DRIVING FORWARD: MEETING CHALLENGES

THE SOCIETY OF RADIOGRAPHERS
ANNUAL REPORT | 08/09
AND ACCOUNTS
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.
Annual report
2008/09

for the year ending
30 September 2008

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
Osborne Clarke Solicitors
2 Temple Back East
Temple Quay
Bristol BS1 6EG

Investment manager
Rathbone Investment Management Limited
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

This document may be downloaded in digital form from www.sor.org
Contents

The Society’s Council 5
Council members and officers 6
Radiographers will be challenged as never before 7
Driving forward, meeting challenges 8
Spanning the UK 12
Driving forward a fair deal for our members 14
Driving forward high professional, educational and quality standards 18
Benevolent Fund trustees’ report 24
Benevolent Fund statement of financial activities 25
Committees and working parties of Council 26
Society and College of Radiographers’ financial report 28
Commentary on income and expenditure 29
Commentary on the balance sheet 32
Review of membership 33
Taken in the magnificent surroundings of the medieval Westminster Hall during a visit to the House of Commons to celebrate World Radiography Day and Radiographer of the Year, the Council members are back row left to right: Sandra Conn (Northern Ireland), Kenny McMurray (Scotland), Robin Bickerton (South East), Sue Johnson (Midlands), Jackie Hughes (Wales), Mark Terry - Student Observer, Kate Brown - Observer for Annual Delegates’ Conference, Karen Smith (Yorkshire and North Trent), Adele Maddison (Wales), Sylvia Kittle - Observer for Annual Delegates’ Conference, and Pauline Kimpton (South West).

Front row l to r: Ian Henderson (London), Zena Mitton - Chair of Council (Eastern), Michael Graveling - President, Gill Dolbear - President-Elect, and Andy Pitt (North West).

Sandie Mathers (Scotland),

Stephen Harris (Northern).
SOCIETY COUNCIL MEMBERS AND OFFICERS

For the period of this Annual Report and until 14 January 2009

ELECTED OFFICERS:
President: Mrs Z Mitton DCR(R) DRI (to 30.06.08)
Mr M Graveling BSc(T) (from 01.07.08)
President Elect: Mr M Graveling BSc(T) (to 30.06.08)
Mrs G Dolbear MSc PgCL&T(HE) DCR(R)DMU (from 01.07.08)
Vice President: Mrs G Dolbear MSc PgCL&T(HE) DCR(R)DMU (to 30.06.08)
Mrs S Mathers MSc DCR(R) (from 01.07.08)

SENIOR OFFICERS
Chief Executive Officer: Mr R Evans HDCR
Director of Professional Policy: Professor A Paterson FCR MSc TDCR DMU
Director of Industrial Relations: Mr W Town MA DCR(T) DLS
Director of Finance: Mr N Williams FCA
Editor ‘Synergy – Imaging & Therapy Practice’ Mrs R Deeson
Editor ‘Radiography’ Professor P Hogg DCR(R) DRI (to 31.08.08)
Professor R C Price MSc FCR (from 01.09.08)

REGIONAL REPRESENTATIVES
Scotland Miss L Forret DCR(R) (to 30.06.08)
Mr K McMurray DCR(R)
Mrs S Mathers MSc DCR(R)
Yorkshire & North Trent: Mr M Graveling BSc(T) (to 30.06.08)
Mrs K Smith DCR(T) MSc (from 01.07.08)
Northern: Mrs P Kitto DCR(R) (to 30.06.08)
Mr S Harris BSc(Hons)(T) (from 01.07.08)
North West: Mr A Pitt FCR DCR(R) (from 01.07.08)
Northern Ireland: Mrs S Conn TDC(R)
Wales: Mrs A Maddison BSc PGDip
Mrs J Hughes DCR(R)
Midlands: Mrs A Pollard FCR DCR(R) (to 30.06.08)
Mrs S Johnson DCR(R) BSc(Hons) MA PgC (from 01.07.08)
Eastern: Mrs K Cornell DCR(R) (to 01.08.08)
Mrs Z Mitton DCR(R) DRI (from 01.07.08)
London: Mr I Henderson FCR DCR(R) MSc PgCHE
South East: Mrs G Dolbear MSc PgCL&T(HE) DCR(R)DMU
South West: Mrs P Kimpton DCR(R)

THE COLLEGE OF RADIOGRAPHERS BOARD OF TRUSTEES (CBOT)
Chairman: Mrs N Sinclair MA BSc(Hons) TDCR
Ms P Chapman
Mr A Kay
Mr I Eversden M.Phil
Mr J Foster FCA
Mrs P Williams MSc BSc(Hons) TDCR
Mrs P Kimpton DCR(R)
Dr K McHugh FRCR

The Council members and College Trustees are covered by professional indemnity insurance
Radiographers will be challenged as never before and we will meet the challenge

"We aim to reach as many radiographers as possible, providing support and advice as required"

It is an honour and a privilege for me to introduce this Annual Report as President of the Society of Radiographers. The report shows how the Society is addressing the issues of today and preparing for the challenges of tomorrow on behalf of members across the United Kingdom and beyond. I hope you will take time to read about the many activities undertaken by the Society on our behalf.

Like my predecessors, I am in awe of and inspired by the professionalism, dedication and commitment to excellence of all those I meet as President. Ours is a dynamic profession, recognised for its willingness to change and accommodate new ideas. We are not only at the cutting edge with technology in healthcare, but also in the development of new and improved ways of working.

The leadership provided across the country by service managers, consultant practitioners, advanced practitioners, accredited representatives and educationalists, has been instrumental in enabling our profession to adapt and change for the benefit of patients. Individuals too numerous to mention have led innovative solutions to age-old problems, thereby allowing services to evolve and meet the aspirations of modern healthcare. Much of this work is informed by guidance and supported by expertise provided by the directors and officers of the Society. These services have played an important role in supporting radiographers. They have empowered and supported our leaders as they wrestle with the complexities of an increasingly politicised health service, enabling them to meet new and exciting challenges in imaging and oncology.

The current economic uncertainty affecting us all at present is perhaps the biggest challenge our profession has faced for a generation. Fiscal tightening and evolving health policy has implications for the way we work and deliver diagnostic imaging and radiotherapy services in future. The qualities that have allowed us to adapt and change, whilst maintaining the highest standards, are ones that will serve us well in the challenging times ahead.

There may be pressures on pay and staffing levels; demands for increased productivity, asking radiographers to do more with less; delays in purchasing and commissioning new equipment and facilities due to budget pressures; and, inevitably, a further squeeze on education and training. All of these are to be expected and present their own unique challenges for the profession. The extent of each is hard to predict. One safe prognostication is that radiographers will be challenged as never before and radiographers will meet the challenge. Such is the ethos of our profession.

The professional, educational and industrial relations services provided by the Society are geared up to support radiographers in meeting future challenges. Supported by staff at headquarters and using our devolved regional committees and national councils, we aim to reach as many radiographers as possible, providing support and advice as required. That is our reason for being.

This is, however, a two-way process. The Society of Radiographers is your Society. The organisation is lean and efficient, which is important as we strive to keep costs and subscriptions as low as possible. To remain efficient, we need you to interact, feedback and inform our activities. In this way, we can ensure the Society is focused where members need help most. By getting involved and letting us know what you think, you can influence your Society.

I would like to thank you for your continuing support of the Society of Radiographers. We are dedicated to the interests of those working in imaging and oncology, but are reliant upon engagement with our members in the healthcare and education communities. This report details many of the activities we undertake on your behalf and I hope, having read it, you will be encouraged to engage with us to shape all of our futures.

Michael Graveling
President 2008/2009
Driving forward, meeting

First member survey: High level of satisfaction

Welcome to the Society of Radiographers Annual Report. In this document you will find the financial results for the organisation and for the SoR Benevolent Fund for the year that ended on 30 September 2008. There are also reports of the work of the Society that aim to give an idea of the very wide scope of activity and influence that we undertake for and on behalf of members.

