RCR
The Royal College of Radiologists

Annual Review 2011–2012

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 whom are based in the UK.

The main areas of public benefit are as follows:

- Offering 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
- Providing specialty-specific information, guidance and tools for revalidation of doctors in the College's two specialties
- The Imaging Services Accreditation Scheme (http://www.isas-uk.org/) – an accreditation scheme for imaging services throughout the UK (a joint initiative with the Society and College of Radiographers)
- 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 the coming year we plan to:

- Embed new ways of working with lay people to focus on our major policy, strategic and external influencing work along with specific involvement in key projects and activities
- Launch a wholly redesigned website with comprehensive signposting to sources of information for the public
- Provide further developmental and quality improvement support to our Fellows and members through revalidation, leadership and other channels to assist in the delivery of high-quality services for patients.

Contents

The College

Dr Jane Barrett, President

While it is customary to say that it has been a busy year for the College, no one would challenge that statement for 2011–2012. It is impossible to report on the past 12 months without recounting the particular demands of the passage of the Health and Social Care Bill in England. The fierce debate across the healthcare community – very starkly evident in medicine – and the highly contested passage of the Bill may be behind us. However, there is a need to make sure that the reforms translate into high-quality clinical services for our patients. It was said at the time of the passage of the Bill that regardless of the Government's plans for NHS reform, the biggest challenge for the NHS in England was in seeking to save £20 billion by 2015. That is undoubtedly proving to be the case and is a similar challenge right across the UK.

While the Bill required the College to devote very significant time and energy to the issues at stake – and rightly so – this has not deterred us from taking forward the themes which were set out very clearly in our *Strategic Plan 2011–2013*. Those themes are:

- Building the profile of our two specialties and 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.

> "There is a need to make sure that the reforms translate into high-quality clinical services for our patients"

This Annual Review illustrates how we have sought to realise these themes through the objectives and activities set out in our Plan and how we intend to continue to do so.

The profile of both our specialties has increased over the last 12 months. You can read further in the clinical oncology section how radiotherapy services in particular have come into the spotlight.

As regards the reform of the NHS in England, and the need to ensure that as services are reconfigured to work in the best interests of patients, we have had a specific focus on the commissioning of imaging services. We are carrying forward a programme of work with the Royal College of General Practitioners to ensure that clinical commissioning groups can commission imaging services effectively. This is more fully described in the clinical radiology section of this Review but I would not want to miss out one essential component: the magnificent work to produce the seventh edition in November 2011 of our radiological referral guidelines now known as iRefer which is a cause for great celebration.

At the same time, we are working to ensure that the future training capacity and demands on our two growing specialties are not compromised by under-informed budgetary decisions. The Faculty sections explore this more fully.

The value of what we do across healthcare working for patients and with a very large number of bodies such as the National Institute for Health and Clinical Excellence, the Care Quality Commission, the General Medical Council and many others illustrates the breath of the work of the College. However, the College is its membership and can achieve little without its Fellows and members. This recognition has had renewed impact this year and, together with my fellow Officers, we have embarked on an ambitious programme to re-engage with, and learn more about the needs of, all Fellows and members. This will be achieved through a number of initiatives over the next year or so. It is essential, for example, for Officers to understand what motivates Fellows and members to become involved with the College. This is especially important now as many will find it increasingly difficult to take time away from their places of work. Our interface with Fellows and members in the future is likely to be far more by virtual means. The facilities and 'connectivity' we plan to deliver with our new building at 63 Lincoln's Inn Fields is one way to achieve this through virtual meetings, online CPD, discussion fora and a more developed range of online services. This recognises that only a small proportion of Fellows and members will ever be able to visit the building after attaining FRCR.

A very important element in the delivery of online services is, of course, the College website. The project to provide a wholly redesigned website with increased functionality and much improved search facilities is well in hand. The new website is intended to be the portal to College services, advice and guidance and with links to associated resources.

One key area where the College can offer value to its membership is in the implementation of revalidation throughout the UK. It has been a long time in coming but the General Medical Council is committed to introducing revalidation over the next year. The College has done much already and received positive feedback through the second round of revalidation pilots for our specialty-specific information, supporting guidance, enabling tools and a simple continuing professional development (CPD) recording tool. We have plans to roll out a 'CPD plus' e-system, a series of frequently asked questions (FAQs) on the website and introduce a helpdesk service later in 2012.

> "One key area where the College can offer value to its membership is in the implementation of revalidation"

Working with other organisations is a very important part of what the College does. In the past year, we have had particularly productive discussions with the British Institute of Radiology, the Institute of Physics and Engineering in Medicine (IPEM) and the Society and College of Radiographers – all of whom are important sister bodies to the RCR. One specific development we will be taking forward in the next year is that of the creation of curricula for higher training for medical physicists in conjunction with the IPEM. This is part of the *Modernising Scientific Careers* programme and the College is very pleased to be working with medical physicists who play such an important role in both our specialties. This demonstrates the real value of team working in medicine today. It also underlines the theme in the *Strategic Plan* for the College to help shape the structures to meet the changing needs of medicine in the 21st century.

