The Royal College of Radiologists

Annual Report and Accounts
2004-2005

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Content

This report contains abbreviated accounts for the 2004 Financial year and the reports of the Council, the Treasurer and the Warden of the Fellowship.

"Our two specialties are undergoing an accelerated pace of change which provides many new opportunities and also some significant challenges for the College"

Foreword by the President, Janet Husband

The practice of medicine is being reviewed and refashioned to provide new models of healthcare and, as a result, our two specialties are undergoing an accelerated pace of change which provides many new opportunities and also some significant challenges for the College. We have endeavoured to be engaged in all the various new initiatives at an early stage to advise on issues of quality and standards of care and on the training of clinical radiologists and clinical oncologists.

Better communication is a top priority for the College and was a key item on the agenda at the College Officers' "Away Day" in January 2005 resulting in our Forward Plan which sets out our future vision and direction. Our new website was launched in March 2005 and from the positive responses we have received, it has been a huge success, providing a more interactive means of communicating with Fellows, members and the public thereby enabling more people to become involved in College activities.

The publication of the fifth Shipman Inquiry and the subsequent review of revalidation and medical regulation by the Chief Medical Officer (England) led to the College, alongside the other Royal Colleges, drawing up criteria for revalidation and licensing of doctors within our specialties. While these measures will be put in place to ensure patient safety through the process of revalidation, it is important that professionalism in medicine is developed and strengthened to meet the needs of patients in a modern healthcare environment. This issue has been highlighted by the King's Fund in its document *Defining and Maintaining Professional Values in Medicine* and the issue is being taken forward by a working party under the chairmanship of Baroness Julia Cumberlege and Professor Carol Black, President of the Royal College of Physicians, on which the College is represented.

I believe that medical professionalism is fundamental to the delivery of excellence in healthcare. Professionalism requires the doctor to serve the interests of the patient first and foremost and aspire to altruism, accountability, excellence, duty, service, honour, integrity and respect for others. These values are central to a doctor's life and must be upheld irrespective of changes in the way that services are delivered over the coming years. Current threats to medical professionalism are wide-ranging and reflect fundamental changes in the way in which healthcare is delivered as well as the pace of change in delivery of services. New initiatives in healthcare may bring uncertainty, scepticism and a lack of commitment from the medical profession

Professor Janet Husband OBE | President

because such changes can be perceived to threaten current practice concepts and may be introduced with inadequate consultation with the profession.

The procurement of Magnetic Resonance Imaging (MRI) services from the independent sector has been a hot topic of discussion in radiological circles and more widely in the public arena. The issue challenges certain aspects of professionalism and has given rise to much concern amongst radiologists and clinicians. From talking to many colleagues over the last few months, I know many agree that new initiatives which do deliver improvements in our ability to provide a first class service to patients should be welcomed and supported wherever possible.

The College and its Fellows need to be involved in the planning and implementation of these services to ensure that high standards of practice are maintained irrespective of whether the service is provided within the NHS or within the independent sector. The provision of services should be integrated to provide a seamless service for patients which is sufficiently flexible to meet local needs. We have been working hard to achieve these goals, through the endeavours of Professor Adrian Dixon, in his role as MRI Clinical Guardian, and I have met with senior staff within the Department of Health and with John Hutton MP (then Minister of Health) to discuss practical solutions to issues of concern in delivery of outsourced imaging services.

We need to be assertive in providing advice on the development of new initiatives in imaging so that issues such as strategic placement of equipment, standards of practice, education and research can be addressed. During the past year, I have established a joint working party with the British Nuclear Medicine Society (BNMS) and the Royal College of Physicians to develop guidance for a nationwide service for Positron Emission Tomography/Computed Tomography (PET/CT).

Another area where we need to be vigilant as regards professionalism is the rapid change in medical education. The establishment of the Postgraduate Medical Education and Training Board (PMETB) (which will become fully operational in September 2005) carries profound implications for oncological and radiological training. The new Board will take over from the Specialist Training Authority responsibility for the award of certificates of completion of training. The PMETB will also assume increasing responsibility elsewhere: overseeing training curricula, accreditation of training schemes, promotion of the standardisation of examinations etc. College Fellows and members are involved in various PMETB sub-committees and have participated in workshops planning future developments.

The innovative Integrated Training Initiative in Clinical Radiology is gathering momentum with the first three Radiology Academies on schedule to take their first trainees this autumn. We are extremely proud of this tremendous achievement which has been led and implemented by College Fellows in conjunction with the Department of Health.

The international scene is flourishing – the European Congress of Radiology in March 2005 was an excellent, vibrant meeting. Later this year we will be holding a joint meeting with the Hong Kong College of Radiologists at the time of the RCR/Hong Kong examinations in Hong Kong. This will be a two-day scientific meeting generously hosted by the Hong Kong College. Topics will cover both clinical radiology and clinical oncology.

We have also explored ways to work with other organisations to meet our aims. Examples are –

- the joint Cancer Research UK/RCR Research Fellowships
- a similar initiative being shaped with the Medical Research Council
- work on the PET CT initiative as described above
- various areas of work with the Society and College of Radiographers
- collaboration with the British Institute of Radiology

The Annual Report is an opportunity to review the past months as well as to look forward. I must pay tribute to my predecessor Dr Dan Ash and to the Officers who supported him during his Presidency. I was able to take over the leadership of a well-structured College which has enabled us to build and move forward the many initiatives now in train.

I would like to offer my personal thanks to all current Officers with a special word of gratitude to Dr Paul Dubbins retiring as Dean, Clinical Radiology and Dr Henry Irving who completes five years as Treasurer and will be a hard act to follow. I look forward to working closely with their successors as well as the other Officers. I should also like to thank all members of our Council, of the Faculty and Education Boards and their various sub-committees and working parties for all their work on behalf of the College together with those who have contributed in so many other ways to our work.

I would also like to express our gratitude to the lay members of our various committees and sub-committees for their tremendous support, notably our two Patients' Liaison Groups (PLGs) and the Lay Representative on Council. This year we bade farewell to the Chairs of both PLGs – Christine Gratus for Oncology and Donald Videlo for Radiology and welcomed their successors, Maria Stanley and Anni Wakefield respectively. We will also be saying goodbye this September to Barbara Greggains who as our first Lay Representative on Council has made an outstanding contribution over the last few years. It is especially pleasing that Donald Videlo is taking over from Barbara.

Thanks are also due to all those who have supported the College's X Appeal through donations, activities or events.

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

I hope you will enjoy reading our Annual Report and that you will agree with me that the College has made considerable progress during the past year. The year ahead also promises to be eventful and exciting and I do hope you will participate in helping to take the College forward at a time of unprecedented development within our specialties.

Professor Janet Husband
President

"Policymaking is influenced by public opinion. It is, therefore, in our interests that the public should understand and care about the work of our specialties and have a positive attitude towards us."

RCR Forward Plan

Fulfilling our purpose and functioning in the future - the College's Forward Plan

By the time this Annual Report is circulated, our first Forward Plan ***Fulfilling our purpose and functioning in the future*** will have been published and circulated widely following valuable and thoughtful feedback on the draft Plan from members, Fellows and lay people.

The need for a Forward Plan for the College resulted from our perception that:

- our specialties are developing at an unprecedented pace in terms of technical innovation and in the demands placed upon our disciplines;
- the structure of postgraduate medical education and training is undergoing fundamental review;
- the NHS is undergoing radical change primarily in response to government policy but also in response to wider social and economic trends;
- in the College, we are currently running very hard just to keep up and have been largely reactive – we need to become much more proactive; and
- we need to influence developments in our specialties through interaction with Government and other bodies.