The theme of this year’s report is ‘Driving Forward, Meeting Challenges’. Although the nature of a report such as this is to look back, I hope that you will agree that the work of the SoR that is described is characteristically forward-looking. When there are difficult or challenging circumstances, we aim to meet them head on, keeping the interests of our members and excellent patient services to the fore.

Driving forward

This was the final year of work under the Council Strategy. As the planned tasks were evaluated and reported, UK Council met to begin the work of setting the strategy for the coming three years. This will be agreed and publicised to members early in 2009. This new strategy will set the theme for next year’s report and is following on the successful initiatives that you can read about here.

One of the innovations within the year was the first member survey. This was independently carried out and evaluated and revealed a high level of satisfaction in the work of and services of the Society. There were also a good number of areas for improvement and an action plan agreed to ensure that these were taken forward. The survey exercise will be repeated periodically in future to monitor satisfaction amongst members and to contribute to our forward planning.

The member survey was one of a number of opportunities in which members were able to provide comment and feedback. There were other focused surveys, reader focus groups for Synergy News, comments and questions via telephone, letter and e-mail, face to face meetings and opportunities to feedback at regional meetings.

As usual, the Annual Delegates Conference provided the principal forum for members to debate and advise on policy. The delegates that come...
to conference are amongst our most active and committed members. It is important that each and every member can feel equally able to communicate with and influence the direction of our Society. During the year it has become more and more evident that a focus on grass-roots activity is the most appropriate way for us to be organised if we are to be truly strong and to grow in size and effectiveness in future.

This does not mean that there will be a reduction in the number or quality of services that we provide centrally. However, it does mean that we will be looking for ways for much of the activity of the organisation to be generated, co-ordinated and conducted by and for members in local areas.

This requires excellent two-way communication and this is an area in which, more than any other we are aware that there is always room for improvement. Our formal communication tools such as the publications, the website and TopTalk have been added to this year through the introduction of Student Talk, a monthly e-zine for student members. There are plans to develop SoR News, the reps’ newsletter, as an electronic publication.

The electronic formats for Synergy News and Synergy: Imaging and Therapy Practice are a great advantage for those members who prefer the flexibility and convenience of the searchable digital presentation. This is integrated with the electronic document library that is making policy documents available on-line.

The College of Radiographers Industry Partnership Scheme has continued to grow during the year. There are now 12 companies in partnership with the College in support of radiography research. A total of £21,000 donated by partners has been spent in supporting a growing range of research projects. Partners have benefited from continuous profile through the website and special focus at events throughout the year. A Partners’ Seminar in January revealed tremendous interest in the profession amongst industry and a desire to continue supporting and developing the relationship.

Meeting challenges

It is important to take a look at the financial report and see how the business of running the Society is being managed. The news is good in that we are continuing to show a surplus of income over expenditure. Operational efficiency is extremely important and the organisation has a long heritage of tight control of costs in order to ensure that members subscriptions are as effectively used as possible.

In October 2007, subscriptions were increased above the rate of inflation in order to raise the level of cover offered to members by our professional indemnity insurance. This is now £5 million for every member. However, once again this year, our subscriptions are the lowest of the allied health professions.

The effects of the worldwide economic crisis began to be felt during the year. These are seen in the reduction of investment asset values shown in the report. There is no doubt that the coming year will prove to be continually challenging financially. The Society will meet these challenges head on and I am confident that Council and the College Trustees will lead us through the inevitable tough decisions. The Society has an excellent financial team to provide advice and guidance.

The financial pressure will certainly affect health care provision everywhere. In the context of the challenging service improvement programmes that are running in all four countries of the UK, this will result in pressure on managers and leaders to do more, often with little or no increase in resources. The experiences across the UK this year have shown that radiographers continue to be in the lead in service innovations and in proving the value of high quality professionals in efficient systems.

Nevertheless, there have also been examples of teams becoming dangerously over-stretched. In England, it is widely accepted that the success in providing imaging services to achieve the 18-week target has in many departments been achieved through unsustainable short term initiatives. We know that the very best practices in both imaging and radiotherapy, showing all four tiers of the radiography career structure and led by radiographer managers, result in not only operational efficiency, but also first class patient care provided by satisfied, motivated staff. Spreading this good practice will be vital.

We are also very aware of the effects that the
economic pressures are having on individual members. Union membership becomes even more important as employers seek to make economies. However, many members will be having to make tough decisions about their personal budgets and a sizeable proportion of these will be facing significant debt problems. The Society has gone into partnership with the leading free-of-charge debt advice agency, the Consumer Credit Counselling Service, to ensure our members have access to the best possible support and advice.

I should like here to acknowledge the enormous commitment and support of the UK Council members and, particularly, Zena and Michael, who have provided the lead in their roles of President in each half of the year. As always, I am particularly grateful for the excellent hard work and dedication of the 38 employees of the Society and College that support me, Council and the entire membership. We are fortunate to have the expertise, enthusiasm and commitment of each one. The three Directors that lead the staff and support Council: Audrey, Neil and Warren are especially worthy of all of our thanks.

During the year, we have seen a few changes in the team. Yvonne Reihill, Kim Sandford, Ian Marrey and Rita Phillips have moved on from the organisation. We thank them for all that they did and wish them every success in the future.

We have been delighted to welcome Marie Lloyd, Lyn Wigley, Claire Dumbleton, Karen Wellings, Nigel Thompson and Sarah James. We are also glad to welcome Louise Coleman and Rob Appleyard on secondment as co ordinators for the VERT project.

The Society of Radiographers has a proud record of meeting challenges successfully. As the future appears ever more complex and the needs of individuals more diverse, we will realise once again the value of standing together in facing whatever changes and pressures may come. In this way we can promote excellent professional care and push for fair equitable and safe conditions for all.

This will extend from the smallest local group, through our brilliant representatives’ networks to the regional committees and devolved national councils, up to UK Council level and beyond to affect national policies and practices and to continue to provide the lead for the radiography profession worldwide.

Richard Evans
Chief Executive Officer
Dealing at the highest level in Northern Ireland
Northern Ireland has lagged a long way behind the other three UK countries in the full introduction of the Agenda for Change (AfC) pay and conditions agreement. Reviews finally scheduled for October 2008 were to be finished in December. This deadline has been extended yet again.

Inconsistencies with regard to banding are rife throughout the province. Job evaluation for roles which have changed since 2004 are not being dealt with appropriately. According to the AfC job evaluation handbook, if a national profile exists this should be used to match the job, but staff are being issued with a job analysis questionnaire (JAQ). Annex U has not been implemented, which means that if a radiographer gains a post graduate qualification, a JAQ is required before the person can progress to the correct band.

Annex T is being discussed and may be rolled out in time. Band 8c is not recognised.

Widespread restructuring of trusts is adding to the confusion and managers are concerned about the downgrading and reduction of posts.

The continuing political uncertainty in the province creates other challenges, but the Society continues its work to ensure that the voices of radiographers are heard whenever appropriate. Activity includes:

- Meeting with the Health Committee at Stormont and the health minister;
- Attending allied health profession meetings and supporting the formation of the Allied Health Professions Forum Northern Ireland;
- Attending the regional senior managers’ group;
- Involvement in plans to set up a regional obstetric group.

Scottish profile continues to grow
Thanks to Scotland’s partnership working approach to public services, the Society is actively involved at every level of the National Health Service for Scotland and with the Scottish Government Health Department, including:

- Radiography Specialist Advisory Board;
- Radiography (uni-professional) Board set-up under practice education facilitation work;
- Assistant practitioner (AP) funding initiative, and the evaluation of the Scottish AP courses - 41 APs are in training and are due to qualify in March 2009;
- Generic practice placement memorandum of understanding/agreement;
- Liaison with practice education co-ordinators and facilitators;
- Advising the three regional allied health profession workforce co-ordinators about APs, recruitment issues, leadership, and clinical quality indicators.
- Staffing problems in breast screening units;
- Advising on remote and rural radiographic issues;
- Strong links with the cancer team and Scottish Radiotherapy Advisory Board;
- Providing advice to NHS Quality Improvement Scotland;
- Supporting the five consultant radiographers in Scotland – two therapeutic and three diagnostic.

