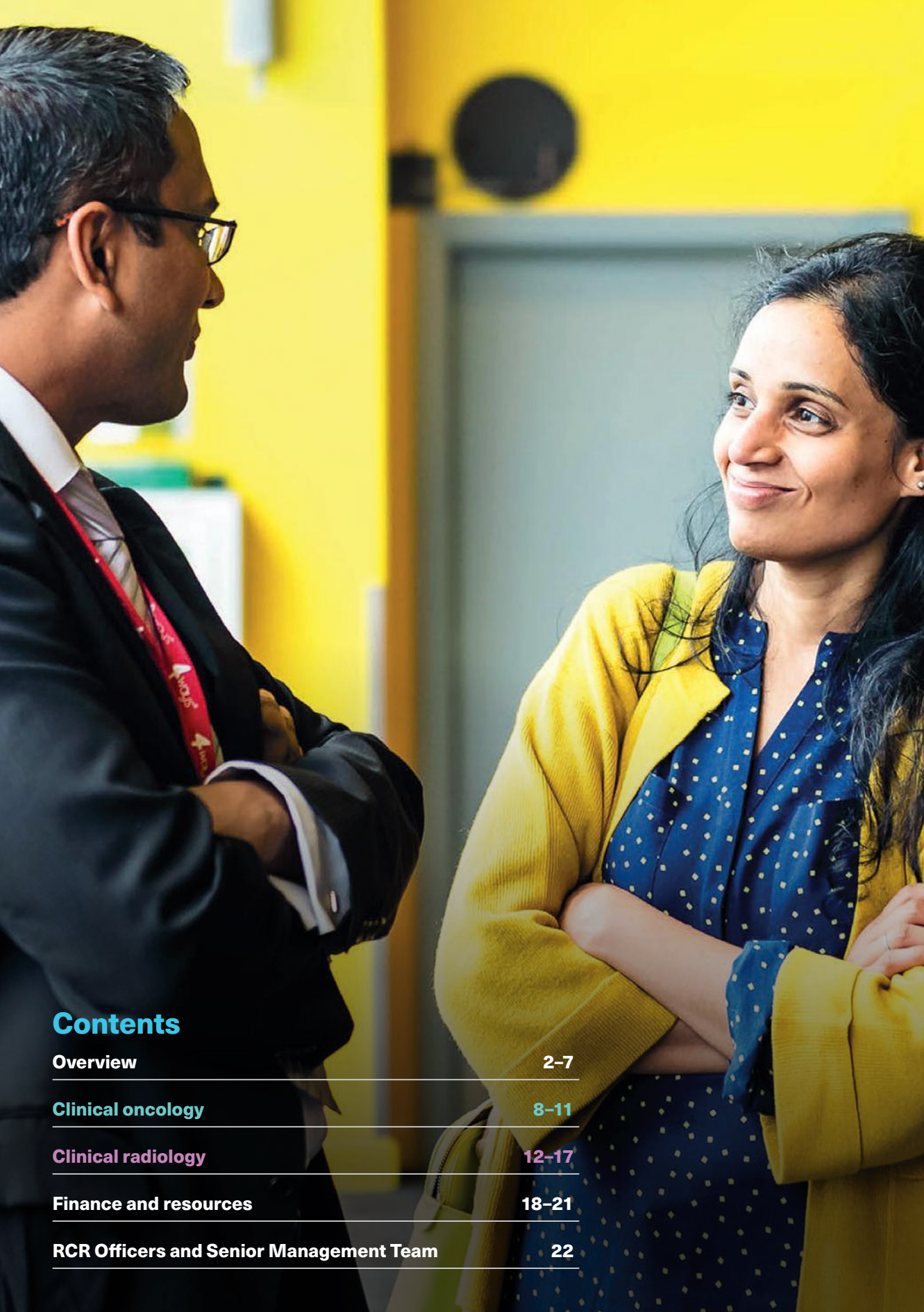


Annual Review 2017–18





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Overview

Workforce pressures continue to dominate the RCR agenda. The continuing shortage of consultants in both our specialties threatens access to, and the quality of, care received by patients.

Workforce – the dominating issue for our specialties

The remit of a medical Royal College is to set, maintain and wherever possible improve the standard of care offered to patients. The commitment that doctors in our specialties of clinical oncology and clinical radiology demonstrate is never less than impressive. It is a true sadness that currently, and at best, those standards of care have just about been maintained – sometimes at personal cost. The prospect of improving care at this time seems unattainable. The rate-limiting steps may be complex and influenced by many other factors but come back to the lack of clinical oncologists and clinical radiologists on the ground.

