



THE OBJECTS FOR WHICH THE SOCIETY IS ESTABLISHED

- ◆ To promote and develop for the public benefit the science and practice of radiography and radiotherapeutic technology and allied subjects.
- ◆ To protect the honour and interests of persons engaged in the practice of radiography and radiotherapeutic technology and allied subjects including the regulation of relations between such persons and employers and employers' associations.
- ◆ To promote, study and research work in radiography and radiotherapeutic technology and allied subjects and to publish the results of all such study and research.
- ◆ To further all such objects which a trade union may lawfully pursue in accordance with statute.
- ◆ To further public education therein.

ANNUAL REPORT 2005-2006



for the year ended 30th September 2005

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The Society is the Trade Union and Professional body for those practising in clinical imaging and radiation therapy.

innovations and opportunities



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A MESSAGE FROM THE PRESIDENT



Looking back on an extraordinarily busy year for the Society of Radiographers it occurred to me that the image of our organisation, and of the profession as a whole, that is portrayed in our Annual Report may often seem at variance with the experience of many of us in our daily lives as we work in radiography. The report is about the way the Society has done its business in the past year. In common with reports in other organisations the feeling is generally positive: highlighting the work that has gone well and balancing comment about challenges with news of achievements. This is quite right and proper. You will see much in this report that is positive. It is right that we note and celebrate our achievements. It is also right that we run the Society in a business-like fashion and can demonstrate good management of people and of financial resources.

The Annual Report may not completely reflect every aspect of life in radiography, but that is not what it sets out to do.

Balancing positive and negative views of our everyday experiences is something we all do. There seem to be more instances than ever of a mismatch between “real life” in health provision when compared to the rosy picture that is painted by government. “More resources than ever for the NHS” – and yet departments cannot afford to fill their vacancies. “An unprecedented focus on radiotherapy and diagnostics” – and yet often our development proposals are rejected. “At last a pay system that offers fair reward according to the value of your job” – and yet implementation of Agenda for Change is patchy and in many places woefully poor. There is no doubt that these sorts of conflict between what we hear about and what we experience can be damaging to morale and affect patient care.

The major strength of the Society of Radiographers is that because we uniquely represent the radiographic workforce and those closely associated with diagnostic imaging and radiotherapy and because we are organised so as to elect working radiographers to be involved at the highest level in running our organisation, we fully understand the truth of what it is like to be in radiography right now. We are able to balance the undoubted grounds for optimism and the opportunities to advance our profession with a healthy dose of reality informed by our members’ experiences. It is this unique voice that we bring to negotiations and campaigns with governments, partner organisations, health providers and the public.

Our Annual Report is positive. However I believe we need to be a positive profession too. Optimism is not about denying that anything ever goes badly. It is about seeking the opportunities and looking for the ways to build and improve. It is not about blind faith but it is to do with belief in ourselves, our abilities as a profession and in the vital importance of radiography in healthcare today. I feel privileged to be elected as President for this year and have very great pleasure in introducing this Annual Report.

A handwritten signature in black ink, which appears to read "Hazel Harries-Jones".

Hazel Harries-Jones
President of the Society of Radiographers

SOCIETY COUNCIL MEMBERS AND OFFICERS

For the period of this Annual Report and until 5 January 2006

ELECTED OFFICERS

President:	Ms A Pollard FCR DCR(R) PgC (to 1.7.05) Mrs H Harries-Jones DCR(R) PgC (from 1.7.05)
President Elect:	Mrs H Harries-Jones DCR(R) PgC (to 1.7.05) Mr A Pitt DCR(R) (from 1.7.05)
Vice President:	Mr A Pitt DCR(R) (to 1.7.05) Mrs Z Mitton DCR(R) DRI (from 1.7.05)

SENIOR OFFICERS

Chief Executive Officer:	Mr R Evans HDCR
Director of Professional Policy:	Professor A Paterson FCR MSc TDCR DMU
Director of Industrial Relations:	Mr W Town MA DCR(T) DLS
Director of Finance:	Mr N Williams FCA
Editor <i>Synergy</i>	Ms R Kelly
Editor <i>Radiography</i>	Professor P Hogg MSc DCR(R) DRI

REGIONAL REPRESENTATIVES

Scotland:	Miss L Forret DCR(R) (from 1.10.04) Mr K McMurray DCR(R) (from 1.10.04) Mrs S Mathers MSc DCR(R) (from 02.08.05)
Yorkshire & North Trent:	Mr S Boynes MSc TDCR (to 30.06.05) Mr M Graveling BSc(T) (from 01.07.05) Mrs P Kitto DCR(R) (from 05.09.05)
Northern:	Mr A Pitt DCR(R)
North West:	Mr W Rea FCR MSc TDCR (to 30.06.05)
Northern Ireland:	Mr K Tucker DCR(R)
Wales:	Mrs J Hughes DCR(R)
Midlands:	Mrs A Pollard FCR DCR(R)
Eastern:	Mrs Z Mitton DCR(R) DRI
London:	Mr I Henderson FCR DCR(R) MSc PgCHE
South East:	Mr V Bolton BSc (Hons) (to 30.06.05) Mrs G Dolbear MSc PgCL&T(HE) DCR(R)DMU (from 5.9.05)
South West:	Mrs H Harries-Jones DCR(R) (to 30.06.05) Mrs J Venton DCR(R) PgC (from 01.07.05)

The College of Radiographers Board of Trustees (CBoT)

Trustees:

Chairman:	Mrs N Sinclair MA BSc(Hons) TDCR
Ms P Chapman	Mr K Tucker DCR(R)
Mr A Kay	Mrs A Pollard FCR DCR(R)
Dr R Bury FRCS FRCR	Mr A Pitt DCR(R)
Mr I Eversden M.Phil	Mrs H Harries Jones DCR(R) PgC
Mr J Foster FCA	Mr I Henderson FCR DCR(R) MSc Pg CHE
Professor P Williams BSc(Hons) TDCR	Mr W Rea FCR MSc TDCR (to 30.06.05) Mrs V Bolton BSc (Hons) (to 30.06.05)
	Miss L Forret DCR(R) (from 01.07.05)
	Mr M Graveling BSc (T) (from 01.07.05)

The Council members and College Trustees are covered by professional indemnity insurance

Names printed in red have retired in year from the post indicated

COUNCIL MEMBERS



Council members, left to right:

Zena Mitton; Jackie Hughes; Michael Graveling;

Pam Kitto; Linda Forret; Sandie Mathers;

Jude Venton; Ann Pollard; Kevin Tucker;

Ian Henderson; Hazel Harries-Jones;

Kenny McMurray.

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A context of rapid and far reaching change in the world of Health Care in the UK saw the profession and the Society responding in new ways to realise the potential of all members to play key roles in improvement of services for patients and to contribute actively to develop radiographic practice.

It has been a time of Innovations and Opportunities.

The Annual Report is an important document. In these pages you can read about the activities of your union and professional body during the last financial year. The Society accounts run from October 1st to September 30th each year.

This was a very busy and extraordinarily productive time for the Society. The context was, as it is continuing to be, of very wide ranging and rapid change in the world of healthcare across the UK. The Society was largely concerned with reacting to the issues as they arose. However, it was encouraging to be approached to become involved in a more pro-active way through advising national bodies, specifically the National Diagnostic Imaging Board, the National Radiotherapy Advisory Group and the Stakeholder Board for the National PACS programme. These are influential in England only. Our National Officers in Scotland and Wales maintained their considerable personal influence on behalf of the organisation within their respective devolved administrations.

Agenda for Change remained a major focus of work following UK Council's decision to remain within the negotiating framework, the Staff Council. This body acknowledged and respected our position of opposition to the agreement. The Society has been able to build a position of influence during the subsequent period of implementation of AfC. The work to support members through the process has demonstrated the extraordinary commitment of our network of accredited representatives. They are supported by our full-time regional officers and regional committees (or devolved national councils) which provide links back to staff at Head Office and to UK Council.

Effective communication, using this network and other means, has been the subject of concern and debate. A group set up to advise Council on a strategy for communications identified the need for constant attention to this important area of work. The group will continue to develop advice and initiatives on behalf of Council. Having said this, there was plenty of evidence of good communication this year. The re-launched web site, including the justly popular Agenda for Change site, saw a massive increase in usage by members. *Synergy* and *Synergy News* have continued to go from strength to strength. A new electronic newsletter for Managers and Leaders, *TopTalk*, was launched. There are encouraging signs that feedback from the wider membership is increasing. Two-way communication is a vital component of healthy engagement of every member with the organisation as a whole.

The emergence of plurality of health provision between the NHS and the independent sector provided another theme to our work this year. The rapid commissioning and implementation of the wave one MRI contract was conducted with no reference to professional advice and with little consideration of how the additional services would affect existing

A REPORT FROM THE CHIEF EXECUTIVE OFFICER



departments. The fact that resources were being channelled towards purchasing additional capacity at a time when many MRI units were idle through lack of funds was quickly highlighted. The robust stance taken by the Society in opposition to poor implementation practices was part of a general expression of concerns from many stakeholders. This has led to a re-evaluation of our policy on the role of independent healthcare in relation to the NHS. With members in both sectors, it has been important to clarify that criticism is directed against poor policy rather than against the independent sector itself.

The Society of Radiographers continues to thrive as the trade union and professional association uniquely for the radiographic workforce. Membership numbers have shown steady growth throughout the year and this has contributed to the healthy financial picture that is shown in the annual accounts. Behind this good news there are concerns related to dwindling income from recruitment advertising. This is due to a number of factors and work will continue to minimise the effect on our 'bottom line'. However, it is vital for the continuing life and influence of the Society that we take note of these trends and respond prudently.

Professional and educational activity has been extremely busy with record numbers of professional policy and guidance documents being produced and published, the Approvals and Accreditation Board beginning to work effectively and with the launch of "CPD Now", the on-line manager for member CPD outcomes. The Conferences and Events team entered a new period with the appointment at the end of the year of Claire Brown as their new manager.

