The objects

THE OBJECTS FOR WHICH THE SOCIETY IS ESTABLISHED ARE:

• To promote and develop for the public benefit the science and practice of radiography and radiotherapeutic technology and allied subjects;

• To promote, study and research work in radiography and radiotherapeutic technology and allied subjects and to publish the results of all such study and research;

• To further public education therein;

• To protect the honour and interests of persons engaged in the practice of radiography and radiotherapeutic technology and allied subjects including the regulation of relations between such persons and employers and employers' associations;

• To further all such objects which a trade union may lawfully pursue in accordance with statute.
Annual Report 2012/13 for the year ending September 2012

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

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

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The Council of the Society of Radiographers

Back row from left: Andy Thomas (Wales), Sheila Hassan (London), Kenny McMurray (Scotland), Sue Johnson (Chair of Council and Midlands), Gill Dolbear (South East), Gareth Thomas (Wales), Terri Gilleece (Northern Ireland), and Norma Wilson (Scotland).

Front row from left: Zena Mitton (Eastern), Pam Black (President Elect and North West), Jackie Hughes (President and Wales), Karen Smith (Vice President and Yorkshire & North Trent), and Alison Milne (Scotland).
Society Council Members (Directors of the Society)

FOR THE PERIOD OF THIS ANNUAL REPORT AND UNTIL 31 DECEMBER 2012

ELECTED OFFICERS

President To 04.07.12 Mrs S Johnson MA BSc(Hons) DCR(R) PgC
From 04.07.12 Mrs J Hughes DCR(R)

President Elect To 04.07.12 Mrs P Black DCR(R) NVQ PgDip
From 04.07.12 Mrs P Black DCR(R) NVQ PgDip

Vice President To 04.07.12 Mrs K Smith MSc DCR(T)
From 04.07.12 Mrs S Mathers MSc DCR(R)

Immediate Past President To 04.07.12 Mrs S Johnson MA BSc(Hons) DCR(R) PgC
From 04.07.12 Mrs S Johnson MA BSc(Hons) DCR(R) PgC

REGIONAL REPRESENTATIVES

Scotland To 04.07.12 Mrs S Mathers MSc DCR(R)
From 05.09.12 Mrs A Milne DCR(R) BSc(R)

Yorkshire & North Trent To 09.11.11 Mr S Harris BSc (Hons)(T)
From 09.05.12 to 12.11.12 Mr J Carmichael DCR(R) MA
Currently vacant

Northern To 04.07.12 Mrs J Hughes DCR(R)
From 04.07.12 Mr A Thomas TDCR

North West To 04.07.12 Mrs J Hughes DCR(R)
From 04.07.12 Mr G Thomas BSc (Hons) PgDip FHEA

Northern Ireland To 04.07.12 Mrs J Hughes DCR(R)
From 04.07.12 Mr A Thomas TDCR

Wales To 04.07.12 Mrs J Hughes DCR(R)
From 04.07.12 Mr A Thomas TDCR

Midlands To 04.07.12 Mrs J Hughes DCR(R)
From 04.07.12 Mr A Thomas TDCR

Eastern To 04.07.12 Mrs J Hughes DCR(R)
From 04.07.12 Mr A Thomas TDCR

London To 04.07.12 Mrs J Hughes DCR(R)
From 04.07.12 Mr A Thomas TDCR

South East To 04.07.12 Mrs J Hughes DCR(R)
From 04.07.12 Mr A Thomas TDCR

South West From 09.05.12 to 04.07.12 Mrs J Bowes-Cavanagh BSc (Hons)
Currently vacant

SENIOR OFFICERS OF THE SOCIETY OF RADIOPHGRAPHERS

Chief Executive Officer Mr R Evans HDCR
Head of Professional Policy Professor A Paterson OBE FCR MSc TDCR DMU
Head of Industrial Relations Mr W Town MA DCR(T) DLS
Head of Finance To 30.06.12 Mr N Williams FCA
From 02.07.12 Mr D Goulds MBA FCMA FCIS
Editor ‘Synergy News’ Mrs C Aspin
Editor ‘Synergy Imaging and Therapy Practice’ Ms M Armstrong
Editor ‘Radiography’ Professor R C Price PhD MSc FCR

THE COLLEGE OF RADIOGRAPHERS BOARD OF TRUSTEES (CBOT)

Mrs P Williams MSc BSc (Hons) TDCR
Mrs S Johnson MA BSc (Hons) DCR(R) PgC
Mrs J Hughes DCR(R)
Ms P Chapman
Mr A Kay
Mr I Eversden M.Phil
Mr J Foster FCA
Dr K McHugh FRCR
Mr D Adrian-Harris TD JP MPhil BA (psych) TDCR HDCR
Mr I Henderson MSc DCR(R) PgCHE FCR
Mrs P Black DCR(R) NVQ PgDip
Mrs Z Mitton DCR(R) DRI FCR
Mrs E Chapman MSc DCR(R) DMU DipMgr
Mrs S Mathers MSc DCR(R)
Mrs S Johnson MA BSc (Hons) DCR(R) PgC

Chairman
President to 04.07.12
President from 04.07.12

The Council members and College Trustees are indemnified by a directors and officers insurance.
At the heart of the Society

It has been yet another busy year and I’m pleased to report that members of UK Council maintained a healthy attendance at meetings.

There remain, at the time of writing, two gaps around the table, as the South West and Northern region vacancies are unfilled.

At our July 2012 meeting, we said goodbye to Sandie Mathers, Immediate Past President. In her place, we welcomed Norma Wilson who won the seat after a tightly fought election in Scotland.

John Carmichael provided a welcome input for the Northern region for a period of time, and Gareth Thomas proved to be an excellent replacement for Jackie Hughes during her presidential year.

Karen Smith began her presidential journey after election to the Vice President post, alongside Pam Black as President-Elect and, of course, Jackie Hughes continues her successful year as President.

This year’s Council Observers, Student Observers and members of the Delegates Conference Committee, all elected at the 2012 Annual Delegates Conference, have been fully involved in the debates, demonstrating the value these roles bring to the organisation.

In the spring of 2013, the election process will be held for a Council member for Scotland, one for Wales and for the English regions of Eastern, Northern and South East, as those respective members reach the end of their three-year term. Nominations will be sought via Synergy News. Council members are happy to discuss their roles and also welcome the opportunity for a competitive election.

All Council members are expected to attend the eight Council meetings, the two-day strategy meeting, training sessions and the Annual Delegates Conference. The UKRC and UKRO are also supported by Council members as part of the organising team and co-hosts of the events.

Council members undertake additional work supporting, chairing or participating in various committees and bodies. These include the College Board of Trustees, the Communications Group, the Trade Union Education Committee, the Radiotherapy Advisory Group, the Investment Committee, the Education Committee, Allied Health Professions Federation, and a range of modality-related special interest groups.

Council members also undertake liaison work with partner organisations or fellow professional bodies, such as the Royal College of Radiologists and the Institute of Physics and Engineering in Medicine.

It is not possible to detail here all the work undertaken by each member of Council, but needless to say it is all underpinned by the strategic need to consider a strong membership, provide leadership, enhance our profile as the voice of the profession, and support and develop the future workforce.

All this work is undertaken in close co-operation and support with the CEO, directors and dedicated paid staff and officers. Members of Council would wish to extend their thanks to the teams and individuals who have so ably supported us this past year.

Council also commends those SCoR members who take on an active role in the organisation. We encourage you to consider getting involved and becoming a part of our vibrant and proactive Council.

ATTENDANCE AT UK COUNCIL MEETINGS

There are eight meetings of UK Council during the Society’s year. Apologies were received from members of Council who were unable to attend as follows. In some instances, apologies were made because the individual was on Society business elsewhere.

