

THE SOCIETY OF
RADIOGRAPHERS



SOR ANNUAL REPORT

2011/12

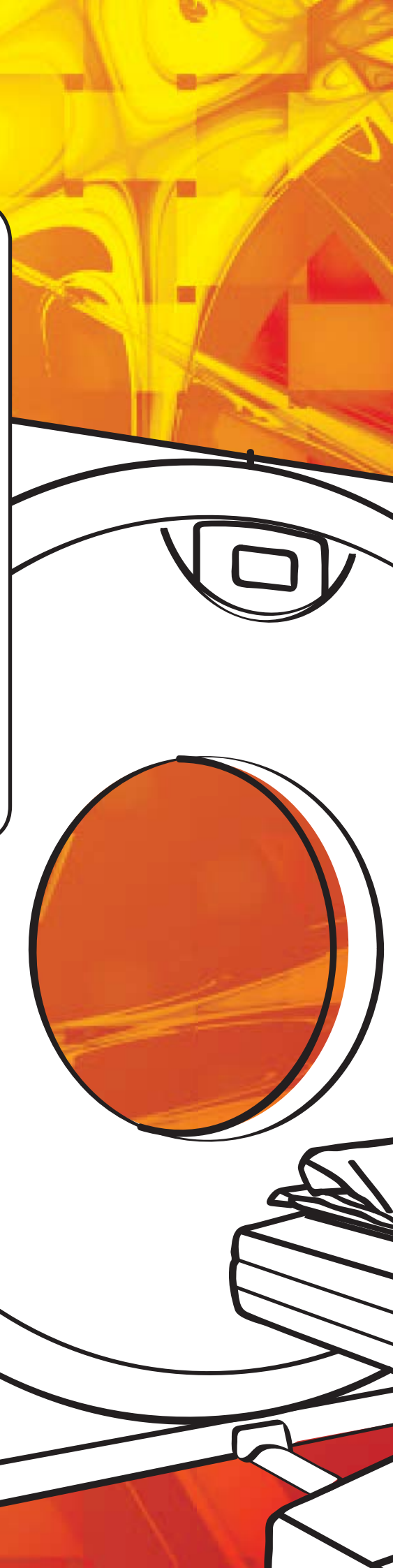
MAKING OUR VOICE HEARD



THE OBJECTS

The objects for which The Society is established are:

- To promote and develop for the public benefit the science and practice of radiography and radiotherapeutic technology and allied subjects;
- 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 public education therein;
- 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 further all such objects which a trade union may lawfully pursue in accordance with statute.



ANNUAL REPORT 2011/12

for the year ending 30 September 2011

The Society is the professional body for those practising in medical imaging and radiation therapy.

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THE COUNCIL OF THE SOCIETY OF RADIOGRAPHERS



Back row from left:

Andy Thomas, Terri Gilleece, Kenny McMurray, Karen Smith, Rosemary Tubman, Alison Milne, Sheila Hassan, Zena Mitton, and Steve Harris.

Front row from left:

Gill Dolbear, Jackie Hughes, Sue Johnson, Pam Black, and Sandie Mathers.



SOCIETY COUNCIL MEMBERS AND OFFICERS

For the period of this Annual Report and until 31 December 2011

President	<i>To 30.06.11</i>	Mrs S Mathers MSc DCR(R)
	<i>From 01.07.11</i>	Mrs S Johnson MA BSc(Hons) DCR(R) PgC
President Elect	<i>To 30.06.11</i>	Mrs S Johnson MA BSc(Hons) DCR(R) PgC
	<i>From 01.07.11</i>	Mrs J Hughes DCR(R)
Vice President	<i>To 30.06.11</i>	Mrs J Hughes DCR(R)
	<i>From 01.07.11</i>	Mrs P Black DCR(R) NVQ PgDip
Immediate Past President	<i>To 30.06.11</i>	Mrs G Dolbear MSc PgCL&T(HE) DCR(R)DMU
	<i>From 01.07.11</i>	Mrs S Mathers MSc DCR(R)
Chief Executive Officer		Mr R Evans HDCR
Director of Professional Policy		Professor A Paterson OBE MSc TDCR DMU FCR
Director of Industrial Relations		Mr W Town MA DCR(T) DLS
Director of Finance		Mr N Williams FCA
Editor Synergy News		Ms C Swaffer
Editor Synergy Imaging and Therapy Practice	<i>To November 2011</i>	Mr I Henderson
	<i>From December 2011</i>	Ms M Armstrong
Editor Radiography		Professor R C Price MSc FCR

COUNCIL MEMBERS OF THE SOCIETY OF RADIOGRAPHERS

Scotland	<i>From 01.07.11</i>	Mr K McMurray DCR(R)
	<i>From 01.07.11</i>	Mrs S Mathers MSc DCR(R)
	<i>To 30.06.11</i>	Mrs A Milne DCR(R) BSc(R)
Yorkshire & North Trent		Dr M McBride DCR(R)
Northern		Mrs K Smith MSc DCR(T)
North West		Mr S Harris BSc(Hons)(T)
Northern Ireland	<i>From 01.07.11</i>	Mrs P Black DCR(R) NVQ PgDip
	<i>To 30.06.11</i>	Mrs T Gilleece MSc DCR(T) PgD(RNI) PgCHEP
Wales		Mrs S Conn TDCR
		Mrs J Hughes DCR(R)
Midlands	<i>From 01.07.11</i>	Mr A Thomas TDCR
	<i>To 30.06.11</i>	Mrs R Tubman DCR(R) BSc (Hons)
Eastern		Mrs S Johnson MA BSc(Hons) DCR(R) PgC
London	<i>From 12.04.11</i>	Mrs Z Mitton DCR(R) DRI FCR
	<i>To 30.11.10</i>	Mrs S Hassan DCR(T)
South East		Mr I Henderson MSc DCR(R) PgCHE FCR
South West	<i>To 30.06.11</i>	Mrs G Dolbear MSc PgCL&T(HE) DCR(R)DMU
		Mrs D Brunning BSc(Hons)

THE COLLEGE OF RADIOGRAPHERS BOARD OF TRUSTEES (CBOT)

Mrs P Williams MSc BSc(Hons) TDCR	<i>Chairperson</i>
Mrs S Mathers MSc DCR(R)	<i>President to 30.06.11</i>
Mrs S Johnson MA BSc(Hons) DCR(R) PgC	<i>President from 01.07.11</i>
Ms P Chapman	Mr A Kay
Mr I Eversden MPhil	Mr J Foster FCA
Dr K McHugh FRCR	Mr D Adrian-Harris TD JP MPhil BA (psych) TDCR HDCR
Mr I Henderson MSc DCR(R) PgCHE FCR	Mrs J Hughes DCR(R)
Mrs P Black DCR(R) NVQ PgDip	Mrs Z Mitton DCR(R) DRI FCR
Mrs E Chapman MSc DCR(R) DMU DipMgr	
Dr M McBride DCR(R)	<i>To 30.06.11</i>

The members of Council and the College trustees are covered by professional indemnity insurance.



WHAT A YEAR TO BE PRESIDENT!

Sue Johnson
President 2011/12

I am extremely privileged to be able to write the foreword to the United Kingdom Annual Report of the Society and College of Radiographers.

What a year to be President! At the time of my inauguration last July I was looking forward to a busy year, meeting members and undertaking the tasks associated with the role. It was clear that the momentum of our industrial relations activities would increase, as new models of healthcare delivery were being introduced and the public sector – and the NHS in particular – came under enormous economic pressure.

The Health and Social Care Bill is making its way through Parliament and, at the time of writing, had received no fewer than 137 late amendments in order to win over the House of Lords. The report stage is imminent, but opponents continue to call for the Bill to be dropped.

The challenges hidden within the creation of the new NHS, the promotion of patient choice and the reduction in NHS administration costs will all impact on radiographers' roles and service delivery. Changes to the organisation of services in England have already started to dismantle the current systems before the Bill has even become law. Wales, Scotland and Northern Ireland are also ploughing their own furrows, requiring our organisation to respond diligently to the various issues that impact on our members.

I would not be able to summarise my year so far without mentioning the strike on 30 November. The solidarity demonstrated within the ballot was heartening. The challenge of enacting the democratic vote was not lightly taken. The ability of the organisation to reflect and achieve the desires of the members, so passionately demonstrated, remains a challenge.

I doubt at the time of publication that the pensions issue will have drawn to a close. Industrial and strike action should never be taken casually. A line in the sand is clearly drawn and decisions to retreat or advance then become even more politically charged. As a membership organisation – and one where I believe firmly the members have a voice – it is not possible to please all of the people all of the time.

The diversity of our profession, the diversity of opinion, and the diversity of talent within radiography is what makes it a thriving and vibrant profession to be in. Students entering training now have hopes and dreams way above my aspirations of 25 years ago, but then again I little dreamt I would be President.

Change and challenge is always on the horizon for the profession. For example, there is still much work to do in supporting and accrediting advanced practice and consultant radiographer status; not least in achieving recognition of the excellent patient outcomes that can be achieved in a cost-effective manner by utilising this developed workforce.

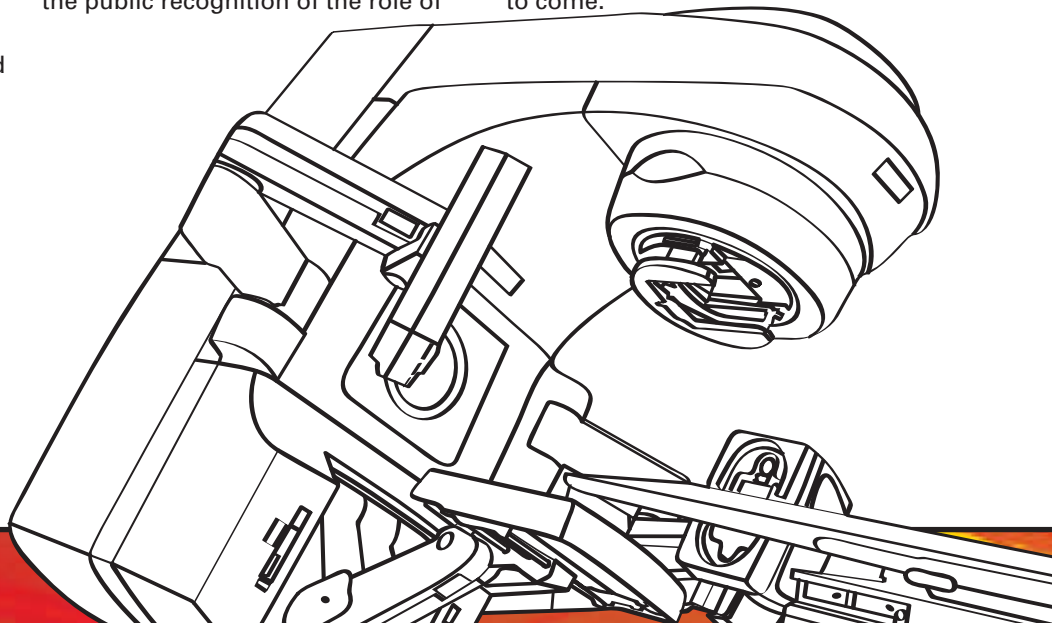
I have been President for the latter part of the Year of Radiotherapy which has continued apace and provided a real improvement in the public recognition of the role of

radiotherapy in cancer treatment. Radiotherapy can cure cancer, is cost-effective and cutting edge. The challenge now is to maintain and further develop this excellent work, in order to keep increasing awareness among the public and policy makers.

I have attended several international events during the past eight months, where I am constantly struck by the high regard in which the SoR and British radiographers are held. We have a great reputation to uphold and must never forget that. Each and every member has a responsibility to make sure that all professional actions have value and add something to the patient experience.

I must thank all the UK Council members, the current presidential team and the staff and directors of the Society and College of Radiographers for their support, not only of myself, but of our profession. I must also thank all of our members, who have welcomed and encouraged me wherever we have met. It really makes a difference.

I have barely touched on the vast amount of work that has been achieved in the short space of time that I have been President, but I hope that I have given you a flavour of what is happening now and what is to come.



WE ARE THE VOICE FOR OUR MEMBERS, PATIENTS AND THE PUBLIC



Richard Evans

Chief Executive Officer

The summary of our financial accounts shows a very satisfactory result in terms of business and financial management. This reflects another year of growth in membership numbers combined with good budgetary planning and control.

It sounds obvious to say that a membership organisation needs to work for its members in order to succeed. The Council and staff of the SCoR recognise that membership is not only our principal source of income, but also our very reason for existence.

This report covers the final year of UK Council's strategy, which sets out a mission to provide a voice for every member. Many of our members will now have seen details of the next strategy and that this mission remains at the core of our objectives in an ambitious programme for the coming three years.

This is not because we fell short in working on the previous strategy, but rather that Council knows that influence and action, by and on behalf of members, has to remain at the heart of our work.

'Making our voice



heard' seems a very fitting theme for reporting on activities in this particular year. We are the voice for radiography, for individual members and, of course, members collectively. We are the voice for increasing standards of practice and service in diagnostic imaging and radiotherapy. We are the voice for our patients and for the public.

The financial constraints on public services and upon health in particular provided the backdrop to all of our work in the year. In England, government assertions that savings can be achieved solely through initiatives to drive up service quality were apparently ignored in favour of more traditional 'slash and burn' approaches in many NHS trusts.