Other new appointments to the staff during the year were: Yvonne Reihill, Assistant Executive Secretary and Kate Garas, professional officer looking after management and leadership issues. We sadly said goodbye to Creek Weir and Nicky Taylor. I am personally grateful to all members of staff for their hard work and support during the year. In this report, you will read the detailed reports from Warren Town (Director of Industrial Relations), Audrey Paterson (Director of Professional Policy) and Neil Williams (Director of Finance). The leadership and commitment that they demonstrate makes a huge difference to the Society and to the profession of Radiography.

It is good to report that almost all vacancies at UK Council have been filled. The strength and leadership of Council is vital as we look ahead and face up to new challenges. This year saw the completion of the third and final year of the last strategic plan. We enter 2005/06 with Council meeting to agree strategic priorities and new directions. The opportunities for radiography will continue to emerge as well as the collective body of The Society of Radiographers work innovatively in the service of our patients and of the profession.

Richard Evans



Agenda for Change (AfC) continued to dominate our activity in 2005. But one key element of this is only now beginning to show the effects of change on our membership.

The monitoring we introduced in mid-2005, when results began to emerge, has been used to good effect. Revisions to current profiles have been agreed especially to jobs in Band 5/6 and we have identified a need to review the profiles for senior manager roles.

In January 2006 the Department of Health (DoH) representatives from the Employers Organisation and Job Evaluation Group (JEG) will meet with the SoR to agree a method to monitor the effects of change on member income in accordance with the commitment from the Minister for Health to ensure that SoR members are not compromised by the move to AfC.

innovations and opportunities

One of the main frustrations of 2005 has been the slow progress to assimilate radiographer's jobs. We have therefore had inadequate information to judge the impact of change to AfC pay bands. However, even with scant information we established that the profile for Band 5 was not adequate to identify specialist roles. After protracted debates at national level revised profiles were produced. We will continue to monitor job matching outcomes to establish whether there are any further changes we need to ensure consistency of approach.

A principle reason for the poor flow of information and high level of appeals and reviews was the insistence by the DoH that Strategic Health Authorities (SHAs) (in England) met strict targets for implementation. The instruction from Government that all employers implement by October 2005 resulted in a flurry of activity. Not all of it constructive or robust. As a result there was panic matching and instances of matching panels and employers paying insufficient attention to the letter of the agreement. The result was inconsistent matching across the country. This will make 2006 a difficult year for all groups as attempts are made to correct inconsistencies and implement the Knowledge and Skills Framework (KSF).

In the latter part of 2005 it became clear that statements from the Secretary of State for Health in 2004 that AfC was fully costed and funded were optimistic. Consequently the government budget forecast for growth in December 2005 was scaled down and the Treasury has asked for a cap on all public sector pay settlements. This announcement, coincided with the deliberations of the National Pay Review Bodies (PRB) and the negotiations to conclude new pension arrangements and was clearly designed to influence the NHS PRB reports due for publication in 2006.

Pay Review Body (PRB)

After four years of stasis the Pay Review Body will resume its role as the independent body to determine cost of living increases for the bulk of NHS staff. The PRB has a majority of new members and extended the remit to include a number of additional staff groups. The SoR contributed to the joint Staff Side evidence, attended the joint oral evidence; submitted separate evidence to the PRB; attended an SoR specific oral session and finally submitted two pieces of supplementary evidence to address the impact of privatisation (England) and the acute shortage of members in radiotherapy. The latter was produced at the request of the PRB. In our evidence we called for a national recruitment and retention premium of 10% subject to a more formal review in 2006.

The report is due for publication in late February 2006. If there is a recommendation to pay more than the public sector cap of 2% it will be interesting to see if the government will accept.

Pensions Debate

In 2005 the SoR, with other public sector unions, successfully concluded an agreement to protect existing NHS staff pension entitlement. The unions had hoped to secure protection for new staff also. But the TUC and the Public Sector Unions had to be pragmatic. The challenge for 2006 will be to conclude an acceptable agreement for the future and identify savings which may be used to improve the protected scheme. With the projected increase in public sector expenditure, concluding an agreement may prove difficult. Along with the revision of the public sector pension provision, work will begin to consider improving the current injury benefits and revision of options for early retirement to meet the requirements of the Age Discrimination Act due to be introduced in October 2006.



2006 will be a busy year, the PRB will report on pay for the first time in four years. The NHS will attempt to agree revisions to the current pension scheme for new entrants. The introduction of Private/Public partnerships to deliver health care will accelerate in the acute sector and in the community and AfC assimilation will be complete.

Quite apart from all of these changes the biggest challenge to the delivery of health care for 2006 will be the lack of funding and the acceleration of private sector involvement in the delivery of NHS services.

Staff Council

The new Staff Council for the NHS met twice in 2005. The SoR has two seats on this body. The AGM is scheduled for early in 2006. It is clear that the work generated to monitor the implementation of AfC will not diminish. Consideration will be given to a funded administrative secretariat to assist with the development of the council. The Staff Council will also take reports from the many working groups established to develop AfC and to re-negotiate changes to the agreement. The Council will also monitor AfC activity in the three countries.

National Forums

The Society is represented on a number of national committees where unions work in partnership with employers and government.

innovations and opportunities



Public Services Forum (PSF)

Established in 1994 the PSF represents the interests of all public sector workers. The SoR has a seat on this forum. We represent the interest of small independent health unions in the TUC. The major work for the PSF in 2005 was to conclude the agreement to protect pension entitlement for the bulk of public sector workers.

NHS Social Partnership Forum UK (SPF)

The Society has two seats on this group which was established to consult on public health policy and development. In the latter part of 2005 the SPF debated the introduction of the reconfiguration of Primary Care Trusts (PCTs) and SHAs. The SPF also discussed the policy to introduce commissioning status for PCTs.

Alliance For Health Professionals (The Alliance)

The SoR has taken on the secretariat role for the Alliance during a year when many AHPs moved over to AfC. The Alliance has proved useful in co-ordinating AHP responses to the pensions debate, the re-configuration of PCTs and SHAs and to share knowledge and experience of implementation. In December 2005 The Alliance held a successful KSF workshop for members; other events are planned for 2006.

Annual Delegates Conference

The 2005 ADC was held in York and judged a success with the caveat that there is room for improvement. It has been some 10 years since this event was fully reviewed and updated. In the latter part of 2005 a new Delegates Conference Committee has reviewed many of the existing protocols, rules and standing orders. Changes will be introduced for the 2006 event in Cardiff to correct anomalies and streamline procedures. The Delegates Conference Committee will critically analyse the changes introduced for the 2006 event to see what works and what does not. This is important work. The ADC must remain the focus of policy development in the context of upheaval in health provision and a changing membership.

Professional Indemnity Insurance

There were 10 new claims in 2005. There have been three meetings with the underwriters during 2005 to discuss the impact that extended role and privatisation may have on risk, premiums and management of caseload. The underwriter has indicated that in the future we may have to re-evaluate the level of cover to reflect an increase in the number of independent practitioners. This is unlikely to occur until 2007. Members will be kept fully informed of any changes via *SynergyNews*, SoR website and direct mailing.



Personal Injury

In 2005 we received 20 new claims. This brings the total as of January 2006 to 160. Many of these claims are settled out of court. A minority receive a full hearing. During 2005 members received a total of £290,000.00 in compensation. This figure is a fraction of the overall costs to the employer. This service to members whilst gaining justice and compensation for injury, is also a source of information to identify trends in safety and potential areas of concern. Many of the cases we have concluded against the NHS for Repetitive Strain Injury (RSI) form the basis of advice and guidance for members. It is a sad fact that injuries in the NHS still occur. There is no evidence that a policy of public/ private partnerships will improve working conditions or create a safer working environment. Certainly competitive tendering for cleaning, portering and catering services has seen safety standards decline.

Independent Sector Treatment Centres (ISTC) (England Only)

Throughout 2005 a joint union group composed of Royal College of Nursing (RCN), Amicus and Unison agreed a Human Resources (HR) framework for the introduction of Wave 1 (diagnostics) ISTCs. In the latter part of 2005 we began work on revised criteria for Wave II (elective proceedings) projects. Much of the work concerned the identification of shortage professions. This work is important to restrict the

opportunity for private providers to recruit key and experienced staff from the NHS. The ISTC working group will monitor the development of Wave I and Wave II projects during 2006. In particular the impact they will have on NHS core activity, standards of work, CPD and training and HR practices.

Northern Ireland

Northern Ireland has continued to experience delays to the implementation of Agenda for Change with completion probably due sometime in the early part of 2006. There continue to be outstanding Terms and Conditions issues that appear to have been partially resolved in the rest of the UK, in particular hours protection.

Fairly extensive changes are planned for health care delivery in Northern Ireland. A Northern Ireland wide Strategic Health and Social Services Authority will replace the current four boards and the 18 trusts will be reduced to 5 by April 2007. The impact this will have on radiography services will become clearer over the next 12 months.

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Scotland

The partnership model, which has been in place in NHS Scotland since 1999 was reviewed during 2005. The new streamlined national partnership structure now comprises:

The Scottish Partnership Forum (SPF): acts as the lead body where partners work together on national priorities on health in Scotland.

The Scottish Workforce and Staff Governance Committee: ensures that NHS Scotland acts as an exemplary employer and considers all matters relating to workforces strategy and employment practice on behalf of the SPF.

The Scottish Terms and Conditions Committee: negotiates collective agreements at a Scottish level on terms and conditions and employment related matters.

SoR is represented on all three bodies.

A major area of partnership work for 2006 will be in relation to “Delivering for Health” the NHS Scotland programme of action for the next 5–10 years. Its emphasis on reducing maximum waiting times for diagnostic tests will focus heavily on redesign of radiology services.

Implementation of Agenda for Change for the 130,000 staff employed in NHS Scotland has been overseen by the Scottish Pay Reference Implementation Group (SPRIG) a partnership group which advises the Health Minister and produces

guidance to support NHS Scotland employees. SoR is represented on SPRIG by Elizabeth Stow.

Implementation of AfC adheres to agreed basic principles i.e. the process of matching and assimilation must be fair, transparent and consistent across NHS Scotland. Where there is reference in the AfC agreement or terms conditions handbook to ‘local’ this is interpreted as ‘NHS Scotland’.

