candidates were successful – a pass rate of 70%

Spring 2007 sitting: 142 of the 237 candidates were successful – a pass rate of 59%

Joint Final FRCR/FHKCR Part B Examination

Autumn 2006 sitting: 18 of the 26 candidates were successful – a pass rate of 69%

Dental Radiology

DDR Part A Examination

Autumn 2006 sitting: Neither of the two candidates was successful.

Spring 2007 sitting: 2 of the 3 candidates were successful – a pass rate of 66%

DDR Part B Examination

Spring 2007 sitting: The single candidate was successful – a pass rate of 100%

SPECIALIST REGISTRATION

Clinical oncology

Recommended for award of Certificates of Completion of Training: 49

Recommended for entry to the GMC Specialist Register on the basis of equivalence: 0

Clinical radiology

Recommended for award of Certificates of Completion of Training: 156

Recommended for entry to the GMC Specialist Register on the basis of equivalence: 5

The Faculties at work

Clinical Oncology

Several key topics have occupied the Faculty in the past 12 months; major examples are the Medical Training Application Service (MTAS), the National Radiotherapy Advisory Group's (NRAG) report *Radiotherapy: developing a world class service for England*, the improvement of patient safety in radiotherapy, and the development of the College's Site-orientated e-Networks (SOeNs).

Investment in radiotherapy

This last year has seen the publication of a key report on radiotherapy provision for England, work already having been done in Wales and Scotland.

The (English) NRAG published its report in May 2007, three years after starting its work. The report submitted to ministers summarised the work of five working parties. The scenario planning subgroup report laid out the need for a 60% increase in current radiotherapy provision if optimum treatment were to be offered promptly to all eligible patients. The other working parties addressed the issue of how to increase provision, focusing on productivity, workforce planning and skills mix. The particle subgroup report recommended steps to be taken to offer proton therapy to patients in the UK.

The Faculty looks forward to taking the radiotherapy investment agenda forward as part of the Cancer Reform Strategy. The College is intimately associated with the development of the Strategy and is directly involved in workstreams on the patient pathway and value for money. The development of adequate radiotherapy services for England will be a key objective and it has now been recognised that this was one of the omissions of *The NHS Cancer Plan* published in 2000.

Data from the 2005 radiotherapy waiting times audit were combined with best practice identified in *Radiotherapy Dose-Fractionation*, and used to provide independent corroboration of modelling of radiotherapy demand in the NRAG report. The results were broadly similar and showed that the deficit comprised both lack of access to treatment and restriction of fractionation. The audit of systemic therapy waiting times demonstrated that most treatment is delivered within Joint Collegiate Council for Oncology (JCCO) guidelines, a very different picture to that in radiotherapy where 50% of patients wait longer than recommended.



Dr Michael Williams, Vice-President
and Dean of the Faculty of Clinical Oncology

“After a decade of work, the Faculty has finally achieved recognition that radiotherapy provision needs to be dramatically improved. The challenge now will be to make this happen across the UK”

In Wales, a report has been produced for the Welsh Assembly, detailing the shortfall of radiotherapy machines, and estimating a need for six to ten additional linear accelerators (LINACs) for Wales over the next ten years. The Welsh Assembly Government has accepted the report, and work is continuing to ensure timely radiotherapy provision and to explore workforce issues, with the aim of providing five LINACs per million population for each of the Welsh cancer centres. In addition, further funding has been made available for the commissioning of cancer services. The Northern Ireland Chief Medical Officer (CMO) discussed with the Standing Northern Ireland Committee, the inadequacy of radiotherapy services in the Province, as well as radiotherapy incidents and safety, and the importance of feedback between departments. The CMO was fully familiar with the NRAG report and has investment plans in hand to implement its recommendations in Northern Ireland.

Guidance issued in 2006 and 2007

The Role and Development of Brachytherapy Services in the United Kingdom lays out principles for service organisation and workload and will be important in improving services for patients.

