



**Clinical
Radiology**

The Royal College of Radiologists

How the next Government
can improve diagnosis and
outcomes for patients

Four proposals from
The Royal College of Radiologists



Setting the scene

In October 2014,
6,000 patients

had waited more than a month for the results of CT and MRI scans



In October 2014,
300,000 patients
had waited more than a month for X-ray results

48
per million
population
(UK)

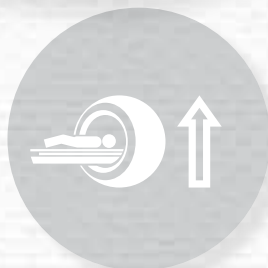
92
per million
population
(Germany)

130
per million
population
(France)

112
per million
population
(Spain)

The UK has
48 trained
radiologists
per million
population

this is significantly
fewer than comparable
countries such as
Germany (92), Spain
(112) and France (130)



In the last 10 years
the number of CT
scans performed has
**increased
by 10.3%
per year**

In the last 10 years
the number of MRI
scans performed has

**increased by
12% per year**



How the next
Government can
improve diagnosis
and outcomes
for patients

Four proposals for radiology services from The Royal College of Radiologists

The Royal College of Radiologists (RCR) sets the standards for practice in clinical radiology and helps shape the future of these services for the benefit of patients. The RCR has over 9,500 Fellows and members worldwide and is a charity registered with the Charity Commission.

Radiologists are doctors who interpret X-rays, scans and other types of medical images to detect and diagnose disease and injury. Radiologists also deliver a number of national screening programmes and take biopsy samples to diagnose cancer and other serious diseases.

Timely, accurate diagnosis using imaging techniques speeds up access to treatment, prevents or reduces hospital stays and offers major cost savings. In the UK we have huge growth in demand for imaging but a chronic shortage of radiologists in comparison with other Western countries.

Interventional radiologists carry out image-guided procedures, which offer an alternative to major surgery. By making only a small puncture in the skin, complex surgical procedures can be performed within the body.

Interventional radiology saves lives and its minimally invasive techniques can reduce the length of hospital stays. These techniques are far cheaper and of greater benefit to patients than equivalent surgical procedures – yet the service across the UK is patchy and under-resourced.

In this short document the RCR presents four proposals for improving diagnosis and outcomes and shows how the RCR can help the next Government to realise these ambitions. Radiology services will not improve without these actions and patients will suffer. We are ready to work with the next Government to make things better.

1.

How to cut the time patients wait for scans and results

No one wants to see patients wait longer and suffer for want of a diagnosis. Across the National Health Service (NHS), patients are waiting too long for their scans and waiting too long for the results. This is because there are too few radiologists. The situation will only improve if an immediate commitment is made by the next Government to train and retain more of these experts.

There is a chronic shortage of radiologists in the UK. We have around 48 trained radiologists per million of our population. Most Western countries have at least double this number.

For the last ten years, the number of magnetic resonance imaging (MRI) scans performed has increased by 12% each year. For computed tomography (CT) scans the increase is 10.3% per year (www.rcr.ac.uk/radiology/census). Despite this, the number of scans undertaken in the UK is significantly lower than in comparable countries. Further growth is inevitable – particularly as the NHS moves towards community-based and 24/7 services.

In October 2014 the RCR snapshot survey (www.rcr.ac.uk/snapshot_survey) undertaken to find out how long patients in England are waiting for the results of X-rays and scans showed that about 300,000 patients were waiting more than a month for their X-ray results and about 6,000 patients had waited more than a month for the results of CT and MRI scans.

The implications of this include delays in diagnosing cancer, fractures, infection and other serious illnesses, when an earlier diagnosis may have potentially allowed a cure or a better outcome.

The only way to reduce the delays is to increase the number of radiologists trained and appointed by the NHS. Our report (www.rcr.ac.uk/radiology/census) suggests that the UK needs to train a minimum of 60 additional radiologists per year for the next five years for the situation to improve.

What we think the next Government should do

The next Government should increase immediately the number of trainee clinical radiologists by at least 60 per year.

What we will do

The RCR will:

- Work with the training schemes to ensure that capacity is used effectively
- Ensure that clinical radiology training schemes fully prepare future consultants for the demands that their careers will bring
- Provide a training curriculum and assessments that continue to be fit for purpose
- Provide data and forecasts for the workforce and workload demands annually.

2.

How to prevent patients dying from blood loss

Interventional radiology procedures save lives when patients are bleeding – whether from a road traffic accident, a stomach ulcer or after childbirth. But amazingly these vital services are still not available at all times in all the hospitals where they are needed. The next Government must act to fix this by providing more trained interventional radiologists.

As well as the lifesaving treatments described above, the minimally invasive nature of interventional radiology means that the risk to patients is reduced and health outcomes are improved for a range of other treatments when compared with traditional surgery. These procedures also save money as they allow a much reduced length of hospital stay and reduced occupancy of operating theatres.