Our Plan gives us the framework for future work by the College and in this report we refer to the progress we have already made.

Education, training and continuing development (CPD)

The key role of the College has always been anchored in setting and maintaining standards for training and the delivery of training. The advent of revalidation and the licence to practise by the General Medical Council coupled with the arrival of the Postgraduate Medical Education and Training Board has led to a renewed and appropriate focus on standards in education, training and CPD.

We aim to maintain our position at the forefront of education and training in our two specialities. It is rewarding that the College has been praised for its model of training accreditation and that its examinations have been seen as models for assesment for the future. The groundbreaking Integrated Training Initiative (ITI) in clinical radiology offers scope for supporting a variety of educational and training activities in the future and we will explore how the Faculty of Clinical Oncology can make effective use of the work that has been done. Furthermore, we will build on the excellent programmes of scientific meetings and our support for continuing professional development.

Standards of knowledge and clinical competence

We set the standards of professional knowledge and clinical competence which practitioners using imaging technologies and the procedures associated with clinical oncology must demonstrate. Where practitioners are not themselves Fellows or members of the College, we set standards of knowledge and clinical competence in partnership with other colleges and societies.

We have started this process through our work with the Royal College of Obstetricians and Gynaecologists and the Vascular Society.

Standards of and for practice

We set the standards of practice which patients and the public should expect when they entrust themselves to the care of Fellows and members of this College. By articulating clear national standards, we also equip our Fellows and members to argue persuasively for the resources which they need to achieve those standards.

Standards have been a major concern in the discussions we have had over the procurement of radiology services from the private sector. A major development in 2005-2006 will be work on the implementation of PET/CT in the UK covering standards, education, training and research.

Research and development

We seek to advance our knowledge and practice by facilitating research and development within our professional domains by building the research base for the future of our specialties and to support those who aspire to do that as part of their careers.

This past year has seen great strides made with the launch of the first Cancer Research UK/RCR Research Fellowship and agreement to a similar joint venture with the Medical Research Council. We are developing a new fundraising Appeal to support this work and our aim is to have fully funded Research Fellowships for both specialties.

Influencing policy

Our aim is to influence national policy makers where we believe that the quality of policy making is likely to benefit from our input. We have devoted time and energy already to achieving this and have established strong and regular links with many key individuals and organisations, among them: Chief Medical Officers for England and Wales, National Patient Safety Agency, National Cancer Director (England), Medical Research Council and Cancer Research UK.

The College is now represented on even more groups and committees than before including the National Diagnostics Imaging Board, National Radiotherapy Advisory Group, National Chemotherapy Advisory Group, National Radiological Protection Board and various sub-committees of the Postgraduate Medical Education and Training Board.

Disseminating knowledge, raising our public profile and patient understanding

Policymaking is influenced by public opinion. It is, therefore, in our interests that the public should understand and care about the work of our specialties and have a positive attitude towards us. It is also true that the better our patients and their carers understand what we do, the better we can work with them to address their healthcare needs

We have made a start through our in-house communications post; our new website; new angiography and brachytherapy "rooms" for our ***Virtual Hospital Departments*** website (www.goingfora.com); and we gave a briefing to invited parties at the House of Lords in February as part of the ***Sense about Science*** series of briefings. We have also involved lay members of our Patients' Liason Groups in contributing to our responses to many consultation documents in the past year. This redesigned Annual Report is itself intended to account more clearly to all audiences what we have been doing and our plans.

Services for Fellows and members in practice

Fellows and members of the College, including

practitioners in training, must be able to look to the College for advice, guidance and support in addressing issues of concern in their professional practice. They should expect a response which is timely, helpful and supportive. We are actively looking at the most effective way to support Fellows and members through education, CPD, mentoring and revalidation. This will be a key development area for the College in the years ahead and we are looking for ideas and suggestions on how best this can be delivered.

Engaging Fellows and members

We estimate that, in a typical year, about 25% of our Fellows are actively engaged in the work of the College. Whiles this is not an unreasonable level of involvement, it is a figure which is unlikely to grow with increasing pressures on Fellows and members. We also believe that the College has become over-centralised with policy development concentrated in the Council, the Boards, the committees and Officers.

We have started regular e-bulletins that are reaching over half of our membership. We will explore using our new membership database and our website to involve Fellows and members in policy development. Next year we aim to launch our new online Members' Directory which will replace the familiar printed Members' Handbook.

We are keen to ensure that our culturally and geographically diverse Fellowship is engaged as fully as possible and we have been reviewing the work done in this area over the last few years and have discussed this with the British International Doctors' Association. This Autumn we will be asking all Fellows and members to indicate their cultural background and their special interests to help us communicate more effectively and enable Fellows themselves to identify colleagues who practise in similar areas.

We intend to move away as much as we can from formal Council and Committee decision-making processes that are paper heavy. We wish to see Council re-position itself primarily as a strategic thinking body rather than just the formal, final decision-making body of the College.

Expanding capacity and capability

Currently, our elected honorary Officers and our staff are working at full stretch just to keep on doing what we do already. If we are to realise many of the aims set out in our Plan, then we need to create extra capacity to do so. We will:

- Review honorary Officer roles to see how best to increase our capacity to influence key decision-makers.
- Review activities to identify those which add little value and where resources might be redirected towards more productive work.
- Use educational expertise to help us to address more effectively the growing educational agenda.
- Move more fully towards electronic communication.
- Explore opportunities for shared services and collaborative working with other organisations.

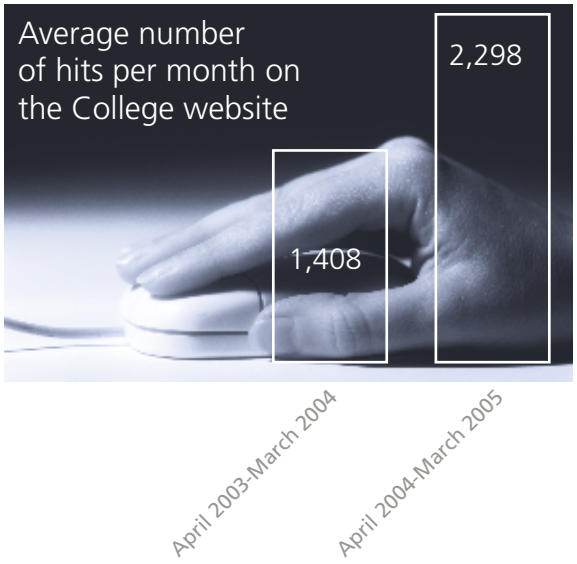
This will require additional resources but we will plan this carefully and aim to identify appropriate cost savings to help meet additional expenditure.

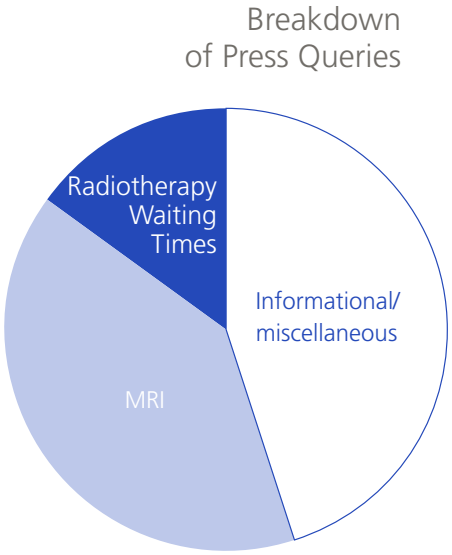
Investment for Fellows, members and trainees

This year has seen Fellows, members and trainees benefit from a number of developments where we have invested for the future. We refurbished the basement rooms in summer 2004 to improve the environment for trainees, examination candidates and examiners and for those holding meetings there. We have already made mention of the investment in our new website and new database.

