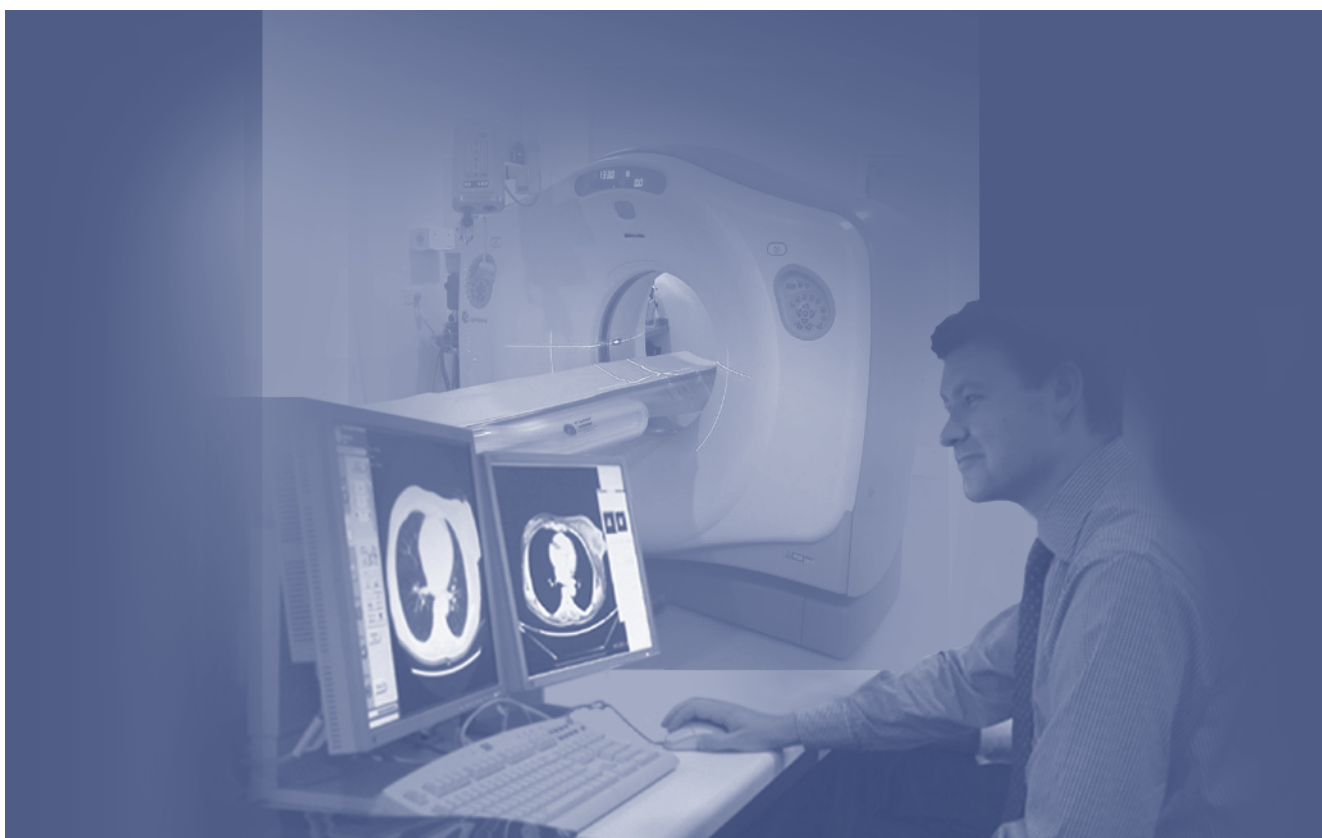


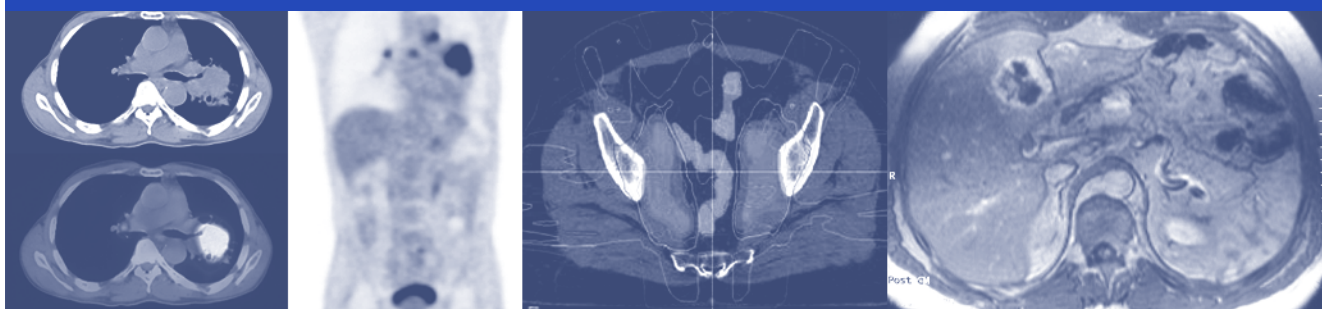


The Royal College of Radiologists



Fulfilling our Purpose and Functioning in the Future

The RCR Forward Plan August 2005



The objects of the College shall be to advance the science and practice of clinical radiology and clinical oncology.

..... the College may exercise the following powers:

1. to further instruction and training in clinical radiology and clinical oncology, and to undertake regular audit of training and practice, where appropriate in association with other bodies;
2. to conduct examinations and award Certificates and Diplomas....
3. to diffuse information on all matters affecting medical science and in particular clinical radiology and clinical oncology ...
4. to encourage the development of clinical radiology and clinical oncology and to further public education therein;
5. to maintain the highest possible standards of professional competence and practice in clinical radiology and clinical oncology, and to act as an authoritative body for the purpose of consultation in matters of public and professional interest concerning clinical radiology and clinical oncology;
6. to promote study and research work in clinical radiology, clinical oncology and related subjects.....

Extract from the Royal Charter of the Royal College of Radiologists

INTRODUCTION

The need for this first Forward Plan for the Royal College of Radiologists resulted from the knowledge that:

- both the College's specialties of clinical radiology and clinical oncology are developing at an unprecedented pace in terms of technical innovation and in the demands placed upon the disciplines;
- the structure of postgraduate medical education and training is undergoing fundamental review;
- the NHS is undergoing radical change primarily in response to government policy but also in response to wider social and economic trends;
- the College has hitherto been perceived as largely reactive and needs to become more proactive and to lead change; and
