

Working collaboratively to meet the needs of members and patients now and in the future

Annual Review
2019–20

Overview

COVID-19

There is no doubt that, as with other organisations across the world, the outbreak of COVID-19 has been the biggest challenge that The Royal College of Radiologists (RCR) has faced over the past year. Within days of the crisis escalating in the UK, all RCR staff were working from home and we had established a new [COVID-specific hub](#) to house announcements, information and resources relating to the outbreak – which we are still continually updating. Clinicians were also forced to adopt new ways of working overnight and we have worked hard to put in place the support needed by our Fellows and members to deal with this upheaval. Early on, we opened new COVID-specific online forums for both [clinical radiology](#) and [clinical oncology](#) to enable sharing and discussion of ideas and best practice and we have been pleased to see both forums facilitate many valuable conversations and generate new guidance.

We have developed a wide selection of resources and guidelines, including a [cancer treatment documents 'repository'](#), which houses resources created by our Fellows and members and their teams; guidance on restarting elective work for [clinical radiology](#), [interventional radiology](#) and [clinical oncology](#); posters giving advice on personal protective equipment tailored for both [oncology](#) and [imaging](#) departments and teams and [advice on non-urgent and cancer imaging during the coronavirus pandemic](#). More information on COVID-specific guidance for each of our specialties is detailed later in this report. In addition, we have helped to develop patient-focused advice, working with leading cancer care charities and professional bodies to produce [tailored information on protecting people with cancer from coronavirus when going for radiotherapy](#) and have collaborated with the Society and College of Radiographers (SCoR) to produce [advice for people attending for diagnostic imaging tests or interventional radiology procedures](#).

We have been highly conscious of the disruption that COVID-19 has caused for trainees and have made adjustments whenever possible. These have included making changes to the annual review of competency progression (ARCP) to make allowances for COVID-19 and using webinars to deliver training. Following a major effort by examiners and RCR staff, arrangements were made to deliver all exams online in autumn 2020. The implementation of our new clinical radiology curriculum has been postponed until 2021 due to the pandemic.

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Key developments in healthcare

Over the past year, in addition to COVID-19, we have seen several other developments across the healthcare sector that will have important ramifications for our specialties. Professor Sir Mike Richards' *Report of the Independent Review of Adult Screening Programmes in England*, published last autumn, made several notable recommendations including calls to provide a dedicated fund for equipment, improve information technology (IT) and overhaul the current governance structures for the programme.¹ We welcomed this report and hope that we will begin to see real change in how screening programmes in England are delivered as a result.

The past year has seen several important changes in the political landscape – most notably last December's general election. Shortly after the election, we wrote to Prime Minister Boris Johnson and published our demands of the new Government, calling for more staff, better technical equipment, better facilities, enhanced IT and a commitment to safeguarding the health service during Brexit negotiations. We have continued to push for answers regarding the supply of medical radioisotopes after Brexit, seeking assurances that services will continue to receive the essential products that they need. In 2019, we also welcomed the Government's £200 million pledge to replace aging scanners in English hospitals. Further investment in these priority areas will be essential if services are to be able to provide the best possible care to patients.

In June 2020, we welcomed the announcement that NHS England will accelerate the roll-out of stereotactic ablative radiotherapy (SABR) in more centres and for more indications. By April 2021, many more radiotherapy centres will be offering SABR treatment for non-small cell lung cancer and for patients with lung, lymph node and non-spine bone oligometastatic disease. We were pleased to see NHS England recognise the significant benefits of this technique and we are now working with the UK SABR Consortium to provide educational materials to support cancer teams to implement this service as quickly as possible. This roll-out will be supported by the radiotherapy operational delivery networks (ODNs), which were established in 2019. These networks should facilitate peer review of radiotherapy contouring, helping to support the workforce during times of sick leave and other absence, as well reducing variation in patient outcomes.

Another noteworthy development of the past year was the Department of Health and Social Care's announcement of the creation of a new national artificial intelligence lab (AI), which will bring together academics, specialists and technology companies to work on challenges such as earlier cancer detection and personalised care. We hope that this investment will support major advances in the use of AI in healthcare, benefiting both patients and clinicians alike.

