

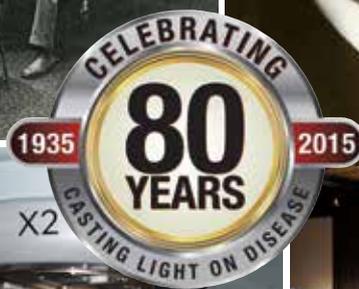


The Royal Australian
and New Zealand
College of Radiologists*

Annual Report 2015

Achieving our Strategic Goals

Summary of Activities and Progress (July 2014 – June 2015)



THE COLLEGE

The Royal Australian and New Zealand College of Radiologists (RANZCR)

Our Vision

RANZCR as the peak group driving best practice in clinical radiology and radiation oncology for the benefit of our patients.

Our Mission

To drive the appropriate, proper and safe use of radiological and radiation oncological medical services for optimum health outcomes by leading, training and sustaining our professionals.

College Values That Drive What We Do

Commitment to Best Practice

Exemplified through an evidence-based culture, a focus on patient outcomes and equity of access to high quality care; an attitude of compassion and empathy.

Acting with Integrity

Exemplified through an ethical approach: doing what is right, not what is expedient; a forward thinking and collaborative attitude and a patient-centric focus.

Accountability

Exemplified through strong leadership that is accountable to members; patient engagement at professional and organisational levels.

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A Message from the President



A/Prof Chris Milross

It is 80 years since our College was formed and this special anniversary gives us an opportunity to look back at our achievements.

In this my second and final year as College President, I am pleased to present the annual report on our activities and progress towards our strategic goals.

It is 80 years since our College was formed and this special anniversary gives us an opportunity to look back at our achievements over the longer term. I am proud of the work we have done historically and the progress we have made more recently.

We can see from our history that we have always had challenges to face, but it is timely to pause for a while to acknowledge our achievements and take note of what we have learnt.

Raising our profile and improving the public perception of our professions has been a constant on our agenda. From the early days when our association fought for recognition and a place at the medical negotiating table, to the present when we have a voice on the government taskforce reviewing the Medicare Benefits Schedule, we have worked hard to represent our professions and our members.

Our predecessors set a good example of what can be achieved by a dedicated group of people and we continue their fine tradition with equal enthusiasm.

Throughout our history, our membership has displayed tremendous engagement, and a sense of common identity and purpose has seen our organisation prevail. Continuing this engagement and unity is essential if we are to realise our current goals.

The College is working hard to involve more of its members and to provide strong leadership. We are undertaking effective workforce planning and encouraging and supporting research among our trainees and Fellows. We are delivering quality training for the next generation of clinical radiologists and radiation oncologists and providing valuable professional development

opportunities for our Fellows. We will continue to do this work with the participation and support of our members.

Our efforts are driven by a commitment to ensure access to high-quality care for our patients. We can live up to this commitment by achieving our goals and we are making good progress. I thank all of you who have contributed to this effort this year and encourage you to continue the good work.

I wish my successor, Dr Greg Slater, every success in his term as College President, and I thank you all for your support over the past two years.

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**Our efforts are
driven by a
commitment to
ensure access to
high-quality care
for our patients.**

Board of Directors



A/Prof Chris Milross

MBBS MD FRANZCR FRACMA GAICD
Fellowship 1993; Board member since 2013

Director of Radiation Oncology and Medical Services at Chris O'Brien Lifehouse. Associate Professor of Medicine at the University of Sydney.

College positions held: Member of the Faculty of Radiation Oncology and Clinical Radiology Councils, member of the Nominations Committee and the Awards Committee.

For me, the highlight of the year has been the development of a draft code of ethics and the consultation with members about the values and principles that underpin our practice.



Dr Greg Slater

MBBS (Hons), FRANZCR, GAICD
Fellowship 1994; Board member since 2013

Radiologist at Queensland X-Ray, Greenslopes Private Hospital.

College positions held: Member of the Faculty of Clinical Radiology Council, Chair of the Annual Scientific Meeting Committee, member of the Diagnostics and Economics Committee and the Awards Committee. Member of the Radiology Education and Training Committee and Queensland Branch Committee.

Three things have stood out for me this year: the birth of my first grand-daughter Avienda, election to the position of the next President of the College, and discovering the grave of my great-uncle Charlie Nielsen where he died at Messines on the Western Front in World War I.



Dr Dion Forstner

MBBS (Hons) FRANZCR, GAICD
Fellowship 2003; Board member since 2014

Director of Radiation Oncology at Liverpool and Campbelltown Hospitals.

College positions held: Member of the Faculty of Radiation Oncology (FRO) Council, member of FRO Media and Profile Committee, the Quality Improvement Committee and the Economics and Workforce Committee. Member of the Finance, Risk and Audit Committee, the Awards Committee and the Radiation Oncology Education and Training Committee.

Highlights include some progress in the MSAC applications for IMRT and IGRT; the wonderful work of the Media and Profile Committee and the release of the *Targets* movie, and working with RANZCR Fellows and staff to ensure we are a vibrant not for profit member organisation focused on the needs of our members as advocates for the highest quality, safest cancer care in New Zealand and Australia.



Dr Lance Lawler

MBChB, FRANZCR, PLD (Harvard), CDC
Fellowship 1995; Board member since 2013

CEO Pacific Radiology Group.

College positions held: Chair of the New Zealand Branch, the College Guidelines Taskforce and the Finance Risk and Audit Committee. Member of the Standards of Practice and Accreditation Committee.

My main area of focus currently is the connected role of radiologists and radiology within our overall healthcare systems, the real value we can add as a profession – beyond simply sending out reports.



Dr Matthew Andrews –
Board Member

Dr Matthew Andrews

MBBS (Hons), FRACR, GAICD
Fellow since 1991; Board member since 2013

Director of Medical Imaging at Cabrini Private Hospital. Chair of MIA Victoria Clinical Management Committee.

College positions held: Member of the Quality and Safety Committee, the Diagnostic and Economics Committee and the Nominations Committee.

My highlight this year has been the generalised expansion of College member services under the framework provided by the recently adopted College governance restructure.



Dr Tom Snow –
Board Member

Dr Tom Snow

BM BCh Oxford, MRCP, FRCR, FRANZCR, GAICD
Fellow since 1998; Board member since 2014

Interventional radiologist at the Alfred in Melbourne, and at Gold Coast University Hospital.

College positions held: Member of the Nominations Committee and member of the Queensland Branch Committee.

My highlight of the year was the Queensland Branch Annual Scientific Meeting, so many friends gathered for a great day on Southbank.



Dr Peter Pratten –
Board Member

Dr Peter Pratten

MBBS [Hons Sydney] FRACP, FRANZCR, FRCR [London], GAICD
Member since 1972; Board member since 2014

Adjunct Professor The Electron Science Research Institute, Edith Cowan University, Chair of Trustees of Great Southern Grammar School, Albany, Founder and Proprietor of Capel Vale Wines in WA.

College positions held: Member of the Finance, Risk and Audit Committee and the WA Branch Committee.

A highlight this year has been to help significantly in bringing the WA Branch back into active, involved and interested participation within the College framework.



Prof Vin Massaro –
Board Member, Non-Fellow

Prof Vin Massaro

BA, PhD (Monash), Company Directors' Diploma, FAICD, FAIM, Hon FATEM, MACE
Non-Fellow Board member since 2014

Chair or member of several boards, mainly in the health field, and as a consultant and adviser in Australia and internationally. In particular, specialising in providing strategic advice on higher education policy, management and governance, and on health workforce planning and training. Experience as former Chief Executive of RACS has proven valuable.