<table>
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<td>Gill Dolbear</td>
</tr>
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<td>11 January 2012</td>
<td>Andy Thomas</td>
</tr>
<tr>
<td>8 February 2012</td>
<td>Andy Thomas</td>
</tr>
<tr>
<td>7 March 2012</td>
<td>Pam Black, Gill Dolbear, Kenny McMurray</td>
</tr>
<tr>
<td>24 April 2012</td>
<td>Terri Gilleece, Sandie Mathers</td>
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<td>9 May 2012</td>
<td>Kenny McMurray, Andy Thomas, Rosemary Tubman</td>
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<tr>
<td>4 July 2012</td>
<td>Terri Gilleece, Alison Milne, Andy Thomas</td>
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<td>5 September 2012</td>
<td>John Carmichael, Sheila Hassan</td>
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Forging ahead for a brighter future

Jackie Hughes, President 2012/13

It is a privilege to introduce this year’s annual report, which provides both our members and the public with a summary of the work undertaken by the Society and College of Radiographers (SCoR).

It has been another challenging year, not only for those medical imaging professionals working in the NHS, but also for those in the private sector. Constant change, cost cutting and the uncertain economic outlook has led to ongoing frustrations. And continued attacks on terms and conditions of employment – including pensions – provide for uncertainty.

In March 2012, SCoR members and officers joined with half-a-million other people to take part in the TUC’s ‘March for the Alternative’, to support different solutions to the government’s savage spending cuts.

This was followed up with the ‘A Future That Works’ march in October, which demonstrated our ongoing commitment and support of the future health of the economy, our fellow unions and the TUC.

Several years ago, past president Andy Pitt commented that the SCoR continues to grow in both strength and influence. We have seen this happening year on year ever since. Over the past 12 months we have seen a significant growth in membership numbers and our strength at the local level has enhanced our position and influence at government level.

As a profession, we are ideally placed – as well as able and willing – to lead and innovate positive change in healthcare services. This is being recognised by other professions and those in government. Inevitably, there will be an increased need for advanced and consultant practice.

In September, the SCoR, along with the Royal College of Radiologists, published a ground-breaking document entitled Team Working in Clinical Imaging. This publication makes clear the mutual support that exists between the two organisations, as well as our shared commitment to defend and develop excellence in clinical imaging services.

The Year of Radiotherapy may have officially ended in December 2011, but we worked hard to ensure that radiotherapy remained high on the agenda by introducing the ‘Age of Radiotherapy’. The SCoR continues to raise the profile of radiotherapy, as well as promote the roles, skills and vital work of all therapeutic radiographers.

In June, the College of Radiographers agreed to host and support two posts funded by the National Cancer Action Team to assist in the rapid roll-out of image-guided radiotherapy. The SCoR welcomed the announcement that radiotherapy had moved to specialised commissioning, as recommended jointly by the professional bodies. An agreed service specification will demand appropriate investment, which is essential if the UK is to provide world-class cancer services.

The organisation’s significant contribution to delivering world-class radiotherapy is borne out by the fact that SCoR officer Charlotte Beardmore is current co-chair of the National Radiotherapy Implementation Group.

The expertise of SCoR members and officers is highly regarded by our colleagues both at home and abroad. I was reminded of this whilst attending the European Congress of Radiology in Vienna and the Radiological Society of North America in Chicago. During this time I had the privilege to meet with radiographers from around the world who said that they look to the UK as leaders in our profession.

Our role on the national and international stage can not be underestimated. Underpinning all of this hugely influential and excellent work is the SCoR’s Strategic Framework 2012-2014. The framework supports the trade union and professional activities we undertake on behalf of all our members and the profession as a whole. It incorporates our vision for the future and recognises the ways in which we can continue to improve services for our members.

I would like to thank all those who have supported me over the past year; I have been honoured and privileged to serve as president. I am hugely encouraged by the enthusiasm shown by all members of the profession, from students to consultants, and I am confident that our organisation will continue to forge ahead.
Ensuring excellence in a bittersweet year

Richard Evans
Chief executive officer

As I write this, in January 2013, the UK government and media are engaged in one final effort to encourage the nation to reflect on the summer of 2012. Not because it was the wettest ever, but because of the boost to national morale that was perceived to have resulted from the Queen’s Diamond Jubilee and the London Olympics.

The hope is that we will feel good about ourselves at a time of economic turmoil, grim austerity and terrible weather, none of which show any sign of going away. The economic and austerity elements provide the context for the experiences of all members of the SCoR in the period covered by this report.

The impact on healthcare services in all four countries of the UK has been real and serious. Each administration is attempting degrees of reform whilst trying to reassure the public that
the NHS is protected from the worst ravages of recession.

It has been a hard time to be a health professional. Members of the SCoR have once again been at the forefront of efforts to protect patient services and conditions for employees. We have also been consistently showing that dedication and professionalism are not only essential, but can also win through in the toughest of circumstances.

GRASSROOTS STRENGTH

It is no coincidence that the Society itself has shown resilience, reporting an increase in membership growth well above the levels of recent years. In a year when UK Council agreed to freeze subscription fees, this growth provided the financial results which we are pleased to report.

Strong membership is, of course, about much more than funding for our work. Membership is our work. It is the efforts of members in imaging and radiotherapy departments that have resulted in the growth in member numbers.

Local communication, campaigning and recruitment depend on members who are motivated to act together, particularly our outstanding accredited representatives. This report celebrates our successes as we perceive them at headquarters, but none of these would be possible or have any meaning without our members.

The UK Council strategy for 2011-2014 recognises that our influence as a professional body: our expert voice and our leadership is founded upon strong membership now, and attention to the workforce of the future. The very impressive work programme and achievements of the organisation reflect the strategic plan in action and I hope you will find time to read the reports from Warren Town and Audrey Paterson that illustrate this work.

NEW FACES AT SCOR

Within head office, it was a year of considerable change. Neil Williams, Director of Finance for over 15 years reached retirement. Neil had been enormously influential in securing the survival and subsequent business strength of the Society, so was always going to be a tough act to follow.

I am happy to report that his replacement, into a slightly different role of Director of Finance and Operations, David Goulds has settled in extremely quickly and is bringing a new set of skills and expertise.

We appointed three new managers, two of which were internal promotions. Charlotte Beardmore became the Professional and Educational Manager, Sean Kelly the Manager for Member and Public Relations. We welcomed Paul Moloney as the Industrial Relations Manager.

We were sad to say “goodbye” to Sam Jewell as she left the organisation during the year. We welcomed Louise Coleman to fill the role of Professional Officer for Education and Accreditation.

I should like to pay tribute to and thank all of the employees of the Society and College. They continue to be a tremendous support to me, to UK Council, the Board of Trustees of the College and, of course, to all of our members. Everyone has responded magnificently to the changes as well as to working with and for members facing workplace pressures.

A UNITED FRONT

November saw Society members involved in a national day of strike action in protest against government reforms to public sector pensions. There is more detail later in this report. By the end of the year we were
organising, with other health unions, to oppose attempts to introduce local pay and conditions in various parts of England.

In January, we undertook our third biennial member satisfaction survey. Conducted by independent experts, Metra Martech, we were pleased to find that appreciation of services by members has continued to increase. There was still plenty of scope for improvement, however, and as always some useful suggestions and insights submitted.

One of the action plan points that came directly from the survey was the introduction of a monthly email digest of the latest news. SCoRTalk was launched at the end of the year and is sent to all members for whom we have an email address. Coming out around the middle of each month, the aim is to keep members up-to-date by guiding them to the top stories on the website.