Conclusion

The College's specialties are at the very centre of medical practice in the UK today and this will continue into the foreseeable future. The College has an unparalleled opportunity to influence policy and develop forward thinking for the overall benefit of patients. We aim to seize the opportunities with the full support of Fellows and members.





The College at a glance in 2004-2005

Communications and publications

Average number of hits per month on the College website April 2003-March 2004 1,408

Average number of hits per month on the College website April 2004-March 2005 2,298

Number of publications 2004-05

Clinical Radiology – seven
Clinical Oncology – three
Clinical Oncology Journal – eight issues
Clinical Radiology Journal – 12 issues

Breakdown of Press queries

Informational/miscellaneous – 45%

MRI – 40%

Radiotherapy Waiting Times – 15%

Examinations

Final Examination for the Fellowship

Autumn 2004 sitting: 22 of the 58 Clinical Oncology candidates and 119 of the 155 Clinical Radiology candidates were successful.

Spring 2005 sitting: 37 of the 66 Clinical Oncology candidates and 80 of the 123 Clinical Radiology candidates were successful.

Joint Final Examination for the Fellowship of the RCR and the Hong Kong College of Radiologists held in Hong Kong

Autumn 2004: four of the 11 Clinical Oncology candidates and eight of the 10 Clinical Radiology candidates were successful.

Final FRCR Part A Examination in Clinical Radiology

Autumn 2004 sitting: 124 of the 254 candidates were successful overall.

Spring 2005 sitting: 236 of the 350 candidates were successful overall.

First Examination for the Fellowship

Clinical Radiology

Winter 2004 sitting: 245 of the 413 candidates were successful.

Spring 2005 sitting: 95 of the 174 candidates were successful.

Summer 2005 sitting: 134 of the 258 candidates were successful.

Clinical Oncology

Autumn 2004 sitting: 34 of the 54 candidates were successful overall.

Spring 2005 sitting: 34 of the 65 candidates were successful overall.

Meeting Attendance

2004-2005

18 Clinical Radiology meetings

Average Attendance 113

ASM attendance 420

2004-2005

3 Clinical Oncology meetings

Average Attendance 44

No ASM held

Recommended for the award of Certificates of Completion of Specialist Training in 2004

160 Clinical Radiology trainees

53 Clinical Oncology trainees

Specialist Registration

Recommended for the award of Certificates of Completion of Specialist Training in 2004:

53 Clinical Oncology trainees

160 Clinical Radiology trainees

14 clinical oncologists and 83 clinical radiologists recommended as eligible for entry to the GMC Specialist Register on the basis of equivalent training and qualifications.

Continuing Professional Development

Certificates of satisfactory CPD participation were issued to those with a CPD target date of 31 December 2004 who had achieved their target.

73% of clinical oncologists and 85% of clinical radiologists achieved their targets. Overall, 69% of clinical oncologists and 84% of clinical radiologists were up-to-date with their CPD requirements as at 31 December 2004.

A survey is being undertaken to identify the reasons that result in non-achievement of CPD targets.

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

The Faculties at work

Clinical Oncology

Introduction

In the Faculty, the conclusion is that much has been achieved but there is still work to be done in the next year to prepare Fellows of the future for the challenges in the next decade of this century. As part of the work towards this, the Faculty's Blue Skies Working Party report was published on the College website and circulated to all Oncology Fellows in December 2004.

Research Fellowships

The successful negotiation by our President of a new Cancer Research UK/RCR Cancer Research Fellowship in 2005 is marvellous news to our research-orientated Fellows. There is an agreement to support up to four of these in the longer term. This Fellowship will provide funding to enable research training up to PhD level and will start the fight back of the specialty towards a better balance of service and research. The new Fellowship is warmly welcomed by the Junior Radiologists' Forum (JRF) Oncology Division who intend to bring it to the attention of all trainees via the JRF Section of the College website.

Publications

Guidance on the Development and Management of Devolved Radiotherapy Services is the product of a very active Faculty working party. The Faculty can be proud of the final document which, while of interest to colleagues, was specifically targeted on Cancer Networks and Strategic Health Authorities. We recognise that Fellows grapple with the difficult problems of service quality and access to radiotherapy across the UK in the face of the remorseless increase in demand both for service and improved quality and are convinced that this piece of work will be of significant help to them.

The ***Re-audit of Radiotherapy Waiting Times***, commissioned by the Faculty, was published in ***Clinical Oncology***. It was disappointing that, when the data was shared with UK departments, the information was leaked to the press leading to sporadic interest rather than the, hoped-for, focused press debate when the final paper was published. The report showed that, between 1998 and 2003, 20% of departments had managed to improve their waiting list situation, 20% were unchanged and 60% were experiencing increased difficulties. In addition 70% of patients were not starting treatment within the Joint Collegiate Council for Oncology (JCCO) recommended limit of four weeks, double the number of 1998. All this was occurring despite the capital investment in new and replacement equipment in the interim period.

"The first CRUK/RCR Cancer Research Fellowship is marvellous news to our research-orientated Fellows... This Fellowship will provide funding to enable research training up to PhD level and will start the fight back of the specialty towards a better balance of service and research."

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

The report in part helped to create what is now known as the National Radiotherapy Advisory Group (NRAG). Sponsored by the Department of Health in England, this group co-chaired by the Cancer Tsar, Professor Michael Richards, and our Registrar, Dr Michael Williams, brings together a standing advisory group of clinical oncologists, physicists and radiographers with members of the Cancer Action Team. They have streams of work addressing the perennial problems of radiotherapy equipment, workforce and new technologies and they are ensuring that the broad picture as it faces England is clearly understood in the Department of Health. The UK "devolved countries" are represented by observers.

Imaging for Oncology: Collaboration between Clinical Radiologists and Clinical Oncologists in Diagnosis, Staging and Radiotherapy Planning is the third important Faculty publication of the year. This report by a working group of both College Faculties raises very important issues that are facing all oncologists with the rapidly increasing dependence of treatment planning on the marriage of information from images derived from multiple imaging modalities. To harness this effectively, we need the help of the Fellows of our sister Faculty. Very busy though they are with their broad service responsibilities within the NHS, the future success of the UK radical radiotherapy service is dependant on their expertise. The JRF Clinical Oncology Division is in favour of the implementation of the recommendations in the document as much as is practicable in the current climate.

Although not yet published, the MSc thesis that arose out of the first ***Sabbatical Leave Grant Project***, undertaken by Dr Kim Benstead, was welcomed by the Faculty when it came to debate the report of the Blue Skies Working Party in February 2005. The thesis explored the issue ***What is valuable for Specialist Registrars to learn in order to become good Clinical Oncologists***. Among its conclusions was the recognition by trainees of the need of an assessment process in the Faculty "to encourage learning" and to enable the individual "to feel validated by the test process". It also stresses an understanding of the importance of the difference between the assessment of *understanding* and *competence*. A Faculty initiative to enable mentoring in the first years of consultant practice would also be very much appreciated by Fellows.

