

SoR Annual Report

2009/10

Keeping a Steady Course

THE SOCIETY OF
RADIOGRAPHERS





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 2009/10

for the year ending 30 September 2009

The Society of Radiographers is the trades union and professional body for those practicing in medical imaging and radiation therapy.

Registered office
207 Providence Square
Mill Street
London SE1 2EW

Company secretary
Richard Evans
207 Providence Square
Mill Street
London SE1 2EW

Auditors
Horwath Clark Whitehill LLP
Chartered Accountants
St Bride's House
10 Salisbury Square
London EC4Y 8EH

Bankers
Unity Trust Bank plc
Nine Brindleyplace
Birmingham B1 2HB

Solicitors
Veale Wasbrough Vizards
Orchard Court
Orchard Lane
Bristol BS1 5WS

Investment manager
Rathbone Investment Management
Limited
Port of Liverpool Building
Pier Head
Liverpool L3 1NW

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Registered Number 1287383

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The Society's Council



From top:
Dawn Brunning
Pam Black

From top:
Jackie Hughes
Sandra Conn



From top:
Robin Bickerton
Kenny McMurray
Steve Harris



From top:
Gill Dolbear
Sandy Mathers
Sue Johnson

From top:
Ian Henderson
Margot McBride
Andy Thomas
Zena Mitton



Society Council

Members and Officers

For the period of this Annual Report and until 13 January 2010

ELECTED OFFICERS:

President:	Mr M Graveling BSc(T) (to 30.06.09) Mrs G Dolbear MSc PgCL&T(HE) DCR(R)DMU (from 01.07.09)
President Elect:	Mrs G Dolbear MSc PgCL&T(HE) DCR(R)DMU (to 30.06.09) Mrs S Mathers MSc DCR(R) (from 01.07.09)
Vice President:	Mr S Mathers MSc DCR(R) (to 30.06.09) Mrs S Johnson MA BSc(Hons) DCR(R) PgC (from 01.07.09)
Immediate Past President:	Mrs Z Mitton DCR(R) DRI FCR (to 30.06.09) Mr M Graveling BSc(T) (from 01.07.09)

SENIOR OFFICERS

Chief Executive Officer:	Mr R Evans HDCR
Director of Professional Policy:	Professor A Paterson 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 E Abbott
Editor 'Synergy Imaging & Therapy Practice'	Mrs R Deeson
Editor 'Radiography'	Professor R C Price MSc FCR

REGIONAL REPRESENTATIVES

Scotland	Mr K McMurray DCR(R) Mrs S Mathers MSc DCR(R) Dr M McBride DCR(R) (from 01.01.09)
Yorkshire & North Trent:	Mrs K Smith MSc DCR(T) (to 30.06.09) Mr M Graveling BSc(T) (from 01.07.09 to 01.10.09) Mr S Harris BSc(Hons)(T)
Northern:	Mr A Pitt DCR(R) FCR (to 30.06.09)
North West:	Mrs P Black DCR(R) NVQ PgDip (from 01.07.09) Mrs S Conn TDCR
Northern Ireland:	Mrs A Maddison BSc PgDip (to 27.07.09)
Wales:	Mrs J Hughes DCR(R) Mr A Thomas TDCR (from 21.10.09)
Midlands:	Mrs S Johnson MA BSc(Hons) DCR(R) PgC
Eastern:	Mrs Z Mitton DCR(R) DRI FCR
London:	Mr I Henderson MSc DCR(R) PgCHE FCR
South East:	Mrs G Dolbear MSc PgCL&T(HE) DCR(R)DMU (to 30.06.09) Mr R N C Bickerton BSc(Hons)(R) (from 01.07.09)
South West:	Mrs P Kimpton DCR(R) (to 27.02.09) Mrs D Brunning BSc(Hons) (from 01.07.09)

THE COLLEGE OF RADIOGRAPHERS BOARD OF TRUSTEES (CBOT)

Chairman:	Mrs N Sinclair MA BSc(Hons) TDCR
Ms P Chapman	Mr A Pitt DCR(R) FCR (to 30.06.09)
Mr A Kay	Mrs P Black DCR(R) NVQ PgDip (from 01.07.09)
Mr I Eversden M.Phil	Mr I Henderson MSc DCR(R) PgCHE FCR
Mr J Foster FCA	Mr M Graveling BSc(T) (to 30.06.09)
Mrs P Williams MSc BSc(Hons) TDCR	Mrs J Hughes DCR(R)
Dr K McHugh FRCR	Mrs P Kimpton DCR(R) (to 27.02.09)
Mrs Z Mitton DCR(R) DRI FCR	Mrs E Chapman MSc DCR(R) DMU DipMgr (from 11.03.09)

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



Our members continue to face many demands in their working lives

This Annual Report provides a summary of the many activities undertaken throughout 2009-10 by the Society on behalf of the organisation's members. It has been an extremely productive year with the publication of an extensive range of important policy documents such as *Developing and Growing the Sonographer Workforce: Education and Training Needs* and *The ACORRN/SCoR Research Radiographer Starter Pack for Therapeutic and Diagnostic Radiographers*. Whilst these are primarily intended for the radiographic workforce, an increasing number of publications are distributed outside of the profession to inform a wider healthcare audience for the benefit of radiographers and their patients.

In addition to the substantial on-line document library, the website and the various communication strategies employed by the Society have continued to be updated and improved to meet the needs of members in today's busy world. Importantly, the CPD Now online tool proved to be effective during the recent Health Professions Council audit of radiographers' continuing professional development.

There are now approximately 50 consultant radiographers in post, across a range of modalities and specialties, who are able to provide leadership both within the workplace and at special interest and advisory groups. Identifying patient needs that may be met by a consultant radiographer helps to drive forward the ongoing skill mix agenda and allows the knowledge base of the profession to be expanded and strengthened through research.

Discussions continue to take place with representatives of the other allied health professions at the regular meetings of the Allied Health Professions Federation and together we



are developing an effective political voice to ensure that we are heard at government level. Significant progress has been made by the AHPF due to the partnership and co-operation of all the individuals and organisations involved.

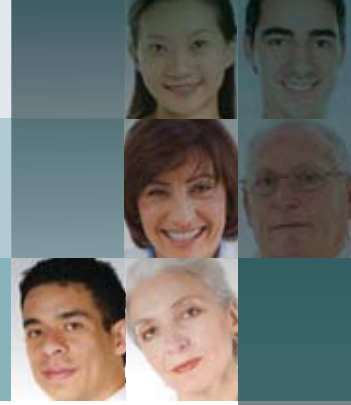
We currently live in uncertain political times. However, the Society's three-year strategy is proving to be a sound framework upon which to base the work and direction of the Society because it is underpinned by core values that do not change. Our members continue to face many demands in their working lives and are under increasing pressure to provide faster, more cost-effective services 24 hours a day, seven days a week. We, as a body, have to ensure that the views of our members are considered in any

negotiations with any health care provider, whether it is within the NHS or with an independent provider.

I was very pleased to see that engagement with the membership appears to be increasing; the analysis of the results of the recent members' survey are yet to be published, however, it was extremely encouraging to see a 30 per cent increase in the response to the survey compared to last time.

Finally, I have been proud to serve as the Society and College's President for 2009-10. Throughout the year I have had the privilege of attending some fantastic and informative study days held by the regional committees and national councils and I have been truly inspired by the dedication of many of the radiographers I have met.

Gill Dolbear
President 2009/2010



A steady course and growing stronger



I am, as always, grateful for the outstanding work and commitment of all of our staff



Thank you for your interest in the Society of Radiographers' (SoR) Annual Report. I hope that you will have time to look at the detail of our many activities and the financial results for the year ending 30 September 2009.

Writing this report each year provides challenges (although perhaps not as many as reading it!) in that the activities described and the successes we record are always in the past. This year is no exception. In fact, writing this in the early spring of 2010 and with the knowledge that you will not be reading it for another couple of months, emphasises more than ever and for a couple of very specific reasons, that we are facing rapidly changing times.

In common with companies all over the world, the financial year 2008/9 was a tough one for the SoR. I am very happy to say that our operational costs continued to be contained within our income, indicating that our services to members, to healthcare and to the public were delivered efficiently and effectively. Income from investments however took a knock in the early part of the year and, although there was good recovery of stock market values as the year went on, the predicted value of the pension fund was also affected. These factors resulted in the small over-all loss shown in the financial statements.

Although there are concerns that the recession may return to show a 'double dip' pattern, there is a degree of confidence that the worst is over and recovery is under way. Sadly, we know that for healthcare in the UK, the pressures are only just beginning. That is why the theme for this year's report is 'Keeping a steady course'. The Society, as a company, has emerged well from the recession. We need that strength now to support members and to maintain standards of patient services through the next few years of constraint in the health service.

Looking back to the autumn of 2008, your Council set the strategy for the Society for three years. Based on three main objectives: Enhancing Membership, Developing Leadership and Representation, and Ensuring an Effective Organisation, along with a general commitment to Effective Communication and Excellent Service, the strategy aims to make the Society stronger in all areas of our work.