My highlight this year has been learning about the College while defining how best to contribute to the work of the Board and the College as a non-radiologist in a role without a precedent.

A Message from the Chief Executive Officer



Ms Natalia Vukolova

Advocating on Issues that Matter

Advocacy is the cornerstone of College work. As the peak organisation in our sphere, it is our responsibility to bring the voice of clinical radiology and radiation oncology to the attention of decision-makers in New Zealand and Australia.

Our two professions are essential to modern health care and cancer care. Yet, as the pressures mount on health budgets, and the sustainability of health care comes into focus, the College has been dealing increasingly with questions about the 'appropriateness' of imaging, discussions of volume as opposed to value, and the need and evidence for modern radiation therapy techniques.

There have been dozens of formal meetings between the College and the New Zealand Ministry and the Australian Department of Health, as well as a growing number of meetings with health ministers, political advisers and other senior decision-makers across the health sector. In the 2014-2015 financial year, the College's advocacy efforts on behalf of our professions have been unprecedented in terms of

This year has been truly inspiring. We have done so much, achieved so much and introduced initiatives that will keep the momentum going.

volume, seniority of meetings and the progress achieved. Both governments have been influenced by the College to either introduce new or amend existing activities. Since the Board identified advocacy as a core strategic priority, this work will continue to increase in the coming years.

Growing our Profile

Public profile of the professions helps and strengthens advocacy efforts of the College. Many medical professions are feeling the same pressure: to be seen, heard and recognised for their contribution. Our College may not have the budget to fund TV campaigns, but what we lack in funds, we make up through clinical leadership, ingenuity and sheer determination. The pro-bono TV advertisements for the Targeting Cancer campaign is just one example.

Building the profile of clinical radiology revolves around the question: how do you explain and differentiate the role of a radiologist in 10 seconds. The College has been working with marketing experts and our clinicians to figure this out—stay tuned next year!

Building our Standards

Our work on advocacy and raising our profile depends on solid, evidence-based, profession-led efforts to define and build standards of care, standards of practice and professional standards. The past 12 months have seen an avalanche of activity from the College, building on the work of the preceding years.

- We were a founding member of the Choosing Wisely campaign and influenced referrer professions in the process.
- We released a new version of the clinical radiology practice standards.
- We were successful in our tiresome advocacy for the Australian Clinical Dosimetry Service.

- We have revised our continuing professional development programs to be more robust and clinician-friendly.
- We have continued our reviews and improvements of our training programs to make them more sustainable and bring them close to best-practice.

There is much to be proud of for all the clinicians and staff who have made these improvements to standards possible.

Benefiting our Patients

I am personally very proud of the way our College puts patients first in all of its policy discussions. The contribution of consumer representatives at both Faculty Councils has brought a new level of transparency and consideration for patient-centric care to our College. The contribution of our independent Board Director has enabled the Board to broaden its discussions and embrace sector-wide considerations. The College's commitment to ethical, public-minded practice is demonstrated by the development of the RANZCR Code of Ethics.

Improving Responsiveness to Members

Member engagement across the College is on the rise and we are fine-tuning our systems and processes to handle increasing member interest in participating in College activities. We have worked to improve our member data and member communications, but there is still a long way to go. Improvement in our member consultation processes, the launch of the new RANZCR Jobs website, introduction of a FRANZCR logo and changes to the annual scientific meeting have all been initiated as a result of member feedback.

We will keep working to improve College services, if members keep the feedback coming. Thank you.

Engaged Members

Our Goal: Members who understand and engage in what the College does. Effective delivery of key policy positions that are needed and wanted by our members.

Member engagement is the number one strategic priority for the College. It impacts on our ability to work towards our mission.

Engagement is defined as:

“The result of a person investing time and/or money with the organisation in exchange for value. The more they invest, the more engaged they are. Engagement is about value—for both parties”.

Membership of the College benefits members in many ways:

Your profession is recognised, valued and respected by politicians, health insiders and the public.

You are recognised as an expert in your field and your experience is valued.

Keeping up-to-date with critical research and trends is made easier for you.

You have member-only access to expert support to help you with your career and practice.

You can enhance your professional skills and qualifications.

You can connect with peers and help shape a better healthcare future.

You can raise your profile within the profession through participating in forums for members to share their wealth of experience.

You can further the reputation of the profession through participating in research, setting professional standards, training and continuing professional development.

You can have a say in shaping the profession through active involvement in matters of interest to you.

You can enjoy special savings on insurance, financial services, travel and more, negotiated on your behalf.

RANZCR Member Engagement January 2015 vs June 2014

Engagement Segment	January 2015		June 2014	
	Number of Members	As % of Members	Number of Members	As % of Members
Ambassadors	260	7.1%	77	2.2%
Major Supporters	856	23.4%	328	9.4%
Supporters	718	19.6%	858	24.5%
Engaged	1,621	44.3%	1,570	44.8%
Obligated	205	5.6%	669	19.1%
Total	3,660	100.0%	3,502	100.0%

- Increase in member numbers relates to the incoming new trainees.
- Increases to the engagement levels relates to the better capture of membership data.

Ambassadors	Highly engaged in College activities, for example, a Chief Censor or Committee Chair
Major Supporters	Contributes significantly to events or meetings, for example, by speaking or chairing, or participating as committee member
Supporters	Involved in activities, for example, attends scientific meetings, nominates or votes and utilises College resources
Engaged	Participates in College CPD program and engages with College communications
Obligated	Is enrolled in a training program; pays annual subscription

PERFORMANCE MEASURES

Member engagement as measured via points in category 'RANZCR Governance' in CPD programs:

2014 Clinical radiologists – 6%
2014 Radiation oncologists – 11%

Member engagement as measured via points claimed at or above the cap in category 'RANZCR Governance' in CPD programs:

2014 Clinical radiologists – 35%
2014 Radiation oncologists – 49%

Leadership

Our Goal: A culture of leadership where we demonstrate outcomes at all levels.

PERFORMANCE MEASURES

Requests for information received

As RANZCR is the peak body in radiology and radiation oncology, we receive unsolicited external requests to provide information, advice or to share resources. In the last financial year, we received 83 enquiries of this nature. When analysed on a monthly basis of inquiry receipt, this shows an increase of five per cent from the previous financial year.

Showing leadership and tackling challenging issues is expected from a peak organisation such as the College. During the past year the College has led multiple projects including the development of a College position on imaging guidelines and decision support tools, performance review, developing a Code of Ethics for the profession, and initiating an examination assessment review. These projects included a member consultation phase to give members an opportunity to express their ideas and views. Member engagement is the College's key strategic priority.

Code of Ethics

It is essential that our members maintain high ethical standards in their professional environments. This can prove to be challenging as our members are often faced with complex situations which do not lend themselves to clear or straightforward solutions. Through a process of consultation, the College developed a Code of Ethics which defines the values and principles that underpin the best practice of radiology and radiation oncology. The College hopes that the code will assist our members in their ethical decision-making, their practice and also to provide a reference point on which to reflect on the conduct of themselves and others. The code will help to ensure that our professions remain strong and ready to face future challenges.

RANZCR Board of Directors



Strong Workforce Planning

Our Goal: College activities have a focus on workforce measurement and development.

Activities Report

The College published its first activities report that will not only provide a snapshot of the membership numbers, but also include data on examination performance, training site accreditation, international medical graduate assessments, workforce demographics and distribution, continuing professional development, grants and prizes, and scientific meetings (College and Branch). The activities report will continue to be supplemented by the work of College committees.

