

# Annual Review

## 2015–16

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# Overview

Ensuring that patients receive the best possible care remains the core objective of the RCR. This year, our work has continued to highlight the workforce crisis in clinical radiology and clinical oncology, raising public awareness of these issues and their impact on patients.

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### Workforce issues and the impact on patient care

Over the last year we have remained intensely concerned about the chronic shortage of clinical radiologists in the UK as well as the similar problems in clinical oncology.

The data from our workforce censuses provide a comprehensive picture and suggest very worrying future trends. We have used these data to underpin our continuing work to persuade workforce planning bodies across the UK to increase the number of clinical radiologists and clinical oncologists in training.

When the numbers of consultant radiologists and radiology trainees are taken together, there are around seven radiologists per 100,000 people in the UK.<sup>1</sup> This compares very poorly with the rest of Europe. Data from the European Commission places the UK near the bottom of 31 countries and we are far short of the European average of 12 radiologists per 100,000 people.<sup>2</sup>

One area where the workforce shortage directly impacts on patients is the persistence of radiology reporting backlogs. Our snapshot surveys show that there are still over 250,000 patients waiting over a month for the results of X-rays and scans. This is despite the rapidly increasing spend on outsourcing by NHS radiology services. Data collected with our 2015 census show that across the UK, total expenditure on radiology outsourcing has increased by 51% from £58.3 million in 2013–2014 to £88.2 million in 2014–2015. The expenditure on outsourcing in 2014–2015 is equal to the salaries of over 1,000 full-time NHS radiology consultants. Further commentary on the clinical radiology workforce crisis can be found in the next section of this review.

In response, we have called repeatedly for urgent action to address this crisis, with intensive lobbying of Governments in all four nations, Health Education England and other NHS bodies. We have made use of the media to convey our messages about the need to increase training places and for greater investment in the workforce in both our specialities.

For the English<sup>3</sup> and Scottish<sup>4</sup> cancer strategies to succeed, greater numbers of trained radiologists are required along with investment in imaging and radiotherapy equipment. This call was disseminated widely through the media and through our stakeholders.

The College is represented on the National Cancer Advisory Group, established to provide scrutiny to NHS England during the implementation of the English Cancer Strategy.<sup>3</sup>

In early 2016, the launch of the Scottish cancer strategy *Beating Cancer: Ambition and Action*<sup>4</sup> saw our Standing Scottish Committee call for the extra spending on health pledged by the Government to include not just the replacement and upgrade of radiotherapy equipment, but also the training and recruitment of the clinical radiologists and clinical oncologists needed to diagnose and treat cancer patients.

This was followed by a detailed response from the College covering the key areas of cancer prevention, earlier detection and diagnosis, improving treatment and cancer research.<sup>5</sup> It is encouraging that the College is represented on the taskforce working to implement the strategy.

### Junior doctors' morale

Against a background of rapidly rising demand for imaging services, we recognised that recruitment difficulties and the increasing numbers of unfilled posts were adversely affecting radiologists' morale with resulting impact on career planning, staff retention and the training of the next generation – all to the detriment of patient care.

During late 2015 and early 2016, the junior doctors' contract dispute in England was of major concern to many of our members. The College used its voice, both independently and in tandem with the Academy of Medical Royal Colleges, to encourage both parties to find a negotiated settlement.

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### Working in the interests of patients and the public

In September we publicised the dangerous delays in lack of access to interventional radiology. We are working to address this problem by increasing the number of interventional radiologists in training to provide patients with the services they deserve.<sup>9</sup>

We carried out an audit of UK hospitals<sup>7</sup> which found that patients were at risk from a lack of robust systems for communicating urgent test results and made the findings publicly available, to draw attention to the implications for the safety of patients.

Our oncology and radiology public lectures continued to prove popular. We also worked with FunKids digital radio to create a series of podcasts aimed at children, exploring the different types of medical imaging and how doctors use them.



In a survey conducted in conjunction with the Patients' Association, the College found that only about half of patients understood that a radiologist was responsible for interpreting their X-ray or scan. The College was already aware of a lack of understanding by patients (and by extension the wider public) regarding the role of radiologists in the care pathway. We will use this feedback to explore new ways to inform the public about the specialty and what it does for patients.