The College has long benefited from the input of lay members to its work. This has been across the whole of its activities, centrally through the Patients' Liaison Groups, our service reviews and in more specialised areas such as in investment. The College has grown rapidly over the last decade and many of its structures have changed accordingly. This now has to be realised as regards the involvement of lay members. 2012 was planned to be the time when the next review of patient and public involvement was undertaken. This is carried out on a five-yearly basis and it is timely to undertake a fundamental review of how the College can engage with and involve lay people more effectively in the future. The new ways of working will see lay engagement become more fully aligned with the achievement of the College's strategic aims and its programme of activities and projects.

The next year offers the prospect of further considerable change: this will undoubtedly happen in the structures of the NHS particularly in England, a result of the current budgetary constraints and as revalidation is finally implemented. For the College, a programme of reform to ensure that our structures and processes are streamlined and fit for purpose is being developed. I look forward to reporting next year on the progress we make in this ambitious programme.

As always, it is a great pleasure to record thanks to those who have supported me and the College in the last year. In particular, I want to thank retiring fellow Officers Dr Adrian Crellin as Dean, Clinical Oncology and Dr Nicola Strickland as Registrar, Clinical Radiology. We also said farewell in the past year to our lay member of Council, Professor John Taylor who guided us admirably through the purchase of, and early stages of the redevelopment project at, 63 Lincoln's Inn Fields with his specific expertise in architecture. It is, of course, invidious to pick out others from the huge number of Fellows, members, lay people and staff all of whom have contributed in their various ways to our progress over the past year. I am grateful to them all. I look forward in the coming year to welcoming the arrival of new Registrars in both our Faculties – Dr Sue Barter in clinical radiology and Dr Liz Junor in clinical oncology.

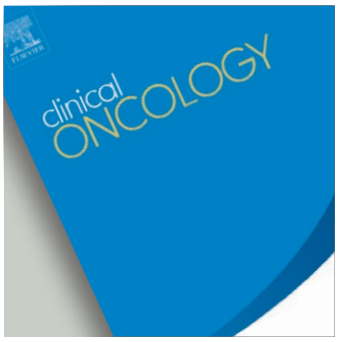
Clinical Oncology

Dr Adrian Crellin,
Dean, Faculty of Clinical Oncology

Dr Diana Tait,
Registrar, Faculty of Clinical Oncology

The last year has seen the profile of radiotherapy in particular and the work of clinical oncology as a specialty raised and improved. The year 2011 was the Year of Radiotherapy. The College was a part of the National Radiotherapy Awareness Initiative comprising the RCR, the Society and College of Radiographers, Cancer Research UK, the Institute of Physics and Engineering in Medicine, the NHS, and representatives from all UK countries to highlight the importance of radiotherapy as a modern cancer treatment.

There were both national and local events. This prominence is a far cry from the position a few years ago when radiotherapy was seen as yesterday's cancer treatment with inherent risks and that chemotherapy was the future. Over the years, the College with its partners has been instrumental in raising the profile of radiotherapy, securing investment and seeing the development of advanced techniques such as image-guided radiotherapy (IGRT) and intensity-modulated radiotherapy (IMRT) become reality for all patients who might benefit. The investment in proton therapy in the UK is just beginning. The College has particularly strong links with the National Radiotherapy Implementation Group (NRIG) and also the Department of Health in England and work has focused on both new technologies and also workforce planning. We have been lucky that there has been exceptional RCR lay input into these projects. There is a renewed emphasis on workforce planning for radiotherapy services and the implications for clinical oncologists' job plans.



The work on radiotherapy has inevitably reminded us of the breadth of what a clinical oncologist does and the different ways the specialty is practised. The College is pleased that it can support and intends to continue to support the spectrum of practice in the specialty. There are those among the Fellowship who focus heavily on radiotherapy and those who work almost exclusively in chemotherapy and systemic treatments. However, the value of clinical oncology to modern cancer treatment is its comprehensiveness which is being widely recognised within the workforce. In particular, there is a part to play by clinical oncologists in the development of acute oncology with the many components of this emerging scope of practice: patients presenting acutely with cancer for the first time, investigating the unknown primary as well as spinal cord compression and managing the side-effects of treatment.

In recognition of these issues, the Faculty has set up strategic groups for radiotherapy and systemic therapies as a way of ensuring that the breadth of the specialty is maintained and the College is at the forefront of developments in service and training.