The website itself was given a complete re-design and updated technological platform. This was launched on World Radiography Day in November 2011. The member survey allowed an early opportunity to gauge responses to the new site. The project had not only been completed to time...
Four eminent members of the profession were presented with Fellowships of the College of Radiographers. The honorary title is given to “individuals who have made significant contribution to the radiographic profession.” Left to right are Robert Law, Hazel Colyer, Sandie Mathers and Noreen Sinclair.

and within budget, but also resulted in excellent feedback from members through the survey.

World Radiography Day 2011 itself was an astonishing success. Members were keener than ever to celebrate the profession and to make an effort to publicise our work. Requests for World Radiography Day packs more than doubled over previous years and dozens of departments were successful in achieving coverage in the media.

ACCENTUATING THE POSITIVE
This apparent refusal by members to be overtaken by recession-induced pessimism was evident everywhere. Visits to departments, even those facing the grimmest of challenges, invariably revealed excellent, innovative and patient-centred work.

Often going unnoticed and unrecognised, it was clear that radiographers know the value of the services they provide, even when others apparently may not.

Hard evidence of this came from the results of the Scope of Radiographic Practice survey. It was shown the profession continues to develop and that innovation in service delivery is very much alive. This was also borne out by an increase in proposals for small-scale research projects, funded through our industry partnership scheme – CoRIPS.

A significant highlight came in September with the publication, jointly with the Royal College of Radiologists, of Team Working in Clinical Imaging. This groundbreaking document gave a clear message about the two professions’ determination to develop and promote better diagnostic imaging services together.

It would be wrong to paint a saccharine-sweet picture in our annual report. Members of the SCoR are struggling to maintain patient services in extremely constrained and difficult circumstances.

Nevertheless, like the summer of 2012, there is much also to celebrate. I hope that the summary of our work presented in this report will illustrate this for you. I am very happy to receive your comments and questions on any aspect of the report.

richarde@sor.org
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 25,000 radiographers and students, as well as collaborations with UK governments, regulatory bodies, health care 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.

Twenty-two companies are currently actively involved in CoRIPS:

**DIAMOND PARTNERS**
- InHealth
- Vertual
- Elekta

**PREMIER PARTNERS**
- Accuray
- Guerbet

**PARTNERS**
- Agfa Healthcare
- Alliance Medical
- Bayer Healthcare
- Carestream
- Covidien
- Fujifilm
- GE Healthcare
- Healthcare Software Systems
- Integrated Radiological Services Ltd
- Jennie Reeves Radiographers Agency
- Matchtech
- Mirion Technologies
- OSL
- Rig Healthcare Recruit
- Siemens Medical
- Toshiba Medical Systems
- Varian Medical Systems

CoRIPS provides funding for radiographers researching any aspect of the science and practice of their profession. Bids may be made up to £5000 for small projects and up to £10,000 for one larger project, although bids for funding exceeding these amounts will be considered.

The scheme is part of SCoR’s commitment to increase the amount of research being undertaken by the profession. A recent example of a research project is one by Beverley Atherton, a diagnostic research radiographer at the Clatterbridge Cancer Centre, Liverpool called ‘Can the early signs and symptoms suggestive of spinal cord compression be identified by radiographers during bone scans by gathering clinical information about back pain from patients?’

The project is assessing back pain in 200 patients. The data acquired will be compared with follow-up of the patients five months after their visit for a bone scan to see if any have required treatment for malignant spinal disease. Each element of the collected data will be compared to see if any relationship exists. The project is the first stage in exploring the possibility of developing a risk assessment tool for use by radiographers.

Photograph taken at the annual seminar for partners

*Left to right* is Suzanne Jarvis and Lynne Collins of Bayer Healthcare; Paul Connolly, Integrated Radiological Services (IRS); Charlie McCaffrey, Carestream; Elaine Highton, IRS; Richard Evans, CEO SCoR; Jane Grimsley, Carestream; Sal Martino, American Society of Radiologic Technologists; Rob Bryan and Fodi Kyriakos, Rig Healthcare; and Lynne Omar of Elekta.
Protecting members from continuing assaults on pay, pensions and conditions

As part of the coalition government’s assault on public services and the desperate rush to reduce the deficit at any cost, the focus on the period covered by this annual report has been on changing terms and conditions of employment.

The changes to pension benefits for all National Health Service staff has been a particularly bitter pill to swallow. It sparked a national Pensions Day of Action by all the public sector employees affected on 30 November 2011.

“It is sad that staff have to take industrial action to persuade the government that the pension reforms are unfair, but they feel they have no choice,” said Sue Johnson, the Society’s president at the time of the action. “We minimised the effect the action had on patients. Our argument is not with them but with the government and withdrawing labour is one way we can show the depth of our anger at what the government is doing to people’s pensions.”

The assault by the Coalition continued with threats to scrap national terms and conditions of employment for the NHS in England and to introduce regional or local pay.

The year then ended with a direct attack on Agenda for Change, the national agreement put in place in 2004 to set out a UK-wide set of pay scales tied to an individual’s career progression.

Privatisation and fragmentation of the NHS, particularly due to GP-led commissioning of services means that the Society policy that we stand for a National Health Service with National Conditions and National Pay, is under threat like never before.

The Society continued to support members who were injured at work and favourable settlements were achieved in the majority of cases. Professional misconduct referrals to the Health Professions Council continued at a similar rate as the previous year and, if a Society member was involved, the organisation ensured that suitable representation was provided.

Stop dilution of health & safety regs

Strong words from Lyn Wigley, the Society’s Health and Safety Officer, when she criticised David Cameron for undermining health and safety since becoming prime minister.

In her blog to members Lyn stated that: “Cameron is seeking to build popular support from employers and businesses through a dangerous deregulation agenda that will risk SoR members’ health, safety and well being by continued ‘demonisation’ of health and safety regulations. A determined assault, which has clearly determined that health and safety is a burden on all business.”

The SoR’s survey into the effects of the recession on health and safety found that four out of 10 reps felt that H&S was losing priority on workplace agendas; 16 per cent said that employers are not fulfilling their legal obligation to conduct risk assessments; and a similar number of members do not receive mandatory health and safety induction training.
Tackling stress in the workplace

With departments under pressure to deliver services with fewer resources, stress and depression have replaced musculoskeletal disorders as the top cause of work-related illness in the NHS.

In response to this growing problem, Society reps met for a one-day conference to tackle stress in the workplace.

Sean Duignan, a senior radiographer from the University Hospital of South Manchester, gave a health and safety rep’s perspective. He discussed the signs of excessive pressure which can manifest physically, emotionally, cognitively and behaviourally. He advised delegates to make themselves familiar with their employer’s policies and procedures, so they know where to refer stressed colleagues.

Anne Bartlett, a specialist inspector at the Health and Safety Executive told delegates that there were more than 400,000 cases of work related stress in 2010/11 and many other instances were not reported. Health, social work and education are the sectors most affected.

Pensions Day of Action

On 30 November 2011, an estimated two million people took part in the Day of Action, organised by trade unions in protest at the government’s proposed reforms to public sector pensions. Events were held across the UK in the largest industrial action for a generation.

The Society balloted its 17,500 members who work in the National Health Service, and from a 58.2% turnout, an overwhelming 81.2% were in support of the strike.

Radiographers formed picket lines, attended rallies and marched through city centres. In London, Society members joined the tens of thousands of public sector workers and their supporters who marched at the TUC rally where Gary Watts, the Society’s UK Rep of the Year, gave a confident speech.
Members at ADC pledge to stand up to bullies

The Society’s members are the organisation’s driving force and each year they come together at the Annual Delegates Conference (ADC) to advise the UK Council on the future strategic direction.

Government policy and NHS terms and conditions fired up several heated discussions in Leeds, with the contentious issues of the Health and Social Care Act 2012, NHS pensions and the Scottish independence referendum topping the agenda.

Delegates took the opportunity to stand up for the interests of others. A campaign which tackles homophobic bullying in schools was supported, and a motion which called on the profession to improve its support of domestic abuse victims was unanimously carried.