Terms and Conditions

One of the three proposed unsocial hours arrangements will be piloted in a test site in Scotland prior to implementation on 1 October 2006.

Currently under negotiation at the Scottish Terms and Conditions Committee (next meeting January 2006) is an all Scotland agreement to implement Band 5–6 accelerated progression (Annex T).

KSF

e-KSF core training has taken place in most NHS Boards and e-KSF is ready for further in-house training and available for the creation of post outlines. A library of KSF outlines is being created which will be shared across NHS Scotland. KSF outlines are to be developed for all staff by March 2006. KSF will be integrated into the Personal Development Planning process and e-KSF fully implemented by March 2007.

SoR managers and reps are currently involved in developing KSF outlines.



Wales

The Welsh Partnership Forum is a partnership based forum made up of Trade Unions, NHS Wales Employers and the Welsh Assembly Government, the Health Minister regularly attends.

During 2005 the Partnership Forum reviewed its constitution and its various subgroups including agreeing a new Welsh Negotiating Forum.

Kim Sandford represents SoR on the Partnership Forum, and several of its subgroups including the Healthy Workforce sub group, the Implementation of AFC subgroup and The New Ways of Working subgroup.

During 2005 the NHS Wales 10 year strategy “Designed for Life” was launched, the strategy is aimed at delivering a healthy Wales through partnership working, across health and social care.

This year for the first time SoR have held their own meeting with the Health Minister, the aim of the meeting was to raise awareness of the roles of Radiographers in diagnostics and therapy, and how the roles of radiographers are changing within the framework of the modernisation agenda.

The work of The Imaging Modernisation Advisory Forum and Board will play a large part in helping to achieve a reduction in waiting times for diagnostic imaging. Kim Sandford and the Chair of Welsh Council of SoR both have a seat.

Agenda For Change

Overseeing AfC has been the AfC Implementation Group and its various sub groups. The aim of the group is to ensure that AfC is implemented in accordance with the principles of AfC i.e. fairly, consistently and transparently. Where possible ‘All Wales’ documents are issued such as the agreement on the protection of hours.

The Society is represented on the Implementation group, the JE Subgroup the T&C subgroup. SoR is also involved in the work on an ‘All Wales’ document on Career, and Pay progression including Band 5-6 accelerated progression (Annex T).

KSF

KSF training has been delivered across Wales by the Pay Modernisation Unit (PMU) and then cascaded within Trusts and Local Health Boards (LHBs). SoR has also delivered training to Managers, Representatives and Welsh Council with the support of the PMU. NHS Wales has a library of outlines that can be shared with organisations across Wales.

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Equal opportunities

Equal opportunities lie at the heart of our bargaining agenda and the Society has been active in campaigning on a variety of equality issues.

There have been many legislative changes in the equalities field which have featured in regular Society Equal Opportunities Newsletters and, more recently, as a special Equality feature in *Synergy News*.

The Sex Discrimination Act has been up-dated this year to meet the terms of the Equal Treatment Directive (EU). Civil partnerships can now be legally registered which gives same sex partners many of the rights and benefits that opposite sex couples enjoy. New Age Discrimination Regulations will be enforceable from October 2006 and the Society will be monitoring the impact of these new regs on members' rights at work. Towards the end of 2005 the Society responded to the HPC consultation exercise on disability and registration to ensure that fitness to practice was balanced against the rights of disabled people in employment.

The Equality Networks are growing from strength to strength and participate in a range of internal and national events such as putting motions forward for debate to our ADC and national TUC conferences.

We are particularly pleased that the disAbility Network has finally got off the ground. We are looking forward to working closely with the Chartered Society of Physiotherapy this year to develop more joint events with the Health Professions Alliance and meetings for network members.

The important work that emanated from the Stephen Lawrence Task Group continues. The first part of diversity awareness training was provided for members of UK council in 2005 and we are currently planning training for staff and also for Regional Committees and National Councils in 2006.

The Society also held the first Regional Committee/ National Council Equal Opportunity Reps meeting in February.

The Society published two new important equality guides. *The disAbility Enabling Guide* and the *Equality Reps Handbook*. We are currently working on an up-dated guide on bullying and harassment and new guidance on the Age Discrimination Regulations.

Trade Union Education (TUed)

During 2004-2005 the organisation provided seven residential 3 day courses for IR, Health and Safety and Union Learning Reps using venues in Sheffield and Birmingham. During this period 103 new reps were accredited and became active. 81 reps attended the residential courses together with an additional 23 reps attending a Scottish induction course in October. Attendance on courses has remained static but even this remains encouraging since most existing and new reps have increased their level of workplace activity and commitment due to AFC and will have attended significant amounts of training at their workplaces in job evaluation and KSF.

TUC tutors now co-tutor on all of our courses which enables our courses to be accredited through the College of North East London. Delegates have benefited from the experience these tutors bring in reflecting workplace attitudes and unionism from all sectors of the economy.

The increased TUed budget has enabled initiatives such as country specific training to take place. Future plans to boost education activity will centre on diversity awareness training.





The year has been a very busy one for the Professional & Education team, with continuing challenges to fully meet the needs of the profession across the four countries of the UK.

Publications and Communications

Professional Documents

During the year, several documents were developed, approved by Council and published. These are as follows.

- ◆ A Framework for Professional Leadership in Clinical Imaging & Radiotherapy & Oncology Services (May 05)
- ◆ Implementing Radiography Career Progression: Guidance for Managers (May 05)
- ◆ A Strategy for Practice Development in Radiography (May 05)
- ◆ Medical Image Interpretation & Clinical Reporting by Non-Radiologists: The Role of the Radiographer (May 05)
- ◆ Course of Study for the Certification of Competence in Administering Intravenous Injections (May 05)
- ◆ Guidance on Approval & Accreditation of Practice Placements at all levels of Pre-registration Education (June 05)
- ◆ Nuclear Medicine Practice (June 05)
- ◆ Accelerated Career Progression: A Policy Briefing (July 05)
- ◆ The Child & The Law: The Roles and Responsibilities of the Radiographer (Oct 05)
- ◆ Research and the Radiography Profession: A Strategy and Five Year Plan (Oct 05)
- ◆ disAbility Network Enabling Guide (Oct 05)

As so many came to completion during May and June, the opportunity was taken to hold a lunchtime reception at the 2005 United Kingdom Radiological Congress (UKRC) to launch them formally.

During the latter part of the year, Council also approved 'Clinical Imaging, Radiotherapy and Oncology: Education Strategy' which was published in November 2005.

All documents referred to above are published in PDF format on the website, as well as in paper format. This year, too, there was a small move in the direction of web format only, with the publication of a revised Directory of Postgraduate Courses being website based only.

Overall, the number of publications produced during any one year continues to be significant. This has led to streamlining the process on an organisation-wide basis, under the overall control of a named staff member and with benefit in terms of quality assurance.

innovations and opportunities

Radiography

Our peer review journal, *Radiography*, has continued to go from strength to strength under the expert stewardship of Professor Peter Hogg, Editor-in-Chief and Jane Croft, Publishing Editor, Elsevier Ltd. The journal has met all but two of the targets Council set for it, some two years ago. The outstanding targets are longer term ones, related to becoming indexed on Medline and acquiring an impact rating. Council agreed that the contract governing the publication of *Radiography* should reflect the developments to the journal, and a five year contract was implemented to run from the beginning of 2006. This should enable *Radiography* to implement a strategy to achieve the outstanding targets.

Synergy and Synergy News

Synergy has continued to develop as a result of the work of the extended Editorial Board, itself an innovation last year. Material for publication is more forthcoming but still proved difficult at times during the year.

Synergy News remains highly successful and popular with the membership, as is evident in the range and number of readers' letters published. The continuing downward trend in positions vacant advertising has resulted in some reduction in the number of pages per month but, so far, it has been possible to maintain both the quality of the publication and the diversity of topics covered within its pages.



Website (www.sor.org)

The website continues to grow in value to the profession, reaching the 'million hits per month' milestone recently. Following on from the behind the scenes re-structuring work of last year, it has continued to grow in terms of content. Some streamlining has also taken place, and effective cross-organisational working to ensure that content is up-to-date, timely and informative.

A particular innovation this year has been the identification of an editor for the website, Rachel Kelly. This has helped with the continuing management and development of the site, and to ensure that it sits alongside *Synergy News* effectively (Rachel Kelly is also the Editor for both *Synergy* and *Synergy News*). A current debate relating to the website is what should remain exclusive to members and what should be in the public domain. Views of the profession on this would be welcome.



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Toptalk

An innovation during the year was the development of *Toptalk*, an e-zine (electronic magazine) aimed at leaders and managers across the UK in clinical departments and higher education institutions. This was first published in March 2005 and appears monthly. It is entirely electronic, and is circulated by email to all those wanting to remain on the circulation list. It provides a rapid access digest of important and relevant material with 'hotlinks' to more detailed features, publications, consultations, etc. Feedback has been excellent and it is now sent out to over 1000 email addresses every month. It is also placed on the website where it is accessible to a much wider readership (who can ask to be added to the email list).

Imaging and Oncology

A new venture this year was the publication of *Imaging and Oncology* to coincide with UKRC 2005. The journal aims to appeal to all those involved in clinical imaging and radiotherapy and oncology services with leading edge articles on policy development, innovation in technology and practice which will determine the nature of service and education delivery in the future. It contains articles from leaders in the field, as well as some high profile interviews. The inaugural edition appears to have been well received and may be downloaded from the web-site. Volume two will be released to coincide with UKRC 2006 with funding from advertising and sponsorship and to publish yearly, thereafter.



conferences and events

Conferences and Events

Re-structuring of Conferences and Events

During the year, a major review of the organisation's conferences and events functions was concluded. Having examined all options from complete outsourcing to doing away with these functions altogether, Council accepted that the most appropriate way forward was to undertake the work as a properly resourced in-house function. Accordingly, it was agreed that two new posts should be created: a Conference and Events Manager and a Conference and Events Assistant, in addition to support from other members of the professional and educational team. Three priorities for conferences and events have been set (see below), all to be delivered with strong financial planning and integrated into the existing information and database management systems:

- ◆ developing a comprehensive conference and seminar programme
- ◆ ensuring that events hosted or attended by the organisation are managed effectively and promote the profile of the organisation and the profession successfully
- ◆ marketing the conference facilities at the head quarters building, including internal marketing.