This issue, which has dominated plans and action at the College for several years, shows no signs of going away. There have been glimmers of hope during the past year that offered the prospect for noticeable progress towards filling vacancies and increasing the numbers of doctors in training in the specialties. Solving the workforce crises requires sustained and committed investment and cannot be achieved by means of a quick fix.

The clinical radiology and clinical oncology sections of this *Annual Review* detail what the RCR has been doing to address this issue. We remain committed to relieving the overstretched workforces so that equality of access, availability of services and care to patients are what all of us would want.

Big issues for healthcare – and our Annual Plans priorities

Healthcare is never out of the news. The way that Brexit is playing out is one example. There is little clarity as yet over the impacts of Brexit but the RCR has worked with the Academy of Medical Royal Colleges and others, highlighting fears for medical research, medicines supply and on retaining European Union doctors as well as attracting them to come to the UK in the future.

One issue of great concern to the RCR is the supply of medical radioisotopes for use in diagnosis and treatment, associated with the Euratom Treaty. We have given evidence to both Houses of Parliament and offered comment and input to many bodies either on our own account or in conjunction with others. While this has resulted in genuine influence, the position is not resolved and assurances are still being sought that the supply of such materials will be secure in the future and patient care not adversely affected.

Another major topic is the funding of the NHS. The announcement in June 2018 of additional funding for the NHS is extremely welcome. The College will work with the NHS in all four nations to ensure a fair allocation of those funds to meet the needs of patients who are cared for by our specialties.

There are many new advances that could be made, particularly in more rapid diagnosis of patients suspected of having cancer which, in turn, would mean they receive treatment at an earlier stage with an overall cost saving to the public purse. The cancer strategies for England, Scotland and Wales all show limited prospects of fulfilment.¹⁻³ The College made clear that to achieve the aims of any of the strategies, investment was needed rapidly and at the start so as to improve the early detection of cancer. Unfortunately, that has not happened sufficiently in any of the three countries.

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There have been glimmers of hope during the past year that offered the prospect for noticeable progress towards filling vacancies and increasing the numbers of doctors in training in the specialties

The structure of the NHS in England has also been fluid with new models emerging which seek to replace the former competitive environment with one of collaboration. The concept of integrated care systems has been trumpeted by many administrations. However, the changes being effected in England are not accompanied by the necessary funding and infrastructure support and run the risk of simply transferring the burden from one part of the system to another. It is quite clear that while the Sustainability and Transformation Partnerships (which in some cases are being developed into integrated care systems) have a major task, identifying the need for radiological services and how cancer care should be delivered is not apparently always a priority. These fluid structures have also given rise to other interface problems, for example, with the Cancer Alliances.

Profile of the College and its work

The RCR garnered almost 600 pieces of media coverage over the last year, of which well over 100 appeared in national newspapers. RCR spokespeople took part in local and national radio programmes and national TV spots. Social media presence was strengthened: the RCR now has more than 11,000 Twitter followers, with follower numbers growing by nearly a quarter in the 12 months from April 2017.

Nevertheless, this is, in a sense, the tip of the iceberg. The College will continue to raise the profile of its specialties and the particular needs that patients have as a continuing high priority.

'... to encourage the development of clinical radiology and clinical oncology and to further public education therein.'

The College's Royal Charter is very clear that the College will provide public education. This is well established in the two public lectures offered free of charge to attend in person or view online (and live streamed for the first time this year), which have provided an excellent range of speakers on many topics.

The College has committed to strengthen its public education activity and will develop outreach to those considering their career options. Such work improves awareness of the specialties and the major benefit the disciplines bring to healthcare.

In this regard, the insight and skills lay members bring across a wide swathe of College activity continues to be invaluable. The RCR has been very fortunate in being able to attract talented and energetic people to contribute to its work.

Membership survey and membership engagement

It was rewarding to see over 2,000 members respond to the latest membership engagement survey and give their views on the College and the services it offers. There are clear messages about the desire for the College to provide more support to its members, raising the profile of both specialties and improving how we communicate the value and benefits of RCR membership. A full report on the survey and an action plan will be launched at *RCR18* in Liverpool in September.

The RCR is always keen to ensure that the very many opportunities to get involved with its work are extended to the greatest possible number of Fellows and members. Opportunities range from developing guidance or responding to an external consultation document, through to Advisory Appointment Committees, offering a webinar or speaking at an event for *RCR Learning*, to committee membership, advisory and Officer roles.

In the round of elections held for 2018, the number of candidates standing and those voting were considerably higher than in recent years. This has to be a positive indication and it is hoped this will continue for the future. The College remains hugely indebted to the voluntary effort that its Fellows and members continue to give, without which, we would be able to do very little.