- the College needs to influence developments in its specialties through interaction with Government and other bodies.

This document builds on earlier work including the two College Faculties' "blue skies" working parties, the RCR Priorities paper and feedback on and discussion of a draft of the Plan. Whilst that feedback was modest in volume, nearly all the responses were thoughtful and many contained new ideas and suggestions for which the College is very grateful.

The key conclusions from this process are that the College needs –

- to restate its core purpose of setting and maintaining standards
- to become more influential and lead change
- to communicate more fully and positively its activities and its successes
- to become more actively a body of and for its Fellows and members; being less bureaucratic, less hierarchical and more accessible.

This Plan, covering the specialties of clinical radiology and clinical oncology, is necessarily at a high level and is stated in terms of broad aims. Furthermore, as the first such Plan many of the aims and proposals here will continue to develop. The College's two Faculties and College Officers have been charged with formulating implementation plans for their specialties in conjunction with their Fellows and members and involving patients and lay representatives. The Plan will be reviewed at least annually.

ROLE AND PURPOSE OF THE COLLEGE

Our purpose is to promote the wellbeing of patients and the health of the wider public by setting and maintaining standards for education, training and practice for our two specialties. This will enable the College's Fellows and members through the use of their professional skills and knowledge to practise high quality medicine in:

- informing the detection, diagnosis and management of disease through the use of imaging technologies; and
- treating cancer with radiotherapy, chemotherapy and other systemic therapy.