Two very different working groups are moving towards publishing reports in 2005. The Faculty Patients' Liaison Group is working on advice to patients and

oncologists about Herbal Medicine and Cancer. The aim is a concise statement, based on extensive literature searches, of the unhelpful interactions between UK herbal preparations (not Chinese) and cancer treatment. It will be an authoritative and powerful expression of concern by patients and their advocates of a subject about which medically qualified consultants have poor knowledge and, as a result, find difficult when asked to give advice to their patients.

The other evolving report ***Guidance on Radiotherapy Fractionation*** bravely tackles the thorny issue of the evidence base for the different fractionation regimes currently used in the UK for standard clinical situations. The 2003 audit of waiting times mentioned above had the serendipitous outcome of demonstrating that the wide spectrum of fractionation regimes identified in Faculty reports in the late 80s (Priestman) and late 90s (Ash) has gone to be replaced by a limited number in some situations and concordance in others. We await the results of the analysis of the "limited number" sites because of the potential service consequences of the endorsement of regimes that may challenge colleagues to change their radical practices in the professional way that they have changed their palliative ones.

Lay involvement

The Faculty has continued to benefit greatly from the work done by its Patients' Liaison Group (PLG). PLG members sit on the Faculty Board and most of our sub-committees as well as the Joint Collegiate Council on Oncology. They also contribute to our publications and have provided invaluable input to work on consent; College responses to consultation documents have been immeasurably enhanced by their comments.

Lay input to the redesign of the website oncology pages and the Virtual Hospital Departments site was highly effective. The Faculty is grateful for the effort from this voluntary and dedicated group of individuals.

The Journal

The major development for ***Clinical Oncology*** in the last year was the introduction of electronic on-line handling of manuscripts. The Journal has now converted completely to on-line submission and reviewing. This change has been welcomed by both authors and reviewers, and the College is grateful to its publishers for their support in developing the system.

One result of this has been a substantial increase in submissions to the Journal, and we are now handling, on average, 25 manuscripts a month. Our policy remains that of accepting only high quality submissions, following rigorous review by both clinical and statistical referees.

In the forthcoming year the Editorial Board will continue to improve the Journal with new initiatives, raise its citation index and consolidate its position as a major international cancer journal.

Education, Training, Examinations and Assessment

The effects of *Modernising Medical Careers* on specialist training in clinical oncology are under active consideration. There appears to be potential for future clinical oncologists to join general medical specialist training after the two year foundation programme, obtain the MRCP, and then apply for appointment to specialist training in clinical oncology. If such arrangements can be confirmed, this will be of great benefit to the specialty; entry to clinical oncology training directly after the foundation years is felt to represent a detrimental step.

The JRF has contributed towards this work including representing trainees' views on proposals for *Modernising Medical Careers*. The JRF agrees that training should have a broad basis, creating wider career choices and competence in general for consultant on-call cover. The JRF continues to oppose any move towards shortening training in Clinical Oncology from five years.

Dr Frances Calman | Warden, Faculty of Clinical Oncology

"There appears to be potential for future clinical oncologists to join general medical specialist training after the two-year foundation programme, obtain the MRCP, and then apply for appointment to specialist training in clinical oncology."

Both Examining Boards have been giving consideration to revising the structure of the First and Final FRCR Examinations in order to increase their robustness, reproducibility and fairness. New format multiple choice questions will be introduced over the next 6-18 months and revisions considered to the structure of the oral and clinical examinations for introduction at a later stage. It is likely that there will be more opportunity than previously for clinical oncologists who are not examiners to contribute to the question setting process.

The JRF supports the proposal to replace the current true/false MCQs with "best of five" questions having been involved in the process via the Examination Review Working Party. Candidates will have already experienced the new format after taking the MRCP Examination.

Northern Ireland

The question of clinical oncologist participation on the Standing Northern Ireland Committee has been raised. As the oncologists work from a single location with frequent opportunities for meetings and sharing of issues there is a view that their involvement on the Committee might be reduced to one or more representative members. The Committee intends to discuss this further with College Officers.

Scotland

The situation in clinical oncology has improved markedly over the last 12 months. The number of clinical oncologists in post has increased steadily and further expansion is expected in the next 6-12 months, bringing the complement virtually to capacity. As a consequence, consultant workloads have reduced. Work on the new West of Scotland Regional Cancer Centre continues and the entire clinical, medical and haemato oncology unit is due to open in early 2007 with its complement of 11 linear accelerators. Supporting radiology facilities for all the treating centres, including Positron Emission Tomography are planned. The number of clinical oncologists in training has also increased and current training conditions remain good.

There are however threats to this situation. First, higher levels of specialisation and particularly centralisation of specialties can make comprehensive training difficult, particularly in the rarer specialties. A further potential problem concerns the output of trainees from the training grades and the fixed term Specialist Registrar contract. If expansion of consultant grade ceases, but this is not matched by a reduction in the training grade numbers, then there is the prospect of medical unemployment. In Scotland, this prospect is far removed in clinical radiology, but is potentially an issue in clinical oncology.

An advisory group on service change in the NHS in Scotland is being chaired by Professor David Kerr. This is a wide ranging group looking at many aspects of care. Of particular interest is the work focusing on imaging and the provision of care in local settings, which may well have major implications for members of the College.

Wales

During the year the Standing Welsh Committee has made representations to the Minister for Health in Wales and the Chief Medical Officer for Wales. The issues covered concentrated on waiting times and use of radiotherapy units in Wales, shortage of radiographers and physicists and problems with commissioning cancer services.

On training, a new Specialist Registrar shortlisting proforma has been working well. The Committee continues to be alert to the need to maintain standards of training such as the position in Swansea resulting from consultant illness where concern was expressed that Specialist Registrars were working unsupervised. The JRF (Clinical Oncology) in Wales has been concerned about the planned changes in junior medical training, with respect to Clinical Oncology; it was felt that many decide to become oncologists after gaining experience in numerous and varied areas. Accordingly, selection only by means of those who have passed the Royal College of Physicians membership Practical Assessment of Clinical Examination Skills (PACES) examination at the first attempt was a poor way of selecting oncology doctors. There were also concerns about the need for a good medical background as particularly at cancer centres based away from District General Hospitals and teaching hospitals, trainees were expected to cover a broad spectrum of clinical scenarios without the ease of direct referral.

e-learning was an area under discussion in Specialist Registrar circles and a wish to be able to use the College's website as a place to view case scenarios for discussion with model answers to be agreed in conjunction with consultant colleagues. Such facilities could also be of use in continuing professional development and revalidation.

Junior Radiologists Forum (JRF) Clinical Oncology Division

The JRF Clinical Oncology Section of the College website is updated regularly. A Clinical Oncology "Case of the Month" is currently being developed and it is hoped that the first case will be posted on the website later this year. The Monthly Journal Club summarises the most important articles from the major cancer journals designed as a quick reference to keep readers up to date with current literature. There are also valuable sections giving research advice and examination information.

There has been an increase in the number of joint ventures with Medical Oncology trainees this year at both local and national level.

The Oncology Travel Club takes place annually and continues to increase in popularity. It remains a useful forum for discussion of training matters.

In 2005 a new Trainee Questionnaire will be sent to all trainees with the aim of re-assessing the quality of training provided in each training centre.

Conclusion

The pace of change in clinical oncology continues unabated and the Faculty will use the framework of the Forward Plan to ensure that it is at the forefront of developments in the specialty.