This is to be achieved and assured through mobilising our greatest asset, the commitment of members. Our



Richard Evans

network of accredited representatives is at the heart of effective communication and influence. We are also seeing growth in activity in the devolved country councils, in the English regional committees, and in groups of managers, educationalists, researchers, consultant practitioners, special interest groups and networks. Harnessing the potential of all of this commitment to the profession and to the SoR will, along with the excellent work of our staff, result in the successful achievement of our strategic objectives. Perhaps, more importantly, it will also help to create greater strength throughout our organisation so that we can look to achieve even more in future.

This report tells of activities in the first year of the strategy. It is an impressive record and shows that the steady course is well set for the challenges ahead. In the Professional and Educational area there has been tremendous work in delivering policy and guidance for all aspects of diagnostic imaging and radiotherapy practice. There has been astonishing growth in interest in research work involving members in clinical practice, as well as those in academic and research institutions. This has been supported by the Research Group and enabled by the generous support of a growing number of companies joining the College Industry Partnership Scheme.

Work with members in education, directly with student members, and with workforce planning policy makers, has focused on influencing the future supply of properly educated practitioners at all levels in the workforce and on ensuring that all recognise the value of membership of our profession.

The development of radiography in the UK remains the focus of international attention, admiration and, in some cases, controversy. Outstanding work is taking place in departments across the nation showing how members of the radiography community can make real improvements to standards of care through multidisciplinary working and service improvement. In the current economic climate, the fact that such innovations can also produce efficiency savings is particularly relevant. SoR policies and guidance provide the tools to support these changes and ensure that the profession is armed with evidence to continue developments in the years ahead.

Individual members have access to the full range of

professional policy and guidance through the website. Our publications have also provided significant benefit in keeping everyone up to date with news, practice development, continuing professional development (CPD) and high level research results. The use of CPD Now to manage personal development is increasing rapidly. Attendance at SoR organised events continues to rise.

Regional committees in England and the councils for Scotland, Wales and Northern Ireland are bodies of members coming together voluntarily to provide a strong regional focus for our work. Building on good practice in the devolved health departments, we are seeing improving engagement with strategic health authorities in England. Being able to communicate with and influence



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The development of radiography in the UK remains the focus of international attention
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the planners of health care, particularly in helping them to realise the unique contribution of our members, is increasingly important.

The regional structure is also vital for our ability to organise effectively at local level. Our Council is elected from the regions and our trades union officers are attached to regions. A new piece of work under the strategy to engage with committee and council members to promote more effective working and growth in membership was put in place.

Turning to the industrial relations aspects of SoR work, our accredited representatives and officers take the lead in ensuring fair and safe treatment at work for all members. Good levels of communication with department managers (often also our members) is vital and examples showing close working between reps and managers are invariably those where staff teams are cohesive and producing the most impressive service improvements.

Good industrial relations is a quality issue and the Society aims to be at the heart of both local and national structures that ensure that this is recognised and acted on. For every health organisation which seems to take pride in good employee relations there are still regrettably others where the objective appears to be the opposite. We need (and the British public needs) to see more SoR members in local negotiating bodies and working with staff colleagues and managers to ensure that health care in the UK maintains a steady course through stormy times ahead.

On national staff side and partnership bodies, the Society is very well represented and respected. The Society employs around 40 staff to carry forward the complex and changing work of a professional body and trades union. This is why we rely on our growing membership to carry that work to every imaging, radiotherapy, research and educational department in the UK. Our strength is in our ability to work together.

I am, as always, grateful for the outstanding work and commitment of all of our staff. They do a tremendous job for us all and this has an immeasurable benefit to the delivery of health care and to public as well as member service. I should particularly like to recognise and thank Neil Williams, director of finance; Warren Town, director of industrial relations; and Audrey Paterson, director of professional policy.

During the year covered by this report, we said 'goodbye' to Kim Sandford, national officer for Wales and welcomed Kevin Tucker in her place.

UK Council have been a great source of support and leadership and I should personally like to thank Michael Graveling and Gill Dolbear who undertook their presidential



For healthcare the pressures are only just beginning



roles so professionally.

I said at the beginning of this piece that reporting on events in the past presents problems when the current context is changing. The economy and pressures in health funding were particularly on my mind, but I was also thinking that I could not wait a year to mention the very sad death of Hazel Gilmore. Hazel was our Northern Ireland national officer and had been truly superb in this role. Her quiet, determined style was liked and respected by all and her ability to build bridges and work effectively in situations requiring negotiating, advocacy, partnership, or influencing made her a most effective support and leader for our members. This report technically finishes at the end of September 2009. At that time Hazel had no idea she was ill. We worked together at the Northern Ireland conference in early October and Hazel was characteristically at the centre of everything. By the end of the year she was severely ill and she died in early February 2010. All of her friends and colleagues in the Society miss Hazel terribly. We are privileged to have known and worked with her. She embodied all that is best and worth fighting for in radiography.

Richard Evans
Chief Executive Officer





The Celtic tigers stride on

The divergence of the National Health Service in each of the four countries of the union continued apace and the Society and College continued to commit resources to ensuring that members' interests are identified and protected in Northern Ireland, Scotland and Wales, as well as England.

Joint working a growing theme in Northern Ireland

Despite the frustrations of slow political progress in the province, the health professionals have been actively coming together to provide better services.

The Allied Health Professions (AHP) Forum now meets each quarter. The SCoR has three seats on the group: diagnostic and therapy radiographers with voting rights and the Northern Ireland professional and regional officer with an observer's seat. The next objective is to lobby local politicians with a joint AHP's approach.

Another example of closer working with other AHPs is the NI Cancer Network. This is the first regional managed clinical network and the aim is to work towards continuous improvement in cancer care in the province through communication and the sharing of good practice. An initiative to set-up a regional obstetric ultrasound forum, which will include sonographers, midwives and obstetricians, is also going ahead.

The SCoR professional and regional officer now represents all the AHPs on the Joint Negotiating Forum, the Partnership Forum and the Joint Working Group. In addition, an AHP Alliance group has been established with the other trades unions.

A joint conference between the SCoR and the Ulster Radiological Society was a great success, with some 150 delegates attending. Radiologists are keen to continue to work with radiographers and organise other joint study days.

Perhaps the proudest moment for the radiography workforce was the double honour of Northern Ireland practitioners winning both the UK Radiographer of the Year and the UK Team of the Year awards.

(The information for the Northern Ireland Report was provided by Hazel Gilmore, the SCoR professional and regional officer for the province. Hazel tragically died in February 2010 after a short illness whilst this annual report was being compiled.)

Scotland continues to drive-up standards

The first cohort of radiography assistant practitioners, sponsored by NHS Education Scotland (NES), have completed their training. A further 22 trainees are taking one of the approved courses. The SCoR continues to advise on the higher national certificate programme and scope of practice for assistant practitioners in Scotland.

The Radiography Specialist Advisory Board, which includes SCoR representation, has been established to

further radiography advanced practice in clinical areas that have capacity and demand gaps and find solutions that includes use of the 4-tier structure. The Society presented at a NES conference that concluded with a consensus statement to support the career development of allied health professionals.

The Society and College continues to meet with the director of the Remote and Rural Healthcare Educational Alliance to look at the educational needs of radiographers in remote and rural areas. Two radiography managers have been nominated to join the group. The SCoR has also been offered a seat on NES Ultrasound Workforce and Education.

A very successful day for SCoR union learning reps was held with involvement from Sean Kelly, the organisation's professional officer with responsibility for CPD. A Scottish Consultant Radiographers' Group, offering advice and support to the five consultant practitioners in Scotland has been set-up.

The new Managed Diagnostic Imaging Network is to "support Boards in providing and continually improving, modern, patient focussed and clinically efficient and effective diagnostic imaging services". The network's manager is radiographer Jim Cannon and the SCoR is represented on the network's steering group.

Consultations that the Society and College has responded to this year include:

Roseanna Cunningham, MSP for Perth on her proposed Palliative Care (Scotland) Bill, which would require needs based palliative care to be available on demand.

AHP Workforce Workload Summary report.

Addressing the Educational Needs of Allied Health Professions Practice Placement Educators

Better Cancer Care

Adjusting to change in Wales

The NHS in Wales is undergoing a period of major reform with the focus on co-operation and collaboration rather than

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SCoR and Ulster
Radiological Society
Conference a great
success
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Focus on co-operation and collaboration rather than competition



competition. The SCoR has responded to the consultations on Delivering the new NHS for Wales and Rural Health Planning – improving service delivery across Wales.

The reforms will see seven local health boards (LHBs) delivering health care across Wales but the focus will be on consistency of care and delivery. The SCoR, through the Welsh Partnership Forum, has been involved in the development of all-Wales’ policies and procedures for grievance, disciplinary and sickness absence management.

Working with the other allied health professions, the Society was successful in persuading the health minister to support the creation of a therapies and health science executive director post on each LHB. They will lead the

clinical governance agenda jointly with the medical and nurse directors, and provide strong, effective and visible professional leadership to therapy and scientific staff.

Regular dialogue between the Society’s Welsh Council and the health minister is continuing. These meetings are invaluable and allow the SCoR to highlight problematic issues and to promote the work of the organisation undertaken at a UK level.

The Society’s officer for Wales is working closely with the Diagnostic Imaging Modernisation Team for a period to ensure the delivery of the workforce plan and to further improve communication links between the project, the SCoR and those engaged in the diagnostic imaging service.