During a break-out session, delegates spoke about the issues. Delegates stood and pledged not to participate in bullying and to condemn the behaviour of those who did.

Wipe out bullying.
Not tears.

For further information visit http://bit.ly/9Lxnfp

Protecting and caring for the vulnerable

The SoR elevated two of the issues raised by delegates at ADC by taking them to the Trades Union Congress (TUC) in Brighton.

Sue Johnson, immediate past president, called on government to provide more social care for people suffering with multiple sclerosis. Research shows that the number of MS patients presenting to accident and emergency departments has increased dramatically due to the low level of care sufferers are receiving in their daily lives.

Explained Sue: “If we improve the care and support that MS patients receive, it will reduce attendances at NHS hospitals, cutting the costs and strains that many accident and emergency services are currently under.”

Calling on local authorities to tackle homophobic bullying in schools, the Society’s vice-president, Karen Smith, presented the SoR’s second motion. Karen told trade unionists that four out of 10 gay people have attempted or thought about taking their own life as a result of being bullied, adding: “Schools have a legal requirement to prevent and respond to homophobic bullying.”

Both motions received overwhelming support from conference delegates.
The top 10 reps of 2012
Honouring those who demonstrate excellence, commitment and leadership is an important part of the SCoR’s work. The 2012 Rep of the Year Awards did just that.

A record number of accredited SoR representatives from across the UK were nominated to receive awards in 2012. Karen Hamilton, an accredited industrial relations representative at Mater Hospital, Belfast, picked up the title of UK Rep of the Year. Karen has supported colleagues throughout numerous grievances relating to pay bandings, back pay and on-call arrangements.

She was praised for her persistence and diplomacy during negotiations, as well as her commitment to improving staff morale and team working.

Each of the 2012 award winners demonstrated they were prepared to go the extra mile on behalf of their fellow colleagues, devoting considerable energy to the fight for fair and healthy working conditions.

March for ‘A Future That Works’
Radiographers joined with other unions and the public to take part in the TUC’s March ‘For A Future That Works’.
Over 150,000 people took to the streets in London to demonstrate against the Coalition government’s austerity cuts. At the same time, there were marches in Belfast and Glasgow.

SCoR Regional Officer Paul Bromley commented: “It is really encouraging to see members turning out to show their support. It is especially good to see some newly qualified and student members, alongside the more familiar faces.”

Trish Hanin, a diagnostic Radiographer at St Georges Healthcare NHS Trust, made her own placards. After entering them in the Make The March competition, her placards featured on the Guardian website.

Trish commented: “I’m a recent graduate, about to start my career in radiography. I’m really worried about the funding cuts and creeping privatisation of the NHS. It’s up to people like us to fight this injustice. We are all affected by it.”
Society tackles homophobic bullying in schools

The Society is supporting the Stonewall campaign against homophobic bullying in schools, following a motion at the Annual Delegates Conference.

Proposing the motion, David Finn of the Society’s Scottish Council explained: “Homophobic bullying is directly experienced by 65% of the lesbian-gay-bisexual young people in our schools. Forty-one per cent experience physical abuse, like kicking, punching and thrown objects. Our schools are supposed to be places of safety but it is clear that children are facing these attacks daily, in the very place where they should feel secure.”

The Society took the campaign to the TUC Congress meeting in Brighton, where delegates voted unanimously to work with campaigning organisations to tackle anti-gay bullying. Each of the Society’s regions are being encouraged to sponsor a school to become a Stonewall School Champion.

‘Save Our NHS’ campaign and rally

At the beginning of the year, the Society was fighting to protect the NHS and halt the controversial Health and Social Care Bill.

The SoR took part in the TUC’s Rally to ‘Save Our NHS’ and joined thousands of other NHS workers in a march to Westminster Central Hall.

SCoR President Sue Johnson joined union leaders, NHS workers and politicians and took to the podium to praise the NHS and warn of the devastating effects the Bill will have to service delivery and patient care.

Sue said: “Radiographers understand the need for services to be delivered in a cost-effective manner and we are accepting of change. But any reforms must be in the best interests of patients. Radiographers do not understand how this Bill achieves that! The Society’s members are opposed to this Bill because it puts profits before people and business before health.”
Professional and educational review

Ensuring excellence in educational and professional development

There have been two outstanding themes of the past year. First, the continuing momentum of the Year of Radiotherapy in 2011 that led to an explosion of activity in 2012.

There are indications that government has started to recognise that funding and service improvements are vital to ensure that we have at least some hope of meeting current and future demand for the treatment of cancer using radiotherapy. Public awareness is also growing following the survey in 2010 that showed a significant number of people described radiotherapy as being ‘frightening’.

The second issue is the fundamental change to the commissioning of services in the National Health Service in England which is one of, if not the most significant in the history of the NHS. The ‘any qualified provider’ model throws open the market for healthcare services and managers and their departments are learning how to compete with other providers. The SCoR has and will put in a great deal of time and resource into supporting radiology managers and helping them through this process.

IMAGE INTERPRETATION AND RADIOGRAPHER REPORTING

These continue to be subjects that occupied much of the attention of the Society’s Council and a joint document published with The Royal College of Radiologists provides enhanced guidance. At the end of 2012 this was followed-up by the publication of Preliminary Clinical Evaluation and Clinical Reporting by Radiographers: Policy and Practice Guidance.

SERVICES TO EDUCATION

The College publishes a comprehensive report on UK radiography education. This addresses the entire spectrum of learning with a focus on pre-registration student education, key personnel for the future medical imaging and radiotherapy and oncology workforces.

The eighth annual report was published towards the end of 2012 and it showed that student attrition rates continue to be an issue but it is hoped that new initiatives will help.

Social networking is being used by the organisation to communicate with student members and the annual student conference provides the opportunity to meet a wide range of student members. The College continues to offer practical advice through online forums to support the admissions process and practice placements to enhance clinical experience.

Members are encouraged to maintain their Continuing Professional Development (CPD), and a constantly growing number maintain their CPD portfolio through the College’s online system, CPD Now, which greatly enhances this process.

There are a growing number of e-learning opportunities for members through CORe-Learning, the College’s portal to on-line education.

CONFERENCE AND EVENTS

Popular events include ‘Developing excellence in clinical leadership’, ‘An introduction to neuro-linguistic programming for radiographers’, ‘Ultrasound service delivery: problems and solutions’, and ‘Achieving excellence in radiography education and research’. The ever-popular annual Radiotherapy Conference was, as usual, a sell-out. The second National Radiology Managers’ Conference was a huge success.
PROFILE
The full calendar of domestic and international events went on as usual including ISRRT meetings, UKRC, RSNA, ECR, ESTRO, Cancer Care Congress, and the BMUS Annual Scientific Meeting.

PUBLICATIONS AND WEBSITE
The upgraded main website - sor.org - has been well received by users. Imaging and Therapy Practice magazine covers the latest thinking and techniques of professional practice while the College’s peer-review journal, Radiography, continues to set new standards. The annual edition of Imaging & Oncology, the ‘blue sky thinking’ title, received many compliments, both from inside and outside the profession.

RESEARCH
As well as The College of Radiographers Industry Partnership Scheme Research Awards (see page 13) the College is also working with Prostate Cancer UK to launch the PCUK/CoR Clinical Research Fellowship. It is an opportunity for radiographers involved in the diagnosis or treatment of prostate cancer to get funding for their doctorate. There will potentially be two awards of up to £200,000.

SERVICES TO GOVERNMENT AND GOVERNING BODIES
A key development is a growing understanding of paediatric imaging. The College has established a Children’s Imaging Taskforce and invited members to be involved, particularly those who carry out diagnostic imaging procedures in adult hospitals.