Meanwhile, through sitting on our boards and committees, the small group of lay people who generously offer their time voluntarily to the College continued to guide and inform our policies and work from a non-healthcare professional perspective.

### Increasing our influence

During 2015 we participated in 39 consultations issued by the NHS, Governments and health bodies covering a wide range of topics. We consistently pressed the case for better imaging and cancer services to key audiences including senior advisers at Westminster and Downing Street, at the King's Fund and the Nuffield Foundation, to parliamentarians of the four devolved nations and to national print and broadcast media.

### Membership survey

In spring 2016, we surveyed our Fellows and members on a range of topics including the value of College membership, our public profile and our work and policies. Survey findings will help to inform the way the College develops and delivers its support and services for Fellows and members and have fed into a parallel exercise looking at the way the College communicates with Fellows and members and external audiences.



### Retirees' group

As part of our aim to engage with Fellows and members at all stages of their careers, a new Retirees' Fellowship Forum was established. Forum members are a valuable source of knowledge, skills and experience and we are keen to recognise and benefit from the unique perspective of retired Fellows. The aim of the group is to offer continued involvement with the College following retirement, provide opportunities to meet with peers and colleagues (both old and new) and to engage in debate via the online discussion forum.

### Modernising elections

The RCR depends on talented and committed individuals putting themselves forward to become Officers. The elections this year included the President to serve from 2016 to 2019. To better inform Fellows and members about the candidates and the election process, the Returning Officer produced an explanatory video and the four candidates were invited to record videos to accompany their election statements. Also, for the first time, Fellows and members were given the opportunity to submit questions to the candidates online, and view their answers for consideration.

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**The 2015 ASM featured 188 speakers, 200 lectures and 15 workshops. A record 759 delegates attended, with some 84% rating the overall meeting programme as 'excellent' or 'good'.**

### Professional learning and development

More is being invested in online learning resources such as podcasts, webinars, learning modules and an enhanced continuing professional development (CPD) video library, alongside our continuing popular programmes of face-to-face clinical and non-technical skills meetings.

Our *Leadership for Improvement Programme* for aspiring future leaders in clinical radiology, clinical oncology, pathology and medical physics has been extremely well received by participants. The first cohort of 18 participants completed the programme in May 2016 with a presentation of their improvement projects to an invited audience. Their feedback will help to structure and inform the next programme which is likely to begin early in 2017.

Over the year, educational development for trainers has continued with the Supervisor Skills programme and Training the Trainers courses.

The Annual Scientific Meeting (ASM) goes from strength to strength. The 2015 event featured 188 speakers, 200 lectures and 15 workshops. A record 759 delegates attended, with some 84% rating the overall meeting programme as 'excellent' or 'good'. The ASM App was used by 55% of the delegates and the 2016 version will include additional content to enhance the user experience.

Recognising the great strides being made in artificial intelligence and machine learning, the College brought leading mathematicians and computer scientists together with clinical and academic radiologists and clinical oncologists to discuss and explore the potential of the human-machine interface in diagnostic radiology. A forum was set up for those who attended the event to keep in touch and share ideas.

To show our support for those entering our specialties, we continued our programme of 'welcome days' for new trainees. These were attended by 196 radiology and 36 oncology trainees who learnt more about their five years of training and how the College can support them and had the opportunity to network with their new colleagues.



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### **Continuing professional development (CPD) scheme**

Fellows and members continue to use the College's CPD scheme to plan, record and reflect on their CPD. Between September 2014 and August 2015 CPD certificates were issued to the 1,773 delegates who attended CPD events organised by the College for their use in appraisal. Some Fellows and members were asked to trial the General Medical Council's (GMC's) new CPD app and, in light of the positive feedback, the app is recommended by the RCR as an aid to recording CPD.

### **Cross-Faculty examiner induction**

Newly recruited examiners, and some recent recruits, attended the first annual College examiner induction event. Using didactic teaching, group discussion and real-life assessment vignettes, participants were introduced to their roles, with particular emphasis on equality and diversity. Parallel workshops included talks on the final examinations and on writing 'single best answer' questions. Feedback was overwhelmingly positive, with 96% of participants rating the day as 'good' or 'very good'.