Principles to underpin the delivery of radiotherapy

and chemotherapy services to NHS cancer patients was published by the JCCO, of which the College is a key member. This document addresses the factors that need to be considered by all service providers whether NHS trusts or new entrants from the independent sector. It sets standards, which patients should expect from all cancer services.

The Guide to Job Plans in Clinical Oncology revised the Faculty's earlier guidance, restructuring it to reflect the terms of the new consultant contract.

Optimising patient safety in radiotherapy

A multidisciplinary working party has been examining how to improve safety in radiotherapy. All UK departments already comply with the International Commission on Radiological Protection recommendations for a quality assurance system and dosimetry comparison. Beyond this, patient safety requires great attention to detail in exactly how processes are undertaken and how changes are introduced. The final report, to be entitled *Optimising patient safety: reducing errors and incidents in radiotherapy*, is expected in November 2007.



Dr David Spooner, Warden, Faculty of Clinical Oncology

In parallel with this, there is a separate working party looking at the *Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)*. Its aim is to produce a document to improve understanding of IR(ME)R and its implementation, without detracting from the prime role of the employer.

Verification of the geometric accuracy of treatment is a key feature of a high-quality radiotherapy service and a working party is now finalising its advice on this topic.

In Scotland, the College has set up a working group exploring the idea of a 'near miss register', which it is hoped may provide a way forward. Scottish cancer standards are currently under consultation. In Wales, following the Glasgow radiotherapy incident in July 2006, processes, documentation and supervision in relation to patient safety are being reviewed. The present Welsh cancer standards do not include independent checks, but these checks are undertaken in Cardiff, Swansea and North Wales as best practice.

Education and training

The new curriculum was submitted to the Postgraduate Medical Education and Training Board (PMETB) and approved with minor modifications; the

new curriculum will come into force in August 2007. Further refinement of the Faculty's response on assessment for training will be submitted, and, in addition to the FRCR examinations and annual Record of In-Training Assessments (RITA), it will be necessary to develop regular workplace-based assessments in the form of competencies. Trainers will need to receive regular, formal 'training to train' sessions, and more time in job plans will need to be ring-fenced solely for training and competency assessment.

In the light of the changes in quality assurance produced by PMETB, the purpose and function of the Faculty's Training Accreditation Committee (TAC) has now changed. Its successor – the Specialty Training Advisory Committee (STAC) – will combine the former TAC and the meetings of the Regional Postgraduate Education Advisers and Heads of Training Schemes. It will be responsible for curriculum review, competency assessment development, quality assurance of training and the interface between the College and the Postgraduate Deaneries.

The introduction of MTAS has occupied a considerable amount of time – both centrally and locally. The Faculty has contributed detailed comments to the College's response to Sir John

Tooke's enquiry into Modernising Medical Careers. The Faculty is grateful for the detailed feedback from Fellows and members on how to create an effective national system of appointments.

Elected members of the Faculty's boards and Council are considering the evolution of training and examinations, including opportunities to collaborate with medical oncology, at least in core training in the first two years. A number of JCCO projects have been launched which have the potential for us to work and collaborate even more closely in the fields of training, and developing training materials with medical oncology. In particular, following a stimulating and successful presentation from the Fellows of the Faculty of Clinical Radiology in May 2007, the Faculty is urgently exploring ways to engage interested Fellows and colleagues to produce a business case for developing e-learning in oncology by December 2007, drawing on the successful experience in clinical radiology.

In Scotland, a greater emphasis on pan-Scottish clinical oncology training schemes has been suggested, although there are concerns about the viability of subspecialty training in smaller centres.

The Oncology Registrars' Forum (ORF) has been re-energised this year and considerable momentum has resulted, with many planned streams of work feeding into the training portfolio. The ORF has established a 'Lesson of the Month' feature, on the College website, based around case reports that have been submitted to the College journal, *Clinical Oncology*, and the webpage also contains comprehensive information for oncology trainees on research advice, conferences and educational courses, and advice on applying for a clinical oncology post.