"Teaching and research are vital if the College is to remain at the forefront of clinical practice. The CPD programme of the Faculty, produced by the Scientific Programme Committee is unparalleled in the development of an educational structure underpinning CPD.".

Dr Paul Dubbins | Vice-President and Dean of the Faculty of Clinical Radiology

Clinical Radiology

Introduction

Challenge and opportunity have been the key words for the Faculty this year. Recognition of the central position of clinical radiology in patient management has been reflected in the development of a National Diagnostic Imaging Board chaired by the National Clinical Imaging Lead, Dr Erika Denton, major investment in training through increased training numbers and the further development of the Integrated Training Initiative, as well as the installation of new equipment as outlined by government and its use of the New Opportunities Fund. These clearly identify the central role of clinical radiology and we hope to work closely with the new Board in improving clinical radiology services.

Magnetic Resonance Imaging (MRI) procurement

The Government plans for outsourcing of diagnostic imaging in England was heralded by the procurement, through Alliance Medical, of 180,000 MRI examinations over a four-year period. Additional capacity within clinical imaging could not but be welcomed by the College, given the very long waiting times for imaging in general and MRI in particular. However, the very significant difficulties with scheduling, prioritisation, patient selection and in particular, communication had not been anticipated in the contract between the NHS and Alliance Medical, and the College has worked hard to try to improve, in particular, the integration of this into the local health community. This advice has been repeated in the provision of other imaging modalities through the private sector. "Additionality" by which radiographers and radiologists providing the Alliance Medical service had to be outwith the NHS is one of the obstacles to proper integration.

The Welsh Assembly Government is not following the English approach to outsourcing. Outsourcing of radiological imaging, such as MRI and CT scanning, would only be contemplated at a time when Trusts confirm that they are unable to manage the work-load and other Trusts are unable to help. There are also no "additionality" issues in Wales.

In Northern Ireland, radiologists and clinicians have concerns about the selection of cases, the quality of the service offered and the impact on service delivery of outsourcing. This topic will be kept under review by the Standing Northern Ireland Committee.

Picture Imaging and Archiving Systems (PACS) and IT

In spite of initial optimism in respect of the rollout of PACS, this remains a case of unfinished business in

England. National/cluster procurement has provided potential opportunities for cost saving. However, the programme has also encountered contractual difficulties in respect of existing suppliers and some of the anticipated cost savings may be less than anticipated. The College has continued to make representations through the National Programme for IT (now NHS Connecting for Health) to ensure that implementation reflects clinical need and local circumstances. The requirement to link with local Radiology Information Systems (RIS) has been stressed in all forums, through Officers and through members of the Faculty's IT Sub-Committee and the PACS and Teleradiology Special Interest Group.

The College has continued to attempt to influence the development of and the procurement of PACS and supporting RIS. The IT Sub-Committee has laboured hard (occasionally on the principle of diminishing returns) to ensure that a UK-wide, usable PACS system is rolled out rapidly and effectively. This needs to be combined with appropriate messaging technology and the group has worked to ensure that clinical radiology coding dovetails neatly with the proposed national SNOMED CT (clinical terms coding system) coding procedures.

In Wales over the next 18 months, all Trusts should be fully implemented with PACS. However, due to a lack of central strategy for development of PACS, individual Trusts have gone their own separate ways with installation of different systems. Time will tell whether this will lead to IT networking problems in the future.

The Northern Ireland PACS project continues to make progress.

NHS Scotland is undertaking a PACS procurement. A four-year deployment is planned for all Scotland, with central funding of capital costs and a central archive. Glasgow is the lead site, but much work remains to be done.

Other equipment and planning issues

In Scotland, this has been the year of the Scoping Exercise, with unprecedented activity in the Scottish Executive Health Department (SEHD). The Standing Scottish Committee's (SSC) Dr E Robertson chaired the NHS Education Scotland Role Development for Radiographers Group which reported in April, and is involved with the Diagnostic Services Sub-Group of the National Framework for Service Change, still to report. Dr D Collie undertook a Scottish Diagnostic Services Scoping Project, to inform the awaited Ministerial statement on Diagnostic Waiting Time Targets (still to report at the time of writing). The Targets are expected soon, and are awaited with interest. The SSC has endeavoured to warn SEHD of the problems associated with outsourcing, for example in Magnetic Resonance Imaging in England. Major new equipment is much less of a problem now than is staffing. In both radiology and radiography this is the critical limiting factor. A £5million capital allocation has been made to fund Positron Emission Tomography (PET) in Scotland. Further decisions about this are awaited.

The lack of a formal rolling programme however means that replacement equipment remains a serious concern.

In Wales, there are continuing discussions between the Welsh Assembly Government (WAG) and various interest groups as to the appropriate siting of PET scanning services within North and South Wales. However, no firm decisions have been made.

The WAG has set up an Imaging (services) Modernisation Advisory Forum (IMAF) which is up and running and its main remit is to look at the future planning and modernisation of diagnostic radiological services including deployment of major equipment and new technologies within a National/Regional framework looking at standards, capacity and demand issues, staffing issues, IT infrastructure, etc. Shortly, a Diagnostic Services Modernisation Board is to be set up, which will include a radiological representative from IMAF.

The President and the Chair of the Standing Welsh Committee have had fruitful meetings with both the Health Minister and Chief Medical Officer of the WAG. It is hoped that there will be much closer working relationships between the Health Department of the WAG and the College in the future.

In Northern Ireland, there is concern about the arrangements for full professional participation of radiologists in the many regional clinical networks which are being developed. The Standing Northern Ireland Committee will explore this topic to ensure that all radiologists who are involved in service delivery as part of a clinical network have the resources and opportunity to contribute to the work of the service and benefit from the educational/CPD aspects of the network.

The next major development for England will be Positron Emission Tomography. The College working party looking at the distribution of equipment, the training and research issues is to produce a report which will be used by the Department of Health in planning the implementation of this new development.

Workload and workforce issues

While in England the increase in National Training Numbers and the advent of the Radiology Academies are welcome, they will not avert the immediate problems in workload and staffing. The position in the other UK countries is worryingly similar.

The Welsh Training Scheme, training numbers and training capacity are of continuing concern for the Standing Welsh Committee. There is a widening gap between new training numbers and consultant replacements in Wales. There is likely to be a very serious shortfall in training numbers to match consultant retirements over the next 10 years. Funding of the recently implemented North Wales training scheme has been resolved in the short-term, but there are problems with central funding for the continuation of this scheme. It is anticipated that there will be serious recurring funding problems in Wales as a whole.

There is a significant shortfall of consultants in Wales with 26 unfilled consultant posts (this represents almost 20% of the total consultant workforce). The new Welsh consultant contract has foundered, which could further compromise recruitment of consultants into Wales. Three Trusts are experiencing considerable radiological service problems due to a lack of full-time consultants.

In Scotland, the most serious issue in the past year has again been workforce planning in clinical radiology. A repeat audit of consultant vacancies in Scotland was carried out in January, and showed that despite an increase in the number of consultant posts and of successful appointments, the vacancy rate remains unchanged at 18% (50 vacant out of 279 today; 40 out of 225 in 2001). Workload increase has continued to outstrip the staffing increase, and the vacancies, as before, are mostly found in busy non-teaching hospitals away from major urban centres, many of which are surviving on long-term overseas locums. To address this, the Standing Scottish Committee met with NHS Education Scotland and the Postgraduate Deans in February 2005 to propose a short term expansion in training numbers, based on existing spare capacity, funded cross-centre collaboration, and IT support. This was stalled because of a discrepancy between the vacancy figures and official HR ones. An agreed joint investigation into this with the Workforce Numbers Group offers a glimmer of light.

