

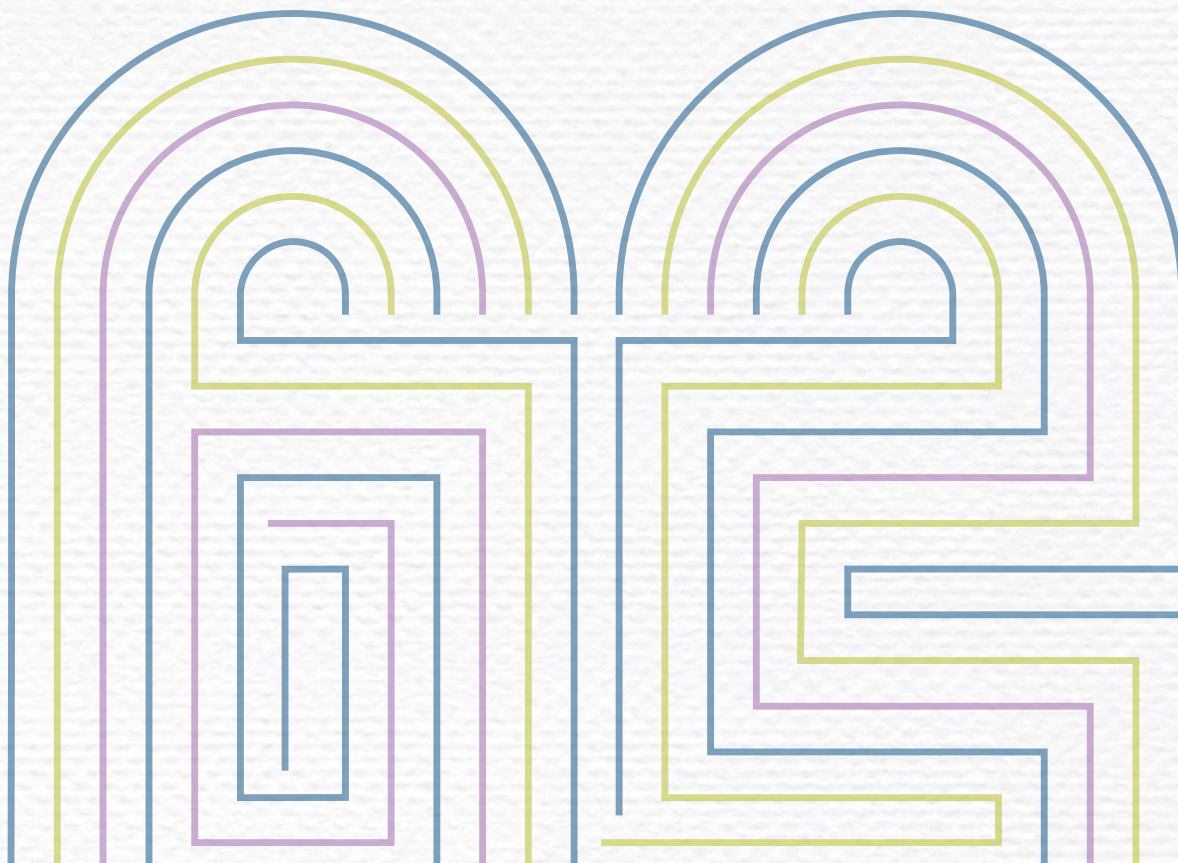
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Annual Review  
2013–2014

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# The College

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Over the year the College has sought input and feedback from its membership to develop its new strategy and improve services for patients.

## Quality of patient care

Our primary aim, as stated in the College's *Strategy 2014–2016*,<sup>1</sup> is to improve the quality of care for patients in the UK in our two specialties of clinical oncology and clinical radiology. This is realised by our Fellows and members in practice wherever they work and is the enduring way in which the College as a charity delivers its public benefit. There are also direct ways in which that benefit is delivered: our well-established series of free public lectures held bi-annually and filmed for subsequent viewing on our website; the wealth of information and guidance available free of charge through our website; the standards and recommendations for practice which we publish; our influencing and lobbying work to the governments of the four UK nations; and the position statements we issue – all aimed at ensuring the safety and improving the quality of services to patients.

## Membership survey

At the start of 2014 we conducted the College's first ever membership survey to ensure an opportunity for the views of all Fellows and members to be taken into account in the development of our Strategy. We were very pleased to receive over 1,650 responses and many more free text comments. This has proved to be a very rich resource of views, ideas and insight into what Fellows and members would like from the College. It was heartening to see that the profile of the respondents reflected the whole spectrum of Fellows and members with regard to specialty, gender, age and location. The survey was also sent to our lay members and our staff. We gain much from the invaluable involvement of lay people in our work; they offer a great breadth of expertise and understanding from many different perspectives.