Philanthropic work overseas

During the past year, the College has strengthened its philanthropic work including: the International Travelling Fellowship which has seen visits to Egypt and Pakistan with at least two more visits scheduled next year; the creation of an RCR 'Letter of support' to help Fellows and members with projects in low- and middle-income countries apply for external funding; and new and improved content on the website.



Artificial intelligence (AI)

The College has been leading the way in how AI could and should impact upon the specialties of clinical oncology and clinical radiology. Four broad work streams were set out in January 2018, as follows:⁴

1. Defining AI and associated terminology
2. Establishing the framework for regulation
3. Quality assurance as AI implementation comes on stream
4. Engagement and partnership working.

AI is a space in which there are multiple players with many great ideas, but there is a danger that a lot of effort could be directed where there is little gain or benefit to patients. To that end, the College led a multi-stakeholder meeting working with Health Data Research UK, The Alan Turing Institute and the Engineering and Physical Sciences Research Council in May bringing together leading thinkers from both of the College's specialties, academia, regulators and industry. Attendees wanted the College to lead in helping formulate appropriate regulation, producing guidance for the specialties and identifying the best applications of AI as it develops. There is no question that AI will augment clinical decision-making, but it will not supersede the vital role that doctors play in diagnosing disease and injury and in treating patients.

Clinical audit and quality improvement

The remit of the College's audit committees for clinical oncology and clinical radiology was extended to encompass quality improvement in addition to clinical audit. This reflected:

- The increasing importance of quality improvement at both national and local levels
- Its introduction to the specialist training curricula
- Its role in professional practice.

In tandem with this, the annual audit conferences and poster competitions for both Faculties incorporated quality improvement for the first time.

RCR Learning

April saw the first anniversary of the launch of *RCR Learning*. It was hugely rewarding to see that worldwide, the online components of *RCR Learning* have attracted over 1,700 users. *RCR Learning* is a major membership benefit particularly for those overseas who find it difficult to benefit from the programmes of face-to-face continuing professional development events in the UK.



RCR17 and beyond

There was very positive feedback on the three-day conference, *RCR17*, held for the first time in Liverpool in September 2017. It is very much hoped that this will carry on to *RCR18*. The College has committed to running a three-day conference for the years 2019, 2020 and 2021 and during that period it is intended to develop hands-on learning and a focus on the technologies that are increasingly going to impact on radiological and oncological practice.

Curriculum review

Each Faculty is undertaking a major revision of its specialty training curriculum in line with the standards and guidance for postgraduate curricula set by the General Medical Council (GMC). The aim in each case is to produce an outcomes-based curriculum setting out high-level exit requirements that clearly describe what a trainee should be able to do on completion of training, based on the key generic and specialist competencies a consultant should possess. The College will be consulting with all stakeholders over the next few months. The College has been helped greatly in these reviews by a clinical fellow appointed by each Faculty.

Undergraduate and careers work

The College has developed extensive engagement with undergraduates, encouraging them to think about careers in clinical radiology and clinical oncology.

The Undergraduate Radiology Societies Association (URSA) is well established and the Faculty has run popular undergraduate days for both specialties. The College has a presence at major careers fairs, provides resources and advice to Fellows and members to promote careers in their specialty and has produced videos and information about working in clinical oncology and clinical radiology.

Making the RCR fit for the future: a fundamental review of governance

The RCR was established over 40 years ago. Since that time, the development and delivery of healthcare has changed out of all recognition. Council reached the view that the College was limited by what its governing documents allow it to do and wishes to make the College fit for the future. Council has therefore commenced a governance review; there will be a formal consultation later in the process.

Looking ahead

This *Annual Review* can only cover some of the developments of the College in a year that has been full of challenges and growing demands. The combined efforts of volunteer Fellows and members, volunteer lay members and staff have resulted in much progress. In the year ahead, workforce issues will remain top of the priorities list and supporting Fellows and members to develop their careers and provide high-quality services is the intended outcome of that.

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There is no question that AI will augment clinical decision-making, but it will not supersede the vital role that doctors play in diagnosing disease and injury and in treating patients





Clinical oncology

Despite early warnings from the College that achievement of the Cancer Strategies would require swift action, this did not happen. It seems increasingly unlikely that the promised outcomes will be delivered in 2020.



Workforce and service pressures

The ambitious future set out by the cancer strategies for England, Scotland and Wales offered a prospect of early diagnosis, improved treatment and better outcomes for patients and signalled greater investment and growth in both diagnostic and treatment services.¹⁻³ While some progress has been made, particularly as regards investment in radiotherapy in Scotland, it seems very unlikely that the ambitions of the strategies will be realised.