> "Over the years, the College with its partners has been instrumental in raising the profile of radiotherapy"

One way of providing support for Fellows and members is through the Site Orientated e-Networks (SOeNs). Introduced a few years ago, the SOeNs have not developed fully as was intended. Earlier this year the SOeNs were relaunched with new leaders and a wider remit. The new website, to be delivered by the end of 2012, will provide improved functionality for the SOeNs which it is hoped will become widely used online fora for the specialty.

Clinical Oncology
The Royal College of Radiologists

The inclusion of the specialty of clinical oncology within The Royal College of Radiologists has had the effect of the specialty often being overlooked or invisible to the wider world as a discrete specialty. The media in looking for responses on cancer matters often go to one of the major charities or in medical terms to the Royal College of Physicians or the Royal College of Surgeons. The Faculty, therefore, introduced a new 'clinical oncology' branding within the College 'family' which was rolled out in the early months of 2012.

The synergies with our sister specialty of medical oncology have also had a clear focus. During the past year, the work of the Joint Collegiate Council for Oncology has become much more developmental. We now have the foundations in place to work towards optimising training opportunities and creating a common initial pathway to consultant practice.

As education and training are the heart of everything the Faculty does, there has been a particular emphasis on how the specialty is trained and supported educationally. All new trainees were invited to a 'welcome day' in September, to introduce them to training and to the College. The day was a success and will be repeated to establish the link between the training community and the College at a very early stage, ensuring that a good relationship is forged early on and maintained. The introduction of nationally co-ordinated recruitment a few years ago has now settled down. Although there were concerns that this would reduce local ownership and involvement in the process, overall it has proved to be a success.

> "The Oncology Registrars' Forum continues to provide valuable trainee input into the activities of the College"

Many aspects of the FRCR examination have been transformed in recent years to improve its validity and reliability and this work has continued with the separation of the Final exam into two parts, further standardisation of marking schemes and more advice and feedback provided for candidates.

The year has seen the further development of the *Radiotherap-e* e-learning programme: www.e-lfh.org.uk/radiotherap-e Modules

Dr Di Gilson,
Warden, Faculty of Clinical Oncology

covering image-guided brachytherapy (IGBT) cervix and IMRT are complete and the remaining three modules (IGBT prostate, stereotactic radiotherapy and IGRT) will be completed this year. We are also developing the COAST software tool for training and equivalence assessment of contouring for IMRT treatment planning. The tool will be available to Fellows and members to use for training and continuing professional development. It will allow practising of contouring on real clinical datasets which have been curated and annotated by experts in site-specific groups.

The Oncology Registrars' Forum continues to provide valuable trainee input into the activities of the College. The Forum completed a second national comprehensive survey of clinical oncology trainees, introduced a new 'trainer of the year' award and extensively revised its induction document for new trainees.

Another aspect of educational work has been through the greater focus on academic careers and research. This has been embedded by leads in the training and practice aspects of the Faculty's work. One of the key developments will arrive in 2012 with a whole day devoted at the National Cancer Research Institute's meeting in November to the College. This will bring together both practice and science under one roof for the first time. We look forward to attracting a much wider range of Fellows and members to this event and it will hopefully be the beginning of a long-term relationship and ways in which the College can work in partnership with others in the delivery of high-value meetings. After a period in which the College's own meetings had reduced in number, the programme has been reinvigorated with a series of one-day meetings on an annual basis.

For the *Clinical Oncology* Journal, focused strategy discussions to attract the highest possible quality authors and papers from around the world, to raise the international profile and reputation of the Journal and to maximise readership and services to members and Fellows, have seen the new look design and a greater online presence with a new interactive article format and tabbed access to article components. We look forward to expanding the journal to 12 issues annually from 2013.

> "The coming year promises to see the results of a great deal of effort both within and beyond the College over several years"

Two new annual Fellowships were established as a result of generous donations from Arthur Kay and the Cyclotron Trust. These will allow a growing number of oncologists to gain experience in advanced radiotherapy and proton therapy.

The coming year promises to see the results of a great deal of effort both within and beyond the College over several years. There is scope to build on the much higher profile of radiotherapy, build the future of the specialty across the range of practice in clinical oncology, look outwards particularly to the international arena to develop relatively untapped areas of networking, interface and knowledge for Faculty. The Faculty will remain vigilant in ensuring that the commissioning of cancer services under the new structures envisaged in England is effective and that this is done centrally or at least at supra-regional level, where necessary, particularly for those more specialised services which require large populations to be economically effective.