Clinical Radiology

The Radiology Workforce Committee has had a productive year to date, with the latter part of 2014 spent finalising two surveys—both administered in early 2015. The inaugural radiology workplace survey aimed to get a picture of the workforce from the employers' perspective, and the radiology trainee exit (recent graduate) survey sought the perspective of recent graduates on entering the workforce. Analysis of both studies are underway with results planned for dissemination by the end of 2015.

Planning is underway for the 2016 clinical radiology workforce census.

Radiation Oncology

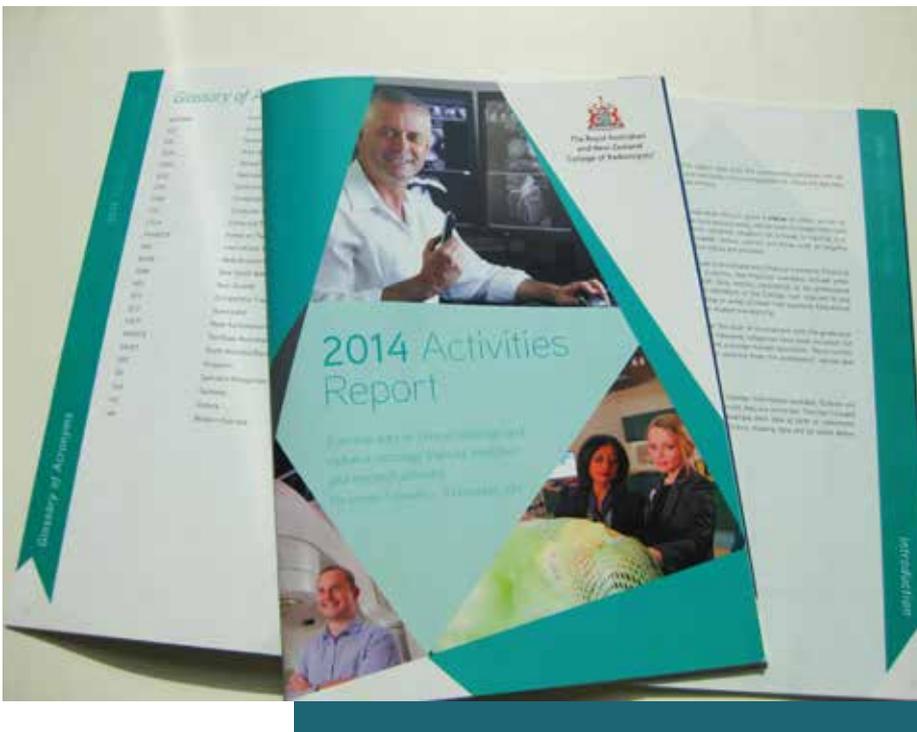
The key piece of work for radiation oncology was the radiation oncology workforce census in late 2014. Two publications have come from this data, one in the *New Zealand Medical Journal*¹ and one to be published in the *Journal of Medical Imaging and Radiation Oncology (JMIRO)*.

Results from the earlier stress, satisfaction and burnout study were presented at the Combined Scientific Meeting in September 2014 and also published in JMIRO².

New Zealand

The Branch Chair and New Zealand Manager have attended strategy workshops as part of the Ministry of Health's consultation on a new Health Strategy.

In response to a request from Health Workforce New Zealand, the College has provided data on how it envisages the New Zealand clinical radiology and radiation oncology workforces looking in 2025.



¹ James M, Munro PL, Leung J. Faculty of Radiation Oncology Workforce Census: a comparison of New Zealand and Australian responses. *NZ Med J* 2015 Apr; 128(1412): ePub.

² Leung J, Rioseco P, Munro P. Stress, satisfaction and burnout amongst Australian and New Zealand radiation oncologists. *J Med Imaging Radiat Oncol* 2015; 59: 115-124.

Effective Governance

Our Goal: Strong efficiency of the organisation and a governance framework that supports the delivery of strategic intent and most effective use of College resources.

The College is committed to robust and transparent decision-making. As part of this commitment to best practice, the College has a process for providing clear advice to its members and other stakeholders about those of its decisions which can be appealed. This enables the College and those who have been subject to College decisions which they consider unsatisfactory to embark upon a defined pathway to enable resolution. The Reconsideration, Review and Appeal of Decisions Policy defines this process.

In the financial year ended 30 June 2015 one (1) appeal had been received by the College and an independent Appeals Committee had been convened by the RANZCR Chief Executive Officer to hear the appeal. The appellant was a radiology trainee, who appealed a decision to remove them from the training program. In the appeal, written submissions and evidence were presented and an Appeals Committee hearing held. The committee found no fault with College process, but granted the appellant an additional attempt to sit the relevant Part 2 examination components due to special circumstances.

PERFORMANCE MEASURES

Board and Council meeting attendance rates:

Board Meetings	
2013–14	96%
2014–15	95%

Faculty of Clinical Radiology Meetings	
2013–14	79%
2014–15	78%

Faculty of Radiation Oncology Meetings	
2013–14	87%
2014–15	84%

The College has been able to continue its careful oversight of finances and build on the improvements implemented last financial year. As always, we are driven by our goal of making the most efficient use of our resources for the benefit of members. The Treasurer provides details of this year's financial performance in his report on page 23.



Faculty of Radiation Oncology Council 2015



Faculty of Clinical Radiology Council 2015

Right Profile Right Brand

Recognition of the clinical radiologist and radiation oncologist expertise and the College's role as the peak professional organisation

Clinical Radiology

The Faculty of Clinical Radiology has undertaken a robust program of activity designed to elevate the profile of clinical radiology as an indispensable part of an effective healthcare system. This message was reaffirmed through multiple public and closed consultations with the Department of Health, other key regulators and partner organisations. Central to this program of activity was the recently published position paper: The Role and Value of the Clinical Radiologist.

On the policy front, the Faculty was a vocal opponent of the unfair co-payment measures contained in the 2014 Budget, and proposals to allow unregistered radiologists from overseas to report via teleradiology in New Zealand.

Conversely, the Faculty also advocated for a patient-focused and quality approach to role extension for allied health professionals in the radiology team in two Branches. The latter half of the year saw concerted advocacy efforts by the Faculty team to promote the benefits of the Quality Framework to a range of stakeholders—a central tenet of which is having a radiologist on site in a comprehensive practice to oversee the provision of diagnostic imaging under Medicare.

Radiation Oncology

The Faculty of Radiation Oncology (FRO) understands the importance of raising awareness of the work its specialists do in the interest of safe, effective and sophisticated patient care. A key advocacy focus of the FRO over the past

12 months has been securing continued funding for the Australian Clinical Dosimetry Service (ACDS), which had previously been funded on a trial basis. Given the importance of independent dosimetric auditing in radiation oncology, FRO has been arguing that the Commonwealth Government should continue to fund the ACDS as a permanent body. FRO wrote to the Federal Health Minister, Assistant Health Minister and Chief Medical Officer, and Fellows wrote to their local Member of Parliament requesting their support. This has resulted in a win for FRO with funding for the ACDS extended until December 2016, while the Department of Health (in consultation with FRO and other stakeholders) conducts an assessment of options for future funding. Continuation of the ACDS will help ensure the highest standard of treatment for our patients.

Right Scope Right Focus

Our Goal: The College is forward thinking and comprehensive in its coverage of clinical radiology and radiation oncology in the governance structure.

