

Senior Coroner David Heming  
Cambridgeshire & Peterborough Coroners Service  
Lawrence Court  
Princes Street  
Huntingdon  
PE29 3PA

28 April 2025

Sent by email: [REDACTED]  
[REDACTED]

Dear Mr Heming,

**RCR Response to Regulation 28: Prevention of Future Deaths report issued on 8 April 2025 in relation to the death of Christian James Gabriel Hobbs.**

I was very sorry to read about the death of Christian Hobbs and I would like to express my deepest condolences to Mr Hobbs' family.

We take the matters raised in your report very seriously, and I hope this response is helpful in outlining how the Royal College of Radiologists (RCR) is committed to supporting high standards of clinical care, and how we are continuing to learn and advocate for improvements in medical imaging services across the UK.

The RCR is a registered charity that works with its members and Fellows to advance medical care across the specialties of Clinical Radiology and Clinical Oncology. We promote excellence in clinical practice and publish a range of standards and guidance to support the delivery of high-quality radiology and oncology services.

We understand that this concern primarily relates to local systems and processes, but we would like to take this opportunity to provide a broader context from a national perspective.

Under the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R), a written evaluation of imaging is required, which may be documented by a referring clinician or a specialist such as a radiologist. While radiologists' reports remain a cornerstone of imaging interpretation, these are often not contemporaneous due to significant workforce limitations. In such cases, it is expected that referring clinicians record their own evaluation at the time of reviewing the images, particularly when immediate clinical decisions are required.

The RCR has long recognised the critical shortage of radiologists in the UK. This issue has been a consistent theme across several other Prevention of Future Deaths reports received in recent years and has been central to our advocacy efforts. As outlined in our [2023 Clinical Radiology Workforce Census Report](#), the specialty is facing a 30% shortfall in consultant radiologists, projected to rise to 40% by 2028 if no action is taken. The next annual workforce census report will be published in June 2025 but to date there has not been investment anywhere close to what would be required to close that gap. The demand for imaging

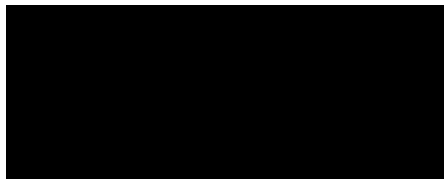
continues to grow annually, but workforce growth has not kept pace, resulting in significant delays and pressures on the current service.

We acknowledge concerns regarding perceived disparities in imaging provision between different centres. While variation exists, it is important to note that certain services such as out-of-hours chest X-ray reporting may be limited in most settings. Our goal is to support a system-wide uplift in imaging services across all settings. To this end, the RCR supports regional imaging networks to enable more equitable access to expertise and resources. We also publish national standards (eg [Professional Standards guidance](#) and [iRefer](#)) to promote consistent, high-quality reporting regardless of geography.

The RCR does not directly run radiology training which is a function of the NHS in all four nations. We are actively engaged in efforts to encourage expansion of radiology training capacity and continue to contribute to national workforce planning conversations and support initiatives aimed at addressing current and future demand. Our vision is one of collective improvement so that all patients, irrespective of location, receive timely and accurate diagnostic care.

I am grateful to you for bringing these matters of concern to our attention and for giving us the opportunity to respond. Once again, I do express my deepest condolences to Mr Hobbs' family and loved ones.

Yours sincerely,



RCR President