Both parts of the FRCR examination continue to be developed to be even more educationally relevant and robust; in particular, the production of the 'best of five' questions to replace multiple choice questions has been very successful. Standardisation of clinical and viva assessment in the Part II, by electronic

and Objective Structured Clinical Examination (OSCE), is continuing.

Site-orientated e-Networks (SOeNs)

SOeNs, the Faculty's web-based networks, through which Fellows and members can be kept informed on the site-specific aspects of the development of knowledge and good practice within their specialty, have now become more established as a standard way of communicating, certainly on clinical problems. They have been used for audits and the outcome of one of these was presented at the United Kingdom Radiation Oncology conference in March 2007. All clinical oncology Fellows and members are encouraged to join and contribute to the SOeNs. Fellows and members can do this by amending their registration details via the College website.

Patient involvement

The Clinical Oncology Patients' Liaison Group (COPLG) has had another busy year, undertaking work in a number of areas, particularly that of publications. The completion and publication of the second edition of the document *Making your Radiotherapy Service more Patient-friendly* in April 2007 is a major achievement. The booklet gives a series of recommendations for clinical oncology departments, designed to improve patients' experiences of their cancer treatment. Recommendations on good practice in such areas as departmental facilities, information and communication about treatment, and treatment and follow-up, have been made to encourage departments to review their policies and make any necessary changes. The COPLG has updated the publication *Making your Outpatient Chemotherapy Department more Patient-friendly*, which will be available later in 2007.

The COPLG also played a part in the College's response to the Chief Medical Officer's report *Good doctors, safer patients*, stressing the importance of patients' involvement in all stages of the roles outlined for the Royal Colleges in the report, particularly that of recertification.

The journal

Clinical Oncology continues to go from strength to strength. The total number of submissions to *Clinical Oncology* has continued to rise year on year, with ample submissions to cover the increase from eight issues a year to ten issues as of mid-2006. The option of expansion to 12 issues will be considered if necessary, to ensure timely publication of accepted papers. The journal's impact factor continues to increase from 1.288 in 2005, to 1.471 in 2006, an increase of 14.7%. Online usage of the journal continues to rise, and the overall satisfaction rate among authors in 2006 was more than 90%.

The concept of special issues of the journal – two issues each year dedicated to a specific theme – has been successful, particularly with regard to downloaded articles. Future special issues include *The Importance of Radiobiology to Cancer Therapy: Current Practice and Future Perspectives*; *Radiotherapy for Early Rectal Cancer*; *Cancer in the Elderly*; and *Technical Aspects of Radiotherapy*.

Conclusion

After a decade of work, the Faculty has finally achieved recognition that radiotherapy provision needs to be dramatically improved. The challenge now will be to make this happen across the UK. We will also need to look ahead and assist in ensuring the routine provision of techniques such as advanced planning, and intensity modulated and image-guided radiotherapy. This will include contributing to clinical trials to assess these techniques for safety, efficacy and cost-effectiveness.

In autumn 2007, the working party reports on Optimising patient safety: reducing errors and incidents in radiotherapy, and on IR(ME)R will be published; here again, the challenge will be to ensure that learning and sharing is embedded in practice and in regulatory processes.

The final area of challenge is to ensure that training and examinations remain fit for purpose, and that educational support for everyday practice offers Fellows and members what they need for successful recertification.

“Radiology continues to develop its role at the centre of diagnosis, playing a vital part in determining the appropriate patient pathway for the efficient delivery of services to patients”



Dr Gill Markham, Vice-President and Dean of the Faculty of Clinical Radiology

Clinical Radiology

The challenges and opportunities discussed in the 2005–2006 Annual Report continue to increase in frequency and complexity. This is a reflection of the fundamental change in the place clinical radiology occupies in the delivery of healthcare. Radiology continues to develop its role at the centre of diagnosis, playing a vital part in determining the appropriate patient pathway for the efficient delivery of services to patients. This is evidenced by the unprecedented popularity of the choice of radiology as a specialist career under the evolving Modernising Medical Careers (MMC) structure.

