

Annual Review 2010–2011



Public benefit

The College works for the benefit of the public it serves – patients who use the services delivered by clinical oncologists and clinical radiologists and their carers, families and friends. The great majority of the College's Fellows and members are based in the UK.

The main areas of public benefit are as follows: -

- Offering a series of free public lectures.
- Setting and developing the standards for entry to, and practise in, the specialties of clinical radiology and clinical oncology.
- Arrangements for continuing professional development (CPD) in both specialties.
- Setting the specialty-specific standards for revalidation of doctors in the College's two specialties along with associated guidance, advice and tools.
- The Imaging Services Accreditation Scheme (<http://www.isas-uk.org/>) – a patient-focused quality accreditation scheme for imaging services throughout the UK (a joint initiative with the Society and College of Radiographers).
- Extensive and growing involvement of patients in the work of the College – at all levels from the development of policy to detailed standards and assessment work.
- Publishing a range of patient guidance leaflets free of charge and copyright-free, enabling local health services to adapt them to their own needs.
- A major, award-winning website devoted to patient information (<http://www.goingfora.com/>).
- Publishing professional guidance, standards and similar documents which, with a few exceptions, are available free of charge on the College's website.

- Active involvement in healthcare policy development such as cancer services and promoting the use of new diagnostic and treatment techniques where quality and consistency of care are the core objectives.
- Significant work in the area of patient safety, notably in cancer services and interventional radiology.

“In 2012, we plan to undertake the second five-yearly review of patient public involvement in the work of the College”

Our future aims as regards further fulfilment of our public benefit duties include:

- continuing the established series of free lectures for the public
- exploring other ways to involve and engage the public in the work of the College and its specialties
- Supporting the introduction of revalidation in our specialties to help fulfil the Government's objective of giving greater public assurance to the work of doctors
- Continuing to develop the work we do with, and for, patients.

In 2012, we plan to undertake the second five-yearly review of patient public involvement in the work of the College.

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From the President

This, my first year as President, has been one marked by change and uncertainty in the system of healthcare provision in the UK. Severe restrictions have been placed on levels of public spending, the structures and plans for the implementation of revalidation and the roles of Royal Colleges within revalidation have been further developed, and major structural reform of the NHS in England has been proposed.

“We welcome fundamental changes as long as they are built around the long-term survival of integrated healthcare”

Against this background, the College has sought to provide a lead. We have responded clearly to the proposed NHS reforms, not least the listening exercise on the *Health and Social Care Bill*. In that response, we welcome fundamental changes as long as they are built around the long-term survival of integrated healthcare, and we call for national commissioning for specialised services such as radiotherapy and strongly oppose any moves towards the use of independent service providers (ISPs) and the dismantling of the present education and training structures. The Government's response to the listening exercise is a step in the right direction.

This has also been a year of transition for the College. We are looking to develop further our profile with patients and the public and support our members and Fellows. We are establishing

even more effective relationships with other healthcare professions and bodies, and continue to modernise and improve the educational value of training in both our specialties. These and several other key aims are outlined in the College's new Strategic Plan.

Strategic Plan

In May 2011 the College published its Strategic Plan for the years 2011 to 2013 (www.rcr.ac.uk/stratplan). The Plan has three major themes:

- Building the profile of our two specialties and of the RCR with the public and patients
- Developing our technological capability and resources to support our members and Fellows in delivering high-quality care
- Helping shape, as well as responding to, the changing structures and the growing fluidity of the practice of medicine in the 21st century.

The Plan emphasises the importance of the RCR continuing to build and communicate the value of our two specialties and our work to patients and the public. As the Plan explicitly states, the RCR develops and delivers a unique body of work, which was it not there, would be unlikely to be taken up by any other UK-wide body with such a broad perspective on our two specialties.

This Strategic Plan will form the bedrock of our work for the next three years.

Raising the profile

It is well established that patients and the public often have a limited understanding of the work of clinical oncologists and clinical radiologists. Therefore, the College is very keen to inform and convey the value of the specialties, wherever and whenever possible. We also wish to show a lead on issues currently affecting our members and Fellows.



Dr Jane Barrett,
President

We have been very proud to be leading with others on the promotion of 2011 as the 'Year of Radiotherapy'. The initiative aims to publicise awareness of radiotherapy and its curative and palliative effectiveness, so often under-appreciated by the wider world. It also builds on the RCR's work in recent years with the National Radiotherapy Advisory Group (NRAG) and with Professor Sir Mike Richards,



National Clinical Director for Cancer at the Department of Health. The College as part of the National Radiotherapy Awareness Initiative (NRAI), has worked with the Society and College of Radiographers (SCoR), Cancer Research UK (CRUK), the Institute of Physics & Engineering in Medicine (IPEM), the NHS, and representatives from all UK countries. You can read further about our involvement with this excellent initiative in the Clinical Oncology section of this report on page 8.

I have sought to raise the profile of the College internationally – at the European Congress of Radiology in Vienna in March, at the 30th Anniversary Congress of the European Society for Therapeutic Radiology and Oncology (ESTRO) in London in May, and, later this year, at the Annual Scientific Meeting of the Royal

Australian and New Zealand College of Radiologists (RANZCR) in October 2011, and North America (RSNA) in November 2011.

Public facing

One of the major achievements this past year has been the start of a series of free public lectures. In November 2010, the inaugural lecture, *Stop worrying – radiation is good for you*, was held at the Royal Society of Medicine. This attracted very good attendance and excellent feedback, due in no small part to the speaker, Dr Bob Bury. The College held a second highly successful lecture in June 2011, *Curing cancer with radiotherapy: past, present and future*, given by Professor Jeffrey Tobias. This programme of lectures is now an established feature of our activity. Great thanks are due to Professor John Taylor, in his role as the lay member of Council, in overseeing the RCR's public benefit activities, for laying the groundwork for these lectures.

Revalidation

The process of developing a system for revalidating doctors in the UK has been long and often uncertain. The College has striven throughout to reassure Fellows and members of our aim to see a straightforward system of revalidation introduced. Through this, we have successfully influenced national bodies such as the General Medical Council (GMC) and the Department of Health to simplify and make more practical earlier schemes for revalidation. This has been apparent with the GMC announcement in April 2011 of a straightforward approach to revalidation, in preparation for its implementation by the end of 2012. Its document *Supporting information for appraisal and revalidation*, published in March 2011, outlines the supporting information that doctors will be expected to provide and discuss at appraisals during each five-year revalidation cycle. The College has set out clearly the requirements for our specialties and developed a series of revalidation tools and templates which Fellows and members can use to gather this supporting information. We are committed to

supporting all those who will be involved in the system of revalidation such as appraisees, appraisers and Responsible Officers. We are also exploring methods to assist doctors in difficulty, who might require retraining or remediation as a result of the revalidation process. This is now likely to go forward with the National Clinical Assessment Service.