Actively involved with NHS Scotland and with the health department

The more than 130 elected industrial relations, health and safety, and union learning representatives in Scotland means there is approximately one Society rep for every 12 members. In June 2008, reps joined members of Scottish Council for an annual planning day with the aim of increasing the involvement and participation of members in Society activities.

Local reps from Ayrshire and Arran, Dumfries and Galloway, Greater Glasgow and Clyde, Forth Valley and Lanarkshire health boards have been involved in the development of an out-of-hours framework for the supply of 24/7 radiography services in the west of...
Scotland regional planning area. The Scottish Health and Safety Reps Forum has reformed after a long period of inactivity.

Concerns have been raised at a meeting with the Scottish government cabinet secretary about the national monitoring of Agenda for Change assimilation outcomes. This resulted in agreement being reached on a joint exercise to monitor banding results.

The Society is represented on a sub-group of the Scottish Terms and Conditions Committee which has been set up to resolve the outstanding issues in relation to non-implementation of Annex T. In addition, the Society is involved in the monitoring of the implementation of the knowledge and skills framework and ensuring that implementation forms part of boards’ objectives, targets and measures.

The Scottish Partnership Forum (SPF) has been concentrating on the workforce’s response to Better Health, Better Care, the action plan to help Scots ‘sustain and improve their health’. This includes flexibility and innovation in career pathways, strategic change at every level underpinned by partnership working, and recognition of the impact on all members of the clinical team in local workforce plans.

The SPF will also develop the concept of mutuality as it applies to staff within NHS Scotland (the Scottish Government’s vision of a mutual NHS is one where ownership and accountability is shared by the Scottish people and by the staff who work in it).

NHS reconfiguration challenge in Wales

The links made between the Society and national groups in Wales continue to be effective. The organisation works in partnership with the Welsh Radiography Managers Committee and with other national committees including the Partnership Forum and the Modernisation Board.

Meetings with the Minister for Health and Social Services provide an ideal opportunity to maintain our profile in the Welsh Assembly. It is anticipated that regular six-monthly discussions will continue, allowing radiographers the opportunity to both express their concerns and inform the minister of successes.

There is a challenging time ahead with NHS reconfiguration underway in Wales. The reforms will see the establishment of a health minister led National Advisory Board and a delivery group responsible for the operational performance of NHS organisations. There will also be the creation of seven local health boards to replace trusts and associated commissioning bodies. Stakeholder bodies will also be created and it will be essential for the SoR to have a voice in these groups.

Work continues on the future delivery model for diagnostic imaging services and this may see the establishment of a National Imaging Board, similar to that in England. If such a body is created, the power it wields, its responsibilities and accountabilities will need to be clear. Again, it will be vital to ensure the radiography profession is well represented.

The pressure of meeting the waiting time targets is affecting members particularly with regard to on-call/weekend working. The Society is working with trusts to seek acceptable solutions to difficult issues. A key objective of the organisation’s Welsh Council is to support industrial relations’ representatives, enabling them to improve dialogue within the workplace, particularly with management.

Continuing work is required to promote career progression and the four-tier structure in both diagnostic and therapeutic radiography. With the need to satisfy continuing professional development requirements and the Health Professions Council audit, protected study time will become a hot issue in Wales.

Welsh Council remains a strong committee but members recognise the need to promote its work and to develop more widespread input. There is also recognition of the need to build up the network of local representatives. Once again, Welsh Council has set itself challenging annual targets and it is confident of being an effective organisation.

Key objective of Welsh Council is to support industrial relations’ representatives
Driving forward a for

191 new reps were accredited - a 35% increase

Warren Town, Director of Industrial Relations

The year was dominated by the government’s proposed three-year health sector pay deal. Generally derided, but grudgingly accepted by the unions as the best that could be achieved, it included a re-opener clause as a means to protect members from dramatic changes in the economy. This is a mechanism that is triggered when there are significant changes to the economic situation during the life of the agreement.

The multi-year pay deal gave NHS staff an increase of 2.75 per cent in April 2008. As soon as the agreement came into force, inflation started to bump up to heights not experienced for some years. The Society and other unions promptly applied for the re-opener clause to upgrade the proposed second year rise of 2.4 per cent. The Society has submitted its evidence to the NHS Pay Review Body (PRB) and we now wait to hear if it will accept that there is a case for reopening the pay deal and, if so, what they will recommend to the employers should be the level of pay from April 2009. (As this report was compiled, the PRB announced that it would not re-open the pay agreement for 2009/10 because the economic situation had again changed with reductions in inflation and no evidence of poor recruitment or retention of staff in the NHS.)

The Society also took the opportunity to emphasise other key issues to the PRB including: the lack of consistent workforce planning; the growing number of Society members who will be retiring over the next 20 years; the potential competition for staff that the public sector will see from private companies, and high attrition rates for students.

There are now, of course, huge economic challenges other than inflation when the multi-year pay deal was struck and all the unions are going to have to work very hard to make sure that the government doesn’t ‘plead poverty’ and try and reduce the value of the awards in years 2 and 3.

We have to recruit and influence

Whilst the Society represents a significant percentage of the radiography workforce, we must always be looking to recruit and organise more members than ever before. Devolution and NHS restructuring bring new challenges and we have to ensure that the Society continues to respond with authority at all levels of a ‘new’ National Health Service.

The organisation is looking at initiatives to improve recruitment and to ensure that the Regional Committees in England and the National Councils in Northern Ireland, Scotland and Wales have the resources and tools to influence the people who will be responsible for the local delivery of services. The NHS in England is already significantly different to the NHS in the other three countries of the United Kingdom, but we expect to see more fragmentation and growing differences in the English regions.

We need to build stronger partnerships with strategic health authorities in England so that they
understand the developing roles of the radiography workforce and the key part we have to play in providing diagnostic and therapy services. Partnerships work well in Scotland and Wales and the Society wants to see the same kind of relationships operate in the English regions.

**Representation is at the core of what we do**

The services provided by the trades union and industrial relations team is at the heart of what the organisation is there to do: represent our members and their interests, whether that representation is in the workplace, with government, or defending a member against action being taken by the regulator, the Health Professions Council (HPC).

Since the HPC took over where its predecessor left off, there has been a 400 per cent increase in the number of cases where it is alleged that a radiographer was negligent or acted inappropriately. As a consequence, the professional indemnity insurance that the Society provides to members has now more than doubled to £5 million. The Society spends an increasing amount of time representing members at HPC fitness-to-practice hearings, ensuring that the member has the opportunity to make their voice heard and that they are treated fairly.

**Darzi review - opportunities or threats?**

It was almost 12 months in the making and involved thousands of clinicians including radiographers, NHS staff, patients and stakeholder groups across England. Lord Ara Darzi’s Next Stage Review had fundamental implications for allied health professionals, and asked “what can radiographers do to support high quality care for all?”

Heralded as the ‘most important review of strategy for the NHS in England since the NHS Plan was published eight years ago’, Darzi said his review gives frontline healthcare providers and patients the tools to implement their visions for high quality care. He also claimed that clinical NHS staff have the opportunity to lead change, improve quality and NHS care over the next 10 years. He continued: “It is now down to NHS staff and leaders, clinical and non-clinical, to use the tools the report gives them, along with their expertise and experience, to drive up the quality of the care they provide.”

Darzi’s report clearly focuses on personalised care and providing services that fits everyone’s needs, “not just those of the people who make the loudest demands.”