SETTING AND MAINTAINING STANDARDS

Education, training and continuing professional development (CPD)

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

The College has been praised for its model of training accreditation. Its examinations have been seen as examples for assessment for the future. The groundbreaking Integrated Training Initiative (ITI) in clinical radiology offers scope for developing a variety of educational and training activities in the future.

We recognise the importance of building on the current wealth of experience and moving forward from this position of strength.

Our aims

We will maintain our position at the forefront of education and training in our two specialties by continuing to review and improve our training curricula, the delivery of training and our approach to CPD.

We will exploit the work of the ITI for training, accreditation and revalidation processes; we will also ensure that the Faculty of Clinical Oncology can make effective use of the work that has been done.

We will build on the excellent programmes of scientific meetings and our support for continuing professional development.

We will develop training and accreditation processes which meet the needs of our sub-specialties.

Standards of knowledge and clinical competence

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

We have to accept that the changes in practice and the adoption of team working across specialties mean that few areas of practice will be the exclusive preserve of one group of clinicians. In cancer care, the concept of teams is not new and this trend is only likely to continue. Imaging and image-guided intervention work is not likely to be the sole preserve of clinical radiologists. We should, however, aim to be the professional group which for clinical oncology and clinical radiology:

- Sets standards of practice.
- Sets standards of knowledge and clinical competence.
- Acts as consultants to other practitioners.
- Certificates knowledge and clinical competence.

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

Our aims

We will seek to occupy a central and pivotal position in assuring the continuing fitness to practise of those involved in clinical radiology and clinical oncology.

We will continue to use the knowledge and insight of patients in the development of standards.

We will build on the range of publications for our Fellows and members which are of a very high standard and are well received worldwide and ensure that these relate to the changing healthcare environment.

We will explore admitting practitioners from other disciplines to some form of membership of the College.

Standards of and for practice

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

The world of healthcare in both the public and independent sectors is now characterised by national standards and inspection regimes of one kind or another. We should position ourselves to be the source of expert knowledge in setting standards of practice and in determining how performance against such standards is measured. To allow over-simplistic standards of quality and naïve approaches to measurement would be to perform a grave disservice to both our patients and our Fellows and members.

Although we have gone some way in articulating standards and in implementing service audits, we still have a great deal to do in developing a robust and comprehensive approach.

Our aims

We will seek ways of assessing performance within a supportive environment which allows radiologists and oncologists to reflect on their practice, acknowledge and address shortfalls and celebrate good practice. We should create an environment where it is easy to recognise where performance lies outside accepted norms. We will provide easy access to processes whereby performance might be improved.

We will draw attention to the problems caused by inappropriate use of standards and suggest alternative ways forward.

We will create means to share current good practice in error and non-conformity review through audit and other means to improve standards.

RESEARCH AND DEVELOPMENT

We seek to advance our knowledge and practice by facilitating research and development within our professional domains.

Currently we have limited resources to support research and development within our specialties. We do not aim to be a major research funding body but it is essential to build the research base for the future of our specialties and to support those who aspire to do that as part of their careers.

Our newly formed partnerships with Cancer Research UK and the Medical Research Council for supporting Research Fellowships are the indicators of how we intend to move forward.

Our aims

We will provide Fellows and members with guidance in planning research projects, securing funding, and conducting and publishing research.

We will encourage practitioners in training to undertake research as part of their work towards Fellowship of the College.

We will continue to develop partnerships for our research funding with the longer term aim of wholly funding some research activities.

We will raise the profile of research within our specialties through a new fundraising Appeal.

INFLUENCING POLICY

Our aim is to influence national policy makers such as the Government and its agencies, learned societies and European and international institutions where we believe that the quality of policy making is likely to benefit from our input.