The survey has given a clear direction to many aspects of our work, sometimes reinforcing what we already knew, and at other times challenging us to do things differently. We have taken immediate steps to hold more of our educational – clinical and non-clinical – events outside London, recognising the need for us to be more visible in other parts of the UK. We are building on the success of our online continuing professional development (CPD) library with further planned development of our digital resources and we are establishing a portfolio of personal development opportunities for Fellows in areas including education, mentoring and leadership. To show that we are listening, we have issued a series of *What you said, what we're doing* factsheets backed up by short presentations to be used at CPD, scientific and regional meetings. We have committed to undertaking a further survey in spring 2016.

Another theme of the survey was that we should do more to support our Fellows and members who work outside the UK. The first *Global Health Day*, in May 2014, explored the role which the College can play in encouraging and supporting those Fellows who wish to engage in philanthropic activities in low and middle income countries. On another facet of international activity, there is still unmet demand for taking the Fellowship examinations in a number of parts of the world. It is therefore pleasing to see that after many years of discussion, we now have plans in place to move forward with delivering elements of those examinations in both our specialties in India.

## Examinations review

We have commissioned a comprehensive, independent review of our Fellowship examinations in both specialties. The quality of Royal College examinations has long been admired, but the time is right, particularly as we look to hold more examinations overseas, to have an external view as to whether our examinations are still testing what they should be in a fair and consistent manner and wholly fulfill the expectations of the regulator in the UK, the General Medical Council. To that end, an independent group of external reviewers has been appointed to review all our procedures and processes and we are looking forward to receiving their recommendations towards the end of 2014.

## Communications review

Hard on the heels of the survey, we have undertaken a thorough review of all our channels and methods of communication and in the autumn we will implement the outcome of the review, ensuring that we communicate relevant content in a timely manner to appropriate groups and sections of the membership. This will be underpinned by the development of a redesigned website to be delivered in the first half of 2015, and more effective communication externally with the media and major stakeholders.



## Workforces under intense pressure

The enduring theme of the past year has been the demands on the workforce in our specialties. The reasons for this are well known: an aging population with increasingly complex healthcare needs; a health service where advances in medicine lead to increased demand; and a cash-strapped environment for publicly funded healthcare services. Elsewhere in this Review, each Faculty reports on efforts to address its workforce issues. This item has been top of the agenda for meetings with Fellows and members across the country, with leaders of the healthcare economies in the four UK nations, with those planning the future workforce and training in our specialties, and with regulators. As well as arguing for increased numbers of clinical oncologists and clinical radiologists in training, we have proposed innovative solutions to make the best use of those already in post through networked models of service delivery. The College's arguments for increased investment in the workforce have been aided immeasurably by the data we can draw on from our workforce censuses and our workload surveys.

## Safety and leadership

Safety and quality were central to the findings of the 2013 Francis report.<sup>2</sup> The work of the College's patient safety adviser has continued apace. The responsibilities which the Francis report said needed to be owned both by individual healthcare practitioners and by healthcare organisations have been fully acknowledged and acted on by the College. We are clear that action to address patient safety concerns should nearly always be taken at local level. However, we have a moral and professional

responsibility to ensure that where serious harm has occurred or could occur, but where no action is being taken, the matters are referred on appropriately. We now have systems in place to achieve that. Also in the spirit of Francis, this year we have launched pilot leadership and mentoring schemes to support our Fellows and members. These are a component of our new programme of non-clinical events which also include the development of further sessions to 'train the trainers', offer supervisory skills and will in time extend to support for new consultants and clinical directors.

## Clinical oncology and clinical radiology working together

Increasingly, we find that our two specialties can work together to great effect and to the benefit of patients. A project which has come to fruition in the year is that to develop structured radiology reporting for cancer staging. An exploratory piece of work established that structured reporting could assist in the timely planning of cancer treatment and this has been accepted through discussion with the radiology special interest groups. Introducing straightforward and non-complex reporting templates in certain clinical circumstances offers benefit to patients, especially if supported with appropriate software.

Our two Faculties have also worked together on the revision of the CPD scheme. We have recognised new ways of attaining CPD particularly through online resources and reflection but have also been keen to ensure that Fellows and members do not miss the important networking and professional contact opportunities achieved by attendance at face-to-face events.

It has also been rewarding to be able to offer the College's expertise from both Faculties in curriculum development for medical physicists who offer vital skills and expertise to our specialties. Under the Modernising Scientific Careers programme, the College has been working with the Institute of Physics and Engineering in Medicine and the Academy of Healthcare Science to develop a curriculum for Higher Specialist Scientific Training which covers physicists' essential work in imaging, radiotherapy and radiation protection.

## FACT:

Over the past year, the RCR website received an average of 43,000 unique visitors per month

## A strong financial and resource base for the College

All our achievements as well as our aspirations for the future depend on sound financial management and this year saw the successful conclusion of the premises strategy, more on which you will find in the Finance and resources section of this Review. This has been the first full year at our new hub in Lincoln's Inn Fields, giving us the advantages of a well-designed, functional building from which to support our activities, as well as a multi-purpose teaching and learning space, generously supported by the Wolfson Foundation, from which to direct our educational mission. This places the College in a strong position for the future.

