

# Society of Radiographers Annual Report 2016

Imaging and radiotherapy professionals at the heart of a healthier nation





# The Objectives

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 2014/15 for the year ending September 2015

The Society is the professional body for those practising 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**

Crowe 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 Ltd Port of Liverpool Building Pier Head Liverpool L3 1NW

The Society of Radiographers is a company limited by guarantee. Registered number 169483.

The College of Radiographers is a limited company and a registered charity. Registered number 1287383. Charity number 272505

This document may be downloaded from https://www.sor.org/about-us/statutorydocuments





# Contents

- 5 The Council of the Society of Radiographers
  - 6 The Society UK Council
  - Patients are at the heart of all that we do Sheila Hassan, President 2015/16
  - Refreshing perceptions of our profession

    Karen Smith, Chair of UK Council

    and Immediate Past President
    - 9 The College of Radiographers Board of Trustees
    - 10 Getting things in perspective Richard Evans, Chief Executive Officer
    - 13 Industry partners celebrate innovative research
    - 14 A year of action Trade union and industrial relations review Warren Town, Director of Industrial Strategy
- 20 A busy and productive year professional, educational and research review

  Charlotte Beardmore, Director of Professional Policy
  - 26 Giving the public and patients a louder voice
  - $\overline{27}$  Benevolent Fund Trustees report
  - 29 Society and College of Radiographers financial report for the year to September 2015





# The Council of the Society of Radiographers



Left to right: Norma Wilson, Scotland; Andrew Powell, North West; Jenny Jones, South West; Gill Hodges, Northern Ireland; Steve Herring, South East and President-Elect; Chris Kalinka, Wales; Sheila Hassan, President; Phil Cosson, Northern; Karen Smith, Yorkshire and North Trent and Chair of Council; Tara Flight, Midlands; Gareth Thomas, Wales and Vice-President; Claire Donaldson, Scotland; and Sue Webb, Eastern.



John Burton,



Lynne Omar, London



Paula Evans,



Ross Baxter-McGhee,



# The Society UK Council

The UK Council of the Society of Radiographers is made-up of member representatives from the English regions and the UK countries. Council determines the Society's policy and strategic direction.

The Society is a company limited by guarantee and, as such, the members of Council are company directors registered at Companies House. They have responsibilities as representatives of the membership and also as directors of the company. Council members are not paid for their duties but they can claim travelling and other expenses.

### THE MEMBERS OF COUNCIL (DIRECTORS OF THE SOCIETY)

For the period of this Annual Report and until 31 December 2014

#### **ELECTED OFFICERS**

President	To 08.07.15	Mrs K Smith MSc DCR(T)
, rediaent	From 08.07.15	Mrs S Hassan DCR(T)
President Elect	To 08.07.15	Mrs S Hassan DCR(T)
	From 08.07.15	Mr S Herring BSc (Hons) PgD
Vice President	To 08.07.15	Mr S Herring BSc (Hons) PgD
	From 08.07.15	Mr G Thomas BSc (Hons) PgDip FHEA
Immediate Past President	To 08.07.15	Mrs P Black DCR(R) NVQ PgDip
	From 08.07.15	Mrs K Smith MSc DCR(T)

	From 08.07.15	Mrs K Smith MSc DCR(T)
REGIONAL REPRESE	NTATIVES	
Scotland	To 08.07.15	Mrs N Wilson MSc BSc TDCR(R) HDCR(R) DCR(R) Cert Ed Mr J Burton DCR(T) Miss C Donaldson BSc (Hons)
	From 22.07.15	Mrs N Wilson MSc BSc TDCR(R) HDCR(R) DCR(R) Cert Ed
Yorkshire & North Trent	To 08.07.15	Mrs H Adamson BSc (Hons) (R)
	From 08.07.15	Mrs K Smith MSc DCR(T)
Northern	To 20.01.15	Mr B Stenberg MSc PgD BSc (Hons) (R)
	From 15.04.15	Mr P Cosson DCR(R) BSc PgC PGCE D.Prof
North West	To 08.07.15	Mrs P Black DCR(R) NVQ PgDip
	From 28.09.15	Mr A Powell BSc (Hons) (R)
Northern Ireland		Mrs G Hodges DCR (T)
Wales	To 08.07.15	Mrs A Evans DCR(R)
		Mr G Thomas BSc (Hons) PgDip FHEA
	From 08.07.15	Mrs A Evans DCR(R)
	To 31.10.15	Mrs A Evans DCR(R)
	From 01.11.15	Mr C Kalinka MSc DRI DCR(R)
Midlands		Mrs T Flight DCR(R)
Eastern		Mrs S Webb BSc (Hons)
London	To 08.07.15	Mrs S Hassan DCR(T)
	From 08.07.15	Mrs L Omar DCR(T) PgC
0 4 5 .		MOULT BOOK AND B

Mr S Herring BSc (Hons) PgD

South East South West

Mrs J Jones DCR(R)

The Council members are indemnified by a directors and officers insurance.

#### SENIOR OFFICERS

Chief Executive Officer Mr R Evans HDCR Mrs C Beardmore FCR, MBA (Open) DMS BSc (Hons) DCR(R) & (T) Head of Professional Policy Mr W Town MA DCR(T) DLS

Head of Industrial Strategy Head of Finance and Operations Mr D Goulds MBA FCMA FCIS Editor 'Synergy News' Mrs E Abbot

Editor 'Imaging and Therapy Practice' Ms M Armstrong

Dr Julie Nightingale PhD MSc DCR(R) Editor 'Radiography'

#### **ELECTION OF PRESIDENTIAL OFFICERS**

In July 2015 Sheila Hassan was duly elected President; Steve Herring President-Elect and Gareth Thomas Vice-President for the coming year. Karen Smith took on the role of Chair of Council and Immediate Past President.

#### BALLOTS FOR COUNCIL OFFICERS

Three Council members reached the end of their term of office on 8 July 2015:

Norma Wilson Scotland Sheila Hassan London Amanda Evans

Three Council members resigned their positions, as follows:

Northern, 20 January 2015 North West, resigned 8 July 2015 Ben Stenberg Pamela Black Wales, resigned 31 October 2015 Amanda Evans

An election was held for the Council seat in Scotland and Norma Wilson was duly elected. Philip Cosson, Sheila Hassan, Amanda Evans, Andrew Powell and Chris Kalinka were elected unopposed in the Northern Region, London, Wales, the North West and Wales, respectively. Following the re-election of Sheila Hassan, the election of Lynne Omar to represent London during her Presidential year was ratified.

#### **COUNCIL MEETINGS**

Council met eight times during the period of this Annual Report. Society Council was led by the Immediate Past President, Pamela Black, until 8 July 2015 when the current President, Sheila Hassan, was inaugurated.



# Patients are at the heart of all that we do

Sheila Hassan, President 2015/16



have attended many functions around the country as President of the Society and heard the stories of our members.

I am in awe of their professionalism, dedication and determination to ensure they provide high quality care. I have been amazed at the innovative practice taking place every day and how many of our members are prepared to go

This is despite the continued financial challenges that we are faced with year on year.

the extra mile.

The crisis facing the NHS is set to increase with ever increasing burdens placed on departments to deliver more for less. However, there is good work going on and we made significant progress as a profession over the past year.

The announcement that the Commission on Human Medicines has supported the proposals to introduce independent prescribing by therapeutic radiographers is an exciting development. It is hoped that independent prescribing by diagnostic radiographers will follow. This will allow our Advanced Practitioners and Consultants to improve patient care.

The patient voice is at the heart of our three-year strategy and our aim is to put patients at the centre of all our work at the Society and College. It is key that we listen to patients and respond to their needs as we gain insight from their experience and perspective.

A small change in the way we do things can have a huge impact on the quality of the service we provide.

Our professional team have published an impressive range of documents and guidance that can be found at www.sor.org. One of these is our new five-year research strategy, which is an ambitious document setting out

aims to ensure radiographer research is embedded in all departments at all levels.

As a profession, we lag behind our allied health colleagues in our research activities and this strategy will ensure that we will make significant progress to close the gap.

On the trade union front, the Society's role is to ensure that our members are supported in the workplace and that we protect their terms and conditions. The Trade Union Bill will make activism harder and the legislation will challenge our right to speak out when we see injustice.

We, along with our fellow Trades Union Congress partners, have been active in defence of our union rights and we will ensure that despite the Bill we will defend members' rights in the workplace and ensure they work in safe environments.

Our industrial relations, health and safety, and union learning reps do an amazing job locally in supporting our members and protecting terms and conditions of employment.

As we look forward, the role of radiographers is going to be key in ensuring that the NHS can continue to deliver high quality care. There is much work nationally to reduce the burden on health care provision by promoting positive lifestyles and educating people to look after their health.

We must consider what is the role of the radiographer to support this.

We will see a bigger demand on diagnostic services as targets are set to diagnose cancer earlier to ensure better cancer treatment outcomes.

We welcome other organisations to engage with the Society and College. We want to hear from you about what we can do together to ensure that patients are at the heart of all that we do.



# Refreshing perceptions of our profession

Karen Smith, Chair of UK Council and Immediate Past President



t is a pleasure and a privilege to write this report because it has been such a great year to serve as the Chair of the UK Council of the Society of Radiographers.

Council has welcomed new members to its ranks: Andrew Powell for the North West, Philip Cosson -Northern, and Chris Kalinka - Wales.