Keeping trades union and industrial relations issues on a steady course

As the year progressed, the focus increasingly turned to how the government is going to address the substantial shortfall in future investment in the public sector. As only one public sector employer, the NHS has been 'challenged' to achieve £20 billion in savings over the next five years.

To achieve savings of this magnitude will be painful for staff and patients as employers in England scrutinise staffing levels, re-structure departments, freeze new appointments, delay promotions, ask staff to take a pay cut, or attempt to implement a local pay freeze. All of these initiatives we have seen before when the NHS has been under crisis and will no doubt continue to see in the future. The key message is that the Society is equipped to meet the challenge and able to weather this storm and, unlike some employers, will act responsibly and cautiously to protect members and the patient.

If the past has shown us anything, it is that knee jerk reactions to a crisis will haunt us for years to come, irreparably damage key services and leave us with severe shortages of skills and staff needed to support the recovery when it comes.

There is increasing disquiet amongst health service trades unions as to how a future government may view the Pay Review Body (PRB) as a means to determine national pay rates.

Election promises and the NHS Pay Review Body

In 2010/11, the three-year pay deal agreed between the government and the health service unions will end. Any increases in pay post-2011 are likely to be at the whim of a new administration, or the state of public sector finances.

There is evidence from political posturing that not all the political parties are committed to any of the pay review bodies in the public sector and there is widespread concern that a new government could severely weaken or abolish this as a system of independent pay determination. The alternative is local pay across the public sectors with individual employers – in the NHS a foundation trust – negotiating pay levels dependent on local recruitment, or the budget surplus. In Scotland there is already the right to independently determine pay rates but, because of the complexity of doing so, pragmatism has prevailed and the rate for the job has been determined by the PRB for the whole of the UK. Whilst local pay may serve some well, the winners are more likely to be concentrated in the south-east, thereby creating further

divisions in pay rates for what is a national service. This is not something that the SCR wants to see.

The concern amongst all the unions is rapid increases in inflation rates that will see their members lose out as the government and employers try to impose a pay freeze, or interfere in percentage increases recommended by the PRB.

The Society will continue to provide evidence to the PRB despite the will of the future government. Much of this is focused on students and the newly qualified, who will be the most affected by the economic downturn. The challenge will be to assess how the current state of public finances will affect career choice and attitudes towards remaining in employment in the NHS.

Pensions and the public purse

Any future government could consider the possibility of reopening the agreement to retain public sector pensions and seek to limit access and entitlement, or increase member contributions. This is something that the Society and the other health trades unions are monitoring closely and are debating with all the principal political parties. There is no doubt that even if the current administration is re-elected that there will continue to be an examination of the cost of future pension entitlement and attacks on the public sector pension scheme. Attacks that are ill informed and certainly unnecessary.

The NHS plc

The development of initiatives to use a range of providers to supplement or replace NHS provision is policy for all the political parties. The only difference between them is how this policy may operate in practice. Previously, the most notable development for Society members was the introduction of independent sector treatment centres (ISTCs), which is now coming to an end. The Society has had to deal with fallout as some 'failed' ISTCs have closed precipitously, leaving members without proper severance arrangements or alternative employment.

ISTCs paved the way for further private investment and acted as a learning curve for the Department of Health in the development of contract management and commissioning. There are now a multiple number of healthcare options and schemes from which local providers may draw including social enterprise, commissioning, independent stand alone providers, supplementary provision (a private health care provider supports the NHS for a limited period or under long term contract), and polyclinics.

The SCR continues to provide support and representation to



Warren Town

members who work in any of these models. It is also providing radiology managers with information about outsourcing, commissioning and service development where the diagnostic or therapy service is delivered independently, or under contract in the community, and encouraging them to see the NHS as the preferred provider and most stable form of service provision for the benefit of patients.

Cutting out violence at work

The initiative to raise awareness of violence, abuse (physical and verbal) and attacks on members by patients and the public has been gathering pace. A joint campaign with the Community and District Nursing Association (CDNA), the issue was discussed at the respective member conferences

and at the Hazards Conference, attended by delegates from a wide range of unions, professions and industries. Other opportunities were also used such as the TUC conferences.

Musculoskeletal disorders and mammographers

An SCoR survey showed that an increasing number of mammographers are suffering with musculoskeletal disorders. Without the correct staffing levels, equipment and working practices in place, the problem will get more acute as the National Health Breast Screening Programme expands. It was apparent from the results that members need guidance to minimise both short and long-term effects.

Working with mammographers and Leeds University, the Nightingale Centre, Manchester, Pennine Integrated Breast





Services, Bradford and Thomas Davis from Bambach Saddle Seat, the *Musculoskeletal disorders amongst mammographers* publication was produced as a practical guide and covers the various disorders which members have reported, as well as good practice and recovery exercises.

A one-day conference to coincide with the launch of the document was a great success and was followed by another event later in the year.

TUC triumph

The Society had a very successful time at the 2009 Trades Union Congress. The organisation improved its profile and engaged with policy makers and other unions. Delegates were actively involved in several key debates, sat with Andy Burnham, the Secretary of State for Health, at the formal dinner, and held detailed discussions with him at a breakfast event.

The Society exposed the disturbing truth that many women are being short changed on health checks.

In front of more than 500 delegates, SoR representative Tracey Taylor condemned employers who expect staff to take a breast screening mammogram in less time than it takes to boil an egg. Tracey stated: "Our members are highly competent in what they do, but irresponsible throughput increases the risk of musculoskeletal injury. Evidence shows that where appointment times have been reduced, staff

absence rates through sickness increase. Any potential saving is negated and the screening programme fails.

"No one wins. Not the potential cancer patient, not the NHS and not the employee whose career is at risk through the inability to work."

Quality of care was central to another debate raised shortly afterwards by the SCR's vice president, Sue Johnson.

She criticised the government's plans to allow patients to 'go private' if they are unable to get an examination or treatment from local NHS providers. The conference unanimously supported the Society's view that it was short-sighted to outsource care and treatment rather than invest in the NHS.

Reps debate a wide range of issues at delegates' conference

As it does every year, the Society's delegates' conference, the gathering of the organisation's workplace representatives, threw up a broad selection of topics for debate.

Most were directly concerned with issues such as terms and conditions of employment, workforce planning, the impact of government targets, and health and safety in the workplace. The aim is to shape and drive forward the organisation's policies and priorities for action. The SCR UK Council takes serious note of what is discussed and implements successful motions whenever it can.



Training key to reps' success

Time and again it has been shown that the success of the Society in representing members and providing them with support and advice in the workplace is thanks in huge part to the networks of representatives. All of them are volunteers, working unselfishly for the benefit of their colleagues.

It is therefore vital that the organisation maintains a strong training and education programme to give the reps the confidence and skills they need to effectively represent the Society's members. The induction courses run by the Society for new reps continue to be very successful and the Trade Union Education working party tweak the content of the three-day residential sessions to ensure that they remain relevant and as practical as they can be for industrial relations, union learning, and health and safety reps.

During the 12 months covered by this report, 186 new representatives took part in the induction training and it is expected that numbers will increase further in 2010.

Campaign for recognition of Equality reps

The Society's Equality and Diversity Network, Equalise, has

taken up the Trades Union Congress campaign for equality reps to receive the same recognition in employment law as other workplace representatives.

The network held its first study day, which was fully booked and more are planned in 2010. The network continued to make its voice heard at events such as the Black Workers' and the Lesbian Gay Bisexual and Transgender conferences and ensured that equality and diversity issues got a hearing at forums such as the Society's annual delegates conference and at the TUC conference.

The Society reps induction course mentioned above now includes a section on equal opportunities that covers direct/indirect victimisation, discrimination, harassment, disability issues including positive discrimination, and procedures and time limits related to tribunals.

Warren Town
Director of Industrial Relations





Modernising is the theme for professional and educational development

A significant part of the Society and College's work is ensuring that the radiography workforce has the professional and educational tools and abilities to meet the needs of the service and patients.

Modernising has been a recurring theme of the past year. The Society and College has been asked to participate in the consultation on Modernising Scientific Careers because it affects members involved in nuclear medicine and dosimetry particularly. There may also be some impact on those practicing in other fields of clinical imaging and radiotherapy, especially magnetic resonance imaging and ultrasound. The main issues that concern members of the SCoR is the transition between the health care science practitioner and the health care scientist streams.

Another initiative – Modernising AHP Careers – follows on from the development of the allied health profession (AHP) career framework. The aim is to create a consensus about advanced practice and to promote the work of AHPs, particularly where they can lead services in the primary sector or across several sectors.

The SCoR has been participating in a working group to report on the development of interventional radiology services and the need for an experienced multi-disciplinary workforce. Interventional radiology is applicable in many clinical situations and its use is more cost-effective and with lower morbidity than many current procedures. A similar project is identifying and highlighting the various forms of cardiac imaging, as well as linking them to care pathways and NICE guidance.

One of the key features of the Abdominal Aorta Aneurysm (AAA) Screening Programme is that a suitably trained technician or assistant practitioner (AP) who can be accredited by the Society and College and entered onto the voluntary register of APs may undertake the examination. The SCoR has been involved in developing the education standards and sits on the national steering group for the programme.