The SoR made our voice heard at national and local level to defend basic terms and conditions. In Wales and Northern Ireland, large-scale reorganisation of hospital trusts was seen as the route to savings, whilst in Scotland the more centrally-controlled NHS saw the squeeze applied, apparently more strategically, but with similar painful results.

Making our voice heard in emphasising the value of excellent, timely imaging and radiotherapy services has been a major priority and it is encouraging to see that our members continue to push for improvements in standards of care, despite the economic pressures.

There are countless examples of innovative practice, team working and personal commitment, that are making a difference for patients and service users.



Audrey Paterson, the Society's Director of Professional Policy and her husband, Colin, at Buckingham Palace. Audrey was awarded the Order of the British Empire for her contribution to radiography. Photo courtesy of Stella Bruce.

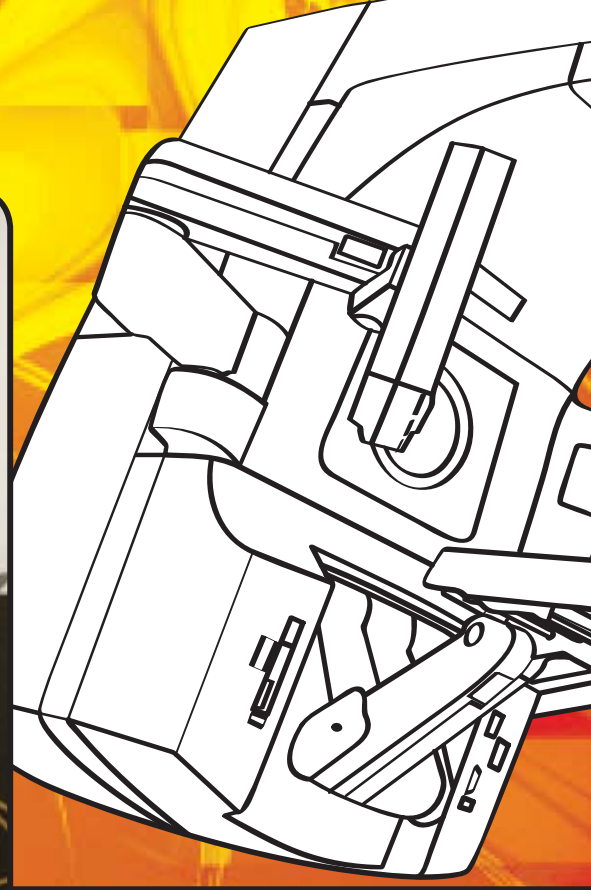
The fact that this also delivers improved service efficiency is recognised in too few centres. Centrally, the Society's policy and guidance development, together with work with partner organisations, has focused on publicising the vital contribution of radiography within modern healthcare. The Year of Radiotherapy campaign has provided a particular opportunity.

Our members continue to make their individual and collective voices heard through our outstanding network of accredited representatives

and the regional committee and national council structures. The Society is indebted to all who undertake these voluntary roles.

In particular, we should acknowledge and celebrate the commitment of the members elected to UK Council. Strong leadership, by members, for members





"The value of Gill is that she knows everything." This was one of many heartfelt tributes paid to the Society's Executive Secretary, Gill Smith, at her retirement party in December 2011. She was presented with the Society of Radiographers' Silver Medal in recognition of her outstanding dedication and contribution to the profession of radiography.

and for our organisation is essential, and is very much behind our success.

Working for UK Council, the 40 employees of the Society and College do a tremendous job in making sure members' voices are heard. It is a pleasure to work with such a great team and I am particularly grateful, as always, to Warren Town, Neil Williams and Audrey Paterson, who work incredibly hard and provide unstinting leadership and support.

I was delighted (as I know were very many others) when Audrey's unique and inspirational contribution to radiography, and to the Society and College, was recognised with an OBE in the Queen's birthday honours.

Another remarkable career in the SoR was recognised when Gill Smith, who had been Executive Secretary for many years, celebrated her retirement.

We welcomed Liz Robinson to the staff team as Assistant Executive Secretary.

On the international scene, the Society continued to work with the European Federation of Radiographer Societies and the International Society of Radiographers and Radiologic Technologists. Close relations with partners such as the American Society of Radiologic Technologists (ASRT) also help to maintain our level of influence around the world.

We attended the European Congress of Radiology and the Radiological Society of North America, where we presented speakers as part of the Associated Sciences Consortium and within the ASRT programme.

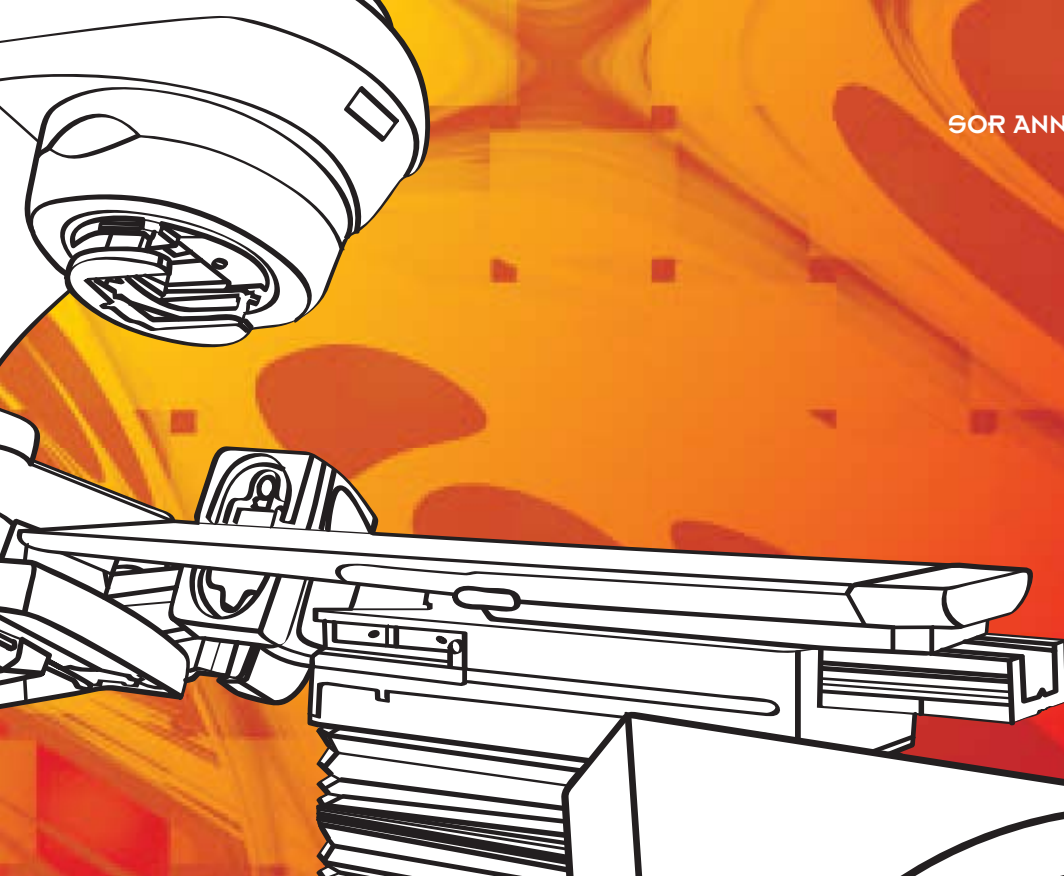
The College of Radiographers Industry Partnership Scheme continues to thrive, providing financial support for the growing number of radiographer-led

research projects that are submitted for consideration by members each year. This is enabling the growth of research activity at the heart of radiography and is another vital example of our voice growing in strength and influence.

We are delighted that companies in the scheme recognise partnership with the Society and with the profession as a priority. Our other many alliances and partnerships, such as with the Royal College of Radiologists and the Allied Health Professions Federation, help to ensure the radiography voice reaches further.

None of this works without individual members wanting to make a difference. The voice of radiography is about excellent services delivered to countless patients and service users every day. It is about ensuring fair treatment for colleagues and negotiating in partnership. Our voice is heard in promoting our profession and in celebrating the best that radiographers can achieve. It is also about taking the views of members from the grassroots to make a difference nationwide.

At the Annual Delegates Conference in 2011, individual members of the Society stood



up to ask UK Council to prepare to mobilise members to defend public sector pensions if necessary. Those members' voices were joined by a unanimous vote of the conference delegates.

In September, these voices were added to a further unanimous response at the TUC conference, setting the scene for the largest united action in the public sector for a generation. In next year's annual report we will be able to reflect on the ultimate results of this exercise. Whether you believe industrial action to be an unfortunate consequence of failed negotiation or an exhilarating opportunity to show democratic solidarity (or both), it is difficult to deny the powerful effect of members making their voices heard.

I hope that you will want to read more of this report and will agree with me that radiography has plenty to shout about!



PARTNERSHIP WITH INDUSTRY CONTINUES TO GROW



There are 20 industry partners who have signed-up to the College of Radiographers Industry Partnership Scheme.

Recent additions include Accuray, Fujifilm, InHealth, Jennie Reeves Radiographers Agency, Matchtech and Mirion.

In spite of squeezed budgets and hard economic times, companies have continued to support the vital radiography research projects.

"We are grateful to industry for the ongoing commitment to the scheme, particularly when money is so tight," said Richard Evans, the College's Chief Executive Officer.

CoRIPS encourages radiographers to apply for funding for research of any aspect of the science and practice of radiography.

Bids can be made for up to £5000

InHealth were one of the new CoRIPS Industry Partners who joined the scheme in 2011 at Diamond Partner level. The company was presented with a plaque marking their membership of CoRIPS at the MRI unit of Croydon University Hospital Trust, one of the many InHealth sites around the UK. From left: Gill Winter (Clinical Lead), Mike Fox Davies (Operations Manager), Janet Dark (MRI Services Manager), Richard Evans (Society CEO), Louise Ballinger-Finch (Group Director), Richard Bradford (InHealth CEO); Azmina Mavjee (Post Graduate Radiographer), Brian Phillpott (Chair of Croydon Health), and Colin Faulkner (Training and Development Manager). Kneeling: Vinod Rangasamy (Senior MRI Radiographer), Christopher Lopez (Senior MRI Radiographer) and Geo Joseph (Senior MRI Radiographer).

for small projects and up to £10,000 for a larger proposal, although bids for funding exceeding these amounts will be considered.

The scheme is part of the SCoR's commitment to its research strategy, which is intended to increase the amount of research being undertaken by the profession.

Twenty-seven research projects have been funded so far.

The current industry partners are:

Diamond partners

InHealth
Vertual

Premier partners

Accuray
Guerbet
OSL

Partners

Agfa Healthcare
Carestream
Covidien
Elekta
Fujifilm
GE Healthcare
Healthcare Software Systems
Integrated Radiological Services
Jennie Reeves Radiographers Agency
Matchtech
Mirion Technologies
Nucletron
Siemens Medical
Toshiba Medical Systems
Varian Medical Systems

Richard is talking to other businesses that have enquired about joining CoRIPS. This is their opportunity to reach more than 24,000 radiography practitioners who are members of the College, some 80% of the profession.

Partners have unrivalled access to the knowledge, experience and expertise within the organisation and throughout the membership. The College has a key role in the approval and accreditation of education programmes – graduate and postgraduate – and in the advancement of professional practice standards.

Participation in the partnership scheme can be a key element of a company's corporate social responsibility programme, as a benefactor of healthcare research.

"Believe it or not, we don't just want industry partners' money," Richard said.

"We also want their expertise. Industry is carrying out its own research, much of it groundbreaking. Radiographers are interested to know what is 'round the corner' and are more than happy to provide feedback about possible future changes in the clinical environment," he added.





WE CONTINUE TO DEFEND MEMBERS' RIGHTS

Warren Town

Director of Industrial Relations

If 2010 was dominated by talk of belt tightening, then 2011 was the year in which we began to feel the squeeze.

In last year's Annual Report I wrote that the future of industrial relations would be dominated by costlier and lengthier local disputes and that we would witness a reinvigoration of mass protests and marches. Few will be surprised that these prophecies were fulfilled.

We entered 2011 as we intended to go on – by standing firm with the other unions and vowing to support all Society members whose employers looked to stealthily reduce entitlements. The NHS has not been immune from cuts to budgets and as 2010 drew to a close it became clear that the two-year pay freeze was just the tip of iceberg.

In England, as money became scarce, employers at national level panicked and sought agreement from staff side to suspend increments for the period of the pay freeze. Although the NHS Employers' proposal was rejected by staff side collectively, this

is unlikely to spell the end of the argument.

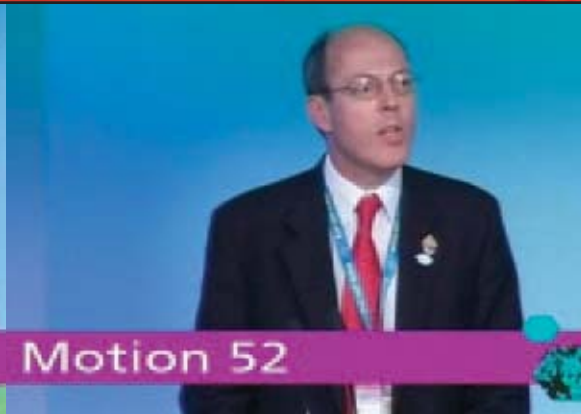
In a vain attempt to save money, local employers in some parts of the country have introduced, or attempted to introduce, plans to water down terms and conditions and have removed increments for sickness absence. The staff side nationally and members at local level have resisted these draconian and unnecessary changes. This opposition resulted in a high-profile employment tribunal in the northwest that could decide the legitimacy of changes to terms and conditions where the employer has no other motive than to save costs.