Workforce

Addressing the workforce crisis in both of our specialties and across healthcare remains one of our top priorities. In 2020, we once again published our workforce censuses for both clinical radiology and clinical oncology, including summary reports for each of the devolved nations.^{2,3} Our data show that the UK is currently facing a shortfall of 1,876 radiologists (33%) and 207 clinical oncologists (19%) – with both shortages predicted to rise significantly over the next five years. Factors such as unmanageable workloads, stress and the pensions crisis have caused consultants in both specialties to retire earlier, resulting in a loss of valuable expertise. There is no question that these trends must be reversed. The RCR is working hard to support the workforce as best we can through measures such as the development of our credentials in breast disease management and interventional neuroradiology (acute stroke); the establishment of our [support and wellbeing](#) working group; and the publication of our report on staff and associate specialist (SAS) doctors.^{4,5} More detail on these measures is included later in this review.

We continue to raise awareness of workforce shortages whenever possible through our media, communications and policy work. Our 2019 clinical oncology census received coverage in national and regional news outlets, with our Medical Director, Professional Practice for Clinical Oncology, Dr Tom Roques, appearing on Sky News to discuss the implications of the shortages. We have also raised the issue of workforce shortages in our responses to consultations from across the healthcare sector. Our written submission to the Health and Social Care Committee's *Budget and the NHS Long Term Plan Inquiry*, called for increased training numbers and our response to the Migration Advisory Committee's call for evidence on the reform of the immigration system called for a system that prioritises occupation, sector and employer need over salary.

We will continue to call for adequate workforce provision and measures to address the crisis over the year to come.

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Welcoming our new Chief Executive

In May we welcomed Oliver Reichardt as the RCR's new Chief Executive. Oliver brings a wide range of experience to the role, including leadership positions at Be the Business, the Royal Society for the Encouragement of Arts, Manufacturing and Commerce, the New Forest National Park Authority and the National Council for Voluntary Organisations. We are confident that the RCR will benefit from his expertise. Oliver took over the role from Andrew Hall, who held the position for 17 years. We extend our thanks to Andrew for his incredible contribution and commitment to the RCR during that time and wish him all the best for the future.

Officers

Earlier in 2020, our Fellows and members elected Dr William Ramsden as our new Vice-President for Clinical Radiology and Dr Rachel Cooper as our new Medical Director for Education and Training for Clinical Oncology. We also appointed Dr Julian Elford as Medical Director, Membership and Business. We welcome Dr Ramsden, Dr Cooper and Dr Elford to their new roles. They replace Dr Caroline Rubin, Dr Frances Yuille and Dr Andy Beale who demit office this year; we extend our sincere thanks to them all for their many years of commitment and tireless work for the RCR.

Strategic priorities

In December 2019 we published our new [Strategic Priorities](#) for 2019 onwards, which will underpin our work over the coming years.⁶ The five priorities are as follows:

1. **Workforce:** Support excellent, safe patient care by working collaboratively on team-wide standards across imaging and oncology. Define our doctors' professional needs for the future and shape sustainable workforce models for our patients and our specialties to realise them.
2. **Be the experts:** Highlight to the public and stakeholders the contribution our specialties make to safe, evidence-based and cost-effective patient care. Contribute meaningfully to the debate on the future of healthcare both in the UK and overseas.
3. **Professional learning:** Develop our educational offer to support our doctors to meet the challenges of practice, working with others where appropriate, sharing ideas where possible. Adopt new educational models rapidly to ensure continuing equity of access to high-quality products.
4. **Membership value:** Support all Fellows and members to deliver the best care for patients, for their entire career regardless of where or how they practice.
5. **Our College:** Shape a College that is demonstrably agile and responsive, accountable and open, supporting our specialties and the patients we treat.

RCR19

In October, we welcomed over 700 delegates to our annual conference RCR19 – the largest attendance since it was relocated to Liverpool in 2017. We were pleased to receive record numbers of trainee registrations and abstract submissions. Delegates enjoyed a packed programme of clinical sessions, audit and research presentations, workshops and hot-topic debates. We were also delighted to be able to give oncology delegates the opportunity to road test our brand new tumour-outlining tool as part of a special workshop stream. RCR19's fascinating plenary sessions covered advances in radiotherapy treatment planning, the ethical considerations of radiology AI and a pictorial tour of Britain's ancient burial sites from academic and TV anthropologist Professor Alice Roberts.

In response to feedback from past conferences, we redesigned the exhibition space for RCR19, enabling us to create a better networking area for delegates, offer new and larger spaces to sponsors and provide an overall enhanced experience. We also piloted a new livestream of the event, successfully streaming to both India and Singapore.

Communicating with our Fellows and members

In September, we launched a new format for communicating with our members, replacing our monthly membership email. Content is now separated into three shorter emails each month, covering updates from the President and news from the RCR; information about opportunities to get involved in our work, our latest publications, funding opportunities and member benefits; and promotions for our professional learning and development opportunities. We hope that this new format will enable Fellows and members to receive communications that are more targeted to their specific interests. At the same time, we also launched a new series of [President's blogs](#), written by Dr Jeanette Dickson to provide our Fellows and members an insight into the inner workings of the RCR and the day-to-day activities and responsibilities of our President.