The Faculty made clear when the English Cancer Strategy was published in 2015 that to arrive at the promised endpoint in 2020 required early and sustained investment; nearly three years into the Strategy, that has still not happened. Work looking at the non-surgical workforce led by Cancer Research UK, to which the Faculty made a major contribution, also highlighted what was necessary.⁵ This particularly explored the investment needed in the clinical oncology workforce. The demands could be different, and likely greater, if earlier diagnosis became a reality. Some cancers are becoming chronic diseases and the challenge is to continue caring for those living with and beyond their illness and delivering new lines of therapy for those with relapsed disease.

Although recruitment into the specialty of clinical oncology has proved challenging in recent years, this year it is pleasing to report that all substantive posts in the first round of recruitment to clinical oncology training have been filled. There have been particular pressures in Scotland which the Faculty has been attempting to address. The Faculty has invested heavily in recruitment materials explaining the advantages and attractions of working in clinical oncology and using its presence at careers fairs and similar events to reach out to those in core medical training, the foundation years and undergraduates. Departments are encouraged to offer junior doctors and students a good experience when they encounter oncology, spending time in clinics and radiotherapy planning rather than being solely ward-based.

A major issue is the planned reorganisation of radiotherapy services in England. This has required balancing delivery of quality services to patients and access to services, which may require longer travel times, with the need to concentrate the services in fewer centres where the expertise and coverage would be sustainable. The plans have been modified and we will see whether the planned reorganisation brings the promised benefits without too many downsides and is flexible enough to meet the demands of the future.

Major issues and developments for the Faculty

The advent of high-energy proton beam therapy (PBT) services in the UK during 2018, first in a private facility in Wales and then in an NHS facility in Manchester, is to be welcomed as they offer new treatment options for patients. The limited funded indications as yet for PBT mean that the profession and the Faculty have to be realistic and convey a relatively nuanced message to the media and the public. As so often with a new advance in medical science, it is seen in the popular media as a paradigm shift. For PBT this seems unlikely to be the case. The role of the Faculty is to help Fellows and members with guidance and support as the new treatment techniques become available.

The last year has seen some productive discussions between the leaders of the clinical oncology specialty and the medical oncology specialty. On the ground, the specialties work harmoniously to provide comprehensive services to cancer patients. There is scope at national level to see how the training and preparation for practice in the two specialties could become more aligned. The stimulus for the current discussions has been the actions and changes flowing from the *Shape of Training* report published in 2013, particularly in preparing doctors of the future to acquire and maintain appropriate generalist skills.⁶

Data is at the heart of knowledge and planning future services for cancer patients. There is potentially a huge amount of data available for the Faculty to draw on such as the Radiotherapy Dataset and the Systemic Anti-Cancer Therapy dataset. The Faculty is aiming to obtain routinely published benchmarking data which will assist in planning future service configuration.

Two papers in the last 12 months have been published, derived from the Faculty's 2013 Lung Cancer Audit. The second, on the subject of survival rates, was awarded a prize at the British Thoracic Oncology Group. Work is in hand on a third paper from the 2015 Anal Cancer Audit.

This year, the Faculty entered into a collaboration with the Faculty of Medical Leadership and Management and Macmillan Cancer Support to appoint a clinical fellow to lead a project to integrate patient reported outcome measures into clinical practice. The focus was to assess long-term bowel side-effects after pelvic radiotherapy. The project has established an electronic platform that could be used across the UK to collect the data directly from patients and a 12-month pilot across three NHS trusts is in train to assess the feasibility of this approach.

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This year it is pleasing to report that all substantive posts in the first round of recruitment to clinical oncology training have been filled

RCR Learning

Developments offered to enhance educational value to Fellows and members through *RCR Learning* this year include:

- Four interactive e-learning sessions on targeted treatments in lung cancer
- Two imaging for oncology e-learning sessions on gynaecology and cancer of the oesophagus aimed at trainees
- Five webinars including the first extended webinar on the irradiation of the internal mammary chain
- The distance learning Postgraduate Certificate in Medical Education module in Oncology developed with the University of Dundee which ran for the first time in May 2018.

Modern radiotherapy: minimises toxicity, maximises cures was the title of the June 2017 free public lecture. This tour de force of a presentation offered an insightful and accessible view of the development of radiotherapy and how it cures an increasing number of cancers.

Clinical oncology planning project (COPP)

The planning of complex radiotherapy involves reviewing diagnostic imaging and interaction with digital images to outline the tumour volume and organs at risk. Currently, the Fellowship examination has no digital examination format to test this so we are addressing this gap in assessment through the COPP. The project will also encompass the use of the software for continuing professional development purposes to support group teaching and learning in a workshop environment and to enable individuals independently to practise and demonstrate radiotherapy planning skills.

The project has proceeded apace over the last year with the CPD elements to be used for the first time later in 2018.