CT Coronary Angiography (CTCA)

As at 9 June 2015, there are 546 registered CTCA specialists:

- Level A CTCA: 375
- Level B CTCA: 171
- Deregistered CTCA specialists = 12

CT Colonography

As at the end of the year under review, there are 286 CTC registered specialists.

Faculty of Clinical Radiology subspecialisation activities:

- CTCA (CT Coronary Angiography)
- CTC (CT Colonography)
- INR (Interventional Neuroradiology)
- Cardiac MRI
- MRI

Faculty of Radiation Oncology subspecialisation activities:

- Development of the Role of Subspecialisation in Radiation Oncology discussion paper

Research

Our Goal: Clinical radiology and radiation oncology are recognised as professions characterised by a research ethic, and Australia and New Zealand become more competitive internationally.

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A major highlight of the College's research programs this year was the delivery of research forums in both disciplines

Clinical Radiology Research Forum

The inaugural Clinical Radiology Research Forum was held on 6 September 2014 during the College's Combined Scientific Meeting. The event was established to assist and advise trainees embarking on Project 2, and College members intending to apply for RANZCR research grants. The Forum also provided information on the successful planning and implementation of research studies.

Four selected trainee applicants presented their Project 2 research proposals and received feedback from the panel. The Clinical Radiology Research Prize of \$1,000 was awarded to Dr Sherry Wang for the best trainee presentation.

Radiation Oncology Research Forum

The Radiation Oncology Research Committee Research Forum entitled 'Private Radiation Oncology: The Sleeping Giant of Collaborative Trials' was held on 25 March 2015 in conjunction with the Trans-Tasman Radiation Oncology Group Annual Scientific Meeting. Guest speaker, A/Prof Chris Milross (RANZCR President), shared the relevant parts of the strategic plan he was instrumental in developing and outlined how the private sector fits within his vision. Three other guest panellists joined A/Prof Milross in providing perspectives on private practice engagement. Several positive messages were conveyed regarding the enthusiasm of the private sector in Australia to engage in clinical research, as well as how this had been successfully achieved in North America.

TOTAL RESEARCH GRANTS AWARDED \$72,725	
Radiology	Radiation Oncology
<p>Dr Timothy Joseph – \$3,225</p> <p><i>"A randomized, controlled study comparing intra-operative, patient controlled and radiologist controlled conscious sedation with midazolam and fentanyl for patients undergoing insertion of a central venous line".</i></p>	<p>Dr Myo Min – \$20,000</p> <p><i>"Evaluation of the role of magnetic resonance imaging in Mucosal Primary Head and Neck Cancer".</i></p>
<p>Dr Philip Chan – \$1,500</p> <p><i>"Incidence and Treatment of Clinical Significant Dysphagia amongst Patients Treated in Halo-Thoracic Orthoses for Cervical Spine Injury".</i></p>	<p>Prof Angela Hong – \$20,000</p> <p><i>"ANZMTG 02.12 RADICAL Pilot Trial. – RADiotherapy or Imiquimod in Complex lentigo mALgna: a prospective phase III multicentre randomised controlled trial".</i></p>
<p>Dr Arian Lasocki – \$8,000</p> <p><i>"Is nonenhancing cortical signal abnormality an imaging biomarker of secondary glioblastomas: correlation of MRI appearances with IDH1 mutation status"</i></p>	<p>Dr Michael Jones – \$20,000</p> <p><i>"Multipara metric MRI as an Outcome Predictor for Anal Canal Cancer Managed with Chemo radiotherapy".</i></p>

Research Prizes and Awards

Withers and Peters Grant

Dr Trang Pham

Ferring Pharmaceuticals Grant

Dr Kumar Gogna

Windeyer Fellowship

Dr Manoja Palliyaguru (2014);

Dr Niluja Thiruthaneeswara (2015)

FRO Bourne and Langlands Prize

Dr Ming-Yin Lin

PERFORMANCE MEASURES

The submission of scientific abstracts for presentation at the RANZCR ASM (calculated on the N of abstracts as a % of N delegates)

2014 CSM	28%*
2013	23%

**As the meeting in 2014 was a combined conference, the abstract submissions also include radiation therapists, radiographers and physicists' papers.*

Interaction with JMIRO Online as measured by online interactions

2012–2013	8% increase
2013–2014	6% increase

JMIRO Impact Factor

2013 – 0.981

2014 – 1.109 (13.05% increase)

External Funding for Grants, Awards, Prizes and Sponsorships

2013–2014 \$108,950

2014–2015 \$127,000 (16.7% increase)

Research Participation Statistics:

(based on 2014 CPD submissions)

Principal Investigators in Research Projects

Clinical radiologists – 2% of CPD participants

Radiation oncologists – 18% of CPD participants

Articles in Peer Reviewed Journals – First Author

Clinical radiologists – 2% of CPD participants

First Author of Original Article

Radiation oncologists – 14% of CPD participants

Profile and Presence

Our Goal: Clinical radiology and radiation oncology are recognised as key medical professions. Clinical radiologists and radiation oncologists understand the value of their signature; they have the power and the opportunities to influence healthcare in Australia and New Zealand.

Clinical Radiology

Quality Framework

The College has been a long-time advocate for reforms to the provision of diagnostic imaging under Medicare, including a greater, more recognised and collaborative role for radiologists in clinical decision-making and patient management. We have worked with the Department of Health, the Australian Diagnostic Imaging Association and other diagnostic imaging stakeholders to refine the Quality Framework—essential reforms to underpin sustainable, high-quality medical imaging. The Regulatory Impact Statement consultation into improving the quality and safety of Medicare-funded diagnostic imaging services was finally released in May 2015, following which the College submitted a detailed response with wide-ranging input from Fellows and Councillors alike. We will continue to press for concrete steps to reform diagnostic imaging in the coming 12 months.

International Day of Radiology

The International Day of Radiology (IDoR) campaign continues to be a major focus to communicate the value of clinical radiology to the general public. This year, key messages about the role and value of clinical radiologists were incorporated into IDoR promotions and delivered through individual practices as well as through social media. Members in over a hundred practices also played their part in promoting their work and central role in the healthcare system, for which we are very grateful.



Radiation Oncology

Targeting Cancer Campaign

While one in two people with cancer could benefit from radiation therapy, only about one-third of them (in Australia and New Zealand) currently receive it. The Faculty of Radiation Oncology's Targeting Cancer campaign aims to change this statistic by informing the general public, health professionals and other stakeholders of the benefits of radiation therapy.



The Targeting Cancer website (www.targetingcancer.com.au or www.targetingcancer.co.nz) was designed to provide relevant and timely information to patients and their loved ones, as well as health professionals. While its content is focused mainly on information relevant to people in Australia and New Zealand, the website receives significant interest from overseas visitors.

Targets is a community service announcement/short film and another important means of communicating the benefits of radiation therapy to the general public. Launched in February

2015, it showcases radiation therapy by highlighting the stories of real patients who have received this treatment. The short film has been shown around the world, including at meetings of the American Society for Radiation Oncology and the European Society for Radiotherapy and Oncology.

Referrals from other medical professionals, such as general practitioners (GPs), are also critical to achieving the campaign's objective. To reach GPs, the campaign supports the planning and delivery of clinician-hosted Oncology Education Evenings in Australia and New Zealand. The evenings, launched in October 2014, demystify radiation therapy, address common scenarios that referrers encounter, and connect referrers to cancer centres.

Social, digital and print media round out the campaign's main channels for engaging with audiences and

communicating important information. Targeting Cancer maintains a social media presence, and has contributed to publications such as *Red Journal*, *Australian Family Physician*, *Australian Doctor*, the *Australian Hospital and Healthcare Bulletin* and the *Cancer Forum*.