It seems unlikely that there will be any financial support for Colleges in carrying out their roles in revalidation. The RCR will aim to keep costs low and the plan is to offer access to a range of helpful information and tools without charge. However, Officers have agreed that some services will need to cover their costs by

charging, and those who are not Fellows or members will also need to pay to access certain support. My thanks must go to Dr Jane Adam, who has led so excellently the College's work on revalidation, ensuring that we are well prepared.

Imaging Services Accreditation Scheme

Over the last year, the Imaging Services Accreditation Scheme (ISAS), jointly established by the RCR and the College of Radiographers and run for us by the United Kingdom Accreditation Service (UKAS), has accredited the first cohort of imaging services. I was delighted to attend the first of these accreditation ceremonies at the Cobalt Unit



“We are committed to supporting all those who will be involved in the system of revalidation”

Appeal Fund in Cheltenham in December 2010; this, and subsequent successful accreditations at Blackpool Teaching Hospitals NHS Trust and Great Ormond Street Hospital for Children NHS Trust. A presentation to all successful ISAS accredited departments so far at the United Kingdom Radiological Congress (UKRC) in June 2011, demonstrated the Scheme's breadth in being able to assess objectively a diverse range of diagnostic

imaging service providers and their ability to deliver high-quality patient-focused care and continuous improvement.

Communications

We are constantly aiming to improve the ways in which we communicate with our Fellows and members, and we are looking to the future, with plans in place for the development of videoconferencing of events, and podcasts (and vodcasts!) of talks and lecture, through which CPD points will be available. The College's website, last redeveloped in 2008, is now in the next phase of its evolution; the main College website, www.rcr.ac.uk will be redesigned, with an emphasis on providing as personalised a service as possible for individual members and Fellows. Key functions such as training resources, revalidation tools and audit templates will all be made as useful and straightforward to use as possible; the website's search functionality will be radically improved so that its users have the easiest and quickest access possible to the information they need. The College's award winning 'virtual hospital' site, Goingfora.com, will also receive a major

"The Newsletter continues to provide an excellent independent forum for debate, and I would encourage members and Fellows to contribute articles and letters to this valuable resource"

through which we communicate with our Fellows and members. We have recently developed a 'From the President' section for each bulletin, where I will outline our activity and stance on current topics of interest. We are looking at ways in which these bulletins can be made more focused on the individual requirements of our many different membership groups across both Faculties.



I am very conscious of the importance of communicating personally in order to engage more closely with our members and Fellows. To that end, I have offered visits via our Regional Chairs and oncology networks; so far, I have visited Brighton, with other regional meetings coming up, including, the West Midlands in September and the North-West in November and meetings planned in the southwest, northeast and East Anglia. Together with fellow Officers, I also continue to meet annually with the Chief Medical Officers of the UK devolved countries, via our Standing Committees.

The new building

The scheme to create a new College headquarters continues apace, involving complete refurbishment and re-kitting of the building at 63 Lincoln's Inn Fields. Work on the design, and tender preparation has continued throughout 2011, and I am very happy to say that planning permission was obtained in June 2011 – a key milestone for this project. We have also sought specialist advice on our requirements for audio-visual facilities, information and communications technology (ICT) capabilities, and kitchen layouts and building facilities. We expect construction to start towards the end of 2011 and to take between 12 and 14 months, with a projected



ISAS Awards Ceremony, June 2011

overhaul, once again making it a pivotal part of our online offering to patients and the public. We plan to launch the new iterations of the College's sites during 2012.

The College's monthly electronic *RCR News* bulletins continue to be the major conduit

We are also pleased to have been able to launch a redesigned College Newsletter in 2011. The Newsletter continues to provide an excellent independent forum for debate, and I would encourage members and Fellows to contribute articles and letters to this valuable resource.

'moving in' date in the first quarter of 2013. This will be a fantastic resource for members and Fellows throughout the UK. An emphasis on forward-looking IT and video-conferencing facilities, for example, will mean that meetings can be conducted between members and Fellows, regardless of their geographical location in the UK. It is particularly gratifying that the College continues to expect to meet the entire cost of the project from reserves, legacies and grants, and from the future sale of 38 Portland Place; no increase in Fellow and member subscriptions is expected as a result of this project. Lincoln's Inn Fields will be a truly modern home for a forward-looking College.

Conclusion

Although I have been in office as President for a relatively short period of time, I feel well settled into the role and this is in no small part due to the support I have received from my fellow Officers, and the staff at the College. I must pay tribute to my predecessor Professor Andy Adam, who did much to advance the College during his term as President. I offer my personal thanks to all current Officers, and would especially like to thank, on behalf of the

whole College, Dr Tony Nicholson, who will conclude his term as Dean of the Faculty of Clinical Radiology in September. Dr Nicholson has worked tirelessly on behalf of Clinical Radiology Fellows and members over the last

“Lincoln's Inn Fields will be a truly modern home for a forward-looking College”

three years and has championed the recognition of interventional radiology as a sub specialty. We shall miss his insight, energy and humour. Congratulations are due to his successor, Dr Peter Cavanagh; we welcome him as he starts his three-year term from September 2011.

I should also like to thank all members of our Council, and of our committees and 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 ways to our work. Great thanks are also due to our Patients' Liaison Groups (PLGs) and all other lay members who serve the College so ably, and whose contributions to the development of the College, and of both specialties, are vitally important and incredibly welcome.

The Faculties at work: Clinical Oncology

The Faculty has seized the opportunities presented by the renewed focus on radiotherapy over the last year – not least with the growth in the use of new radiotherapy techniques and technologies. This has been seen both through key public awareness work and the new focus on standards, guidance and academic development. The year has also seen a great deal of work done with and alongside others demonstrating that clinical oncology is ever more a speciality delivered by and through teams.

Public and patient involvement and public benefit

If there is one area that exemplifies the work of the Faculty over the past 12 months, it is *2011 the Year of Radiotherapy (YoR)*. This initiative, aimed at raising public awareness of radiotherapy as a primary cancer treatment, has had dedicated activities either nationally or locally month by month following the launch in January 2011 at the Science Media Centre in London (see www.rcr.ac.uk/2011). The YoR is



Dr Adrian Crellin,
Dean, Faculty of Clinical Oncology



Dr Diana Tait,
Registrar, Faculty of Clinical Oncology

a prime example of healthcare professions working together as the initiative is jointly promoted by the RCR, the Society and College of Radiographers, the Institute of Physics and Engineering in Medicine and the NHS in all four UK countries

A major RCR contribution to the YoR was the first clinical oncology based lecture in the College's free public lecture series: *Curing cancer with radiotherapy: past, present and future*, was delivered in June 2011 at the Royal Society of Medicine. The speaker, Professor Jeffrey Tobias, gave a stunning lecture which was very warmly received. In Northern Ireland, Standing Committee members have been involved in talk shows around the YoR, with a high level of local publicity.