But we also had to say au revoir (I never like to say goodbye) to the Council members who vacated those same seats: Pam Black, Ben Stenberg and Amanda Evans. Their contribution to the work of this board has been immense and I would like to thank them formally here.

Sheila Hassan began her year as President and Gareth Thomas joined the presidential team as Vice President at an event which gave a great opportunity to meet with past presidents, trustees from the College Board, industry partners and invited guests from across healthcare.

I am proud of the hard work of the SCoR staff and of our members who have given their time so generously again during this year.

The regional committees and national councils, UK Council, and the various special interest groups have all worked in support of the profession and patients.

We are in a period of change and transition in healthcare generally and in radiography in particular. This has brought challenges but also many opportunities.

There are heightened expectations from the public and from the membership. Our new three year strategy enables

us to be clearer about what we can do, what we should do and what we will do as an organisation.

We have seen some great successes and real strides forward during this last year such as the case for independent prescribing and the work to establish a political fund, as well as many other examples too numerous to mention here.

Perceptions of our profession have been refreshed in the minds of politicians and the public, paving the way for investment to deliver a high quality modern service.

Thanks to the hard work of our teams, we have renewed confidence as we operate on the wider healthcare stage.

The business of chairing a board brings its own challenges and I am pleased to report that there is a good attendance at Council meetings and committees and groups, despite the very real pressures in the workplace.

Council is approaching the future strategically and with a patient centred perspective. I am delighted that our teams are driving forward our profession and contributing at high levels to workstreams that really affect services for patients and working conditions for our members.

I am pleased to see the collaborative work and shared sense of purpose that are the result of the radiotherapy and clinical imaging communities working effectively together.

I am proud of this board and excited about the future as we continue to foster a purpose-driven organisation and develop leadership at every level.



# The College of Radiographers Board of Trustees

he College of Radiographers, a registered charity, is a wholly owned subsidiary of the Society of Radiographers. It carries out activities for the Society by agreement. The business of the College is overseen by a Board of Trustees, the governing body of the College.

The Trustees comprise an equal number of members drawn from Council and external trustees representing fields including legal, financial and medical.

The Board meets four times a year.

#### THE COLLEGE BOARD OF TRUSTEES

Chair - Mrs P Williams MSc BSc(Hons) TDCR

Mrs K Smith MSc DCR(T) President to 08.07.15

Dr Rosemary Toye MA(Oxon) AKC FRCR

Mr D Adrian-Harris TD JP MPhil BA(psych) TDCR HDCR

Mr I Henderson MSc DCR(R) PgCHE FCR to 08.07.15

Mrs S Hassan DCR(T) President from 08.07.15

Mrs K Smith MSc DCR(T) from 08.07.15

Mrs E Chapman MSc DCR(R) DMU DipMgr to 08.07.15

Mrs S Mathers FCR MSc DCR(R)

Mrs P Black DCR(R) NVQ PgDip

Mr S Herring BSc(Hons) PgD

Mr C McCaffrey

Mrs J Loose HDSR FCCA to 19.05.15

Mrs A Vinall MSc BSc(Hons)

Mrs J Jones DCR(R) from 08.07.15

Mr G Thomas BSc(Hons) PgDip FHEA from 08.07.15

Mrs J Jones from 03.09.15

Mr I Wolstencroft from 03.09.15

The College Trustees are indemnified by a directors' and officers' insurance.

The responsibility for the overall management and organisation of the charity rests with the Board of Trustees who met four times during the financial year.

The Board, who are also the directors of the company, comprise six external trustees (selected by interview following advertisement for their experience in various fields and disciplines) and six trustees drawn from or appointed by Society Council. (Note: Numbers exclude The Society President and the Chair of the College Board.)

Policies and procedures for the induction and training of trustees have been prepared and currently this is conducted according to need. None of the Trustees are remunerated.



# Getting things in perspective

Richard Evans, Chief Executive Officer



he Society of Radiographers Strategy for 2015-2017 was launched in January 2015. Most of the work described in this annual report was directly influenced by this new plan, which had been developed by our elected UK Council working alongside the Board of Trustees of the College of Radiographers.

The two boards agreed a single vision statement: Imaging and Radiotherapy Professionals at the Heart of a Healthier Nation.

To those that have 'been around the block a bit' in radiography (me, for example), this might seem a rather presumptuous vision. Can radiographers really see themselves as central to the fine ideal of a healthier nation?

It is hard enough trying to keep up with the predictable increases in demand on clinical services, without developing ambitions to become experts in health improvement. Naturally, the Society and the College want to have an inspiring vision for the profession but this looks a bit out of perspective, doesn't it?

Another unifying feature of the Society strategy, when considered with that of the College, is the objective concerning the voice of patients. This is, I hope, less controversial. It is a perspective that I have personally experienced this year because I have been looked after by the NHS as an inpatient on a couple of occasions.

Any professional body in healthcare and any trades union with members involved in health should take notice of the views of patients and be driven by the quality of care that they receive.

I can tell you that the perspective of the patient is of a service where great care is delivered by excellent professionals. But it is a service that is precarious. In many cases it is solely the professionalism and dedication of staff that is keeping the NHS from failure and collapse.

And yet professionals and professionalism remain under attack. The context for the SoR strategy is a context of struggle. Of course, the economic challenges facing the UK as a whole are part of the reason for this. But there are also national and, in some cases, local policies that aim to circumvent professional standards and even to undermine professionals at work.

The Society has a fight on its hands if we are to achieve our strategic aims to:

- Ensure a safe place of work and quality healthcare
- Influence and control the future design and delivery of services
- Support professional development
- · Build member engagement and activity, and
- Ensure the patient voice is integral

Fortunately, there are reasons for optimism that members of the Society of Radiographers are more than ready for this struggle. I hope you will take some time to read about the detailed activities of the Society through the year in our full annual report document, which will be published shortly.

Particular highlights include an impressive amount of excellent work by our professional and educational team,





including the development of a new five year research strategy, accreditation by NICE for our clinical guidance documents, principles for safe staffing and the 'pause and check' initiative.

There have been excellent collaborations with partner bodies to produce multi professional guidance and support and to inform health policy. Our professional advisory groups have continued to bring the very best expertise from amongst our members to influence the SoR across all speciality areas.

Look out for details of work to quality assure radiography educational programmes, set standards for practice and professional development and, of course, our collaboration with the Royal College of Radiologists in Imaging Service Accreditation, ISAS.

In the industrial relations arena, the great majority of excellent representational and partnership work goes on at local level and tends not to get reported. Our accredited representatives deserve special recognition and all of our thanks for the enormous voluntary effort and dedication to the profession. It is no secret that this work is threatened by proposed legislation.

The tightening of legal constraints against political campaigning led our most active members to debate at conference and subsequently ask Council to start a dedicated campaigning fund, or 'Political Fund'. At the time of writing, a long period of research, legal preparation, information sharing and campaigning has culminated in the necessary ballot of members that we hope will bring about this important development.

The earlier part of the year was dominated by the outcome of the industrial action over NHS pay that had begun at the close of the previous reporting period. For members in Northern Ireland, the resolution has been a lot longer coming and in the end is much less satisfactory. None of it was necessary and although there was much of which to be proud and ultimately to celebrate, the coalition government's determination to mis-treat NHS employees, and their refusal to negotiate, was indefensible.

You will see below that the finances of our organisation stood up well to the pressures of a year when membership subscriptions were held at previous levels, remarkably so considering the extreme fluctuations in world markets, which naturally affect the Society investments.

I am grateful to David Goulds, Director of Finance and Operations and his team for good advice and excellent work in keeping track of our finance and compliance

The ability to do well in such circumstances is due to a vast amount of hard work, from members encouraging colleagues to join the SoR, right up to the level of UK Council and all of the staff. David's co-directors, Warren Town and Charlotte Beardmore, have led their teams of officers and support staff brilliantly. My thanks to them and to all of the employees of the Society.

This year we have welcomed Spencer Goodman who has joined us as Professional Officer for Radiotherapy; Dorothy Keane is leading the continuing work on the e-Learning for Healthcare resources; Leandre Archer is our new National Officer in Northern Ireland and Gary Watts has taken up the role of Regional Officer for the Eastern Region.

Christian Ellwood has joined our Membership Team and Rosa Payne was welcomed to the Finance office. We were sad to say 'goodbye' to Janet Fletcher and to Linda Pennell and send our thanks for all of their great work for our members.

It has been a busy and successful year. Remarkable work reflecting the astonishing resilience and professionalism of our members. I have been privileged to meet members throughout the year and it is through these contacts that I believe it is possible to regain a balanced perspective on the possibilities for true professionalism in the midst of our pressurised health care system.

The perspective to deliver the sort of care that we would want for ourselves and our families is an ideal worth fighting for. Setting the highest standards in the services they deliver and seeking continually to improve is members' professional response to the relentless "race to the bottom" that seems often to be demanded by policy makers.

It is good and right to have an ambitious approach and a breadth of vision as we work together with partner professionals and across sectors to deliver the services that we all need.

There is every reason for us to set our sights high and to see radiographers at the very heart of a healthier nation.



# Industry partners celebrate innovative research

ne of the objects for which the Society and College of Radiographers is established is "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) provides industry with the opportunity to provide financial support for radiography research and educational projects.