Our media work goes from strength to strength; over the past year the RCR has received over 1,300 pieces of media coverage

Influencing

We have continued to strive to influence the healthcare agenda by engaging with key decision-makers, the press and other important stakeholders. Our media work goes from strength to strength; over the past year the RCR has received over 1,300 pieces of media coverage across local and national newspapers, radio and television, covering topics such as Brexit and medical radioisotopes, AI and COVID-19. We are keen to make the most of this expanding platform to raise awareness of our specialties and advocate for change among stakeholders and the public alike.

We have taken steps to increase our engagement work with Parliament, politicians and other stakeholders: we have continued to work with the All Party Parliamentary Group for Radiotherapy to raise awareness of radiotherapy and its benefits; and we have offered written submissions to the Health and Social Care Committee's inquiries into *Delivering Core NHS and Care Services during the Pandemic and Beyond* and *The Budget and the NHS Long Term Plan*. The RCR has also been mentioned in Parliament on multiple occasions in relation to topics such as radiotherapy and the supply of medical radioisotopes after Brexit. We hope to build on these activities and achievements over the year to come.

Since the outbreak of COVID-19, we have been regularly engaging with NHS England and NHS Improvement, Health Education England (HEE) and the equivalent statutory bodies in the devolved nations – as well as the bodies responsible for public health via the conduit of the English Chief Medical Officer (CMO) – to manage the impact of the pandemic and consider how best to restore services. We will continue to foster these relationships and represent the interests of our Fellows and members as the situation evolves.

In 2019, our Executive Director for Professional Practice, Tania Vanburen, was invited to speak at the Westminster Health Forum – a prestigious health policy conference – on the topic of payment systems and reimbursement in healthcare. Her well-received speech focused on the need for the tariff system in England to be based around health outcomes rather than hospital episodes to incentivise best practice and encourage innovation. The RCR has long advocated for reform of the tariff system and we hope that through engagements such as this we can help to shape a better system for NHS staff and patients.

Global work

Our international work has continued to expand with a number of new initiatives and more in the pipeline. The RCR intends to embark on a three-year development programme to grow its presence outside the UK. As part of this, earlier in 2020 we commissioned a report to review opportunities for our future international work. We are also reviewing the demand for RCR products and services outside the UK, including the use of *iRefer*.⁷

This year we launched a series of webinars specifically aimed at our overseas Fellows and members. These have proven to be hugely popular and we are now planning many more; we are grateful for the excellent work of our overseas ambassadors – Dr Hassan Abdelsalam for Egypt and Dr Venkat Sudigali for India – in promoting them. We have reduced membership fees for those in low- and middle-income countries by 50% and signed a memorandum of understanding with the Sri Lanka College of Oncologists which will foster closer working between our two organisations. We hope that these measures will enable us to offer excellent value for money for both existing and prospective international Fellows and members.

We have continued to work with Health Education England and other partners on the Global Radiologists Programme. To date, this programme has seen 14 FRCR-qualified radiologists from India take up three-year placements in NHS organisations on an 'earn, learn, return' basis. More have been recruited but are on hold due to COVID-19. We are working on a similar arrangement with contacts in Egypt to source FRCR-qualified radiologists for employers in the devolved nations – two have now been successfully recruited to start work in Wales.

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Supporting staff and associate specialist (SAS) doctors

In January 2020, we published *Harnessing the experience and expertise of staff and associate specialist (SAS) doctors*, which outlined the vital role of SAS doctors in the delivery of healthcare in the UK.⁵ The report supported the implementation of a revised contract for SAS-grade doctors and called for greater recognition of the valuable contributions that SAS doctors make to healthcare delivery. The RCR is committed to promoting a culture of collaboration and mutual respect and believes that enabling, nurturing and promoting SAS-grade roles as a career choice will benefit our specialties and improve patient outcomes.

Support and wellbeing

The RCR is committed to ensuring the wellbeing of our membership. To this end, in 2019 we established a new Support and Wellbeing working group. The group will find and assess resources that can be used to support our members – specifically tailored for our specialties – and will carry out a gap analysis to identify where the RCR can add value.

Support and wellbeing have become more important and prominent than ever in the midst of the COVID-19 outbreak. The RCR was quick to recognise this and we have now produced several webinars to support Fellows and members from both Faculties during this stressful and uncertain time.