The threats of redundancy in radiography in the NHS have not materialised and early indications are that students are finding employment. It is anticipated that the job market across the UK will remain buoyant for 2012, but there is uncertainty about the future. The same cannot be said for the private sector, where the SoR has supported

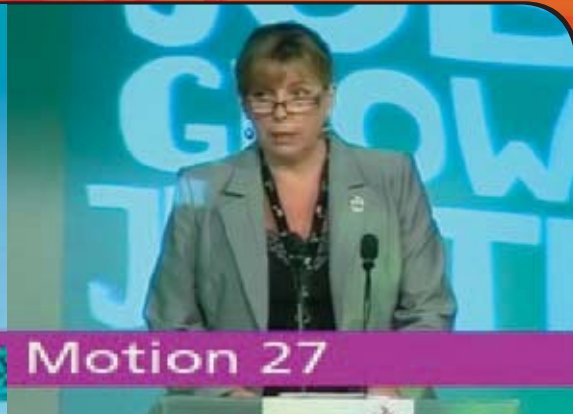




Motion 53



Motion 52



Motion 27

From left to right, speaking at the 2011 TUC Conference: Sandie Mathers, Richard Evans, and Pam Black.

considerable numbers of members who have been redeployed or made redundant.

The extent to which jobs will remain available for the newly qualified and for members who want to further their career may depend on the progress of the coalition government's ideas to re-design the NHS by introducing multiple providers and competition. The early effects of any change are unlikely to be seen until the latter part of 2012.

Feeling the pensions' pain

The most contentious issue of the year remains the revision of the Public Sector Pension Scheme. For the first time since the late 1970s, public sector unions across the UK have taken collective action to oppose the imposition of changes that will seriously erode members' pension entitlements for the future. Members were asked in the autumn whether or not they wished to take strike action. Nearly two-thirds of our members took part in the ballot and, of those, 81.2% were in favour. On 30 November, we joined with two million other public sector workers and made our voices heard. Only time can tell to what extent these pensions decisions can be reversed – or at best changed – so as to be palatable.

Out of hours working

Provision for out of hours services continues to be a major industrial relations' issue. In early 2011 we published further advice for members in advance of 31 March – the date on which national protection for on-call schemes ended. The guidance

laid out five aims and reinforced the notion that harmonisation should mean a levelling up rather than a levelling out or down. We have seen that in the absence of national agreement, many local negotiations have proved fruitful. But it is a mixed picture and so we continue to provide members with ongoing advice and support.

Improving workplace health and safety

In 2011 we stepped up our health and safety campaigning. Changes to on-call systems, the threat of widespread job cuts, and the constant pressure upon members to do more for less is leading to reports of escalating stress issues. Alongside this, the number of members reporting of musculoskeletal disorders (MSDs) – particularly among sonographers and mammographers – is alarming.

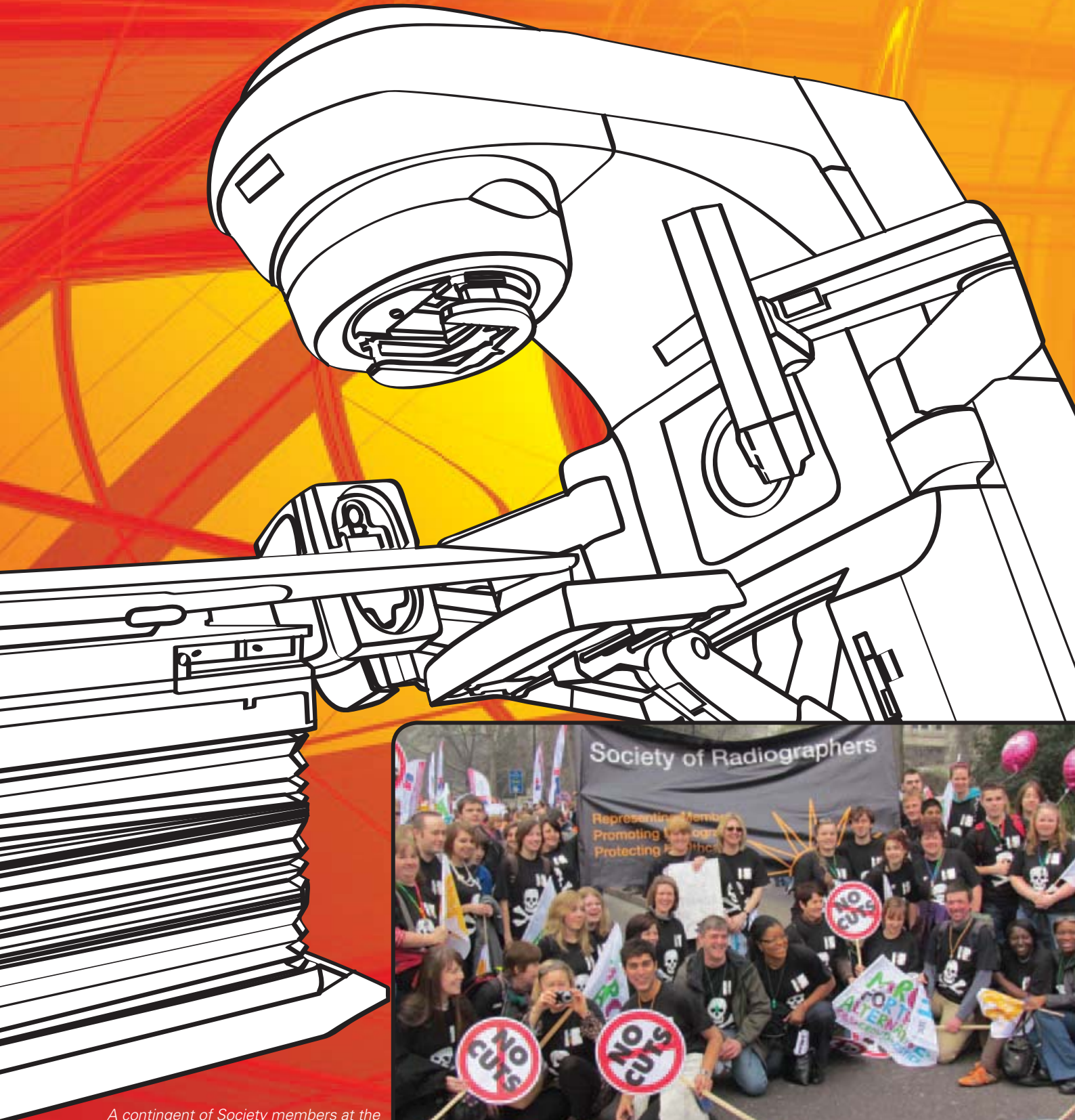
In response, we worked hard to ensure health and safety remained high on agendas. We elevated the 'It's a pain' awareness campaign which was first launched in 2006. The initiative helps members to recognise the signs of work-related MSDs and encourages safety representatives and managers to work together to carry out risk assessments. We also continue in our campaign for the adoption of UK industry standards, which will help prevent MSDs among sonographers.

We are also tackling the issue of violence in the workplace. During the year, we have worked in close partnership with NHS Security Management Services (now NHS Protect) to raise awareness of an

individual's right to complain or report inappropriate behaviour.

In early 2012, the Prime Minister declared the government would "wage war against the excessive health and safety culture". It is hoped that the progress we have made in these areas will not be undermined by the government's efforts to wantonly slash health and safety 'red tape'. Again, we will strive to ensure our members' health, safety and wellbeing are paramount in the minds of their managers and employers.





A contingent of Society members at the March Against the Cuts in central London on 27 March 2011. More than 250,000 people were estimated to have taken part.

Raising the alarm for our members and the public

The annual TUC Congress is our opportunity to join with the other unions to draw up common economic and social policy. At Congress 2011, we received unanimous support for our two motions and broad media coverage. The first motion aimed to protect workers in the NHS from changes to sickness policies. As

previously mentioned, evidence shows that some employers are looking to defer pay progression on the basis of sickness absence. We understand that managing sickness absence is a challenge, but the solution is not to disregard nationally agreed terms and conditions and penalise those who need to take sickness leave.

Our second TUC motion called for a review of the use of anti-psychotic drugs in the treatment of dementia patients. Of the 180,000 using the treatment, 36,000 will derive some benefit. However, the drugs will lead to the death of 1800 patients and 1620 will suffer adverse effects. This is too high a price to pay. In many circumstances, these drugs are being used as replacement for alternative



clinical care and are being prescribed unnecessarily. We want to see this change.

As ever, we continue to work with the other unions to lobby the appropriate bodies and decision-makers, whilst raising awareness of these social and workplace issues.

Annual Delegate Conference rocks Brighton

Our members are the bedrock of our organisation and each year they come together from all four countries of the UK to debate issues and policies that affect them and their patients. Much like TUC Congress, this is an opportunity for them to directly engage with one another in order to drive SoR policy.

In April 2011, nearly 200 members – the majority of them accredited representatives – gathered to debate no less than 40 motions. There was much to discuss, from workforce development to domestic violence, through to media engagement and the Olympics. To no one’s surprise, government policy – particularly the Health and Social Care Bill and public pensions – fuelled as much debate outside the conference hall as it did in it.

Recognising our reps

Our industrial relations and trade union work would not be so effective if it were not for the ongoing efforts and determination of our national network of accredited reps. Each year – at ADC – we hold an awards evening to honour those who have excelled and celebrate their successes.

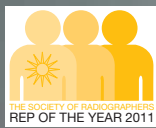
In 2011, Gary Watts was named national Rep of the Year. Gary has fought

for fairer recognition and career progression for all radiographers at Chase Farm Hospital in London, where he has been a rep for almost 17 years. Gary’s all-round expertise, ability to adapt to changing circumstances and his passion for the role made him a natural choice for the judges. And on 30 November – the day of action – he spoke eloquently to the thousands of protestors who had gathered on

Victoria Embankment in London.

Receiving the award, Gary commented: “It is great to be recognised after all the years of putting in the effort and hard work.” When asked why he had become a rep in the first place, he replied: “I can’t stand injustice and I have a strong drive to see people treated fairly and decently.”

This encapsulates what drives all our reps and eight more received



Gary Watts, the Society’s 2011 UK Representative of the Year receives his award from then president Sandie Mathers (left) and Elisabeth Smith from the award sponsors, Howard Kennedy.



Society President Sue Johnson (right) with TUC Deputy General Secretary Frances O’Grady at the presidential inauguration.

awards at the ceremony. They all skillfully combine the ability to tackle industrial relations' issues head on, whilst lending a supportive and caring ear to their peers.

Getting the message across

Communication is key and over the years we have refined and grown the ways in which we communicate with our members. Recognising that one size does not fit all, we have multiple publications and several methods of delivery. Many of our publications are developed for specific audiences.

In 2010, SoR News – the Society's electronic newsletter for reps – won a Highly Commended Award at the Trade Unions Communications Awards for the second year running. This was followed up in 2011 with a Highly Commended for TopTalk – our electronic newsletter for managers.

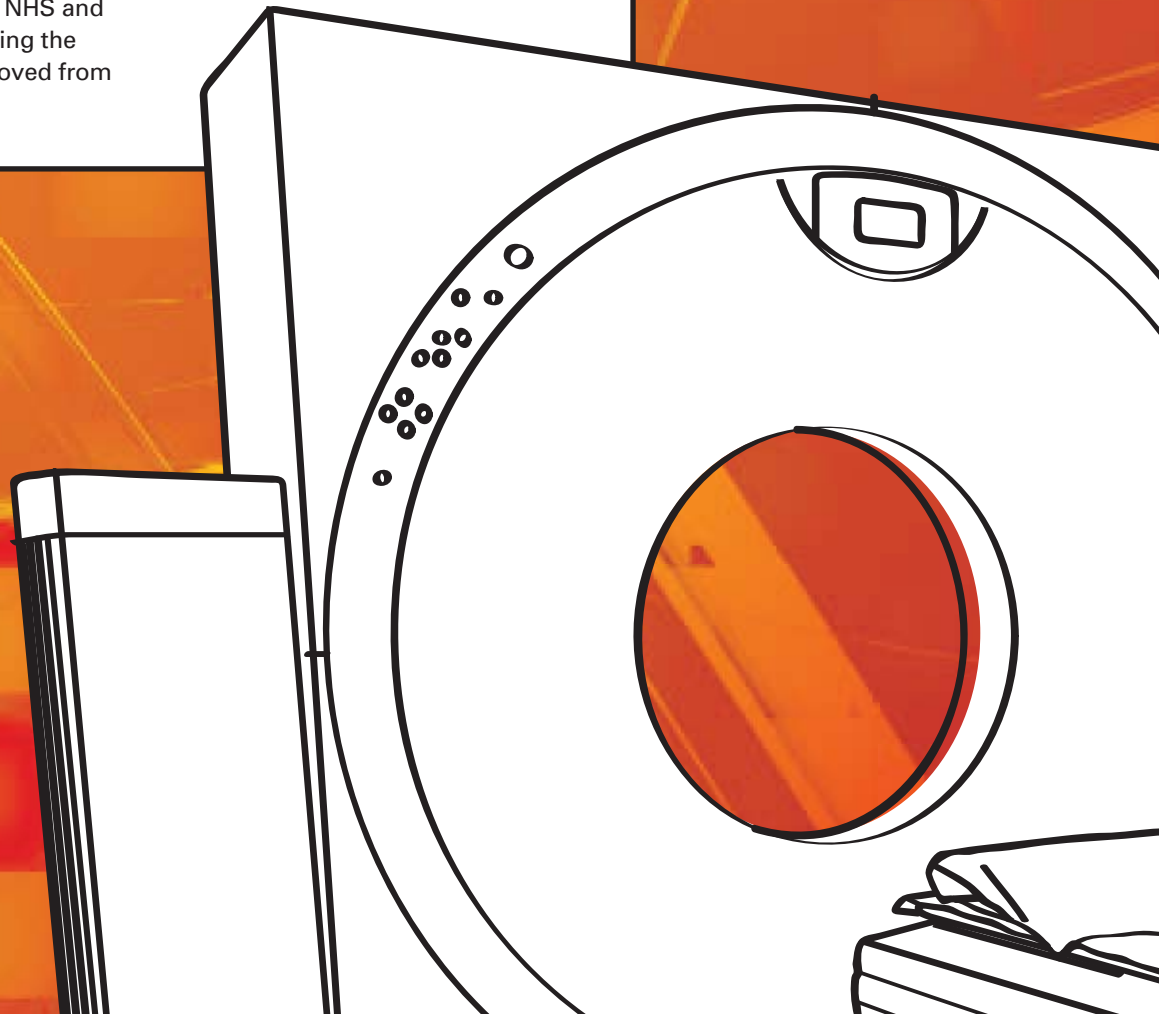
Winning these awards reminds us that ongoing, excellent communication is essential – particularly when it comes to finding solutions to difficult problems.