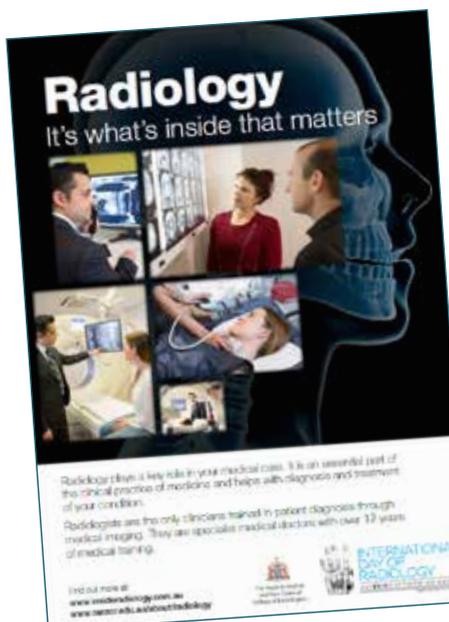
New Zealand

The New Zealand Branch has continued to have quarterly meetings with the Accident Compensation Corporation. These meetings are valuable because they not only raise the profile of the Branch but allow us to proactively identify issues and develop solutions. The meetings have been able to run a pilot on shoulder/elbow image reporting, discuss imaging guidelines to ensure appropriate referrals, and work through issues with high tech imaging contracts.

TARGETING CANCER STATISTICS:

- The Targeting Cancer campaign has reached more than 7.5 million people in the last 12 months, through a media relations campaign
- Over the past year, the Targeting Cancer website averaged 756 unique visitors per month
- Social media activity for FRO and the Targeting Cancer campaign as at the end of June 2015:
 - o Twitter: 783 followers
 - o Facebook: 983 likes
 - o LinkedIn: 186 followers

The Targeting Cancer campaign would like to acknowledge the support of the following organisations: Abbvie, Elekta, Genesis Cancer Care, Radiation Oncology Queensland and Varian Medical Systems Foundation.



Quality Service Delivery: Access to Quality Services

Our Goal: Delivery of quality clinical radiology and radiation oncology services that are accessible, equitable and involve timely use of technology with appropriate funding.

.....

While imaging can significantly improve healthcare outcomes for patients, it should be used wisely

.....

Cancer patients must have adequate and timely access to appropriate radiation therapy treatments

Clinical Radiology

This year, the College was proud to participate as a founding member of Choosing Wisely Australia, a national campaign that aims to educate consumers and clinicians about unnecessary tests, treatments and procedures.

Five medical colleges and societies released a list of 24 recommendations. RANZCR released a list of six commonly used diagnostic imaging tests that are not necessary for every patient. The list drew from an extensive evidence base and input from Fellows, representing best clinical practice. While imaging can significantly improve healthcare outcomes for patients, it should be used wisely with radiologist oversight and within clear clinical decision-making guidelines so it is always appropriate and accountable.

Other key quality initiatives went from strength to strength:

- The Faculty of Clinical Radiology hosted the inaugural Horizon Scanning Forum to determine what new and emerging clinical radiology procedures and treatments have a solid evidence base and should be submitted for public funding under Medicare.
- The College's Education Modules for Appropriate Imaging Referrals, developed to educate healthcare professionals about appropriate imaging and its role in patient management, have reached a greater audience through new medical and educational institutions.
- The popularity of InsideRadiology (www.insideradiology.com.au) continues to grow with over 3.2 million hits per month, an increase of 62.83% on the previous financial year.

Radiation Oncology

The Faculty of Radiation Oncology (FRO) holds the view that cancer patients must have adequate and timely access to appropriate radiation therapy treatments. In the past 12 months, FRO has been actively negotiating with the Department of Health in Australia on the Medical Services Advisory Committee applications for Intensity Modulated Radiation Therapy (IMRT) and Image Guided Radiation Therapy (IGRT).

Following continuous negotiations, it is likely that IMRT and IGRT will be listed on the Medicare Benefits Schedule (MBS) with separate items to support further data collection on utilisation and cost effectiveness, under the condition that it is cost-neutral. Though not an ideal outcome, we believe it is a big step forward that the modern techniques benefiting cancer patients are at least recognised, in the hope that they will be appropriately reimbursed in the future.

The FRO welcomes the recent announcement made by the Federal Government about the MBS review, which poses an opportunity to modernise the way radiation therapy is funded. The FRO has been preparing for the review for a while, and will actively participate to positively influence this round of Medicare restructuring.

New Zealand

Underpinning quality services is the recruitment and training of quality clinical radiologists and radiation oncologists. The New Zealand Branch has continued to support the development of network training within New Zealand, and introduced a centralised recruitment model within radiation oncology.

Quality Service Delivery: Practice

Our Goal: Members are seen to be practising and are supported to practise at the highest standard; a focus on quality.

Clinical Radiology

In Australia this year we saw a revised Diagnostic Imaging Accreditation Scheme (DIAS) approved by the federal Minister of Health. The revised DIAS will tighten requirements for all providers of diagnostic imaging under Medicare effective from early 2016. RANZCR has submitted a list of priority areas essential for improving the DIAS, and will continue to work closely with the federal Department of Health on strengthening the governance arrangements underpinning the ongoing development of DIAS standards.

Radiation Oncology

As the peak bi-national professional body advancing patient care and the specialty of radiation oncology, it is the Faculty of Radiation Oncology's (FRO's) responsibility to identify risks or quality issues that will impact on radiation oncology services, and to provide guidance to radiation oncology facilities on the safe delivery of quality patient care.

FRO's commitment to quality, continuous improvement and best practice is reflected in the professional documents we have developed with a quality-focused perspective. In 2014-2015, the Faculty has published:

- **Imaging in Radiation Oncology – a RANZCR Consensus White Paper**, which identifies and documents appropriate imaging in the radiotherapeutic management of patients with cancer based on evidence from published literature and expert consensus.
- **Guidelines for Safe Practice of Stereotactic Body (Ablative) Radiation Therapy**, which provide an educational guide and reference for radiation therapy service providers to ensure appropriate care of patients receiving stereotactic ablative radiation therapy (SABR) / stereotactic body radiation therapy (SBRT).
- **Position Paper on Breast Cancer and Late Effects Following Radiation Therapy and Chemotherapy for Hodgkin Lymphoma**, which has been updated with the most recent evidence available.

New Zealand

In New Zealand, the College has actively participated in the government-led efforts to revise the National Health Strategy, with a view to enhancing the quality of clinical radiology and its central role in the healthcare system.

In late 2014, the New Zealand Radiation Oncology Executive held a workshop on Image Guided Radiation Therapy (IGRT). This workshop had an amazing attendance bringing together over 115, radiation oncologists, medical physicists and radiation therapists to work on quality practice.



Quality Service Delivery: Training

Our Goal: Best-practice training programs managed competently by the College and support of ongoing development of members throughout their professional lives.

As of 30 June 2015 there were 656 trainees registered in the two training programs. This includes those in Australia, New Zealand and Singapore.



Dr Gabriel Lau, Chief Censor Clinical Radiology

This is my final year as Chief Censor, and below are some of the highlights of the past year.

- The Part 1 examiners have agreed to review the process of compiling the exam results. This will include the introduction of more robust methodology to further improve the reliability and validity of the Part 1 examinations in future iterations. A similar approach has been introduced for the multiple-choice question components of the Part 2 examinations at the second series this year.