Clinical Radiology

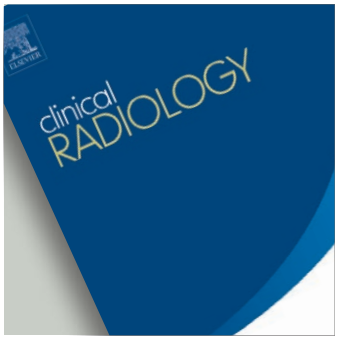
Dr Pete Cavanagh,
Dean, Faculty of Clinical Radiology

The most pressing issue in clinical radiology over the last 12 months has been the current and future workforce. The Faculty is now far better equipped to argue the case for retaining or increasing the number of trainees and building the presence of the specialty with its series of workforce censuses. The last year has been particularly rewarding with the second clinical radiology census having achieved a 100% return rate. This has enabled the Faculty to have very productive discussions across the UK. In England, this has been with the Centre for Workforce Intelligence (CfWI) and there have been direct discussions with the Chief Medical Officers in the devolved nations. Workforce planners around the UK now accept that the data on which they rely is inaccurate or incomplete and this has enabled the Faculty to offer its workforce data alongside data about the growing volume and complexity of the workload. Key findings from the work this year are:

- 26.5% increase in radiology examinations between 2005 and 2011
- Increases of 86% in the number of CT and 125% in number of MRI examinations over the same period
- Approximately 10% of clinical time attributed to multidisciplinary team meetings
- 2,869 radiologists employed in the UK equating to 4.6 clinical radiologists per 100,000 of population – 8 per 100,000 would bring the UK into line with comparable European countries
- UK vacancy data shows 9% (245) of unfilled posts in 2010
- 60 trainees per year for the next five years are needed to sustain a quality imaging service.

> "The most pressing issue in clinical radiology over the last 12 months has been the current and future workforce"

It would be premature to claim that the work the Faculty has done has changed minds and plans significantly but what is happening is a continuing dialogue with the evidence being stark and the case for growth being clear. The new commissioning structures in England (of which more below) will bring fresh demands on imaging services; the Faculty is looking to work jointly with our radiographer colleagues in this regard notably as regards workforce planning.



One of the continuing debates is team working in imaging and radiographer reporting. The College's position is clear: radiographer reporting can and does work very well where there are appropriate team structures, protocols and defined and sustainable roles. The College cannot and will not support any practice which is reliant on single individuals and is not supported by appropriate clinical governance measures in the interests of patient safety. We have produced a new team working document with the Society and College of Radiographers.

As remarked by the President, the advent of new commissioning structures in England represents both a challenge and opportunity to the radiological community. The challenge comes from the prospect that there might, in future, be multiple providers of imaging services either as part of or alongside the NHS. It is not the College's primary purpose to defend existing structures of practice; it is the College's purpose to ensure that services are integrated, work in the best interests of patients, ensure the clear delivery of high-quality services and retain the ability for comprehensive training across the profession for the future. Many of these requirements were highlighted in the passage of the Health and Social Care Bill in England in the early months of 2012. The debate will continue as to whether the safeguards introduced to the Bill were sufficient but the legislation is in place and it is for the Faculty to make the new landscape of NHS services in England work effectively. That is why we established many months ago strong liaison with the Royal College of General Practitioners and a series of projects and programmes to ensure 'intelligent' commissioning of imaging services from primary care.

A central pillar of that work are the iRefer radiological referral guidelines, formerly known as *Making the best use of clinical*

radiology services. The seventh edition was published in November 2011. We have not yet achieved all we wish to with this flagship publication, but we are working hard to ensure availability across primary care and across the UK and for its use to become central to commissioning quality imaging services. How we produce future editions given the uncertainties of funding models for guidelines remains a subject we will debate over the coming months. The further challenge is to explore ways to embed the guidelines in decision support systems. The Faculty is also engaged in a Europe-wide project funded by the European Union (EU) to explore guidelines produced by professional bodies across the European Commission.

The quality of services in imaging is, of course, at the heart of what the Faculty does. Our service review procedures have been further developed and the past year has been very active. We are looking at ways to see how this experience can support revalidation albeit that the focus of revalidation is the individual doctor rather than the imaging service. The other key component here is to re-promote the Imaging Services Accreditation Scheme (ISAS). This was a timely concept launched in 2009 but which has to date had limited take-up. The scheme is run jointly with the Society and College of Radiographers and the two Colleges are together examining the reasons for services being reluctant to seek accreditation and are looking at ways to overcome that. In parallel with this, extensive activity is in hand to embed references to ISAS in commissioning documents, quality documents and pathways to ensure that it is more widely known about and is seen as an appropriate mark of quality. In our favour is the current Government's preference for accreditation over regulation and we will use this as a springboard to develop ISAS further.

> "The further challenge is to explore ways to embed the iRefer guidelines in decision support systems"

This year will see the first delivery of the enlarged and improved Clinical Radiology Annual Scientific Meeting at its new site at the Barbican in central London. This will be the outcome of intensive work by the Faculty over the last two to three years. With its new identity and extended reach to different groups will we hope establish this meeting as the premier UK radiological scientific and CPD meeting for the radiologist community. This will be the foundation stone to develop a more internationally focused meeting in the coming years.