This has served to highlight the lack of a robust mutually agreed data collecting system in Scotland. Central funding for the Continuous Improvement in Radiology Information Systems (CIRIS) expired in April but a six month extension from NHS Quality Improvement Scotland has been secured, and efforts are being made to maximise its potential both in supporting service modernisation (capacity, waiting times, examination codes) and in monitoring equipment and HR issues.

The workforce position in Northern Ireland tells a similar tale and the inadequate radiologist numbers remain a constant issue.

Lay involvement

The Faculty has continued to benefit greatly from the work done by its Patients' Liaison Group (PLG) and from the very significant work by the Lay Representative on Council as the patient representative on the Integrated Training Initiative (ITI).

PLG members sit on the Faculty Board and most of our sub-committees, they contribute to our publications and

have provided invaluable input to work on consent both on our sub-committees and on the ITI. Furthermore, College responses to consultation documents have been immeasurably enhanced by their comments.

Lay input to the redesign of the website radiology pages and the Virtual Hospital Departments site was highly effective and the PLG itself has started a programme to review all its information leaflets. The Faculty is grateful for the voluntary effort from this dedicated, small group of individuals.

International Radiology Quality Network (IRQN)

This is an initiative which is being developed between the College and other professional bodies in Europe, the United States and Australasia to develop quality standards for clinical radiology. It will have a significant impact on the delivery of, for example, high quality teleradiology services. It is hoped and expected that College publications will serve to inform this.

Faculty Sub-Committees

The increased activity of the College has relied heavily upon the commitment of the Chairs and members of the various sub-committees. Advances in technology and changes in medical training will impact upon all of clinical radiology. However, in particular, the development of training programmes for PET CT and for training in interventional and vascular radiology will require very careful management. The strength of the Radionuclide Radiology Sub-Committee and the Interventional Sub-Committee and their sage advice is vital in preparing appropriate training pathways for new models of training.

Standards

Central to the activities of the College is the development and maintenance of standards. Increasingly, published standards for competence and performance will underpin the processes of appraisal and revalidation. The Standards Sub-Committee and the Audit Sub-Committee continue to produce pragmatic guidance and auditable standards, which help to maintain the high quality of clinical radiology within the UK.

Research

The College has ambitious plans for the furtherance of sponsored research, combining with major UK funding bodies (such as Cancer Research UK, the Medical Research Council) and perhaps with industry to produce research fellowships which will be highly competitive and which are intended to contribute to revitalising academic radiology within the UK.

Europe

The College continues to forge closer links with Europe. This is manifest by the immediate past President (Professor Helen Carty) and President-elect (Professor Andy Adam) of the European Congress of Radiology. Through the efforts of the European Sub-Committee of the College (joint with the British Institute of Radiology), the voice of UK radiology is heard within Europe. It is difficult to establish the degree to which this has influenced decisions in Brussels, but certainly, the issue of international teleradiology has been highlighted. Furthermore, guidance first developed within the College has formed the template for a wide variety of publications applicable to the European Community.

Publications

Key among publications this year have been -

- *A Guide to Radiological Research (2nd edition)*, Professor David Lomas.
- *Standards for Ultrasound Equipment*, Dr Koh-Tee Khaw.
- *Ultrasound Training Recommendations for Medical and Surgical Specialties,* Dr David Lindsell.

Making the Best Use of a Department of Radiology has been one of the most successful publications that the Faculty has produced. Its popularity continues but in the electronic age, there is a very significant need to develop an online electronic format for these Guidelines. It is hoped that this will be adopted as part of information and online order communications. This would require, however, co-ordination with groups from the Department of Health and NHS Connecting for Health, and the Faculty continues to pursue the options energetically.

The Journal

The submission of papers to ***Clinical Radiology*** continues to increase but has slowed after the initial surge that occurred after the introduction of the Editorial Manager electronic submission system 18 months ago. One of the most noticeable, and predictable, effects of electronic submission is the increase in number of papers sent from all corners of the world. Another trend is the increased proportion of case reports and pictorial reviews such that it has become necessary to render a decision on case reports at the time of receipt. As a result, only a minority of case reports is now submitted to full peer review.

With the demise of ***Clinical Radiology Extra*** (a website repository for case reports), the acceptance rate for case reports has perforce dropped to less than 10%. The increasing number of pictorial reviews submitted has created a considerable backlog, but various strategies including a new limit on the number of illustrations, and a temporary increase in issue page numbers, have been adopted and should prove successful. Our publishers have initiated an Author Feedback Programme to monitor levels of satisfaction with ***Clinical Radiology's*** editorial and publication processes. It is pleasing to report that the Impact Factor for ***Clinical Radiology*** continues to rise and is now 1.270 (having increased steadily since 2000 when it was 0.934).

A successful venture was a one-day event for the Journal's reviewers and assistant editors. The purpose was to clarify aspects of the editorial process and highlight some of the contentious and problematic areas frequently encountered in the peer review process. The day was well received and a positive outcome was the decision to formalise, and automate, the awarding of CME points to reviewers for their refereeing papers for ***Clinical Radiology***.

The online usage of ***Clinical Radiology*** has doubled in the last year, as judged by the downloading of full text articles which has increased from 37,000 in 2003 to 80,000 in 2004. In response to the plethora of educational resources now available on the worldwide web, a new quarterly series devoted to web-based topics commenced in May 2005. It is anticipated that the series will run for at least 18 months. Each review article will be followed by a digest of carefully chosen websites relevant to a single radiological subspecialty.

Clinical Excellence Awards

Each year the College makes a concerted effort to submit nominations proposals under the Clinical Excellence Awards scheme. The scheme is run differently in the various UK countries, but a common feature across the UK is under-representation of clinical radiologists among award holders. The College is working to address this with the relevant bodies.

In Wales, currently, fewer than 5% of eligible consultants hold such an award. The process of local selection is being looked at by both the Standing Welsh Committee and the Academy of Royal Colleges, Wales.

For Northern Ireland, a detailed response to the consultation on a new Clinical Excellence scheme was produced but does not seem to have had much effect on the final report. The Standing Northern Ireland Committee feels that the proposed scheme, while objective in aspiration, makes it extremely difficult for most radiologists to obtain a B or higher award and will continue to advance the case. Diagnostic radiologists in the Province are particularly under-represented in the list of award holders.

Education, Training, Examinations and Assessment

Alongside the emergence of the Postgraduate Medical Education and Training Board (PMETB) are the far-reaching plans of *Modernising Medical Careers.* The new two-year foundation programme and subsequent direct entry to specialist training will mean that many future trainees will start their specialist training with fewer years of clinical experience than at present. The move to alter the structure of specialist training to three years of core radiology training and two years of sub-specialty training has the approval of the Education Board, Faculty Board and Council. This mirrors similar plans across Europe. The specialist training curriculum will need to be revised as a result for those entering training in 2007. Increased time

spent in sub-specialty training could allow more imaginative approaches to training in areas such as neuroradiology and interventional radiology.

The Junior Radiologists' Forum (JRF) has led a questionnaire-based survey of all UK Specialist Registrars in years 2 to 5. Following collation of the data, the information from this is now being sent out to heads of training and regional advisers. It is intended to write up and publish the data in an anonymised form.