Conferences and seminars during 2004/2005

As in previous years, a programme of conferences and seminars was offered by the Society or College of Radiographers, as follows:

- ◆ Consultant Radiographers Workshop, London, November 2004
- ◆ Annual Radiotherapy Weekend & College Conference Weekend, Bournemouth, November 2004
- ◆ PACS conference, Manchester, Jan 2005
- ◆ CT (computed tomography) study day, Newcastle, April 2005
- ◆ The 8th Annual Bone Densitometry Conference, Oxford, May 2005
- ◆ The Future of Intensity Modulated Radiotherapy (IMRT), York, May 2005 (in conjunction with Varian Medical Systems)
- ◆ The 6th Forensic Radiography Conference, London, September 2005 (in conjunction with the Association of Forensic Radiographers)
- ◆ CR/DR – Getting it in and Getting it Right, Newcastle, September 2005
- ◆ The Evolution of CT Simulation, Newcastle, September 2005 (in conjunction with Siemens Medical Solutions).



Unfortunately, a number of events were planned and could not proceed, either because it was not possible to agree a final programme or for lack of support.

In September, it also became apparent that there was insufficient support for the planned College Conference weekend, scheduled for early November 2005, in Edinburgh. This was, for the first time, to include both the Annual Radiotherapy Weekend and the SMART conference. Reluctantly, therefore, the decision was taken to cancel this event.

Events hosted and attended during 2004/2005

The College hosted the very successful and high profile UK Radiographer of the Year Award Ceremony at the House of Commons in November 2004.

In addition, the College attended a number of events, both in the UK and overseas, to promote and publicise the work of the profession. These were:

- ◆ Radiological Society of North America (RSNA) Annual Meeting, Chicago, November/December 2004
- ◆ British Medical Ultrasound Society Annual Meeting, Manchester, December 2005
- ◆ SMART (Services Managers And Radiography Teachers) Conference, Manchester, December 2004
- ◆ International Society of Radiographers and Radiological Technologists World Congress, February 2005, Hong Kong
- ◆ European Congress of Radiology, March 2005, Vienna

- ◆ United Kingdom Radiation Oncology Conference (UKRO), York, April 2005
- ◆ United Kingdom Radiological Congress (UKRC), Manchester, June 2005
- ◆ Joint Institute of Physics and Engineering in Medicine/Autumn meeting of the British Nuclear Medicine Society, Glasgow, September 2005
- ◆ American Society of Radiological Technologists Radiation Therapy Meeting, Denver, October 2005.

Professional Officers were in attendance at all of the above, ensuring that professional enquiries were dealt with effectively, and enabling them to keep up to date with developments in practice and technology.

Other activities

In addition to the above, the conferences and events team provided the support required to organise a successful Annual Delegates Conference. This was held in April 2005, in York. Similarly, support was given to the organisation's presence at the Trades Union Congress in Brighton in September 2005 and also the Scottish TUC and Women's STUC.



Approval and Accreditation of Education and Practice

The Approval and Accreditation Board

The Approval and Accreditation Board (AAB) continued to work on establishing its policies and procedures, overseen by the College Board of Trustees. It was encouraging that all of the set-up objectives set for the AAB had been addressed appropriately. This gives confidence that, now that AAB has moved from establishing itself to being fully operational, it will function effectively.

AAB work this year has included:

- ◆ Approval of Education Programmes: during the year, a number of education programmes were considered by the AAB, and approved. These included:
 - 7 BSc(Hons) programmes leading to eligibility for registration in diagnostic radiography
 - 4 BSc(Hons) programmes leading to eligibility for registration in therapeutic radiography
 - 13 Programmes for preparing Assistant Practitioners in Clinical Imaging or Radiotherapy; and a further 4 in mammography. These programmes varied from the NVQ Level III with the associated specialist units in clinical imaging or mammography, through Certificates and Diplomas of Higher Education to Foundation Degrees
 - 4 programmes at Masters Level, with three of these being related to aspects of image interpretation or reporting
 - 1 Certificate of Competence in Intravenous Administration programme
 - 1 dental radiography programme for Professions Complementary to Dentistry
- ◆ Education Strategy: The AAB led the work on developing the College's 'Education Strategy'. This concluded in the document being launched in November 2005, at a very successful day event to which radiography education and education quality leads from College approved Higher Education Institutions were invited.
- ◆ Curriculum Guidance: During the year, AAB began work on Curriculum Guidance in Radiography for the Health Professions Council. Clearly, this will draw on the College's Curriculum Framework which was published in 2003.
- ◆ Work on the accreditation criteria and processes for advanced practice accreditation. This should be completed during the coming year.
- ◆ Similarly, work on accrediting those with relevant non-HPC registerable qualifications was started and will complete during 2005/2006.



Dental Radiography

The College concluded work with other bodies on common standards in dental radiography. This was particularly important in the light of changes to the regulation and education and training of Professions Complementary to Dentistry. The College continues to approve dental radiography education courses on request and provided that the proposed programmes meet the common standards, as well as our additional education and training standards. It is now expected that all dental programmes approved by the College will enable those completing them to undertake the National Examination set by the National Examination Board for Dental Nurses.



Radiotherapy

Department of Health National Radiotherapy Advisory Group

Within England, the Department of Health established a national advisory group to examine radiotherapy, in mid 2004. The group is to provide evidence based advice to the Department of Health on establishing world class radiotherapy services. The Society & College of Radiographers is represented on this group, contributing to the relevant working groups and sitting on the oversight group. These groups include scenario planning, technology and workforce groups.

- ◆ A programme of assessor training was agreed, with a training day taking place early in July 2005
- ◆ Database development work to support AAB's annual recording and reporting needs.

Assistant Practitioners

A major piece of work concluded by the AAB during the year was the establishment of the procedures for individual accreditation of assistant practitioners, together with the web-based public voluntary register accessible from the public pages of www.sor.org

Allied Health Professions Federation Education Leads Sub-group

Membership of this group has been active and has been useful in ensuring that the AAB and education matters dealt with by the team take account of developments within the wider Allied Health Professions field. During the year, there was a joint meeting of the Sub-group with an informal grouping of the allied health professions' Practice Leads which also proved useful.

Higher Education Institutions

Approved Radiography Education Providers

There has been some change in the Higher Education Institutions (HEIs) approved to provide radiography education, with one new centre taking students for the first time in October 2004 (the University of Exeter), and one graduating its final set of undergraduates in June 2005 (Cranfield University). Overall, there are a total of 26 HEIs providing undergraduate radiography programmes, with 16 providing both diagnostic and therapeutic programmes.

Links with HEIs

Effort has been concentrated on working in partnership with HEIs, and to ensure that the organisation provides value for money in relation to student registration and retention fees. The highlight of the year was the very successful partnership event held in November 2005, as mentioned previously, and at which the Education Strategy was launched – 'Developing and Promoting Best Practice in radiography Education'. It is likely that similar events will become a regular feature of work with HEIs and, in addition, a high level advisory group is likely to be established in the coming year. This is of considerable importance, especially as the Council of Radiography Education Directors ceased to function during the year.

Students

Student numbers

The intake of students in 2004 was the largest on record to date, with 1544 students registering with the College of Radiographers. Of these, 1241 were diagnostic and 303 were therapeutic.

Student benefits

During the year, the organisation began the task of streamlining its services for students, with Ms Mary Embleton from the team of Professional Officers becoming the Student Officer. An early outcome of this was the introduction and welcome booklet produced for students entering in 2005, and the further development of the welcome talks offered by the organisation to students.

A major consideration is web-based services for students, and ensuring that all students know how to access www.sor.org. Undoubtedly, there will be much to report on these matters next year.



Contributing to the above are a number of pieces of work, including a stocktake of current services being undertaken by the Cancer Services Collaborative; a Radiotherapy Episodes Project (RES) by the National Cancer Analysis Team; a Royal College of Radiologists (RCR) survey of fractionation; Healthcare Resource Group (HRG) review; a patient led piece of work on 'what do patients want', and another RCR project on brachytherapy service requirements.

As this report is written it is far too early to know what recommendations will be put to the Department of Health in the Summer of 2006. However, recommendations to bring about a considerable increase in both staffing (therapeutic radiographers) and radiotherapy equipment are anticipated.

Professional Development

CPD Now

In last year's annual report, it was noted that a contract had been placed to develop the organisation's web-based continuing professional development (CPD) tool. It is pleasing to report that the tool was formally launched at UKRC 2005 and has been very well received. Several hundred users are now accessing the tool monthly, with a significant proportion making regular return visits. More detailed statistical evaluation will take place during the coming year. It is also pleasing to note that teething troubles have been few and criticism has been constructive and positive.

Further work on the tool has also taken place, particularly to enable members of the profession working in the National Health Service to use it to record their development relative to their agreed NHS knowledge and skills outlines (these became requirements following the implementation of Agenda for Change); and to facilitate registered members of the profession recording the evidence necessary to show that they meet the Health Professions Council's Continuing Professional Development Standards.

Professional Development and the NHS Knowledge and Skills Framework

As a result of the introduction of the Knowledge and Skills Framework (KSF) into the National Health Service (NHS), it became necessary to undertake additional, focused work on professional development. This work began part way through the 2004/2005 year and will continue over next year and into the following year. To date, policy on accelerated career progression for newly qualified radiographers has been approved by Council and published widely. Additionally, work is almost complete on guidance for

Radiotherapy Advisory Group

The Society & College's Radiotherapy Advisory Group concluded significant work on 'guidance for the short term on staffing levels in radiotherapy', and on 'positioning therapeutic radiographers within cancer services: delivering patient centre care'. The resulting documents are due to be published early in 2006. Both documents are timely, given the current reviews of radiotherapy services taking place across the United Kingdom. It is also anticipated that the latter will assist in implementing the profession's career progression framework in radiotherapy.

trainees relative to the new terms and conditions of employment introduced under Agenda for Change.