## Voluntary effort: professional values

We sum up the work we do under three broad headings: leadership, education and support. This Review highlights just some of the activities, projects and achievements of the last 12 months. None of this would have been possible without the dedication and voluntary effort of many hundreds of Fellows and members who embody the true values of professionalism to develop and improve our specialties for patients. This effort comes on top of busy clinical and academic lives. It is remarkable that collectively we continue to achieve so much when professional demands are even greater. I am especially grateful to my Fellow Officers for their unstinting work for the College and wish to convey my particular thanks to those demitting office in 2014. My thanks are also due to the Chief Executive and all the members of the College staff who handled the office move without breaking stride and with whose help we look forward to a busy and even more productive year ahead.

## Focus on:

### Patient safety

The safety of patients should always be paramount and the Francis report,<sup>2</sup> issued in February 2013, reminded all of us in healthcare of just that against the sobering findings revealed in Mid-Staffordshire. The College set about refocusing efforts on patient safety with the appointment of a Patient safety adviser who has led a programme of work which includes embedding provisions as regards safety in all our standards and guidelines documents. We also held our first one-day meeting on patient safety: *First do no harm*. Well attended and well received, it is clear that the messages of Francis have been taken to heart in our specialties.

# FACT:

@RCRadiologists  
has over 3,500  
followers on  
Twitter



# The Faculty of Clinical Oncology

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The Faculty of Clinical Oncology has had strong emphasis on leading the development of clinical oncology services for patients across the UK in concert with sister professional bodies.

## Leadership in multiprofessional development

The lead taken by the Faculty in 2013 in the formation of the multidisciplinary Radiotherapy Board has continued to reap benefits with a programme of valuable work now in progress. The multidisciplinary Chemotherapy Board has also been established, modelled on the Radiotherapy Board structures but involving a greater number of organisations, and is expected to mature into a similarly effective body. See *Focus on: Working together for patients* (opposite) for more details.

## Demands on the workforce

The fact that workforce issues are so central to the work of the Radiotherapy Board is an illustration of the demands on clinical oncologists and the service they provide. The issues have been discussed by the President and Faculty Officers in all four UK countries. There was a particular focus on these issues at the end of 2013 and the beginning of 2014 in Scotland. Due to decisions taken nationally there as regards clinical oncology trainee numbers over the years, coupled with sickness and maternity leave, the service was in danger of collapse, with patients travelling unacceptably long distances for radiotherapy treatment. Concerted work by the College in Scotland with support from Faculty Officers helped to change minds. The decline has been halted but there is a great deal more to do to build the workforce up to what is required, and to deliver the service that patients deserve.

One of the consequences of introducing advanced radiotherapy is that planning treatment has become more complex and takes much longer. Thus the time taken per patient has increased to take best advantage of the new technologies. This is one of a number of factors, alongside the growing incidence of cancer, the increased recognition that radiotherapy is a safe, modern and curative treatment for a number of cancers and the need for the UK generally to improve its cancer services, including offering seven-day services, which have all combined to make the demands on the specialty become acute.

## The future of the specialty

The specialty of clinical oncology brings great value and benefit to patients in the non-surgical treatment of cancer; clinical oncologists combine treatments using radiotherapy, chemotherapy and other systemic therapies. Maintaining a specialty with such a breadth of competences and a very wide range of skills is demanding. The Faculty has therefore put in place a strategic review process to define the role and scope of a clinical oncologist so as to derive the shape of the specialty in ten years' time. The review will consider four key aspects: training, workforce and job plans; service delivery and access to radiotherapy; the research base for chemotherapy and radiotherapy; and quality for chemotherapy and radiotherapy.



## Education, training and CPD

The last few years have seen the rebuilding of the Faculty's programme of one-day CPD meetings, which is now firmly re-established. It has also been invaluable to reinstate an oncological component to the integrated Annual Scientific Meeting of the College and there is scope to do more in that regard in future years.

Other educational developments have included curriculum updates with a requirement for intensity-modulated radiotherapy (IMRT) and image-guided radiotherapy (IGRT) for intermediate clinical oncology training, the addition of the principles of proton therapy, and allowing quality improvement projects as an alternative to audit. It has long been an ambition of the Faculty to see the introduction of a common core stem for non-surgical oncology training which would be followed by trainees wishing to become clinical oncologists or medical oncologists. The discussion has been reinvigorated as a result of the way in which training might be redesigned in the light of the recommendations of the Shape of Training review.<sup>3</sup>

Work is in hand to add to the online training resources already available to the Faculty. The move to 63 Lincoln's Inn Fields allowed the Faculty to run national recruitment into specialty training in the building for the first time.

## FACT:

In 2013 the RCR welcomed a total of 685 attendees to Clinical Oncology meetings



## Delivering value to the membership

The need to connect with the Faculty's membership across the UK is often directed through the Heads of Service, and additionally, a programme of two regional meetings each year is now in place. This usually sees a meeting held in one of the devolved UK nations and in a region in England and there have been four such meetings so far.

The focus on research and academic work is now fully embedded in the Faculty at both pre- and post-CCT stages, with designated members of the boards that direct those activities having the remit to promote research.