### **International Committee**

A cross-Faculty International Committee was established in 2015. The Committee aims to link Fellows and members with established philanthropic initiatives in low- and middle-income countries. The Committee also oversees the College's international visiting professorships and plans to work with funding bodies to provide guidance for Fellows and members on raising funds for projects. The intention is to create bursaries to fund outreach and travel scholarships. The international section of the website has been developed to include an interactive map to facilitate knowledge sharing of Fellows' and members' experiences. An advocacy group is being established to explore and take forward philanthropic aspirations of Fellows and members in both clinical oncology and clinical radiology.

### **Thinking back, looking forward**

The College would like to thank warmly all those individuals and organisations who have worked with us over the last year. The voluntary contribution made by several hundred Fellows and members and our lay member group is truly what the College is all about. Thanks are especially due to the President for 2013–16, Dr Giles Maskell, along with fellow Officers retiring this year, namely, Professor Roger Taylor and Dr Caroline Rubin.

We look forward to another year of development and opportunity led by our new President, Dr Nicola Strickland, supported ably by the Officer team, professional and lay members of our boards and committees and College staff.

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## Clinical Radiology

Workforce issues continued to dominate the work of the Faculty of Clinical Radiology over the last year. Key areas of work this year have included highlighting the ongoing reporting backlog and the impact of inadequate systems for image and report sharing between healthcare providers. The College has also run a *Working in the UK* campaign to recruit clinical radiologists from overseas to come and work in the NHS to increase the workforce.

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### Clinical radiology workforce

The small growth in the clinical radiology consultant workforce numbers has not matched the tremendous growth in workload in recent years. In England, the consultant headcount increased by 5% between 2012 and 2015, yet the number of computed tomography (CT) scans increased by 29% and magnetic resonance imaging (MRI) scans by 26%.<sup>1</sup> In Scotland, the divergence in the growth between workforce and workload is even greater, with the number of consultants increasing by only 3% between 2009 and 2015, compared to 55% growth in the number of both CT and MRI scans. The 2015 RCR workforce census shows that at the time responses were collected, 9% (324) of all consultant radiology posts were vacant in the UK. Just over half of these posts were advertised but remained unfilled due to a lack of suitable candidates. More concerning still is that 56% of all unfilled posts had been vacant for eight months or more, indicating that this is a persistent feature of the NHS that can only be addressed systemically.

Our most recent clinical radiology workforce census revealed that the number of consultant radiologists increased by only 2% between 2014 and 2015, there are now 3,318 consultant radiologists (or 3,125 whole-time equivalents [WTEs]) in the UK.

While our aim is to increase radiology training numbers to meet imaging demands in the UK, we recognise the need to find alternative ways of working to minimise the impact on Fellows' and members' work-life balance. We launched our *Sustainable future for diagnostic radiology* series of online guidance and resources to promote the concepts of home working, networked models of service provision and other ways of supporting radiologists to bridge the current gap between demand for radiology services and the capacity of the workforce.<sup>8-14</sup>

As part of its work to address the shortfall in the UK radiologist workforce, the Faculty reached out to overseas radiologists through its *Working in the UK* campaign. The Faculty hosted sessions at the European Congress of Radiology in Vienna in March which brought together those seeking experienced radiologists with those who were considering working in the UK. Both workshops were well attended and feedback was positive. In addition, a video was produced which featured clinical radiologists who had moved to the UK to work in the NHS discussing their experience. The *Working in the UK* section of the College website has a wealth of information with links for radiologists abroad considering a career in the UK.

For those who have already made the move or are working with radiologists from overseas, the website features help and advice on adapting to practice in the UK. Further videos giving advice for mentors and international medical graduates are planned.





### Radiology networks

The Faculty continued to promote the concept of delivering imaging services via networks and, to stimulate further developments, convened a meeting at the College in May to share experiences. Proceedings were filmed and turned into a video resource for Fellows and members with an edited version featuring highlights from the event made available to the public.