The JRF has submitted a paper summarising its concerns regarding future specialist training to the Education Board. The JRF is keen to keep training at five years with a good exposure to general radiology at the core of this experience. The JRF is closely involved in the setting of selection criteria for entry into specialist training and other issues relating to *Modernising Medical Careers*.

The European Working Time Directive (hospital at night) recommendations have raised anxieties with the JRF because of trainees' on-call commitments preventing them from attending training programmes. This is felt to have adverse implications for gaining sufficient experience and training.

Integrated Training Initiative (ITI)

The ITI is on track to open three first-wave training academies in the autumn of 2005 and promises to deliver major innovation in educational and training techniques. Trainees have now been appointed for Autumn 2005 entry into the academies that have been established with the Leeds/Bradford, Norwich and Plymouth & Peninsula training schemes. The JRF is participating in the development and management issues regarding the Academies.

The electronic aspects of the teaching resource continue in development and it is anticipated that core modules of the electronic learning database (eLD) will be available at the time of opening and that continued work will mean that the development of the eLD will be complete within the first year of operation of the academies. Part of this work will be a sophisticated case-based archive, the Validated Case Archive (VCA), which will afford interrogation

Professor Adrian Dixon | Warden, Faculty of Clinical Radiology

"Increased time spent in sub-specialty training could allow more imaginative approaches to training in areas such as neuroradiology and interventional radiology."

via a number of routes, from clinical history through radiological signs to final diagnosis and confirmatory results. This resource is likely to be of massive importance for future generations of trainees in clinical radiology and within other specialties. It will require the commitment and contribution of all radiologists throughout the country to ensure that the coverage is exhaustive and complete, and up to date. JRF involvement is being encouraged in the collation of cases for the VCA.

Any project of this magnitude, particularly when it is sponsored by a Government department, requires not only hard work but also political and diplomatic skills. The project has been dependent upon the work of the College Leads, Drs Phil Cook and Dick Fowler,

New Fellows Admission Ceremony May 2005

and increasingly, upon the module editors, editorial teams and authors. However, it has also been dependent on the lobbying skills of the Department of Health leads in maintaining a ring-fenced budget in the face of very considerable Treasury pressure.

There is continuing interest in the setting up of a Radiology Academy in Wales and the Standing Welsh Committee will watch the development of Academies in England with interest.

Examinations

The arrival of the PMETB has led to a renewed focus on the "fitness for purpose" of all College examinations. During the year a number of changes to RCR Examinations were effected. The JRF welcomes the recent changes in the Examination Regulations for both Final FRCR Parts A and B.

Continuing Professional Development

Teaching and research are vital if the College is to remain at the forefront of clinical practice. The CPD programme of the College, produced by the Scientific Programme Committee is unparalleled in the development of an educational structure underpinning CPD, which is characterised by innovation as well as breadth and depth.

The popular Annual Scientific Meeting provides excellent continuing medical education for both young and not so young radiologists.

Conclusion

This Faculty report demonstrates the breadth of activity in the Faculty over the past year and the many challenges in the future. It also shows that the Faculty draws upon the work of Fellows and members across the UK and the JRF. The Faculty looks forward to even more Fellows and members having greater involvement in the Faculty's work in the future.

Accounts 2004

Extracts from the accounts

	2004	2003
	£	£
General Fund Only		
Total income	**2,978,047**	2,597,881
Total expenditure	**2,555,043**	2,373,807
Operating surplus *(from the conduct of the general business of the College)*	**423,004**	224,074
Value of Investment Portfolios	**5,644,460**	4,449,863
(This total investment portfolio includes all College Funds. Other than the General Fund, the funds are 'restricted' and 'designated'.They are for specified purposes and are not available for the use of the general business of the College)		
Gain in Investments	**554,757**	728,488

This report covers the financial year 1 January 2004–31 December 2004. An abbreviated version of the accounts is to be found on the pages following in this Annual Report. The full audited accounts are available on request from the College.

Financial overview of the Year

As indicated above, the operating surplus from the general business of the College was £423,004, enabling us to transfer £200,000 into the Faculty Research and Development Funds. The main reasons for this surplus were increased income from the highly successful programme of scientific meetings (including the UK Radiology Congress - UKRC and the UK Radiation Oncology Congress - UKRO), and from examinations fees (due to the increased numbers of overseas candidates who are passing the new style Part 1 examination in Clinical Radiology and are going on to sit the modular Part 2a examinations). In addition, thanks to tight controls, College expenditure has been kept under budget with a saving of £77,000 on budgeted expenditure of £2,555,000.

During 2004, the following developments have been funded:-

- planned cyclical refurbishment of the College premises (£50,000)
- further website developments (£25,000)
- the use of Electoral Reform Services in College elections (£4,000)
- examination development costs (£5,000)
- additional staff for communications and education activities (£45,000)
- occupational health scheme, income protection insurance and review of staff pay/benefits scheme (£18,000)
- one-off data protection audit (£9,000)

Thanks to a legacy received in memory of the late Dr Frederick Abeles, the entire basement area at 38 Portland Place has been refurbished to a very high standard (£103,000). These facilities are visited most frequently by radiology

and oncology trainees either on the London Courses or as examination candidates, and it is to be hoped that their experiences of the College at relatively early stages of their careers will have been immeasurably improved.

The 2005 budget provides for the following developments:-

- new College Database (£133,000)
- replacement lift and alterations to comply with the Disability Discrimination Act
- College Website developments (£33,000)
- provision for initiatives resulting from the implementation of the RCR Forward Plan (£75,000)

Investments

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

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

Reserves Policy

The College requires sufficient reserves to fund between one and two years' operating expenses (currently £3.1m to £6.2m) to cover the eventuality of a significant reduction in income levels, and to fund new initiatives as required by the Trustees (Council), the funding of which could not be met by regular sources of income. The reserves will be generated and maintained by operating the College activities so as to produce an annual financial surplus until this level is reached. The policy will be monitored by the Finance Advisory Committee, and will be reviewed annually. At 31 December 2004, reserves were £3.2m which is within the College's target range.

Outlook

As in previous years, the College generated surplus income over expenditure in 2004, allowing us to support research and development in both Radiology and Oncology (£235,000 spent on research grants and Fellowships across the two Faculties) and to continue to invest in staff, facilities, and the College building.

Further investment in the College infrastructure is planned for 2005, in order to keep pace with both the growing numbers of members and Fellows and the continued expansion in the range of College activities. Of particular note are the major planned investments in electronic data storage and communications systems, as expressed in the College's Forward Plan.

Approval of Council

The Audited Accounts were approved by Council on 18 March 2005. The Annual General Meeting will be asked to adopt them on 13 September 2005, when it will be proposed that Sayer Vincent should be re-appointed as College Auditors, and that Council be empowered to set the subscription rates for 2004-2005 inaccordance with the prevailing rate of inflation and the anticipated budgetary needs of the College.