The profile of the *Clinical Oncology* journal has grown further with the established 12 monthly issues and the impact factor for 2013 stands at 2.826. The planning of special issues and rapid acceptance to publication times has further improved the quality of the journal.

In the wider publications of the Faculty, three documents have been produced in the past year, the ever-important workforce census document *Clinical Oncology UK Workforce Report 2012*, *Meningioma as a late effect of cancer treatment and Guidance on the management and governance of additional radiotherapy capacity*.

There is a real sense that the Faculty's work to promote a positive image of radiotherapy as a safe and effective cancer treatment and the role and value of the clinical oncologist has begun to bear fruit. This places the Faculty on a sound footing for the future.

## Focus on:

### Working together for patients

Team working in non-surgical oncology services has long been a feature of patient care. The Faculty has taken the lead in forging productive relationships to drive forward the quality of services for patients. The multidisciplinary Radiotherapy Board – a collaboration between the RCR, the Society and College of Radiographers and the Institute of Physics and Engineering in Medicine – has a programme of valuable work in train including data sources for radiotherapy covering patient experience data and the radiotherapy dataset, radiotherapy equipment, service delivery, quality standards and guidance, workforce and research as well as the public and patient profile and knowledge of radiotherapy. Furthermore, the Board has secured support to run a Radiotherapy Conference in October 2014, looking at service issues; this will carry forward the conference which was previously held by the former National Radiotherapy Advisory Group (NRAG). NRAG was dissolved in April 2013 and was one of the reasons for the formation of the Radiotherapy Board. This is quite remarkable progress in well under two years.

A multidisciplinary Chemotherapy Board has also been established led by the RCR and modelled on the Radiotherapy Board structures but involving a greater number of organisations, and is expected to mature into a similarly effective body.

The Faculty has established relationships with the Royal College of Physicians of London directly and along with others through the Joint Collegiate Council for Oncology. Collaborations with the National Radiotherapy Awareness Initiative and major charities such as Macmillan Cancer Support and Cancer Research UK have enabled the Faculty to focus on improving awareness of radiotherapy, getting messages across to patients, and on issues such as survivorship. Cancer touches so many individuals and families in the UK that it is essential that expertise and efforts are combined for the benefit of patients.

## FACT:

In 2014, 32 new Fellows of Clinical Oncology were admitted by examination to the RCR

## FACT:

The RCR produced three new oncology publications in 2013

# The Faculty of Clinical Radiology

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During the year the Faculty of Clinical Radiology has focused its energy on the workforce issues across the UK to ensure patients have effective and timely imaging investigations.

## Demands on the workforce and the Faculty's response

The need to introduce seven-day healthcare services for patients has been a matter of national debate highlighted by data about the risks to patients from services delivered beyond 'normal' hours and particularly at weekends and bank holidays. It has also been a matter of considerable debate within the Faculty. Imaging services are central to the operation of the hospital across many specialties and clinical radiologists are routinely undertaking work at weekends.

The Faculty has taken issue with the view expressed by NHS England that expenditure needed to increase by no more than 2% or 3% to provide seven-day services, particularly as regards clinical imaging. We have made it clear that if

clinical radiologists were to provide seven-day services, for it to be worthwhile, then many other services must also be present on a similar basis otherwise the extra effort and cost involved would not improve the patient experience at all.

Following extensive and repeated discussions by the Faculty with leaders in all four UK countries at Chief Medical Officer level as well as with the system regulators, there is a clear understanding that demands on imaging are already outstripping the supply of clinical radiologists.

The complexity of imaging, the use of imaging in place of a clinical examination and the increased pressure on healthcare services have already contributed to the demand for imaging increasing by some 10–12% per annum for the main modalities.

These figures have been derived from the College's workload surveys which sit alongside the valuable workforce censuses. These documents show current and projected numbers of radiologists taking account of trainee numbers, retirements and so on. The mismatch of supply and demand is obvious.

The Faculty has secured agreement to increase training numbers in England by an additional 30 training places – although that has not been accompanied by the requisite funding – and four additional training places in Wales. The Faculty has also proposed the introduction of radiology networks as a means of making the very best of the current workforce. This would see larger groupings of imaging services working together to provide specialist services as well as general imaging across a large population. It would not concentrate specialty services in teaching hospitals, but make optimum use of communications technology to draw on specialty opinion when and where required. The Faculty is ready to develop such models but, as far as NHS England is concerned, support is needed to overcome contractual and funding obstacles and for training across traditional trust and training 'boundaries'. This is an area where the Faculty will continue to lobby hard to make this important change for the benefit of patients.

It is encouraging to see that recognition has been given to the need to build trainee numbers in Scotland following a period of decline; this was as a result of the presentation of comprehensive data and information to the Chief Medical Officer for Scotland this spring. Similarly, the College is pleased to support an imaging services review in Northern Ireland which is looking at the configuration and capacity of services in the Province.