Personal care nearer to home could be a solution and this could mean the increased provision of imaging services outside of secondary care. If this becomes a reality, more radiographers will be working in primary care, possibly based in new polyclinics or providing “x-rays on the high street”. Potentially, this could encourage more advanced and consultant practitioners as radiographers take on leadership roles in smaller, community based health teams.

The radiographic workforce has shown many times that we are more than ready to support change that has high quality patient care and opportunities for our members at the heart of it.

**Independent sector radiotherapy centres provide new challenge**

As the English government has largely been retreating from contracts for diagnostic services from the private sector, news came that radiotherapy services will be available through independent contractors. CancerPartners UK (CPUK) and private hospital provider Spire Healthcare have partnered to provide cancer treatments at sites in Leeds, Birmingham and Portsmouth to deliver private radiotherapy services using the latest technologies, including intensity-modulated radiation therapy (IMRT) and image guided.
radiation therapy (IGRT). The first patient is expected to be treated in the new cancer centres by July 2009. At the present time, Cancer Partners UK will only be offering services to private patients but it will be interesting to see if there is a longer term vision to provide treatment to NHS patients. The Society is making sure that our members’ interests are fully recognised within these new centres.

Trades union education (TUED): Rep numbers up and training demand surges

The TUED Committee now consults roughly every six weeks via teleconferencing, which is more efficient and cost effective. The committee comprises a regional officer, two council members, and two Society members elected at the annual delegates’ conference.

The committee’s remit is to take an overview of trade union training available to accredited representatives and to provide as many training opportunities as possible. The committee has endorsed the decision to continue to direct reps towards training provided by the TUC once they have completed the Society’s induction course.

- Work completed over the past year includes:
- Auditing the content of induction courses for the development of leadership skills;
- Developing a repository of training material on the Society’s intranet;
- Writing to reps who have not yet attended an induction course to encourage them to do so;
- Contacting Agenda for Change reps to ask them to consider becoming an industrial relations (IR), health and safety (H&S), or union learning reps (ULR);
- Re-launching the Bryan Macey Scholarship to encourage applications from reps to attend a short leadership development course.

In the 12 months from 1 October 2007 to 30 September 2008, 191 new reps were accredited. This is a 35 per cent increase over the year before. One hundred and sixty-four reps attended an induction course, an increase of 25 per cent. The largest single increase in accredited reps is within the union learning group, rising from 14 accredited in 2006/7 to 94 in 2007/8.

The challenges for 2009 is keeping pace with the demand for induction education if the numbers of new reps continue to grow. Ten courses provides 96 training places each for IR and H&S reps, 12 places for ULRs, and 30 places on a Scotland specific induction course. These numbers and the corresponding budget may need to be reviewed and

Need to build stronger partnerships with SHAs
increased in order to meet demand, especially if the 50-plus Agenda for Change reps convert their status to another role and take up our offer of refresher training.

Members lead new equality network
The SoR’s new Equality and Diversity Network, ‘Equalise’, provides support on all equality issues from age, race, religion, belief, sexual orientation, race, gender and human rights.

All change for the NHS pension scheme
After four years of negotiations between NHS Employers and the trades unions - including the Society - agreement was reached on a series of changes to the pensions of more than 1 million NHS employees. The Society welcomed the new scheme because it is more flexible, allowing members wider options in balancing work and retirement.

Defending MRI and lone workers at TUC
The Society had two motions carried at the Trades Union Congress, held in Brighton. The first focused on violence at work and specifically tackled the issue of lone working. The motion pointed out: ‘Current guidance reinforces the need to prevent violence happening in the first place by having good staffing levels and systems to alert staff to potential threats, but in the NHS our members continue to work alone without support or contact with someone for long periods of time.”

The second motion dealt with European legislation (currently being reviewed) which threatens the use of MRI in patient welfare and scientific research. The motion read in part: ‘The EU Physical Agents Directive (Electromagnetic Fields) … benefits the health and safety of workers in diverse industries but which, through a failure to consult widely during drafting, threatens to curtail vital magnetic resonance imaging (MRI) services across Europe.”

Warren Town
Director of Industrial Relations
The profession of radiography continues to define itself and the skills, knowledge and scope of the profession continues to diversify. The radiography workforce, through the vision of the career progression (‘four-tier’) framework, is taking on constantly increasing levels of responsibility and rising to ever more demanding leadership challenges.

For example, there are now 40-plus consultant radiographer practitioners and a sizeable proportion of the profession working at the advanced practice level. They have an increasing input into health and clinical policy development through responses to consultation documents from all four UK Health Departments, the Health Professions Council, the National Institute of Health and Clinical Excellence, and other such bodies.

Another case in point is the campaign by the Society and the UK Association of Sonographers to protect the title ‘sonographer’. The Society has been addressing the need for sonographers to be regulated for some time and, in January 2008, it submitted an application to the Health Professions Council (HPC) asking for the title to become protected in law. The HPC is currently considering the request and asked the profession to give a detailed presentation to the Council in July 2008 to assist in the process.

The UK’s first imaging accreditation scheme
What will be one of the first quality accreditation programmes for medical imaging in the world will be rolled out in 2009. The Society and the Royal College of Radiologists have collaborated to create the scheme and have appointed an independent accreditation body, the United Kingdom Accreditation Service (UKAS), to manage and deliver the accreditation programme which will be known as the ‘Imaging Services Accreditation Scheme’ (ISAS).

ISAS has been jointly developed in collaboration with other health professionals and patients’ representatives to assess how well imaging services meet required standards for quality, patient-centred care. The programme will focus on the delivery of high-quality care for patients by competent staff working in a safe environment. The process of accreditation will involve peer review against explicit agreed standards and criteria supported by expert specialty advice and input from patients and users.

A hugely busy year for radiotherapy
The Cancer Reform Strategy was published in England, which endorsed the recommendations of the National Radiotherapy Advisory Group (NRAG). An implementation group was established and the Society is taking an active part in this. The Society contributed fully to the second NRAG annual meeting and more than 200 delegates attended. The focus this year was on how the Service would respond to the advisory group’s recommendations.

In response to a recommendation from the NRAG technology subgroup, a radiotherapy development board was created to develop and assist in the roll out of new technologies, such as intensity modulated radiation therapy and image guided radiation therapy. Standards are currently being developed and training requirements assessed. The proton referral group developed a referral pathway for NHS patients who will benefit from proton therapy. The potential for UK proton facilities is under consideration.

The Society was awarded funding to lead the implementation and evaluation of VERT, an exciting tool that recreates the virtual environment of a radiotherapy treatment room and enables treatment set-ups to be practiced in a safe and life-like way due to the immersive virtual reality nature of the tool. Two radiographers, Louise Coleman and Rob Appleyard, were appointed to lead the project on an 18 month secondment to the Society. Funding has been given for VERT to be available in all 10 higher education institutions that provide radiotherapy training in England and almost two-thirds of the clinical departments have accepted the offer of equipment. The Society has been active in encouraging the other countries of the United Kingdom to invest and VERT is now installed in Northern Ireland and Wales.

A proposal for the education and continuing professional development of dosimetrists working in clinical radiotherapy physics, a joint report compiled by the Society and the Institute of Physics and Engineering in Medicine, has been considered by the Department of Health (England) and...
a working party was established to look at training options.

Following the publication of Towards safer radiotherapy and the section in the chief medical officer’s annual report referring to safety in radiotherapy, a working party has had considerable input from radiographers. Initially, work has resulted in the development of a recommendation about the use of in-vivo dosimetry. A radiotherapy risk profile was developed and is soon to be published.

Society officers have held meetings with independent sector providers to discuss workforce proposals for new cancer treatment centres, and research visits have been made to examine staffing structures and ways of working. Society guidance on staffing models for satellite centres will be published early in 2009.