Our members are looking for and finding new ways to cope with the effects of a recession, a new NHS and the attacks on pensions. During the past two years, they have moved from



Society members employed by the NHS told the government on 30 November 2011 to get their "Hands off our pensions!"

trying to understand what the new political and social landscape looks like, to a position where they must now navigate a way through. As ever, the SoR will be right by their side.



MANY CHALLENGES AND CELEBRATIONS



Audrey Paterson
 Director of Professional Policy

A Year of Radiotherapy

It is just over a hundred years since Marie Curie won her second Nobel prize for the study of radium but, despite significant progress since, perceptions of radiotherapy are stuck in the past.

The Society, in conjunction with a number of other organisations, launched a UK wide key initiative in early 2011 – entitled The Year of Radiotherapy – to raise awareness of what this modern treatment can achieve and to call for its wider use.

A launch at the Science Media Centre in London with the Department of Health, the Royal College of Radiologists, the Institute of Physics and Engineering in Medicine, and Cancer Research UK, generated widespread media coverage. To keep radiotherapy in the public eye, a series of opportunities followed throughout the year.

This was happening against the backdrop of the publication in England of the 2011 Cancer Plan, which included the aspiration that “England should achieve outcomes that are comparable with the best in the world.”

However, a King’s Fund report highlighted shortcomings: “Whilst cancer survival rates in England are improving overall, England still has worse rates than many countries, including Canada, Australia, Sweden and Norway.”

A key concern is that more than half of cancer patients should be receiving radiotherapy as part of their treatment plan. The reality is that only 38 per cent do. There is also

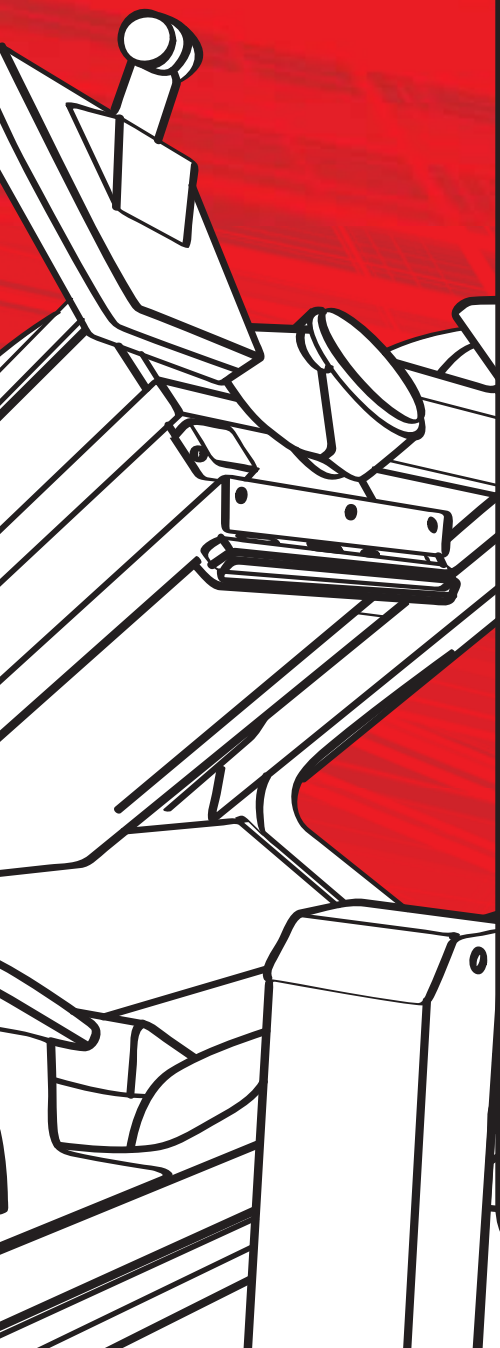
the issue of early diagnosis which needs to be improved. In England, this has resulted in the establishment of the National Awareness and Early Diagnosis Initiative to which the SCoR is contributing. Scotland, too, is concerned and in the Summer of 2011 held a consultation on its ‘Detect Cancer Early Initiative’, to which the SCoR responded. SCoR officers and radiographers in Scotland provide advice to and support for work by the Scottish Radiotherapy Advisory Group on shaping radiotherapy services.

Each of the four countries of the UK is engaged in activity relating to radiotherapy service development through strategic working groups. The prime aim is to promote the need for increasing radiotherapy capacity (using sophisticated modelling) and delivering world-class treatments.

For all countries, there is increasing need to grow the workforce and to optimise their skills. There is a positive opportunity to promote the 4-tier career progression model and to ensure supply meets predicted demand as far as we possibly can – a challenge in the current economic climate.

Other radiotherapy work in which the Society is involved includes:

- The first Radiotherapy Dataset (RTDS) was published by the Department of Health in August 2011. This will be an annual report with data submissions mandated from all radiotherapy centres in England. It enables monitoring of the 31-days from diagnosis to first treatment, and will provide data related to numbers of fractions delivered in relation to population served, and treatment schedules;



- Repeating the national workforce census. This provides information about current vacancy levels (currently estimated to be five per cent in the UK);
- Relaunch of the physics workforce planning tool, and support of more sophisticated mapping of future demand for the whole workforce;
- The development of a new training programme for radiotherapy physics practitioners;
- Linking to national workforce groups such as the Centre for Workforce Intelligence, both directly and via the Allied Health Professions Professional Advisory Board. The Society has recommended an 800 whole-time equivalent increase in the radiotherapy workforce;
- Refining radiotherapy demand modelling through a funded two-year project;
- Roll out is on target for all cancer networks in England to have intensity-modulated radiation therapy provision by 2012;
- A group developing guiding principles/standards to support service implementation across England. They will report by March 2012;
- The development of a tool to support training and verification of radiotherapy target volume definition;
- A sophisticated e-tool (called MALTHUS) which has been developed to more precisely define the radiotherapy capacity requirements based on the local population profile.

The Society also undertook a UK-wide review of the implementation of the career progression framework in radiotherapy, which was reported at its annual radiotherapy conference in January 2011. During the year, SCoR began the second phase of its investigation into the implementation of virtual radiotherapy training (VERT) across the UK, focusing on its adoption in clinical departments.

Patient engagement

The College has run a public and patient liaison group for over three years. During the year, a review of its functioning took place and consideration was given to how it

might bring further value to the work of the organisation. Its approach now supports the in-depth examination of some significant topics, and the group has become more closely integrated with activities within the wider profession. New members were also welcomed during the year.

Student activity marks another busy year

Influence and liaison with a diverse range of groups continued with Samantha Jewell, the Society's Education and Student Officer, becoming a representative on the National Executive Committee and a Member of the National Association of Practice Educators.

Sam also collaborated with the College of Occupational Therapists and the Chartered Society of Physiotherapists to develop a common Practice Educator Accreditation scheme and to share student recruitment and support strategies.

A number of advisory and policy documents for students and the higher education institutions were published during the year, including:

- Guidance for radiography students on the complaints/grievance process;
- Dealing with bullying and harassment – a guide for student radiographers;
- Guidance on the provision of clinical work experience for potential radiography students;
- Roles and responsibilities in clinical education.

As well as the publication of the bullying and harassment document, a campaign against student bullying was rolled out. This included a national poster campaign, stands at human resources and Trades Union Congress conferences, and articles in Society media.

The engagement of first, continuing and final year students with the work of the Society and College continued via presentations which informed and reminded them about the importance of membership. A Twitter feed is also keeping students in touch and involved. As well as many individuals, followers include the National Union of Students, NHS Direct and government health officials.

An aspect of the Society's international role can be seen in an increasing number of requests to provide accreditation for overseas courses such as the Dubai Women's and Abu Dhabi Men's Colleges' medical imaging programmes. And, for the second year running, a competition was held with Work the World to offer international elective clinical placements.

No statutory sonographer regulation for now

The Society has maintained a Public Voluntary Register of Sonographers for a number of years. Progress on 'Sonographer' becoming a protected title under the Health Professions Council and regulation for sonographers as a group has come to a halt because the coalition government is not in favour of extending statutory regulation. It believes that assured public voluntary registers are the way forward. The Society is investigating the development of the current voluntary register towards assured voluntary register status.

Key documents published during the year relevant to ultrasound and sonographers include:

- Intimate examinations and chaperones policy;
- Work related musculoskeletal disorders;
- Sale of images, determination of fetal gender and commercial aspects related to NHS obstetric

ultrasound examinations;

- Professional standards for independent practitioners;
- Ultrasound workforce survey analysis;
- Gynaecological ultrasound survey analysis;
- Analysis of survey of members in the private and independent healthcare sectors.

A series of study days kept sonographers informed, and well-attended events covered ethics in ultrasound practice, musculoskeletal ultrasound and minimally invasive and interventional ultrasound.

The College passed over its stewardship of CASE (the Consortium for the Accreditation of Sonographic Education) to the Institute of Physics and Engineering in Medicine mid-2011, having provided the support and co-ordinator role for the preceding 18 months. A root and branch review of the functioning of CASE is now underway to ensure the consortium continues to meet the needs of its member organisations and ultrasound education providers in the current climate.

During the year, I stepped down from my role as chair of the Education and Training Committee for the Fetal Anomaly Screening Programme. After five years, all the initial goals of the committee have been achieved, and considerable educational resource has been put in place to help sonographers deliver fetal screening to the highest standard.

The Aortic Aneurysm Screening Programme continues to be rolled out in England, and the SCoR has been asked to be part of the advisory group of the NHS AAA Screening Programme; Professional Officer Nigel Thomson is undertaking this role.

In Scotland, aortic aneurysm screening has experienced some delay, but will be implemented during 2012. We were pleased to be able to assist in the development of and endorse Abdominal Aortic Aneurysm Screening: A Competency Framework for the Screening Workforce in Scotland, produced jointly by National Services Division, Scotland and Skills for Health.

The year also saw the cementing of a strong, ongoing relationship with



the Royal College of Obstetricians and Gynaecologists and joint working through an ultrasound advisory group. This was set up as a multi-disciplinary group to address the needs of its trainees who are now required to develop basic competences in obstetric and gynaecological ultrasound. It was also very helpful in agreeing and disseminating very rapidly revised guidance on the management of early pregnancy loss.

In England, the Care Quality Commission (CQC) acquired a new significance for sonographers who practise independently, and a few who provide services such as osteoporosis screening. They are now within the scope of services the CQC are required to regulate. Considerable support was sought by those affected and advice was provided throughout the year, with the caveat that definitive guidance could only be provided by CQC. Dialogue with CQC during the year assisted in ensuring this met members' needs.

Research growth

The objectives for which the SCoR is established include: "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."

The College of Radiographers Industry Partnership Scheme (CoRIPS) Research Awards is a key way in which the organisation meets this remit. Providing radiographers with finance for research projects, the awards in 2011 included successful applications across a wide variety of topics. A few examples show the diversity:

- Analysing the introduction of new technologies within hybrid imaging;
- A feasibility study into the accuracy of un-enhanced magnetic resonance imaging of pulmonary arteries in the diagnosis of pulmonary embolism;
- An explorative longitudinal evaluation of prevalence and magnitude of self-reported supportive care needs and distress for people with primary high grade glioma following radiotherapy;
- Radiographer image interpretation and reporting in screening and symptomatic mammography: a survey of current United Kingdom practice;
- Laboratory or sanctuary? Patients'

perceptions and experiences of diagnostic imaging and radiotherapy – a qualitative study;

- Isotoxic radiotherapy planning for non-small cell lung cancer: Is IMRT the answer?