As Fellows and members are all too well aware, the practice of medicine in the UK is undergoing a process of rapid and radical change. This is well illustrated by the continuous “reform” of the NHS. Some of the policy decisions which have been taken would have benefited from the expert advice of the College, its Fellows and members, and there is little doubt that future decisions will be better informed if the voice of the College is listened to and taken note of.

We have already had some success in re-engaging with Ministers and senior figures in the Department of Health; we have gained representation on several influential bodies as a result. This work needs to be built on.

Our aims

We will elicit the views, knowledge and experience of our Fellows and members so that we both have a strong evidence base for our assertions and know that we speak with a collective voice.

We will gain and maintain the confidence of the Government of the day and its advisers and agencies aiming to be constructive and progressive rather than reactive or parochial. We will offer expert advice, if necessary being critical where professional standards or patient care are likely to be adversely affected.

We will use a range of approaches to influence different groups and individuals through a developed communications strategy using channels such as the media in support of the positions we take.

We will explore with our existing standing committees in the “devolved” UK countries how best to support them in their influencing work.

We will use the existing portfolio of work done by the College through its Fellows, members and lay people to demonstrate the value of our work to healthcare.

Disseminating knowledge, raising our public profile and patient understanding

Policy making is influenced by public opinion. It is, therefore, in our interests that the public should understand and care about the work of our specialties and have a positive attitude towards us. It is also true that the better our patients and their carers understand what we do, the better we can work with them to address their healthcare needs. We aim to ensure the dissemination of knowledge through our professional community and the wider healthcare community.

Clinical radiologists and clinical oncologists appear to struggle to achieve a distinctive public profile. We believe that the public may have misconceptions about our specialties. They are probably also unclear about the respective roles of clinical oncologists and medical oncologists and of clinical radiologists and radiographers.

We have benefited greatly from the contribution by our patients' liaison groups and other lay people to our work and their perspective is invaluable.

Our aims

We will raise our public profile and communicate more clearly our contribution to the practice of medicine and the expanding nature of that contribution.

We will engender a debate about the future role of our specialties notably the question of promoting clinical radiologists as diagnostic and interventional physicians.

We will promote our existing work to the public through various channels including the media.

We will continue to develop the information which we provide to patients and the public through our websites and our written publications.

We will give more effective support to those patients and lay representatives who serve voluntarily on our committees and boards through induction and briefing.

SERVICES FOR FELLOWS AND MEMBERS IN PRACTICE

Fellows and members of the College including practitioners in training must be able to look to the College for advice and guidance in addressing issues of concern in their professional practice. They should expect a response which is timely, helpful and appropriate.

It is entirely appropriate for members to regard their College as the first port of call when they have questions or concerns about their professional lives and to receive timely, appropriate and helpful responses - which may involve their being re-directed to another source of help or information. As a charity, our role must be centred on support for Fellows and members in upholding and developing the standards of education, training and practice which we espouse.

Our aims

We will explore the best way to set standards for mentorship for Fellows and members at the beginning of their career, when changing career paths or where they are in difficulty.

We will develop practical help and guidance through processes such as appraisal and revalidation.

We will strengthen our support for continuing professional development in terms of lectures, seminars, conferences and information services.

We will facilitate communication and mutual support across the Fellowship network both nationally and internationally.

ENGAGING THE MEMBERSHIP

We estimate that, in a typical year, about 25% of our Fellows are actively engaged in the work of the College or are taking advantage of the services it offers e.g. our educational meetings programme. This is probably not an unreasonable level of involvement considering the size of the Fellowship (currently 6,700 in total across both Faculties at home and overseas) and the severe pressures under which Fellows and members are working. However, only a small number of Fellows and members are engaged in most of the developmental work of the College and this number is unlikely to grow. We are aware that the College is viewed by some as “them and us” and we need to address this.