Imaging capacity and picture archiving and communications system (PACS)

The continuing roll-out of the PACS programme, particularly with voice recognition, has enabled clinical radiologists and imaging departments to increase their efficiency in reporting times. This was commented upon as far as England was concerned, in the Healthcare Commission report *An Improving Picture? Imaging services in acute and specialist trusts* published in March 2007, although it was acknowledged there was still some way to go in many departments. The potential increase in capacity achieved by the involvement of the independent sector in Wave II and delivery of the 18-week target has had

mixed success. However, it is a credit to the monitoring mechanism promoted by the College that this was identified early and remedial action was put in place to minimise the risk to patients. It is rewarding to have College involvement that allows us to gain an overview of PACS roll-out and progress in all parts of the UK.

Waiting times and teleradiology

As long waiting lists and large backlogs of reports diminish, the need for significant volumes of images to be reported at a distance from the patient's normal centre of healthcare provision should be minimised. Experience with teleradiology and remote reporting has highlighted the important inter-relationship between clinicians and the radiologists with whom they interact on a daily basis to provide guidance and imaging reports.

In Wales, work is progressing to bring about the 2009 Access Project, aiming for a maximum 26-week waiting time, with diagnostics at present facing an estimated four to eight week waiting time by 2009. There remain concerns about the expansion of magnetic resonance imaging (MRI), non-obstetric ultrasound and cancer staging examinations. There is a need to identify resources to cope with the expansion in numbers of examinations and the demand for reduced waiting times.

Specialisation and reorganisation of healthcare delivery

With increasing specialisation in all branches of medicine together with resource implications in staffing and facilities, it is inevitable that specialist services will need to be concentrated in fewer centres. To ensure decisions on provision are based on sound clinical grounds, the College has, under the umbrella of the Academy of Medical Royal Colleges, developed recommendations for the delivery of imaging services under proposals for reorganisation.

There has been scepticism as to the effectiveness of referral management systems (ICATS) in Northern Ireland. As there is already effective communication between primary and secondary care in most parts of the Province, ICATS added an unnecessary extra step. A more cost-effective development would be possible if improved IT support for the patient referral process was combined with a skills mix review between primary and secondary care to ensure that patients were assessed by the most appropriate method and healthcare professionals in the local network.

The merging of trusts in Northern Ireland could impact negatively on the position radiology directorates currently occupy within trusts. The proposed amalgamation of radiology with other hospital departments could dilute the influence the specialty will have with new trust management teams and lead to lack of clarity and loss of accountability. Efforts are being made to preserve direct access to high-level management within the new trusts.

Delivery of radiology services in rural areas has been of considerable concern in Wales, with centralisation of acute services along the M4 corridor in South Wales. As a result, there would be major service concerns for people living in West and Central Wales.

Full use will need to be made of clinical networks and teleradiology to make reconfigured services work effectively. Electronic transfer of images will be essential, enabling radiologists to access specialty

second opinions, where necessary, and service multidisciplinary teams more effectively.

Education and training

MMC and the introduction of run-through training have brought into focus the well-publicised problems of the Medical Training Application Service (MTAS) and the difficulties associated with selection from too generic a base. It is to be hoped that additional posts will be created to ensure that there are jobs for the vast majority of young doctors who presently face such uncertainty. For clinical radiology, the challenge now is to ensure that the process for entry in 2008 is a fair one and that we can have confidence in the shortlisting process, which means that the best young doctors are selected for interview.

In Wales, the whole application process has been reviewed and a meeting between School Leads and the Chief Medical Officer has taken place. It has been proposed that all applicants should be interviewed as the application and shortlisting process was flawed and unacceptable. Members of the Standing Scottish Committee met with the Scottish Chief Medical Officer earlier in the year to discuss the impact of MMC on service delivery, as well as other issues, including the impact of multidisciplinary teams on radiologists' workloads. The meeting was a useful and successful opportunity to put across the Faculty's concerns.