It also provides companies with access to the knowledge, experience and expertise within the SCoR and throughout the membership of 26,000 radiographers and students, as well as collaborations with UK governments, regulatory bodies, healthcare employers, managers and educators, other professional groups, and international partners.

In addition, business has the opportunity to improve user involvement in product development and testing and companies can work collaboratively with the professional body to rapidly introduce new technology.

The following companies are currently actively involved with CoRIPS:

#### Diamond partners

Elekta InHealth

### Premier partners

Guerbet Varian Medical Systems Vertual

#### **Partners**

Systems

Agfa Healthcare
Alliance Medical
Bayer HealthCare
Carestream
Cobalt
Duncan Hynd Associates
Fujifilm
GE Healthcare
Healthcare Software

#### **Partners**

Imaging Equipment Ltd Integrated Radiological Services Ltd Jennie Reeves Radiographers Agency Mallinckrodt Pharmaceuticals Matchtech Medica Group Med Imaging Healthcare Mirion Technologies OSL/TomoTherapy Philips Healthcare Rig Healthcare Recruit Siemens Medical Toshiba Medical Systems Vital Images

Between 2010 and 2015, CoRIPS has made research grants of £216,500 for projects related to the science and practice of radiography.

The aim is to support at least one grant annually for someone who has little or no previous experience of undertaking research and development projects.

#### Another successful year for research

At the annual industry partnership seminar, presentations

were made by two recent recipients of CoRIPS research grants.

Julia Kennedy, lecturer in diagnostic radiography at Cardiff University, received funding 'to formulate and implement a reporting system for identification of the percentage and types of congenital heart defects undiagnosed by current antenatal ultrasound screening'.

"We are looking to implement a reporting system in order to reduce the risk and save these babies, so that they do not have problems through their lives, or even die," she said. "I also believe there is a real need to develop the sonographer role in fetal cardiac imaging."

The second recipient to address the delegates was John Cathcart, a lecturer at the University of Ulster. His project focused on high resolution magnetic resonance (MR) imaging for the assessment of buttocks on spinal cord injury.

He explained that just five cushions are currently available from the NHS for wheelchair users in the UK and that although many papers have been published about the causes and effects of pressure, none had ever had input from imaging professionals.

"We have to scan more people, get more evidence and develop measures to enable a better cushion to be available and prevent pressure sores. We have to stop guessing about this subject."

Professional and education manager at the SCoR, Rachel Harris, gave an enlightening presentation about the CoR's research strategy. "Research is everyone's business. It is important for everyone to get involved to increase our body of knowledge – it is crucial for the development of our profession and this is why the CoRIPS partners are so important to us.

"Evidence-based patient care is giving the patient the best care that we can. We have to support our colleagues who are trying to push the boundaries of working practice and break down the barriers to research," she said.



Julia Kennedy

John Cathcart





# A year of action

### Trade union and industrial relations review

Warren Town, Director of Industrial Strategy

he Autumn of 2014 saw the first industrial action over pay taken by radiographers employed by the NHS since the 1980s. The NHS Pay Review Body recommended that staff should receive a 1% increase in pay and the government said they should have nothing.

The willingness of members to undertake action directly contributed to the settlement reached with the Secretary of State for Health in early 2015. The devolved governments in Scotland and Wales had earlier made offers acceptable to members following the first day of industrial action.

This left the Northern Ireland government alone as having failed to award any pay increase. Despite a further day of action in March 2015 the year under review concluded without an agreement.

#### Battling the #TUBill

Following the General Election result in May, the new Conservative Government was swift to bring forward further curbs and restrictions on trade unions and the right to strike in its proposals set out in the Trade Union Bill 2015.

The Society both contributed to the TUC's response to the public consultation that followed publication in July and submitted its own direct challenge to the key proposals. Immediate Past President Karen Smith represented the Society at a 'Protect the Right to Strike' event held on the day the Bill received its second reading in the House of Commons.

### Your starter for 10

The General Election provided the Society with the opportunity to encourage members to engage with the political process and to ask local candidates 10 questions about their views of healthcare and the NHS.

The questions were designed to reflect the issues that are important to Society members relating to professional matters, employment and trade union law.

In addition, the Society posed the same questions to the appropriate spokesperson for each of the main parties for a national response. We also provided members with information about what each of the parties had said about healthcare in their manifestos.

### Strong representation

April in Brighton saw the Society hold the largest Annual Delegates Conference to date. Across the two days delegates debated a wide range of issues, all relevant to the profession, healthcare and trade unionism.

A first emergency motion asked Conference to back more industrial action in Northern Ireland and a second called on UK Council to "work with other trade unions... to stop the proposed 12.5% increase in Health and Social Care Professions Council registrant fees."

The Society regularly emphasises the importance of accredited SoR workplace representatives maintaining their commitment to training and development to ensure they can continue to provide members with advice and support appropriate to the often complex issues and situations encountered.

In support of this the SoR Union Learning Fund (the Bryan Macey Award) worth £1,500 gives Industrial Relations, Health and Safety and Learning Reps the opportunity to attend any of the of the one-day courses offered by the Chartered Institute of Personnel and Development.

#### Future design and delivery of services

The Society's call for more investment in imaging and oncology services was backed unanimously by trade unions.

Proposing a motion at TUC Congress 2014, then Vice President Steve Herring explained: "There is concern that in imaging and oncology commissioning there are insufficient resources, both in terms of equipment and radiographers, given the evidenced increase in activity across all imaging modalities and cancer treatments."

The motion called for a review of funding, equipment and manpower campaigning across the whole of imaging and radiotherapy, and used proton beam therapy as an example of how the UK lags behind other countries.

Inundated with press requests, Paul Moloney, the Society's Industrial Relations Manager, took part in 11 local radio interviews. He also appeared on BBC News at One and other national news programmes. Steve Herring appeared on BBC Five Live.

# 'A pillar of the radiographic community'



<< Ged receives his award from (right) Karen Smith and Elizabeth Smith of Howard Kennedy, the sponsors.

ed Summers scooped both the Yorkshire & North Trent Rep of the Year Award and the prestigious UK title. He collected his prizes at an awards ceremony held at the Society's 31st Annual Delegates Conference in Brighton.

A senior radiographer at the Royal Hallamshire Hospital in Sheffield, Ged was commended in a citation read by the SCoR's CEO, Richard Evans, for 'being a pillar of the radiographic community'.

He was also hailed for his commitment to the SoR over a 28-year period, and the way in which he supported reps during often tense negotiations over trust and service mergers. His calm and unshakeable exterior was lauded to be his strength in many difficult situations, as well as his ability to reassure members in times of need.

Karen Smith, the SCoR President, commented: "It is so marvellous to celebrate the outstanding contribution and commitment of our reps this year, all of whom embody the passion, determination and professionalism of our union and who were nominated by their colleagues and peers in the workplace.

"Often volunteers are unsung heroes but we are proud to sing the praises of these remarkable reps from across the UK and to show our appreciation of them and the work they do."

# SoR foremost at 'Protect the Right to Strike' event

mmediate past president Karen Smith (at the centre of the picture)) represented the Society at a 'Protect the Right to Strike' event held on the day that the Trade Union Bill received its second reading in the House of Commons. Dressed in her work uniform, Karen joined members from other trade unions that have been involved in industrial action in recent years.



# Key health figures at launch of Society's political manifesto

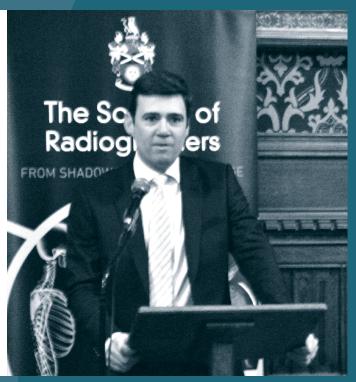
Andy Burnham speaking at the launch of the Society's manifesto. >>

he Manifesto for Tomorrow's NHS set out the Society's aspirations for diagnostic imaging and radiotherapy services and their expectations from the newly-elected government.

At the House of Commons launch, three speakers - Dr Dan Poulter, Minister for Health (Conservative); Paul Burstow, a former Minister for Care and Support (Liberal Democrat); and Andy Burnham, Shadow Secretary of State for Health (Labour) - welcomed the document and praised the significant role of radiographers in healthcare. The event was hosted by Clive Efford MP, who noted that nine out of 10 patients who attend hospital will be seen by a radiographer for diagnosis or treatment.

The manifesto called on the government to recognise radiographers' input in a number of key areas including patient safety, advocacy, quality, research and education.

The document also contains nine 'Role of the Radiography Workforce' information sheets explaining what radiographers do in different clinical settings, such as image interpretation, ultrasound, A&E, cardiac services, and stroke management.



## Surprise delivery to Downing Street



heila Hassan, the Society's President Elect, and Paul Bromley, London Regional Officer, delivered a Scrooge Christmas card to Downing Street with a fair pay plea to the prime minister.

Dressed in their NHS uniforms, six petitioners from the SoR and other leading health unions working in the NHS delivered the card showing David Cameron as Scrooge in the light of the government's refusal to give all NHS staff in England a 1% pay rise.

"We went to Downing Street to call on the Scrooge David Cameron and the health secretary, Jeremy Hunt, to spare a thought for the nation's 1.4 million health workers this Christmas," Paul Bromley explained.

"All that NHS staff want for Christmas is the 1% pay rise recommended by the independent pay review body. Instead, they face another holiday season worrying about how to pay the bills and put food on the table."