Well established relationships were continued with the health departments in England, Scotland, Wales and Northern Ireland. The College also gives professional advice to policy makers, provides representatives to stakeholder boards, project working groups and policy oversight bodies. The College works with other professional bodies through the Allied Health Professions Federation in England, Scotland and Northern Ireland (Wales does not have such a body).

SERVICES TO THE PUBLIC
The Approval and Accreditation Board continues to seek the highest standards of education and practice through its course and programme approval work. This is freely accessible to the public, who are able to access courses.

The organisation maintains two public registers with access via www.sor.org. First, the Accredited Assistant Practitioners register indicates the levels of practice attained by these individuals. Secondly, the Sonographers register lists the practitioners and their experience. As part of the College’s policy of supporting the application for statutory registration for sonographers and to provide further protection to the public, this register has been upgraded. The majority of policy documents published by the College are held in the public domain, and are available at www.sor.org. This site also provides the means for enquiries from the public to be handled by appropriate College officers. The principle categories of enquiry continue to be careers advice and what patients can expect when attending imaging or radiotherapy departments.

The College has a public and patient liaison group and during the year it contributed to the Department of Health in England’s ‘No decision about me without me’ initiative for patients, as well as the detailed surveys of patients and their experiences of radiotherapy and diagnostic imaging.

Audrey Paterson
Director of Professional Policy
Honouring the best

The annual SCoR Radiography Awards is one of the most prestigious and glittering occasions in the profession’s calendar. The ceremony at the beginning of the year covered by this report was no different. The awards were presented by Chief Health Professions Officer for Scotland Jacqui Lunday and Mark van Rossum from sponsor, Fujifilm.

In her speech Jacqui said: “This fantastic event is a great way to recognise and value the vital contribution radiographers make to person-centred health services that are so valued by the British public.”

Jancis Kinsman, advanced practice therapy radiographer at Bristol Haematology and Oncology Centre, was the UK and South West Radiographer of the Year. She won the awards in recognition of the innovative and unique way she informs children with cancer about their radiotherapy treatment.

The UK team prize went to five trainee consultant radiographers at the Mid Yorkshire Hospitals NHS Trust, who achieved national and regional recognition for developing and improving clinical practice and services. Alison McGuinness, Lisa Field, Ruth Clarke, Saminah Yunis and Amanda Coates were recognised for the “relish, dedication and enthusiasm” they brought to their work.

Imaging at the centre of modern cancer treatment

Radiographers are at the heart of a government strategy to improve cancer outcomes through IGRT (Image Guided Radiotherapy).

Therapeutic radiographers Mark Elsworthy and June Dean were appointed as National IGRT Specialist Training and Support Leads. The appointments are part of a National Cancer Actions Team (NCAT) programme which aims to encourage greater take-up of IGRT across radiotherapy centres.

Guidance published by NCAT recommends that every patient should have a form of IGRT as part of their treatment. More than 40% of radiotherapy centres in England have no IGRT facilities.
Sharing knowledge and new thinking

A broad range of documents setting standards and providing guidance for radiography professionals were published during the year and are available through the website (www.sor.org) in the online library. Titles published during the year include:

• Musculoskeletal disorders in therapeutic radiography
• Good practice in supplementary prescribing and medicines management by radiographers
• Quality standards for practice placements
• The recording of images during diagnostic examinations
• Summary of interventions for acute radiotherapy induced skin reactions in cancer patients
• Radiographers and naso-gastric intubation
• Imaging children; immobilisation, distraction techniques and use of sedation (joint document with British Society of Paediatric Radiology)
• Ultrasound examination lengths survey analysis
• An assessment of the impact of Virtual Environment for Radiotherapy Training in UK clinical radiotherapy centres
• Ultrasound training, employment and registration
• Report on the Census of the Radiotherapy Workforce in the UK 2011
• Scope of radiographic practice 2012 (diagnostic and therapeutic)
• Assistant practitioner workforce survey analysis
• Radiographers and volunteering - policy and guidance.

The Radiology Department at the Norfolk and Norwich University Hospitals NHS Foundation Trust is the latest to achieve accreditation as part of the Imaging Services Accreditation Scheme (ISAS).

Accreditation is the formal recognition that an imaging services provider has demonstrated that it has the organisational competence to deliver against key performance measures. These measures require the department to achieve high standards of service in relation to patient care and choice, safety, fit-for-purpose facilities and clinical practices.

Myra Knight, the radiology service manager, said: “This national award now recognises what is known locally; that the continual dedication and determination shown by all radiology staff has helped to achieve a high quality and efficient, patient centred imaging service.”
Supporting professional development

Not one, but two, therapeutic radiographers won the the Arthur Kay Radiotherapy Award in 2012. It provides financial support to therapeutic radiographers who wish to travel in order to learn new techniques and technologies.

Aileen Duffton and Lucy Hume were chosen after submitting exceptionally strong applications. Lucy is a paediatric radiographer at St James’s University Hospital, Leeds and she travelled to Australia and New Zealand to learn from her Antipodean counterparts.

Aileen is a research and development radiographer at the Beatson West of Scotland Cancer Centre. She studied IGRT at the Instituto Clinico Humanitas in Milan, Italy. Each awardee must disseminate their learning and experiences widely.

Prescribing medicines

Originally it was only doctors and dentists who could prescribe medicines, but this has now been extended to include radiographers and other healthcare professionals.

Society members can train to be supplementary prescribers in partnership with a doctor or dentist in accordance with a patient specific clinical management plan. The ultimate intention is for radiographers to prescribe independently.

Guidance to support members was published during 2012 - ‘Good Practice in Supplementary Prescribing and Medicines Management by Radiographers’ - and the organisation has an expert body, the Supply, Administration and Prescribing of Medicines Group, which is chaired by Jancis Kinsman and Sarah Griffiths, who are both supplementary prescribers.
‘Rapid progression’ into 24/7 working

Collaboration and rapid progression into 24/7 working will be key to achieving high quality imaging services in the reformed NHS, was the message from the second annual National Conference for Radiology Managers.

Professor Erika Denton, national clinical lead for Imaging at the Department of Health, told the conference that there were huge advantages to embracing different opening hours.

“Why should we change?” she asked. “To reduce cost, balance demand and capacity, reduce length of pathways, length of stay and waiting times. And because patients want us to. We are not doing enough scanning in the UK – we need to see increased activity of services if we want to manage increasing demand.”

Professor Denton advised managers to communicate with commissioning groups, learn the language that works and begin to build business cases with clinical colleagues. “Any changes should be system and pathway wide,” she said. “We need our colleagues to come with us.”

A host of other speakers at the event covered issues such as communicating with senior management, the advantages of managed equipment services, and an update on commissioning by Stephen Mowle, vice chair of the Royal College of GPs.

“Radiology and imaging are top of the agenda for the clinical commissioning groups so this is a critical time for you to belt in and engage,” he said. Dr Mowle also stressed that competition should only be a factor when it is in the interests of the patient. He did, however, issue a word of warning: “If your prices are wrong or services are not responsive, GPs may walk away. We’ve got to work together.”

Held at Kings Place in London, the conference was a collaboration between Philips Healthcare and the Society and attracted more than 200 delegates. Feedback was excellent, with many delegates saying they felt more certain of the action they need to take in the future.

Work the World winners

Each year two radiography students – one diagnostic and one therapeutic – are given the opportunity to travel abroad on an elective placement.

Natasha Jedvat and Natasha Kirby were the 2012 winners, following a record number of entries.

Natasha Kirby from South Bank University travelled to Tanzania where she experienced diagnostic radiography services in a developing-world hospital. Natasha said: “The experience was amazing. The shared house, staff and placement were all equally great. Highlights included the weekly barbeque at the house, a three-day animal safari and getting to experience the different hospital departments.