Lessons learnt from the introduction of MTAS need to be considered alongside other changes being instituted by the Postgraduate Medical Education and Training Board (PMETB). The clinical radiology basic and special interest curricula have been rewritten for PMETB and these revisions are in the main sensible and necessary. The College assessment process requires PMETB approval, and the Faculty needs to ensure that any proposed changes are appropriate and deliverable. There seems no doubt that workplace-based assessment will become more important as competence assessment becomes the norm – not only during training but also in terms of the maintenance of skills in consultant practice.



Dr David Lindsay, Warden, Faculty of Clinical Radiology

The Faculty remains concerned about how clinical radiology training across the UK will be assessed by PMETB and the Deaneries, and we continue to push for a major role for the College in this process. With this in mind, the Faculty is proposing that the Training Accreditation Committee (TAC) should take on a broader role and become a Specialty Advisory Committee (SAC) with additional responsibilities for curriculum and assessment development and modification.

In Scotland, the last year has seen the establishment of the Specialty Advisory Board for Radiography in Scotland, on which members of the Standing Scottish Committee will sit.

In Wales, the North Wales Training Scheme, having now completed its fifth year, has proved a great success. The first group of trainees are due shortly to complete their fifth year. In addition, the development of the Deanery (Local) School of Radiology for Wales had led to a reorganisation of training management in South and North Wales.

The Junior Radiologists' Forum

The Junior Radiologists' Forum (JRF) has been relaunched as a forum, focusing on radiology rather

than covering both College specialties. The JRF is now a formal Sub-Committee of the Education Board. A joint JRF and Training Accreditation Committee national trainer and trainee questionnaire, a dedicated JRF session at the 2007 United Kingdom Radiological Congress (UKRC) in Manchester, and a revised JRF section of the College website have been features of a busy year. The new web pages include easily accessible information on the JRF's purpose and constitution, advice on applying for consultant posts, and useful external links.

JRF membership will also now become training scheme based, rather than regionally determined, with a more robust appointment procedure, giving a firmer mandate to those appointed. These changes will be of great benefit to the effective running and use of the JRF.

Continuing Professional Development (CPD) and recertification

During 2006–2007, the Faculty's Standards Sub-Committee started work on the likely tools which will be needed for recertification, in anticipation of the publication of the Government White Paper *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*.

The Sub-Committee's document *Standards for the Reporting and Interpretation of Imaging Investigations* published in 2006, and *Standards for Radiology Discrepancy Meetings* to be published in 2007, together with the *360 Degree Appraisal - Good Practice for Radiologists* developed by the Faculty in 2004, will help Fellows to collect the evidence to demonstrate their continued competence.

One of the major focuses of recertification will undoubtedly be reviewing the effectiveness of CPD. This year has seen a lively programme of 17 scientific meetings organised by the Scientific Programme Committee, attracting an average attendance of 111 delegates.

Cross-specialty working, standards and training

In recognition of the fundamental changes in the provision of medicine, the Faculty has developed and strengthened links with other Colleges, particularly the Royal College of Obstetricians and Gynaecologists, in providing guidance for delivery of safe care and maintenance of standards in both interventional radiology and ultrasound. Work with the Royal College of Surgeons of England (RCSE) and the Vascular Society of Great Britain and Ireland continues to develop a joint training programme for interventional radiologists and vascular surgeons to provide a comprehensive vascular service for the future. The Association of Breast Clinicians, working with the RCR and the RCSE, has now submitted a proposal for the new specialty of breast disease management to PMETB under the umbrella of the RCR. Work will be completed in 2007 on *Standards for Radiological Investigation of Suspected Non-accidental Injury*, an important document, jointly produced with the Royal College of Paediatrics and Child Health, which will give guidance on the management of suspected non-accidental injury to children.