### Supporting the future workforce

In June we published our *Vision for training* for radiology for the next ten years with solutions to accommodate increasing numbers of trainees within a workforce struggling to cope with service pressures. The *Sustainable future for diagnostic radiology* series includes a document, *Lifelong learning: delivering education and training for a sustainable workforce*, which discusses how departments can make sure that training and education opportunities can be maintained within flexible working models.<sup>14</sup>

In January 2016, the first ever Postgraduate Certificate (PGCert) in Medical Education specifically for radiology was launched. The radiology-specific module was developed by a College Educational Fellow (a clinical radiology trainee), in partnership with the Centre for Medical Education at the University of Dundee. The module covers the issues of learning, teaching and assessment in radiology. To facilitate distance learning, the course is delivered online, taking one year of part-time study to complete. Eighteen participants have enrolled so far.

### Training

Education and training needs to be relevant and keep pace with service changes and developments. Following the introduction of molecular imaging into the core training curriculum, the College appointed two RCR Clinical Fellows to identify and develop online resources to support the teaching and learning in this area.

The College has supported the introduction of the new nuclear medicine curriculum. The first trainees have been recruited to this in a joint process with radiology recruitment and will spend their first three years in core clinical radiology training.

This year we have received approval from the General Medical Council for a major change to the clinical radiology FRCR 2A examinations to move from six separate modular exams to one single examination from 2018. This change gained strong support from trainees and trainers and is intended to improve trainees' experience of training by reducing the emphasis on exam preparation.

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### **Undergraduate Radiology Societies Association (URSA)**

Following the launch of the Undergraduate Radiology Societies Association in September 2015, nine member societies have joined. The first URSA event was hosted at the College in June, providing a networking opportunity for members and highlighting the ways in which the RCR supports aspiring radiologists from the very outset of their careers. The aim is to achieve steady growth by inviting more radiological societies to become URSA members.

### **New Faculty advisers**

The Faculty appointed a Radiology Patient Safety Adviser to review the available patient safety information and to identify issues that most impact on patients.

Performance depends not just on technical skills but also on non-technical skills such as communication, team working and coping under stress. With this in mind, a Radiology Human Factors Adviser was appointed to lead on developing training and resources to improve on radiology non-technical skills (RaNTS).

A Radiology Informatics Adviser was appointed who chairs the newly established Radiology Informatics Committee. The new Committee will advise the Clinical Radiology Faculty on the use of informatics in diagnostic imaging and develop methods of advancing radiology using information technology. The Committee will oversee the development and review of all Faculty publications relating to informatics and lead on a number of areas of work, including, for example, exploring the potential for image and report sharing across clinical networks.

### **Radiology events and discrepancies (READ)**

Building on the success of the *Radiology events and discrepancies* newsletters, the READ Panel launched new presentations of each case for use in local learning from discrepancies meetings to facilitate sharing of the valuable lessons learnt from the published cases.

### **Imaging Services Accreditation Scheme (ISAS)**

The four-yearly review of the standard on which the scheme is based commenced in 2015, with completion due in late 2016. The ISAS Officer, working on behalf of the RCR and the College of Radiographers who jointly own the scheme, continued to support services going through the accreditation process.

### **Joint working**

Through various joint boards and committees, the Faculty worked in partnership with other organisations across the year. The College works with the Institute of Physics and Engineering in Medicine and the Society and College of Radiographers on a number of cross-disciplinary projects such as the Clinical Imaging Board's publication *CT equipment, operations, capacity and planning in the NHS*.<sup>15</sup>

The Faculty is particularly grateful for the frequent, detailed and timely advice it receives from the Radiology Special Interest Groups. These are invaluable in helping to draft College responses to national consultations and also in responding to queries from the media, hospitals, patients and members of the public.

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### Guidance documents

Among the guidance documents published by the Faculty were: *Standards for providing a seven-day acute care diagnostic radiology service; Evidence-based indications for the use of PET-CT in the UK* (in conjunction with the Royal College of Physicians); *Standards for the communication of radiological reports and fail-safe alert notification and Standards and recommendations for the reporting and interpretation of imaging investigations by non-radiologist medically qualified practitioners and teleradiologists*. Also published were: *The breast imaging and diagnostic workforce in the UK; Guidance notes on handover and review* and *Standards and guidance for practice for trauma radiology in severely injured patients (second edition)*.