“I would definitely do it again and would recommend that anyone who is interested in travelling and meeting new cultures go and experience what other countries have to offer in healthcare. The opportunity to work an elective abroad is a once in a lifetime experience and to have that supported and funded by Work the World and the Society is wonderful.”
Children’s taskforce gets to work

With the goal of making a significant difference to children and the service they get from imaging departments, the Children's Imaging Taskforce has been established to set standards across the profession and respond to concerns raised regarding the quality of paediatric imaging services.

Working in close association with the Association of Paediatric Radiographers, which pledged its support for the initiative from the outset, the year began with a ‘back to basics’ study day for radiographers involved in the imaging of children.

Concerns raised in recent research by Society past president Sandie Mathers included the lack of provision within adult hospitals and the fact that children were not considered when purchasing new equipment. Additionally, the taskforce has been defining the responsibilities of a lead paediatric radiographer and to this end an extensive list of duties and responsibilities has been drawn up.

“The importance of involving children and young people in their treatment cannot be underestimated,” said Alison Tonkin, programme manager for health and social care at Stanmore College. “Actively involving them ultimately improves their experiences and improves efficiency and efficacy overall.”

Sharing advances in diagnostic imaging

The UK’s largest gathering of diagnostic imaging professionals - the UK Radiology Congress - did not disappoint in 2012. Society members turned out in force for the three-day event in June.

The SoR Welbeck Memorial Lecture was delivered by the Chief Health Professions Officer, Karen Middleton. Her lecture focused on doing more for less through innovation. She emphasised the importance of leadership, concluding that the allied health professions will need to be used to greater effect.

Delivering the CoR William Stripp Memorial Lecture, Consultant Radiographer Rebecca Vosper explored how the reporting workload could be divided between radiographers and radiologists, asserting: “The cake is big enough for everybody to have a slice.”

The 2012 edition of Imaging & Oncology was unveiled, as were the five new modules of the Image Interpretation e-Learning for Health programme.

Other highlights included a satellite session where radiographers shared their CoR-funded research, and another which gave radiographers the opportunity to demonstrate how advanced practice is driving service delivery and improvement.
Trustees’ report for the year ended 30 September 2012
Charity registration number 326398

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

PUBLIC BENEFIT
The Trustees have paid due regard to the guidance on public benefit published by the Commission in exercising their powers and planning the activities of the charity. The trustees are satisfied that the trust has charitable purposes as set out in the Charities Act 2011 covering the prevention and relief of poverty for the public benefit.

TRUSTEES
Phillip Edwards (Chair)
Gythe McBurney
Ann Pollard
Zena Mossman
Indira Bhansali
Janis Loose
Nannette Spain
Rosemary Tubman

Three new trustees - Janis Loose, Nannette Spain and Rosemary Tubman - were appointed to the board during the year. The responsibility for the overall management and organisation of the charity rests with the Board of Trustees.

ACTIVITY IN THE YEAR
The trustees met twice during the year to discuss requests for assistance, 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 Society’s Annual Delegates’ Conference and at various meetings.

Income for the year to September 2012 was £18,056, £6,940 more than 2011 mainly due to receiving a legacy. Income from donations rose by £2,307 primarily thanks to contributions from the winding down of an organisational development group and donations from members of the Society who could not take part in strike action.

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

Expenditure amounted to £12,898 compared to £9,273 in 2011, mainly incurred through awarding grants to beneficiaries but also increased travel costs due to the increased number of trustees.

Six grants were awarded this year totalling £9,536, which was £2,037 more than the previous year and included assistance where beneficiaries or a close relative were suffering ill health, or severe upset, as well as financial difficulties.

The short term deposit balance at 30 September 2012 was £80,000 and the fund’s bank balance was £30,723. The combined total of £110,723 represented an increase of £9,020 over 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 UK Council for their continued support of the Fund.

RESERVES RISK AND INVESTMENT POLICIES
The charity’s reserves amounted to £107,144 at 30 September 2012. The trustees’ philosophy is to, on balance, maintain this level of reserves, while making grants of assistance to the level of the income received in the preceding financial year.

Awards granted increased from five in 2011 to six in the current year. The total value of awards only fell short of the income from the previous year by £1,580, which is closer to the level consistent with the policy outlined above compared with the previous year. This shortfall was again due to a number of applications received in the year not meeting the criteria for assistance.

The Trustees have instigated a review of both the reserves and investment policies for adoption in the next financial year.

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.

Phillip Edwards
Chair of the trustees

Society of Radiographers’ Benevolent Fund
Society of Radiographers Benevolent Fund

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 30 SEPTEMBER 2012

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

Incoming resources

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>10,281</td>
<td>7,974</td>
</tr>
<tr>
<td>Gift Aid reclaimed</td>
<td>392</td>
<td>516</td>
</tr>
<tr>
<td>Legacies</td>
<td>5,000</td>
<td>-</td>
</tr>
<tr>
<td>Income from credit cards</td>
<td>1,417</td>
<td>1,572</td>
</tr>
<tr>
<td>Bank interest</td>
<td>966</td>
<td>1,054</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,056</strong></td>
<td><strong>11,116</strong></td>
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</tbody>
</table>

Resources expended

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and donations</td>
<td>9,536</td>
<td>7,499</td>
</tr>
<tr>
<td>Envelopes and advertising</td>
<td>160</td>
<td>256</td>
</tr>
<tr>
<td>Bank charges</td>
<td>53</td>
<td>48</td>
</tr>
<tr>
<td>Sundry expenses</td>
<td>3,149</td>
<td>1,470</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>(12,898)</strong></td>
<td><strong>(9,273)</strong></td>
</tr>
</tbody>
</table>

Net movement in funds

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,158</strong></td>
<td><strong>1,843</strong></td>
</tr>
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Retained surplus at beginning of year

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>101,986</strong></td>
<td><strong>100,143</strong></td>
</tr>
</tbody>
</table>

Retained surplus at end of year

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>107,144</strong></td>
<td><strong>101,986</strong></td>
</tr>
</tbody>
</table>

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 2012

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash and deposits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short term deposit</td>
<td>80,000</td>
<td>76,146</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>30,723</td>
<td>25,557</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110,723</strong></td>
<td><strong>101,703</strong></td>
</tr>
</tbody>
</table>

**Debtors**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank interest accrued</td>
<td>-</td>
<td>283</td>
</tr>
</tbody>
</table>

**Creditors**: amounts due within one year

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts due to Society of Radiographers</td>
<td>(3,579)</td>
<td>-</td>
</tr>
</tbody>
</table>

**Total assets**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>107,144</strong></td>
<td><strong>101,986</strong></td>
</tr>
</tbody>
</table>

Unrestricted funds

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>107,144</strong></td>
<td><strong>101,986</strong></td>
</tr>
</tbody>
</table>

Approved and authorised for issue by the Trustees and signed on their behalf on 12th February 2013

Phillip Edwards
Chair of the trustees
COMMITTEES AND WORKING PARTIES OF COUNCIL

THE TABLE BELOW INDICATES THE SOCIETY COMMITMENT OF EACH ELECTED MEMBER FOR THE YEAR COMMENCING JULY 2012:

**College Board of Trustees Executive Members and Officers**
Mr I Henderson, Mrs Z Mitton, Mrs P Black, Mrs E Chapman, Mrs S Johnson, Mrs S Mathers, President, CEO, DPP and DF.