Skills for Health has proposed a system for accreditation of work based learning known as a 'passport', which will allow the employee to provide evidence of their skills and knowledge to employers. Another objective is to allocate academic credit to this learning, providing the employee

with the opportunity to gain formal qualifications. Again, SCoR staff are involved in this work.

Radiotherapy will see some of the greatest changes

Society and College officers and members continued to contribute to the many ongoing national radiotherapy (RT) workstreams. Out of all of this collaboration there is no doubt that radiotherapy will see some of the greatest changes in the history of cancer treatment.

Fundamental to it all is the work of the National Radiotherapy Implementation Group. NRIG was convened in June 2008 to take forward in England the recommendations of the National Radiotherapy Advisory Group report, as endorsed in the Cancer Reform Strategy. The Society and College (SCoR) continues to be a key player in all aspects of the work. The group is charged with providing support and guidance for radiotherapy (RT) and has oversight of service development across England. NRIG membership is drawn from the RT professions, the professional bodies, commissioners, the Department of Health (DH), service users and the devolved nations. SCoR has been working closely with Tim Cooper, the Associate Director for Radiotherapy at the National Cancer Action Team (NCAT), on guidance coming from NRIG. Mandy Travis, hosted by the SCoR, has been appointed to lead elements of the work, in particular the radiotherapy capacity planning tool.

Three principles underpin the work of NRIG: 1) Ensure all patients who need it can access radiotherapy; 2) Within a maximum of 31 days from the decision to treat; and that 3) Intensity modulated radiotherapy (IMRT) becomes available for all patients who are likely to benefit from it by 2012. In addition, the intention is that proton therapy is made available for selected patients via overseas facilities prior to a UK centre(s) being established.

NCAT are funding cancer commissioning exemplar projects across cancer services and four projects are related to RT provision – workforce reconfiguration, satellite provision, enhancing radiotherapy access, and modernising non-surgical oncology services. SCoR professional officers are ensuring networks have the relevant guidance and are promoting the work of therapy radiographers.

Key to the delivery of effective local RT services is the successful implementation of the 4-tier career progression model across all centres and the retention of student



Audrey Paterson

radiographers. NCAT have agreed to fund a series of events to facilitate discussion between the universities, the service and commissioners to try and ensure we have the right workforce with the right skills at the right time.

The SCoR held a very successful radiotherapy conference in February 2009, with more than three-quarters of RT centres represented. A one-day seminar for leaders held the day before was equally well received. The biennial United Kingdom Radiotherapy and Oncology meeting was held in Cardiff and attracted good representation from the profession both as speakers and delegates.

'Making a change, making a difference' was the title of the fourth annual NRAG conference. The event was oversubscribed with more than 280 delegates attending including professionals, cancer network directors, radiotherapy leads, cancer commissioners, cancer managers and lead clinicians. SCoR officers contributed to the development of the event and were invited to lead a workshop on radiography role development.

Three new guidance documents were published by the SCoR to support the development of the radiotherapy radiography workforce:

- Radiotherapy moving forwards: Delivering new radiography staffing models in response to the Cancer Reform Strategy;
- Implementing the career progression framework in radiotherapy – policy into practice;
- Improving student retention: Guidelines and good practice.

Additionally the Society and College contributed or commented upon a number of significant radiotherapy policy documents:

- Achieving a world-class radiotherapy service across the UK;
- Centre for Evidence Based Purchasing reports;
- IMRT appraisals for lung, prostate and breast;
- Lung, ovarian and colorectal cancer clinical guidelines;
- Prevention of skin cancer consultation;
- IMRT implementation.

The Society and College project leads, Louise Coleman and Rob Appleyard, have successfully completed the Virtual Environment Radiotherapy Training (VERT) evaluation project. Early outcomes show the tool's benefits. In addition,

the Department of Health's e-Learning for Health project, Advanced Radiotherapy, started work with significant input from the radiography workforce. This project has come about as a result of a partnership with The Royal College of Radiologists, the Institute of Physics and Engineering in Medicine, and the College of Radiographers.

UKAS merger kicks off busy year for ultrasound

In January 2009 the United Kingdom Association of Sonographers (UKAS) merged with the CoR and the organisation has been pleased to welcome UKAS members and the considerable expertise and experience they bring with them. The Chair of UKAS has joined the College Board of Trustees and the remaining UKAS trustees have joined the Ultrasound Advisory Group, where they have made valued contributions to its work.

The SCoR also became the host administrative organisation for the Consortium for the Accreditation of Sonographic Education (CASE) from the British Medical Ultrasound Society (BMUS).

The other major sonography related issue during the course of the year was the recommendation from the Health Professions Council (HPC) to the Secretary of State for Health that sonography becomes a regulated profession. This was the culmination of a joint application by the SCoR, supported by UKAS, made more than two years previously and it is rewarding that the hard work of those involved in the submission has been recognised by this recommendation. However, it may take several more years to complete the process and will include a public consultation. It is the Society's intention to review the administration of the Public Voluntary Register of Sonographers so that it continues to support the application to the HPC for regulation.

The past year has seen the publication of several documents relating to ultrasound practice. The first was The Scope of Practice in Medical Ultrasound, which completed a suite of publications relating to the varying imaging modalities. A statement followed this on the use of 'focused' or 'point of care' ultrasound and the landmark Ultrasound Workforce and Education Development document was published. This puts forward the Society's proposals for the short, middle and long term development





of ultrasound education and training, including the possible introduction of primary degrees in sonography. It is designed to help address the current sonographer shortage and to allow for the future expansion of services. This document was accompanied by the publication of the results of a national survey of ultrasound departments that highlighted some of the problems affecting them.

A meeting was held with representatives of BMUS to explore collaborative working, which was very constructive. The SCoR formally adopted the BMUS safety statement relating to souvenir scanning in obstetrics.

Consultations relating to ultrasound have included NICE enquiries into possible screening for vasa praevia and placenta praevia, the Wales fetal anomaly screening proposals, a proposed 'care bundle' for complications associated with a morbidly adherent placenta, techniques for fetal cardiac abnormality screening and the safety of ultrasound and infrasound. In addition, SCoR officers have contributed to support the development and implementation of the fetal anomaly screening programme in England and the associated educational resources.

An e-mail correspondence group for sonographers involved in independent practice has been opened and

it has replaced the Independent Diagnostic Practitioners Association.

Conference and event bookings surge

Society and College events continue to grow with many showing steady increases in the number of delegates. One example is the Radiotherapy Weekend, which attracted more than 200 attendees and 13 exhibiting companies. The event has outgrown the Thistle Hotel in Brighton, and following responses to an online survey conducted to obtain members' views, the decision was taken to move to Birmingham in 2010. It is hoped that the new venue will attract delegates who may not have been prepared to travel to the south-coast.

Smaller gatherings such as 'Reducing the risks and impact of work-related musculoskeletal disorders in mammography', held in Leeds in May, were also a great success: over 100 delegates attended and gave excellent feedback, asking for more courses of this kind. Similarly, the ever-popular 'Developing excellence in clinical leadership' Spring course was fully booked and more dates had to be added to satisfy demand for places.

The United Kingdom Radiological Congress was very



successful for the SCoR, with close to a hundred members signing up through the special student promotion on the stand.

A new web-based conference registration system has received a very encouraging response from delegates. Whilst events are still advertised in the monthly *Synergy News*, booking online is promoted as the quickest way for members to secure a place at an event, plus they get a discount for paying by credit card and receive immediate and automated confirmation by email.

Another innovation has been the online document library, which has eliminated the need to send numerous copies of paper publications to events. As well as showing people where to find downloadable versions of professional documents, SCoR stand staff can demonstrate the CPD Now system and find the answers to visitors' enquiries on the website.

The event management services offered by the conference team have been in demand from special interest groups and external committees and collaborative conferences in partnership with the Association of Forensic Radiographers (AFR) and the Gastro-Intestinal Radiographers Special Interest Group (GIRSIG) have been held.

Continuing professional development (CPD) accreditation continues to rise and the profession prepares for audit

The number of events, seminars and study days that radiographers can attend which have received the Society's CPD Now accreditation continued to increase.

The web-based portfolio system was upgraded with a host of new features and improvements including better navigation, a revamp of the main pages and interactive tools to help get users started and to answer their questions. More than 6,000 radiographers access CPD Now, an increase of 70 per cent from the previous year.

An issue on many radiographers' minds as the year wore on was the upcoming Health Professions Council audit to ensure that registered radiographers are constantly updating their skills. As Karen Middleton, the chief health professions officer, commented, "Patient expectations have never been greater. Demand for healthcare is growing, driven by an increasingly ageing population and the nature of disease is changing, as is our understanding of it. It is vital that radiographers keep up-to-date with the technology and treatments, which are constantly advancing."

For the first time, 2.5% of radiographers applying for re-registration – which happens every two years - will be audited to check that they are meeting the HPC's CPD standards. The group will be randomly selected and will receive a separate letter shortly after their renewal notices are sent out. The HPC has said that if a radiographer fails to

comply with the requirements of the audit, they face being removed from the register, which means they would be unable to practice. CPD Now includes a report facility that allows users to easily produce the required submission for the HPC audit.

The CoRe-learning package became available to members thanks to a deal struck with Philips Healthcare, which provides members with access to the Philips Learning Centre, an on-line CPD tool containing hundreds of continuing education programmes, some of which also carry CPD Now accreditation.