The national cancer director asked the Society to advise on the effectiveness of multidisciplinary team working and our response highlighted the significant extended roles that radiographers can play in cancer care.

A very successful and over subscribed radiotherapy conference was held early in the year, and included a third day focused on service leadership and strategic issues. More than two-thirds of radiotherapy departments were represented at the conference, an excellent mark of the profession’s commitment to cancer treatment.

Other work on radiotherapy included a group considering ways to reduce in-patient stays for cancer sufferers, the development of treatment planning guidance, and a team looking at guidelines for paediatric radiotherapy.

Radiotherapy documents to be published by the Society imminently include Guidance on the expert community liaison radiographer and Ensuring geometric accuracy.

More learning and education opportunities

The programme of conferences and seminars offered by the Society and College of Radiographers has grown considerably over the past year, with most courses proving popular and enjoying excellent feedback from delegates. During the 2007/2008 year, the following conferences and seminars were delivered:

- Demystifying clinical IT: The present and planning for the future;
- Forensic radiography in your hospital (in conjunction with the Association of Forensic Radiographers);
- Excellence in radiographer education: Your chance to shape the future;
- Radiotherapy service provision: The workforce and professional development;
- Annual radiotherapy weekend;
- Student radiographers conference;
- Confidence to lead;
- New ways to communicate;
- Developing excellence in clinical leadership;
- Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) awareness training for non-medical referrers;
- Consent for examination or treatment;
- Legal issues for radiographers;
- Implementing best practice in forensic radiography (in conjunction with the Association of Forensic Radiographers).

In addition, the College attended a number of events in the UK and overseas to promote the work of the profession, including:

- American Society for Therapeutic Radiology and Oncology annual meeting;
- Radiological Society of North America annual meeting;
- British Medical Ultrasound Society annual meeting;
- European Congress of Radiology;
- British Nuclear Medicine Society annual meeting;
- UK Radiological Congress;
- Symposium Mammographicum;
- European Society for Therapeutic Radiology and Oncology conference.

Continuing professional development commitment stepped-up (CPD)

The number of programmes and events accredited during the year by the Society shows continuing growth, with more than a hundred programmes and events receiving approval.

Analysis of CPD Now user comments (the Society’s web-based CPD portfolio system) were taken into account for some important developments to the system. New features will include improved navigation, a more rational structure for the main pages and help materials, and the addition of video clips to
demonstrate the core functions of the application. Members should notice these developments taking effect in early January 2009.

An exemplar programme for members undertaking a period of preceptorship was approved by the Career Progression Board and this will also be included in the new version of CPD Now.

The Society has struck a deal with Philips Healthcare which provides members with access to the Philips Learning Centre, an on-line CPD tool containing more than 200 continuing education programmes. The tool will be accessible to members through the website and will be known as ‘CORe-learning’.

The ‘Education on the Stand’ initiative was launched at the UK Radiology Congress 2008 and was an immediate success. Delegates were able to attend a number of CPD accredited events offered in the exhibition hall by commercial exhibitors. Both radiographers and exhibitors were pleased with this approach and the scheme will be extended for UKRC 2009.

Student members have never been more important

Samantha Jewell, the Society’s education and student officer, has introduced a number of key initiatives to recruit and retain students, and to ensure that they continue in membership when they qualify.

The highlights of the year include:

- Development and implementation of the Student Membership Strategy (for all years);
- Launching a monthly digital newsletter, StudentTalk;
- The introduction of the Student Radiographer of the Year Award;
- Writing a student ‘pack’ for ‘first years’, which includes a USB memory stick containing a wide variety of resources and information;
- Updating the content of the student section of the Society’s website;
- Creating marketing materials to recruit more student members, including publishing a new student benefits handbook;
- Updating presentations to inform students about ‘who we are and what we do’;
- Publishing a student representative handbook;
- Holding the annual student conference.

Education institutions

In addition to the considerable amount of activity with students, working with education institutions has continued. This year particular emphasis has been placed on:
• Strengthening and building relationships with higher and further education institutions yet further.
• Collaborative working with the Chartered Society of Physiotherapists and the College of Occupational Therapists to develop a unified practice educator accreditation scheme.
• Streamlining and bringing processes and procedures for the Accreditation and Approval Board up-to-date including the terms of reference, application form for assessors, and the assessor criteria.

Supporting managers
A Society officer dedicated to looking after the interests of radiography managers, Kate Garas - herself a former service manager - is continuing to build services and provide support to this group, who are under ever more pressure to deliver waiting time targets and cost-effective healthcare.

Close to 50 issues of TopTalk have been published. This digital magazine which is sent each month to managers and leaders in the service and in higher and further education institutions is proving ever more popular.

Active on research
Twenty applications have now been received by the College of Radiographers’ Industry Partnership Scheme (CoRIPS) Research Awards. Projects have been a mixture of diagnostic and therapy, and clinical and educational.

The RCR Pump Priming Awards received three entries from radiographers for 2007 and the Society was very pleased to note that one of these was the highest scoring of all applicants.

A series of reflective articles about attaining a PhD have appeared in Synergy - Imaging and Therapy Practice magazine.

Consultant practitioners step-up
In response to the increasing number of consultant practice opportunities, the Consultant Radiographers’ Group (CRG) has developed an induction package for those taking up consultant posts for the first time.

In addition, a leadership training day for consultant practitioners was held with 11 attending, and planning for a dedicated session to showcase consultant practice and to be held at UKRC 2009 is at an advanced stage.

An on-line special edition of the journal, Radiography focusing on consultant practice is to be published. Four CRG members are guest editors for this issue.

Prescribing
Supplementary prescribing is another important initiative the Society is currently promoting to increase partnership working across the allied health professions, nursing and midwifery. An increasing number of supplementary prescribers are now registered with the Health Professions Council, including both diagnostic and therapeutic radiographers.

Survey looks at profession’s IT commitment
The Society’s Information, Management and Technology (IM&T) Group has commissioned Cardiff University to carry out an information technology survey of the profession. A joint IM&T session with the Royal College of Radiologists will be held at UKRC 2009.

Developing skills and services
The Society has been closely involved in a number of initiatives and consultations such as:
• Health Awards and Health Sciences review;
• Development of ultrasound standards related to fetal medicine;
• Completion of guidance on the use of assistant practitioners (APs) in ultrasound;
• National ultrasound workforce group;
• Ultrasound standards for non-UK sonographers;
• Allied health professions’ career framework;
• Development of training programmes to deliver abdominal aortic aneurysm screening;
• Career development for APs, particularly in breast screening;
• Fetal anomaly screening programme;
• NHS breast screening programme including training and quality assurance;
• Cardiac catheter laboratory project in conjunction with other relevant organisations;
• Chief allied health professions’ officer workshop, Tomorrow’s Clinicians, on the implementation of the Darzi review of the health service;
• NHS London workforce project;
• Centre of Excellence for workforce planning;
• Health Professions Council;
• Numerous National Institute for Health and Clinical Excellence consultation documents and appraisals;
• The national strategy for managing strokes;
• The stroke workforce review;
• The dementia strategy;
• Computed tomography screening consultation (Committee on Medical Aspects of Radiation in the Environment);
• The End of Life strategy;
A safe prescription for NHS Scotland
Better Cancer Care (for Scotland)
NHS Scotland national uniform;
The Scottish woman-held maternity record.

Society’s commitment to digital communication continues apace

In the 12 months since the previous annual report, the following improvements and features have been added to the Society’s main website, sor.org:
• The establishing of a website editorial board to set policy and oversee developments;
• Launch of an on-line document library (see more below);
• The development of a fully interactive conference and events module to allow attendees to book tickets and accommodation on-line;
• Redevelopment of the news section, allowing members to post comments about individual stories and a ‘rich site summary’ (RSS) feed that notifies them stories are posted;
• Extensive updating of sections;
• Archiving of the site with the British Library.