The agreed work plan for the future includes a significant piece of work on a new publication in the education and professional development series.

Workforce Development

Considerable work on aspects of workforce development in the four countries of the UK took place during the year, and much of this is on-going at the time of writing this report. There are nationwide projects underway in Scotland and Wales, as well as the continuing 'National Radiography Project (England)' which was reported last year. There has also been much workforce development and service modernisation/improvement activity at the local level. It has been challenging to provide significant input at this level and the College's document 'Education and Professional Development: Moving Ahead' has proved a very useful resource.

On occasion, reports of inappropriate developments have been received, usually of assistants working single-handedly and/or without proper supervision being available, but these have been difficult to substantiate on investigation. What has been important in these situations has been to explain and stress the vital role of the radiographer in terms of supervising assistants and their work.

National Radiography Project (England)

As this report is written, the National Radiography Project (England) is drawing to completion. It is clear that the radiography workforce will have increased during the life of the project by at least the 1000 target figure set for the project, although it is impossible to say whether this was as a result of the project or due to the additional education commissions for radiographers and assistants that were put in place prior to the inception of the project.

Nuclear Medicine

The Nuclear Medicine Advisory Group were instrumental in two important activities this year. Firstly, the publication of the College's Nuclear Medicine Practice document and, secondly, review of the document 'PET-CT in the UK: A Strategy for development and integration of a leading edge technology within routine clinical practice'.

The Nuclear Medicine Practice document formed the focus of the College's presence at the Joint Institute of Physics and Engineering in Medicine/Autumn Meeting of the British Nuclear Medicine Society in Glasgow, in September 2005 and was well received.

The PET-CT document was prepared by the Royal College of Radiologists in collaboration with a number of others. The College was pleased to be able to support this document.

Ultrasound and Sonographer Registration

Sonographer Registration Project

Considerable work took place on developing an application to the Health Professions Council for the title of 'sonographer' to become protected within the family of titles for radiography. It is disappointing to report that, almost at the 11th hour, it became clear that there was no support for the application from the Department of Health. As a result, the project concluded and Council reflected on how and whether it should proceed. Council concluded that it should continue to pursue protection of title for 'sonographer' and asked that expert, independent advice be sought. This work is underway at present.

Guidance on ultrasound practice

Towards the end of the year, Council approved revised and updated advice on obstetric ultrasound scanning. It has considerably widened the scope of practice in this field, excluding only those scans performed for purely social reasons only.

The exit strategy for the project has identified work that will be carried on by the Society and College as it accords with its objects, notably work on Clinical Learning Facilitators, and with a buddy scheme for newly appointed professional leaders. Other continuing work from the project links directly to existing work with service managers and on leadership; and to our general work on recruitment, retention and return to practice.

Senior Managers and Professional Leaders

The advent of *Toptalk* has been referred to elsewhere in this report. This has provided enhanced support for the leaders of the profession, and provides an excellent platform from which to build. Services to managers were enhanced further towards the end of the year when additional staff for the Professional and Education Team came into post – one of these includes providing support for managers specifically.

Magnetic Resonance Imaging (MRI)

During the year, some work began to develop a trained assistant workforce in MRI, as well as advanced practitioners with MRI reporting skills. Twelve beacon sites were selected and funded for this work which is being overseen by the National Radiography Project (England). The College is involved with all aspects of this work, including the work on developing nationally agreed competences.





Consultant Practitioners in Radiography

A particular disappointment this year has been the failure to grow the number of consultant radiographers to any significant extent. The number has increased from nine to 13 but this is woefully inadequate in relation to the needs of the service.

Cardiac Imaging and Cardiac Catheter Laboratory Staff

The recent rapid expansion of cardiac catheter laboratory services has brought a limited workforce under considerable pressure, with acute shortages of key staff apparent. During the year, the proposals for a pilot programme to 'cross-skill' members of the catheter laboratory teams to increase the flexibility of the team and avoid the need to cancel lists due to absence of key staff came into effect, with the start up of a pilot M level programme aimed at cardiac radiographers, catheter laboratory nurses and clinical physiologists. The outcome of this should be available some time during 2006.

An adverse outcome of the overall shortfall of staff is a small number of local skills mix initiatives that are seeking to replace radiographers with assistant level staff. This has potentially serious consequences for the radiation safety of patients and staff. This matter is being addressed urgently, and discussions on this matter with the Health Protection Agency have taken place.

The organisation is also contributing to a working party established by the British Cardiac Society to explore workforce concerns in catheter laboratories in depth.

Prescribing

The legislation to enable radiographers to become supplementary prescribers of medicines was passed during the year. Programmes are now under development and it is likely that the first approved radiography prescribers will emerge towards the end of 2006. While this is a significant development, it is likely to be more relevant to therapeutic radiographers than to diagnostic radiographers for whom independent prescribing would be useful. This matter continues to be raised with the Department of Health's advisors on this matter.

Workforce Reviews

During the year, the organisation participated in three major workforce review meetings (diagnostic and therapeutic radiography, nuclear medicine, the cancer care workforce). The aim of these is to ensure that education and training commissioning at pre- and post-registration levels produces a workforce that is of a sufficient size and with the right skills. It remains difficult to secure funding for post-registration education and training, and to move to a position where future needs are considered more than historical precedents.

Research

As well as publication of the document 'Research and the Radiography Profession: A Strategy and Five Year Plan' in Oct 2005, it is pleasing to report that earmarked funding of £25,000 has been set aside to support research within the profession. It is also pleasing that, already, some of this has been allocated to two projects that applied successfully to the RCR Research Pump-Priming Scheme.

Skills Mix

As can be seen in the list of professional documents published during the year, the organisation concluded updating its policy and guidance on reporting by publishing

'Medical Image Interpretation and Clinical Reporting by Non-Radiologists: The Role of the Radiographer' in May 2005. This met with some concern by the Royal College of Radiologists who felt it might be construed as a joint document. As a result, it was agreed to



publish a short statement to clarify that it was a document of the College of Radiographers only.

Much more positively, the work on a joint document with the Royal College on Skills Mix within clinical radiology services is progressing and should lead to an agreed position early in 2006.

Special Interest Groups

There are a number of special interest groups associated with the organisation. During the year, there was contact and work with the following:

- ◆ Macmillan Radiographers
- ◆ Cardiac Radiographers

Two new groups, concerned with interprofessional education and educators in radiography, have been proposed and it is hoped these will get off the ground during the forthcoming year.

A long established, active group re-launched itself at UKRC earlier this month, the Association of Forensic Radiographers. This is a well developed group, undertaking a considerable amount of valuable work. They are an excellent model for other groups to follow and it is hoped that it will be possible to use its experience to encourage others to be as active.

Consultations

As in previous years, the organisation gave evidence in response to a number of consultations, including the following from the Health Professions Council:

- ◆ A disabled persons guide to becoming a health professional
- ◆ Health, disability and registration
- ◆ Structure of the HPC Register
- ◆ Returners to practice
- ◆ Managing fitness to practise: a guide for registrants and employers.

Other consultations and evidence submissions included:

- ◆ Defining and Maintaining Professional Values in Medicine (Royal College of Physicians)
- ◆ Review of Regulation of Non-Medical Healthcare Professions (the Foster Review) (Department of Health, England)

The Professional & Education Team have also continued to gather and submit evidence to consultations from the National Institute for Health and Clinical Excellence, and to play an active part in the Allied Health Professions Federation's Research and Clinical Effectiveness Sub-groups.

Staffing Matters

It is pleasing to report that additional staff resources for the Professional and Education team were approved. As a result, the following new appointments were made during the year:

Ms Claire Brown – Conference and Events Manager

Ms Kate Garas – Professional Officer (with particular responsibilities for managers and leaders, and for magnetic resonance imaging)

Ms Maria Murray – Professional Officer, based in Scotland to support Professional work in Scotland and Northern Ireland, and matters related to radiation protection on a UK wide basis.

Ms Yvonne Reihill also joined the organisation with a role in providing support for the Director of Professional Policy and other directors.

Conclusion

The Professional and Education Department has carried a heavy workload successfully. Some of its work, notably that on Approval and Accreditation and Continuing Professional Development has laid down frameworks that are sustainable into the foreseeable future. This has been essential, given the challenges that lie ahead, especially those related to diversification of healthcare provision.

Of course, none of the matters reported here could have been accomplished without the expertise and effort of the staff, the Professional Officers, the Conference and Events staff and the Administrative Support Team. This opportunity is taken to place on record the gratitude of the organisation to these individuals.

International Matters

International Society of Radiographers and Radiological Technologists

This was a busy year for the organisation in terms of its role within the International Society of Radiographers and Radiological Technologists (ISRRT). There were many opportunities to form and build on overseas contacts, including the 13th World Congress which took place in Hong Kong in February 2005, attended by the President, President-Elect (as ISRRT representative) and Chief Executive Officer. Adopting the theme “Radiography ... beyond the 4th Dimension”, this four-day event included high quality and thought provoking presentations from across the world, with several excellent speakers from the UK.

Prior to the congress, both Regional and World Council meetings of ISRRT took place. These were successful and set out objectives for the coming year.

The European Committee for Radiographers and Radiological Technologists annual meeting took place in Estonia, in November 2004. It highlighted the fact that there is much work to be done on matters concerning the profession within the European Union. The Society and College of Radiographers is to be closely involved in this on-going work.

Informal meetings of ISRRT/ECRRT member societies were also held at the European Radiological Congress (ECR) in March. As reported elsewhere, the organisation was represented in the exhibition hall with a good number of visitors coming to the stand. Radiographer attendance at ECR was higher than in previous years.

Towards the end of the year, the World President of ISRRT, Tyrone Goh, received an honorary doctorate from South Bank University. The ceremony was attended by the Chief Executive and President.

American Society of Radiologic Technologists (ASRT) Links and the ASRT Leadership Academy for Educators

Good relationships are maintained with the American Society particularly through the Leadership Academy for Educators. There was an increased number of applicants for this award this year. The winner, Ms Christine Heales, was eventually selected from the newest provider of radiography education in the UK, the University of Exeter.