Professional guidance and advice

The main guidance publication during the year was *Radiotherapy target volume definition and peer review* which was highlighted with a webinar about the guidance along with an article in the *College Newsletter* from the lead author.⁷ In addition the workforce census reports for 2016 and 2017 were published.^{8,9}

The future of paediatric radiotherapy

In February 2018, the Faculty hosted a stakeholder meeting to discuss the future of paediatric photon radiotherapy services in England in parallel with the two English NHS high-energy proton beam therapy centres due to open in 2018 and in 2020 (see above in this *Annual Review*). The conclusions were a series of considerations for the future provision of paediatric radiotherapy services including: getting the right holistic support for patients and their families; families being consulted and listened to; defining the age cut-off point for paediatric radiotherapy services; the importance of communication and technology; the needs of palliative patients; the role of the key worker and the clinical oncologist; follow-up for late-effects and clinical trials outcomes; the configuration of centres and the speed of reorganisation.¹⁰

Clinical Oncology journal

Clinical Oncology published a special issue focused on the launch of high-energy proton beam therapy (PBT) services in the UK. The May 2018 special issue on PBT included lessons learned from other countries, patient attitudes and educational articles.

Education is a key element of the Journal's remit and this year, multiple-choice questions have accompanied selected educational articles enabling the readership to test its learning. The Editorial Board now includes an Educational Editor to maintain this focus. The continuing success of the Journal, with the Impact Factor stable at 3.055 is very rewarding for the Faculty.¹¹







Clinical radiology

The workforce shortage remains a pivotal issue for clinical radiology and is a confounding factor in improving services to patients. Faculty work streams include lobbying for increased training numbers, overseas recruitment and raising the profile of the specialty.

Workforce

The predominating issue in the Faculty over the last year has been addressing the severe pressures on the workforce in the UK. These pressures are a combination of under-investment in the number of trainees in recent years and ever-increasing workloads both as regards the volumes of imaging interpretation requests and the complexity of the work.

While technology has made huge advances in the detail and accuracy of medical images, the volume of data generated in terms of that detail and the numbers of images to be interpreted has increased by multiple factors. The Faculty has considered many other priorities as referred to further on in this *Annual Review*, but in so many of those instances, the ability of clinical radiologists to develop services or introduce faster diagnosis has been constrained by the numbers of doctors working on the ground.

The response of the Faculty to these severe demands has been to develop a comprehensive set of measures.

- *Increasing numbers in training:* as a result of constant lobbying, the specialty has seen modest increases in training numbers in at least three of the four UK nations. Increasing training numbers continually presents a problem because part of the funding usually has to be found at local level where there are major spending constraints. A further confounding factor is that trainees are taking longer to train and therefore not releasing their 'training number' until close to six years, whereas workforce modelling assumes training being completed in five years. The numbers actually in training have grown but by nowhere near enough to address the consultant vacancies or the workload.
- *Earn, learn and return scheme for overseas radiologists:* as a result of considerable pressure brought to bear, NHS Education Scotland instigated a programme of overseas recruitment which the Faculty in Scotland advised. Sadly the results of this initiative have so far been disappointing. The Faculty is making arrangements with Health Education England (HEE) for an 'earn, learn and return' initiative to bring trained radiologists from India to England for periods of three years to develop their specialist skills. The announcement of a relaxation of the Tier 2 visa cap for doctors was a welcome and timely development for this scheme.
- *Business case:* an excellent initiative has been to prepare a business case for various stakeholders to show that appointing more radiologists is of major advantage rather than relying on high-cost locums and outsourced reporting services.
- *Work to develop the imaging workforce more broadly:* the Faculty is leading projects to: define the standards for the curriculum, assessment and scope of practice for reporting radiographers in conjunction with HEE and the Society and College of Radiographers (SCoR); develop a credential in breast imaging; and develop a credential in 'interventional neuroradiology (acute stroke)' to enable clinicians from other specialty backgrounds to enter interventional neuroradiology training and learn to perform these techniques.
- *Undergraduates:* The Faculty is working to continue to attract high-quality doctors to the specialty through undergraduate exposure to radiology and the Undergraduate Radiology Societies Association and is considering developing similar initiatives for foundation years doctors.

The plight of interventional radiology services which are suffering from major vacancies and cessation of services in some parts of the UK has demanded specific attention. A dedicated Committee of the Faculty has a focus on making training more attractive, retention of staff within the subspecialty and raising its profile. This has resulted in specific interventional radiology job planning information being added to the Faculty job planning guidance.¹²

Underpinning workforce activity includes: continuing the hugely influential annual workforce census for which 100% completion rates have been achieved over several years; continuing periodic reporting backlog surveys; supporting and developing the introduction of radiology reporting networks; and continuing to update and make more comprehensive the range of advice and guidance to Fellows and members, particularly clinical directors and those wanting to recruit from overseas or introduce networks.