The Faculty's Journal *Clinical Oncology* in April 2011, took a public and patient-directed stance, as it focused on the 25th anniversary of the Chernobyl disaster. This Special

Edition comprised papers examining the long-term physical and psychological effects of the accident.

Lay members on the Clinical Oncology Patients' Liaison Group (COPLG) have continued to make key contributions to very many areas of Faculty activity. These include several responses to consultation documents, with highly detailed comments where members have expert knowledge gained from their careers and life experience. These comments continue to play a vital part in the Faculty's work.

The COPLG has established a working group, researching the views of cancer patients, to look at surveys and questionnaires given to patients and seeking to establish their appropriateness. At a time when patients are already under stress following a cancer diagnosis, they are often asked to fill in questionnaires from various, unco-ordinated organisations. This working group will make recommendations as to how the process in the NHS can be improved.

The COPLG also has representation on the Department of Health Proton Development Group and the National Radiotherapy Awareness Initiative.

Training, assessment and education

The last year has seen key changes implemented being the result of several years' hard work. The new clinical oncology curriculum introduced in August 2010 gives clear guidance on the knowledge, skills and behaviours that a trainee should acquire at each stage of training. The methods of assessing trainees, to ensure that competencies are being achieved, are blueprinted to the curriculum and workplace-based assessments introduced have been well received by trainees who value the time taken by consultants to complete these assessments.



Professor Jeffrey Tobias gives the College's first clinical oncology public lecture, June 2011



Dr Di Gilson,
Warden, Faculty of Clinical Oncology

As a result of the introduction of the 2010 curriculum, the Final FRCR Examination syllabus is now defined by the intermediate competencies described in the curriculum. The Faculty has encouraged all trainees who are pre-Final FRCR to transfer to the 2010 curriculum and many have done so.

The Faculty launched its e-portfolio in August 2010 for all trainees on the 2007 and 2010 curriculum. All the forms required for appraisal, workplace-based assessments and supervisors' reports are contained within the

“Good e-learning tools are an effective way of delivering training at the convenience of the learner”

e-portfolio. There is the ability to link the assessments to specific parts of the curriculum so as to demonstrate that trainees are making appropriate progress. To help with the implementation of these changes, the Faculty has been running regular training days for trainers which have been well received with very positive feedback.

The Final FRCR Examiners have continued to update the examination to ensure that it is a fair test and are continually looking at ways of improving the examination. To this end, earlier in 2011 there was a very productive day reviewing the examinations with advice from the Royal College of Physicians' Examining Board and a statistician. It has been clear in recent years that the Single Best Answer paper is a good predictor for overall success in

the examination, in that candidates who fail the paper are extremely unlikely to pass the clinical and oral examinations and go on to be successful in the exam. For the future, there are plans to review the syllabus for the First FRCR Examination to ensure that it is in line with current clinical practice. Further developments are also planned for the Final FRCR Examination to ensure that all candidates are asked the same oral questions to improve reproducibility and fairness.

Unfortunately, funding for the Department of Health programme e-Learning for Healthcare was severely cut in summer 2010 as part of the public expenditure reductions. However, the Faculty has been fortunate in securing funding to continue the development of the Advanced Radiotherapy e-learning programme – currently the brachytherapy module is in production. Good e-learning tools are an effective way of delivering training at the convenience of the learner and a valuable method of supplementing other forms of teaching and training.

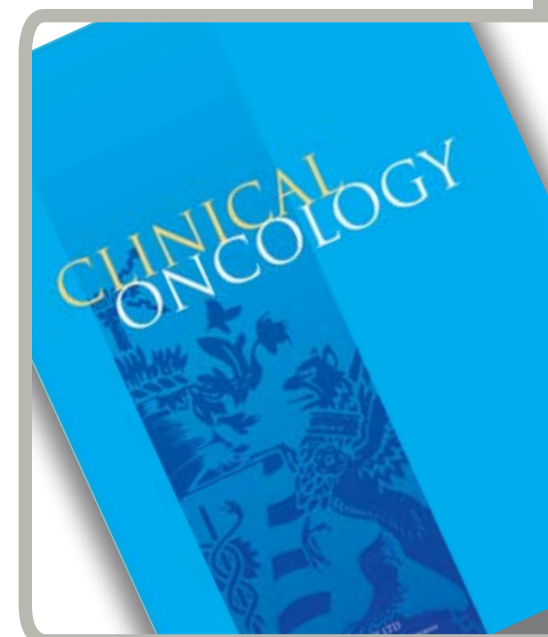
The requirement for clinical oncology trainees to take part in Hospital at Night rotas in some centres has been a major issue over the last year. This is viewed as detrimental to clinical oncology training, as it necessitates trainees missing training time. The Faculty therefore produced a statement on *Hospital at Night* which aims to minimise any impact where this is unavoidable.

The Faculty now has a well established pathway to enable overseas clinical oncology trainees to gain approval for limited registration with the GMC and come to work in the UK. Since establishment, there has been a steady stream of trainees from Sri Lanka, Singapore and Malaysia visiting UK training centres. This offers valuable experience both for the visiting and UK trainees.

In May, the Faculty held its second year of nationally co-ordinated recruitment for clinical oncology trainees in England and Wales. Eighty-two candidates were interviewed over two days by 30 consultants. Fifty-one candidates were deemed appointable and 39 of the 41 vacant training numbers in England and Wales were filled through this process. Seventy-five per cent of trainees accepted posts in first or second-choice training schemes. There will be a second round of recruitment in November 2011. It is hoped that from 2013 Scotland and Northern Ireland will join the co-ordinated recruitment process.

The Oncology Registrars' Forum (ORF) continues to be one of the most important sources of information and advice for and from clinical oncology trainees. In the past year, activities have included:

- A national survey of UK clinical oncology trainees' training which concluded in May 2011. The survey will update the ORF on many issues of key importance to trainees
- Publishing, in mid 2011, a document, *Guidance for Candidates for the Final FRCR Examination*, which is aimed at helping candidates prepare for the Final FRCR exam and draws on the experience of trainees who have already sat the examination
- A meeting in April 2011, *How to develop a career in academic clinical oncology*.



This event was very well attended and received, and will hopefully be repeated for future trainees in coming years.