Discussion regarding a reciprocal award of some kind has taken place, with the Board of Trustees agreeing that this should be centred on attendance at UKRC or UKRO as appropriate, aimed at senior clinical people with some service management responsibilities. This will be progressed as soon as possible and is likely to come into place for 2007.

Charity Registration Number: 326398

THE SOCIETY OF RADIOGRAPHERS BENEVOLENT FUND REPORT FOR THE YEAR TO SEPTEMBER 2005

The trustees present their report and the audited accounts for the year ended 30 September 2005. This is a summary of the full report which is available on request to The Administrator of the Benevolent Fund.

Aims and objectives

The Benevolent fund was established in 1983 as a registered charity with its own trust deed and constitution. The objects of the charity are “the assistance and relief of persons in the United Kingdom being members (including student members) and former members of The Society and their dependants who are in necessitous financial circumstances and in particular such of them as are old, sick or incapacitated.”

Trustees

Margaret McClellan (Chair)
Christine Soutter
Sue Barlow
Valerie Edwards
Lorraine Nuttall
Denise Hardy
Gytha McBirney

Activity in the year

The Trustees met twice during the year to discuss requests for assistance and the awarding of grants and to develop the strategy for heightening awareness and interest in the fund. The available Trustees continued to attend and to give promotional talks at the Annual Delegates Conference and various meetings through the Countries.

Income for the year to September 2005 was £27,363, £12,659 more than 2004. In addition to many generous collections at Society meetings around the UK, there has been a significant increase in members' donations plus a £10,000 donation from the Society while affiliation income from the Society credit card continued to be satisfactory. Bank interest benefited through increases in the amounts of balances held.

Expenditure amounted to £3,632, compared to £7,673 in 2004, mainly incurred through awarding grants to beneficiaries. There were fewer grant applications this year compared to the previous year.

The fund bank balance at the 30 September 2005 was £65,562, an increase of £23,731 (57%) over the balance of the year before.

Reserves risk and investment policies

The charity's reserves amounted to £65,562 at 30 September 2005. The trustees wish to at least maintain this level of reserves and to make grants of assistance broadly to the level of the income received in the preceding financial year.

The funds are held in an interest bearing account and the rates of interest are reviewed periodically by the trustees.

Auditors

The Auditors Horwath Clark Whitehill LLP were appointed for the year, and a resolution to re-appoint them will be put before the Annual Trustees Meeting.

By order of the Committee

Richard Evans Secretary to the Benevolent Fund
23rd February 2006



ACCOUNTS FOR THE YEAR TO SEPTEMBER 2005

	2005		2004
	£	£	£
INCOMING RESOURCES			
Donations	19,439		8,114
Income from credit cards	5,869		5,574
Bank interest	2,055		1,016
		<u>27,363</u>	14,704
RESOURCES EXPENDED			
Grants and donations	2,240		7,299
Leaflets and posters	-		-
Sundry expenses	1,392		374
		<u>(3,632)</u>	(7,673)
Net movement in funds		23,731	7,031
RETAINED SURPLUSES AT BEGINNING OF YEAR		<u>41,831</u>	<u>34,800</u>
RETAINED SURPLUSES AT END OF YEAR		<u>65,562</u>	<u>41,831</u>
BALANCE SHEET AS AT 30 SEPTEMBER 2005			
	2005		2004
	£		£
Insight Liquidity fund	50,851		
Cash at bank	14,276		42,155
	<u>65,127</u>		42,155
DEBTORS: amount due for gift aid tax claim	1,720		
CREDITORS: amounts due within one year			
Amounts due to Society of Radiographers	<u>(1,285)</u>		(324)
	<u>65,562</u>		41,831
Unrestricted funds	<u>65,562</u>		<u>41,831</u>

Secretary to
The Benevolent Fund

Signed



Richard Evans
Chief Executive Officer

The Society and College of Radiographers, 23 February 2006

COMMITTEES AND WORKING PARTIES OF COUNCIL

The table below indicates each elected members' Society commitments for the year commencing July 2005.

College Board of Trustees Executive members and officers

Meets 4 times p.a.

Mrs A Pollard; Mr K Tucker; Mrs H Harries-Jones ; Mr A Pitt; Mr I Henderson; Mr M Graveling (from 01.07.05); Miss L Forret (from 01.07.05); CEO; DPP, DF

Investigating Committee (reports to Council) **Meets ad-hoc**

Representatives will be decided as and when required

Radiography Editorial Board (reports to Council)

Meets quarterly

Mr I Henderson; Mrs A Maddison; CEO; DPP; DF

Delegates Conference Committee (reports to Council)

Meets 4 times p.a.

Mrs A Pollard; Mr A Pitt; Mrs Z Mitton; Mrs J Venton

Trades Union Education Committee (reports to Council)

Meets half yearly

Mrs H Harries-Jones; Mrs J Venton; Mr K McMurray

Health & Safety Forum (reports to Council) **Meets quarterly**

Mrs J Hughes; Mrs A Maddison

Royal College of Radiologists **Meets half yearly**

Representatives will be determined as and when required

RCR Patient Liaison Groups **Meets half yearly**

Radiology Mrs M Waltier; Oncology Ms H Colyer

BIR Council Observer **Meets quarterly**

The President

RCR Faculty Board Observer **Meets quarterly**

The President

Irish Institute of Radiography Liaison Committee

Meets half yearly

The President; DPP; CEO

The Investment Committee

Meets half yearly

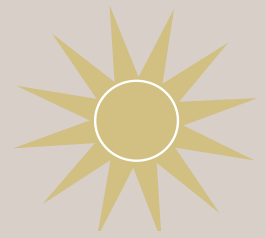
Mr A Pitt; Mrs A Pollard; Mr I Henderson; Mr D MacManus; Mrs N Sinclair; Mr J Foster; CEO; DF

Working Parties, Networks; SIGs, ad-hoc committees,

Membership as required

MEETINGS OF COUNCIL

Month	Apologies
7th Oct 2004	Mr S Boynes, Mr K Tucker
10th Nov 2004	Mr I Henderson, Mrs H Harries-Jones
5th Jan 2005	Mr W Rea, Mr K McMurray
2nd Feb 2005	Mr K McMurray
2nd March 2005	Mr K Tucker
6th April 2005	Mr W Rea
4th May 2005	Mr W Rea
5th May 2005	No apologies
6th July 2005	Mr K McMurray, Mr K Tucker
7th Sept 2005	Mrs A Pollard, Mrs S Mathers, Mrs P Kitto, Mrs J Hughes



ANALYSIS OF OFFICIALS' SALARIES AND BENEFITS

Under the provisions of the Trade Union Reform and Employment Rights Act 1993 (TUERA) the following additional information is disclosed:

Office held	Gross salary	Employer's NI contribution	Pension contribution	Benefits	Value	Total
	£	£	£	£	£	£
President	-	-	-	-	-	-
Vice-president	-	-	-	-	-	-
President-elect	-	-	-	-	-	-
Members of Council	-	-	-	-	-	-
Chief Executive Officer	33,388	3,965	4,526	-	-	41,879

In the current year £10,000 was payable to the President's employer for the services of Hazel Harries Jones as President.

IRREGULARITY STATEMENT

As required by sub-section (6) (a) of the Act

"A member who is concerned that some irregularity may be occurring, or have occurred, in the conduct of the financial affairs of the union may take steps with a view to investigating further, obtaining clarification and, if necessary, securing regularisation of that conduct.

The member may raise any such concern with such one or more of the following as it seems appropriate to raise it with: the officials of the union, the trustees of the property of the union, the auditor or auditors of the union, the Certification Officer (who is an independent officer appointed by the Secretary of State) and the police.

Where a member believes that the financial affairs of the union have been or are being conducted in breach of the law or in breach of rules of the union and contemplates bringing civil proceedings against the union or responsible officials or trustees, he should consider obtaining independent legal advice."

REVIEW

Increasing numbers of newly qualified radiographers see the value of joining The Society and the free trial membership period aims to help this situation continue. Membership numbers of The Society of Radiographers over the last five years show a pleasing increase and are as follows:

2000: 14,948 2001: 15,516 2002: 16,028 2003: 16,673 2004: 17,383 **2005: 18,147**

Numbers of students registered with the College of Radiographers continues to rise:

2000: 2,197 2001: 2,404 2002: 2,589 2003: 2,981 2004: 3,521 **2005: 4,068**

This supplementary information does not form part of the audited financial statements.



FINANCIAL REPORT

SERVICES TO MEMBERS, THE PROFESSION AND THE PUBLIC

Value for money

As an organisation we are very much aware that we need to provide our members with the best service we can from the means available. Great care is taken to select the most efficient providers, which fit with the organisation's needs and cultures, whether the service is to benefit members directly or to contain overhead costs.

More radiographers join each year and this increasing scale of our operation also helps us to provide services efficiently.

Prudence for the future

We budget as carefully as possible but there is always concern for the unexpected and this is particularly relevant at present. The world never stands still and there have been several fundamental changes put forward which could greatly alter the organisation, the profession and indeed the Health Service itself.