Henry C Irving Treasurer

Legal and Administrative Details

Principal Address
38 Portland Place,
London W1B 1JQ

Solicitors
Stone King
39 Cloth Fair
London EC1A 7JQ

Hempsons
40 Villiers Street
London WC2N 6NJ

Investment managers
Carr Sheppards Crosthwaite Limited
2 Gresham Street
London EC2V 7QN

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

CafCash Ltd
Kings Hill
West Malling
Kent ME19 4TA

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

Registered Charity number
211540

Status
The College is a registered charity, incorporated by Royal Charter in 1975

Officers of the College
Professor J.E.S. Husband
President +

Dr D.V. Ash
President *

Dr H.C. Irving
Treasurer

Professor A. Barrett
Vice President and Dean of the Faculty of Clinical Oncology *

Dr P.A. Dubbins
Vice President and Dean of the Faculty of Clinical Radiology

Dr R.D. Hunter
Vice President and Dean of the Faculty of Clinical Oncology +
Registrar of the Faculty of Clinical Oncology*

Professor A.K. Dixon
Warden of the Faculty of Clinical Radiology

Dr M.V. Williams
Registrar of the Faculty of Clinical Oncology +

Professor P. Dawson
Registrar of the Faculty of Clinical Radiology

Dr F.M.B. Calman
Warden of the Faculty of Clinical Oncology

** to 14 September 2004*
+ from 14 September 2004

Chief Executive
A.A. Hall

These summarised accounts are extracted from the full unqualified audited accounts approved by the Council on 18 March 2005 and subsequently submitted to the Charity Commission. They may not contain sufficient information to allow a full understanding of the financial affairs of the College. For further information the full accounts, the auditors' report on those accounts, and the Council's Annual Report should be consulted: copies of these can be obtained from The Royal College of Radiologists, 38 Portland Place, London W1B 1JQ.

Signed on behalf of the Council

Dr H C Irving Treasurer

July 2005

Auditors' report on summarised accounts

Independent Auditors statement to the Council of The Royal College of Radiologists

We have examined the summarised financial statements of The Royal College of Radiologists, set out on pages 26 and 27.

Respective responsibilities of Council and auditors

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

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

Basis of Opinion

We conducted our work in accordance with Bulletin 1999/6 "The auditors' statement on the summary financial statement" issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements and Council's report of The Royal College of Radiologists for the year ended 31 December 2004.

SAYER VINCENT
Chartered Accountants
Registered Auditors
London

July 2005

Balance sheet

As at 31 December 2004

	£	2004 £	2003 £
Fixed assets			
Tangible fixed assets		**2,139,716**	2,158,783
Investments		**5,644,460**	4,449,863
		7,784,176	6,608,646
Current assets			
Debtors	170,303		220,390
Cash at bank and in hand	1,399,697		1,799,821
	1,570,000		2,020,211
Creditors: amounts falling due within one year	781,059		770,124
Net current assets		**788,941**	1,250,087
Net assets		**8,573,117**	7,858,733
Funds			
Restricted funds		**3,716,584**	3,825,950
Unrestricted funds:			
Designated funds		**1,670,222**	1,374,076
General fund		**3,186,311**	2,658,707
Total funds		**8,573,117**	7,858,733

Statement of financial activities

For the year ended 31 December 2004

	Restricted £	Unrestricted £	2004 Total £	2003 Total £
Incoming resources				
Donations and similar incoming resources	29,774	27,119	**56,893**	171,378
Activities in furtherance of the College's objects:				
Subscriptions	-	1,294,845	**1,294,845**	1,191,027
Examinations	-	488,986	**488,986**	328,769
Education	-	163,261	**163,261**	139,675
Courses	-	161,651	**161,651**	167,937
Conferences and meetings	-	444,098	**444,098**	380,433
Administration	-	45,912	**45,912**	47,187
Publications	-	215,737	**215,737**	180,744
Activities for generating funds	-	49,848	**49,848**	43,040
Investment income	48,262	168,257	**216,519**	219,086
Total incoming resources	78,036	3,059,714	**3,137,750**	2,869,276
Resources expended				
Cost of generating funds				
Fund raising and publicity	5,281	20,975	**26,256**	41,459
Net incoming resources available for charitable application	72,755	3,038,739	**3,111,494**	2,827,817
Charitable expenditure				
Examinations	30,364	331,711	**362,075**	279,657
Education (including membership)	89,170	294,038	**383,208**	297,958
Courses	10,033	90,513	**100,546**	94,494
Conferences and meetings	10,561	315,550	**326,111**	**363,324**
Faculties	26,403	182,220	**208,623**	174,684
Publications	12,674	122,586	**135,260**	200,026
Medical audit, guidelines and standards	26,139	109,751	**135,890**	125,251
Grants payable	85,381	235,141	**320,522**	220,922
Support costs	73,401	869,133	**942,534**	792,311
Management and administration	5,281	31,817	**37,098**	36,303
Total charitable expenditure	369,407	2,582,460	**2,951,867**	2,584,930
Total resources expended	374,688	2,603,435	**2,978,123**	2,626,389
Net (outgoing)/incoming resources for the year	(296,652)	456,279	**159,627**	242,887
Gains on investments				
Realised	43,451	85,255	**128,706**	121,451
Unrealised	143,835	282,216	**426,051**	607,037
Net movement in funds	(109,366)	823,750	**714,384**	971,375
Funds at beginning of year	3,825,950	4,032,783	**7,858,733**	6,887,358
Funds at end of year	3,716,584	4,856,533	**8,573,117**	7,858,733

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

Trustees 2004-2005 – Council

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

Officers

President (Chair of Council)
Professor J E S Husband, OBE, London (2004)

Treasurer
Dr H C Irving, Leeds (2000)

Vice-President and Dean of the Faculty of Clinical Radiology
Dr P A Dubbins, Plymouth (2003)

Vice-President and Dean of the Faculty of Clinical Oncology
Dr R D Hunter, Manchester (2004)

Warden of the Faculty of Clinical Radiology
Professor A K Dixon, Cambridge (2002)

Warden of the Fellowship and Warden of the Faculty of Clinical Oncology
Dr F M B Calman, London (2002)

Registrar of the College and Registrar of the Faculty of Clinical Radiology
Professor P Dawson, London (2002)

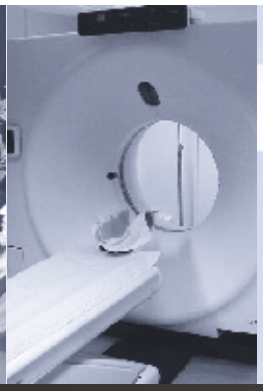
Registrar of the Faculty of Clinical Oncology
Dr M V Williams, Cambridge (2004)

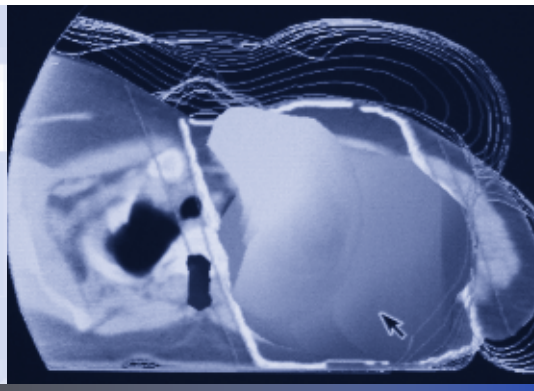
Elected Council members

Clinical Radiology
Professor R H Reznek, London (2004)
Dr R A Nakielny, Sheffield (2004)
Dr E P H Torrie, Reading (2003)
Dr A A Nicholson, Hull (2002)
Professor J Weir, Aberdeen (2002)

Clinical Oncology
Dr H J Dobbs, London (2004)
Dr R D Errington, Liverpool (2004)
Dr J M Barrett, Oxford (2003)
Dr A M Crellin, Leeds (2003)
Dr C W L Trask, Southend (2003)

( ) = date elected

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