In September 2011 the Faculty will hold the first 'welcome day' for clinical oncology trainees to ensure they are familiar with the work of the Faculty and what it has to offer them.

Clinical oncology training in Scotland has been significantly affected by cuts in funding for training, staffing and equipment, with proposals to reduce the number of trainees from 36 to 18. As a result, there are major concerns about maintaining adequate services and further developing them. This is coupled with the need for the further provision of complex radiotherapy techniques, and the requirement to train existing and new staff in these techniques. Meanwhile, the main concern in Northern Ireland has not been around numbers of trainee posts, but rather the difficulty in delivering new consultant posts in clinical oncology.



The Faculty met with the General Medical Council in summer 2011 to discuss the role of clinical oncology in undergraduate training as a result of which it is planned to develop specific modules for use by medical students so as to improve the profile of oncology.

The major strides in reforming and improving the College's continuing professional

"The Faculty's own CPD meetings have had a very successful year"

development (CPD) scheme came to fruition in January 2011 with the launch of a completely revised scheme alongside a much more responsive process for meetings approval and offering a downloadable spreadsheet for recording CPD points. Both Faculties are planning a 'CPD plus' system which, if the funding is made available, would be designed to support revalidation and in particular the CPD element of that. The Faculty will also pilot online CPD provision alongside the continuing programme of CPD meetings during 2011–12 as a precursor to using the facilities planned for the new building from 2013.

The Faculty's own CPD meetings have had a very successful year and the programme has included: the annual meeting on stereotactic body radiotherapy, the annual intensity modulated radiotherapy course and a meeting on proton therapy and base of skull malignancy. These have been alongside a strong contribution to the National Cancer Research Institute meeting and a major role in the 30th anniversary meeting of the European Society for Therapeutic Radiology and Oncology held in London.

During the year the Faculty established the *RCR–Kay Visiting Fellowships* to provide opportunities for a limited number of consultant clinical oncologists to visit major cancer centres overseas or, if appropriate, in the UK. The purpose is to enable successful applicants to achieve a stepwise change in world-class radiotherapy techniques that will translate into service development in the UK with clear patient benefits in terms of improved outcomes. The Fellowships have been made possible by a generous financial donation from Mr Arthur Kay. Work is also in hand to launch the *RCR–Cyclotron Trust Visiting Fellowships* which will offer similar opportunities.

Academic development

The Faculty has continued to work with the National Cancer Research Institute's Clinical and Translational Radiotherapy Working Group (CTRad) to develop clinical oncology research across the UK. In Autumn 2010, the CTRad group held a second annual academic forum meeting hosted by the Faculty, where centres discussed the progress they had made in developing research over the previous year. There were some encouraging developments and centres shared ideas on how they might make further progress.

The Faculty is planning to set up a mentoring scheme for both newly appointed academic consultants and trainees wishing to pursue an academic career to support them and enable them to develop their careers appropriately.

Oncology in practice

The Faculty has led on the issue of acute oncology services, publishing *The role of clinical oncologists in acute oncology* in July 2011. This examined the main issues in providing an acute oncology service (a service involved in the management of patients with complications arising from cancer treatment, or presenting acutely with undiagnosed cancer or with medical problems from active disease). The Faculty concluded that clinical oncologists should engage fully with acute oncology as they have all the skills necessary to form an essential component of any acute oncology team.

The annual workforce census remains a hugely valuable source of workforce data for the Faculty. For the data to be meaningful and accurate it must be completed by every oncology department in the UK. It is therefore a great achievement that the 2010 census achieved 100% completion. That data has already proved its worth in the continuing discussions with the Centre for Workforce Intelligence in England and at the annual meetings Faculty Officers have with the Chief Medical Officers and workforce leads of the devolved countries. Planning for the 2011 census is already well advanced; the aim being to improve the usefulness of the data

collected each year while not overloading the Fellows who have put so much effort into the work in 2010 and earlier years.

During the year much work has been done to streamline the College's role in the Advisory Appointments Committee process to make this more responsive and practical.

In developing standards and guidance the Faculty has worked closely with others and key examples are the long-standing work of the Joint Collegiate Council for Oncology (a major force in the work with medical oncologists – see below), the new link forged with the National Chemotherapy Advisory Group Implementation Group (NCIG) through representation on the Faculty's Professional Support and Standards Board (PSSB), the National Radiotherapy Advisory Group Implementation Group (NRIG) with RCR representation on its main committee, data, workforce and service delivery groups, extensive joint work with the Society and College of Radiographers and the Institute of Physics and Engineering in Medicine (as referred to in several places in this report) and the Health Protection Agency's representation on the Patient Safety Steering Group through PSSB.

Practical work to support the expected introduction of revalidation in 2012 has included the response to the Revalidation Support Team pilots, tools and templates such as the reflective case report, a 360° appraisal patient feedback project with medical oncologists and the Annual Audit Forum held in May 2011.

In Wales, radiotherapy waiting times have improved following additional funding from the Welsh Assembly Government, and the focus now is on the need to develop complex radiotherapy techniques.

Site-Orientated e-Networks (SOeNs) were established in 2005 as a means of

communication within site specialties and supporting and stimulating discussion on matters of interest within those specialties. For a number of reasons the SOeNs have not been as well used as had been hoped and the Faculty considered their future during the year.

With valuable feedback and support from the SOeNs leads and boards and committees, the Faculty has now approved a strategy to revitalise, improve and extend the scope of the SOeNs. This will require commitment from the SOeNs leads, coupled with web-based IT developments over the next 12 months or so, but this will offer a great opportunity to engage and support Fellows and members in practice and educationally.

The SOeNs have played a key role in the Faculty's significant responses and contributions to National Institute for Health and Clinical Excellence consultation documents on colorectal guidelines and selective internal radiation therapy.

“The scope to work more closely with medical oncologists has become a central aim for the Faculty”

The debate on commissioning has continued all year as the interrupted progress of NHS reform in England has progressed. In June 2011 jointly with the Society and College of Radiographers and the Institute of Physics and Engineering in Medicine, the Faculty led in publishing *Commissioning arrangements for radiotherapy*. The very productive liaison the College has forged with the Royal College of

General Practitioners on commissioning issues has enabled the Faculty's view that radiotherapy can only effectively be commissioned at more regional than local levels to be understood widely.

The scope to work more closely with medical oncologists has become a central aim for the Faculty. Despite the enforced abandonment of the e-oncology e-learning programme when funding ceased (this programme would have been an excellent vehicle to move towards common core training), the need for closer working and engagement is stronger than ever. The advent of revalidation and the need to ensure that the standards and methodologies used are similar across both specialties as well as the work done collaboratively on examinations are examples of the Faculty's continuing commitment to achieving this strategic aim.