THE SOCIETY AND COLLEGE OF RADIOGRAPHERS

Summary of the Financial Results for the Year to September 2005

INCOME AND EXPENDITURE £	Year to 30 September 2005				2004
	SOCIETY	COLLEGE	CONTRA	Combined	Combined
Membership subscriptions	3,059,640			3,059,640	2,796,664
Other income:					
Student registration grants		304,938		304,938	283,275
Magazine income	699,457			699,457	862,913
Radiology and Oncology Conferences		328,904		328,904	312,787
Seminars and courses		140,260		140,260	146,357
Regions and Branches	36,277			36,277	37,798
Investment income	49,030	39,313		88,343	56,113
Sundry income	9,869	1,831		11,700	26,049
Donation and notional rent from Society		870,000	(870,000)	0	0
Total of other income	794,633	1,685,246	(870,000)	1,609,879	1,725,292
Total income	3,854,273	1,685,246	(870,000)	4,669,519	4,521,956
Salary costs	805,822	690,501		1,496,323	1,371,874
Operational and overhead costs					
Donation and notional rent to College	800,000		(800,000)	0	0
Donation to Benevolent Fund	10,000			10,000	5,000
Donation – Restricted Fund		500		500	1,700
Agenda for change	89,751			89,751	70,191
Magazine costs	676,028	116,378		792,406	802,884
Regional offices, Councils and reps costs	267,006			267,006	245,521
Members insurance and legal costs	204,881			204,881	229,195
CPD and website costs	28,231	60,397		88,628	77,611
Radiology and Oncology Conferences		266,279		266,279	299,006
Meetings, seminars, library, literature and liaison		272,303		272,303	216,415
ADC, TUC membership etc.	160,497			160,497	131,701
Audit and professional fees	23,387	9,148		32,535	31,010
Depreciation, asset sales etc	38,942	45,302		84,244	98,707
Occupancy	89,019	29,217	(70,000)	48,236	34,035
Publicity, database and computer costs etc.	117,078	30,979		148,057	85,141
Telephone, travel, copying, postage etc	221,696	53,274		274,970	298,646
Total operational and overhead expenditure	2,726,516	883,787	(870,000)	2,740,303	2,556,763
Total expenditure	3,532,338	1,574,288	(870,000)	4,236,626	3,928,637
Surplus for the year before gains	321,935	110,958		432,893	593,319
Investment gains less losses	49,418	49,418		98,836	24,386
Surplus after gains	371,353	160,376		531,729	617,705

FINANCIAL REPORT FOR YEAR TO SEPTEMBER 2005

Society membership continued to grow steadily through the year. Total income was £4,669,519 up by £147,563 (3.3%) from 2004 mainly through the increase in membership subscriptions partly offset by lower magazine advertising income.

Total expenditure increased by £307,989 (7.8%) to £4,236,626 for 2005. The main reasons were higher salary costs, developmental database costs, more promotional expenditure and professional guidance costs. Activity across the whole organisation including Regions and Countries continues to rise to better support members.

The Society and College had a combined surplus of £432,893 compared to £593,319 for 2004. In addition to the surplus, the SCOR investments gained £98,836 in value this year – taking advantage of the stock market recovery.

Commentary on Income and expenditure

Income for 2005 over the whole organisation amounted to £4,446,519 an increase of £147,563 compared to last year's total of £4,521,956.

Income from membership subscriptions amounted to £3,059,640 in 2005, a rise of £262,976 (9.4%) over 2004. The increase arose equally from more Radiographers joining the Society and from a 4.9% increase in subscription rates for 2005. Member's subscriptions represented 65.5% of total income in 2005, or to put it another way, 34.5% of the income necessary to run the organisation was found from other sources.

This "other income" amounted to £1,609,879 and was £115,413 lower than 2004 for the following reasons:

Major changes in other income for 2005 compared to the previous year were:

- a) Synergy advertising declined significantly by £163,456 or nearly 19% in 2005 mainly on recruitment advertising. This was an unwelcome but not unexpected turn of events following the introduction of the NHS careers website and other e-recruitment initiatives.
- b) Income from bank deposits and investments rose by 57% or £32,230 due mainly to higher levels of funds invested and greater returns from investments.
- c) Student grants increased by £21,663 (8%) from 2004 to an all time high of £304,938.
- d) Radiology and Oncology Congresses (ROC) companies contributed £16,117 (5%) more than 2004 helped by the bi-annual UK Oncology Congress which was run in 2005 in addition to the highly successful UK Radiological Congress (UKRC) which was held again in Manchester.

Expenditure for 2005 across the organisation amounted to £4,236,626, an increase of £307,989 (8%) compared to 2004.

Salary costs in 2005 accounted for £1,496,323, an increase of £124,449 (9%) over 2004. This is in part due to a programmed increase in staffing levels necessary to respond to the increasing needs of members and the profession which was set in motion towards the tail end of the financial year. Costs associated with the pension scheme had been expected (and had been budgeted for 2005) but these costs are now likely to fall in the year to 2006 instead.

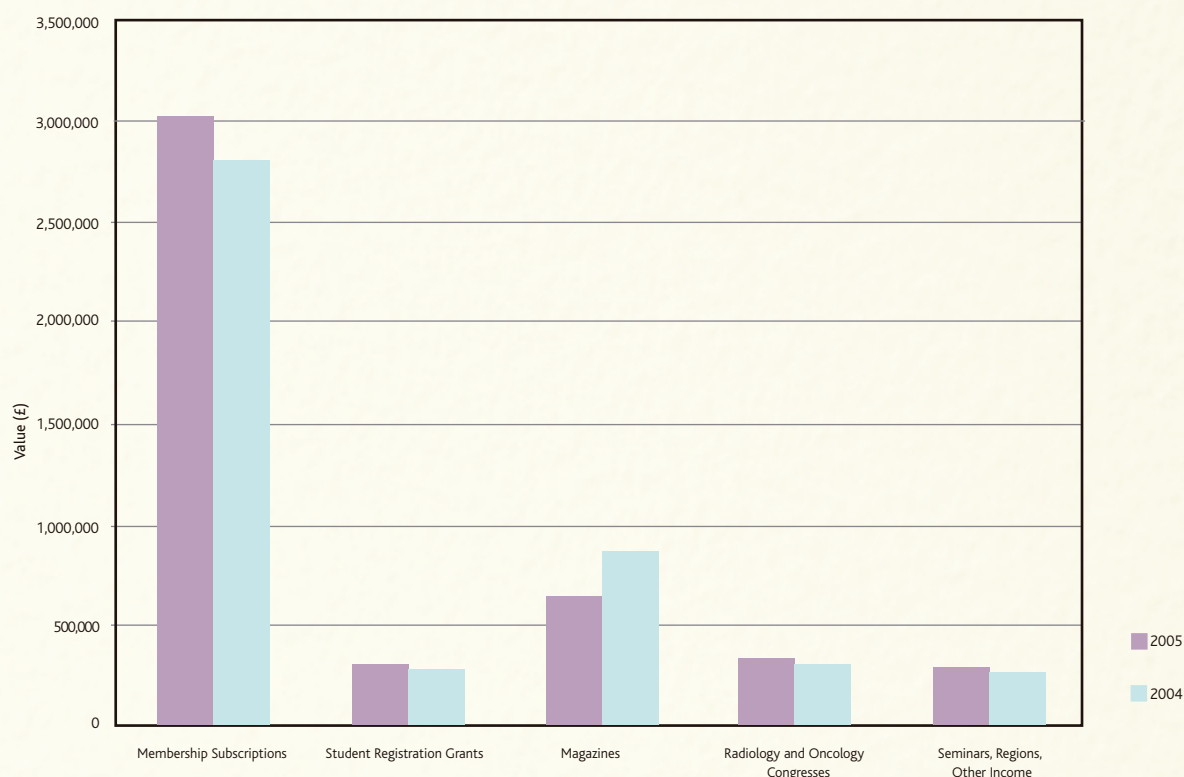
Operational and overhead expenditure amounted to £2,740,303, £183,540 more than for 2004 when substantial overhead savings were achieved. In fact overall 2005 operational and overhead costs are only slightly more than the total for 2003.

The main cost changes from last year were:

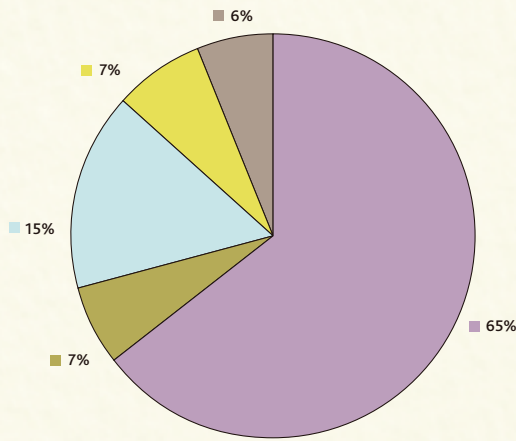
- a) 'Agenda for Change' – The Society continued to put more resources into advice and communications to members and the Health Department, including *Synergy AfC News*, Reps detailed briefings, a dedicated AfC website and the highly successful Trafalgar Square rally which attracted Radiographers from all over the UK.

- b) Magazine and journal costs fell by £10,478 (1.3%). Lower commission on the reduced advertising income was partly offset by £17,485 costs of the new annual journal *Imaging and Oncology* – targeted at opinion formers and accounted for nearly all this increase.
- c) The Society Council approved a donation of £10,000 to the Benevolent Fund, £5,000 more than 2004.
- d) Regional and Country costs increased by £21,485 (8.7%) with more activity compared to last year.
- e) Member’s professional indemnity and legal costs fell by £24,314 due again to lower legal costs.
- f) CPD and website costs increased by £11,017 to £88,628 with the support given to the ‘CPD Now’ programme and the continuing development costs of the SOR website.
- g) ROC costs rose by £37,273 to £266,279 due mainly to running the UKRO bi-annual conference in 2005 partly offset by our lower share of the UKRC total costs.
- h) ADC and TUC fees costs rose by £28,796 to £160,497 through increased expenditure on TUC membership and the ADC plus the Special Delegates Conference held in late 2004.
- i) Occupancy costs at HO increased by £14,201 due mainly to higher service charges now that the front desk is manned for longer each week.
- j) Depreciation costs fell by £14,453 to £84,254 reflecting less need to replace assets.
- k) Courses, seminars, literature and liaison costs (attending national and international events) have increased by £55,888 due mainly to cancellation of two major seminars, more research items and increased effort put into College publications and guidance documents.
- l) HR database and computer costs increased by £62,916 to £148,057 through media costs to raise the SCOR profile, database development costs and more staff recruitment and training.
- m) Telephone, travel, copying and postage costs reduced again this year, this time by £23,676 from 2004 with tight cost control.