# Bullying still a problem

he NHS Staff Survey, published by NHS England, showed that bullying is still a significant problem in NHS departments around the country.

Nearly one quarter (24%) of the respondents said they had experienced harassment, bullying or abuse from their line manager or other colleagues.

In 2012, the SoR launched its Stamp Out Bullying campaign and continually pushes home the message that bullying of any form in the workplace is unacceptable. A 2013 SoR survey found that 40% of respondents had been subjected to incidents of bullying and harassment at work, with 21% identifying it as a serious issue.

Humiliation and belittling behaviour topped the list of forms of bullying experienced, followed by intimidation (which could be supervising an individual in an overbearing manner or misusing power and position), and excessive criticism.

Members are advised to refer to the SoR's guidance document, *Bullying and Harassment: Achieving dignity at work for all our members*, for practical information and advice.

The SoR contacted radiography managers across the UK asking them to take action against workplace bullying and to sign up to four basic principles to tackle it in their departments.



# Equalise stands up for equality and diversity

he Society's network for equality and diversity,
Equalise, met during the year to discuss future
plans and current issues.

Membership to the Equalise Network is open

Membership to the Equalise Network is open to anybody, no matter what their ethnicity, gender, sexual orientation or religion.

The meeting saw the appointment of a new executive committee and the group has 41 registered members.



# Members support Political Fund

n extraordinary general meeting of the Society approved constitutional changes that allowed the organisation to hold a member's ballot to establish a Political Fund.

"Thanks to government legislation we and the other unions are losing the right to have a voice about the issues that are important to our members," Richard Evans, the Society's chief executive officer said.

"To ensure we can continue to speak up about issues that we believe to be unfair, members need to decide if they want to establish and support a voluntary Political Fund that can be used for campaigning."

The Lobbying Act, passed by the coalition government in 2014, significantly tightens the rules around the use of resources used to finance 'political activities'. The changes to the Society's constitution do not change the organisation's long-held principle of not being affiliated to any political party.

A later ballot of the membership saw overwhelming support for the Fund.



# 'Be prepared to stand up, and be prepared to fight.'



hampion who you are and stand tall as professionals" was the advice at the Student Conference. Gareth Thomas, Vice-President of the SoR kicked off the event with his first address as a member of the presidential team.

Gareth explained to students from across the UK that they have much to be proud of and reminded them not to sell themselves short when promoting the vital work they do.

"Any interaction with a patient or member of public, make it known that you are a radiographer, and you are proud to be a radiographer," he said.

He emphasised the importance of getting involved and the crucial role students will play in the future. "The SCoR is not only a professional body," he stated. "It's a trade union which fights for fair pay and conditions and for a happy workforce."

"Don't let this stop. Be prepared to stand up, and be prepared to fight."

## Society members set Daily Mail straight

dig at radiographers by Daily Mail columnist Sarah Vine produced a maelstrom of responses from Society members and others on Twitter. Ms Vine is married to Michael Gove (see right), a government minister, who attended a minor injuries unit after hurting his foot. Radiology services were not available at the MIU at the weekend and Ms Vine claims that her husband "like most people, doesn't have a spare half-day to sit around awaiting the pleasure of the hospital radiographer."

Unsurprisingly, Society members vented their anger at this and insinuations that radiology services are not available 24/7.

The Society posted its response beneath the column on the Daily Mail website and other media which reported the then Justice Secretary's visit to the local MIU.

In part, the Society's response said: Everyone who works in the NHS wants patients to be able to access the services they need immediately, whether it is a government minister or an 'ordinary' person. The Society and College of Radiographers and its members agree wholeheartedly with NHS resources being available 24 hours a day, seven days a week. To ensure that this happens there must be funding available to provide the necessary staff and equipment.

Hundreds of radiographers work nights and at weekends to provide 24/7 care. Many minor injuries units do not have x-ray facilities at any time and, for this reason, patients with suspected fractures will be asked to attend a hospital with an accident and emergency department that has access to 24/7 radiology services. If more funding was available, health authorities could consider whether there is a local need for minor injuries units to have x-ray facilities. Sadly, that is not currently an option because the money is not available.



# Lack of staff is the real barrier to 7-day NHS



he real barrier to delivering 24/7
NHS services is a lack of staff to
ensure safe services, according to a
report by the Pay Review Body, which
was welcomed by the Society and other health
service unions.

The report also stated that the workforce should be involved in the design and delivery of services as equal partners with managers and patients and noted that most staff already work across seven days.

Paul Bromley, the Society's Staff Council member explained: "The report endorses what trade unions have been saying – that the unsocial hours system actually helps to deliver seven-day services and is clearly not a barrier as claimed by health secretary Jeremy Hunt and NHS employers.

"The reality is that this government is trying to make up for the chronic underfunding for the NHS by cutting staff pay. This report highlights the risks this would bring to patients.

"The real threats to having a safe, seven-day NHS are underfunding, understaffing and lack of staff involvement."

# Watch what you say, be careful what you write



He continued, "Perhaps it is the belief that by not saying something to a person's face you can remain anonymous and free from any action. After all, who will know and who will care?

"Who cares if I say that someone has poor esteem or low morals? Who cares if I say the employer is useless and treats the workers like dirt? Who cares if I have an opinion? After all, I am entitled to a point of view and it is someone else's problem if they do not like it."

The Society, in common with our professional groups, is seeing more and more cases where employers are





either taking action against employees for what they have published online.

Warren reminded members, "Too often we believe that what we post is something between friends and what we say in emails and on social media has protection because we have ticked all the necessary boxes to make it so.

"Too often these same friends and colleagues do not use the same levels of security as you, or are not as close a friend as you thought!

"You may think you control the input, but to what extent can you hope to control the output?"

He concluded with the advice, "The best test is that before you publish anything, ask yourself, would you be prepared to say this to someone's face or to senior staff in your trust and risk dismissal? If not, don't do it."





# A busy and productive year

Professional, educational and research review

Charlotte Beardmore, Director of Professional Policy

### Promotion of accredited professional standards

The College of Radiographers, through its **Approval** and **Accreditation Board** (AAB), continues to oversee approval and accreditation activity and formulates the future strategic direction. The AAB develops, oversees and advises on all aspects of approval and accreditation of programmes, individuals and departments.

During 2014/15 there was a busy work programme, including:

- 9 pre-registration programmes approved/reapproved plus 1 request for extra placements
- 6 assistant practitioner programmes approved/ reapproved
- 11 post-registration programmes plus 1 request for a new clinical satellite centre (mammography programme)
- 13 short courses {7 of which were IV} plus 1 update of content
- 283 assistant practitioner accreditations
- 13 advanced practitioner accreditations
- 5 consultant practitioner accreditations
- 14 new practice educator accreditations and 21 reaccreditations in this period

In February 2015 the College delivered an assessors training day at which over 50 College of Radiographers assessors from across the UK attended to share learning and practice.

Ninety-five events were awarded CoR CPD endorsements.

National Institute of Clinical Excellence accreditation was granted for the SCoR's **clinical guidelines** process development. Priorities are being set for the selection of document development and revision using this process. Two practice guidance documents – *Caring for People with Dementia: a clinical practice guideline for the radiography workforce and Skin care advice for patients undergoing radical external beam megavoltage radiotherapy* – supported the NICE accreditation application.

The College hosted the first meeting of the joint International Association of **Forensic** Radiographers and Chartered Society of Forensic Sciences. A working group has been established to consider development of an accreditation standards process for forensic radiographers.

The Imaging Services Accreditation Scheme commentaries (references and guidance) have been updated and guidance was provided for the second review of the ISAS Standard to ensure it remains fit for purpose, patient focused and up to date. Work has also been ongoing to map the Standard to the Care Quality Commission Key Lines of Enquiry. The number of services with ISAS accreditation increased from 18 to 22 and more than 70 further NHS and independent sector services have started on the accreditation process. NHS Wales has committed to introducing ISAS throughout the principality and there have been discussions with the Health and Social Care Board in Northern Ireland for a countrywide approach to ISAS.

A meeting was held with NHS Healthcare Improvement Scotland and the Scottish Clinical Imaging Network to gain support for the principle of ISAS accreditation across Scotland.

In collaboration with The Royal College of Radiologists and the Institute of Physics and Engineering in Medicine, the College is working on multi-disciplinary **e-learning** sessions for proton beam therapy to sit within *Radiotherap-e*, an existing e-learning resource on advanced radiotherapy.

Funding was granted to complete the **eLearning for Healthcare** Image Interpretation Project and a wide range of enhancements were completed or are ongoing including a new general introduction session, paediatric anatomy module, Dental 1 and 2, and 120 plus x-ray sessions. Money was also sought to fund 25 proton therapy sessions.

Work is ongoing with private sector radiotherapy

service providers to review role development and opportunities for pre-registration education.

**Practice educator** standards are being developed to be integrated into the College of Radiographers Practice Educator Accreditation Scheme.

An upgraded **Public Voluntary Register of Sonographers** was launched. All current voluntary registrants were contacted and invited to re-register for a further two-year period. New applicants were also welcomed.

The SCoR is represented on a Health Education England sonography workforce steering group to develop short, middle and long term plans to support the growing demand for sonographers.