The professional and educational guidance and advice documents that have been published and are available digitally include:
• The role of the assistant practitioner in abdominal aortic aneurysm screening;
• Information management and technology: further advice and guidance on curriculum;
• The scope of practice of assistant practitioners in ultrasound;
• Patient advocacy;
• Guidance for radiographers providing forensic radiography services;
• Continuing professional development: professional and regulatory requirements;
• Code of conduct and ethics;
• Education strategy for Scotland;
• Professional standards for those working as independent practitioners;
• Learning and development framework for clinical imaging and oncology;
• The scope of practice of assistant practitioners in radiotherapy;
• Implementing the national stroke strategy - an imaging guide;
• Role of the radiographer in stroke management;

Many more are planned and are in various stages of development. Joint documents published with other organisations include Implementing in-vivo dosimetry and Towards safer radiotherapy.

Making sure that members are informed

In addition to the website, the Society has a growing armoury of communication tools with which to talk with members and other interested groups.

The monthly member publications, Synergy: Imaging and Therapy Practice (SITP) and Synergy News (SN) continue to inform members about professional issues, as well as trades union matters. To ensure that Synergy News continues to inform and serve members, an editorial board has been established for the title.

Radiography journal, the organisation’s peer-review title, continues to go from strength-to-strength. Peter Hogg, the publication’s editor-in-chief, who has done much to raise the journal’s status and standing in recent years, sadly has retired from the post, but he has been replaced by Richard Price, the author of numerous leading radiography papers and the head of the health and emergency professions school at the University of Hertfordshire.

Another issue of Imaging & Oncology, the annual ‘blue sky thinking’ title, was published to coincide with the UK Radiology Congress. In 2009, it will coincide with the UK Radiology Oncology conference.

Patient and public liaison group completes first year

The group saw its first full year of activity and a great deal was learnt on both sides: the patient members understand more about the constraints under which radiography staff work, and the radiographer members
had the opportunity to see things through the patient’s eyes. One of the most significant pieces of work during the year was the group’s invaluable feedback regarding patient rights to the consultation on the NHS Constitution.

**A positive prognosis for magnetic resonance imaging (MRI)**

Thanks to lobbying by the Society and a wide range of other organisations including the Alliance for MRI, of which the Society is a member, European health and safety laws deemed ‘harmful’ to patient care were put on hold. The European Commission postponed a directive which, if implemented, would have threatened the use of MRI in patient welfare and scientific research within EU member states.

In 2004, the EU adopted the EU Physical Agents Directive to reduce adverse health effects (such as dizziness) on those exposed to electro-magnetic fields. Despite its good intentions, the new law would have prevented healthcare professionals from caring for patients during MRI scans. Vulnerable patient groups, such as children, the elderly and those anaesthetised, would have been denied imaging or forced to undergo alternatives.

The Commission has now said it will postpone implementation until 30 April 2012, to allow time for amendment.

**Nuclear medicine**

The Nuclear Medicine Advisory Group continues to be active. Of note was the feedback provided to inform the SoR’s activity on modernising scientific careers. It was also positive to see the approval of a new masters degree for positron emission tomography - computed tomography (hybrid) imaging (University of the West of England), in line with the group’s work on an education strategy for nuclear medicine.

**Robust international ties**

The highlight of the international year was the International Society of Radiographers and Radiologic Technologists (ISRRT) World Congress and council meeting in Durban, South Africa. Attended by Sandie Mathers, the Society’s Council member nominated for international affairs, the UK was well represented. There continues to be a high level of interest around the world about radiography in the UK.

Ian Henderson, a past-president of the Society and a long-standing member of Council, was appointed ISSRT regional education co-ordinator for Europe.

Good progress was made towards the founding of the European Federation of Radiographer Societies. The inaugural AGM was due to take place in November 2008.

Audrey Paterson
Director Professional Policy
The trustees present their report and the audited accounts for the year ended 30 September 2008.

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 2008
Sue Barlow (Chair)
Lorraine Nuttall
Denise Hardy
Gytha McBlimey
Ann Pollard
Zena Mossman
Margaret Summerlin

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 2008 was £19,579, £8,796 more than 2007. Income increased through a donation of £10,000 from the Society this year (there was no donation in 2007) and 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 £12,224, compared to £12,520 in 2007, mainly incurred through awarding grants to beneficiaries. Eight grants were awarded this year totalling £10,873 and included assistance where beneficiaries or a close relative were suffering ill health or severe upset as well as financial difficulties.

The fund bank balances at 30 September 2008 were £92,884, an increase of £5,392 over the balance of the year before.

Reserves risk and investment policies
The charity’s reserves amounted to £91,979 at 30 September 2008. 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.

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 2009
### BENEVOLENT FUND STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR TO 30 SEPTEMBER 2008

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>INCOMING RESOURCES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations</td>
<td>12,611</td>
<td>2,995</td>
</tr>
<tr>
<td>Gift Aid reclaimed</td>
<td>489</td>
<td>-</td>
</tr>
<tr>
<td>Income from credit cards</td>
<td>2,780</td>
<td>3,133</td>
</tr>
<tr>
<td>Bank interest</td>
<td>3,699</td>
<td>4,655</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19,579</td>
<td>10,783</td>
</tr>
<tr>
<td><strong>RESOURCES EXPENDED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and donations</td>
<td>10,873</td>
<td>9,133</td>
</tr>
<tr>
<td>Envelopes and advertising</td>
<td>340</td>
<td>340</td>
</tr>
<tr>
<td>Bank charges</td>
<td>22</td>
<td>-</td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>989</td>
<td>3,047</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(12,224)</td>
<td>(12,520)</td>
</tr>
<tr>
<td>Net movement in funds</td>
<td>7,355</td>
<td>1,737</td>
</tr>
<tr>
<td><strong>RETIRED SURPLUS AT BEGINNING OF YEAR</strong></td>
<td>84,624</td>
<td>86,361</td>
</tr>
<tr>
<td><strong>RETIRED SURPLUS AT END OF YEAR</strong></td>
<td>91,979</td>
<td>84,624</td>
</tr>
</tbody>
</table>

### BALANCE SHEET AT 30 SEPTEMBER 2008

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>CASH AND DEPOSITS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insight Liquidity fund</td>
<td>85,857</td>
<td>82,383</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>7,027</td>
<td>5,109</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>92,884</td>
<td>87,492</td>
</tr>
<tr>
<td><strong>CREDITORS</strong>: amounts due within one year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts due to Society of Radiographers</td>
<td>(905)</td>
<td>(2,868)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>91,979</td>
<td>84,624</td>
</tr>
<tr>
<td><strong>UNRESTRICTED FUNDS</strong></td>
<td>91,979</td>
<td>84,624</td>
</tr>
</tbody>
</table>

Approved and authorised for issue by the Trustees on 19 March 2009 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 2008:

**College Board of Trustees Executive members and officers**
Mr A Pitt, Mr I Henderson, Mrs Z Mitton, Mrs J Hughes, Mrs P Kimpton, President, CEO, DPP, DF.