The Faculty has taken an influential role in the NHS Improvement Getting it right first time (GIRFT) initiative, holding regular and fruitful liaison meetings with the Imaging Lead

Annual Plan priorities

While workforce has been the dominant issue, the Faculty's *Annual Plan* has also focused on other major priorities.

The Faculty has taken an influential role in the NHS Improvement Getting it right first time (GIRFT) programme, holding regular and fruitful liaison meetings with the Imaging Lead.¹³ The aim of GIRFT, which is an English initiative, is to minimise unwarranted variation in tests, protocols and use of disposables. It chimes with the *Choosing Wisely* work promoted by the Academy of Medical Royal Colleges (in which the Faculty is a participant) and with NHS-driven change programmes such as *Realistic Medicine* in Scotland and *Prudent Healthcare* in Wales.^{14–16}

NHS Improvement has set up the National Imaging Optimisation Delivery Board for England which looks at how imaging services can be provided more consistently and at lower cost. The Faculty is liaising closely with and advising the Board and the NHS England National Clinical Director for Diagnostics and Imaging.

The *iRefer* radiology referral guidelines have been eagerly taken up across many parts of the UK and overseas.¹⁷ Under agreements with the governments involved, online access for NHS referrers in two of the three UK devolved nations has been restored. The past year has also seen the first pilots of the guidelines in clinical decision support software commence; the first was in Australia to be followed by more pilots in the UK.

The Faculty with the SCoR is reviewing the Imaging Services Accreditation Scheme (ISAS).¹⁸ The review has focused on making the scheme more attractive and less burdensome.

RCR Learning

Developments offered to enhance educational value to Fellows and members through *RCR Learning* include:

- A collaboration with Prostate Cancer UK to develop skills in pre-biopsy multiparametric magnetic resonance imaging (mpMRI) of the prostate, resulting in a webinar and e-learning programme
- Six webinars with an average of 70 views each
- Increased lecture recordings made available on the e-learning hub and an increase of 66% in the number of views compared to the previous year
- A series of short videos aimed at trainees explaining aspects of physics and of chest imaging.



Celebrating the role of radiologists in emergency care

The Faculty took the opportunity of the 2017 International Day of Radiology (which marks the anniversary of the discovery of X-rays and is celebrated around the world) to focus public attention on the many ways radiologists are involved in emergency care, from acting as the 'trauma detectives' who scan severely injured victims of accidents and violent crime, to interventional radiologists who perform cutting-edge, minimally invasive surgery, such as stopping acute bleeding and removing life-threatening blood clots.

This high-profile occasion was a means for the College to deliver on its public education role.

Thirtieth anniversary of the Breast Screening Programme

In celebration of 2018 marking 30 years of the NHS Breast Screening Programme, the Faculty is publishing two special editions of *Clinical Radiology*. The first issue, released in April, featured papers on managing over-diagnosis and active surveillance; monitoring breast density as a cancer risk factor; and the variety of new imaging modalities that could pave the way for more tailored screening. The follow-up issue will be published in September.

Alongside this, the Faculty has been raising awareness of continuing workforce constraints within breast radiology, through news coverage and writing about the benefits and challenges of the screening service.



Developing and modernising the clinical radiology FRCR examinations

At the end of 2017, the Final Part A examination changed from six separate modules to a single examination. The modular structure meant that trainees were effectively studying for their FRCR examinations constantly for three or four years without a break. The change was strongly supported by both trainers and trainees.

2018 has seen the culmination of a long-term project to introduce a new digital platform for image-based written components of the FRCR examinations. The aims of the project were to: improve reliability by testing all candidates on the same material; allow for expansion of exam capacity; provide candidate access closer to home; and to introduce efficiencies to reduce demand on examiners' time. The new system was successfully used first in March 2018 for the First Part FRCR Anatomy Examination. However, the Faculty had to address technical problems when the Final Part B components were rolled out in April. This was an unfortunate conclusion to what had been a great deal of hard work by many. Regrettably, it impacted on a small number of candidates who were offered the ability to re-sit the rapid reporting part of the examination within a few days. A robust and thorough review of the problem was carried out so that future sittings of the examination could be conducted with confidence.

Professional guidance and clinical audit

The main publications this year were *The radiological investigation of suspected physical abuse in children* which was accompanied by a video from the lead author, the workforce census 2016 report and *Standards for interpretation and reporting of imaging investigations*.^{19–21}

A number of other publications were also released throughout the year, including *Lifelong learning and building teams using peer feedback* (with an accompanying video) and guidance covering the use of patient images for teaching, sedation and analgesia in the radiology department and best practice recommendations for angiography.^{22–25}

Fellow and member participation in the 2018 National Audit of Radiology Involvement in Cancer Multidisciplinary Team Meetings achieved the highest response rate (over 70%) of any Faculty audit, which was very rewarding.