### FACT:

Of the 48% of delegates who completed the feedback report, 81% rated the Annual Scientific Meeting programme as good or excellent



## Training and professional development

The Faculty has seen through curricula updates for both clinical radiology and interventional radiology. The changes have included adding knowledge of cellular, molecular and biological processes as a basis for understanding increasingly important techniques in functional and molecular imaging. New workplace-based assessment tools have been introduced to provide feedback on senior trainees' performance in multidisciplinary meetings and allowed quality improvement projects as an alternative to audit.

The Faculty has successfully completed the move from film to digital image-based examinations and has now embarked on a major examinations automation project which will enable the exams to be delivered in multiple centres both in the UK and overseas as well as automate some marking processes. Another digital training resource is the well-established Radiology – Integrated Training Initiative which is now subject to a major refresh and transfer to a new platform.

As part of the wider leadership initiative of the College, a joint scheme with the Royal College of Pathologists *Leading transformational culture change* has seen some 16 clinical radiologists joining the first programme (see Focus on: Digital examinations and leadership initiative).

## Leadership in multiprofessional development

The Faculty has taken the lead together with the Society and College of Radiographers and the Institute of Physics and Engineering in Medicine in forming

a new Clinical Imaging Board which aims to provide professional leadership across imaging services for the whole UK as regards service delivery and development. This was a necessary move following the dissolution of the National Imaging Clinical Advisory Group in England in April 2013. The new Board has a remit to work across all four nations of the UK and has a programme of work starting with a review of imaging equipment in which it will liaise closely with our partners in industry.

## Quality and safety in practice

The Francis Report<sup>2</sup> gave a fresh focus and impetus for the quality of services and therefore particularly for accreditation of services. While the number of imaging services accredited under the Imaging Services Accreditation Scheme (ISAS) has continued to grow modestly, there has been much stronger interest in rolling out the scheme across the UK. In England the recognition of the standards for ISAS by the Care Quality Commission (CQC) is an important step forward. This recognition is an incentive for services to seek and maintain accreditation under the scheme. There has been strong interest for an all-Wales ISAS programme which it is hoped will go forward later in 2014. ISAS is part of the Imaging services review in Northern Ireland, with the strong possibility of there being a pan-Province roll-out.

Tools introduced by the Faculty such as READ – Radiology Events and Discrepancies – have an even greater relevance now in the post-Francis era and this valuable resource has been developed over the past year and promulgated to the membership through a series of electronic newsletters. There was also a session at the 2013 Annual Scientific Meeting on errors in medical imaging.

Another aspect of safety and quality is the well-known radiology referral guidelines *iRefer: Making the best use of clinical radiology*.<sup>4</sup> The Faculty has decided that it is essential that these are taken up more fully by primary care and emergency care and ways found to embed them in clinical decision support systems. A project to achieve this began in spring 2014 and we look forward to the production of an entirely new version enabled for decision support in the next year or so.

## FACT:

288 new Fellows of Clinical Radiology were welcomed to College in 2013

## Guidance documents and academic practice

Among the 12 publications from the Faculty over the past year, those of special note are *Recommendations for cross-sectional imaging in cancer management*, Second edition; *A guide to job planning in clinical radiology*, *Guidance on screening and symptomatic breast imaging*, Third edition; and *Quality imaging services for primary care: a good practice guide*.

The academic work of the Faculty has continued to develop and a research certificate for trainees has been piloted,

a new research clinical fellowship has been funded by the Wellcome Foundation and pump-priming grants have been reintroduced for research projects.

The central role that imaging plays in the diagnosis and management of disease and injury is becoming ever more apparent to a wider audience. The need to invest in the specialty – primarily the workforce – is also obvious to a growing number of stakeholders. Clinical radiology has the potential to bridge the current unhelpful sharp divide between primary and secondary care. The Faculty is ready to deliver on this potential, with the help of those who can make the changes needed, and in the necessary investment decisions.

## Focus on:

### Digital examinations and leadership initiative

The programme of modernising the FRCR examinations reached a major milestone in the last year. The Faculty successfully completed the move from film to digital image-based examinations. This allowed the Faculty to dispense with light boxes and make the very best of the facilities in the new College building to deliver Fellowship examinations. The next step is the major examinations automation project which will enable the exams to be delivered in multiple centres both in the UK and overseas as well as automate some of the marking processes.

The College, in partnership with the National Pathology Programme, the Academy of Medical Royal Colleges and the Royal College of Pathologists, offered a new programme *Leading Transformational Culture Change* for the first time as part of the College-

wide leadership initiative. This England-wide programme focuses on developing radiologists and pathologists who hold senior clinical or operational leadership positions and aims to equip those who want to take greater initiative in leading change, to exert more influence in the wider NHS, to achieve positions with significant strategic leadership responsibilities and to create cultures of continuous improvement throughout their organisations.

The overall goals are for participants to increase their effectiveness in leading transformational culture change, improving quality, using innovative approaches to meet challenges, increasing productivity of staff and processes and achieving enhanced care for patients.

It is very pleasing that in the first year the majority of participants are from the Faculty and we look forward to reviewing with the cohort of 16 radiologists their experiences at the end of the programme this autumn.