The CoRIPS Awards fund projects related to any aspect of the science and practice of radiography. Up to £5000 for small projects and up to £10,000 for one larger project are available. Funding comes from the Society and College and from industry, who are the partners in CoRIPS.

Also in 2011, the first Arthur Kay Memorial Award was presented. This went to Kate Burton, a consultant radiographer who specialises in neuro-oncology. Keen to learn about the theory and practice of proton and heavy ion therapy, Kate travelled to Zurich, Switzerland in October 2010 to attend a five-day ESTRO teaching course. This was followed by observations of clinical practice at the Paul Scherrer Institute in Villigen, a busy proton facility. Kate described her Swiss experience as "interesting, exciting, thought provoking and hard work."

A UK-wide survey of radiotherapy skin care led to the publication of new guidance to bring practitioners up-to-date with the latest thinking. The SCoR's research group is working on a research code of conduct for the profession and an audit tool to assess research capacity. In addition, the group reviews work related to the forthcoming research excellence framework (REF), responding to calls for nominees and consultations that arise. In April, SCoR was pleased to learn that one of its nominees – Dr Richard Price – was accepted onto the sub-panel for allied health professions, dentistry, nursing and pharmacy.

Making policy and setting standards

The publishing of documents on the SCoR's online document library that set the standards for medical radiography professionals continued unabated. These essential titles covered a broad range of subjects. They include:

Education and students

- Analysis of student clinical placement experience survey;
- Analysis of students and recent

graduates survey 2011;
Dealing with bullying and harassment – a guide for student radiographers;
Guidance for student radiographers on the grievance process;
Roles and responsibilities in clinical education;
Student radiographer attendance management guidelines.

General

Course of study for the certification of competence in administering intravenous injections;
Professional standards for independent practitioners;
Radiographers and the use of medicines: National Scoping Project 2010;
Radiographers and volunteering – SoR policy and guidance;
The role of the radiographer in stroke management;
The supply, administration and prescribing of medicines: Guidance and advice for the radiography workforce;
Talking about the unspoken: Domestic abuse;
Imaging for non-accidental injury: use of anatomical markers;
Analysis of survey of members in the private and independent healthcare sectors;
Nuclear medicine workforce survey analysis.

Health and safety

Effects of the recession on health and safety;
Health and safety and pregnancy in clinical imaging and radiotherapy departments: A guide for pregnant women, breast feeding women;
Health promotion: Guidance and advice for the radiography workforce;
Intimate examinations and chaperone policy;
Sickness absence policy survey analysis.

Radiotherapy

The scope of practice of assistant practitioners in radiotherapy;
A UK survey of radiotherapy skin care.

Ultrasound

Gynaecological ultrasound survey analysis;

Sale of images, determination of fetal gender and commercial aspects related to NHS obstetric ultrasound examinations;
 Ultrasound workforce survey analysis;
 VDU regulations (H&S (Display Screen Equipment) Regulations):
 A guide to dealing with health and safety issues arising from their use;
 Work related musculoskeletal disorders.

Career progression and CPD opportunities continue to grow

The adult chest and paediatric musculoskeletal programmes are amongst a growing number now available as part of the online educational resource – e-Learning for Healthcare. The number of units in the image interpretation programme totals more than 100. Public launches were met with interest and coincided with press releases to provide maximum publicity. Figures show that almost 10,000 e-learning sessions have been initiated since the programme went live in July 2010. Currently in development are adult abdomen, paediatric chest and abdomen, cross sectional imaging of the head for urgent care, and forensic imaging.

The programmes are also available to members not working in the NHS through CORE-learning as part of the arrangement between e-Integrity (the social enterprise which markets the full range of e-Learning for Healthcare programmes) and Philips Healthcare. This also shows encouraging growth, with almost 800 units accessed in the first ten days. The College of Radiographers’ authoring and accreditation of the programmes is clearly displayed in the promotional materials and certificates of completion.

Funding changes have hampered work on the e-LfH advanced radiotherapy project, but two modules are now available – Image-guided brachytherapy for cervix cancer, and Intensity modulated radiotherapy. Two will be completed shortly – Prostate brachytherapy and Stereotactic radiotherapy.

The uptake of CORE-learning continues to grow, with almost 1000

units of study purchased in addition to the image interpretation units. The Advanced Practitioner Accreditation programme also showed steady growth, with six advanced practitioners accredited to date and the first consultant practitioner accreditation application being assessed. A further 70-plus practitioners have registered with the scheme.

There continues to be growth in uptake and use of the College’s electronic CPD portfolio, CPD Now, with 6740 current users.

The electronic system for CPD endorsement of courses by the College has been developed. Organisations applying for accreditation will have their own e-portfolio to submit and track applications. The system has been tested with GE Medical and is now being rolled out to individual applicants. Overseas endorsement of CPD programmes by the College continues to be popular and applications are increasing. During the year, 151 programmes were CPD Now endorsed. We are also working with



colleagues at the American Society of Radiologic Technologists in the USA to bring some of their e-learning products across the Atlantic in a form that accounts for the differences in practice in the two countries.

Nuclear medicine

Work continues to promote the College's standards of education and practice in nuclear medicine and collaboration with the Institute of Physics and Engineering in Medicine supports this. Both bodies are represented on the National Imaging Clinical Advisory Board's PET/CT and DH response to the ARSAC report on the supply of Molybdenum-99 groups. Work has started on the production of a joint policy document to consider professional and educational standards and career progression in nuclear medicine for radiographers and technologists. A one-day seminar was organised as a joint enterprise between the two organisations.

Key role in stroke imaging

The role of imaging in the early diagnosis and treatment of strokes continues to be a major issue. A great deal of work has been done with NHS Improvement focusing on areas such as weekend imaging provision for TIAs (transient ischaemic attacks) and offering local information events aimed at the imaging community.

Revising radiation protection

The SCoR's National Officer for Wales, Kevin Tucker, is working with the European Medical Radiation Protection Education & Training project. This will form the basis for the revision of the Radiation Protection 116 Guidelines on Education and Training in Radiation Protection for Medical Exposures. Kevin is also involved with the International Committee of the Society of Radiation Protection (ICSRP) to

explore radiation protection culture in the workplace.

MRI services under threat from European Directive

The European Commission has adopted a proposal for revising the Electromagnetic Field Directive, which has the laudable intention of protecting workers from dangerous levels of exposure. However, at the time of writing, magnetic resonance imaging for medical use has not been exempted from the proposal. Without exemption, the exposure limits would severely restrict the use of MRI in areas such as MRI-guided surgery and paediatric imaging, where closer patient contact is required. It would also hinder new research and equipment maintenance.

A campaign by the Alliance for MRI – a group comprised of European parliamentarians, patients, scientists and members of the medical community – is lobbying for exemption. However, opposition is strong.

In early 2011, the Magnetic Resonance Advisory Group was established with the aim of underlining the importance of MRI as a diagnostic tool. The group is liaising with the British Association of Magnetic Resonance Radiographers to look at creating an accredited MRI safety qualification for support workers and visitors. Work is also being carried out to publish guidance specific to the manual handling of patients and MRI machines.

Ever expanding schedule of conferences and events

The SCoR's Conferences and Events team continued to deliver groundbreaking courses, many of which were unique. Several new ones were introduced, the first of which was An Introduction to the Alexander Technique for Mammographers. The subject was instigated by the Society's Health & Safety Policy Officer, Lyn

Wigley, and the content was developed in conjunction with practitioners from the Bloomsbury Alexander Centre.

Places filled up quickly for the practical workshops and numbers were limited to enable the trainers to work one-to-one with all the attendees. A similar programme with content tailored for sonographers was equally popular – the first date sold out so quickly that a second was immediately arranged.

The most popular courses continued such as Ethical and Practical Dilemmas in Ultrasound Practice, and Supply, Administration and Prescribing for Radiographers.

The portfolio of medico-legal courses was supplemented with a new offering by Bond Solon, Safeguarding Children and Vulnerable Adults. This was a welcome addition to the calendar and attendees commented they would have benefited from an even longer course which would have given them additional time to explore the issues in more depth. This is something which will be considered for the future.

The second Ethical and Practical Dilemmas in Ultrasound Practice course – with content tailored to Scottish law – was hampered by heavy snowfall in Glasgow. The decision to go ahead was the right one – most of the delegates were able to attend.

The calendar of annual events continued as usual – the ISRRT World Congress, UKRC, RSNA, ECR, ESTRO, the TUC Congress, Cancer Care Congress, and the BMUS Annual Scientific Meeting – were all closely followed by Sheffield Hallam University's Radiotherapy in Practice conference. This year, too, we were invited to participate in the joint Society of Radiographers of South Africa/Radiological Society of South Africa Congress to share our experiences of radiographers undertaking intravenous injections and radiographer reporting. Interestingly,

radiographer reporting is much less controversial in South Africa than intravenous injecting by radiographers.

An important milestone was achieved at RSNA in that SCoR was formally admitted to the Associated Sciences Consortium and so will be involved in planning future radiographer programmes at the annual meeting.

The annual Radiotherapy Conference was held in Birmingham for the second year running and, as ever, was a resounding success. The format of the event was modified slightly to spread the general programme across three days, rather than splitting it into a seminar for managers on the Friday, followed by the weekend meeting.

Events in the planning stage include repeating 2010's successful Making Research Happen workshop and introducing a new course on musculoskeletal ultrasound, as well as running a study day specifically for therapeutic radiographers that will focus on reducing the risks of work-related musculoskeletal disorders.

The Conference and Events team now use a large display screen or laptop on the SCoR's exhibition stand in place of paper copies of publications. This enables staff to demonstrate the various online benefits of membership, such as the document library, CPD Now and the events booking system, and to find immediate answers to visitors' enquiries. At overseas events, visitors can become members on the spot.

A new and highly successful venture with Philips Healthcare was the inaugural National Radiology Managers Seminar which took place in May at the Science Museum in London. More than 100 imaging services managers from across the UK attended. The feedback was overwhelmingly positive and

the second event is already in the advanced planning stage.

Imaging Services Accreditation/Radiology benchmarking

It was pleasing to note that six services had become fully accredited by July 2011, with more on the way. The degree of change and uncertainty in healthcare has not made it easy for ISAS to be adopted, so this degree of progress is satisfying.

Unrelated to ISAS, but also in support of effective imaging services delivery, is the work we started on a radiology benchmarking tool in association with an external IT partner. Over several years, imaging services managers have asked us for help with benchmarking, so we anticipate a high take-up rate.

Imaging services delivery

All four countries of the UK continue to maintain national oversight of the delivery of imaging services, and the SCoR contributes to that work through the Managed Diagnostic Imaging Clinical Network in Scotland, the National Imaging Programme Board in Wales, the National Imaging Clinical Advisory Group (NICAG) in England, and on an ad hoc basis in Northern Ireland via meetings with civil servants and ministers.

Both the nature and pace of change in all four countries is significant and it is important that the radiography workforce – the largest workforce sector in imaging – is well represented in all discussions about changes and developments. Currently, common themes in discussions are seven-day working in imaging departments, minimising radiation dose from CT examinations, and workforce supply and development.

Society magazines, journals and website continue steady progress

Towards the end of the year, Ian Henderson, the editor of *Synergy – Imaging and Therapy Practice* (*Synergy ITP*), decided to step down from the post because of increasing work commitments. The SCoR would like to thank him for his hard work in moving the publication forward.

Synergy News and *Synergy ITP* are sent each month to Society members. The former reports on the day-to-day issues that radiographers face, both as employees and as healthcare professionals, whilst the latter, as the name suggests, covers the latest professional practice thinking and techniques.

The College's peer-review journal, *Radiography*, continues to set new standards. An increasing number of papers are submitted for consideration and the quality continues to increase. It is distributed to all members of the Society, but also attracts off- and online subscribers worldwide.

The prevailing theme of the seventh edition of *Imaging & Oncology*, the annual 'blue sky' title, was radiotherapy, in recognition of The Year of Radiotherapy. Editor Hazel Edwards assembled yet another excellent collection of forward-thinking articles.

The year also saw the development of a new website at www.sor.org. With well over 5000 pages and system architecture a decade old, change was essential. Work on the new website began in earnest early in 2011, concluding with the relaunch on World Radiography Day in November. All went very smoothly and this very sizeable project was delivered on time, within budget and with no significant glitches. Downtime for the changeover was limited to less than a day and early feedback suggests that members are very pleased with the new site.

SOCIETY OF RADIOGRAPHERS' BENEVOLENT FUND

Trustees' report for the year ended 30 September 2011.

Charity registration number 326398.

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."

PUBLIC BENEFIT

The trustees have paid due regard to the guidance on public benefit published by the Commission in exercising their powers and planning the activities of the charity. The trustees are satisfied that the trust has charitable purposes as set out in the Charity Act covering the prevention and relief of poverty for the public benefit.

TRUSTEES AT 30 SEPTEMBER 2011

Phillip Edwards (Chair)
Gytha McBirney
Ann Pollard
Zena Mossman
Indira Bhansali

Sue Barlow, Lorraine Nuttall and Margaret Summerlin stepped down during the year. The responsibility for the overall management and organisation of the charity rests with the Board of Trustees. The Board comprising of four trustees are drawn from or are appointed by Society Council. (Note: Numbers exclude the chair of the Board). Policies and procedures for the induction and training of trustees have been prepared and currently this is conducted according to need.

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 2011 was £11,116, £3,193 less than 2010. Income from donations fell by £1,186 due to fewer donations and less fund-raising events taking place compared with the previous year. Furthermore, there were no legacies in the year, combined with a lower rate of bank interest gained from cash reserves.