Clinical Radiology

Clinical Radiology has a latest Impact Factor of 2.282, which is a pleasing increase on 2016.²⁶ In addition to the two special issues focused on breast radiology, there was also an issue on head and neck imaging featuring review articles contributed by world-renowned authorities in this field.

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Fellow and member participation in the 2018 National Audit of Radiology Involvement in Cancer Multidisciplinary Team Meetings achieved the highest response rate (over 70%) of any Faculty audit





Finance and resources

Prudent management of finances has meant that the College has been able to keep increases in membership subscriptions below the rate of inflation while continuing to focus on how to maximise value and benefit to the membership.

Financial stability

Despite many pressures and demands on its services, the College has been able to maintain its stable financial position for well over a decade. Judicious planning and management of expenditure and income effectively allowed subscription and fee increases to be set below the rate of inflation. It has been possible to keep to this low level of increases for over five years.

Five-year projection

The landscape for membership bodies, particularly the different ways in which the 'millennials' generation wishes to access information and support, is one of the reasons why a five-year projection of income and expenditure is now being put together by the College. This will allow the College to plan its resources over a longer horizon.

Investments

Management of College investments is also a long-term prospect. Like all investors, the College has to weather the changes in the investment market which can produce strong gains as has been the case throughout most of the year, but also downturns which have been a feature of the early part of 2018. The College has ensured effective stewardship over the investments which are essential to the long-term future of the College.

Technology development

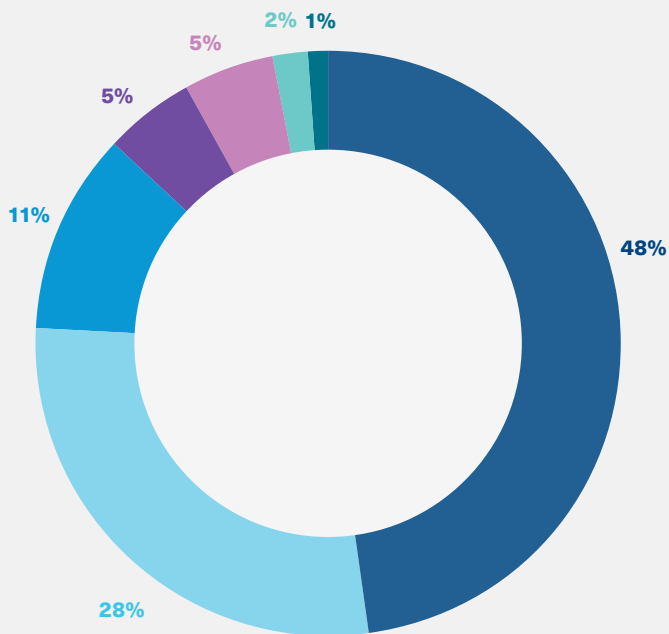
It is essential also to invest in infrastructure for the future. The College needs the technology to support its membership and offer the services and products the membership needs. The College-wide Information Management Programme is now into its second year and the next 12 months will see the rollout of replacement technology which will help streamline many bulk processing activities, minimise duplication and make communication more targeted and effective. At the same time, the new system will provide greater assurance of data accuracy and integrity which is essential with the advent of the General Data Protection Regulation.

Diversifying income

Like many other colleges, it is important to diversify streams of income. Work will begin in the latter part of 2018 to review the prospects for income generation in order to support developments which the membership is rightly demanding and to relieve subscription and fee income.