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Clinical Fellows

Our Clinical Fellows are invaluable in shaping our work and helping us to influence healthcare. Representing NHS England and the RCR, Dr Pippa Lewis, National Radiotherapy Clinical Fellow, has contributed to the development of NHS England's Radiotherapy Learning Healthcare System (RLHS), which seeks to drive rapid implementation of technological, innovative change in radiotherapy through collaboration between clinicians, academics and commissioners. The objectives of the RLHS will remain highly relevant as the radiotherapy community responds to the COVID-19 pandemic and plans for the recovery of normal service. We are grateful for Dr Lewis's continued engagement in this important work. We also extend our thanks to Dr Nida Pasha, Curriculum Clinical Fellow, for her vital work on the rewrite of the clinical oncology curriculum.

We have also welcomed Dr Salman Atiq Siddiqui and Dr Vanita Ghandi as our Clinical Fellows for Workforce for clinical radiology and clinical oncology respectively and Dr Emma Kenney-Herbert as Clinical Fellow for national radiotherapy consent templates. Their contributions will be vital in driving and shaping the RCR's work.

Looking ahead

Our main priority over the coming year will undoubtedly be supporting our Fellows and members as they manage the impact of COVID-19 and navigate the restoration of services and training. We will continue to engage with external stakeholders at every opportunity to offer advice and help shape healthcare delivery. We will also consider what life at the RCR will look like in the near future, including how and when to reopen our office, how best to conduct our examinations and what our educational offerings will look like. We will endeavour to keep our Fellows and members up to date throughout this process.

In our ongoing push for maximum workforce capacity, we will not only continue to lobby for more training numbers, but also push for healthy and supportive working environments to encourage workforce retention and advocate for an optimal skillsmix across the wider multidisciplinary team. At the same time, we will keep advocating for a sustained, funded increase in equipment and software, with underpinning IT infrastructure and connectivity to support delivery of optimum patient care. These are key asks for all our Fellows and members, regardless of speciality, and we hope that by identifying these priority areas we will be able to proactively push for real change.

Other priorities will include continuing to expand our global work; developing new and innovative ways to deliver training; increasing our professional learning and development presence online; developing and promoting *iRefer*; strengthening our relationships with representatives in the devolved nations; and continuing to support our interventional and clinical Fellows and members as best we can. We will also continue to undertake work in other areas and we are anticipating that over the coming year we will complete projects on major topics such as the future of the imaging team, acute oncology and paediatric interventional radiology.

Clinical oncology

Curriculum update

This year we completed our new clinical oncology curriculum, which has now been approved by the General Medical Council (GMC). This has been a hugely demanding process and we are grateful to all the staff, Fellows and members involved. This new curriculum includes, for the first time, a joint clinical oncology and medical oncology first year of training, whereby trainees from both specialties will be required to meet the same core competencies. This should better reflect how oncology services are delivered on the ground and foster greater collaboration between the two specialties. The updated curriculum also has a greater emphasis on acute oncology, genomics and AI, as we recognise the need for trainees to embrace these growing areas of service.

Priorities for radiotherapy

Radiotherapy is a vital tool for treating and curing cancer and is one of the most rapidly developing areas of modern medicine. However, it remains an undervalued and underfunded treatment and more needs to be done to ensure that patients can access the high-quality radiotherapy that they need. To achieve this, the RCR has set out the following [priorities for radiotherapy 2019–2020](#).⁸

1. **Workforce:** patients with cancer need timely access to high-quality radiotherapy treatment
2. **Equipment:** patients deserve treatment with state-of-the-art radiotherapy machines
3. **IT:** patients with cancer need their professional teams to be able to share complex information effectively
4. **Networks:** patients need safe, high-quality radiotherapy in every UK centre
5. **Wellbeing:** patients get better care if the doctors treating them work in a supportive environment.

Consensus statements programme

The RCR consensus process was initially developed in 2016 to help produce a set of best-practice consensus statements to reduce variation in UK radiotherapy practice in postoperative radiotherapy for breast cancer. The resulting statements were well received and widely adopted. Building on this success, we have developed a set of consensus statements focusing on lung cancer. The hope is that these [lung consensus statements](#) will encourage lung cancer teams to review their current radiotherapy service to ensure that they can deliver optimal treatment for their patients.⁹ We have now formalised the consensus statement process for future topics and recruited a panel to work on delivering head and neck cancer statements.