For the second year, the 'Education on the Stand' initiative was held at the UK Radiology Congress and was used by many of the radiographers who attended the exhibition, which is a key part of the event. The programme includes a range of CPD Now accredited events offered by the commercial companies that take space at the congress.

Work on the profession's e-Learning for Health project, 'Image interpretation', made good progress and is on target to launch during the coming year. This will provide the continuing education needs of the profession and enable it to move from red dot signaling systems to written image interpretation.

Investment in digital communication steps up

In the previous edition of this document, a long list of improvements and initiatives underlined the organisation's policy of a commitment to electronic communication. The pace stepped-up another gear with detailed plans being made to put significant investment into a new platform for *sor.org*, the SCoR's website, which will add more functions and make content from the thousands of pages easier to find. Some 26,000 unique visitors use the site each month.

As noted above, a major development in the previous year was the development of the on-line document library. Over the past year, 33 publications have been added across a wide range of topics that provide information, advice and guidance to the workforce.

Keeping students on courses and encouraging them to be Society members

The focus on encouraging radiography students to take up membership of the Society continued with the refining of the first year student welcome packs, making presentations to the first, continuing and final years in the higher education institutions, and ensuring that support and advice is there for the student members. This dovetails with a key initiative to minimise the high attrition rates of students leaving radiography courses in the first and second years. The result was the publication of the *Improving Student Retention: Guidelines and Good Practice* document. Further work is taking place with the Cancer Action Workforce Team's subgroup investigating student retention issues for future



workforce planning.

The government asked students, unions and educators to share their thoughts on how the NHS Bursary Scheme could be revised to enhance support for prospective staff. Stakeholders were asked to choose from a list of possible options, including in-service training programmes, loan allocation or a revised bursary scheme. Paying the minimum wage would be the fairest way to provide cash-strapped students with financial support, the SCoR concluded.

An online system, using the Society's member database, is being developed to manage the volume and range of work of the Approval and Accreditation Board (AAB). Alongside this was a major revision of the AAB Handbook and training sessions for new and existing assessors were organised.

Joint action with the College of Occupational Therapists and the Chartered Society of Physiotherapy to bring together the practice educator programmes of all three organisations is being taken with the aim of producing a scheme suitable for all allied health professionals.

Another successful student conference was held and the Student of the Year award was made for the second time with nominations coming from the higher education institutions.

StudentTalk, the SCoR's digital magazine, continues to be sent to student members each month. The introduction of a Society student 'wall' on Facebook became another way for members to communicate.

Industry support boosts radiography research

Work on the next version of the SCoR research strategy took place, as well as identification of key research areas across the profession for the next five years as the priorities for internal and external research funding. Another priority has been clarifying the clinical research radiographer role and promoting the national AHP researcher profiles.

More than 30 applications were received for the CoR Industry Partnership Scheme (CoRIPS) Research Awards. Projects were a mixture of diagnostic and therapy, and clinical and educational.

Work is being done to encourage the development of a diagnostic/radiology inter-professional network, similar to the ACORRN initiative for radiotherapy.

Supporting the growing number of consultant radiographers

The Consultant Radiographer Group has been extremely active with a wide range of activities taking place including:

- A special edition of Radiography journal;
- Sessions at the United Kingdom Radiology Congress and the Radiotherapy Conference.
- Publication of a guidance document defining the consultant's clinical role.

- Collaborative work with the Research Group on 'leadership and consultancy'.

- Publication of six articles in *Synergy – Imaging and Therapy Practice*.

Mapping the profession's IT needs

The SCoR's Information, Management and Technology (IM&T) Group continued its multiple strands of work. The main focus was on a survey of the profession about IT needs.

Other activities included a joint session at UKRC with the Royal College of Radiologists, a series of articles in *Synergy – Imaging and Therapy Practice*, and the reviewing and updating of advice to educational institutions.

A full agenda of radiation protection work

An update of Diagnostic Medical Exposure, Advice on Exposure to Ionising Radiation during Pregnancy was completed, as well as new guidance about IR(ME)R operator status for undergraduate students and trainee assistant practitioners.

Other publications include Pregnancy and work in Imaging, radiation protection guidance booklets, as well as radiotherapy IR(ME)R guidance.

Member communications continue to develop

Synergy - Imaging & Therapy Practice, continues to play an important role in informing members about the latest clinical techniques and thinking. It has also become an increasingly important continuing professional development tool.

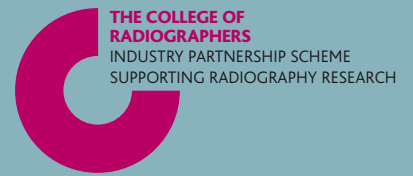
Synergy News provides information about professional and trades union issues.

The *Radiography* journal, the organisation's peer-review title, has continued to establish a first-rate international reputation under the auspices of the editor-in-chief, Richard Price.

A fifth edition of *Imaging & Oncology*, the annual 'blue sky thinking' title, was published to coincide with the UK Radiation Oncology Conference. Once again, a host of eminent educators and clinicians put forward their views of where medical imaging and radiation therapy are headed.

Audrey Paterson
Director of Professional Policy

Boosting radiography research



CoRIPS representatives gather for a recent CoRIPS seminar. From left: Jane Grimsley, Carestream; Fiona MacLachlan, Covidien; Elaine Highton, Integrated Radiological Services (IRS); Mike Bell, Siemens; Paul Connolly, IRS; Richard Evans, SCoR; Andrew England, University of Liverpool; Sean Kelly, SCoR; Charlie McCaffrey, Carestream; Levi Cheng, Guerbet; Matthew Stork, Toshiba; Sarah James, SCoR.

The College of Radiographers Industry Partnership Scheme (CoRIPS) continued to go from strength-to-strength with the addition of three new partners: Nucletron, Healthcare Software Systems and Oncology Systems Ltd (OSL).

The scheme provides industry with the opportunity to collaborate with the Society and provide financial support for research and educational projects. The partnership has helped to significantly increase the amount of research being undertaken by the profession.

Industry partners benefit from the scheme by gaining access to the knowledge, experience and expertise within the SCoR. In addition, business has the opportunity to improve user involvement in product development and testing and companies can facilitate the rapid introduction of new technology in a more timely and comprehensive manner.

Fourteen companies are currently actively involved in the partnership:

Diamond partner

Agfa Healthcare
Vertual

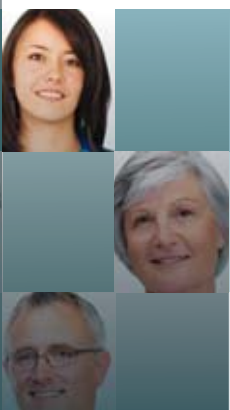
Premier partner

Guerbet
OSL/TomoTherapy

Partners

Carestream Health
Covidien
Elekta
GE Healthcare
Healthcare Software Systems
Integrated Radiological Services Ltd
Nucletron
Siemens Medical
Toshiba Medical Systems
Varian Medical Systems

The SCoR is updating the five-year research strategy for the profession. The previous document and the new one sets out expectations and individual, managerial and professional body responsibilities. The aim is to support change within diagnostic imaging and radiotherapy and oncology departments, so ensuring that practice and patient centred care become fully evidence-based.





SOCIETY OF RADIOGRAPHERS BENEVOLENT FUND

Trustees report for the year ended 30 September 2009

Charity Registration Number 326398

The trustees present their report and the audited accounts for the year ended 30 September 2009.

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 at 30 September 2009

Sue Barlow (Chair)
Lorraine Nuttall
Gytha McBirney
Ann Pollard
Zena Mossman
Margaret Summerlin
Phillip Edwards
Indira Bhansali

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 2009 was £11,078, £5,027 less than 2008. Income decreased through a smaller donation of £5,000 from the Society this year (there was a donation of £10,000 in 2008). However, this decrease was offset partly by the many generous collections at Society meetings around the UK. Affiliation income from the Society credit card continued to decline as did bank interest due to lower interest rates.

Expenditure amounted to £7,813, compared to £12,224 in 2008, mainly incurred through awarding grants to beneficiaries. Nine grants were awarded this year totalling £5,549 and included assistance where beneficiaries or a close relative were suffering ill health, or severe upset, as well as financial difficulties.

Net assets at 30 September 2009 were £94,158, an increase of £2,179 over the balance of the year before.

2008 comparative figures have been restated to show investments and gains on investments separately in the financial statements.

Reserves risk and investment policies

The charity's reserves amounted to £94,158 at 30 September 2009. 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, the donation from the Society was larger than usual in 2008 and applicants to the fund in 2009 required grants, on average, of a lesser value than in previous years. The total value of awards made from the fund in the year to September 2009 was therefore not at a level consistent with the policy outlined above.

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

Auditors

The auditor Horwath Clark Whitehill LLP was appointed during the year, and a resolution to re-appoint them will be put before the next Trustees Meeting.