When professions were relatively small, effective face to face contact was possible but this is no longer so. Developments in electronic communication offer an opportunity to re-create the true collegiate nature of the College by encouraging communication across the Fellowship network rather than communication between the College “office” and the Fellowship. We believe that we have become over-centralised with policy development concentrated in the Council, the Boards, the committees and among Officers. We recognise that the rate of change to electronic communication will be at different stages for different individuals and the moves will be phased and done with care.

The involvement of members of the Junior Radiologists’ Forum from both Faculties on the Council, the Boards and committees and in other ways is extremely valuable and we wish to encourage and develop this.

Our aims

We will explore better ways to engage Fellows and members as well as our community of lay people in policy formulation and the development of responses to policies.

We will use our new database as fully as possible to achieve effective communication between and with Fellows and members for example creating a new Members’ Directory online replacing the printed Members’ Handbook.

We will invite Fellows and members to record areas of special interest and experience and enable them to identify sources of help and advice within the Fellowship and membership.

We will refine our use of virtual discussion for drawing on the experience of others to achieve real and effective engagement.

We will ensure that our culturally and geographically diverse Fellowship is engaged as fully as possible and with equal opportunity for participation in and development of the College. This will include a debate on how better to engage members regionally.

We will explore ways to continue involvement of lay people with the College when they complete their terms of office on College Boards and committees so as to benefit from their experience and widen the engagement of lay people.

The role of Council, the Boards and committees

Currently, much of the valuable time of Council and Committee members is taken up with rather formal, and traditional, decision-making processes that are paper heavy.

We propose to review the role of Council and how our Board and committee structures work. We wish to see Council re-position itself primarily as a strategic thinking body rather than just the formal, final decision-making body of the College.

Although the honorary Officers are democratically elected and can represent the views of Fellows and members, their fixed periods of office can limit the continuity of knowledge within the College. We already have some processes to facilitate this continuity e.g. in Clinical Oncology the Registrar progresses to the role of Dean allowing smooth progression and development into that office. However, we have identified other measures which would help to promote better continuity of knowledge within the College.

Our aims

We will review our decision-making structures starting with Council to ensure that we have modern processes that are swift and fit for purpose and which fulfill the requirements of good governance.

We will ensure that each Officer has a clearer role and remit.

We will introduce measures to give Officers more effective staff support and ensure that they are offered more effective induction.

We will ensure that staff support provides the continuity and "corporate memory" of the College.

EXPANDING CAPACITY AND CAPABILITY

Currently, our elected honorary Officers and our staff are working at full stretch just to keep on doing what we do. If we are to realise many of the aims set out here, we need to create extra capacity to do so. Further, the current time commitment expected of elected Officers may not be viable in the future. We rely on the goodwill of employing organisations and, as the NHS moves into more of a market economy, goodwill may be in short supply. Reducing the time burden of elected office may also open up our elected Offices to a wider community some of whom may currently be deterred from standing for office because of the time commitment involved.

Our aims

We will explore the advantages and disadvantages of creating a new elected honorary role to support the President and Officers.

We will review our work to see if there are activities we currently do which add little value and where resources might be redirected towards more productive work.

We will engage professional expertise to help us to address more effectively the growing educational agenda and ways to promote the College.

We will explore opportunities for shared services and collaborative working with other organisations for example in areas such as library and information services.

We will plan carefully the use of the additional resources required limiting the burden on future generations of Fellows and members and we will aim to identify appropriate cost savings to help offset additional expenditure.

CONCLUSION

This Plan is ambitious; whilst the College has limited resources, it is starting from a position of strength in the work done by earlier generations of Fellows and members; its two specialties are also at the forefront of UK medicine today. Furthermore, the College has a strong reputation overseas not least through its examinations. However, in other respects the College is starting from a relatively low base of external influence and engagement - although it has made a start on redressing this position, it still has much ground to cover.

The Faculties and Officers will develop detailed programmes of work to realise the aims set out in this Plan. Progress will be monitored regularly and reported on through the *Annual Report*.

This Plan is the start of a continuing process and all those who read it are invited to comment on progress and identify areas where the College could become more effective.

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