Maria Murray, the College Officer for **radiation protection**, has a seat on the International Committee of the Society of Radiological Protection, an organisation that links with the International Radiation Protection Association. Maria is involved with the IRPA working group RP Culture and will produce guidance paper for the IRPA 14 congress in 2016. She is also participating in national working groups looking at the transposition of the new Basic Safety Standards European Directive into UK legislation.

A successful diagnostic IR(ME)R study day was held. A similar event for radiotherapy has been organised.

Presentations were made at regional **manager** networks and and an online resource toolkit for managers is being developed, as well as tailored workshops, training days and webinars.

There was a further update to the College **Safety in Magnetic Resonance** publication, with collaboration with the British Association of MR Radiographers and NHS Education for Scotland exploring MR safety training and education.

Through Maria Murray, the SCoR professional officer for **Scotland**, the organisation is an active participant in several NHS Education for Scotland groups: the Allied Health Professions Pre-registration Reference Group, the AHP Advisory Board, and the AHP Leadership and Quality Improvement Steering Group. Each reviews AHP practice and supports the production of educational resources.

The College is working with Health Education England on the Reducing Pre-Registration Attrition and Improving Retention project (RePAIR), set-up to understand why **students**, including therapeutic radiography students, leave their programme of study.

In addition to the annual SCoR Student Conference, study evenings and talks for students were held at a number of universities.

The SCoR exhibited at 14 events held by other organisations over the year and held 15 of its own **study days and conferences**. Amongst these were the successful Alexander Technique courses including a new workshop for diagnostic radiographers. The three-day *Developing Excellence in Clinical Leadership* programme has been as popular as ever, with over 90% of delegates rating the training as 'excellent'.

A new event, Caring for Patients with Dementia in Imaging and Radiotherapy, was a success.

The SCoR is a key partner on the **Radiotherapy Board**, a joint board including the Institute for Physics and Engineering in Medicine (IPEM) and the Royal College of Radiologists (RCR).

The work of the intercollegiate **Clinical Imaging Board**, comprising the CoR, RCR and IPEM continues to increase, with work focussing on an audit of CT equipment capacity, demand and age of equipment across the UK. The data, published in a report by the CIB, is being used to inform national work.

### Enhance the public understanding of imaging and radiotherapy

The College led the profession's response to the NHS England Cancer Taskforce promoting the scope for the advancement of practice through skills mix to support improved patient outcomes.

**Prostate Cancer** UK commissioned the SCoR to carry out a service mapping and development project to understand and strengthen the growing prostate/urology specialist radiographer workforce and to understand the specific nature and value of these roles.

Professional officer Maria Murray led a working party to produce a **'Pause & Check'** poster and card to support more effective and safe radiographic practices to minimise the potential of radiation incidents.

Responding to the Health Education England call for evidence to support **workforce planning** in 2016/17, data was collated showing the developing and changing scope of practice of the radiography profession. Recommendations were made regarding commissioning numbers for radiography in 2015/16.

A relaunch is imminent of the National Radiotherapy Awareness Initiative, designed to inform the public about the benefits of **radiotherapy** in the treatment of cancer.

Revised **skin care** guidelines for patients receiving radiotherapy were launched. Research officer Rachel Harris held presentations at the European Wound Management Conference. The guidance was endorsed by the UK Oncology Nursing Society.

Nigel Thomson, the College's professional officer for ultrasound, sent a survey to departments enquiring about the varying arrangements providers have for the 'social' aspects around the two NHS **fetal anomaly screening** scans. This looked at issues around accompanying adults and children, fetal sexing, the sale of images and 3D/4D souvenir scanning.

An NHS England public consultation was held which included a proposal that radiographers could **independently prescribe** certain medicines that might be given before, during or after a diagnostic imaging procedure, or during the treatment period for radiotherapy patients. (After the period covered by this report, the Commission on Human Medicines recommended to government that independent prescribing be extended to suitably qualified therapeutic radiographers. Additional training will be required to support this.)

### Build professional credibility through research

Research and the Radiography Profession: A Strategy for Research 2016 - 2021, was published to provide a vision for the profession. It is the College's most ambitious research strategy to date.

Rachel Harris, the College's research officer, was the invited plenary speaker at the Advancing Ethical Research conference, speaking about the research strategy. She also organised a joint research study day with the Clinical and Translational Radiotherapy Research Working Group.

Two rounds of research funding provided by the College of Radiographers Industry Partnership Scheme took place during the year.

A new initiative, **The College of Radiographers Doctoral Fellowships**, saw five applications received, of which two were granted awards.

Applications were invited from radiographers for the **Prostate Cancer UK/CoR Clinical Research Training Fellowship** to receive doctorate funding. Two awards, potentially of up to \$225,000, are available. Each fellowship lasts up to three years.

### Be informed by the voice of the patient

Members of the the SCoR **Public and Patient Liaison Group** have been invited to contribute to national consultations and also encouraged to join national working groups and attend multi-stakeholder meetings.

The review of the ISAS Standard now includes lay representatives in the project team and SCoR professional guidance documents will have input from patient representatives.

### Encourage the development of radiography worldwide

The College continued to have significant representation at the Radiological Society of North America meeting, the American Society of Therapeutic Radiation Oncology conference, the British Nuclear Medicine Society Spring meeting, the European Congress of Radiology, the European Society of Therapeutic Radiation Oncology, and meetings of the International Society of Radiographers and Radiological Technologists.

I was invited to chair the new radiotherapy committee of the European Federation of Radiographer Societies.

**Radiography**, the peer-review periodical of the SCoR, became the official journal of the European Federation of Radiographer Societies from January 2016.

We worked with a group of radiographers internationally to support the development of the **#MedRadJournal** Twitter journal club.

#### New publications

- Radiotherapy Board Intensity Modulated Radiotherapy (IMRT) in the UK: Current access and predictions of future access rates
- Ultrasound examination times and appointments
- Stroke imaging services; guidance and advice
- Ultrasound training, employment, registration and professional indemnity insurance



- Radiotherapy Board Guidance on improving access to radiotherapy: Increasing working hours
- A guide to understanding the implications of the Ionising Radiation (Medical Exposure) Regulations in diagnostic and interventional radiology
- Computerised tomography (CT) scanners in nuclear medicine facilities; use by nuclear medicine practitioners from both radiographic and technologist backgrounds
- Census of the radiotherapy radiographic workforce in the UK. 2014
- Principles of safe staffing for radiography leaders
- Sale of images, determination of fetal sex and commercial aspects related to NHS obstetric ultrasound examinations (2nd Edition)
- Diagnostic radiography UK workforce report 2014
- Work related musculo-skeletal disorders (sonographers)
- Analysis of student and recently qualified radiographers survey 2014
- Raising concerns in the workplace: guidance for SoR members
- Standards of radiographic practice for post-mortem cross-sectional imaging
- Skin care advice for patients undergoing radical external beam megavoltage radiotherapy
- Ionising Radiation (Medical Exposure) Regulations 2000: briefing for radiographers who undertake commenting or reporting
- Caring for people with dementia: a clinical practice guideline for the radiography workforce (imaging and radiotherapy)
- · Standards for the provision of an ultrasound service

# Radiography Awards 2015



A UK Team of the Year winners. Front row: Winners Janet Eagle, Helena Kinkaid and Audrey Mitchell. Back row: Richard Evans, SCoR CEO and Samantha Jones, director, New Care Models Programme, NHS England.

hese awards are about people and their achievements. What makes them special is that the nominations are made by radiographers for radiographers," said SCoR President Sheila Hassan as she welcomed guests to the SoR Annual Radiography Awards at the House of Commons.

The UK and London Radiographer of the Year was Paul Killoran of North Middlesex University Hospital. "He is a true asset to any department and can raise your morale in a busy day," said colleagues Ahmet Cicek and Simona Palade.

The UK Team of the Year award went to Northern Ireland winners, the hysterosalpingogram team at Southern Trust's Craigavon Area Hospital. "It is overwhelming and it's surreal, we can't believe it," said team member Helena Kinkaid. "Everybody in the department knows about the award and they are over the moon."

Rounding off the evening, the awards for the top diagnostic and therapeutic student radiographers went to Curtis Parker-Milnes from Sheffield Hallam University (radiotherapy) and Ruth Avery, studying at the University of the West of England (diagnostic).

# 'Have you paused & checked?'

ree 'Have you paused and checked?' resources have been launched to support radiation protection operators in clinical imaging services.

Posters are available to display in the department and prompt card acts as an aide memoire at work stations.

"These were developed by a working party and feedback from members, as well as a survey via the SCoR website," said Maria Murray, the SoR's lead officer for radiation protection.

"We also hope the poster and card will be useful for higher education training institutions and student radiographers.



## Doctoral Fellowship Grants

new fellowship grant funded by the College and the industry partnership scheme is now available for Society members wishing to undertake doctoral level research.

Rob Meertens, medical imaging lecturer at the University of Exeter, was one of the first recipients. Rob's PhD explores the use of a diagnostic tool called near infrared spectroscopy - a near infrared light which sits at a wavelength next to red light as a means to measure haemodynamic markers of the blood supply in bone tissues.

Another successful applicant was Carolyn Costigan, principal research radiographer from Queens Medical Centre. Carolyn's research is on the use of MRI assessment in patients with coeliac disease, both newly diagnosed and following a gluten-free diet treatment.

Carolyn explained that her research has personal

meaning: "I have a great interest in coeliac disease because I have a long family history with it, and it's a lifelong disease of which not a lot is known."