## References

1. The Royal College of Radiologists. *Strategy 2014–2016*. London: The Royal College of Radiologists, 2014.
2. The Mid Staffordshire NHS Foundation Trust Public Inquiry. Chaired by Robert Francis QC. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: The Stationery Office, 2013.
3. Shape of Training. *Securing the future of excellent patient care*. London: Shape of Training, 2013.
4. The Royal College of Radiologists. *iRefer: Making the best use of clinical radiology*. London: The Royal College of Radiologists, 2012.

## FACT:

The 2013 Annual Scientific Meeting attracted 700 delegates and a faculty of 137 speakers delivered 140 lectures and workshops



# Finance and resources

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The major achievement of the College in the last year has been the conclusion of the premises strategy after seven years in all. This has left the College very well placed in owning a substantial freehold property in London with no borrowing costs to service. It has also allowed the College to re-appraise its reserves policy and plan appropriate future investment in the development of its specialties.

## The College's premises strategy

The significant programme to provide the College with fit for purpose premises with minimal impact financially on the College and in particular on its Fellows and members has been fully achieved. The aim to acquire a new building, complete a major refurbishment and sell the College's previous building has been entirely achieved without recourse to borrowing or seeking any additional funding from Fellows or members. The programme was substantially assisted by a major legacy and a very generous grant from the Wolfson Foundation. However, the need to avoid borrowing even for an interim period was a remarkable success together with attaining the target value on the sale of 38 Portland Place. In addition, the College's investment portfolio is being managed well and is achieving its aims for long-term returns in line with the agreed strategic investment objectives.

## Delivering value and developing services

It has also been rewarding to see the College's activities grow in response to demands from the membership and to introduce a much improved Annual Scientific Meeting over the last two or three years now encompassing both Faculties, to commence offering leadership and mentoring support; and to assess what can be offered to Fellows and members overseas. This is alongside investment in further digital resources which are absolutely essential to support the CPD needs of Fellows and members in different ways in the future. There is a balance to be struck between continued support for high-quality, traditional face-to-face CPD events and offering innovative, online resources both for clinical and non-clinical areas of CPD. Careful budgetary planning and monitoring will be needed to ensure that these new streams of activity are financially sustainable.

## A sustainable resource base

While there has been more substantial sponsorship income and other external sources of funding, the College must continue to seek out alternative funding streams to minimise the risk of reliance on just a few sources of income. A review of the education and similar funds which the College holds has begun; these funds must be used to the full to benefit the College and its membership in line with the wishes of the original donors. The legacy programme has also continued to generate welcome income from time to time.

The graphics on pages 16 and 17 illustrate the sources of income and the categories of expenditure for the financial year 2013. The College has achieved much over the last few years but there is no doubt that the findings of the membership survey have set an agenda which will require further careful budgetary planning and management over the coming years to ensure that the needs of the membership can be met fully and in a way that clearly demonstrates value for money.

## FACT:

*'Absolutely excellent. Great selection of cases, knowledgeable presenters and great IT'*