### Clinical Radiology journal

*Clinical Radiology* continues to improve its international scientific and educational appeal with article downloads increasing year on year. In addition to its high-quality original articles, editorial and review articles, it now features a number of commissioned special issues, virtual special issues, guidelines and commissioned commentaries. This year, *Clinical Radiology* has achieved an impact factor of 2.151; the highest impact factor seen by the journal since 1997.<sup>16</sup> Other developments include the introduction of podcasts accompanying special issues, which we hope will prove popular.

### Clinical audit projects

The Clinical Radiology Audit Committee continues to work on achieving improvement in patient care or outcomes through its national audits, with four national audit projects at various stages of completion and work on future

audits progressing. Participation has improved with the *Audit of radiology communication systems for critical, urgent and unexpected significant findings* approaching 70%. Our *National audit of paediatric radiology services in hospitals* showed that standards set for a network approach to paediatric radiology provision in *Delivering quality imaging services for children* are largely unmet and that this failure to make the best use of both workforce and resources puts vulnerable children at risk.<sup>17</sup>

The *Audit of radiology communication systems* identified wide variation in practice across the UK regarding the communication and monitoring of reports, with many departments or trusts not fully compliant with published UK guidance and only a minority having and using electronic tracking to ensure reports have been both read and acted upon. Audit leads were given the opportunity to contact representatives of those departments to look into the possibility of sharing best practice.

The *National audit of the accuracy of interpretation of emergency abdominal CT in adult patients who present with non-traumatic abdominal pain* looked at a range of variables and the accuracy of emergency abdominal CT reporting and patient outcomes, while the *Audit of prevention and detection of acute kidney injury in adult patients undergoing iodinated contrast media injections* looked at compliance with current UK guidance on contrast-induced acute kidney injury (CI-AKI).

Ensuring that clinical radiologists are in a position to provide the best possible care to patients is at the core of all of our work streams and we hope that 2016–17 will prove to be another positive and productive year for the Faculty.





# Clinical Oncology

The increasing incidence of cancer in the population and the recognition of the major role that radiotherapy, in particular, can play in the treatment and cure of some cancers are well known. In spite of this, recruitment to clinical oncology has proved challenging. We are making strenuous efforts to promote the specialty to potential trainees to ensure a sufficient workforce to meet the needs of patients now and in the future. This includes putting more careers information (including videos) on our website and ensuring better representation and resources at careers events. We will also be sharing good practice to help centres develop taster weeks and make the best of pre-specialty training opportunities.

### Postgraduate Certificate in Medical Education

The Faculty appointed an Educational Fellow – a clinical oncology trainee – to work with the University of Dundee to develop a module in medical education specifically for clinical oncology as part of the University's Postgraduate Certificate in Medical Education, launching in January 2017. The module will cover the issues of learning, teaching and assessment in clinical oncology. The course will be delivered online and should take about one year of part-time study to complete.

### Professional learning and development

Progress with continuing professional development (CPD) resources aimed at clinical oncologists has continued apace, including the clinical oncology stream of the Annual Scientific Meeting, the College's session and poster competition at the National Cancer Research Institute Cancer Conference, development of e-learning resources and cross-Faculty workshops on non-technical skills.

### Clinical Oncology FRCR 1 and 2A exams in India

The Faculty has continued to offer the First FRCR examination in India with the Final FRCR Part A being introduced successfully in spring 2016. The exam has been received enthusiastically by oncology trainees and it is hoped that the FRCR will become a major validation exam for Indian oncologists.

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**Faculty Officers  
 have been  
 undertaking a  
 series of regional  
 visits across the  
 UK, covering both  
 areas in England  
 and the devolved  
 countries.**

### New trainee learning resources

To address the difficulty that many clinical oncology trainees encounter in accessing radiology teaching, an Educational Fellow was appointed to explore how the College could best serve this group. As a result, the first of a suite of modules focusing on imaging as it relates to clinical oncology training and practice has been launched, with further modules in development alongside short assessments.

The first module on imaging in prostate cancer is available as a presentation with a recorded voiceover supporting the content of the slides, some of which are animated.