- Indications for proposed Clinical Radiology Networks have been submitted, and contemporaneously the Accreditation Standards are being finalised for consultation in early 2016.
- The College has introduced additions to the experiential requirements of the curriculum to better reflect advances in the everyday work that is completed by clinical radiologists, including bone mineral densitometry, CT coronary angiography and CT colonography.
- In keeping with the College-wide governance review process that has been occurring throughout 2014-2015, a new position, Chair of the Curriculum Assessment Committee, has been created. Dr Meredith Thomas was elected to this position early in 2015. Furthermore, a new committee was created to oversee the development of the clinical radiology examinations. The Radiology Examination Review Panel (RERP), will have greater oversight of all aspects of the Part 2 examinations.
- The College ran Clinical Radiology Director of Training (DoT) workshops throughout 2014-2015. At the May 2015 workshop, the College invited the Postgraduate Medical Council of Victoria (PMVC) to deliver two modules of the Teaching on the Run program.



Dr Sean Brennan,
Chief Censor
Radiation Oncology

Siggins Miller was engaged by RANZCR to undertake an evaluation of the Radiation Oncology Training Networks and Training Program Curriculum in Australia from October 2012 to February 2014. A number of suggestions were adopted and implemented throughout 2014-2015 including the development of a sustainable and transparent process for the management and oversight of training. Sustainability is therefore a key priority for the College and network governance committees (NGCs) to consider on a continuing basis together with increased communication and transparency of decision-making at the NGC level to non-members (e.g. clinical supervisors and trainees who do not regularly attend meetings). There will be more formal opportunities for non-members to provide feedback to NGCs.

Following the Siggins Miller Review and coupled with the Australian Medical Council recommendations, the College established a number of working

committees that report into the Radiation Oncology Education and Training Committee including the Training Resources, Education and Assessment Team, the Anatomy and Contouring Expertise group, and the Clinical Supervisor Group.

Other highlights throughout the year

- Radiation Oncology DoT workshop themes included recruitment, interview skills and techniques, selection criteria and their legal implications.
- The Phase 1 Exam Preparation Course – a primary learning and exam preparation resource for trainees eligible to sit the Phase 1.
- The Phase 2 Exam Preparation Course that provides trainees with opportunities to better understand the exam development process and how exams are marked.
- The inaugural RANZCR Transition to Consultancy Course.

New Zealand Registrar Recruitment

The 2015 Registrar Recruitment Programme received 51 applications for 19 positions in clinical radiology, and eight applications for seven positions in radiation oncology. Assessing these numbers, it is evident that radiology remains an attractive discipline, and more work is needed to understand the issues facing radiation oncology.

Training Site Accreditation

There are currently 110 sites accredited for clinical radiology training, including three new sites in the 2014/15 FY, and 45 sites accredited for radiation oncology training. There were 14 site accreditation visits: three to radiation oncology sites and 11 to clinical radiology sites.

EXAMINATION PRIZES AWARDED

Congratulations to the following trainees who were awarded examination prizes in 2014

Radiation Oncology

CE Eddy Prize
Dr Sweet Ng

CE Eddy Prize
Dr Benjamin Chua

Clinical Radiology

CE Eddy Prize
Dr Alexander McQuinn

HR Sear Award
Dr Ines Nikolovski

MGF Donnan Prize
Dr Ines Nikolovski

Trainees by discipline and jurisdiction (30 June 2015)

Discipline	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS	NZL	SGP	Total
Radiation oncology	46	21	22	8	5	2	0	4	108	20	2	130
Clinical radiology	135	107	87	41	40	7	0	11	428	91	7	526
Total trainees (AUS, NZL, SGP)												656

Compulsory CPD and Performance Review

The Australian and New Zealand regulators are moving towards the requirement for doctors to regularly show that they are fit to practise medicine and also to reassure the community that their medical practitioner is competent. The College has recognised that members may be required by the regulators to participate in these activities so they can review their own practice and have their practice reviewed by others. This has resulted in the CPD program being further developed to support members' needs and changes will be introduced incrementally into the CPD program starting from the 2016-2018 triennium. This will provide members with a dedicated section for recording information or quality improvement activities related to these performance review activities.

PERFORMANCE MEASURES

Radiology

Total members eligible to participate in CPD – 2,349

Number of members who have submitted their 2014 CPD activities – 2,219

Percentage – 94%

Radiation Oncology

Total members eligible to participate in CPD – 411

Number of members who have submitted their 2014 CPD activities – 377

Percentage – 92%

Annual Scientific Meeting Prizes

The following prizes were awarded to RANZCR members at the Combined Scientific Meeting held in Melbourne in September 2014.

Toshiba Scientific Exhibit Prize

Dr George Wang

Branch of Origin

Dr Rahul Lakshmanan

I-MED Best Emergency Radiology Prize

Dr Charles Werren

Clinical Radiology Research Forum Prize

Dr Sherry Wang

Philips Healthcare Australasia Scientific Paper Prize

Dr Talia Hill

Toshiba Scientific Paper Presentation Prize

Dr Darren Lockie

Wiley-Blackwell Best Exhibit Award (Radiology)

Dr Geertje Noe

Varian Prize

Dr Benjamin Chua

Wiley-Blackwell Best Exhibit Award (Radiation Oncology)

Dr Shankar Siva

Chris Atkinson Award

Dr Mei Ling Yap

Elekta Award

Dr Shankar Siva

David Wigg Prize

Dr Reza Masoud Rahbari

Novartis Oncology – Best Clinical Outcomes in Breast Cancer Therapy

Prof Michael McKay

Other Prizes and Fellowships

Rouse Travelling Fellowship

Prof Michael Barton

Rohan William Travelling Professor

Prof Michael McKay

Denise Lonergan Educational Service Award

A/Prof Andrew Kneebone

Clinical Radiology Educational Service Award

Dr Lynda Albertyn

Sponsored Awards

Thomas Baker Fellowship

Dr Nathan Manning

Philips Healthcare Australasia Prize

Dr Susan Singh

College Honours Awarded

Roentgen Medal

Dr Allan Wycherley

Life Membership

Prof Makhan Khangure
Clin/Prof Richard Mendelson

Deceased Members

It is with regret that we record the deaths of the following members during the year under review:

Dr Nador Ballai – Fellow, SA

Dr Derek Berg – Fellow, QLD

Dr John Bloomfield – Life Member, NT

Dr Eric Broadfoot – Life Member, NSW

Dr Eric Chan – Fellow, NSW

Dr John Drake – Fellow, VIC

Dr Lewis Firth – Fellow, UK

Dr Julian Frayne – Fellow, WA

Prof Ronald Grainger – Fellow, UK

De Henry Karsz – Fellow, VIC

Dr John Mora – Fellow, NZ

Prof Hubert Withers AO – Fellow, USA

Dr John Wriedt – Fellow, VIC

New Fellows

Radiology

ACT

Apurv Garg

NSW

Salman Ansari

Amey Aurangabadkar

John Banh

Matthew Carmalt

Richard Caswell Jr

Savitha

Chandrasekaran

Haroon Cheema

Sheila Cheng

Sarah Choi

Andrea Dart

Vladimir Davydenko

Houman Ebrahimi

Mark Fiorentino

Talia Friedman

Dinesh Gooneratne

Rebecca Hall

Kuan-Ching Ho

Judith Hu

Damian Jiang

David Kang

Sherman Kueh

Allen Ko

Ravi Kodur Kumar

Simon Lai

Dang Lam

Chiew Lee

Paul Leong

Angela Li

Suhrid Lodh

Tony Lu

Jean Mah

Katerina Mastrocostas

Ky McGrillen

Ross McKay

Ellie Mulyadi

Ines Nikolovski

Deepak Prasad

Dean Rabinowitz

Michele Roy

Hanan Salama

Kim Williams

New Zealand

Jashneel Agraval

Stuart Barnard

Rebecca Biggs

James Caldwell

Fiona Chambers

I-Ting Chan

David Dow

Adam El-Dieb

Alistair Farr

Victoria Francis

Hui Goh

Judith Gegan

Shona Handisides

Kelli Hart

Justin Hegarty

James Hulleman

Henry Kwok

Anthony Lim

Thomas Martin

Rhian Miranda

Lip Koon Ng

Ken Okawa

Hana Pak

Sharath Prakash

Kunaal Rajpal

Toby Robins

Sarah Sparks

Wilhelmus Struwig

Raymond Tai

Katie Vickery

Overseas

Bann Saffar

Miranda Siemienowicz

Paul Simkin

Jeanette Soon

Farhana Younis

QLD

Allan Avery

Justin Baulch

Nicholas Brown

Jane Bursle

Michael Curley

Yi-Tung Huang

Sanna Kirmani

Samuel Kyle

Paul Leschke

Arash Moghaddam

Abdi-Aziz Mohamed

Nigel Mott

Cameron Napper

Johnathan Neve

Katrina Newbigin

Gilbert Pavillion

Nolette Pereira

Catherine Prather

Charlotte Slaney

Zane Sherif

Ryan Shulman

Naomi Tracey

Daniel Webb

SA

Idin Ahangar Nazari

Nicholas Bajic

Chee Chong

Jennifer Cowie

Sally Cox

Lan-Anh Do

Esber El-Barhoun

Mohammad Keikha

Timothy Kurmis

Ruchit Mohindra

Mitchell Raeside

Michael Reid

Parineet Takhar

Michael Treloar

Kristy Yang

Ping Yeung

Singapore

Mary Liang

Frankie Wong

VIC

Eileen Ang

Christen Barras

Craig Beckley

Paul Beech

Elissa Botterill

Kee Chi

Joseph Choo

Ashwini

Devapalasundaram

Angela Galvin

Jan Gerstenmaier

Talia Hill

Senpei Jin

Timothy Joseph

Pei Kwan

Candice Law

Allan Lee

Kelvin Lim

Ming Joe Lim

Geertje Noe

Edward Roberts

Raymond Shafik-Eid

Anamika Sharma

Kevin Shaw

Alexandra Stanislavsky

Teng Han Tan

Jamie Tran

Jane Watts

Ryan Walklin

WA

Ansu Abraham

Anthony Bartley

Sam Cherian

Simon Khangure

Hasan Hasan

Fiona Hui San Lai

Bindu Kumar

Rahul Lakshmanan

Glen Lo

Benjamin Moon

Long Nguyen

Carly Simpkins

Aran Sritharan

Wei Han Tee

Matthys Van Wyk

Richard Warne

Radiation Oncology

ACT

Neetu Tejani

NSW

Noel Aherne

Julan Amalaseelan

Jeremiah De Leon

Dasantha Jayamanne

Myo Min

Alison Salkeld

Niluja

Thiruthaneeswaran

Siaw Sze Tiong

Angela Yates

New Zealand

Hanah Kim

Sudha Purchuri

Giuseppe Sasso

Overseas

Hilde Kleiven

QLD

Benjamin Chua

Debra Furniss

Peter Gorayski

Mark Pinkham

SA

Ramkumar Govindaraj

Bradley Wong

Singapore

KiatHuat Ooi

VIC

Joe Chang

Senthilkumar

Gandhidasan

David Kok

Carminia Lapuz

Ming Lin

Lachlan McDowell

Rohan Nair

Kevin So

WA

Susan Mincham

Support from our Members and Sponsors

The College is very fortunate to receive valuable support from Fellows, members and organisations through donations and sponsorships.

College Donors

B	Abed	B	M	Kumar
A	S	A	A	Kwiatkowski
A	G	A	O	Langlands AM
M	J	M		Latham
J		J	A	Lewis
G	T	L	P	Li
M	P	P		Luckey
R	G	R	G	Marshall
B	N	P	J	McCann
J	R	K		McGrillen
D	M	M	J	McKay
N	I	S	S	Merchant
R	H	C		Milross
T	M	B	K	Moore
J	D	L	L	Morris
T		P	C	Morris
V		S	U	Mudbidri
SM		J	J	Mullany
J	C	C	P	Murray
A		W		Nairn
J	H	D	H	Nandurkar
G	T	A	M	Nicholson
C	J	D	A	O'Dell
M	O	N	S	Panwar
VT		K	R	Perera
R	M	K		Prelog
P	J	K	R	Ramsay
P	J	G	J	Reece
H		D	B	Robertson
G	J	B		Saffar
J	R	H	E	Scott
P	W	P	J	Smith
L		C	A	Standford-Starr
M		T	M	Taka
W	S	J		Tamangani
R	A	D	A	Thomas
P	B	P	Y	Toh
J	S	M		Tracey
M	C	G	Y	Tseng
D	C	L	R	Van Der Westhuizen
P	R	M	J	Veness
S		G	D	Walker
D		G	J	Watson
F	C	A	M	Whyte
L	M	R		Wijetunga
U		G	B	Williamsz
J	B	P	C	Wilson
P	N	H	D	Wood
I	M	A	G	Wycherley
I	P			

*deceased

J P Trainor Archives Trust Special Appeal

M		Badgery	H	C	Lau
G	T	Beness	J	A	Lewis
I	V	Benn	L	M	Lloyd
R	G	Bourne	C	N	Luth
C	A	Bull	P	J	McCann
B	P	Cahill	J		McCredie
T		Chakera	D	R	McDonald
J	H	Dass	B	K	Moore
G	T	Davis	L	L	Morris
P	N	Davis	P		Motteram
R		Drummond	J		Mullany
P	J	Duffy	M	W	Nairn
P	J	Duggan	D		O'Dell
M	K	Dwyer	R	A	Olivotto
R	J	Glasson	A	S	Patel
L		Green	J		Ramsay
J	S	Hart	J		Reece
M		Hennoste	M	R	Sage
E	R	Jay	P	L	Sprague
S		Jeganathan	J	G	Stuckey
B	E	Jones	S		Turner
L	M	Kenny	A		Utturkar
U		Khurana	M	J	Veness
P		Kitchener	G	D	Walker
G		Klempfner	M	M	Wallington
I	V	Kociumbas	M	D	Warner
A		Kumar	L	H	Wijetunga
A		Kwiatkowski	P	C	Wilson
A	O	Langlands AM			

College Sponsors and Supporters

Astra Zeneca, Brainlab, Comrad, Department of Health, Elekta, Ferring Pharmaceuticals, GE Healthcare, Hologic, I-Med Network Radiology, Insight Oceania, Ipsen, New Zealand Radiology Education Trust, Novartis, Obex Medical, Philips Healthcare, Quantum Healthcare, Tolmar Australia, Toshiba, Varian Medical Systems, Wiley Publishing.

Corporate Members of the College

Bayer Australia, Brainlab, ChoiceOne, Elekta, GE Healthcare, Genesis CancerCare Queensland, Health Imaging Solutions, Hologic, I-MED Network Radiology, Insight Oceania, Ipsen, Lightbox Radiology Education, Philips Healthcare, Sectra, Tolmar Australia, Toshiba Medical, Varian Medical Systems, Wiley Publishing.