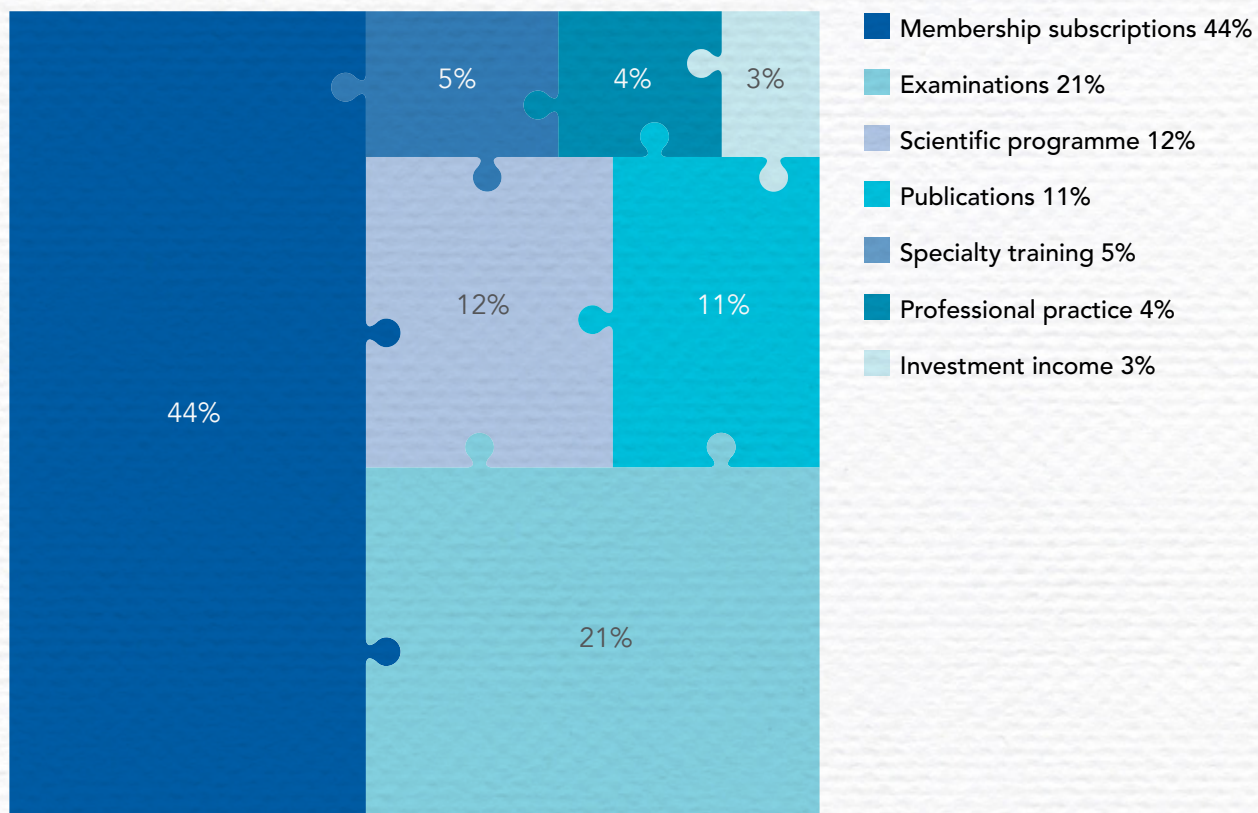
**Delegate at 2013 ASM**



## Joining up the finances

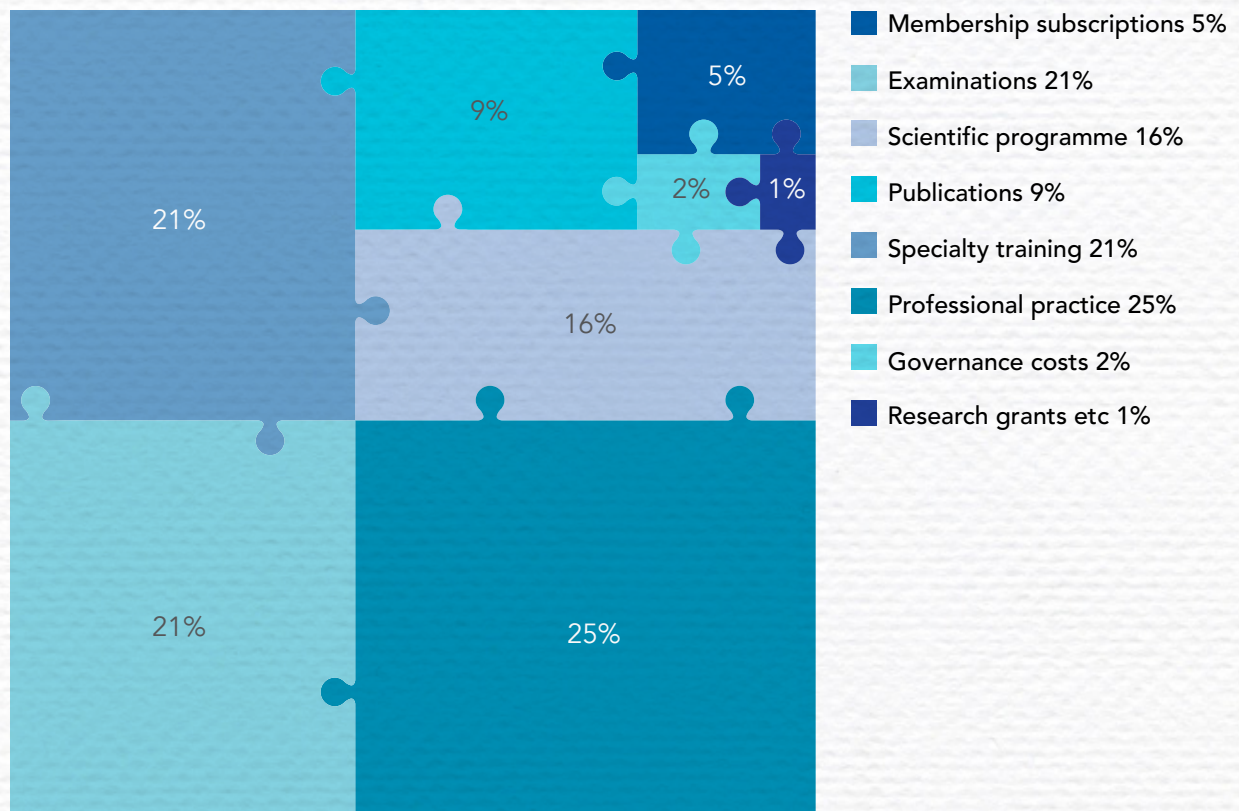
### Income

January to December 2013





## Expenditure January to December 2013



## RCR Officers 2013–2014



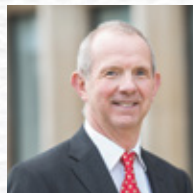
Dr Giles Maskell



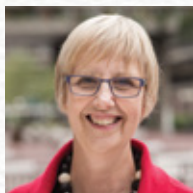
Dr Nick Ashford



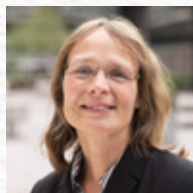
Dr Diana Tait



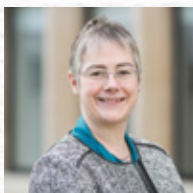
Dr Peter Cavanagh



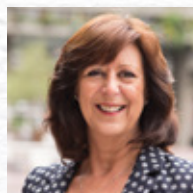
Dr Dianne Gilson



Dr Caroline Rubin



Dr Jeanette Dickson



Dr Susan Barter

President  
Dr Giles Maskell

Treasurer  
Dr Nick Ashford

Vice-President, Clinical Oncology  
Dr Diana Tait

Vice-President, Clinical Radiology  
Dr Peter Cavanagh

Medical Director, Education and Training,  
Clinical Oncology  
Dr Dianne Gilson