**Investigating Committee (reports to Council)**
Representatives will be decided as and when required.

**Radiography Editorial Board (reports to Council)**
Mr I Henderson, Mrs S Mathers, CEO, DPP, DF.

**Delegates Conference Committee (reports to Council)**
President-Elect, Vice President.

**Trades Union Education Committee (reports to Council)**
Mr K McMurray, Mr S Harris.

**Health & Safety Forum (reports to Council)**
Mrs J Hughes, Mr K McMurray.

**Royal College of Radiologists**
Representatives will be determined as and when required.

**RCR Patient Liaison Groups**
Radiology.
Oncology.

**BIR Council Observer**
The President.

**RCR Faculty Board Observer**
The President/Member of Presidential Team.

**Irish Institute of Radiography Liaison Committee**
The President, DPP, CEO.

**The Investment Committee**
Mr A Pitt, Mr I Henderson, Mr D MacManus, Mr J Foster, Chair CBoT, CEO, DF.

**Working Parties, Networks; SIGs, ad-hoc committees**
Membership as required.

MEETINGS OF COUNCIL

**Month**
- 3rd Oct 2007
- 8th Nov 2007
- 16th Jan 2008
- 5th Mar 2008
- 15th Apr 2008
- 1st June 2008
- 2nd July 2008
- 3rd Sept 2008

**Apologies**
- Mr M Graveling, Mrs P Kimpton
- Mrs G Dolbear, Mrs A Maddison, Mrs S Mathers
- Mrs P Kitto, Mrs P Kimpton
- Mrs P Kitto
- Mrs P Kitto, Mrs G Dolbear, Mr I Henderson
- Mrs P Kitto, Mrs P Kimpton, Mrs A Maddison
- Mrs A Maddison
- No apologies
Total income for 2008 was £5,115,367, £315,691 (6.6%) higher than last year. Membership subscription income increased by higher fees, increased member numbers and through the registration of students with the Society, not the College as before.

Total expenditure increased by £282,728 (6.4%) to £4,676,065 for 2008, £81,419 (4.6%) stemmed from higher salary costs and £201,310 (7.7%) from operational and overhead costs. The organisation funded the triennial pension scheme deficit of £746,000 in full just before the year end and these results, calculated on a different basis, show a surplus compared to a deficit last year. The world financial crisis has led to the SCOR investments losing £313,092 in value compared to gains of £93,852 in 2007.

The Society and College had a combined 2008 surplus of £275,210, £1,982 (0.7%) lower than 2007.

**INCOME AND EXPENDITURE**  
**Year to 30 September 2008**  

<table>
<thead>
<tr>
<th></th>
<th>£</th>
<th>Society</th>
<th>College</th>
<th>CONTRA</th>
<th>Combined</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership subscriptions</td>
<td>3,825,125</td>
<td>3,825,125</td>
<td>3,405,880</td>
<td>0</td>
<td>3,406,880</td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEI course accreditation</td>
<td>69,800</td>
<td>69,800</td>
<td>0</td>
<td></td>
<td>336,255</td>
<td></td>
</tr>
<tr>
<td>Student registration grants</td>
<td>0</td>
<td>0</td>
<td>349,959</td>
<td>424,867</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magazine income</td>
<td>490,984</td>
<td>3,975</td>
<td>494,959</td>
<td>428,659</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology and Oncology Conferences</td>
<td>241,714</td>
<td>241,714</td>
<td>280,659</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seminars &amp; courses</td>
<td>182,750</td>
<td>182,750</td>
<td>146,198</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regions and Branches</td>
<td>17,115</td>
<td>0</td>
<td>17,115</td>
<td>17,732</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>94,478</td>
<td>85,555</td>
<td>180,033</td>
<td>142,427</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>15,975</td>
<td>103,871</td>
<td>46,658</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution &amp; notional rent from Society</td>
<td>1,320,000</td>
<td>(1,320,000)</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total of other income</td>
<td>618,552</td>
<td>1,991,690</td>
<td>(1,320,000)</td>
<td>1,220,442</td>
<td>1,393,796</td>
<td></td>
</tr>
<tr>
<td>Total income</td>
<td>4,443,677</td>
<td>1,991,690</td>
<td>(1,320,000)</td>
<td>5,115,367</td>
<td>4,799,676</td>
<td></td>
</tr>
<tr>
<td>Salary costs</td>
<td>1,063,879</td>
<td>806,788</td>
<td>1,870,667</td>
<td>1,789,248</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational and overhead expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution &amp; notional rent to College</td>
<td>1,250,000</td>
<td>(1,250,000)</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donation to Benevolent Fund</td>
<td>10,000</td>
<td>10,000</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donation - overseas placements</td>
<td>500</td>
<td>500</td>
<td>1000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agenda for change, media costs etc</td>
<td>36,366</td>
<td>36,366</td>
<td>31,592</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magazine &amp; journal costs</td>
<td>500,265</td>
<td>104,161</td>
<td>604,426</td>
<td>608,818</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional offices, Councils and reps costs</td>
<td>265,076</td>
<td>265,076</td>
<td>242,469</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members insurance and legal costs</td>
<td>314,965</td>
<td>314,965</td>
<td>332,754</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website costs &amp; CPD costs</td>
<td>66,490</td>
<td>25,133</td>
<td>91,623</td>
<td>72,485</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology and Oncology Conferences</td>
<td>288,238</td>
<td>288,238</td>
<td>292,810</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meetings, Seminars, library and literature</td>
<td>395,377</td>
<td>395,377</td>
<td>307,474</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADC, TUC membership etc.</td>
<td>188,664</td>
<td>188,664</td>
<td>149,117</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit and prof fees</td>
<td>20,832</td>
<td>18,867</td>
<td>39,699</td>
<td>31,246</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupancy</td>
<td>99,982</td>
<td>27,381</td>
<td>70,000</td>
<td>57,343</td>
<td>57,540</td>
<td></td>
</tr>
<tr>
<td>Depreciation, FRS 17 fin adj, asset sales</td>
<td>77,074</td>
<td>61,722</td>
<td>138,798</td>
<td>91,468</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HRI, database &amp; computer costs etc.</td>
<td>95,573</td>
<td>36,478</td>
<td>132,061</td>
<td>136,169</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone, travel, copying, postage etc</td>
<td>130,295</td>
<td>48,969</td>
<td>242,284</td>
<td>249,146</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total operational and overhead expenditure</td>
<td>3,118,552</td>
<td>1,006,846</td>
<td>(1,320,000)</td>
<td>2,805,598</td>
<td>2,604,088</td>
<td></td>
</tr>
<tr>
<td>Total expenditure</td>
<td>4,482,431</td>
<td>1,813,634</td>
<td>(1,320,000)</td>
<td>4,676,065</td>
<td>4,393,336</td>
<td></td>
</tr>
<tr>
<td>Surplus for the year before investment gains</td>
<td>281,246</td>
<td>178,056</td>
<td>0</td>
<td>439,302</td>
<td>406,340</td>
<td></td>
</tr>
<tr>
<td>Investment (losses)/gains</td>
<td>(156,546)</td>
<td>(156,546)</td>
<td>(313,092)</td>
<td>93,852</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension Scheme surplus/(deficit)</td>
<td>81,000</td>
<td>68,000</td>
<td>149,000</td>
<td>(223,000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus after net investment gains</td>
<td>185,700</td>
<td>89,510</td>
<td>0</td>
<td>275,210</td>
<td>277,192</td>
<td></td>
</tr>
</tbody>
</table>
COMMENTARY ON INCOME AND EXPENDITURE

Total income for the whole organisation in 2008 amounted to £5,115,367 which was £315,691 (6.6%) higher than 2007.

Income from membership subscriptions amounted to £3,825,125 in 2008, a rise of £419,245 (12.3%) over 2007. The increase arose from a net 2.3% increase in members’ numbers, a 5.8% increase in subscription rates and 4.2% £134,753 from student registrations into Society membership. Until last year all students had been funded by their University and grants registered by the College but from the 2007 - 2008 academic year students need to register individually although some Universities have continued to fund all or particular year groups. Member’s subscriptions represented 74.8% of total income in 2008, or to put it another way, 25.2% of the income necessary to run the organisation was found from other sources.