### Breast cancer radiotherapy guidelines

The Faculty worked with the Society and College of Radiographers, the Institute of Physics and Engineering in Medicine, the Association of Breast Surgeons and with commissioners, lay members and patients to develop new evidence-based consensus guidelines. These cover the key aspects of radiotherapy treatment for breast cancer, including cardiac sparing techniques, use of tumour bed boost and treatment strategies for low-risk patients. These were finalised at a consensus meeting at the College in March 2016 involving representatives from all breast radiotherapy stakeholders. Once complete the guidelines will be freely available on the College website and the intention is that this will form the basis for the commissioning of radiotherapy treatment for breast cancer in the UK.

### Academic Committee

Responding to the need to support and develop academic oncology, the Faculty has established a new Academic Committee to raise the profile of academic clinical oncology. The Committee's remit will include the various components of academic practice including commitment to the design and conduct of clinical trials, working with universities in teaching and research and considering how to maximise support given at the various stages of academic careers.

### Clinical Oncology journal

*Clinical Oncology* continues to go from strength to strength. Developments in the last year include the production of regular podcasts to accompany special issues and a *Science in focus* series of editorials from leaders in their field providing updates on areas of progress in scientific understanding that are pertinent to the wider oncology community. The *Fukushima: five years on* special issue received particular attention, including from the wider media, both in the UK and Japan.



## Clinical oncology – a cornerstone of modern cancer treatment

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

### Regional visits

Faculty Officers have been undertaking a series of regional visits across the UK, covering both areas in England and the devolved countries. This is part of the RCR's wider aim of achieving fuller engagement with Fellows and members. The Faculty recognises that it is becoming increasingly difficult for many clinical oncologists to take time away from their centres; these visits provide an opportunity for clinical oncologists across the UK to meet Faculty Officers to ask questions about the work of the Faculty and to discuss how services are run and the key challenges being faced at the local level.

### Systemic Anti-Cancer Therapy (SACT) dataset workshop

The SACT dataset is a valuable source of information on the delivery of systemic treatments in England. It has the potential to support better patient outcomes by helping to facilitate understanding of service delivery and outcomes and evaluating how services can be improved. However, there is scope for further improvement in the SACT dataset in terms of completeness and the quality of data submitted by NHS chemotherapy service providers. The Faculty workshop in June 2016 focused on the importance and value of the SACT dataset so as to encourage submission of high-quality data and to assist providers experiencing difficulties with data submission.

### Publications

The *Guide to job planning in clinical oncology, third edition* was published, and is aimed primarily at consultant clinical oncologists. This publication was updated to take into account changes in the specialty over recent years including increased delivery of advanced radiotherapy techniques.

### Publications produced jointly with other organisations

As a member of the Radiotherapy Board, the Faculty developed three publications this year: *Improving access to radiotherapy through extended hours working*, *Current and likely future access to IMRT* and *The management of cancer patients receiving radiotherapy with a cardiac implanted electronic device*.

### Clinical audit projects

Faculty-initiated national audits during the last year have included a *UK Audit of toxicity and outcomes of radical chemoradiotherapy for anal cancer, delivered using intensity-modulated radiotherapy (IMRT)* and a national audit of the quality of curative intent radiotherapy for lung cancer. The anal cancer audit showed that IMRT implementation for anal cancer is well under way and confirms that IMRT results in reduced acute toxicity. The lung cancer audit highlighted disparity in treatment selection and access to guideline recommended therapy, particularly in the elderly. A forthcoming audit to assess the quality of staging and delivery of radiotherapy therapy for bladder cancer is planned.

Recruitment to the specialty will continue to be a focus for the Faculty of Clinical Oncology in 2016–17, recognising that the best patient care and outcomes can only be achieved with an adequate, appropriately trained workforce.



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## Finance and resources

College finances and investments remain on a sound footing, while fee increases have been carefully considered to take into account the current position of Fellows and members including the pressures experienced by many trainees.

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Prudent management of College resources and investments has delivered both stability and sustainable income streams. Operating costs have been tightly controlled while budgetary expenditure has remained within predicted levels. The charts on page 21 identify the various sources of College income and expenditure for the financial year 2015–2016.