By order of the Trustees

Mrs Susan Barlow
Chair of the trustees
March 2010



Benevolent Fund statement of financial activities for the year ended 30 September 2009

	2009		2008 Restated	
	£	£	£	£
INCOMING RESOURCES				
Donations	8,302		12,611	
Gift Aid reclaimed	559		489	
Income from credit cards	2,162		2,780	
Bank interest	<u>55</u>		<u>225</u>	
		11,078		16,105
RESOURCES EXPENDED				
Grants and donations	5,549		10,873	
Envelopes and advertising	515		340	
Bank charges	-		22	
Sundry expenses	<u>1,749</u>		<u>989</u>	
		<u>(7,813)</u>		<u>(12,224)</u>
Net movement in funds before investment gain/(loss)		3,265		3,881
Gain/(loss) on investment		<u>(1,086)</u>		<u>3,474</u>
Net movement in funds after investment gain/(loss)		2,179		7,355
RETAINED SURPLUS AT BEGINNING OF YEAR		<u>91,979</u>		<u>84,624</u>
RETAINED SURPLUS AT END OF YEAR		<u>94,158</u>		<u>91,979</u>

Balance sheet at 30 September 2009

	2009	2008 Restated
	£	£
INVESTMENTS	<u>-</u>	<u>85,857</u>
CASH AT BANK	96,639	7,027
CREDITORS: amounts due within one year		
Amounts due to Society of Radiographers	<u>(2,481)</u>	<u>(905)</u>
NET CURRENT ASSETS	<u>94,158</u>	<u>6,122</u>
NET ASSETS	<u>94,158</u>	<u>91,979</u>
UNRESTRICTED FUNDS	<u>94,158</u>	<u>91,979</u>

Approved and authorised for issue by the Trustees on 18 March 2010 and signed on their behalf
 Mrs Susan Barlow
 Chair of the trustees



COMMITTEES AND WORKING PARTIES OF COUNCIL

The table below indicates each elected member's Society commitments for the year commencing July 2009:

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, DF	Meets four times a year
Investigating Committee (reports to Council) Representatives will be decided as and when required	Meets ad-hoc
Radiography Editorial Board (reports to Council) Mr I Henderson; Mrs S Mathers; CEO; DPP; DF;	Meets quarterly
Delegates Conference Committee (reports to Council) President-Elect, Vice President	Meets four times a year
Trades Union Education Committee (reports to Council) Mr K McMurray; Mr S Harris	Meets half yearly
Health & Safety Forum (reports to Council) Mrs J Hughes; Mr K McMurray	Meets quarterly
Royal College of Radiologists Representatives will be determined as and when required	Meets half yearly
RCR Patient Liaison Groups Radiology – Mrs P Black Oncology – Ms H Colyer	Meets half yearly
BIR Council Observer The President	Meets half yearly
RCR Faculty Board Observer The President/member of presidential team	Meets quarterly
Irish Institute of Radiography Liaison Committee The President; DPP; CEO	Meets half yearly
The Investment Committee Mr I Henderson; Mr D MacManus; Mr J Foster; Mr A Kay, Mr Ian Eversden, President; CEO; DF	Meets twice yearly
Working Parties, Networks; SIGs, ad-hoc committees, Membership as required	

MEETINGS OF COUNCIL

Month	Apologies
9 October 2008	Mrs P Kimpton
6 November 2008	Mrs S Mathers, Mr S Harris
14 January 2009	Mrs A Maddison, Dr M McBride
4 March 2009	Mrs S Mathers, Mrs S Johnson
21 April 2009	Mrs K Smith
7 June 2009	Mr S Harris, Mrs K Smith
1 July 2009	No apologies
2 September 2009	Mr K McMurray





SOCIETY AND COLLEGE OF RADIOGRAPHERS

FINANCIAL REPORT FOR THE YEAR TO SEPTEMBER 2009

Total income for 2009 was £5,388,246, £272,879 (5.3%) higher than the previous year. Membership subscription income increased by £241,005 (6.3%), 4.2% due to higher fees and 2.1% through increased member numbers. Other income increased slightly to £1,322,116.

Total expenditure increased by £267,520 (5.7%) to £4,943,585 for 2009. £166,114 (8.9%) stemmed from higher salary costs and £101,406 (3.6%) on operational and overhead costs. The general financial situation may have stabilised in terms of investment values after last year's falls, but the latest investment factors have led to a pension scheme deficit of £503,000 this year.

The Society and College had a combined 2009 surplus of £444,661 (2008 £439,302) before investment and pension scheme valuation adjustments. The figures after those adjustments were a deficit of £44,723 for 2009 compared to a surplus of £275,210 for 2008.

SUMMARY OF THE FINANCIAL RESULTS FOR THE YEAR TO SEPTEMBER 2009

INCOME AND EXPENDITURE

£	Year to 30 September			2009 Combined	2008 Combined
	SOCIETY	COLLEGE	CONTRA		
Membership subscriptions	4,066,130			4,066,130	3,825,125
Other income					
HEI course accreditation		66,500		66,500	69,800
Grant income		23,928		23,928	
Magazine income	467,311	4,640		471,951	494,959
Radiology and Oncology Conferences		248,175		248,175	241,714
Seminars & courses		220,932		220,932	182,750
Regions and Branches	25,407			25,407	17,115
Investment income	57,702	57,077		114,779	180,033
Other income	11,671	138,773		150,444	103,871
Contribution & notional rent from Society		1,320,000	(1,320,000)		
Total of other income	562,091	2,080,025	(1,320,000)	1,322,116	1,290,242
Total income	4,628,221	2,080,025	(1,320,000)	5,388,246	5,115,367
Salary costs	1,193,459	843,322		2,036,781	1,870,667
Operational and overhead expenditure					
Contribution & notional rent to College	1,250,000		(1,250,000)		
Donation to Benevolent Fund	5,000			5,000	10,000
Restricted funds expenditure		5,098		5,098	500
PR & communications	28,659			28,659	36,366
Magazine & journal costs	498,513	115,278		613,791	604,426
Regional offices, Councils and reps costs	265,929			265,929	265,076
Members insurance and legal costs	339,300			339,300	344,006
Website costs & CPD costs	56,404	19,252		75,656	91,623
Radiology and Oncology Conferences		248,175		248,175	288,238
Meetings, Seminars, library and literature		497,208		497,208	395,377
ADC, TUC membership etc.	178,767			178,767	159,613
Audit and prof fees	27,327	15,501		42,828	39,699
Occupancy	87,065	30,591	(70,000)	47,656	57,343
Depreciation, FRS 17 fin adj, asset sales	74,876	68,579		143,455	138,796
HR, database & computer costs etc.	118,421	25,301		143,722	132,051
Telephone, travel, copying, postage etc	220,029	51,531		271,560	242,284
Total operational and overhead expenditure	3,150,290	1,076,514	(1,320,000)	2,906,804	2,805,398
Total expenditure	4,343,749	1,919,836	(1,320,000)	4,943,585	4,676,065
Surplus for the year before investment gains	284,472	160,189		444,661	439,302
Investment gains less losses	6,808	6,808		13,616	(313,092)
Pension Scheme (deficit)/surplus	(320,000)	(183,000)		(503,000)	149,000
(Deficit)/surplus after net investment gains	(28,720)	(16,003)		(44,723)	275,210



COMMENTARY ON INCOME AND EXPENDITURE

Total income for the whole organisation in 2009 amounted to £5,388,246, up £272,879 (5.3%) on 2008.

Income from membership subscriptions amounted to £4,066,130 in 2009, a rise of £241,005 (6.3%) over 2008. The increase arose from a net 2.1% increase in member numbers and 4.2% increase in subscriptions.

Members' subscriptions represented 75.5% of total income in 2009 or, to put it another way, 24.5% of the income necessary to run the organisation was found from other sources.

This 'other income' amounted to £1,322,116, an increase of £31,874 (2.5%) from 2008 for the following reasons:

Major changes in other income for 2009 compared to the previous year were:

- a) Grant income represents the assets of UKAS now merged with the College and funds donated to promote the latest developments in radiotherapy.
- b) Journal advertising reduced by £23,008 (4.6%) compared to last year.
- c) Radiology and Oncology Congresses ran both UKRC and UKRO this year and contributed income of £248,175.
- d) Seminars and courses continued to develop well regarded events and income rose £38,182.
- e) Income from bank deposits and investments fell by £65,254 (36.2%) to £114,779, due mainly to the reduced interest rates available.
- f) Other income of £150,444 was £46,573 (44.8%) higher and included funding for the Vertual training project for therapy radiographers, which the College is running for the DH.

Expenditure for 2009 across the organisation amounted to £4,943,585, an increase of £267,520 (5.7%) compared to 2008.

Salary costs in 2009 were £2,036,781, an increase of £166,114 (8.9%) over 2008. A number of posts, unfilled in 2008, were staffed through 2009 which was the main reason for the rise in costs.

Operational and overhead expenditure amounted to £2,906,804, £101,406 (3.6%) more than 2008:

- a) Magazine and journal costs were well contained in the period at both Synergy and Radiography.
- b) Regional offices, Reps and Council costs at £265,929 were also stable compared to the previous year.
- c) Member's professional indemnity costs and legal representation costs were similar at £339,300.
- d) Website and CPD costs were down £15,967 at £75,656.
- e) Radiology and Oncology Congresses achieved some cost savings on running UKRC and UKRO, although the main reason for the £40,063 reduction from 2008 was the need to provide for potential losses in the previous year.
- f) Courses, seminars, literature and liaison costs rose by £101,831 to £497,208, mainly through an increased seminars programme and costs associated with the Vert project, both of which are covered by income streams – see above.
- g) ADC costs and TUC fees increased by £19,154 (12%) to £178,767 with increased TUC and ADC activity.