Guidance

The RCR has produced several guidance documents and resources in response to the outbreak of COVID-19. Of particular note is our popular [repository of advisory documents for cancer treatment](#), which offers advice for clinical teams managing cancer patients during the pandemic. At the time of writing, there have been over 27,000 downloads from this repository. We have also produced [guidance on the restoration of elective cancer care](#) and [guidance on SARS-CoV-2 antigen testing for asymptomatic healthcare workers \(HCW\) and patients in non-surgical oncology in the UK](#). We hope that these resources will be valuable for our Fellows and members as they navigate this uncertain time.

In addition to the COVID-19 focused guidance, this year we have also published [guidance from the Radiotherapy Board on the implications of the Ionising Radiation \(Medical Exposure\) Regulations for clinical practice in radiotherapy](#).¹⁰

RCR Learning

Over the past year, we have collaborated with various organisations to produce valuable e-learning resources, such as 'Acute challenges in clinical oncology', created with the Tata Medical Center in Kolkata. We have also added two new sections to the 'Imaging for oncology' series on our [e-learning hub](#), including *Imaging in bladder cancer* and *Imaging in common adult tumours* – bringing the total to eight modules, with another seven in development. In addition, in response to the outbreak of COVID-19 we have run a series of webinars for those whose training has been disrupted, which began in June 2020.

Targeting Cancer

Targeting Cancer is a campaign developed by the Royal Australian and New Zealand College of Radiologists (RANZCR), which seeks to increase awareness of radiotherapy as a safe and effective treatment for cancer. Earlier in 2020 we welcomed the Targeting Cancer team to the UK for a multidisciplinary working group meeting to learn more about the campaign's considerable success and consider how we can work to promote the importance of radiotherapy in the UK. We are exploring how we can collaborate with the Targeting Cancer team to develop a clinician-led advocacy campaign that meets the needs of people with cancer in the UK.

LGBTQ+ survey

In October 2019 the RCR and the Association of Cancer Physicians (ACP) endorsed a survey looking to gain a better understanding of the needs of UK oncologists with respect to the care of lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) cancer patients. The survey received over 250 complete responses and generated clear evidence that oncologists want more educational resources and professional support in this area. We are now exploring ways to develop resources for oncologists and other related healthcare professionals, starting with a webinar entitled 'Oncological considerations for the LGBTQ+ patient', which we ran on 26 June 2020 to coincide with global Pride Day.

Clinical Oncology journal

Our *Clinical Oncology* journal is a valuable resource for clinicians around the world, offering high-quality research, editorials and reviews relating to the clinical management of cancer patients. For 2019 the journal achieved an impact factor of 3.113 – a slight increase on the 2018 figure of 3.047. Recent highlights have included special issues on the topics of non-melanoma skin malignancies and prostate cancer and the launch of a new education section on the journal website. *Clinical Oncology* has also published and collated a range of valuable resources on COVID-19 and its implications for cancer care.

Clinical Oncology Early Career Investigator Award

The RCR's *Clinical Oncology* journal is currently piloting a new Early Career Investigator Award, recognising original research or reviews where the lead author was a trainee at the time of submission. Papers must demonstrate an original concept, as well as clear and appropriate presentation, methodology and conclusions. We were pleased to receive seven nominations for this new award and the winners will be announced at the next Admission Ceremony.

Audit

The RCR regularly conducts audits to help maintain and improve standards of healthcare. Findings from RCR audits are used to update existing guidelines and contribute evidence to new ones. Over the last year, the RCR has published further analyses of its lung cancer audit data in [Curative Radiotherapy for Lung Cancer in the UK: International Benchmarking](#) and anal cancer audit data in the [UK national cohort of anal cancer treated with intensity modulated radiotherapy](#).^{11,12} We also completed data collection for a breast cancer radiotherapy re-audit and a survey of intensity-modulated radiation therapy (IMRT) in rectal cancer. We are currently collecting follow-up data for an audit of radiotherapy for vulval cancer.

Partnership working

Partnership working is essential within clinical oncology and the RCR is always seeking new avenues for collaboration. This is particularly true as we seek to strengthen our relationship with medical oncology. Over the past year, as well as establishing a joint first year for clinical and medical oncology trainees as part of the new curriculum, we have also continued to move towards closer working and joint decision-making with our medical oncology colleagues. We are confident that this will benefit patient outcomes and help us to present a unified cancer voice. We are also currently working with medical oncology representatives on an acute oncology project, which we hope to publish later in 2020.