Income – 2005 compared to 2004

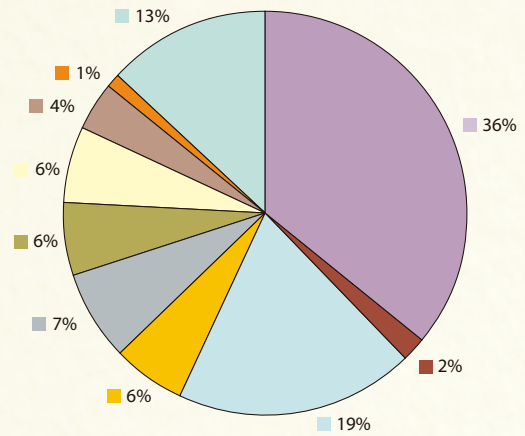


Income 2005



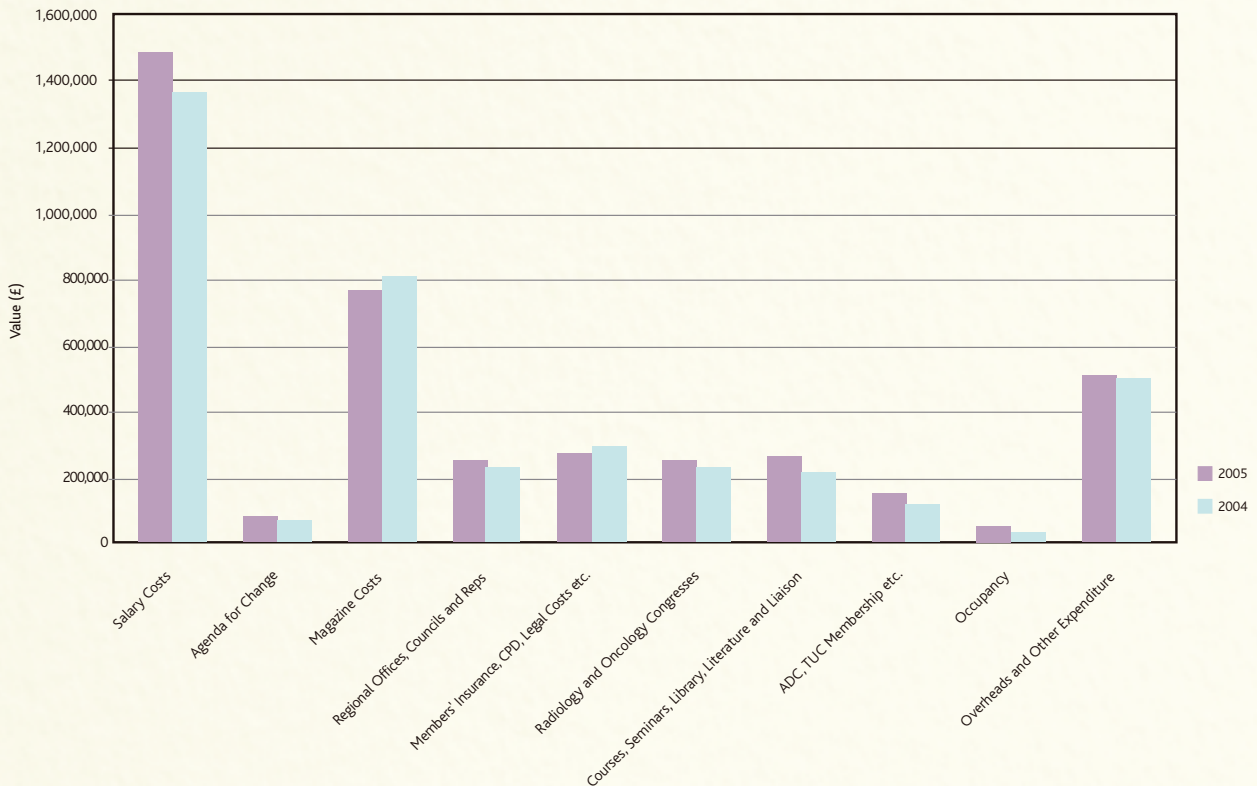
- Membership Subscriptions
- Student Registration Grants
- Magazines
- Radiology and Oncology Congresses
- Seminars, Regions, Other Income

Expenditure 2005



- Salary Costs
- Agenda for Change
- Magazine Costs
- Regional Offices, Councils and Reps
- Members Insurance and Legal Costs
- Radiology and Oncology Congresses
- Courses, Seminars, Library, Literature and Liaison
- ADC, TUC Membership etc
- Occupancy
- Overheads and Other Expenditure

Expenditure – 2005 compared to 2004



Commentary on the Balance Sheet

Total assets at the 2005 year-end amounted to £3,987,847, £531,729 higher than the value at September 2004. Tangible fixed assets, which include the head office property, were down £69,277 mainly due to depreciation set aside each year for replacements, which again exceeded expenditure on new assets. The Society and College Fixed Asset investment values rose, including an additional £100,000 investment, by nearly 40% to £770,840.

Current assets, less liabilities, were up by £381,222 at £1,849,949 which mainly reflects increased bank and money-market deposits arising from the surplus for the year.

BALANCE SHEETS AT 30 SEPTEMBER 2005					2004
figures in £	SOCIETY	COLLEGE	CONTRA	Combined	Combined
Tangible fixed assets					
Long leasehold property		1,169,963		1,169,963	1,196,254
Office fixtures, furniture & equipment	2,259	168,364		170,623	207,011
Computers	506	25,964		25,470	33,068
Total	2,765	1,364,291		1,367,056	1,436,333
Fixed asset investments	385,420	385,420		770,840	551,056
Investment in subsidiary	2			2	2
Current assets less liabilities					
Debtors	322,476	134,328	(51,906)	404,898	376,078
Money-market deposits	750,000	750,000		1,500,000	1,000,000
Bank balances etc	337,604	109,294		446,898	529,043
Creditors	(325,053)	(228,700)	51,906	(501,847)	(436,394)
Total	1,085,027	764,922		1,849,949	1,468,727
Total assets at September 2005	1,473,214	2,514,633		3,987,847	3,456,118
Share capital		2			2
Reserves					
Contingency fund	2,739			2,739	2,739
Industrial injuries fund	40,000			40,000	40,000
General fund	1,430,475				1,059,122
Restricted fund for overseas placements		15,472			15,559
Unrestricted funds		2,499,159			2,338,696
Total capital & reserves at September 2005	1,473,214	2,514,633		3,987,847	3,456,118

Reporting on Summarised Accounts

The above figures on pages 34 to 38 have been extracted from the full Society Council and College Board of Trustees reports and financial statements, which have both been audited by Horwath Clark Whitehill LLP, who gave unqualified audit reports. The auditors have confirmed to the Council and Trustees that the summarised financial statements are consistent with the full financial statements for the year ended on 30 September 2005. The Council approved the Society of Radiographers Report and accounts on 8 February 2006 and the College Board of Trustees approved the College of Radiographers Report and accounts on 9 March 2006. Both documents will be sent to Companies House in July and the latter document to the Charity Commission also in July.

Horwath Clark Whitehill LLP also gave an unqualified audit report on the financial statements of the Benevolent Fund for the year to 30 September 2005.

These summarised financial statements may not contain sufficient information to gain a complete understanding of the financial affairs of the companies. The full reports, audit reports and financial statements may be obtained from The Secretary, Society and College of Radiographers, 207 Providence Square, London SE1 2EW.

THE SOCIETY OF RADIOGRAPHERS LIMITED

2006 ANNUAL GENERAL MEETING

Venue: Jury's Inn Hotel, 245 Broad Street, Birmingham

Date: Sunday, 14 May 2006 commencing at 5.00pm

Notice is hereby given that the Annual General Meeting of the Society of Radiographers will be held on Sunday 14 May 2006, commencing at 5.00pm, for the following purposes:

1. To receive consider and adopt the audited accounts for the year ended 30 September 2005 together with the reports of the Council and the Auditors.
2. To appoint Horwath Clark Whitehill LLP as Auditors, Special Notice having been received on the change in the name of the firm, and to authorise the Council to fix their remuneration.

A Member entitled to attend and vote at the above Meeting is entitled to appoint a proxy to attend and vote instead of him. A proxy need not be a Member of the Company.

There will be a Members Open Forum at 4.30pm, at the Jury's Inn Hotel, immediately before the AGM.

By order of the Council; Richard Evans, Chief Executive

Date: 8 February 2006

Registered Office: Society of Radiographers, 207 Providence Square, Mill Street, London SE1 2EW

Notes for AGM

1. A member entitled to attend and vote at the above meeting may appoint a proxy to attend and on a poll to vote instead of himself-herself. Any proxy must be a member of The Society. A proxy form is attached.
2. The instrument appointing a proxy and any authority under which it is executed or a notarially certified or office copy of such authority must be deposited at the registered office of The Society not less than seven days before the time for holding the meeting or adjourned meeting at which the person named in the instrument proposes to vote.
3. Admittance to the AGM may only be granted to those who can show evidence of current membership.

THE SOCIETY OF RADIOGRAPHERS LIMITED

PROXY FORM
ANNUAL GENERAL MEETING 2006

If you cannot attend the Annual General Meeting (AGM) you are entitled to appoint someone else, a 'proxy', to attend and vote in the event of a poll being called.

A proxy must vote as you instruct and cannot vote for you on a show of hands.

You can choose a proxy other than the President by crossing out 'President' where printed below and writing your proxy's name and SoR membership number in the space provided. Please indicate for each resolution, how you wish your proxy to vote. If you do not tell your proxy how to vote, your proxy can abstain or vote as he/she thinks fit on the resolutions or any other business conducted at the meeting (including amendments to resolutions).

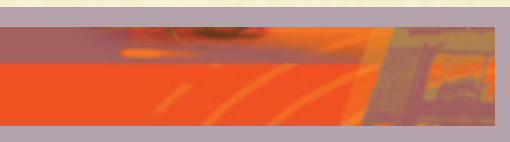
I, _____

appoint the President (*tick as appropriate*)

appoint _____

as my proxy to attend and on a poll to vote on my behalf at the Annual General Meeting of The Society of Radiographers to be held at Jurys Inn Hotel, 245 Broad Street, Birmingham on Sunday 14 May 2006 commencing at 5.00pm and at any adjournment of that meeting.

Please sign here: _____ Date: _____

**Acknowledgements**

Photographs are reproduced by the kind permission of University College London Hospital; Poole Hospital, Dorset.

The Society is indebted to the staff of their respective departments for their co-operation.

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