Looking forward

Work has begun to re-focus the Faculty Board to be a strategic and outward looking group strongly supported by the PSSB and the Specialty Training Board. Strategic developments include: commissioning a benign radiotherapy report, the links with nuclear medicine as far as therapy is concerned as well as training and introducing web-based radiotherapy outlining standards. The Site-Orientated e-Networks (SOeNs) will develop new value in the coming year or so under their new strategy, the development of specific tools for clinical oncologists to use when collecting the supporting information for revalidation will continue, the availability of series data from the workforce census will be invaluable and the growth of the Faculty's role in developing standards and guidance for its Fellows and members are all much needed developments the Faculty intends to deliver on.

The Faculties at work: Clinical Radiology

The specialty of clinical radiology is facing issues around workload, job planning, training and recruitment, sub-specialisation, outsourcing, and funding of staffing and equipment. The Faculty of Clinical Radiology has striven to address these challenges directly and offer support and guidance to Fellows and members.

Public and patient involvement and public benefit

In June, the Faculty, together with the British Institute of Radiology (BIR), sought to reassure and inform the public and aircraft crew, over the increasing use of airport body scanners. Public concern, and lack of well-documented knowledge, over the levels of radiation that body scanners expose users to, led to the publication of *Airport Security Scanners & Ionising Radiation*. The working group examined published literature on the two types of body scanner currently being tested in the UK and abroad (backscatter x-ray scanners and millimetre wave scanners), and confirmed that levels of radiation exposure from them are very low indeed and present less danger than the flight itself. Sadly in an age of terrorism the tiny risk from such scanners was felt to be far less than the benefit of preventing air disaster.

The Faculty was very pleased to organise the College's first public lecture in 2010; Dr Bob Bury's lecture, *Stop worrying – radiation in good for you*, took place at the Royal Society of Medicine (RSM) in November 2010, and was a superb start to this series of lectures being very well attended by members of the public. Bob was introduced by Sir Jimmy Savile who as an RCR Honorary Fellow continues to be a welcome supporter of the College and its work. Sir Jimmy has also personally funded a research post in PET-CT in Leeds during this academic year.

The Clinical Radiology Patients' Liaison Group (CRPLG) has, as ever, made vital contributions to many and varied aspects of the Faculty's activity over the past year. Their input has been key in:

- Lay contributions to College responses to consultation documents and to the Faculty's new Academic Committee
- The development of the redesign of College websites
- The content and publication of the seventh edition of the *Referral Guidelines: Making the best use of clinical radiology*
- The Faculty's extensive work around revalidation, where the Group has helped formulate the Faculty's approach and the development of many published tools to aid clinical radiologists in the revalidation process



Dr Tony Nicholson,
Dean, Faculty of Clinical Radiology

access must be underpinned by evidence-based guidelines applicable to the general practice context. The forthcoming seventh edition of *Referral Guidelines: Making the best use of clinical radiology* (MBUR7 – see below) was cited as the benchmark for such guidelines. The intention is that a roadmap will be developed by the colleges with input from the National Imaging Clinical Advisory Group

“The Colleges emphasised that open access must be underpinned by evidence-based guidelines applicable to the general practice context”

Working with others

Towards the end of 2010, the Faculty joined forces with the Royal College of General Practitioners (RCGP) to publish a joint statement on GP open access to imaging and intervention. The two Colleges announced they would be working closely together to identify which tests can be most effectively provided through GPs. This includes looking at ways to encourage closer working between GPs and radiologists to ensure speedier, more accurate diagnoses for patients, with greater emphasis on better communication between the specialties. The Colleges emphasised that open

(NICAG – formerly the National Imaging Board), to identify the most appropriate access to imaging investigations and intervention by GPs, and to give advice to commissioning groups providing examples of good practice. This joint working is vital to the cancer survival project headed by Professor Sir Mike Richards and will make diagnostic imaging available to patients from primary care, reducing delays in diagnosis and treatment and also reducing waiting times for outpatient appointments.

During 2010–11, the Faculty collaborated with the Royal College of Physicians, the Association of Upper Gastrointestinal

Surgeons, the British Society of Gastroenterology and the Royal College of Nursing to produce a toolkit aimed at improving the diagnosis and management of patients with upper gastrointestinal bleeding (UGIB). *The Upper Gastrointestinal Bleeding Toolkit* published in March 2011 comprises nine service standards to support NHS organisations in delivering effective, high-quality UGIB services and to enable patient access to the same quality of care, regardless of where they live in the UK.



Dr Nicola Strickland,
Registrar, Faculty of Clinical Radiology

Standards and guidance for practice

The sixth edition of the RCR's referral guidelines, *Making the best use of clinical radiology services* (MBUR6), has been a huge success since its publication in 2007. The guidelines give practical evidence-based advice to healthcare professionals to choose the best imaging investigation for a range of clinical problems; they help to avoid the chief causes of unnecessary patient irradiation and the wasteful use of radiology, and steer referrers clearly through disease and system-based imaging. The guidelines have been accessed by more than 1.3 million users electronically, and thousands of hard copy versions have been sold, with extensive international use. The methodology on which

the guidelines are based was accredited by NHS Evidence in 2010.

The seventh edition will offer many new features, reflecting recent changes in the delivery of radiological investigations, including a greater number of guidelines, evidence review of every guideline, and a revised layout for ease of reference. MBUR7 is due to be published in late 2011, and will further establish this series as the de facto set of guidelines for radiology services, ensuring the best use of imaging for the benefit of patients. The prospect of developing a decision support system-embedded version in collaboration with a major technology company is a very exciting development. The guidelines will also be produced as an 'app' and other online delivery formats are being explored in order to ensure as wide a distribution as possible.

Other important work on standards during the year has included *Standards of practice and guidance for trauma radiology in severely injured patients* and *Standards and recommendations for the reporting and interpretation of imaging investigations by non-radiologist medically qualified practitioners and teleradiologists*, as well as an important publication, *Standards for the National Patient Safety Agency (NPSA) and RCR safety checklist for radiological interventions*, advising on the implementation of the WHO/NPSA pre-procedural radiology check list. Work is in train on the development of tools to aid the calculation of radiologist workload.

The Faculty is working closely with the Royal College of Pathologists to develop standards that will help ensure that the rising demand for coronial post-mortem imaging is satisfied in a way that will be in the best interest of the bereaved and the legal system. These standards will be published in autumn 2011.

The Imaging Services Accreditation Scheme (ISAS) continues to go from strength to strength (the *From the President* section records the first accreditations under the scheme). The review of the evidence underpinning ISAS continues, and a benefits realisation project has been independently commissioned to confirm the scheme's value to those imaging services considering accreditation. The first review of the ISAS Standard and its extension into radionuclide imaging is now in train.