Making the best use of clinical radiology services – sixth edition

The very extensive revision on the *Making Best Use of*

a Department of Clinical Radiology guidelines, now renamed *Making the best use of clinical radiology services*, has been completed. This provides an excellent evidence-based guide for the use of imaging in the management of medical conditions. Some of the advanced draft work was released for use in compiling the 18-week pathways in England, and this has proved invaluable. It has enabled radiology and imaging to lead in many of the clinical pathways where imaging plays a major part.

The online version gives the opportunity to maximise access to the guidelines, and offers the potential to develop more tailored approaches to updating individual guidelines in future editions. This remains one of the most important pieces of work that the Faculty has produced.

The journal

Clinical Radiology continues to flourish, and copy flow has remained encouragingly high, with submissions of original papers up by 40%. The journal's international profile has been maintained, with just over half of all submitted papers coming from outside the UK. Subscriptions (increasingly electronic) also continue to rise, again reflecting an international readership. In addition to the usual mix of reviews and original papers, editorials and opinion pieces on medical education, the state of academic radiology and financial constraints on CPD are in the pipeline, and it is hoped that these will stimulate some debate in the letters section. In 2005, *Clinical Radiology's* impact factor rose to 1.799; although the 2006 figure is slightly down at 1.665, this is a change that is within the bounds of statistical variation, and the position relative to similar journals remains very competitive. The journal owes that strong position to the many hours of unpaid work put in by the members of the Editorial Board and their reviewers, to whom sincere thanks are due.

Radiology Accreditation Programme (RAP)

The development of this programme is referred to in the President's overview. The roll-out of RAP in

2008 will be one of the most challenging tasks for the Faculty, but offers the possibility of huge rewards and benefits.

Patient involvement

The Clinical Radiology Patients' Liaison Group (CRPLG) has spent another busy and fruitful year. The CRPLG is engaged in revising the Faculty's patient information leaflets. The CRPLG has also provided patient representation to RAP – it is important that as many PLG members as possible have an input into the development of this key scheme – and the College's Website Working Party, as well as on many Boards and sub-committees. They have also made

significant contributions to College responses to consultation documents.

Conclusion

The Faculty has once again developed substantially throughout the past year, in line with the College's Principal Aims. Clinical radiology as a discipline has likewise developed, in terms of scope, capacity and clinical needs. We look forward to another challenging year for the Faculty, with the need to review at many aspects of training, examinations, recertification and CPD, as well as accreditation and in working ever more fully with our patient representatives.

Accounts 2006

Report by the Treasurer of the College

Extracts from the accounts

	2006	2005
	£	£
General Fund Only		
Total income	3,373,836	3,271,238
Total expenditure	3,258,879	3,137,859
Operating surplus <i>(from the conduct of the general business of the College)</i>	114,957	133,379
Value of Investment Portfolios¹	8,499,986	7,497,035
Gain in Investments	812,438	1,690,930

This report covers the financial year 1 January 2006–31 December 2006. An abbreviated version of the accounts can be found on the pages following in this Annual Report. The full audited accounts are available on request from the College.

¹ 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.

Overview of the Year

2006 has been another very busy year for the College. Despite the pressures on trust and Deanery study leave budgets, attendance at scientific meetings remains acceptable across both Faculty programmes and overall, the programmes have produced a small surplus. The FRCR examination continues to grow with increasing candidate numbers. The meeting schedule for College Officers and the various College committees has continued to increase, although there is also a gradual development in the use of telephone-conferencing facilities. A formal Travel and Expenses policy was introduced. Through cautious budget-setting and careful budgetary controls, the year ended with an operating surplus. In the past year, the College reviewed and refined its approach to the management of risk, which has led to a more targeted approach, identifying the major risks the College faces.