The RCR and the British Society of Interventional Radiology (BSIR) published *Investing in the interventional radiology workforce: the quality and efficiency case* (www.rcr.ac.uk/IR_workforce) in October 2014. This report highlights the rapid escalation of the volume and complexity of the workload for interventional radiologists and the shortage of the workforce to undertake it. There has been a 21% rise in the number of interventional radiology procedures undertaken between 2010 and 2012.

There is an estimated shortfall of 200 consultant interventional radiologists in England. We therefore need an additional 25 interventional radiology trainees per year for the next five years. This is realistic, as there is capacity within UK training schemes to accommodate this increase. It is also the minimum required to develop and sustain a safe interventional radiology service.

What we think the next Government should do

The next Government should ensure that these lifesaving services are available to patients at all times and in all settings where they are required by training additional interventional radiologists.

What we will do

The RCR will:

- Work with the BSIR and the training schemes to ensure that the capacity for training is best used and the training of interventional radiologists prepares them for the demands that will be made on the future workforce
- Work to develop new service models that make the best use of this scarce and valuable resource
- Provide data and forecasts for the interventional radiology workforce and workload demands annually.

3.

How to protect patients from the harmful effects of radiation

The public is rightly concerned about the risks of radiation. Radiologists protect patients from unnecessary risks by advising on the correct test and minimising radiation exposure. Integrated care reduces the likelihood of tests having to be repeated unnecessarily. Radiation exposure can also be reduced by using the most modern scanners.

Use the right test

The range and sophistication of imaging investigations grows all the time and clinicians need help to choose what is right for their patients. The RCR's referral guidelines *iRefer: making the best use of clinical radiology* (www.irefer.org) provide this help but they must be integrated into systems UK-wide to inform decision making and avoid unnecessary radiation to patients.

Stop fragmented care

Clinical pathways have become fragmented. Consequently, referring clinicians frequently request a second imaging test and report from a local radiologist resulting in duplication, increased radiation exposure and delay and worry for patients. An integrated healthcare service would prevent repetition of tests.

The problem of fragmented care is especially acute when patients' images are moved between different locations (known as teleradiology). This is very worrying when images are transmitted across international boundaries. The radiologist may be outside the UK regulatory regime which protects UK patients. Read our views on teleradiology at www.rcr.ac.uk/teleradiology.

Invest in modern equipment

Modern imaging equipment can reduce radiation dose as well as offering improved patient experience and outcomes. Older equipment can become unreliable leading to delays and cancelled appointments. Scanners are now being used seven days per week and therefore need replacing more frequently.

What we think the next Government should do

The next Government should minimise unnecessary patient exposure to radiation by:

- Integrating the RCR *iRefer* guidelines into clinicians' referral systems
- Incentivising integrated care across the NHS with imaging as an essential part of all relevant clinical pathways
- Funding an accelerated programme to replace scanners when needed.

What we will do

The RCR:

- Commits to the continuing updating of the essential *iRefer* guidelines
- Will advise on how radiology services can best be integrated into clinical pathways and how to minimise the unnecessary use of teleradiology services
- Will bring together the professions involved in radiology with industry to advise and guide the next Government to achieve the investment in scanners that patients need.

4.

How to break down the barriers between hospital and community care

Radiologists occupy a crucial position at the boundary between community and hospital care. Very often radiology is the key to early diagnosis and deciding on the best treatment for patients. Rapid access to X-rays and scans can prevent hospital admission and allow earlier discharge in many situations. To enable this we need removal of the barriers that prevent us making the best use of the current workforce.

Radiology networks (www.rcr.ac.uk/integrated_care) can offer timely routine and complex imaging across the country. Our model for existing radiology services to form networks of expertise would allow provision of continuous 24-hour cover across the range of required specialties, smooth capacity demands and gain economies of scale.

This will not solve the chronic shortage of radiologists (see point 1) but in the short-term would allow patients to receive more accurate and timely interpretation of their images. It would help retain radiologists in the UK workforce and reduce premature retirement, part-time working and emigration.

What we think the next Government should do

The next Government should grasp this opportunity; with the right level of investment, radiology can make a real difference.

What we will do

The RCR will:

- Advise and guide on models that aim to integrate primary and secondary care that involve radiology services
- Work with those willing to form networks to help make them successful and spread the learning to others.

Talk to us about these proposals

The Royal College of Radiologists is an apolitical organisation and is not able to endorse or support the policies or intentions of any political party. The College reserves the right to support, criticise or object to any policies which are issued from time to time. However, the College firmly believes that it is in the interests of current and future patients and of all taxpayers in the

UK, for what remains a predominantly publicly funded health service, that the policies which parties and politicians develop are as fully informed as possible. Accordingly, the College is ready and willing to enter into dialogue with anyone who wishes to take its advice and views.

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Cover image: CT scanning. MAURO FERMARIELLO/SCIENCE PHOTO LIBRARY

ISBN: 978-1-905034-68-0. Ref No. RCR(15)2.
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