There are two components of the Annual Scientific Meeting which also will implement particular planks of the College's strategy; to involve trainees far more in our scientific meetings and to engage with the academic community. The introduction of proffered papers sessions will offer trainees a chance to showcase their work. The Clinical Radiology Academic Committee has made great strides with the beginnings of a very strong network of academic radiologists across the UK forged, for example, through the event held with Wellcome Foundation in October 2011. While the Faculty can never provide the funding or other resources to commission its own research, it can be a key player in influencing the direction of research, linking academically active radiologists together, providing signposting support and small funding schemes.

The year has been a busy one in training as well. The continuing development of digitally based oral exams leading up to their delivery from 2013 has been a challenging but exciting set of developments. In 2011, we successfully held the first Final FRCR examination in Singapore, working in partnership with the National University of Singapore. The nationally co-ordinated recruitment procedures are now well established, but over the last year it has been possible to see national selection work for the first time and this has been a welcome development. It is also vitally important to engage trainees at a much earlier stage with the College. There

Dr Nicola Strickland,
Registrar, Faculty of Clinical Radiology

Dr Dick Fowler,
Warden, Faculty of Clinical Radiology

was a danger that trainees saw the College as just the necessary body for training and examinations rather than a professionally supportive organisation. The introduction of a trainee welcome day in 2011 was a much needed initiative and was successful. This will be the basis for similar days held annually.

The relaunch of the *Clinical Radiology* Journal has been another major achievement. Having renewed the College's relationship with Elsevier as publisher, the appointment of a new Editor has seen the refreshment of the Journal, a bigger editorial board and a new look and feel. This has enabled the Journal with its rising impact factor to have an even firmer footing.

> "The Faculty has been working to seek a regulatory regime that provides the same level of protection for patients when imaging services are delivered by teleradiology"

One of the issues the Faculty has been working on for several years now is to seek a regulatory regime that provides the same level of protection for patients when imaging services are delivered by teleradiology. Teleradiology has a very major part to play in the delivery of imaging services and can relieve pressures on hard-pressed services in the UK, provided it is appropriately structured and there are the necessary safeguards in place. However, the General Medical Council (GMC) cannot regulate doctors outside the UK unless they choose to seek such regulation. The Faculty is aware that this is a significant gap and has been working with the GMC, the Care Quality Commission, the Department of Health and across medicine through the Academy of Medical Royal Colleges for some time. Some progress has been made in that the issues are now recognised publicly by the regulators. This has enabled the College to issue a further statement on teleradiology setting out both the interim and longer term solutions.

The Faculty is invigorated about the exciting opportunities that will come to full implementation in the next year or so. While these are focused in some ways on the new building, the real value will be in engaging with Fellows and members in innovative ways. The Annual Scientific Meeting is intended to become not just the premier meeting for science and CPD for radiologists but a forum and networking opportunity for Fellows and members who engage with the College in all sorts of ways. At times when the specialty is hard-pressed and the budgetary constraints in the NHS are biting hard, it is important for the Faculty to lead. Our efforts with our wider stakeholders are just as important alongside the support we give to Fellows and members.

Finance and Accounts

Dr Nick Ashford, Treasurer

The College has continued to have very stable and well managed finances. In a period of financial uncertainty, membership growth has continued as illustrated by Figure 1 (page 16). The strong performance of our scientific meeting programme (see Figure 2, page 16) has contributed to this. Having not relied on uncertain external funding sources, the College has not suffered as a result of budgetary cuts taken by others. This has enabled the development of services and support by the College over several years with particular successes being in the relaunched CPD scheme, the introduction of digital examinations, workforce censuses, and now the delivery of much more comprehensive online services. Much of this will culminate in the opening of the College's new building in 2013. That project has so far kept very closely to time and to budget. Having secured some unexpected external sources of funding, the borrowing by the College for a short period to fund the works at the new site prior to the sale of the building in Portland Place will be at a lower level and for a shorter period than first envisaged.

These very positive signs must always be offset by a note of caution. While the College has not suffered the vagaries of external funding decisions, its sources of income remain quite narrow. It is therefore necessary to look to diversification of income streams over the coming years. There are still major risks: the need to generate the necessary level of value from the sale of the building in Portland Place, the attendant risks in expanding significantly the Clinical Radiology Annual Scientific Meeting and the unknown impact of revalidation are all matters where the College must be highly vigilant. The reference in other parts of this Review to workforce constraints and the continuing discussions across the UK by College Officers as regards training numbers are important – not only for patients and for the future of the specialties but clearly are central to the College in regard to funding. Careful projections on training numbers and the assessment of impact on income to the College if there is any downturn will be essential.