Training, assessment and education

A key aim of the College's Strategic Plan is to 'develop the programmes of scientific meetings in both...specialties'. This is typified by the Faculty's plans for the Clinical Radiology Annual Scientific Meeting (ASM). From 2012, we will be building on the success of the ASM, developing the meeting into a larger event, the premier event of its type in the UK for radiologists. 2012 will see the ASM move to a new and much larger home at the Barbican in the City of London, which will provide the opportunity to expand the scientific



Dr Bob Bury gives the College's first clinical radiology public lecture, November 2010

programme, to include a new industry forum and to welcome even more delegates. The meeting will run for three full days, offering greater opportunities for clinical radiology members and Fellows to achieve CPD credits and will also see the addition of a workshop stream. The ASM will remain grounded on its base of an unrivalled programme of educational presentations by national and international experts across the breadth of radiology. It will also build further on sessions based around proffered papers – submissions for which have been invited for the first time for the 2011 ASM.

The new training curriculum for clinical radiology took effect for all new trainees from August 2010, and many existing trainees have taken the opportunity to transfer to this curriculum. We also achieved recognition for the new sub specialty of interventional radiology (IR), with its own approved curriculum based on a six-year training programme. We have been pleased to see that some deaneries have managed to find funding for the additional year to support this for a small number of trainees.

The trainee ePortfolio was fully implemented across all training programmes to support the delivery of the curriculum and the gathering of documentation, such as the new workplace-based assessments. We have provided information about the impact of the new curriculum and assessments, both through training days for supervisors held across the country, and through videos and guidance documents on the College website.

In Spring 2011 we successfully ran the first joint examination (Final FRCR Part 2B) with



Dr Richard Fowler,
Warden, Faculty of Clinical Radiology

the National University of Singapore. In line with what is now well established in the UK and Hong Kong examinations, the reporting and rapid-reporting components were run as electronic image-based assessments.

National recruitment into radiology training in England and Wales is now into its second successful year and we are looking at further refinements to streamline the process.

The Junior Radiologists' Forum (JRF) continues to lead on issues concerning UK radiology trainees. Activities have included:

- A successful 'trainees session' which took place at the United Kingdom Radiological Congress (UKRC) in 2011
- A survey of radiology trainees in Spring 2012
- The introduction of a trainee welcome day, with an accompanying induction pack.

The JRF was further reassured to see, at a recent meeting with the Centre for Workforce Intelligence, the Faculty making the case for the clinical radiology specialty to receive an expansion in diagnostic and interventional radiology training numbers.

Academic development

The Cancer Research UK (CRUK)/RCR Joint Clinical Research Training Fellowships and Medical Research Council (MRC)/RCR Research Training Fellowships are prime examples of the Faculty's commitment to academic practice, and to increasing the breadth of its work with external organisations. There are many benefits to these arrangements,

not least of all the opportunities for collaboration they provide without placing any additional financial burden on members and Fellows.

The new Academic Committee has set itself a comprehensive work programme:

- Mentoring: allocating formal Faculty mentors to track trainees' progress through their research training
- Matching trainees with resources;
- Liaising with CRUK and MRC on the joint fellowships
- Producing academic resources for the RCR website
- Developing academic-focused meetings, including sessions at the Clinical Radiology Annual Scientific Meeting (ASM)
- Developing and extending relationships to existing and new funding partners
- Producing advice for trainees who want to develop an academic career.

The Faculty's Journal, *Clinical Radiology*, has continued to develop and grow; in 2010 article submissions were up by 16%, case report submissions were the highest they have been, and the percentage of accepted UK original papers remains very high. In addition, the journal's impact factor has risen, up from 1.645 in 2009 to 1.765 in 2010. The Journal was further boosted by a very successful Special Edition on molecular imaging in the summer of 2010. *Clinical Radiology* also said farewell to its editor of four years, Dr Bob Bury, in September 2010, to whom the Journal and the Faculty are greatly indebted; his successor Professor Derrick Martin is already well settled into his role.

Resources, capacity and capability

Across the devolved countries of the UK, the issues of workforce capacity and funding remain high on the agenda. In Scotland, workforce numbers have not been reduced as much as was feared initially, but there is still discussion around the potential reduction of the number of clinical radiology trainees from the current 119, to 100 trainees by 2015.



A review of out-of-hours interventional radiology services across Scotland by the Standing Scottish Committee and NHS Scotland's Managed Diagnostic Imaging Clinical Network (MDICN) was submitted to the Scottish Chief Medical Officer, with the additional involvement of Regional Planning Groups in Scotland.

Northern Ireland currently has 37 radiology training numbers. There had been a push for increasing numbers, and it is intended that current difficulties with filling the number of consultant radiologist posts within Northern Ireland can be highlighted to the Chief Medical Officer in Northern Ireland.

Rural parts of Wales continue to face major challenges in meeting standards for emergency provision of radiology, particularly with respect to intervention. Consultant radiology recruitment remains difficult in parts of Wales, with problems in securing the funding for the sixth year of specialist training, and the loss of registrars at the end of their training period. Services have also been affected by the re-organisation in Wales of Trusts, into a smaller number of 'health boards', integrating primary and secondary care. The Standing Welsh Committee will further develop its links with the National Diagnostic Imaging Programme Board, following that body's recent establishment in Wales.

It is extremely gratifying that the value of our annual Faculty Workforce Census has been

“Across the devolved countries of the UK, the issues of workforce capacity and funding remain high on the agenda”

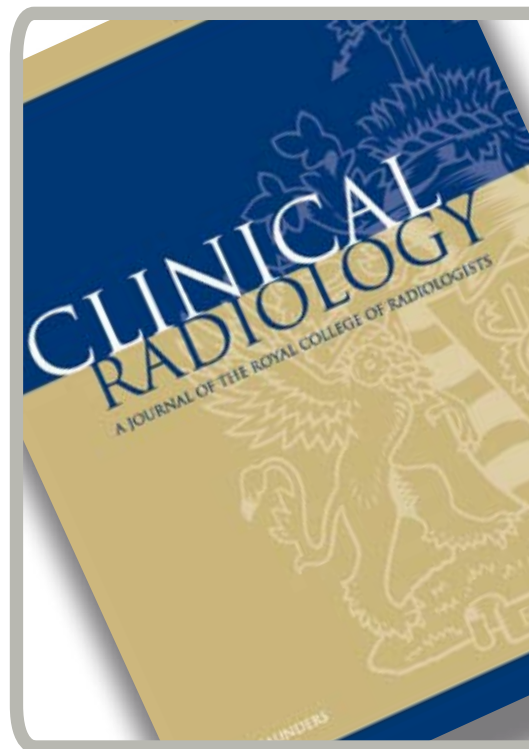
further enhanced by a 100% completion rate that has been achieved in 2010. This puts the Faculty, and the College as a whole, in a stronger position when discussing, and seeking to influence, issues around workforce and workforce planning with government.