A £5,000 donation was made from the Society, which is consistent with the previous year. Income from the many generous collections at Society meetings around the UK has shown a decrease. Affiliation income from the Society credit card continued to decline.

Expenditure amounted to £9,273, compared to £8,324 in 2010, mainly incurred through awarding grants to beneficiaries. Five grants were awarded this year totalling £7,499, which was £763 more than the previous year and included assistance where beneficiaries or a close relative were suffering ill health or severe upset, as well as financial difficulties.

The short term deposit balance at 30 September 2011 was £76,146 and the fund's bank balance was £25,557. The combined total of £101,703 represented an increase of £601 over the balance of the year before.

RESERVES RISK AND INVESTMENT POLICIES

The charity's reserves amounted to £101,986 at 30 September 2011. The trustees' philosophy is to broadly maintain this level of reserves and to make grants of assistance broadly to the level of the income received in the preceding financial year. However, during the previous year, donations from individuals were larger than usual, combined with the increase in bank interest income and that there were not enough deserving applicants during the year. The total value of awards made from the fund in the year

to September 2011 was therefore not at a level consistent with the policy outlined above.

GOING CONCERN

We have set out above a review of financial performance and the charity's reserves position. We have adequate financial resources and are well placed to manage the business risks. Our planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure. We have a reasonable expectation that we have adequate resources to continue in operational existence for the foreseeable future. We believe that there are no material uncertainties that call into doubt the charity's ability to continue. The accounts have therefore been prepared on the basis that the charity is a going concern.

AUDITORS

Crowe Clark Whitehill have expressed their willingness to continue as auditors for the next financial year.

Mr Phillip Edwards
Chair of the trustees



SOCIETY OF RADIOGRAPHERS' BENEVOLENT FUND

Statement Of Financial Activities For The Year Ended 30 September 2011

	2011		2010	
	£	£	£	£
INCOMING RESOURCES				
Donations	7,974		9,160	
Gift Aid reclaimed	516		595	
Legacies	-		1,000	
Income from credit cards	1,572		1,969	
Bank interest	<u>1,054</u>		<u>1,585</u>	
		11,116		14,309
RESOURCES EXPENDED				
Grants and donations	7,499		6,736	
Envelopes and advertising	256		-	
Bank charges	48		24	
Sundry expenses	<u>1,470</u>		<u>1,564</u>	
		<u>(9,273)</u>		<u>(8,324)</u>
Net movement in funds		1,843		5,985
RETAINED SURPLUS AT				
BEGINNING OF YEAR		<u>100,143</u>		<u>94,158</u>
RETAINED SURPLUS AT END OF YEAR		<u>101,986</u>		<u>100,143</u>

BALANCE SHEET AS AT 30 SEPTEMBER 2011

	2011	2010
	£	£
CASH AND DEPOSITS		
Short term deposit	76,146	-
Cash at bank	<u>25,557</u>	<u>101,102</u>
	101,703	101,102
DEBTORS		
Bank interest accrued	283	360
CREDITORS: amounts due within one year		
Amounts due to Society of Radiographers	-	<u>(1,319)</u>
TOTAL ASSETS	<u>101,986</u>	<u>100,143</u>
UNRESTRICTED FUNDS	<u>101,986</u>	<u>100,143</u>

Put forward for approval and authorisation to the trustees for the meeting in March 2012.

Mr Phillip Edwards
Chair of the trustees

COMMITTEES AND WORKING PARTIES OF COUNCIL

The table below indicates the Society commitment of each elected member for the year commencing July 2011:

College Board of Trustees Executive members and officers Mr I Henderson, Mrs Z Mitton, Mrs J Hughes, Mrs P Black, Mrs E Chapman, President, CEO, DPP, and DF.	Four times a year
Investigating Committee (reports to Council) Representatives will be decided as and when required.	Ad-hoc
Radiography Editorial Board (reports to Council) Mrs G Dolbear, Mrs S Mathers, CEO, DPP, and DF.	Quarterly
Delegates Conference Committee (reports to Council) President-Elect and Vice President.	Four times a year
Trades Union Education Committee (reports to Council) Mr K McMurray and Mr S Harris.	Half yearly
Health & Safety Forum (reports to Council) Mrs A Milne and Mr K McMurray.	Meets quarterly
Royal College of Radiologists (RCR) Representatives will be determined as and when required.	Half yearly
RCR Patient Liaison Groups Radiology – Mrs P Black. Oncology – Ms H Colyer.	Half yearly
RCR Faculty Board Observer The President/Member of Presidential Team.	Quarterly
Investment Committee Mrs P Black, Mr M Graveling, Mr J Foster, Mr I Eversden, Mr A Kay, President, CEO, and DF.	Twice yearly
Working Parties, Networks, SIGs, ad-hoc committees. Membership as required	

MEETINGS OF COUNCIL

Month

7 October 2010
11 November 2010
12 January 2011
2 March 2011
12 April 2011
5 June 2011
6 July 2011
7 September 2011

Apologies

Mrs D Brunning
Mr S Harris
Mrs D Brunning, Mrs S Conn, Mr A Thomas
Mrs D Brunning, Mr K McMurray, Mr A Thomas
Mrs S Mathers, Mr A Thomas, Mrs R Tubman
Mrs D Brunning, Mr K McMurray
Mr S Harris, Mrs A Milne, Mr A Thomas
Mrs S Harris, Mr A Thomas

SOCIETY AND COLLEGE OF RADIOGRAPHERS

FINANCIAL REPORT FOR THE YEAR TO SEPTEMBER 2011

TOTAL INCOME Income for the year to September 2011 was £5,576,040, £215,556 (4.0%) higher than last year. Membership subscription income increased by £233,134 (5.2%) – through increased member numbers and a small inflation adjustment to membership fees. Other income declined slightly by £17,578 (2.0%) to £866,287 due to lower recruitment advertising, partly offset by increased grant income to fund development of e-learning modules and better investment income.

TOTAL OPERATING EXPENDITURE Expenditure increased by £263,145 (5.5%) to £5,059,500 for 2011. Of the increase, £176,009 stemmed from higher staff costs, including training needs, higher pension scheme costs and increased pay awards. Operational and overhead costs were £87,136 (3.4%) higher at £2,679,537.

SURPLUS FOR THE YEAR The Society and College showed a stable operating surplus in 2011 of £516,540 (2010 £564,129) before investment gains and pension scheme financing. These last two items have had a significant impact on results.

Two important decisions have contributed to the 2011 pension scheme surplus of £734,000 compared to the deficit of £343,000 last year. Society Council and the College Board agreed that future benefits increases be calculated using the Consumer Price Index (CPI) not the Retail Prices Index (RPI) which considerably reduced the scheme liabilities and after which it was agreed to fund the much reduced deficit by immediate cash payment. Under accounting rules this results in a small balance sheet asset. Offsetting the pension impact was the swing in investment values where most of the gains in 2010 were eroded in 2011.

The bottom line surplus in 2011 was £1,122,350, £676,621 up on 2010 largely through the changes to the pension scheme valuation.

RESTATEMENT OF FIGURES The income and expenditure summary has been revised for a change in accounting treatment for the Radiology and Oncology Congresses (ROC). Previously, the SCOR's share of results had been consolidated whereas now any grant declared by the ROC Board will be included when it is received. Also some categories have been changed to try and make the summary more readable. Comparative figures have been adjusted to the new bases.

SUMMARY OF THE FINANCIAL RESULTS FOR THE YEAR TO SEPTEMBER 2011

INCOME AND EXPENDITURE £	Year to 30 September 2011			2010	
	SOCIETY	COLLEGE	CONTRA	Combined	Combined
Membership subscriptions	4,709,753	-	-	4,709,753	4,476,619
Other income					
Course accreditation & approval	-	102,849	-	102,849	110,906
Grant income	-	126,024	-	126,024	47,746
Magazine & Journal income	231,895	6,565	-	238,460	339,259
Conferences, Seminars & Courses	-	115,683	-	115,683	121,447
Income from Regions & Countries	18,764	-	-	18,764	24,111
Investment income	52,252	51,906	-	104,158	83,225
Other income	11,174	149,175	-	160,349	157,171
Contribution & notional rent from Society	-	1,470,000	(1,470,000)	-	-
Total of other income	314,085	2,022,202	(1,470,000)	866,287	883,865
Total Income	5,023,838	2,022,202	(1,470,000)	5,576,040	5,360,484
Staff Costs	1,371,880	1,008,083	-	2,379,963	2,203,954
Operational and Overhead Expenditure					
Contribution & notional rent to College	1,400,000	-	(1,400,000)	-	-
Donation to Benevolent Fund	5,000	-	-	5,000	5,000
Magazine & Journal costs	432,395	125,826	-	558,221	571,557
Members' insurance and legal costs	392,434	-	-	392,434	430,367
Website, CPD and other member services	121,990	45,687	-	167,677	157,224
Accredited Representatives network	96,424	-	-	96,424	89,853
ADC, Regions & Countries	138,714	-	-	138,714	137,478
Radiographer of the Year & Inauguration	30,538	-	-	30,538	37,157
TUC Affiliation & Campaigns	97,282	-	-	97,282	96,454
Approval, Accreditation & Standards	3,750	124,210	-	127,960	93,726
Research, Awards & Networks	-	82,821	-	82,821	75,638
Conferences & Seminars	-	87,804	-	87,804	99,776
Organisational profile & Events attendance	60,362	127,843	-	188,205	177,889
Audit & Professional fees	48,366	25,879	-	74,245	63,202
Travel & subsistence costs	200,083	4,844	-	204,927	153,170
Office & Administrative costs	345,589	151,696	(70,000)	427,285	403,910
Total operational and overhead expenditure	3,372,927	776,610	(1,470,000)	2,679,537	2,592,401
Total operating expenditure	4,744,807	1,784,693	(1,470,000)	5,059,500	4,796,355
Operating surplus for the year before investment gains	279,031	237,509	-	516,540	564,129
Investment (losses)/gains	(64,095)	(64,095)	-	(128,190)	224,600
Pension Scheme gains/(deficit)	499,000	235,000	-	734,000	(343,000)
Surplus after net investment gains	713,936	408,414	-	1,122,350	445,729

COMMENTARY ON INCOME AND EXPENDITURE

Total income for the whole organisation in 2011 amounted to £5,576,040, £215,556 up (4.0%) on 2010.

Income from membership subscriptions amounted to £4,709,753 in 2011, a rise of £233,134 (5.2%) over last year. The increase arose from a net 2.1% increase in the number of members and a 2.5% increase in subscription rates.

This year 'other income' amounted to £866,287, a decrease of £17,578 (2.0%) from 2010 for the following reasons: Major changes in other income for 2011 compared to the previous year were:

- a) Magazine income continued to fall by £100,799 (29.7%) mainly *Synergy News* recruitment advertising.
- b) Grant income increased by £78,278, mainly to develop the e-learning project in partnership with E-learning for Healthcare.
- c) Income from investments rose by £20,933 (25.2%) to £104,158 following the movement of funds into the investment portfolio last year from low interest bank deposits.

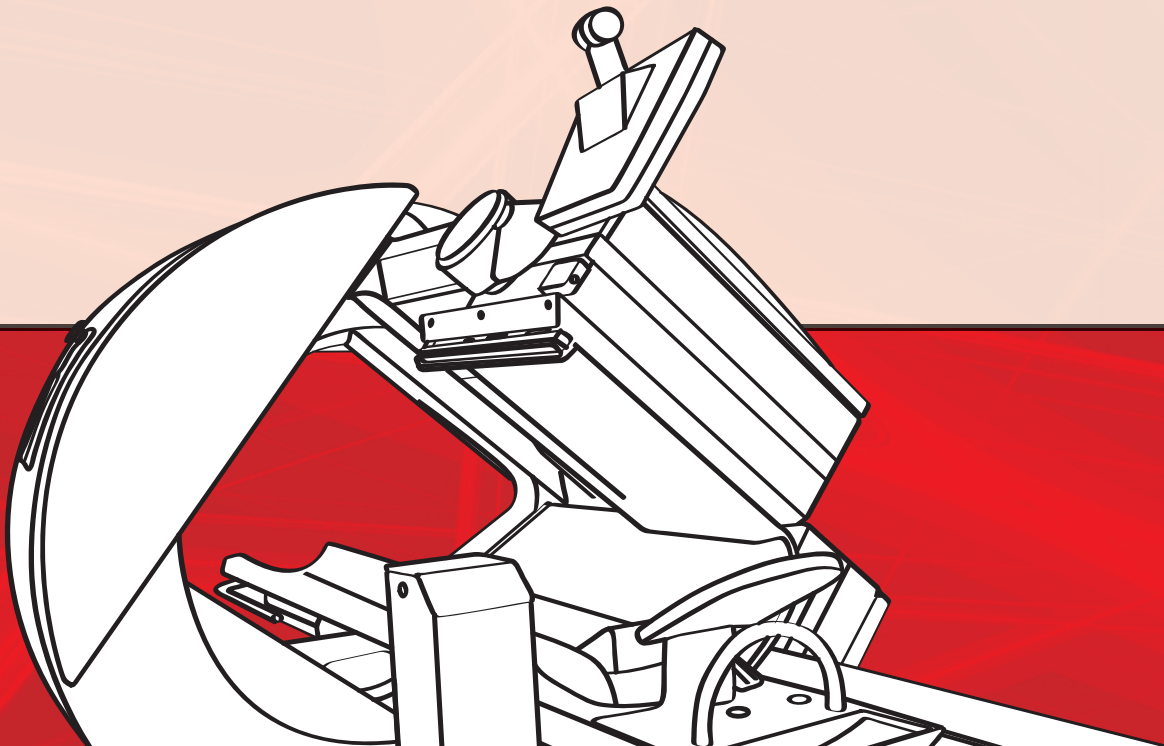
Expenditure for 2011 across the organisation amounted to £5,059,500, an increase of £263,145 (5.5%) from 2010

Staff costs in 2011 were £2,379,963, an increase of £176,009 (8.0%) over 2010. The increase was due to increased pension administration (including investment and legal costs) staff changes and a 2% pay award for staff.