Unlike many institutions, the College does not rely on its investments to fund any day-to-day activities. Undoubtedly, the strong performance of the investment portfolio in earlier years has benefited the College, notably in funding some of its research support schemes. The College always wishes to see its portfolio at the very least keep pace with the benchmark for the sector and preferably to outstrip that. Over the previous 12 months, understandably, the performance of the portfolio has varied with the fortunes of the market. The College always takes a long-term view. The size of the portfolio was of course significantly reduced upon the purchase of the new building (funds having been set aside specifically for this purpose). With a much smaller fund, a decision was taken during the year to move to a Consolidated Investment Fund. This led to a change of investment manager and the College has now placed its funds in the hand of Sarasin and Partners.

> "The College is well placed to meet the demands of the future, albeit care is needed to ensure that the sources of income upon which the College relies remain solid and stable"

The following pages 13–14 summarise the financial position of the College over the last College financial year running from 1 January to 31 December 2011. The pie charts which can be found on page 15 illustrate the incoming funds to the College and how they have been spent.

The College is well placed to meet the demands of the future albeit as referred to above, care is needed to ensure that the sources of income upon which the College relies remain solid and stable.

Balance sheet

As at 31 December 2011

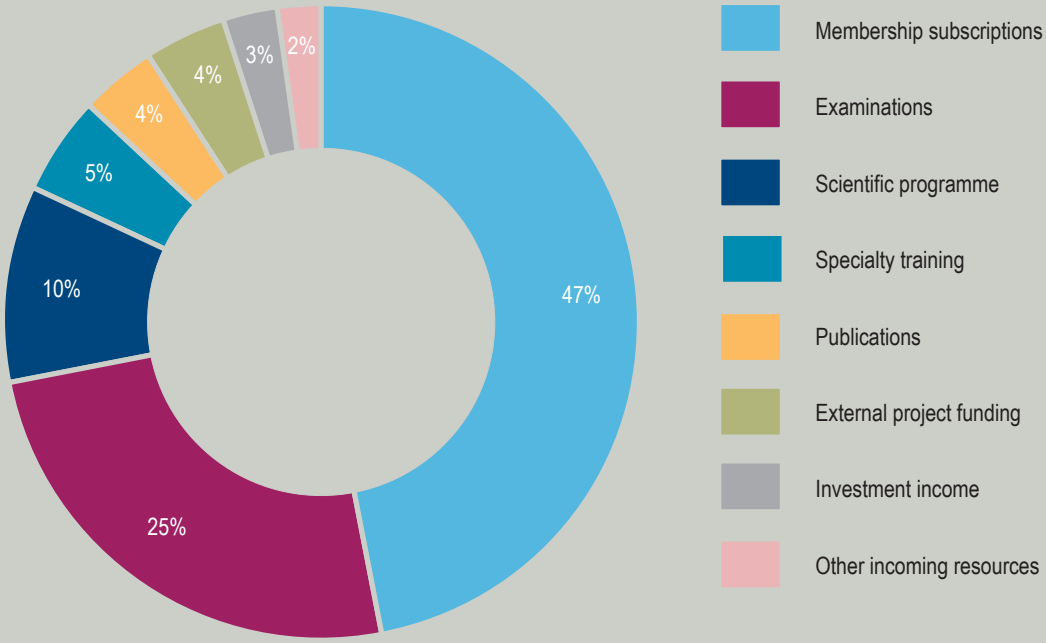
		2011	2010
	£	£	£
Fixed assets			
Tangible fixed assets		**7,384,199**	6,918,793
Investments		**3,733,610**	3,865,970
		11,117,809	10,784,763
Current assets			
Debtors	**324,364**		282,087
Short-term deposits	**4,784,882**		4,587,495
Cash at bank and in hand	**139,723**		56,451
	5,248,969		4,926,033
Creditors: amounts falling due within one year	**1,562,809**		1,313,170
Net current assets		**3,686,160**	3,612,863
Net assets		**14,803,969**	14,397,626
Funds			
Restricted funds		**4,042,737**	4,194,583
Unrestricted funds:			
Designated funds		**6,114,590**	5,690,550
General fund		**4,646,642**	4,512,493
Total funds		**14,803,969**	14,397,626