The College is very grateful to Fellows and members who have donated to the annual appeals for the Education Fund, the Research Fund and the JP Trainor Archive Trust. A list of members who have made a donation this financial year is above. We also thank those members who have declined to have their donations recognised.

Treasurer's Report

Improvements in expenditure and operations will continue and the aim remains to ensure better use of College funds.



Dr Lance Lawler,
Treasurer

Financial Performance in 2014-2015

The Financial Statements for the year ending 30 June 2015, including the auditor's report are presented on pages 24-27. Detailed versions of the Financial Statements are available from the College website at www.ranzcr.edu.au. The 2014-2015 year has seen consolidation in the RANZCR structure, which has had implications in the finance area. Australian State Branches have continued to receive funding allocation from the College and their financials are included in this year's accounts. Improvements in expenditure and operations will continue and the aim remains to ensure better use of College funds.

A surplus income over expenditure of \$647,231 was achieved during the 2015 financial year. The year has seen continued investment in information technology initiatives.

Subscriptions paid by Fellows, Educational Affiliates and Student Members together with training and examination fees were the dominant source of income at approximately 80 per cent of College income: however this excludes income from project grants.

Project Funding

The overall amount of project funding from grants has been maintained over the last year, with projects funded by the Australian Department of Health under the Specialist Training Program. The majority of the projects are fully covering their overhead costs and were budgeted to cover the cost of producing the outcomes required but also contributed to College overheads. Project revenue amounted to A\$6.2 million.

Membership Subscriptions

The Board determined that for 2015-16 annual subscriptions should be set at \$2,385 for Fellows and Educational Affiliates.

Donations and Other Support

The College is grateful for the support it received from its Fellows, members, corporate members and associated organisations throughout the year: detailed acknowledgement is available on page 22 of this report.

The College is also very grateful to Fellows and members who have donated to the annual appeals for the Education Fund, the Research Fund and the JP Trainor Archive Trust.

Finance, Risk and Audit Committee of the Board

Treasurer	Dr Lance Lawler	NZ
Board Member	Dr Peter Pratten	WA
Board Member	Dr Dion Forstner	NSW



REPORT OF THE INDEPENDENT AUDITOR ON SUMMARY FINANCIAL STATEMENTS

The accompanying summary financial statements, which comprises the statement of financial position as at 30 June 2015, the statement of profit or loss and other comprehensive income and statement of cash flows for the year then ended, are derived from the audited financial report of The Royal Australian and New Zealand College of Radiologists for the year ended 30 June 2015. We expressed an unmodified audit opinion on that financial report in our report dated 16 September 2015.

The summary financial statements do not contain all the disclosures required by Australian Accounting Standards. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial report of The Royal Australian and New Zealand College of Radiologists.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of a summary of the audited financial report in accordance with the criteria as set out in the Annual Report.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.

Opinion

In our opinion, the summary financial statements derived from the audited financial report of The Royal Australian and New Zealand College of Radiologists for the year ended 30 June 2015 are consistent, in all material respects, with that audited report, in accordance with Australian Accounting Standards.

William Buck
Chartered Accountants
ABN 16 021 300 521

L.E. Tutt
Partner
16 September 2015

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STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
REVENUE	\$	\$
Members subscription income	6,254,842	5,821,943
Grant income	6,248,978	5,658,710
Other revenue	3,939,172	4,186,634
EXPENSES		
Employee benefits expense	(5,146,823)	(4,857,646)
Grant specific charge	(4,809,299)	(4,011,620)
Other expenses	(2,175,770)	(2,624,958)
Information technology, legal and consultancy fees	(1,251,003)	(1,322,081)
Consultancy fees projects	(98,511)	(262,660)
Council and committee costs	(1,474,151)	(832,877)
Journal production and postage	(358,515)	(343,199)
Depreciation and amortisation expense	(274,290)	(272,735)
Accounting and audit fees	(93,938)	(84,314)
Staff training expense	(80,139)	(41,940)
Loss on disposal of assets	(11,100)	(5,109)
Branch allocation	-	51,781
Surplus for the year attributable to the members of The Royal Australian and New Zealand College of Radiologists	669,453	1,059,929
Other comprehensive income		
<i>Items that may be reclassified subsequently to profit or loss</i>		
Foreign currency translation	(22,222)	832
Other comprehensive income for the year	(22,222)	832
Total comprehensive income for the year attributable to the members of The Royal Australian and New Zealand College of Radiologists	647,231	1,060,761

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2015

	2015	2014
	\$	\$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	2,685,484	2,850,102
Trade and other receivables	34,870	179,577
Investments	12,239,973	10,859,182
Other	634,393	491,325
TOTAL CURRENT ASSETS	15,594,720	14,380,186
NON-CURRENT ASSETS		
Property, plant and equipment	4,274,603	4,221,357
TOTAL NON-CURRENT ASSETS	4,274,603	4,221,357
TOTAL ASSETS	19,869,323	18,601,543
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	1,543,390	1,595,484
Employee benefits	450,546	481,200
Other financial liabilities	6,665,911	5,939,094
TOTAL CURRENT LIABILITIES	8,659,847	8,015,778
NON-CURRENT LIABILITIES		
Employee benefits	75,394	98,914
TOTAL NON-CURRENT LIABILITIES	75,394	98,914
TOTAL LIABILITIES	8,735,241	8,114,692
NET ASSETS	11,134,082	10,486,851
EQUITY		
Reserves	2,798,471	2,570,574
Retained surpluses	8,335,611	7,916,277
TOTAL EQUITY	11,134,082	10,486,851

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
CASH FLOWS FROM OPERATING ACTIVITIES	\$	\$
Receipts from grants	6,993,621	6,893,199
Receipts from members	6,058,596	5,541,566
Exam fees	1,427,708	912,249
Other receipts	2,834,591	2,575,606
	17,314,516	15,922,620
Payment to suppliers and employees	(15,752,149)	(13,547,734)
Net cash generated from operating activities	1,562,367	2,374,886
CASH FLOWS FROM INVESTING ACTIVITIES		
Payments for property, plant and equipment	(323,972)	(73,948)
Purchase of financial assets	(24,923,010)	(25,460,184)
Proceeds from sale of financial assets	23,542,219	21,538,838
Net cash used in investing activities	(1,704,763)	(3,995,294)
CASH FLOWS FROM FINANCING ACTIVITIES		
Net cash from financing activities	-	-
Net decrease in cash and cash equivalents	(142,396)	(1,620,408)
Cash and cash equivalents at the beginning of the financial year	2,850,102	4,470,510
Effects of exchange rate changes on cash and cash equivalents	(22,222)	-
Cash and cash equivalents at the end of the financial year	2,685,484	2,850,102

Notes

- The financial reports for the current year and prior year include the New Zealand Branch accounts in line with Accounting Standards.
- The Grant Specific charge of \$4,809,299 is the Specialist Training Grant Funding from the Australian Government.
- Consultant Fees include among others information technology third party support including legal fees and other charges.
- Other Expenses include items such as cost of running exams and appeals, credit card and bank charges, office costs and awards and prizes to members.
- Council and Committee Costs include travel, accommodation and workshop costs. The Branches workshop costs of \$184,000 and Exam Travel costs of \$330,000 are included but were not recorded in this line item in prior financial years.

For full details, please refer to the Financial Report 2015 available from <http://www.ranzcr.edu.au/about/the-college/annual-report>



The Royal Australian
and New Zealand
College of Radiologists*

**The Royal Australian and New Zealand
College of Radiologists®**

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