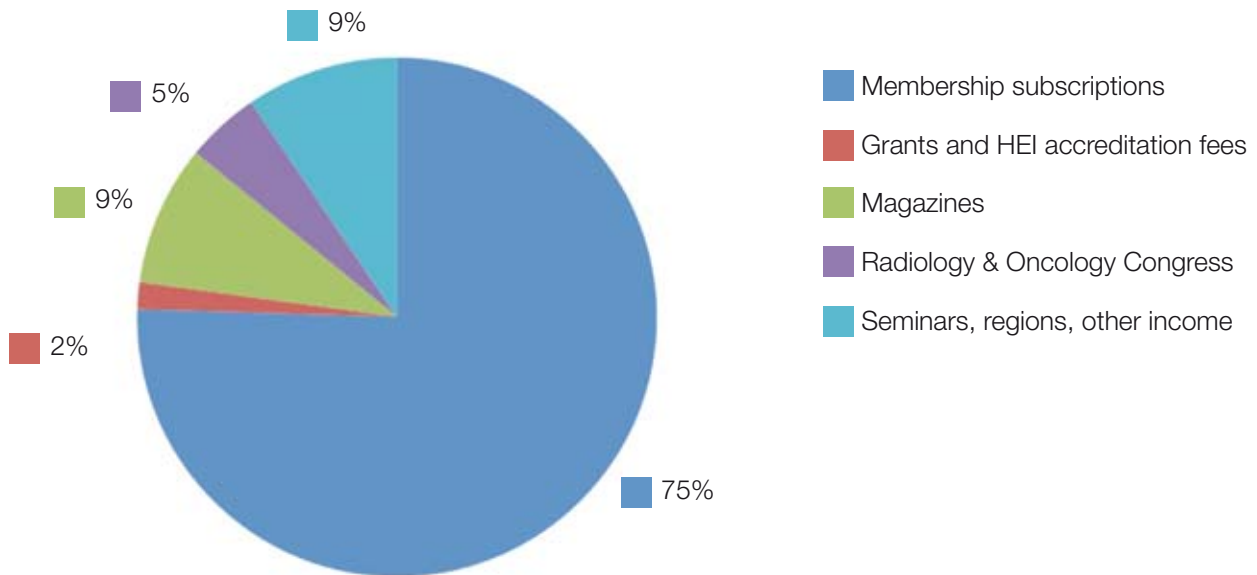
Surplus for the year - before net investment gains and pension scheme deficit was stable at £444,661, £5,359 (1.2%) more than 2008.

Surplus for the year - after net investment gains and pension scheme deficit showed a deficit of £44,723 compared to a surplus of £275,210 last year. The main reason for the change was the pension scheme and the factor used to calculate the scheme liabilities under the accounting basis FRS 17, which changed markedly from 2008.