Statement of financial activities

For the year ended 31 December 2011			2011	2010
	Restricted £	Unrestricted £	**Total £**	Total £
Incoming resources				
Incoming resources from generated funds				
Voluntary income	26,010	900	**26,910**	45,113
Activities for generating funds	4,255	–	**4,255**	19,677
Investment income	42,044	103,745	**145,789**	127,983
Incoming resources from charitable activities				
Membership subscriptions	–	2,443,153	**2,443,153**	2,312,984
Examinations	–	1,273,700	**1,273,700**	1,165,144
Specialty training	–	258,996	**258,996**	254,275
Courses	–	9,780	**9,780**	68,540
Conferences and meetings	–	488,118	**488,118**	476,723
Publications	–	211,009	**211,009**	223,214
Professional practice	–	48,971	**48,971**	12,044
Accreditation & RITI	236,827	–	**236,827**	220,798
Total incoming resources	309,136	4,838,372	**5,147,508**	4,926,495
Charitable activities				
Membership subscriptions	1,083	203,674	**204,757**	146,197
Examinations	5,984	1,091,220	**1,097,204**	1,038,355
Education	14,453	865,654	**880,107**	982,254
Courses	335	56,656	**56,991**	67,986
Conferences and meetings	952	539,692	**540,644**	509,588
Publications	952	193,894	**194,846**	197,735
Accreditation & RITI	195,604	143,030	**338,634**	343,784
Faculties	7,661	906,058	**913,719**	789,385
Research	128,035	69,472	**197,507**	142,800
Governance costs	725	98,141	**98,866**	94,913
Total resources expended	355,784	4,167,491	**4,523,275**	4,312,997
(Outgoing)/Net incoming resources before other recognised gains and losses	(46,648)	670,881	**624,233**	613,498
Gains/ (losses) on investments				
Realised	(150,165)	(160,866)	**(311,031)**	43,328
Unrealised	44,967	48,174	**93,141**	273,669
Net movement in funds	(151,846)	558,189	**406,343**	930,495
Reconciliation of funds				
Funds at beginning of year	4,194,583	10,203,043	**14,397,626**	13,467,131
Funds at end of year	4,042,737	10,761,232	**14,803,969**	14,397,626