Looking forward

Initiatives started in 2010–2011 will be developed and delivered in the next year and beyond. Key examples include:

- The planned collaboration to produce a decision support version of the referral guidelines
- The implementation of revalidation which will hopefully be seamless due to the work that has already been done
- The work to develop research and academic careers will see more funded Academic Clinical Lecturers and Academic Clinical Fellows in post

- The Annual Scientific Meeting which will provide a forum for all that is best in British clinical radiology
- Developing our capacity to support digital image delivery for further components of the examination, allowing us to move away from films for the oral exams
- Continuing discussions on nuclear medicine training with the Royal College of Physicians and the GMC. This includes looking for ways to allow for some shared pathways through training for nuclear medicine physicians and radiologists that can work to the mutual interests of both groups.





Dr Nick Ashford,
Treasurer

College resources and services for Fellows and members

The College remains financially sound and is therefore well prepared to meet the demands for new services and support for Fellows and members over the next few years. The College financial year is the calendar year and all figures in this report relate to the 2010 financial year.

The overall surplus on the year (including gains on investments) was £930,495, and this was a better than expect outturn. This level of surplus enabled some of the early expenditure on the new building project (see more on this below) to be funded without yet having had to call on the funds set aside for that purpose. This therefore gives Council greater assurance over the funding of that project.

The programmes of scientific meetings have performed well in both Faculties with average attendances continuing to increase, producing a surplus on the year of £60,529. Income from examinations also exceeded expectations with the continued large numbers of candidates coming from overseas. At the same time the College successfully extended the Clinical Radiology Examinations offered in Singapore at no net cost to the RCR. 2010–11 saw the College investing in a new CPD scheme with online tools for recording as one of the ways in which support will be offered to Fellows and members for the introduction of revalidation. We have also made existing resources work more effectively. A good example is the strategic aim to improve the effectiveness of our influencing and media work which is being achieved through a better focus of effort by Officers and staff. Cognisant of the need to continue to demonstrate and improve its public benefit the start of free public lectures in 2010 has been a great success and at very modest outlay for the College. All in all this is very good progress.

The new building project remains on target and on budget; the contribution made by the surplus referred to above has enabled the group of Officers and senior staff overseeing the project to ensure the space works effectively and flexibly. As already stated, the aim firmly remains to deliver the new building in 2013 without recourse to any increase in Fellow and member subscriptions to fund the project.

In the meantime, the College investment portfolio has continued to perform satisfactorily. Despite this, the Investment Committee continues to review the management of the fund closely so as to ensure that the structure of the fund and the costs of running it are appropriate.

“The College remains financially sound and is therefore well prepared to meet the demands for new services and support for Fellows and members over the next few years”

There are inevitably some areas for caution:

- The current licensing arrangement for the College's flagship publication, the radiology referral guidelines, comes to an end in 2011 and thus that presents challenges for the future
- External funding for the Imaging Services Accreditation Scheme will also be exhausted soon with the costs of updating the accreditation standard falling on other budgets
- The e-Learning for Healthcare funded e-learning schemes are now operating on much reduced budgets introducing levels of uncertainty for the resources required for their updating in the future
- Funding assistance sourced through the Academy of Medical Royal Colleges for revalidation development activities may not continue.

The summary accounts and balance sheet appear on pages 18 and 19 together with pie charts which aim to illustrate the proportions of income derived from different sources and how those monies have been spent during the year. The full audited accounts for the financial year 2010 approved by Council in March 2011 are available from the Head of Finance and Operations at the College.

It has to be a reasonable assumption that funding from any public sector source will not be available for the foreseeable future and so the College has to look to other means to support its aims and developments. To that end it remains a firm aim under the new Strategic Plan to identify and access new sustainable sources of income. In addition to that, work towards launching a legacy policy is well advanced for later in 2011.

Hence for the future there are challenges in continuing and supporting all we wish to achieve. Any growing or new activity carries with it risk and in funding terms the following are areas where the Finance Advisory Committee and Officers will be giving particular scrutiny:

- The completion of the building project and achieving the value the College needs from the sale of 38 Portland Place;
- The further development of digital examinations
- The development of annual scientific meetings in both Faculties
- Funding and delivery of the radiology referral guidelines in new online formats
- The further and significant development of web-based services for Fellows and members which requires substantial investment in ICT hardware software and support. This coincides with the launch next year of the next generation College website.

Through good budgetary planning and management of resources over many years, the College is well placed to continue to grow and develop its support for Fellows and members but it remains vigilant in the knowledge of the challenges it will need to address.

Balance sheet

As at 31 December 2010

	2010	2009
£	£	£
Fixed assets		
Tangible fixed assets	6,918,793	6,396,184
Investments	3,865,970	4,461,022
	10,784,763	10,857,206
Current assets		
Debtors	282,087	327,348
Short-term deposits	4,587,495	2,670,666
Cash at bank and in hand	56,451	855,037
	4,926,033	3,853,051
Creditors: amounts falling due within one year	1,313,170	1,243,126
Net current assets	3,612,863	2,609,925
Net assets	14,397,626	13,467,131
Funds		
Restricted funds	4,194,583	3,908,748
Unrestricted funds:		
Designated funds	5,690,550	5,219,482
General fund	4,512,493	4,338,901
Total funds	14,397,626	13,467,131