Medical Director, Education and Training,  
Clinical Radiology  
Dr Caroline Rubin

Medical Director, Professional Practice,  
Clinical Oncology  
Dr Jeanette Dickson

Medical Director, Professional Practice,  
Clinical Radiology  
Dr Susan Barter

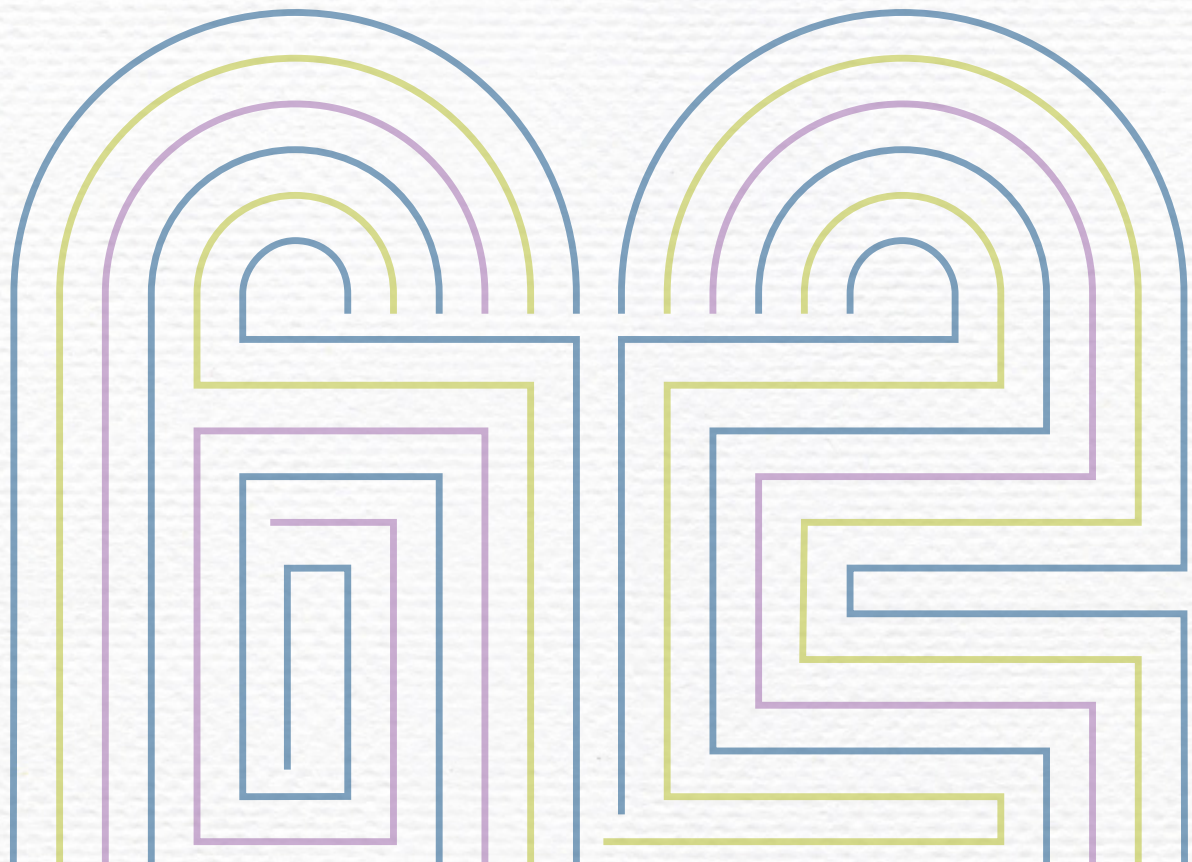
## Senior Management Team

Chief Executive  
Andrew Hall

Executive Director, Finance and Resources  
Ken Green

Executive Director, Specialty Training  
Joe Booth

Executive Director, Professional Practice  
Hazel Beckett (April 2013–March 2014)  
Virginia Wykes (April 2014 onwards)



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The Royal College of Radiologists  
63 Lincoln's Inn Fields, London WC2A 3JW  
Tel: +44 (0)20 7405 1282

Email: [enquiries@rcr.ac.uk](mailto:enquiries@rcr.ac.uk) [www.rcr.ac.uk](http://www.rcr.ac.uk) @RCRadiologists

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