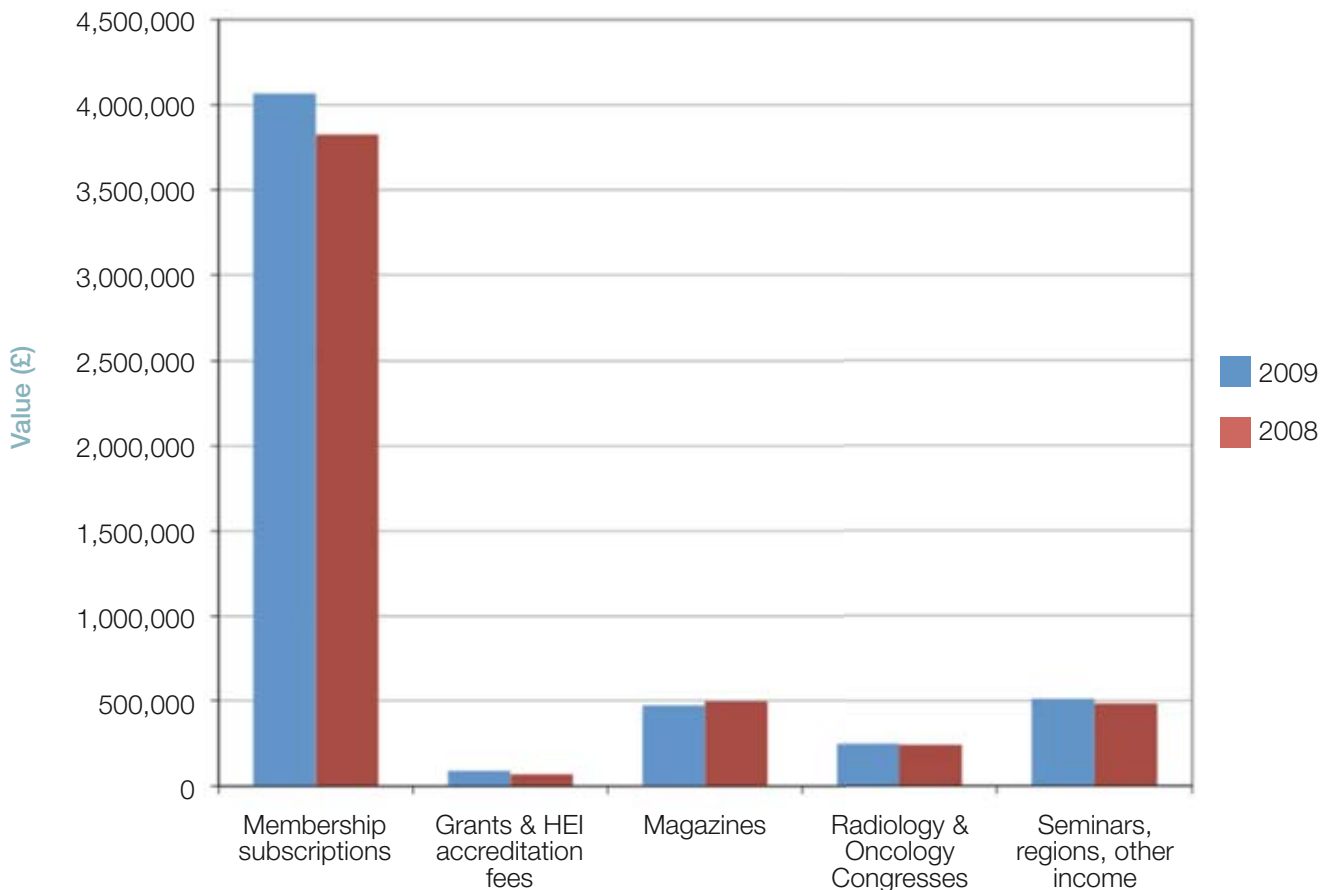




INCOME 2009

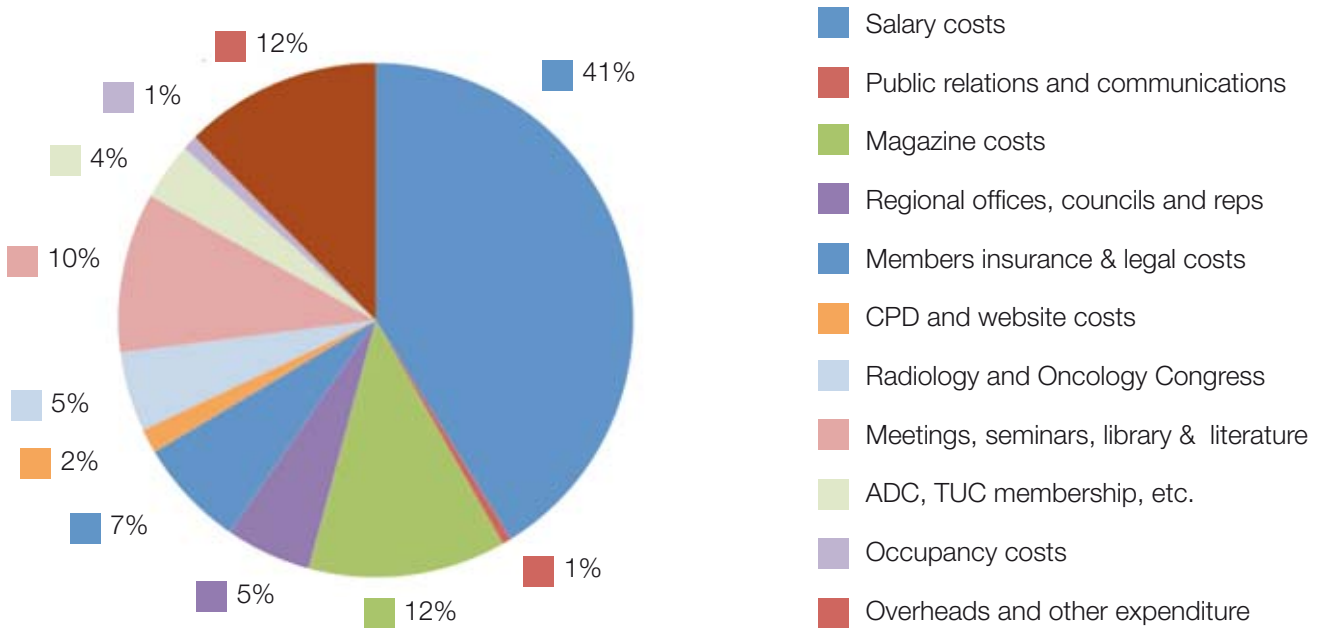


INCOME - 2009 compared to 2008

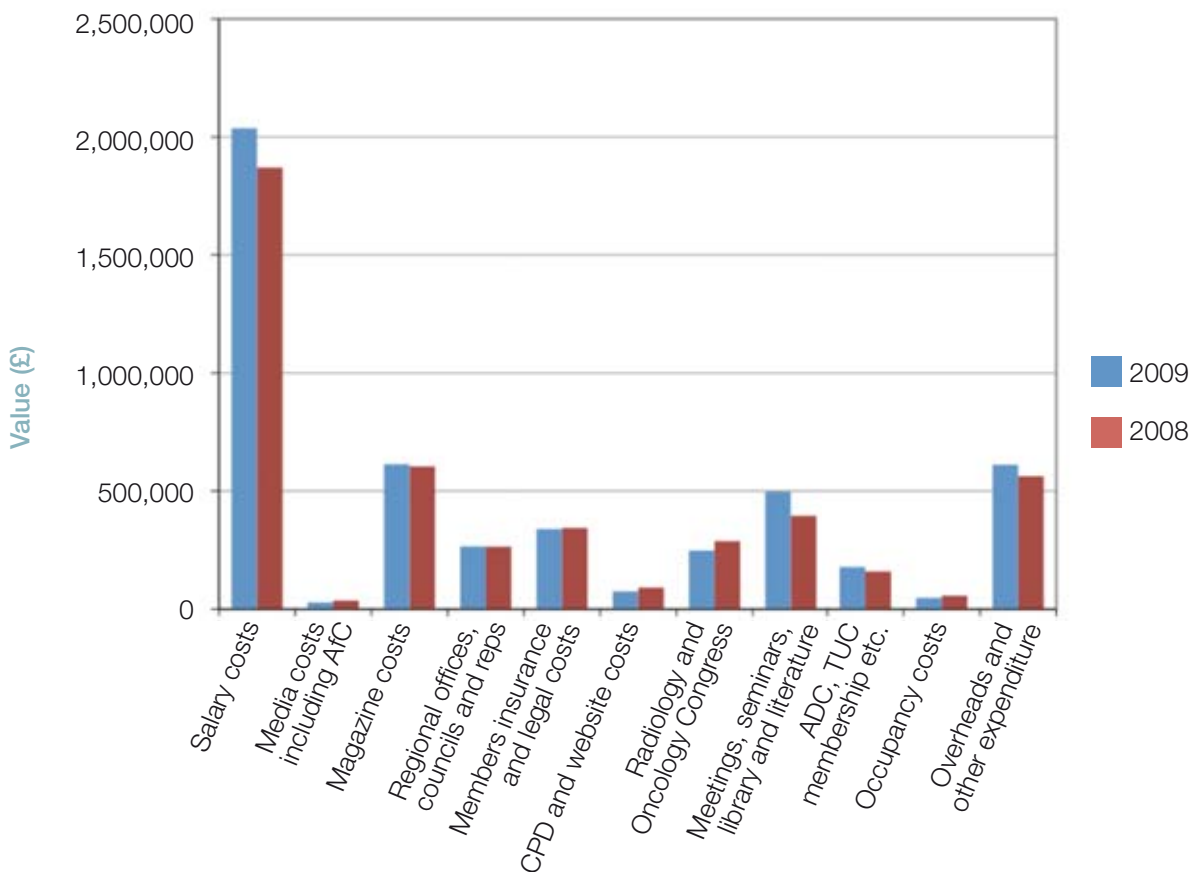




EXPENDITURE 2009



EXPENDITURE - 2009 Compared to 2008





COMMENTARY ON THE BALANCE SHEET

Total assets at the 2009 year-end amounted to £4,493,408, £44,723 less than the value at September 2008 for the reasons set out in the previous section. Tangible fixed assets, which include the head office property, were down £46,303 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 regained some value after last year's sharp falls. Values at 2009 were £1,172,706, up £42,618 (3.8%) on 2008.

Current assets, less liabilities, were £452,952 higher at £2,492,222 at September 2009. Money-market Deposits and Bank balances were £415,736 higher than last year and largely reflect the surplus earned in 2009. The pension scheme showed a surplus of £134,000 in 2008 after the organisation settled the actuarial deficit, calculated at September 2007 of £746,000 in September 2008. In 2009 the main factor in the calculation of the scheme FRS 17 valuation changed markedly and has resulted in a deficit of £360,000.

BALANCE SHEETS AT 30 SEPTEMBER figures in £	Society	College	Contra	2009 Combined	2008 Combined
Tangible fixed assets					
Long leasehold property		1,064,797		1,064,797	1,091,089
Office fixtures, furniture & equipment	852	77,091		77,943	85,422
Computers	14,009	31,731		45,740	58,272
Total	14,861	1,173,619		1,188,480	1,234,783
Fixed Asset investment	586,353	586,353		1,172,706	1,130,088
Investment in subsidiary	2		(2)		
Current assets less liabilities					
Debtors	399,959	108,757	(52,375)	456,341	393,285
Money-market deposits	1,000,000	1,000,000		2,000,000	1,600,000
Bank balances etc	368,207	247,539		615,746	600,010
Creditors	(392,860)	(239,380)	52,375	(579,865)	(554,035)
Total	1,375,306	1,116,916		2,492,222	2,039,260
Pension Scheme (liability)/asset	(229,000)	(131,000)		(360,000)	134,000
Total assets at September 2009	1,747,522	2,745,888	(2)	4,493,408	4,538,131
Share capital		2	(2)		
Reserves					
General fund	1,976,522			1,976,522	1,692,242
Restricted funds		33,445		33,445	14,565
Unrestricted funds		2,843,441		2,843,441	2,697,324
Less Pension Scheme (liability)/asset	(229,000)	(131,000)		(360,000)	134,000
Total capital & reserves at September 2009	1,747,522	2,745,888	(2)	4,493,408	4,538,131

Signed on behalf of The Society Council and The College Board of Trustees

3 and 4 March 2010

Reporting on summarised accounts

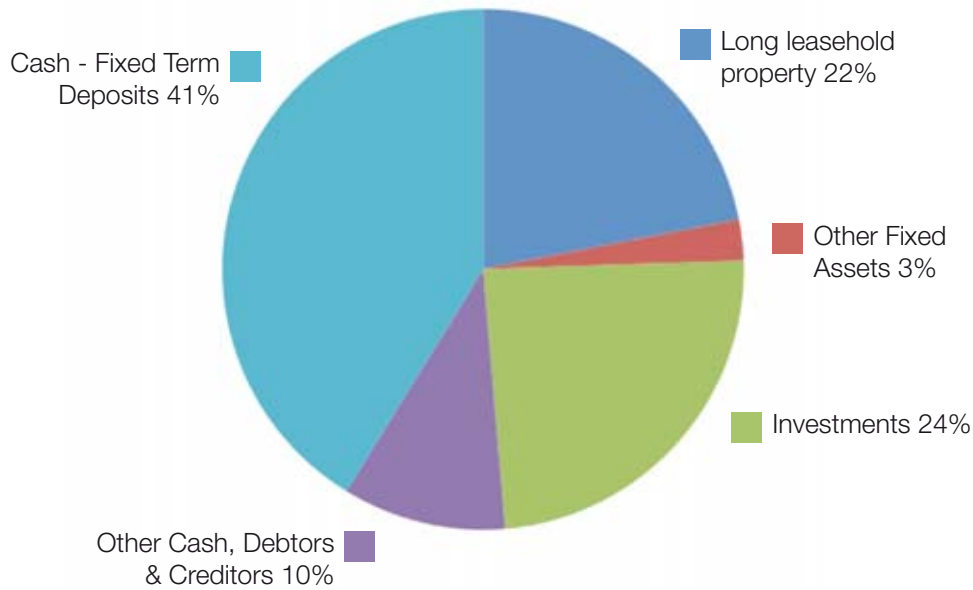
The above figures on pages 28 to 32 have been extracted from the full Society Council and College Board of Trustees reports and financial statements, which have both been audited by Horwath Clark Whitehill LLP, who gave unqualified audit reports in March 2010. The auditors have confirmed to the Council and Trustees that the summarised financial statements are consistent with the full financial statements for the year ended on 30 September 2009. The Council's and Trustees' reports and financial statements were approved by Council and the Trustees and signed on their behalf on 3 March 2009 and 4 March 2010 respectively. The College report will be submitted to the Charity Commission 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 2009.

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, audit reports and financial statements may be obtained from The Secretary, Society and College of Radiographers, 207 Providence Square, London SE1 2EW.



ASSET BREAKDOWN 2009



REVIEW OF MEMBERSHIP

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 past six years continue to show a pleasing increase and are as follows:

2004: 17,383 2005: 18,147 2006: 18,635 2007: 19,249 2008: 19,628 2009: 20,388

Numbers of students registered with the College of Radiographers continues at a satisfactory level at present:

2004: 3,521 2005: 4,068 2006: 4,566 2007: 4,447 2008: 3,020 2009: 2,845









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