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

Incoming Resources 2011



Expenditure 2011

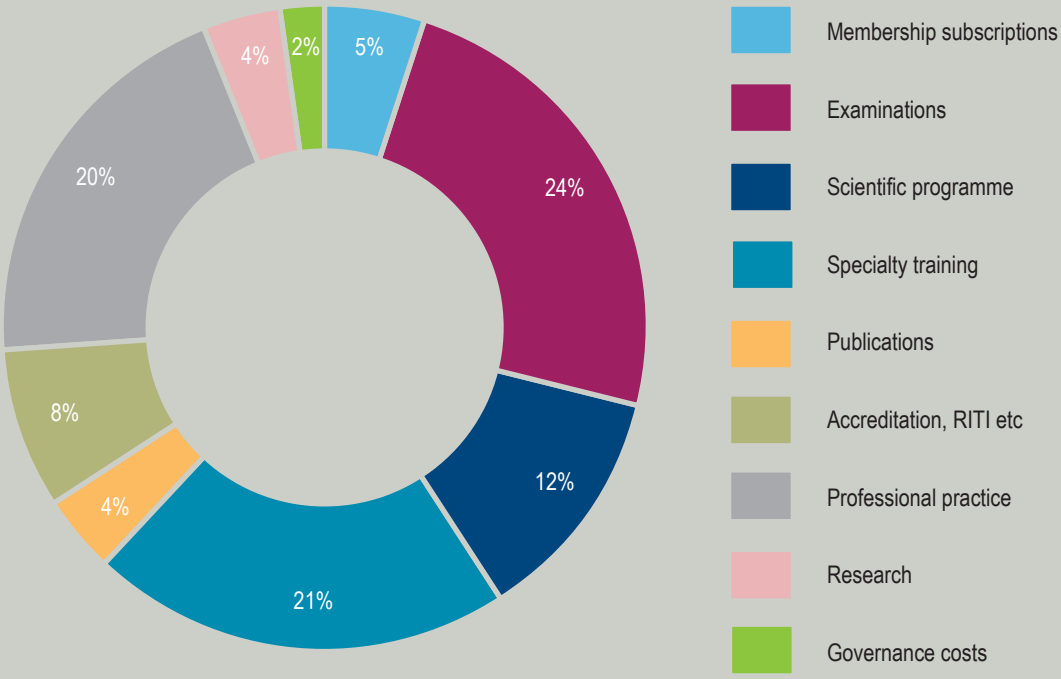


Figure 1. Membership growth 2002–2011

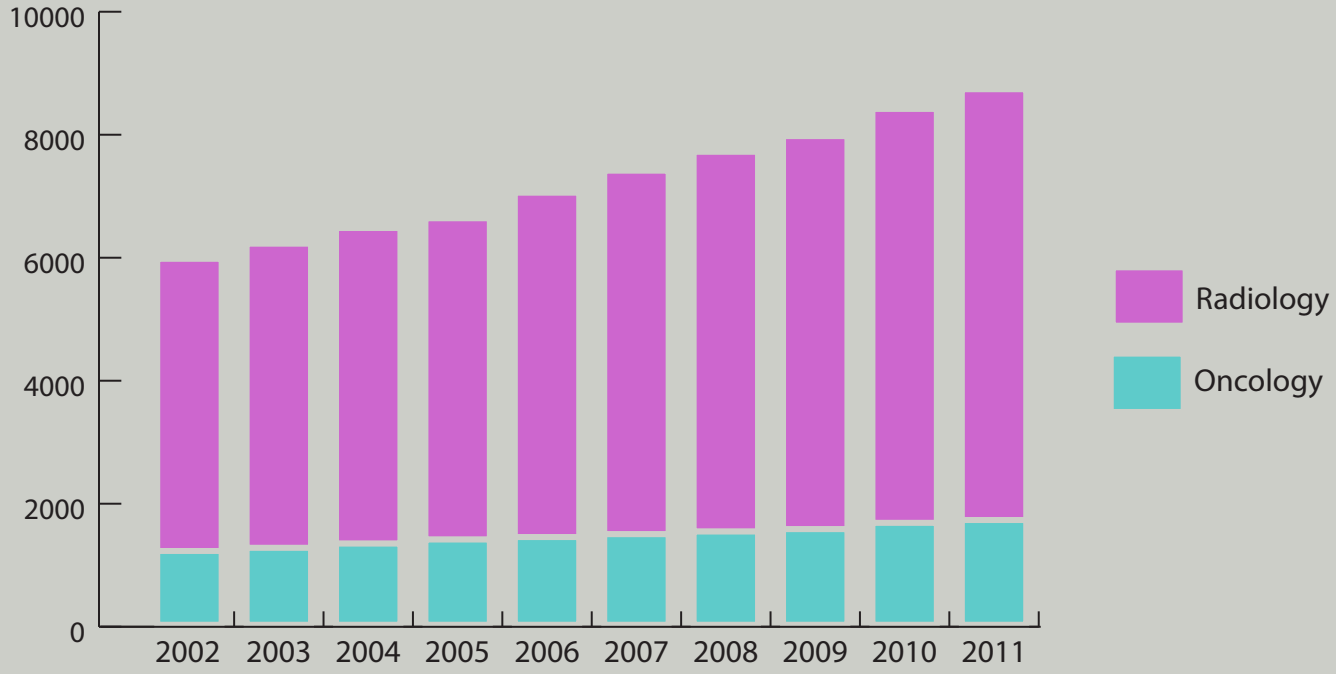
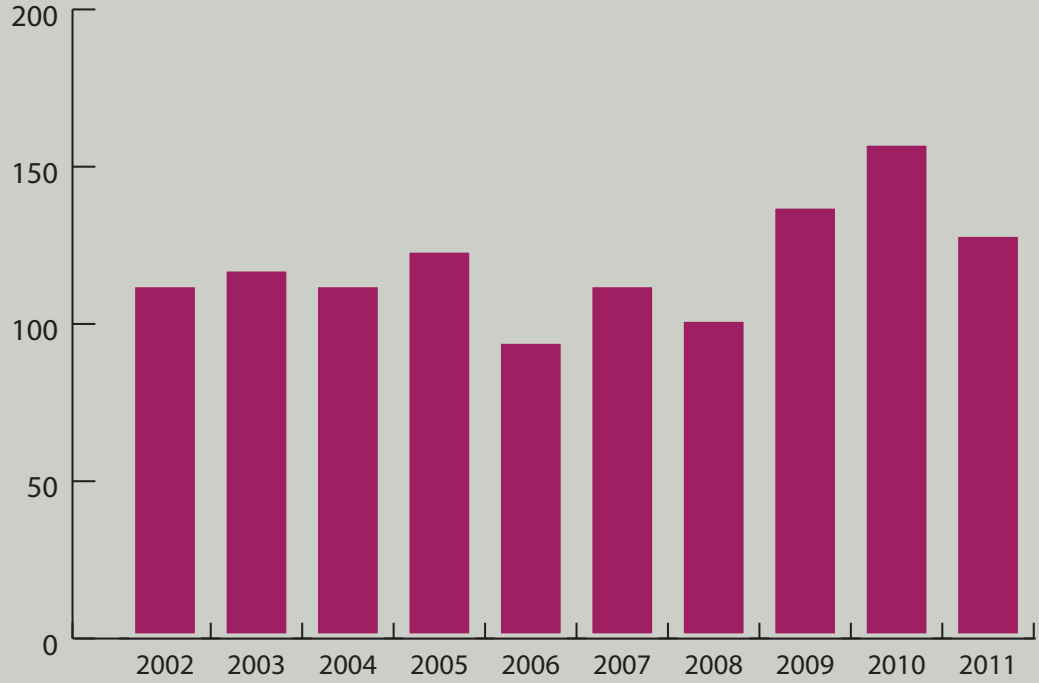


Figure 2. Average meeting attendance 2002–2011



38 Portland Place has been the home of the RCR since 1978 and has been the centre of many College activities and events. The building has been a great resource for the College, however, we are now looking forward to a new era for the College at 63 Lincoln's Inn Fields, our membership hub from mid-2013

The Royal College of Radiologists 38 Portland Place London W1B 1JQ

Tel +44 (0)20 7636 4432 | Fax +44 (0)20 7323 3100 | Email enquiries@rcr.ac.uk | www.rcr.ac.uk |

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