### The need for high-value radiology

As part of the development of strategic thinking, a summit was organised with wide participation from the clinical, academic and interventional radiology communities, industry, the National Institute for Health and Care Excellence, the Nuffield trust, Cancer Research UK and the Department of Health, held in conjunction with the Institute of Value-Based Healthcare (University of Oxford). The event addressed what will constitute high-value radiology in the future and what role radiology will play in healthcare. Three components of the value were explored: the established concept of technical value, its expression through guidelines and the under-developed concepts of personal value and allocative value in radiology. A number of elements of the discussion will be explored more widely with Fellows and members and in collaboration with our partners, in particular, the need to extend the remit of radiologists to develop more direct personal value for patients in practice and, given future funding of healthcare, the need to take greater responsibility for the delivery of radiology at a population level, making optimum use of limited resources.



### A new approach to sponsorship

A revised approach to sponsorship as a potential income stream is being considered and developed by the College. The aim of this work is establish a way forward that could lead to long-term, sustainable sponsorship arrangements.

### New approach to risk management

The College is taking a more proactive approach to risk, placing risks into three categories: strategic, operational and project. Each category is being reviewed on a continuous basis with a view to mitigation of potential risks.

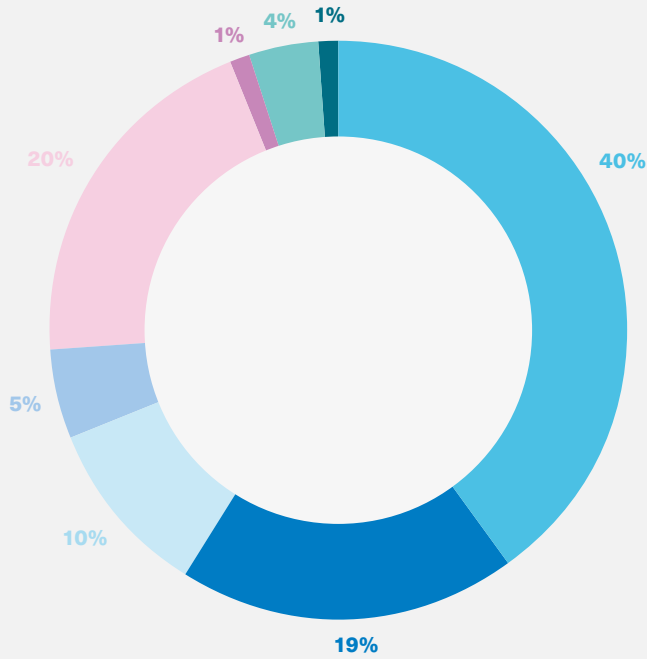
A major risk reduction exercise saw information technology (IT) systems moved off-site to an external datacentre and support service. In parallel, the resilience and security of the College website, especially during periods of high usage has been improved.



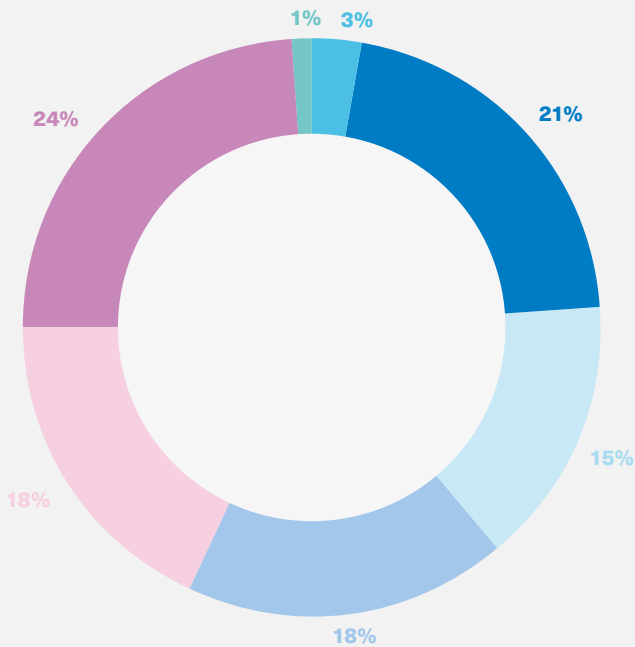
**Prudent management of College resources and investments has delivered both stability and sustainable income streams.**