Income January–December 2017



Membership subscriptions



Specialty training and examinations



Professional learning and development



Publications



Investments

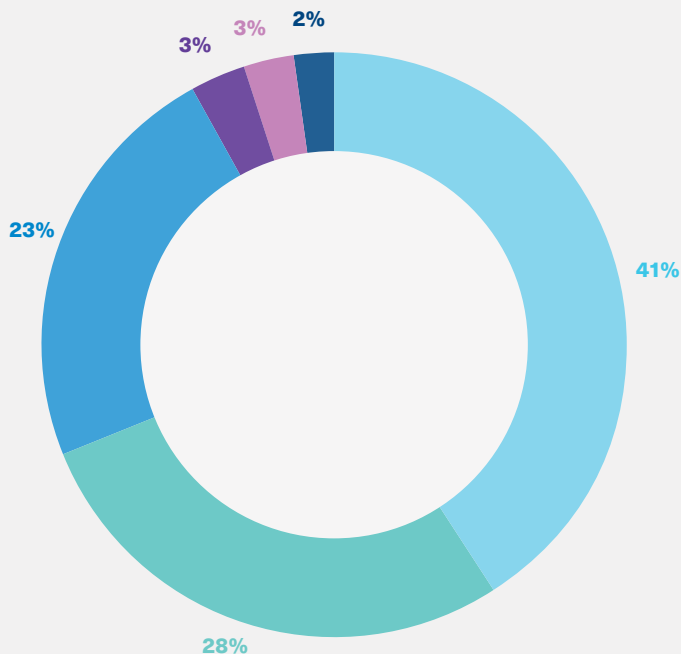


Professional services and support



Donations, legacies and facilities

Expenditure January–December 2017



Specialty training and examinations



Professional services and support



Professional learning and development



Publications



Research



Membership subscriptions

RCR Officers 2017-2018



President
Dr Nicola Strickland



**Medical Director,
Membership and Business**
Dr Andrew Beale



**Vice-President,
Clinical Radiology**
Dr Caroline Rubin



**Vice-President,
Clinical Oncology**
Dr Jeanette Dickson



**Medical Director,
Education and Training,
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**Medical Director,
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Dr Frances Yuille



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Dr David Bloomfield

Senior Management Team



Chief Executive
Andrew Hall



**Executive Director,
Education and Deputy
Chief Executive**
Joe Booth



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



**Executive Director,
Professional Practice**
Tania Vanburen

References

1. Independent Cancer Taskforce. *Achieving world-class cancer outcomes. A strategy for England 2015–2020*. London: NHS England, 2015.
2. The Scottish Government. *Beating cancer: ambition and action*. Edinburgh: The Scottish Government, 2016.
3. Welsh Government and Wales Cancer Network. *Cancer delivery plan for Wales 2016–2020. The highest standard of care for everyone with cancer*. Cardiff: Wales Cancer Network, 2016.
4. www.rcr.ac.uk/clinical-radiology/service-delivery/artificial-intelligence (last accessed 29/5/18)
5. Cancer Research UK. *Full team ahead: understanding the UK non-surgical cancer treatments workforce*. London: CRUK, 2017.
6. Shape of Training. *Securing the future of excellent patient care. Final report of the independent review led by Professor David Greenaway*. London: Shape of Training, 2013.
7. The Royal College of Radiologists. *Radiotherapy target volume definition and peer review – RCR guidance*. London: The Royal College of Radiologists, 2017.
8. The Royal College of Radiologists. *Clinical oncology UK workforce census 2016 report*. London: The Royal College of Radiologists, 2017.
9. The Royal College of Radiologists. *Clinical oncology UK workforce census 2017 report*. London: The Royal College of Radiologists, 2018.
10. The Royal College of Radiologists. *The future of paediatric radiotherapy: notes from an inclusive meeting at The Royal College of Radiologists*. London: The Royal College of Radiologists, 2018.
11. © Thompson Reuters Journal Citation Reports 2018 Oncology
12. The Royal College of Radiologists. *Job planning for interventional radiology – an addendum to Guidance for job planning in clinical radiology*. London: The Royal College of Radiologists, 2018.
13. <http://gettingitrightfirsttime.co.uk> (last accessed 29/5/18)
14. www.choosingwisely.org (last accessed 29/5/18)
15. NHS Scotland. *Chief Medical Officer's Annual Report 2014–2015. Realistic medicine*. Edinburgh: The Scottish Government, 2016.
16. www.prudenthealthcare.org.uk/principles (last accessed 29/5/18)
17. The Royal College of Radiologists. *iRefer: making the best use of clinical radiology, eighth edition*. London: The Royal College of Radiologists, 2017.
18. www.rcr.ac.uk/clinical-radiology/service-delivery/imaging-services-accreditation-scheme-isas (last accessed 29/5/2018)
19. The Royal College of Radiologists. *The radiological investigation of suspected physical abuse in children*. London: The Royal College of Radiologists, 2017.
20. The Royal College of Radiologists. *Clinical radiology UK workforce census 2016 report*. London: The Royal College of Radiologists, 2017.
21. The Royal College of Radiologists. *Standards for interpretation and reporting of imaging investigations, second edition*. London: The Royal College of Radiologists, 2018.
22. The Royal College of Radiologists. *Lifelong learning and building teams using peer feedback*. London: The Royal College of Radiologists, 2017.
23. The Royal College of Radiologists. *Guidance on the use of patient images obtained as part of standard care for teaching, training and research*. London: The Royal College of Radiologists, 2018.
24. The Royal College of Radiologists. *Sedation, analgesia and anaesthesia in the radiology department, second edition*. London: The Royal College of Radiologists, 2018.
25. The Royal College of Radiologists. *Standards for angiography and image guided endovascular interventions*. London: The Royal College of Radiologists, 2018.
26. © Thompson Reuters Journal Citation Reports 2018 Radiology.




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