**Four times a year**

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

**Ad-hoc**

**Radiography Editorial Board (reports to Council)**
Mrs G Dolbear, Mr G Thomas, CEO, DPP and DF.

**Quarterly**

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

**Four times a year**

**Trades Union Education Committee (reports to Council)**
Mr K McMurray and Mrs S Johnson.

**Half yearly**

**Health & Safety Forum (reports to Council)**
Mrs A Milne and Mr K McMurray.

**Quarterly**

**RCR Clinical Radiology and Clinical Oncology Faculty Board Observer**
The President or nominated representative.

**Quarterly**

**Investment Committee**
Mrs P Black, Mr M Graveling, Mr J Foster, Mr I Eversden, Mr A Kay, President, CEO and DF.

**Twice yearly**

**Working Parties, Networks, Specialist Interest Groups, ad-hoc committees**
Membership as required.
TOTAL INCOME Income for the year to September 2012 was £5,976,025, £399,985 (7.2%) higher than last year. Membership subscription income increased by £232,807 (4.9%) – solely through increased member numbers. Other income increased by £167,178 (19.3%) to £1,033,465, largely due to an almost doubling in grant income that included further funding for the development of e-learning modules together with growth in investment income.

TOTAL OPERATING EXPENDITURE Expenditure increased by £331,905 (6.6%) to £5,391,405 for the year to September 2012. Of the increase, £45,494 was attributable to higher staff costs compared to the previous year. Operational and overhead costs were £286,411 (10.7%) higher at £2,965,948, reflecting the additional spending on the development of e-learning modules and higher member professional indemnity premiums and legal costs.

SURPLUS FOR THE YEAR The Society and College showed a stable operating surplus in 2012 of £584,620 (2011 £516,540) before investment gains of £315,716 and pension scheme actuarial losses under FRS17 of £221,000. As a result of these investment gains offset by pension scheme actuarial losses, the bottom line surplus in 2012 for the Society and College combined was £679,336, (£443,014 down on 2011).

INCOME AND EXPENDITURE Year to 30 September 2012 2011 £

<table>
<thead>
<tr>
<th>INCOME</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>4,942,560</td>
<td>-</td>
<td>-</td>
<td>4,942,560</td>
<td>4,709,753</td>
</tr>
<tr>
<td>Course Accreditation and Approval</td>
<td>-</td>
<td>98,188</td>
<td>-</td>
<td>98,188</td>
<td>102,849</td>
</tr>
<tr>
<td>Grant Income</td>
<td>248,892</td>
<td>-</td>
<td>-</td>
<td>248,892</td>
<td>262,024</td>
</tr>
<tr>
<td>Magazine and Journal Income</td>
<td>220,439</td>
<td>8,200</td>
<td>-</td>
<td>228,639</td>
<td>238,460</td>
</tr>
<tr>
<td>Conferences, Seminars and Courses</td>
<td>-</td>
<td>130,879</td>
<td>-</td>
<td>130,879</td>
<td>115,683</td>
</tr>
<tr>
<td>Income from Regional Committees</td>
<td>29,055</td>
<td>-</td>
<td>-</td>
<td>29,055</td>
<td>18,764</td>
</tr>
<tr>
<td>and National Councils</td>
<td>67,893</td>
<td>69,016</td>
<td>-</td>
<td>136,909</td>
<td>104,158</td>
</tr>
<tr>
<td>Other Income</td>
<td>15,571</td>
<td>145,332</td>
<td>-</td>
<td>160,903</td>
<td>160,349</td>
</tr>
<tr>
<td>Contribution and Rent from</td>
<td>-</td>
<td>1,590,000</td>
<td>(1,590,000)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Society</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total of Other Income</td>
<td>332,958</td>
<td>2,290,507</td>
<td>(1,590,000)</td>
<td>1,033,465</td>
<td>866,287</td>
</tr>
<tr>
<td>Total Income</td>
<td>5,275,518</td>
<td>2,290,507</td>
<td>(1,590,000)</td>
<td>5,976,025</td>
<td>5,576,040</td>
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<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th></th>
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<tbody>
<tr>
<td>Staff Costs</td>
<td>1,352,020</td>
<td>1,073,437</td>
<td>-</td>
<td>2,425,457</td>
<td>2,379,963</td>
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<tr>
<td>Operational &amp; Overhead Expenditure</td>
<td></td>
<td></td>
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<tr>
<td>Contribution to the College of</td>
<td>1,520,000</td>
<td>-</td>
<td>(1,520,000)</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Radiographers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donation to Benevolent Fund</td>
<td>5,000</td>
<td>-</td>
<td>-</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Magazine and Journal Costs</td>
<td>456,767</td>
<td>127,494</td>
<td>-</td>
<td>584,261</td>
<td>558,221</td>
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<tr>
<td>Members’ Insurance and Legal</td>
<td>460,672</td>
<td>-</td>
<td>-</td>
<td>460,672</td>
<td>392,434</td>
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<tr>
<td>Costs</td>
<td></td>
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<tr>
<td>Website, CPD and Other Member</td>
<td>92,920</td>
<td>35,590</td>
<td>-</td>
<td>128,510</td>
<td>167,677</td>
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<td>Services</td>
<td></td>
<td></td>
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<td>Accredited Representatives Network</td>
<td>108,491</td>
<td>-</td>
<td>-</td>
<td>108,491</td>
<td>96,424</td>
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<tr>
<td>ADC, Regional Committees and</td>
<td>129,159</td>
<td>-</td>
<td>-</td>
<td>129,159</td>
<td>138,714</td>
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<tr>
<td>National Councils</td>
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<tr>
<td>Radiographer of the Year and</td>
<td>29,101</td>
<td>-</td>
<td>-</td>
<td>29,101</td>
<td>30,538</td>
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<td>President’s Inauguration</td>
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<tr>
<td>TUC Affiliation and Campaigns</td>
<td>150,276</td>
<td>-</td>
<td>-</td>
<td>150,276</td>
<td>97,282</td>
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<tr>
<td>Approval, Accreditation and</td>
<td>-</td>
<td>304,190</td>
<td>304,190</td>
<td>127,960</td>
<td></td>
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<td>Standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research, Awards and Networks</td>
<td>-</td>
<td>82,800</td>
<td>-</td>
<td>82,800</td>
<td>82,821</td>
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<tr>
<td>Conferences and Seminars</td>
<td>100,326</td>
<td>-</td>
<td>-</td>
<td>100,326</td>
<td>87,804</td>
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<td>Organisational Profile and Events</td>
<td>50,460</td>
<td>158,190</td>
<td>-</td>
<td>208,650</td>
<td>188,205</td>
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<tr>
<td>Attendance</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Audit and Professional Fees</td>
<td>56,261</td>
<td>39,614</td>
<td>-</td>
<td>95,875</td>
<td>74,245</td>
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<tr>
<td>Travel and Subsistence Costs</td>
<td>211,432</td>
<td>5,471</td>
<td>-</td>
<td>216,903</td>
<td>204,927</td>
</tr>
<tr>
<td>Overheads (Office and Administrative Costs)</td>
<td>304,371</td>
<td>327,363</td>
<td>(70,000)</td>
<td>361,734</td>
<td>427,285</td>
</tr>
<tr>
<td>Total Operational and Overhead</td>
<td>3,574,910</td>
<td>981,038</td>
<td>(1,590,000)</td>
<td>2,965,948</td>
<td>2,679,537</td>
</tr>
<tr>
<td>Expenditure</td>
<td>4,926,930</td>
<td>2,054,475</td>
<td>(1,590,000)</td>
<td>5,391,405</td>
<td>5,059,500</td>
</tr>
<tr>
<td>SURPLUS BEFORE INVESTMENT GAINS</td>
<td>348,588</td>
<td>236,032</td>
<td>-</td>
<td>584,620</td>
<td>516,540</td>
</tr>
<tr>
<td>Investment Gains / (Losses)</td>
<td>157,858</td>
<td>157,858</td>
<td>-</td>
<td>315,716</td>
<td>128,190</td>
</tr>
<tr>
<td>Pension Scheme Actuarial (Losses) / Gains</td>
<td>(148,000)</td>
<td>(73,000)</td>
<td>-</td>
<td>(221,000)</td>
<td>734,000</td>
</tr>
<tr>
<td>SURPLUS AFTER INVESTMENT &amp; ACTUARIAL Gains / (Losses)</td>
<td>358,446</td>
<td>320,890</td>
<td>-</td>
<td>679,336</td>
<td>1,122,350</td>
</tr>
</tbody>
</table>
COMMENTARY ON INCOME AND EXPENDITURE

Total income for the whole organisation in 2012 amounted to £5,976,025, £399,985 up (7.2%) on 2011.