This “other income” amounted to £1,220,442, a reduction of £173,354 (12.4%) from 2007 for the following reasons:-

Major changes in other income for 2008 compared to the previous year were:

a) HEI course accreditation had been a service provided free through the previous student grant system but is now charged as discreet amounts.

b) Student grants of £336,255 were reported last year in the College but this fell by £201,502 as £134,753 arose from 2008 student registrations in the Society.

c) Synergy advertising improved in 2008, by £70,092 (16.5%) compared to last year.

d) Radiology and Oncology Congresses ran only UKRC this year and contributed income of £241,714.

e) Seminars and courses showed greater activity and income rose £37,552.

f) Income from bank deposits and investments rose by 26.4% to £180,033 due to higher levels of funds invested and higher returns from investments.

g) Other income was £57,213 higher and included funding for the Vertical training project for therapy radiographers, that the College is running for the DH, and income from CORIPS.

Expenditure for 2008 across the organisation amounted to £4,676,065, an increase of £282,729 (6.4%) compared to 2007.

Salary costs in 2008 were £1,870,667, an increase of £81,419 (4.6%) over 2007. Staff salary rises were more than offset by several posts unfilled for parts of the year. The increase stemmed more from costs associated with the pension scheme.

Operational and overhead expenditure amounted to £2,805,398, £201,310 (7.7%) more than 2007:

a) Magazine and journal costs were reasonably contained in the period at both Synergy and Radiography.

b) Regional offices, reps and Council costs showed increased activity up £22,607 (9.3%) from last year, mainly higher ballots costs.

c) Member’s professional indemnity costs rose by £72,722 (37%) but this was more than offset by a £90,521 fall in legal costs.

d) Website costs continued to rise as the Society invests in improving online activities.

e) Courses, seminars, literature and liaison costs rose by £57,903 mainly through an increased seminars programme and costs of the Vert project, both of which are covered by income streams – see above.

f) ADC and TUC fees costs increased by £39,547 with increased involvement at TUC and higher ADC activity.

g) Overhead costs savings continued to be achieved while Depreciation, FRS 17 adjustments were £47,328 higher.

Surplus for the year after net investment losses at £275,210 was only £1,982 less than 2007 after the £313,092 loss in value of investments in the current world financial difficulties. There was also a technical gain in the pension scheme after the organisation used cash reserves in late September 2008 to fund the actuarial deficit of £746,000 in full and resulted from the necessary application of a different actuarial basis (FRS 17) for accounting purposes.
COMMENTARY ON THE BALANCE SHEET

Total assets at the 2008 year-end amounted to £4,538,131, £275,210 higher than the value at September 2007. Tangible fixed assets, which include the head office property, were down £26,357 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 fell sharply by £275,902 (20%) to £1,130,088, responding to the world stock market downturn.

Current assets, less liabilities, were down by £242,531 to £2,039,260 at September 2008. This mainly reflects the reduced levels of cash and money-market deposits, down by £251,771 from last year’s level. Debtors rose by £48,616 to £393,285 whereas Creditors increased by £39,376 to £554,035. The pension scheme funding liability at September 2007 of £686,000 was settled by a one off payment of £746,000 in September 2008 together with an updating of the liability.

Reporting on Summarised Accounts

The 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 on 5 March 2009. 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 2008. The Council’s and Trustees’ reports and financial statements were approved by Council and the Trustees and signed on their behalf on 4 March 2009 and 3 March 2009 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 2008.

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.

### BALANCE SHEETS AT 30 SEPTEMBER 2008

<table>
<thead>
<tr>
<th></th>
<th>SOR</th>
<th>COR</th>
<th>CONTRA</th>
<th>2008 Combined</th>
<th>2007 Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tangible fixed assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long leasehold property</td>
<td>1,091,089</td>
<td></td>
<td></td>
<td>1,091,089</td>
<td>1,117,381</td>
</tr>
<tr>
<td>Office fixtures, furniture &amp; equipment</td>
<td>1,204</td>
<td>84,218</td>
<td></td>
<td>85,422</td>
<td>122,300</td>
</tr>
<tr>
<td>Computers</td>
<td>21,638</td>
<td>36,634</td>
<td></td>
<td>58,272</td>
<td>21,459</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>22,842</td>
<td>1,211,941</td>
<td></td>
<td>1,234,783</td>
<td>1,261,140</td>
</tr>
<tr>
<td><strong>Fixed Asset investment</strong></td>
<td>565,044</td>
<td>565,044</td>
<td></td>
<td>1,130,088</td>
<td>1,405,990</td>
</tr>
<tr>
<td><strong>Investment in subsidiary</strong></td>
<td>2</td>
<td>(2)</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Current assets less liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>317,279</td>
<td>80,893</td>
<td>(4,887)</td>
<td>393,285</td>
<td>344,669</td>
</tr>
<tr>
<td>Money-market deposits</td>
<td>800,000</td>
<td>800,000</td>
<td></td>
<td>1,600,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Bank balances etc</td>
<td>349,493</td>
<td>250,517</td>
<td></td>
<td>600,010</td>
<td>451,781</td>
</tr>
<tr>
<td>Creditors</td>
<td>(362,418)</td>
<td>(196,504)</td>
<td>4,887</td>
<td>(554,035)</td>
<td>(514,659)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,104,354</td>
<td>934,906</td>
<td></td>
<td>2,039,260</td>
<td>2,281,791</td>
</tr>
<tr>
<td>Pension Scheme liability</td>
<td>84,000</td>
<td>50,000</td>
<td></td>
<td>134,000</td>
<td>(686,000)</td>
</tr>
<tr>
<td><strong>Total assets at September 2008</strong></td>
<td>1,776,242</td>
<td>2,761,891</td>
<td>(2)</td>
<td>4,538,131</td>
<td>4,262,921</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>SOR</th>
<th>COR</th>
<th>CONTRA</th>
<th>2008 Combined</th>
<th>2007 Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Share capital</strong></td>
<td>2</td>
<td>(2)</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Reserves</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingency fund</td>
<td>2,739</td>
<td></td>
<td></td>
<td>2,739</td>
<td>2,739</td>
</tr>
<tr>
<td>Industrial injuries fund</td>
<td>40,000</td>
<td></td>
<td></td>
<td>40,000</td>
<td>40,000</td>
</tr>
<tr>
<td>General fund</td>
<td>1,649,503</td>
<td></td>
<td></td>
<td>1,649,503</td>
<td>1,962,803</td>
</tr>
<tr>
<td>Restricted fund for overseas placements</td>
<td>14,565</td>
<td></td>
<td></td>
<td>14,565</td>
<td>14,593</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>2,697,324</td>
<td></td>
<td></td>
<td>2,697,324</td>
<td>2,928,786</td>
</tr>
<tr>
<td>Less Pension Scheme liability</td>
<td>84,000</td>
<td>50,000</td>
<td></td>
<td>134,000</td>
<td>(686,000)</td>
</tr>
<tr>
<td><strong>Total capital &amp; reserves at September 2008</strong></td>
<td>1,776,242</td>
<td>2,761,891</td>
<td>(2)</td>
<td>4,538,131</td>
<td>4,262,921</td>
</tr>
</tbody>
</table>

Signed on behalf of The Society Council and The College Board of Trustees
March 2009
Increasing numbers of newly qualified radiographers see the value of joining The Society and the free trial membership period aims to help this situation continue. Membership numbers of The Society of Radiographers over the last six years continue to show a pleasing increase and are as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>16,673</td>
</tr>
<tr>
<td>2004</td>
<td>17,383</td>
</tr>
<tr>
<td>2005</td>
<td>18,147</td>
</tr>
<tr>
<td>2006</td>
<td>18,635</td>
</tr>
<tr>
<td>2007</td>
<td>19,249</td>
</tr>
<tr>
<td>2008</td>
<td>19,628</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>2,981</td>
</tr>
<tr>
<td>2004</td>
<td>3,521</td>
</tr>
<tr>
<td>2005</td>
<td>4,068</td>
</tr>
<tr>
<td>2006</td>
<td>4,566</td>
</tr>
<tr>
<td>2007</td>
<td>4,447</td>
</tr>
<tr>
<td>2008</td>
<td>3,020</td>
</tr>
</tbody>
</table>