## Income January–December 2015



## Expenditure January–December 2015



# RCR Officers 2015–2016



**President**  
Dr Giles Maskell



**Treasurer**  
Dr Mark Alexander



**Vice-President,  
Clinical Radiology**  
Dr Richard FitzGerald



**Vice-President,  
Clinical Oncology**  
Professor Roger Taylor



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



**Medical Director,  
Education and Training,  
Clinical Oncology**  
Dr Seamus McAleer



**Medical Director,  
Professional Practice,  
Clinical Radiology**  
Dr Andrew Smethurst

(Dr Susan Barter until  
8 September 2015)



**Medical Director,  
Professional Practice,  
Clinical Oncology**  
Dr David Bloomfield

(Dr Jeanette Dickson until  
8 September 2015)

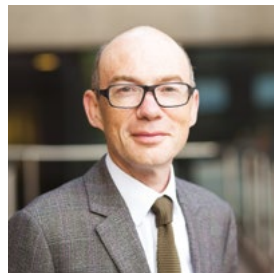
## Senior Management Team



**Chief Executive**  
Andrew Hall



**Executive Director,  
Finance and Resources**  
Ken Green



**Executive Director,  
Specialty Training**  
Joe Booth



**Executive Director,  
Professional Practice**  
Virginia Wykes

# References

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1. The Royal College of Radiologists. *Clinical radiology UK workforce census 2015 report*. London: The Royal College of Radiologists, 2016.
2. <http://ec.europa.eu/eurostat/web/health/health-care/data/database> (last accessed 6/6/16)
3. Independent Cancer Taskforce. *Achieving world-class cancer outcomes. A strategy for England 2015–2020*. London: Independent Cancer Taskforce, 2015.
4. The Scottish Government. *Beating cancer: Ambition and action*. Edinburgh: The Scottish Government, 2016.
5. The Royal College of Radiologists. *Beating Cancer: ambition and action. How the next Scottish Government should implement the new Scottish Cancer Strategy*. London: The Royal College of Radiologists, 2016.
6. The Royal College of Radiologists. *Too many patients bleeding to death: action is needed now says The Royal College of Radiologists*. [www.rcr.ac.uk/posts/too-many-patients-bleeding-death-action-needed-now-says-royal-college-radiologists](http://www.rcr.ac.uk/posts/too-many-patients-bleeding-death-action-needed-now-says-royal-college-radiologists) (last accessed 6/6/16)
7. Duncan KA, Drinkwater KJ, Dugar N *et al*. Audit of radiology communication systems for critical, urgent, and unexpected significant findings. *Clin Radiol* 2015; **71**(3): 265–270.
8. The Royal College of Radiologists. *Sustainable future for diagnostic radiology: introduction*. London: The Royal College of Radiologists, 2015.
9. The Royal College of Radiologists. *Sustainable future for diagnostic radiology: working for alternative and/or multiple providers*. London: The Royal College of Radiologists, 2015.
10. The Royal College of Radiologists. *Sustainable future for diagnostic radiology: less than full-time (LTFT) working*. London: The Royal College of Radiologists, 2015.
11. The Royal College of Radiologists. *Sustainable future for diagnostic radiology: the older radiologist*. London: The Royal College of Radiologists, 2015.
12. The Royal College of Radiologists. *Sustainable future for diagnostic radiology: establishing network solutions for radiology services*. London: The Royal College of Radiologists, 2015.
13. The Royal College of Radiologists. *Sustainable future for diagnostic radiology: flexible home working*. London: The Royal College of Radiologists, 2015.
14. The Royal College of Radiologists. *Sustainable future for diagnostic radiology: lifelong learning: delivering education and training for a sustainable workforce*. London: The Royal College of Radiologists, 2016.
15. Institute of Physics and Engineering in Medicine, The College of Radiographers, The Royal College of Radiologists. *CT equipment, operations, capacity and planning in the NHS*. London: Institute of Physics and Engineering in Medicine, 2015.
16. © Thompson Reuters Journal Citation Reports 2016 Radiology.
17. Department of Health. *Delivering quality imaging services for children. A report from the National Imaging Board*. London: Department of Health, 2010.

ISBN: 978-1-905034-72-7. Ref No. RCR(16)1.  
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