Income from membership subscriptions amounted to £4,942,560 in 2012, a rise of £232,807 (4.9%) over the previous year. The increase was the result of a net 3.8% rise in the number of members.

Other income amounted to £1,033,465, an increase of £167,178 (19.3%) from 2011 for the following two main reasons:

a) Grant income increased by £122,868 as additional funding was received to develop further modules in partnership with E-learning for Healthcare.

b) Income from investments increased by £32,751 (31.4%) to £136,909, reflecting improving market conditions and performance broadly in line with the benchmarks agreed with the portfolio managers.

Expenditure for 2012 across the organisation amounted to £5,391,405, an increase of £331,905 (6.6%) from 2011.

Staff costs in 2012 were £2,425,457, an increase of £45,494 (1.9%) over 2011 and included a below inflation pay award for staff and reduced pension scheme administration costs.

Operational and overhead expenditure amounted to £2,965,948, £286,411 (10.7%) more than 2011:

a) Members’ professional indemnity costs and legal representation costs increased by £68,238 to £460,672.

b) TUC Affiliation and Campaigns costs rose by £52,994 as a result of the level of engagement with the changes to NHS pensions and other terms and conditions of employment issues throughout the year.

c) Approval, Accreditation & Standards costs increased by £176,230, reflecting the additional funding for work on the development of further e-learning modules.

d) The increase in travel and subsistence costs due to increased activity was contained to £11,976, (5.8% up on 2011 at £216,903).

e) Office & Administrative costs decreased by £65,551 (15.3%), largely as a result of the positive outcome to the specific aspect of pension scheme financing that FRS17 requires should be charged to operating costs compared with the previous year.

Surplus for the year before net investment gains increased by £68,080 from 2011 to £584,620 in 2012.
INCOME BY CATEGORY 2012

82.7%

Membership Subscriptions
Course Accreditation and Approval
Grant Income
Magazine and Journal Income
Conferences, Seminars and Courses
Investment Income
Other Income
COMMENTARY ON THE BALANCE SHEET

Total assets at the 2012 year end amounted to £6,740,824, an increase of £679,336 from the value at September 2011 for the reasons set out in the previous section. Tangible fixed assets, which include the head office property, were down £29,196, mainly due to depreciation charges for the year exceeding asset additions.

The Society and College fixed asset investments amounted to £3,788,656, an increase of £401,570 in value after income re-invested from the year before, reflecting general movements in the markets.

Current assets, less liabilities at £1,806,442, were £484,962 higher than at September 2011. Cash on fixed term deposits and as bank balances increased by £590,037, partly reflecting the surplus generated in 2012. The pension scheme asset as calculated under FRS17 declined by £178,000 from £209,000 in 2011 to £31,000 at the end of September 2012.

**BALANCE SHEET**

<table>
<thead>
<tr>
<th>Figures in £</th>
<th>Society</th>
<th>College</th>
<th>Contra</th>
<th>Combined 2012</th>
<th>Combined 2011</th>
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</thead>
<tbody>
<tr>
<td>Tangible Fixed Assets</td>
<td>-</td>
<td>985,924</td>
<td>-</td>
<td>985,924</td>
<td>1,012,215</td>
</tr>
<tr>
<td>Long Leasehold Property</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
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<tr>
<td>Fixtures</td>
<td>-</td>
<td>44,289</td>
<td>-</td>
<td>44,289</td>
<td>57,227</td>
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<tr>
<td>Computer Equipment</td>
<td>38,278</td>
<td>46,235</td>
<td>-</td>
<td>84,513</td>
<td>74,480</td>
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<tr>
<td>Total</td>
<td>38,278</td>
<td>1,076,448</td>
<td>-</td>
<td>1,114,726</td>
<td>1,143,922</td>
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<tr>
<td>Fixed Asset Investments</td>
<td>1,894,328</td>
<td>1,894,328</td>
<td>-</td>
<td>3,788,656</td>
<td>3,387,086</td>
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<tr>
<td>Investment in Subsidiary</td>
<td>2</td>
<td>-</td>
<td>(2)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Current assets less liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>392,231</td>
<td>143,731</td>
<td>(258,811)</td>
<td>277,151</td>
<td>286,216</td>
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<tr>
<td>Fixed term deposits</td>
<td>514,558</td>
<td>615,898</td>
<td>-</td>
<td>1,130,456</td>
<td>1,109,476</td>
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<tr>
<td>Bank balances</td>
<td>535,190</td>
<td>453,263</td>
<td>-</td>
<td>988,453</td>
<td>419,396</td>
</tr>
<tr>
<td>Creditors</td>
<td>(301,651)</td>
<td>(546,778)</td>
<td>258,811</td>
<td>(589,618)</td>
<td>(493,608)</td>
</tr>
<tr>
<td>Total</td>
<td>1,140,328</td>
<td>666,114</td>
<td>-</td>
<td>1,806,442</td>
<td>1,321,480</td>
</tr>
<tr>
<td>Pension scheme asset</td>
<td>21,000</td>
<td>10,000</td>
<td>-</td>
<td>31,000</td>
<td>209,000</td>
</tr>
<tr>
<td>Total assets at 30 September 2012</td>
<td>3,093,936</td>
<td>3,646,890</td>
<td>(2)</td>
<td>6,740,824</td>
<td>6,061,488</td>
</tr>
<tr>
<td>Share Capital</td>
<td>-</td>
<td>2</td>
<td>(2)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Reserves</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Fund</td>
<td>3,072,936</td>
<td>-</td>
<td>-</td>
<td>3,072,936</td>
<td>2,595,490</td>
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<tr>
<td>Restricted Funds</td>
<td>-</td>
<td>48,835</td>
<td>-</td>
<td>48,835</td>
<td>54,845</td>
</tr>
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<td>Unrestricted Funds</td>
<td>3,588,053</td>
<td>3,588,053</td>
<td>3,202,153</td>
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<tr>
<td>Pension Scheme Funding Reserve</td>
<td>21,000</td>
<td>10,000</td>
<td>-</td>
<td>31,000</td>
<td>209,000</td>
</tr>
<tr>
<td>Total Capital &amp; Reserves at 30 September 2012</td>
<td>3,093,936</td>
<td>3,646,890</td>
<td>(2)</td>
<td>6,740,824</td>
<td>6,061,488</td>
</tr>
</tbody>
</table>

REPORTING ON SUMMARISED ACCOUNTS

The above figures on pages 29 to 33 have been extracted from the full Society Council and College Board of Trustees reports and financial statements, which have both been audited by Crowe Clark Whitehill LLP, who gave unqualified audit reports in February 2013. The Council’s and Trustees’ reports and financial statements were approved by Council and the Trustees and signed on their behalf on 14 February 2013. 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.
Newly qualified radiographers continue to see the value of joining the Society. Membership numbers over the last five years exhibit a pleasing increase and are as follows:

2008: 19,628  
2009: 20,388  
2010: 21,093  
2011: 21,541  
2012: 22,263

Numbers of student members continue at a satisfactory level at present:

2008: 3,020  
2009: 2,845  
2010: 3,018  
2011: 2,344  
2012: 2,652