# World Radiography Day 2015

maging and radiotherapy departments across the world marked the anniversary of Roentgen's discovery of x-rays, by celebrating the profession and



raising awareness of the role of radiographers.

Across the UK, members of the public and colleagues from other healthcare disciplines were treated to colourful displays, exhibitions, talks, career advice and, of course, plenty of baked treats. Visitors young and old were keen to discover more about Roentgen's legacy and our wonderful profession.

For example at the North Middlesex Hospital, London the radiotherapy team had a stand in the main hospital reception. The event was enthusiastically led by radiographers Brishna Mohammad and Eloise Maclean with the support of the radiotherapy students from City University. The team had a great response from both hospital staff, patients and visitors. The radiographers created a short and easy quiz and gifted homebaked cakes to everyone for giving us their time.

# SCoR publishes Research Strategy

he SCoR has published its new research strategy covering the five-year period 2016-2021.

The new strategy follows on from the SCoR Vision for Research and has three key aims:

- Embed research at all levels of radiography practice and education
- Raise the impact and profile of radiography through high quality research focused on improving patient care and/or service delivery
- Expand UK radiography research capacity through development of skilled and motivated research-active members of the profession

Rachel Harris, professional and education manager at the SCoR, said: "The strategy is our most ambitious yet and sets research expectations for every level of practitioner. The clear message is that research at some level is for all of us and is fundamental in ensuring that as a profession we attain and maintain the best patient care."



# CQC stamp of approval for ISAS



he Imaging Services Accreditation Scheme (ISAS), developed by the SCoR and the Royal College of Radiologists, has been approved by the Care Quality Commission (CQC) as an official information source to support its inspections.

This approval recognises that, as a clinical service accreditation and peer-review scheme, ISAS provides independent assurance that accredited services meet certain standards, and provide a good basis for services to demonstrate that their patients consistently receive high quality services, delivered by competent staff in a safe environment ahead of a CQC inspection.

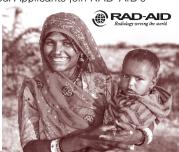
ISAS is a patient focused developmental scheme that helps imaging services to continuously improve and is the only nationally recognised accreditation scheme available for diagnostic imaging services in the UK.

# SCoR teams up with RAD-AID International

he SCoR has teamed up with UN-affiliated RAD-AID International to offer members the opportunity to contribute to the healthcare needs of the developing world in an exciting award programme.

Return air fare, accommodation, and other expenses such as visas, professional indemnity insurance and inoculations are provided. Applicants join RAD-AID's

project teams in international initiatives around the world that are designed to improve access to quality medical imaging for populations in need.



# We're growing from strength-to-strength

ore than 200 professionals gathered in Bristol for the College of Radiographers' Annual Radiotherapy Conference.

The conference has developed rapidly during the past nine years. The number of attendees, proffered papers and posters increases year-on-year, and the exhibition has evolved too. This year, there were more sponsors and exhibitors than ever before. The 2015 programme included interactive workshops, and the 'People's Vote' means more prizes are awarded for the best papers and posters.



This year's conference welcomed representatives from a very wide range of institutions and organisations, including Public Health England and Prostate Cancer UK.

# The best student articles

ongratulations to students Emma Holmes, Judith Hesketh (both University of Liverpool), Laura Brierly (University of Portsmouth), Alex Rourke (University of Derby) and Ruth Avery

(University of the West of England) - winners of the Imaging & Therapy Practice student competition.

Their articles were judged to be the best of 20 pieces of work put forward by course leaders/tutors from higher education institutions across the UK.

Winner Emma Holmes. >>



# The Quest for the Holy Grail



he theme of the 5th National Conference for Radiology Managers - The Quest for the Holy Grail - was reflected on by Neil Mesher, the Managing Director of Philips Healthcare UK in his welcome to delegates.

"We don't need more top-down changes in the NHS," he said. "But we are increasingly expected to respond to local needs. I want to see power given back to the healthcare providers and plans to accelerate patient-centred healthcare."

Each year the conference has grown and this year's was no different with a record number of delegates - including representatives from overseas - packed into a new London venue, which Richard Evans, the Society's CEO, observed was just a hundred yards away from where he started his career at University College Hospital.

# Dipping into the future

he 2015 edition of the SCoR's forward looking annual publication, Imaging & Oncology, featured contributions from a diverse range of health professionals, including radiographers, radiologists, nurses and obstetricians.

Topics covered include:

- Patient safety initiatives in radiotherapy
- The impact of free fetal DNA on ultrasound departments
- · Prescribing medicines in radiography
- Image interpretation
- New ultrasound techniques

Published to coincide with the United Kingdom Radiology Congress (UKRC) and the United Kingdom Radiation Oncology Conference (UKRO), the publication's remit is summed-up in the introduction to the first issue: "The authors were invited to write not because they have the power to peer into a crystal ball and divine our futures, but because they have the abilities to lead and anticipate. The 'blue sky' speculation in the following pages will make you think. Some will infuriate. You will find yourself nodding in agreement and shaking your head in disbelief, maybe both at the same time."



# Society updates skin care advice

he Society has updated its advice on skin care for patients undergoing radiotherapy treatment.

Launching the new guidance, Dr Rachel Harris, the SCoR's Professional

and Education Manager, explained that there should be "no restriction to using a specific type of soap" and said that telling patients not to use deodorant is outdated advice.

"Currently, some of the skin care advice we give may not actually alleviate the problem of radiation reactions. In fact, it may even compound the effect. Skin reactions happen at a genetic level and patients have different genetic make-ups. Whatever you topically apply cannot alter that."

Rachel said that the advice to apply a certain skin care product, such as aqueous cream, rests on an evidence-base that doesn't exist.

"Overall, the research is not strong enough to either support or refute the use of any particular product for topical application. Why not allow patients who are already feeling wretched continue to choose and use their own moisturisers and deodorants?"





# Giving the public and patients a louder voice

here's a small yet deeply committed group of people at the Society and College of Radiographers who are determined to amplify the voice of patients and ensure the public viewpoint echoes throughout the organisation.

The Patient and Public Liaison Group (PPLG) was established in 2007 to give patients and the public the opportunity to get involved in the College's work and ensure their views are represented.

Linda Samuels is a founder member and during the



Members of the PPLG. Left to right: Judy Love; Philip Plant, Chairman; Linda Samuels and Carole Myer

past eight years she has been actively involved in most aspects of the group's work, from inputting views on the SCoR's response to the Francis Report, to working closely with internal and external boards and groups.

Linda explains: "My involvement with the group began when I responded to an advert in a national newspaper. My background is education but I had been involved in my local primary care trust and have always taken an interest in healthcare. Like many people, I'd had x-rays so I thought 'why not?' and applied to become a member."

Linda contributes to working groups and inputs into both SCoR and national guidance. She sat on the National Radiotherapy Implementation Group and has been an influential member of the National Cancer Action Team.

The group has been instrumental in bringing about the National Radiotherapy Patient Experience Survey and responded to the NHS cancer strategy – the Five Year Forward View.

Linda admits that in the very beginning she had to find her feet: "Being a lay person, I was always quite shy and wary about putting my point of view across. But I soon realised that people really value your opinion. Certainly in this organisation, I never detected tokenism of any kind. You feel really valued and it's clear that people do want to know your opinion, in the genuine belief that the experience of patients will be much better as a result of hearing it."

Richard Evans, the Society's Chief Executive Officer, said, "We need our patients to share their experiences and views to enable us to learn about services and develop our practice."

"As the healthcare landscape and structure changes to become more focused on patients and empowering them to share in decision making ('No decision about me, without me'), it is important that patients are involved in all aspects of the healthcare service, which includes the work, policy and strategy of the professional bodies."

# Benevolent Fund Trustees Report

The Trustees present their report and the independently examined accounts for the year ended 30 September 2015.

### Aims and Objectives

The Benevolent fund was established in 1983 as a registered charity and is governed by a trust deed dated 16th June 1983 and a Supplemental Deed of Trust dated 23rd November 2006. 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 Charities Act 2011 covering the prevention and relief of poverty for the public benefit.

#### Trustees at 30 September 2015

Kathy Burgess
Pamela Knowles (current Chair)
Mitan Patel
Neil Williams

Janis Loose (Chair), Nannette Spain, Ann Pollard and Rosemary Tubman stepped down from their Trustee positions on the Board during the year. The responsibility for the overall management and organisation of the charity rests with the Board of Trustees. The Board comprising of three Trustees are drawn from or are appointed by Society Council. (Note: Numbers exclude the Chair of the Board). Policies and procedures, together with a Handbook for the induction and training and guidance 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 management of the Fund, and strategy. Requests for assistance and the awarding of grants are regularly discussed via an online facility. Other activity between formal meetings of the Board also included the commencement of the recruitment and selection process for replacement trustees for subsequent appointment by the UK Council of the Society.

Income for the year to September 2015 was £8,377, £867 less than 2014 mainly due to a fall in bank interest and donations. Income from donations fell by £526 from £6,915 last year to £6,389 in the current year. A £5,000 donation was made from the Society which is consistent with the previous year and income from the collections at Society meetings around the UK has shown a decrease. Affiliation income from the Society credit card continues to decline.

Expenditure in the year amounted to a total of \$3,935 compared to \$3,072 in 2014. The increase was mainly due to an increased number of grants awarded. Seven awards were granted in the current year totalling \$2,497 compared to two awards granted in the previous year totalling \$1,659.