Approved by the Council on 25 March 2011 and signed on its behalf by

Dr N.Ashford
Treasurer

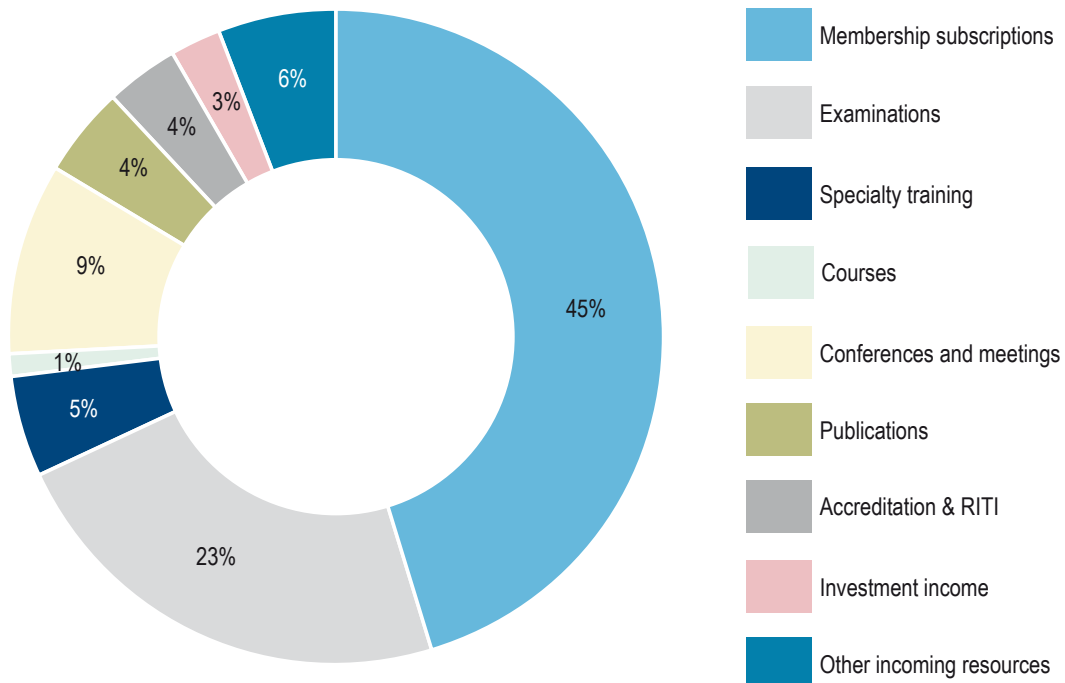
Statement of financial activities

For the year ended 31 December 2010

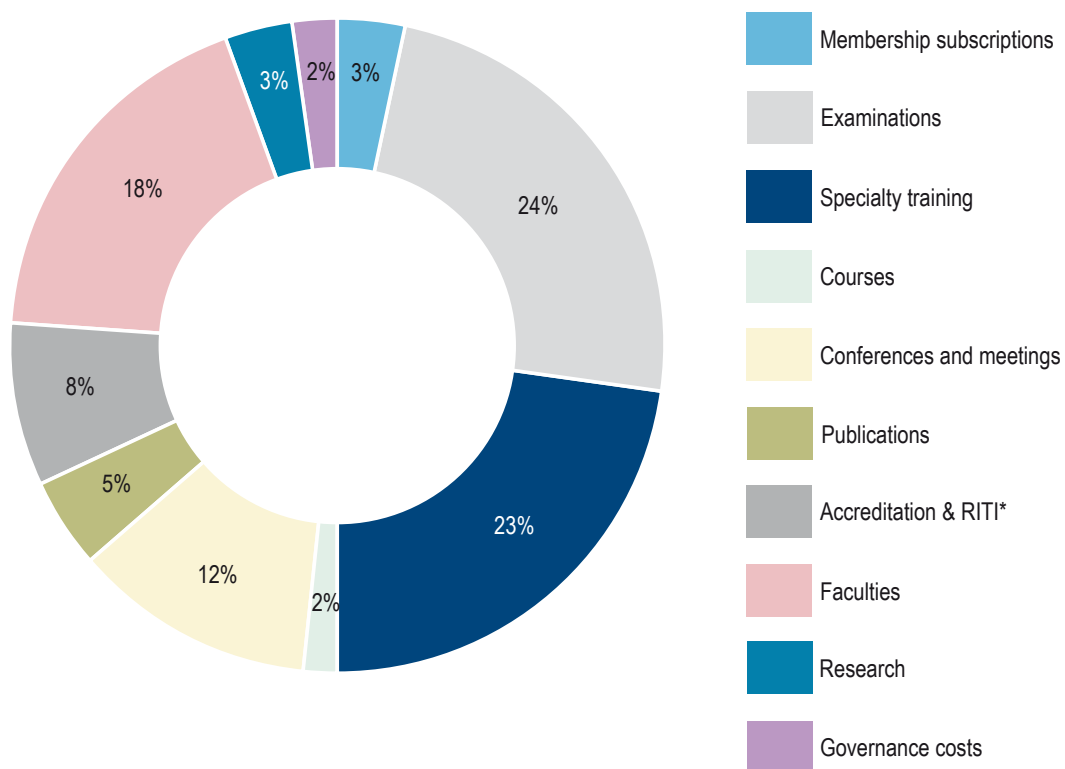
	Restricted	Unrestricted	2010 Total	2009 Total
	£	£	£	£
<i>Incoming resources from generated funds</i>				
Voluntary income	16,091	29,022	45,113	949,585
Activities for generating funds	19,677	–	19,677	26,691
Investment income	31,055	96,928	127,983	213,800
<i>Incoming resources from charitable activities</i>				
Membership subscriptions	–	2,312,984	2,312,984	2,097,024
Examinations	–	1,165,144	1,165,144	901,901
Specialty Training	–	254,275	254,275	225,262
Courses	–	68,540	68,540	81,634
Conferences and meetings	–	476,723	476,723	410,573
Publications	–	223,214	223,214	270,284
Accreditation & RITI	181,354	–	181,354	122,983
<i>Other incoming resources</i>	–	51,488	51,488	44,511
Total incoming resources	248,177	4,678,318	4,926,495	5,344,248
Resources expended				
<i>Cost of generating funds</i>				
Costs of generating voluntary income	–	–	–	7,286
Net incoming resources available for charitable application	248,177	4,678,318	4,926,495	5,336,962
<i>Charitable activities</i>				
Membership subscriptions	447	145,750	146,197	185,252
Examinations	5,313	1,033,042	1,038,355	842,663
Specialty Training	7,281	974,973	982,254	897,662
Courses	523	67,463	67,986	56,855
Conferences and meetings	881	508,707	509,588	419,873
Publications	954	196,781	197,735	187,889
Accreditation & RITI	183,166	160,618	343,784	244,932
Faculties	18,781	770,604	789,385	743,332
Research	59,062	83,738	142,800	162,271
<i>Governance costs</i>	693	94,220	94,913	90,442
Total charitable expenditure	277,101	4,035,896	4,312,997	3,831,171
Total resources expended	277,101	4,035,896	4,312,997	3,838,457
Net incoming resources before other recognised gains and losses	(28,924)	642,422	613,498	1,505,791
Transfers between funds	150,000	(150,000)	–	
Gains/ (losses) on investments				
Realised	16,894	26,434	43,328	101,803
Unrealised	147,865	125,804	273,669	624,670
Net movement in funds	285,835	644,660	930,495	2,232,264
Reconciliation of funds				
Funds at beginning of year	3,908,748	9,558,383	13,467,131	11,234,867
Funds at end of year	4,194,583	10,203,043	14,397,626	13,467,131

All of the above results derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 14 to the financial statements.

Incoming resources 2010



Resources expended 2010



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