Investments

The College's investment managers, Rensburg Sheppards, have continued their successful management of our investment portfolio, outperforming the selected benchmarks and achieving a total return on our portfolio of 13.5% over the year. In line with the strategy approved by Council for the College premises as referred to by the President, the cash value within the portfolio has been increased to £2.620 m. This accounts for the change in the College's investment gain over the last financial year. Our independent investment analysts, Jewson Associates, who monitor the performance of our investment managers, have confirmed that the portfolio has continued to outperform the market. Taking into account the financial market, the need to release funds for the premises strategy and the advice of our external advisors, the risk profile of the investment portfolio has been reviewed and a number of steps taken to reduce the portfolio's volatility. The Investment Committee regularly reviews the College portfolio and investment policy for approval by Council.

Outlook

The College continues its progress through a significant developmental phase and examples include:

- Improved effectiveness of policy and strategic work
- Development of an electronic examination for clinical radiology
- The Radiology Accreditation Programme
- Implementation of the communications review, with a move towards increasing electronic communications and publications
- The premises strategy
- Implementation of the public and patient involvement recommendations.

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

Approval of Council

The audited accounts were approved by Council on 23 March 2007. The Annual General Meeting will be asked to adopt the accounts on 11 September 2007, when it will be proposed that Sayer Vincent should be reappointed as College Auditors, and that Council be empowered to set the subscription rates for 2008–2009 in accordance with the prevailing rate of inflation and the anticipated budgetary needs of the College.

Acknowledgements

This is my second annual report as Treasurer. I wish to extend, on behalf of the College, my thanks for the advice and support of members of the Finance Advisory Committee and the Investment Committee, and particular thanks to our independent financial advisors Percival Stanion and David Newlands, who have continued to give freely of their time on the Investment Committee.

Dr Conall Garvey

Treasurer

Legal and administrative details

*For the year ended
31 December 2006*

Charity number
211540

**Registered office and
operational address**

38 Portland Place,
London W1B 1JQ

Bankers

National Westminster Bank PLC
PO Box 2021
10 Marylebone High Street
London W1A 1FH

Bank of Scotland
11 Earl Grey Street
Edinburgh
EH3 9BN

Solicitors

Camerons Solicitors LLP
27 Gloucester Place
London W1U 8HU

Hempsons
40 Villiers Street
London WC2N 6NJ

Auditors

Sayer Vincent
Chartered Accountants
Registered Auditors
8 Angel Gate
City Road
London EC1V 2SJ

Investment managers

Rensburg Sheppards Investment Management
Limited
2 Gresham Street
London
EC2V 7QN

Report of the Council

These summarised accounts are extracted from the full unqualified audited accounts approved by the Council on 23 March 2007 and subsequently submitted to the Charity Commission. They may not contain sufficient information to allow a full understanding of the financial affairs of the College. For further information the full accounts, the auditors' report on those accounts, and the Council's Annual Report should be consulted: copies of these can be obtained from The Royal College of Radiologists, 38 Portland Place, London W1B 1JQ.

Signed on behalf of the Council

Dr CJ Garvey Treasurer

July 2007

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 24 and 25.

Respective responsibilities of Council and auditors

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

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

Basis of Opinion

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

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and Council's report of The Royal College of Radiologists for the year ended 31 December 2006.

SAYER VINCENT

Chartered Accountants
Registered Auditors

Balance sheet

As at 31 December 2006

	£	2006 £	2005 £
Fixed assets			
Tangible fixed assets		2,202,187	2,246,802
Investments		8,499,986	7,497,035
		<u>10,702,173</u>	<u>9,743,837</u>
Current assets			
Debtors	200,595		182,801
Cash at bank and in hand	1,524,853		1,523,855
	<u>1,725,448</u>		1,706,656
Creditors: amounts falling due within one year	<u>937,643</u>		<u>976,414</u>
Net current assets		<u>787,805</u>	<u>730,242</u>
Net assets		<u>11,489,978</u>	<u>10,474,079</u>
Funds			
Restricted funds		3,540,832	3,691,821
Unrestricted funds:			
Designated funds		3,133,808	2,590,616
General fund		4,815,338	4,191,642
Total funds		<u>11,489,978</u>	<u>10,474,079</u>