The Trustees have reviewed applications and awards and recognised a change in the nature of applications reflecting the current economic and social position. In response to this, the

Society of Radiographers has undertaken work on behalf of the Benevolent Fund by improving the application process through an interactive online application form and piloting a dedicated helpline in conjunction with the Royal Medical Benevolent Fund. This will be monitored as part of the overall pilot project's management.

The short term deposit balance at 30 September 2015 was \$75,000 and the Fund's bank balance was \$52,354. The aggregate of \$127,354 represented an increase of \$4,803 over the total of the balance of the year before. The Trustees would like to thank all those who have made donations in the year or otherwise supported the Fund and also UK Council for their continued support of the Fund.

### INVESTMENT, RESERVES AND RISK POLICIES

#### **Investment**

The Trustees concluded that the current level of reserves held would not support investment in equities or investment funds without impacting on its ability to meet its charitable objectives. As a result, the Trustees will continue to use interest bearing cash deposits. This approach will be kept under regular review. If the Trustees choose to invest in the future, an agreed investment policy has been adopted in order to safeguard the capital resources of the Fund. It considers the level of risk of the investment strategy, investment management selection, investment restrictions and its ethical policy which precludes investment in armaments and tobacco stocks.

#### Reserves

The charity's reserves amounted to £126,789 at 30 September 2015. The Trustees wish to hold sufficient reserves to be able to ensure continuity in the operation of the charity in the event of a large variation of income and/or increase in applications for financial assistance. To address this inherent uncertainty the Trustees deem it prudent to aim to hold the equivalent of two years' income in a readily accessible deposit account and a minimum of three years' income equivalent on deposit on appropriate notice. This approach will be kept under regular review.

### Risk

The Trustees have reviewed the major risks facing the fund at each meeting.

#### **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.

#### Mrs Pamela Knowles

Chair of the Trustees

## Society Of Radiographers Benevolent Fund Statement Of Financial Activities

For The Year Ended 30 September 2015

	NOTES	2015		2014	
INCOMING RESOURCES Donations Gift Aid reclaimed	3	£ 6,389 175	3	£ 6,915 244	£
Income from credit cards Bank interest		999 814		1,123 962	
			8,377		9,244
RESOURCES EXPENDED Grants and donations Bank charges Sundry expenses	4	2,497 62 1,376		1,659 29 1,384	
			(3,935)		(3,072)
Net movement in funds			4,442		6,172
RETAINED SURPLUS AT BEGINNING OF YEAR			122,347		116,175
RETAINED SURPLUS AT END OF YEAR			126,789		122,347

There are no other unrealised gains or losses which do not appear on the SOFA. All the above results are derived from continuing activities.

### **BALANCE SHEET**

AS AT 30 SEPTEMBER 2015

CASH AND DEPOSITS	NOTES	2015 £	2014 £
Short term deposit Cash at bank		75,000 <u>52,354</u>	85,629 <u>36,922</u>
DEBTORS		127,354	122,551
Gift Aid accrued Deposit interest accrued		359	184 332
CREDITORS amounts due within one year	4	(924)	<u>(720)</u>
TOTAL ASSETS		126,789	122,347
UNRESTRICTED FUNDS		126,789	122,347

# SOCIETY AND COLLEGE OF RADIOGRAPHERS FINANCIAL REPORT FOR THE YEAR TO SEPTEMBER 2015

**TOTAL INCOME** Income for the year to September 2015 was £6,618,454, £364,418 (5.8%) higher than last year. Membership subscription income increased by £289,785 (5.3%) through increased member numbers alone as subscription fees were held unchanged from the previous year. Other income increased by £74,633 (9.1%) to £891,933, mainly due to increased levels of attendance at conferences, seminars and courses combined with growth in the College of Radiographers Industry Partnership Scheme and in project funding from Prostate Cancer UK and E-Learning for Health.

**TOTAL OPERATING EXPENDITURE** Expenditure increased by £564,943 (10.0%) to £6,217,013 for the year to September 2015. Within this overall rise, staff costs increased by £135,795 (4.8%) compared to the previous year and operational and overhead expenditure grew by £429,145 (15.3%) to £3,226,541. The rise in operational and overhead expenditure included significant increases in research grants awarded, higher premiums for members' professional indemnity insurance and additional legal expenses in the year.

**SURPLUS FOR THE YEAR** The Society and College achieved an operating surplus in 2015 of £401,441 (2014 £601,966) before investment losses of £262,296 and pension scheme actuarial losses under FRS17 of £133,000. As a result of these investment and pension scheme actuarial losses combined, the bottom line surplus in 2015 for the Society and College was £6,145 (£523,831 down on 2014).

INCOME AND EXPENDITURE &	Year to 30 September 2015				2014	
		Society	College	Contra	Combined	Combined
INCOME Membership Subscriptions		5,726,521	-	-	5,726,521	5,436,736
		, ,				
Course Accreditation and Approval		-	108,258	-	108,258	105,429
Grant Income		- 017155	-	-	-	014001
Magazine and Journal Income		217,155	6,200	-	223,355	214,901
Conferences, Seminars and Courses	al Caunaila	- 02.064	165,306	-	165,306 23,864	136,244
Income from Regional Committees and Nation Investment Income	ai Counciis	23,864 91,120	90,118	-	181,238	45,643
Other Income		30,196	159,716	_	189,912	158,157
Contribution and Rent from Society		50,190	1,960,000	(1,960,000)	109,912	156,926
Total of Other Income		362,335	2,489,598	(1,960,000)	891,933	817,300
Total Income		6,088,856	2,489,598	(1,960,000)	6,618,454	6,254,036
Total income		0,000,000	2,409,390	(1,900,000)	0,010,434	0,234,030
EXPENDITURE						
Staff Costs		1,667,039	1,323,433	-	2,990,472	2,854,674
Operational & Overhead Expenditure						
Contribution to the College of Radiographers		1,880,000	-	(1,880,000)	-	-
Benevolent Fund Donation and Helpline Costs		35,115	-	-	35,115	5,000
Magazine and Journal Costs		483,976	145,751	-	629,727	601,336
Members' Insurance and Legal Costs		527,425	-	-	527,425	434,023
Website, CPD and Other Member Services		91,145	36,162	-	127,307	116,007
Accredited Representatives Network		125,976	-	-	125,976	120,264
ADC, Regional Committees and National Cour		147,471	-	-	1 47,47 1	166,087
Radiographer of the Year and President's Inaug	guration	32,010	-	-	32,010	37,620
TUC Affiliation and Campaigns		160,749	-	-	160,749	132,262
Approval, Accreditation and Standards		38	112,339	-	112,377	102,896
Research, Awards and Networks		1,330	156,690	-	158,020	71,812
Conferences and Seminars			119,161	-	119,161	107,457
Organisational Profile and Events Attendance		55,117	141,015	-	196,132	197,808
Professional Fees Including Audit		106,274	83,475	-	189,749	105,339
Travel and Subsistence Costs		204,172	16,925	- (00.000)	221,097	207,055
Overheads (Office and Administrative Costs)		384,144	140,081	(80,000)	444,225	392,430
TOTAL OPERATIONAL AND OVERHEAD EX	PENDITURE	4,234,942	951,599	(1,960,000)	3,226,541	2,797,396
TOTAL EXPENDITURE		5,901,981	2,275,032	(1,960,000)	6,217,013	5,652,070
SURPLUS BEFORE INVESTMENT GAINS	(LOSSES)	186,875	214,566	_	401,441	601,966
Investment Gains/(Losses)	.=000=0/	(131,148)	(131,148)	_	(262,296)	186,010
Pension Scheme Actuarial (Losses)		(87,000)	(46,000)	-	(133,000)	(258,000)
SURPLUS/(DEFICIT) AFTER INVESTMENT ACTUARIAL GAINS/(LOSSES)	Γ&	(31,273)	37,418	-	6,145	529,976
		(29)				



## COMMENTARY ON INCOME AND EXPENDITURE

### Total income for the whole organisation in 2015 amounted to £6,618,454, £364,418 (5.8%) up on 2014.

Income from membership subscriptions amounted to \$5,726,521, a rise of \$289,785 (5.3%) over the previous year. The increase was due solely to a net 3.6% rise in the number of members, subscription fee rates remaining unchanged from the previous year.

Other income amounted to \$891,933, an increase of \$74,633(9.1%) from 2014 for the following main reasons:

- a) Magazine advertising revenue grew by £8,454.
- b) Income from Conferences, Seminars and Courses increased by \$29,062 due to higher levels of attendance plus the holding of an additional course.
- c) Investment income increased by £23,081 in the year.
- d) Other income rose by £32,986 as a result of further growth in the College of Radiographers Industry Partnership Scheme plus project funding received from Prostate Cancer UK and E-Learning for Health, off-set by reductions in HQ Room Hire, a project completion and the decision of e-Integrity to defer the distribution of a licence fee for 2015 (£10k in the previous year).
- e) The above increases were off-set by a fall in the amount of income recorded for Country and Regional Councils of £21,779 compared to the previous year due to the timing of events held.