A central focus of our partnership working has been to promote research capabilities within clinical oncology and embed research into daily practice. We are evaluating the best ways to achieve this, including potentially incorporating the National Institute for Health Research (NIHR) Associate Principle Investigator (PI) Scheme into a research passport model within our training programme. We have also sponsored several research projects focusing on COVID-19, particularly in relation to radiotherapy, and sought to foster a stronger relationship with the National Cancer Research Institute's Clinical and Translational Radiotherapy Research Working Group (CTRad), which is pivotal in driving radiotherapy-related research in the UK. In addition, we are pleased that, as of 2019, the National Oncology Trainees Collaborative for Healthcare Research (NOTCH) is now affiliated to the RCR. NOTCH is a trainee-led research collaborative working to ensure that oncology trainees receive research training and experience so that they can deliver meaningful research. We hope that these activities will help to improve the status of clinical oncology within academia.

The RCR also remains an active partner on the [Radiotherapy Board](#) and the [UK Chemotherapy Board \(UKCB\)](#), which in 2019 published guidance on medication-related osteonecrosis of the jaw in oncology patients.¹⁵

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Clinical radiology

Quality Standard for Imaging

The Quality Standard for Imaging (QSI), jointly owned by the RCR and the College of Radiographers, sets national quality criteria for imaging services. The Standard was successfully launched in June 2019, replacing the previous Imaging Services Accreditation Scheme (ISAS). Since the launch, the RCR has established a quality-improvement unit and increased our staffing to provide more support for services. We have also created a QSI section on the newly established FutureNHS Collaboration Platform, which is supporting services to optimise staff time and share best practice during the COVID-19 outbreak.

iRefer

iRefer is the RCR's flagship radiological referral guideline tool, used across the UK and internationally. For the past year, much of our focus has been on strengthening *iRefer*'s already robust guideline development methodology and moving to a dynamic, continuous system for updating the guidelines. We were also pleased to launch a new Polish-language *iRefer* website. The RCR is constantly working to develop and improve *iRefer*, and we have a total of 48 guideline updates scheduled for the coming year. We are continuing to work with MedCurrent to extend the use of the *iRefer* guidelines in a clinical decision support system, both in the UK and abroad.

Curricula updates

In February 2020, we published our new curricula for clinical radiology and interventional radiology, which aim to meet patient and service need by ensuring that trainees develop the specific capabilities necessary to become consultant clinical or interventional radiologists, alongside the generic professional capabilities expected of all doctors.^{13,14} These curricula include a requirement to maintain general radiology skills alongside special interest or subspecialty practice, ensuring that all radiologists can meet changing demands. They also require trainees to embrace and evaluate emerging techniques and technologies, such as artificial intelligence and hybrid imaging. The outbreak of COVID-19 has meant that the curricula will now be implemented from August 2021, rather than August 2020 as originally planned.

For the past year, much of our focus has been on ... moving to a dynamic, continuous system for updating the *iRefer* guidelines

Breast credential

Last autumn, we launched a new *Credential in Breast Disease Management*, a three-year accreditation programme for post-foundation doctors.⁴ The scheme was created by the RCR and the Association of Breast Clinicians (ABC), with funding and input from HEE and additional support and resources from the National Breast Imaging Academy (NBIA). We hope that the new qualification will attract more doctors to become expert breast clinicians and go some way to addressing the serious shortage of breast radiologists in the UK. We are delighted that the credential project board has been shortlisted by the *British Medical Journal (BMJ)* 2020 awards committee in the category of Women's Health Team of the Year.

Credential in interventional neuroradiology (acute stroke)

The development of our General Medical Council (GMC)-regulated credential in interventional neuroradiology (acute stroke) is currently in progress. The credential has now been drafted and is under discussion with the GMC's Curriculum Oversight Group, as well as relevant bodies in the devolved nations. We hope that this qualification will help to improve access to life-saving mechanical thrombectomy treatment for stroke across the UK.

Examinations

We are pleased that over the past year we have been able to further expand capacity for the final clinical radiology FRCR examinations, including introducing a new autumn sitting in Singapore and running an additional final exam in the UK for 170 candidates from India. We hope that this expansion will be of significant benefit for our overseas candidates and will continue to demonstrate the value of the FRCR abroad. There are still many candidates outside the UK waiting to take their final exams; we are continuing to develop and change plans as part of our reform project to help us further expand capacity so that we can meet this demand.

Radiology events and learning (REAL)

In February 2020 we held the first annual national Radiology Events and Learning (REAL) conference in Birmingham. This well-attended course explored common errors in reporting and how to avoid them and offered guidance on how to run successful radiology events and learning meetings (REALMs). Attendees heard from keynote speaker Professor Gilbert Welch and REAL Panel Chair Dr Jonathan Smith, as well as a range of speakers based in the local area. We are keen to continue this trend of hosting local speakers for future conferences, which will be held around the country.