Statement of financial activities (including an income and expenditure account)

For the year ended 31 December 2006

	Restricted £	Unrestricted £	2006 Total £	2005 Total £
Incoming resources				
<i>Incoming resources from generated funds</i>				
Voluntary income	32,723	13,298	46,021	47,306
Activities for generating funds	–	10,245	10,245	39,878
Investment income	43,869	224,437	268,306	236,488
<i>Incoming resources from charitable activities</i>				
Membership subscriptions	–	1,575,763	1,575,763	1,401,907
Examinations	–	702,063	702,063	610,542
Education	–	171,903	171,903	221,186
Courses	–	105,738	105,738	179,103
Conferences and meetings	–	375,453	375,453	408,958
Publications	–	124,499	124,499	245,048
Accreditation	75,000	–	75,000	–
<i>Other incoming resources</i>	–	60,096	60,096	43,708
Total incoming resources	151,592	3,363,495	3,515,087	3,434,124
Resources expended				
<i>Cost of generating funds</i>				
Costs of generating voluntary income	–	1,645	1,645	6,471
Net incoming resources available for charitable application	151,592	3,361,850	3,513,442	3,427,653
<i>Charitable activities</i>				
Membership	18,815	200,048	218,863	238,340
Examinations	78,457	680,469	758,926	677,517
Education	107,013	495,537	602,550	622,793
Courses	7,799	91,940	99,739	126,083
Conferences and meetings	15,598	327,866	343,464	387,497
Publications	9,173	156,808	165,981	150,138
Medical audit, guidelines, standards and accreditation	104,961	202,592	307,553	258,227
Faculties	89,451	461,626	551,077	512,050
Research	49,932	145,705	195,637	187,306
<i>Governance costs</i>	9,173	57,018	66,191	57,670
Total charitable expenditure	490,372	2,819,609	3,309,981	3,217,621
Total resources expended	490,372	2,821,254	3,311,626	3,224,092
Net (outgoing)/incoming resources before other recognised gains and losses	(338,780)	542,241	203,461	210,032
Gains on investments				
Realised	64,412	214,073	278,485	239,131
Unrealised	123,379	410,574	533,953	1,451,799
Net movement in funds	(150,989)	1,166,888	1,015,899	1,900,962
Reconciliation of funds				
Funds at beginning of year	3,691,821	6,782,258	10,474,079	8,573,117
Funds at end of year	3,540,832	7,949,146	11,489,978	10,474,079

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

Trustees 2006–2007 – Council

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

Officers

President (Chair of Council)

Professor Dame Janet Husband, DBE, London (2004)

Treasurer

Dr CJ Garvey, Liverpool (2005)

Vice-President and Dean of the Faculty of Clinical Radiology

Dr GC Markham, London (2005)

Vice-President and Dean of the Faculty of Clinical Oncology

Dr MV Williams, Cambridge (2006)

Warden of the Faculty of Clinical Radiology

‡ Dr DRM Lindsell, Oxford (2006)

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

‡ Dr D Spooner, West Midlands (2006)

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

Dr GF Maskell, Truro (2006)

Registrar of the Faculty of Clinical Oncology

Dr JM Barrett, Oxfordshire (2006)

‡ Dr Lindsell was also Warden of the Fellowship September 2006–March 2007, and Dr Spooner was Warden of the Fellowship from March–September 2007.

() = date elected

Elected Council members

Clinical Radiology

Professor AN Adam, London (2006)

Dr J Adam, London (2005)

Professor D Martin, Manchester (2005)

Professor RH Reznik, London (2004)

Dr FA Smethurst, Liverpool (2006)

Clinical Oncology

Dr AE Champion, Rhyl, (2006)

Dr HJ Dobbs, London (2004)

Dr RD Errington, Liverpool (2004)

Professor B Jones, Birmingham (2006)

Professor RE Taylor, Swansea (2006)

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

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