### Expenditure for 2015 across the organisation amounted to £6,217,013, an increase of £564,943 (10.0%) from 2014.

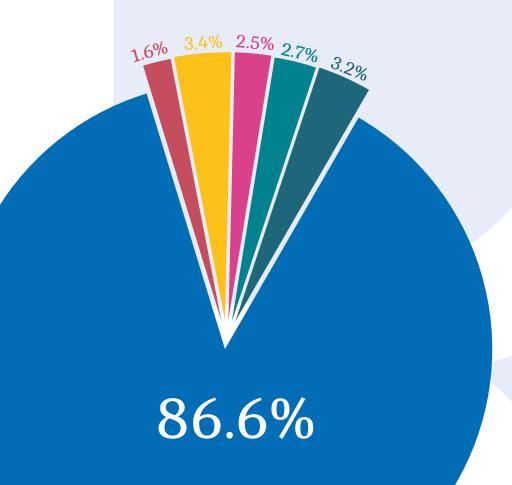
Staff costs in 2015 were £2,990,472, an increase of £135,798 over 2014 and reflected an inflation-linked pay award for 2014-15, additional staff recruitment within the year equivalent to two full-time posts, temporary staffing to cover long-term sickness absence and increased pension scheme costs.

Operational and overhead expenditure amounted to \$3,226,541, \$429,145 (15.3%) more than 2014. This net increase in costs was largely attributable to the following:

- a) A £30,000 pilot project to establish a Helpline for the Benevolent Fund.
- b) Increased magazine publishing costs of £28,391 largely reflecting the growth in membership.
- c) Increases of £46,263 in Members' Professional Indemnity Insurance premiums compared to the previous year where underwriting adjustments had held down premium levels and an increase of £47,138 in legal costs incurred in support of members.
- d) Increased costs of campaigns and TUC affiliation of £28,487 combined.
- e) A more than doubling in the amount of research grants awarded resulting in an increase of £86,208 over the previous year.
- f) Audit and Professional Fees rose by £84,410 in response to a range of compliance and related matters requiring significant resources to address, including advice on the introduction of Auto-Enrolment and a review of, and consultation on, the Pension Scheme Benefit structure.
- g) Overheads, including irrecoverable VAT and higher commercial insurance premiums, rose above inflation by £51,795.

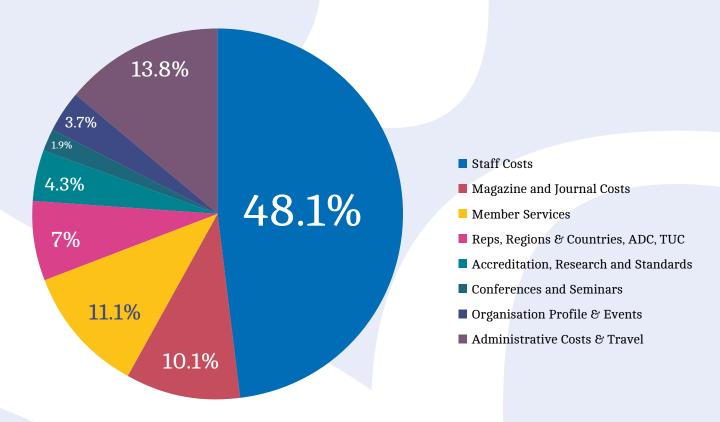
Surplus for the year before net investment losses decreased by £200,525 from 2014 to £401,441 in 2015.

# Income by Category – 2015

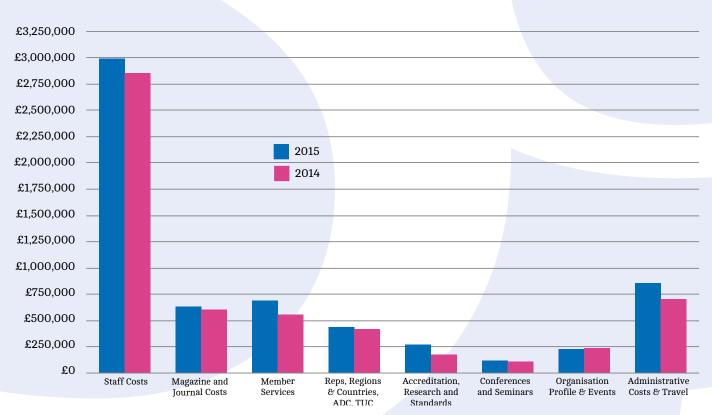


- Membership Subscriptions
- Course Accreditation and Approval
- Magazine and Journal Income
- Conferences, Seminars and Courses
- Investment Income
- Other Income

## Expenditure by Category – 2015



## Expenditure by Category – 2015 vs 2014



### COMMENTARY ON THE BALANCE SHEET

Total assets at the 2015 year end amounted to \$8,018,541, an increase of \$6,145 from the value at September 2014 for the reasons set out in the previous section. Tangible fixed assets, which include the head office property, decreased by \$87,305 in line with the application of the Society's and College's depreciation policy.

The Society and College fixed asset investments amounted to \$5,873,238, an increase of \$382,658 in value in the year inclusive of income re-investment and the additional investment of \$500,000 transferred from cash reserves.

Current assets less liabilities at £1,222,916 were £214,208 lower than at September 2014. The pension scheme liability as calculated under FRS17 increased by £75,000 from September 2014 to a liability of (£108,000) as at the end of September 2015; an outcome adversely influenced by the volatility in investment markets at the year-end point.

Corresponding to the growth in Total Assets described above, the Society's and College's combined reserves increased by £6,145 in the year, the amount of the Surplus after Investment and Actuarial Losses, to a total of £8,018,541 as at 30th September 2015.

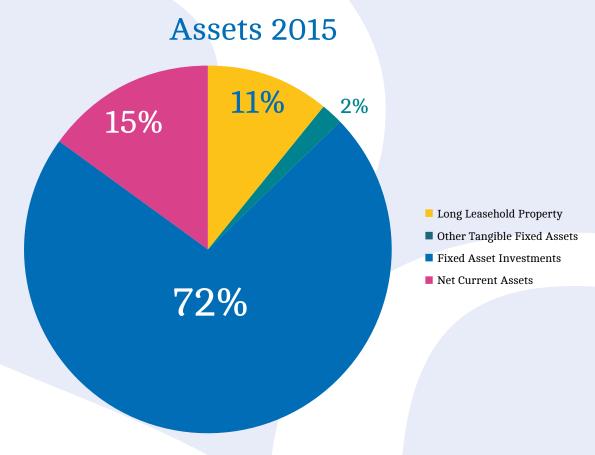
#### **BALANCE SHEET**

BALANCE SHEET					
	Society	College	Contra	Combined 2015	Combined 2014
Figures in £					
Tangible Fixed Assets					
Long Leasehold Property	-	907,050	_	907,050	933,341
Fixtures	366	35,907	-	36,273	44,023
Computer Equipment	48,878	38,186	-	87,064	140,328
Total	49,244	981,143	-	1,030,387	1,117,692
Fixed Asset Investments	2,936,631	2,936,607	-	5,873,238	5,490,580
Investment in Subsidiary	2	-	(2)	-	-
Current assets less liabilities					
Debtors	440,111	62,520	(303,917)	198,714	316,275
Fixed term deposits	-	-	-	-	-
Bank balances	809,168	934,921	-	1,744,089	1,876,693
Creditors	(432,235)	(591,569)	303,917	(719,887)	(755,844)
Total	817,044	405,872	-	1,222,916	1,437,124
Pension scheme liability	(68,000)	(40,000)	_	(108,000)	(33,000)
Total assets at 30 September 2015	3,734,921	4,283,622	(2)	8,018,541	8,012,396
Share Capital	-	2	(2)	-	-
Reserves					
General Fund	3,802,921	-	-	3,802,921	3,787,194
Restricted Funds	-	36,648	-	36,648	34,796
Unrestricted Funds	-	4,286,972	-	4,286,972	4,223,406
Pension Scheme Funding Reserve	(68,000)	(40,000)	-	(108,000)	(33,000)
Total Capital and Reserves at 30 September	er 2015 3,734,921	4,283,622	(2)	8,018,541	8,012,396

### REPORTING ON SUMMARISED ACCOUNTS

The above figures on pages 29 to 33 have been extracted from the full Society Council and College Board of Trustee reports and financial statements, which have both been audited by Crowe Clark Whitehill LLP, who gave unqualified audit reports in March 2016. The Council's and Trustees' reports were approved by Council and the Trustees and signed on their behalf on 17th February 2016. The College report will be submitted to the Charity Commission in July.

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.



## Review of Membership

Numbers of qualified radiographers, assistant practitioners and radiographic assistants continue to increase as more people perceive the value of joining The Society. 2015 saw further growth in the Society's membership with the changes to NHS terms and conditions and the continuing policy of pay restraint in particular underlining the importance of representation offered by the Society to its members. The table below shows increases in membership over the last five years. In terms of student numbers, from 2011, the Society has recorded only those students in their free first year who sign a direct debit form for future years, whereas in previous years all students in year one were recorded. The figures are as follows:

 Full members
 2011: 21,541
 2012: 22,363
 2013: 22,532
 2014: 23,806
 2015: 24,872

 Students
 2011: 2,344
 2012: 2,652
 2013: 2,925
 2014: 2,891
 2015: 2,907







The Society & College of Radiographers

Edited and designed by Deeson Group Ltd www.deeson.co.uk Printed by Bishops Printers, Portsmouth

The images on pages 1, 2, 3, 4, 11 and 35 were kindly provided by members of the College of Radiographers Industry Partnership Scheme:

Elekta • GE Healthcare • Carestream • Fujifilm • Siemans • Alliance Medical