Lung health

Over the last year we have continued to support the [Taskforce for Lung Health](#) in its mission to improve the nation's lung health and provide better care for people with lung disease. Dr Sam Hare, representing the RCR, remains Co-Chair of the Diagnosis Working Group, along with Dr Graham Robinson of the British Society of Thoracic Imaging (BSTI). Our two organisations jointly produced [Considerations to ensure optimum roll-out of targeted lung cancer scanning over the next five years](#), published in May 2020, which emphasises the importance of radiologists in the future screening programme for lung cancer.¹⁶ As a result, we have now organised a meeting with the leads of NHS England and NHS Improvement's Cancer Programme to discuss how best to implement our recommendations.

RCR Learning

Over the last year we have developed several new and valuable e-learning resources, including collaborating with the Royal College of Paediatrics and Child Health (RCPCH) and SCoR to develop the '*Imaging in cases of suspected physical abuse in children*' course. Following the outbreak of COVID-19, the RCR worked with a group of UK radiology trainers led by Dr John Curtis to develop a series of webinars for radiology trainees; these were delivered daily from late March until the end of July and proved very popular, with over 10,000 live and on-demand views.

Guidance

The RCR continues to develop high-quality guidance. Over the last year, we have published *Guidance on gadolinium-based contrast agent administration to adult patients*, *Provision of interventional radiology services, Second edition* and *IR(ME)R: Implications for clinical practice in diagnostic imaging, interventional radiology and diagnostic nuclear medicine*, among other guidance documents.¹⁷⁻¹⁹ We have also produced several guidelines and resources in response to the outbreak of COVID-19, including interim guidance on restarting elective work for both [diagnostic radiology](#) and [interventional radiology](#); several [statements on the role of computed tomography \(CT\) chest](#) during the crisis; information on [IT requirements for homeworking](#); and guidance on [the implementation of AI](#) brought in during the COVID-19 pandemic. We will continue to develop new guidance as the situation progresses.

Audit

Audit improves healthcare outcomes and ensures that patient care is provided in line with standards of best practice. The RCR's recent audit publications have included *A national audit of radiology practice in cancer multidisciplinary team meetings*, *Radiology reporting of osteoporotic vertebral fragility fractures on computed tomography studies: results of a UK national audit* and *A national UK audit for diagnostic accuracy of preoperative CT chest in emergency and elective surgery during COVID-19 pandemic*.²⁰⁻²² We are currently planning an audit of RCR guidance to enable remote reporting.

Clinical Radiology journal

Our *Clinical Radiology* journal continues to offer original research, editorials and review articles on all aspects of medical imaging. For 2019 the journal's impact factor was 2.118, increasing slightly from 2.082 in 2018. We have been delighted to see a huge increase in the volume of research submitted to the journal since the beginning of the COVID-19 outbreak and we have now published a significant range of valuable content on this topic, collated into a specific online COVID-19 collection. In an effort to engage with a wider pool of reviewers and to ensure the best service to those who submit papers to the journal, in August we ran a popular 'How to review' webinar.

Over the past year we have been pleased to be able to further expand capacity for the final clinical radiology FRCR examinations



Finance and resources

Financial report

The RCR had good financial results in 2019, reinforcing our already strong financial position. Income rose by £0.8 million as membership renewals continued to increase and we expanded our capacity for examinations. We also benefited from a one-off increase in licence fees for our *iRefer* services. Our expenditure increased by £1.1 million and we reported additional costs, owing in part to a £0.4 million reduction in our rental property portfolio, a greater number of examination candidates – resulting in costs of £0.7 million – and an increase in charitable activities.