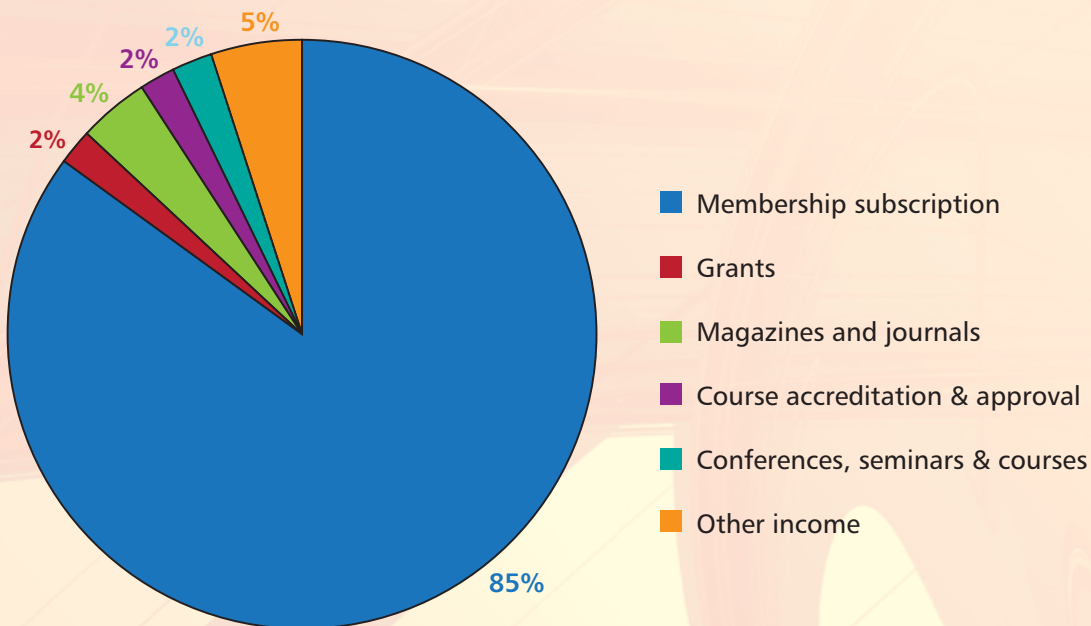
Operational and overhead expenditure amounted to £2,679,537, £87,136 (3.4%) more than 2010:

- a) Magazine and journal costs down £13,336 were again well contained for both *Synergy* and *Radiography*.
- b) Members' professional indemnity costs and legal representation costs fell by £37,933 to £392,434.
- c) Website, CPD costs rose by £10,453 and included some costs for developing the new website.
- d) Approval, Accreditation & Standards costs increased by £34,234, which reflected work on the e-learning project.
- e) Travel & subsistence costs were £204,927 up £51,757 (33.8%) – due to increased activity and higher accommodation costs along with a reduction in discounts for rail fares.
- f) Office & Administrative costs increased by £23,375 (5.8%) mainly through cost inflation.

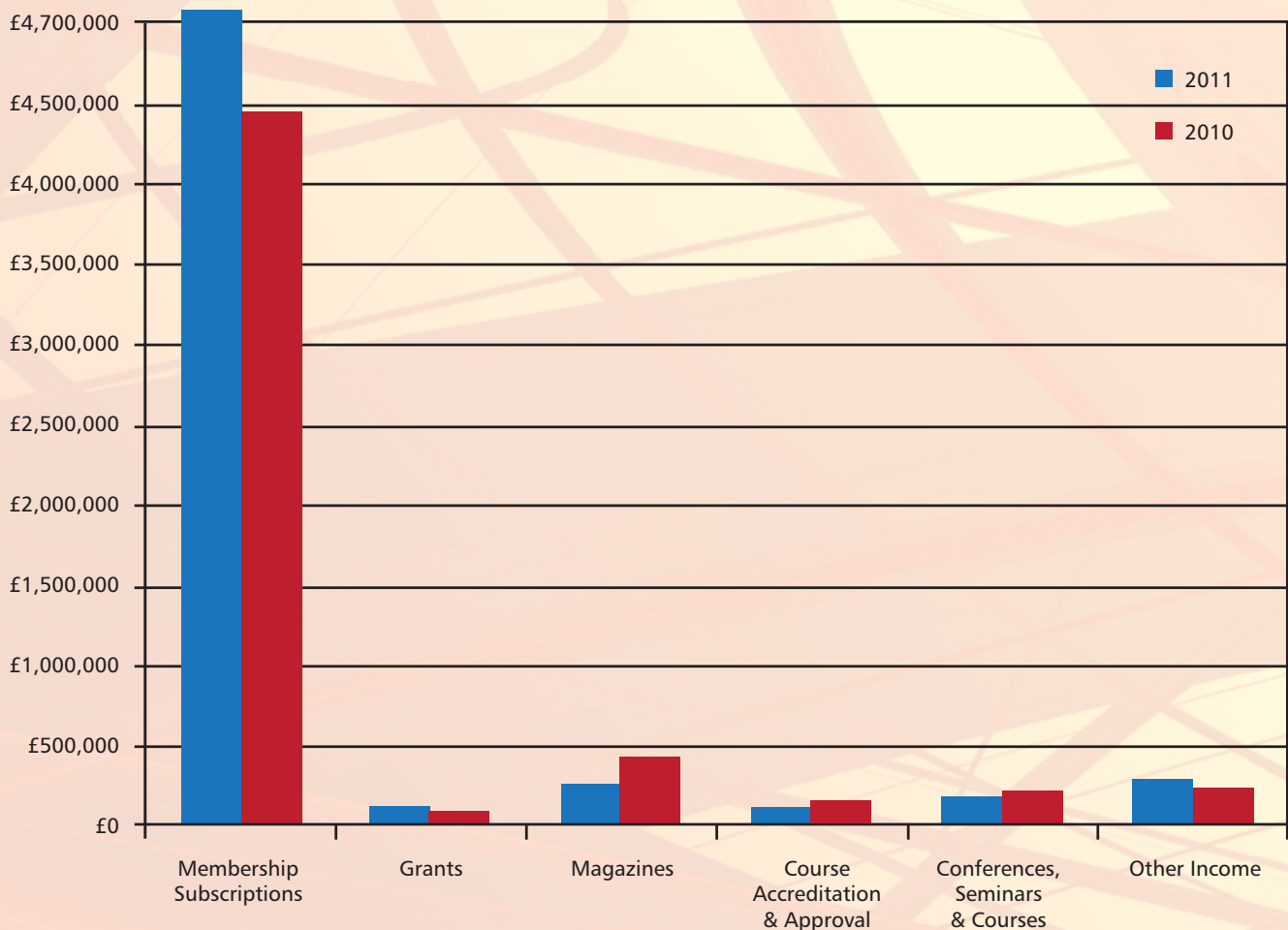
Surplus for the year before net investment gains reduced by £47,589 from 2010 to £516,540 in 2011.



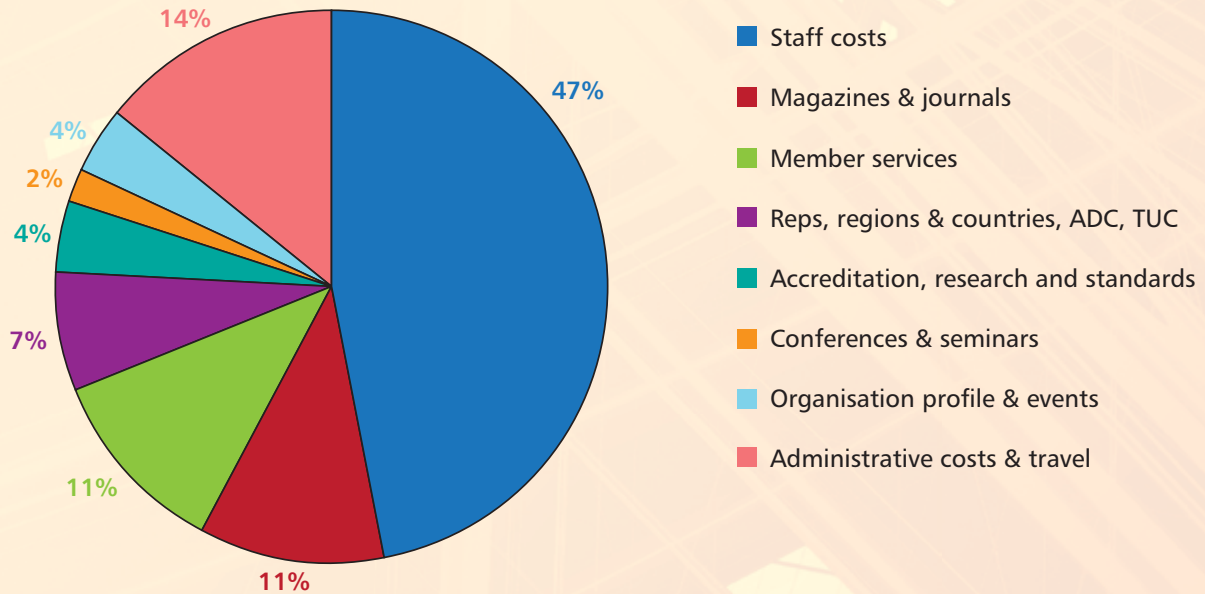
INCOME 2011



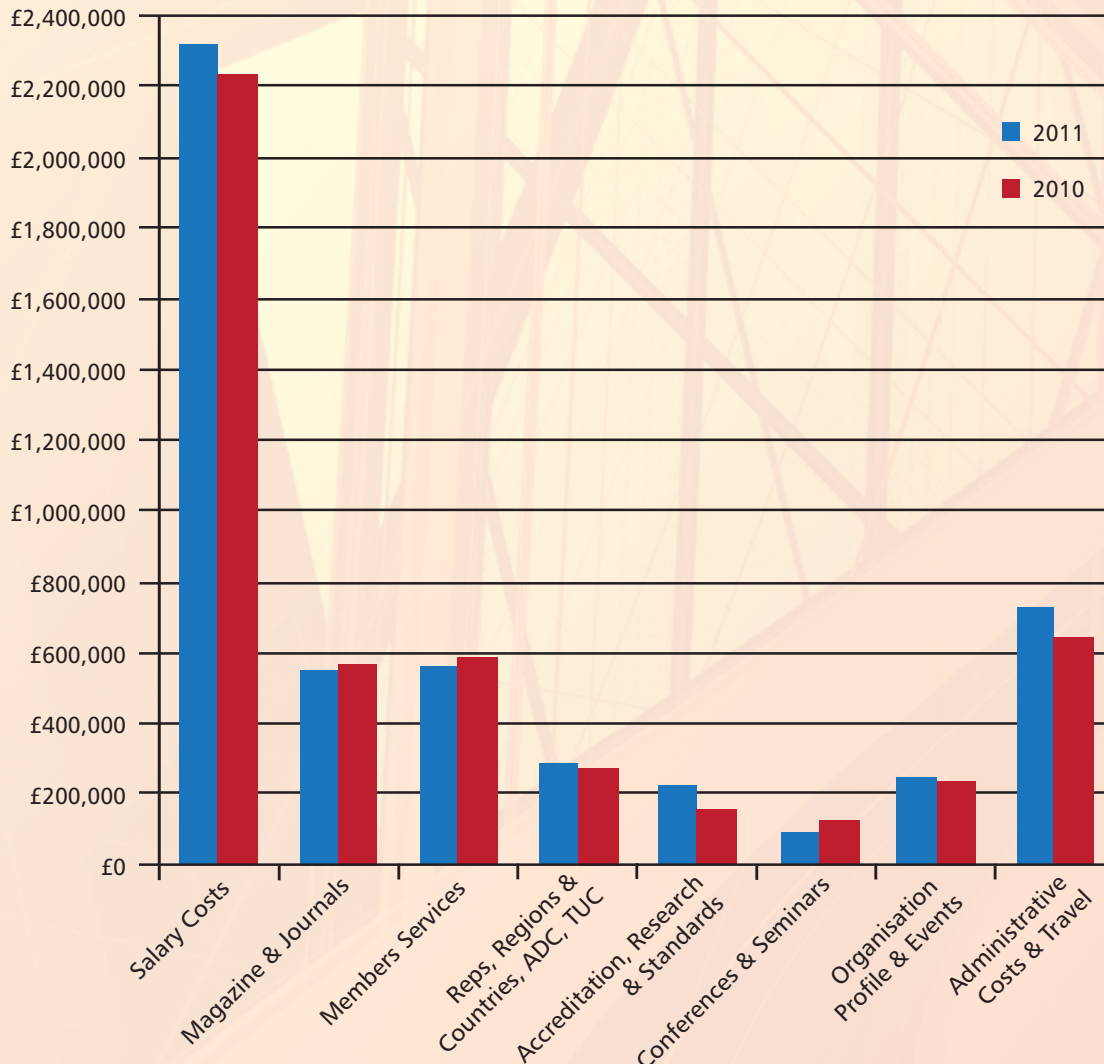
INCOME – 2011 COMPARED TO 2010



EXPENDITURE 2011



EXPENDITURE – 2011 COMPARED TO 2010



COMMENTARY ON THE BALANCE SHEET

Total assets at the 2011 year end amounted to £6,061,488, an increase of £1,081,069 from the value at September 2010 for the reasons set out in the previous section. Tangible fixed assets, which include the head office property, were down £8,218 with depreciation, including leasehold property, exceeding new assets purchased, which this year included capitalisation of part of the new website cost.