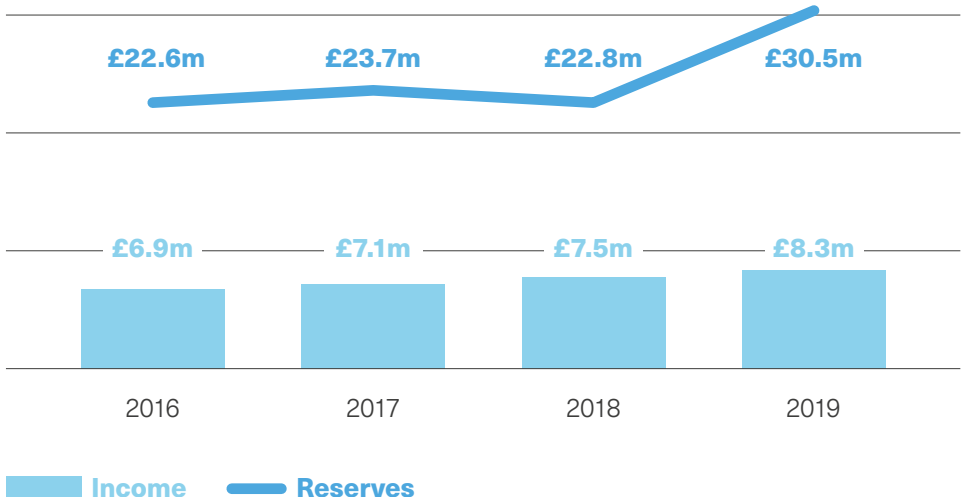
Our reserves increased by £7.7 million to £30.5 million due to accounting gains, including revaluing the office property at 63 Lincoln's Inn Fields. We also reported a £1.7 million increase in our investment portfolio, ahead of the target and industry benchmarks.

Our audited annual accounts are published in full on the [RCR website](#) and on the Charity Commission website.

COVID-19

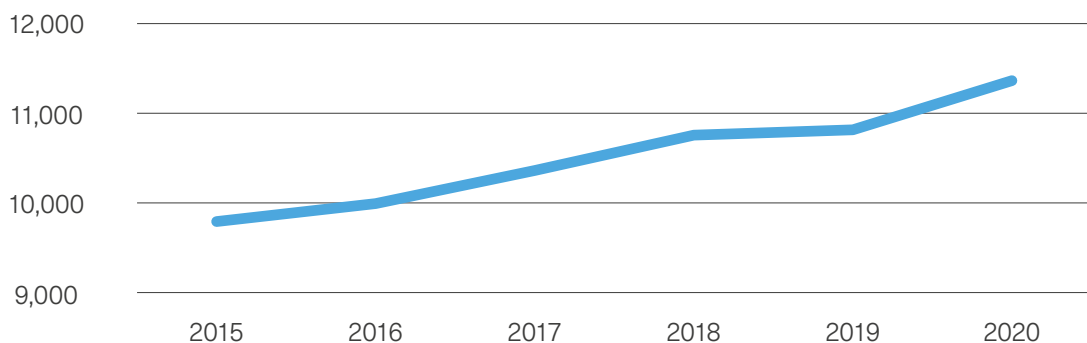
The RCR's activities have been substantially impacted by COVID-19, with cancellation of external activities and events between March and September resulting in a loss of income. We are planning to reinstate our examinations and professional learning activities from September 2020 by moving these online. This has enabled us to mitigate our losses in 2020, keeping them below £0.6 million. However, the potential for disruption continues and we do not expect the RCR to return to surplus until 2022 – although these potential losses are amply covered by our reserves.

RCR income and reserves 2016–2019



Membership numbers have grown continually in recent years. As of June 2020, our membership numbers have not been significantly affected as a result of COVID-19, which we believe reflects the RCR's continued relevance in the midst of this pandemic.

Number of members 2015 to 2020



Investment policy

In 2019, our Council approved an ethical investment policy, which demonstrates a sustainable investment strategy consistent with the Paris Climate Accord goals of limiting the average global temperature rise by 2050 to 1.5°C. This policy excludes companies whose principal purpose involves tobacco, armaments, alcohol, gambling, pornography and extraction and production of thermal coal and tar sands. In 2019 the RCR withdrew all investments in companies that undertook fossil fuel extraction.

The Sarasin Climate Active Endowment fund takes a strong stance on ethical and social stewardship matters. As well as ethical screening, the fund positively screens companies that demonstrate commitment to the Paris Climate Accord goals. We believe that this positive screening approach is an effective way of demonstrating the RCR's support for climate change initiatives.

RCR Officers 2019–2020

President, Dr Jeanette Dickson

Medical Director, Membership and Business, Dr Andrew Beale

Vice-President, Clinical Radiology, Dr Caroline Rubin

Vice-President, Clinical Oncology, Dr Hannah Tharmalingam

Medical Director, Education and Training, Clinical Radiology, Dr Stephen Harden

Medical Director, Education and Training, Clinical Oncology, Dr France Yuille

Medical Director, Professional Practice, Clinical Radiology, Professor Mark Callaway

Medical Director, Professional Practice, Clinical Oncology, Dr Tom Roques

Senior Management Team

Chief Executive, Oliver Reichardt

Executive Director, Education and Deputy Chief Executive, Joe Booth

Executive Director, Professional Practice, Tania Vanburen

Executive Director, Business and Resources, David Botha

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