The Society and College fixed asset investments amounted to £3,387,086, a decline in value of £52,590, after income re-invested, from the year before reflecting general movements in the markets.

Current assets, less liabilities at £1,321,480, were £197,877 higher than at September 2010. Bank balances and fixed term deposits increased by £140,672 partly reflecting the surplus earned in 2011. The pension scheme impact on the Society and College balance sheets is now shown as an asset of £209,000 rather than a liability of £735,000. This swing is due mainly to the change in calculating increases in pension entitlements from RPI to CPI and the funding of the 2010 actuarial deficit.

BALANCE SHEETS AT 30 SEPTEMBER 2011

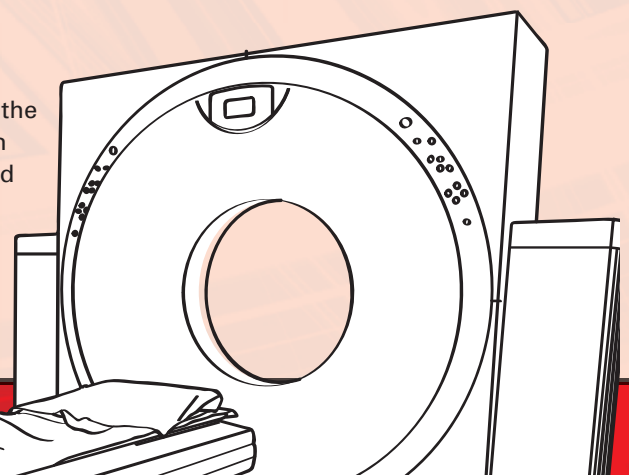
Figures in £	SOCIETY	COLLEGE	CONTRA	2011 Combined	2010 Combined
Tangible fixed assets					
Long leasehold property	-	1,012,215	-	1,012,215	1,038,506
Office fixtures, furniture & equipment	150	57,077	-	57,227	63,118
Computers	46,440	28,040	-	74,480	50,516
Total	46,590	1,097,332	-	1,143,922	1,152,140
Fixed asset investment	1,693,543	1,693,543	-	3,387,086	3,439,676
Investment in subsidiary	2	-	(2)	-	-
Current assets less liabilities					
Debtors	387,505	156,617	(257,906)	286,216	402,077
Fixed term deposits	504,911	604,565	-	1,109,476	-
Bank balances	251,608	167,788	-	419,396	1,388,200
Creditors	(288,669)	(462,845)	257,906	(493,608)	(666,674)
Total	855,355	466,125	-	1,321,480	1,123,603
Pension Scheme asset/(liability)	140,000	69,000	-	209,000	(735,000)
Total assets at September 2011	2,735,490	3,326,000	(2)	6,061,488	4,980,419
Share capital	-	-	2	-	(2)
Reserves					
General fund	2,595,490	-	-	2,595,490	2,489,554
Restricted funds	-	54,845	-	54,845	42,729
Unrestricted funds	-	3,202,153	-	3,202,153	3,183,136
Less Pension Scheme asset/ (liability)	140,000	69,000	-	209,000	(735,000)
Total capital & reserves at September 2011	2,735,490	3,326,000	(2)	6,061,488	4,980,419

Signed on behalf of The Society Council and The College Board of Trustees 8 February 2012

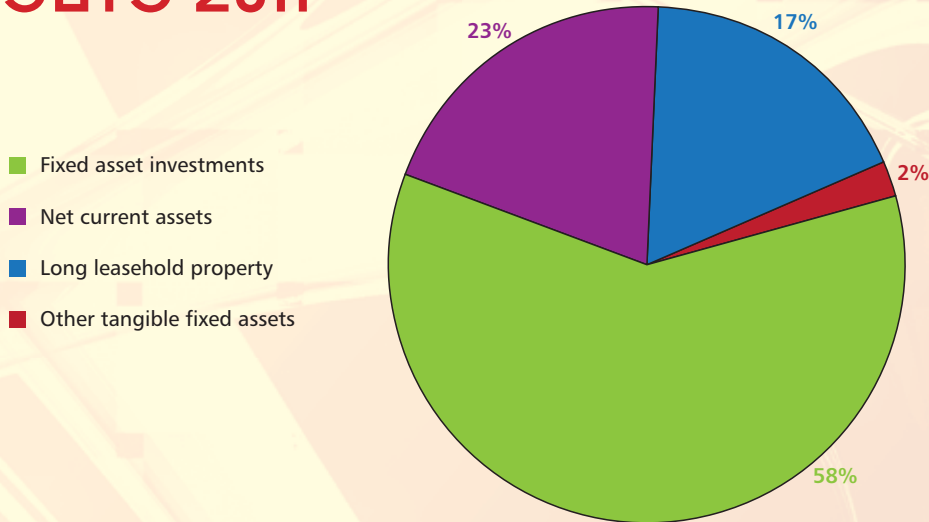
Reporting on Summarised Accounts

The above figures on pages 29 to 33 have been extracted from the full Society Council and College Board of Trustees reports and financial statements, which have both been audited by Crowe Clark Whitehill LLP, who gave unqualified audit reports in February 2012. The Council's and Trustees' reports and financial statements were approved by Council and the Trustees and signed on their behalf on 8 February 2012. The College report will be submitted to the Charity Commission.

These summarised financial statements may not contain sufficient information to gain a complete understanding of the financial affairs of the above entities. The full reports and financial statements are available on www.sor.org or copies may be obtained from The Secretary, Society and College of Radiographers, 207 Providence Square, London SE1 2EW.



ASSETS 2011



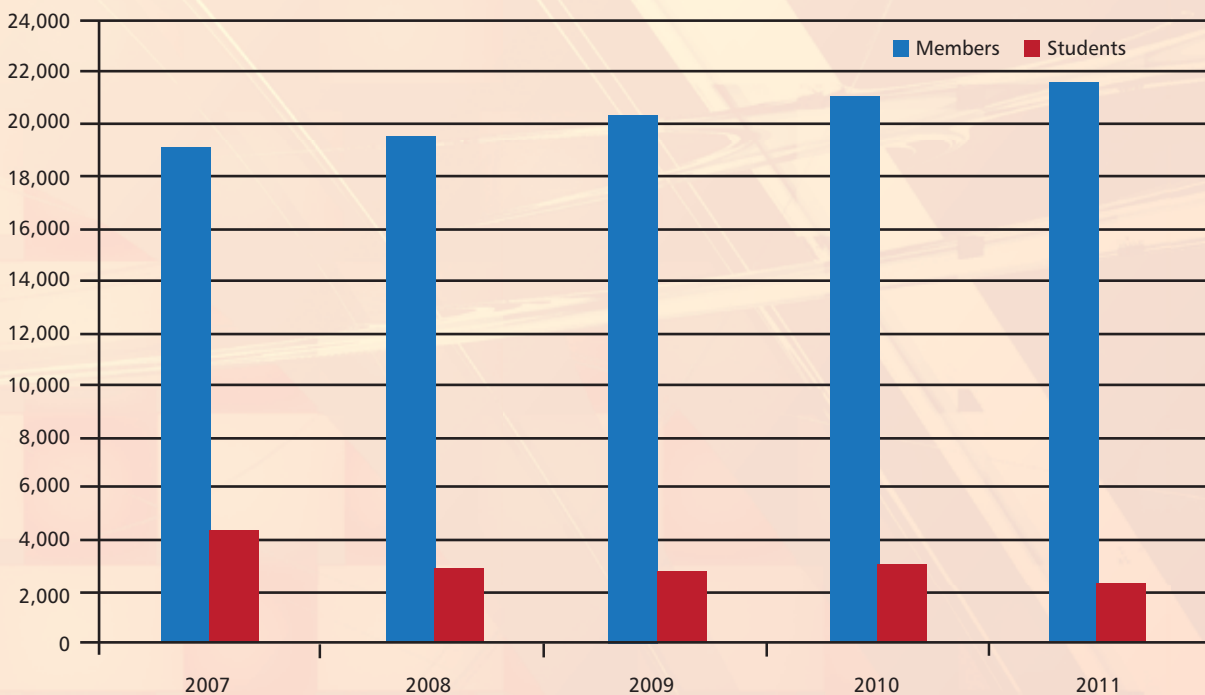
REVIEW OF MEMBERSHIP

Increasing numbers of newly qualified radiographers see the value of joining. The membership numbers of the Society of Radiographers over the last five years continue to show a pleasing increase and are as follows:

2007: 19,249 2008: 19,628 2009: 20,388 2010: 21,093 **2011: 21,541**

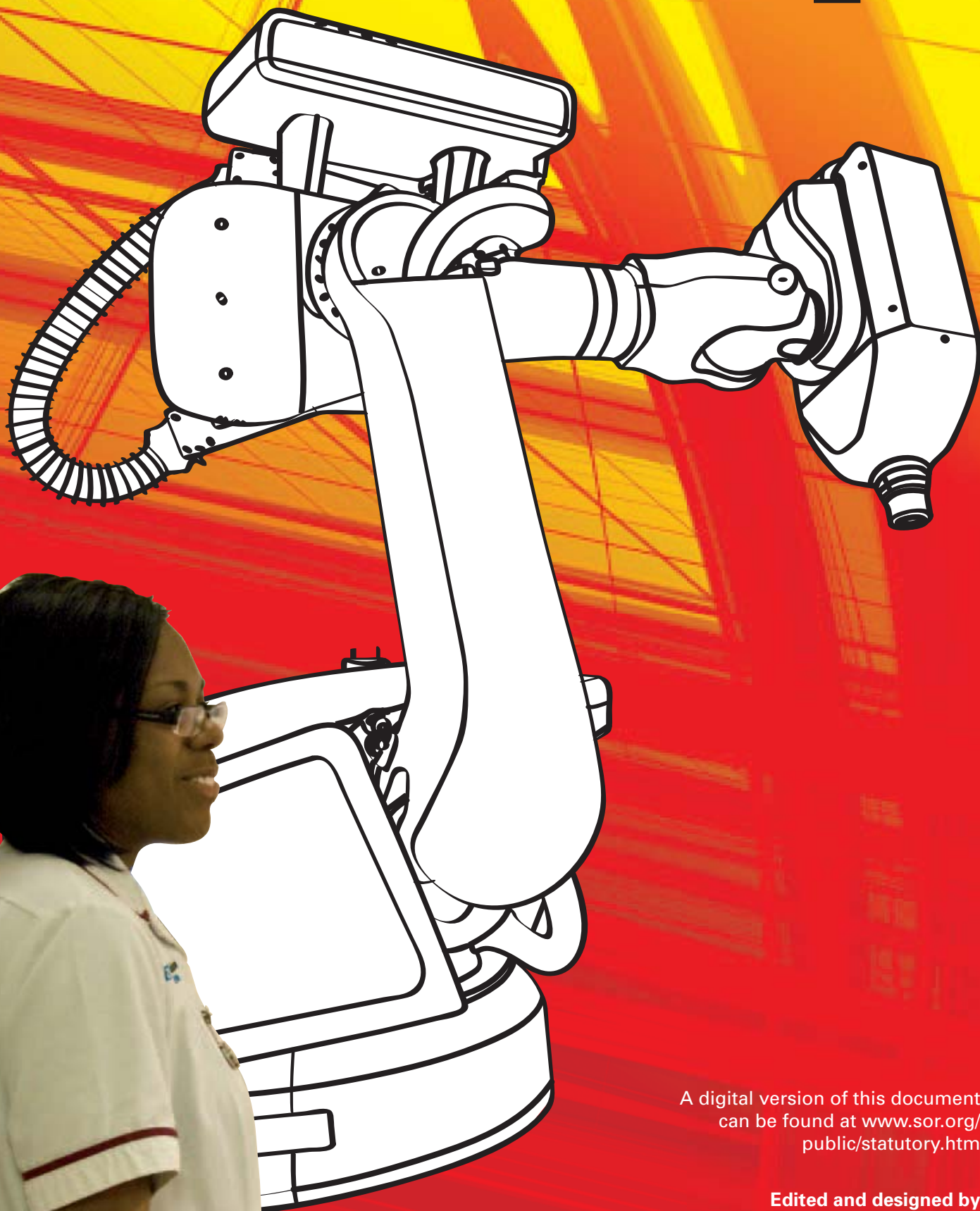
The number of student members continues to be at a satisfactory level at present:

2007: 4,447 2008: 3,020 2009: 2,845 2010: 3,018 **2011: 2,344**



**MAKING OUR
VOICE HEARD**





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