



UK COUNCIL STATEMENT

Subject: Trade Union and Professional Body Relationship

Our organisation is both a professional body and a trade union. The professional and education team as well as the trade union staff work collaboratively for the benefit of our members. This ensures that the clinical imaging and radiotherapy workforces are effectively supported, guided and represented, which in turn safeguards both members and patients who are at the centre of everything we stand for.

We are committed to our joint structure because we understand that to deliver effective representation and guidance for our members requires clear knowledge and experience of working in the radiography profession. The close collaborative working relationships of both professional and regional officers provide for this.

The Society of Radiographers philosophy is always to ensure that at the heart of any trade union argument is a member's professional responsibility to provide a high standard of care to the patient. It is important to acknowledge that most trade union issues are inextricably linked to professional ones and consequently working together strengthens how we can support members.

UK council will ensure that the organisation as a whole is effectively governed within the joint structure, ie as both a professional body and a trade union providing the highest degree of accountability whilst always striving for a fully engaged membership and at all times valuing and being informed by the patient voice.

EMERGENCY MOTION 1

The tragic and senseless murder of Lyra McKee has brought the issue of a lack of government in Stormont to the forefront of peoples minds. The political vacuum has allowed vulnerable people to be influenced and radicalised in order to carry out acts of violence. We the people of NI have been so disheartened and uninspired by the lack of leadership shown by our elected politicians.

We must all now take a stand to ensure that our politicians act to re-instate the devolved government. Some of our delegation are termed ceasefire babies; they have grown up in relatively peaceful times because of the Good Friday Agreement. We must ensure that peace is protected in NI and that our elected politicians understand that we cannot go back to the violence and troubles of the past.

We are pleased to hear that power sharing talks are set to resume on 7th May but we are anxious that these are simply not another tick-box exercise.

We call upon UK Council to support members in NI and their National Officer in lobbying MLA's and interested parties to ensure that the upcoming talks are meaningful and purposeful. We cannot go back to the past.

EMERGENCY MOTION 2

(Group Debate with Emergency Motion 3)

Conference notes that on 12th March 2019 students at the University of Portsmouth received an email from Dr Chris Markham (Head of the School of Health Sciences and Social Work), informing them that after a temporary closure for the 2018/19 academic year, the Radiotherapy and Oncology course had been closed permanently. This was the solitary course offering therapeutic education on the South Coast.

Conference also notes the hard work that students and departmental staff at the university, with the support of the SoR, have put in to recruit to this course. However, the disastrous and wholly predictable effect of abolishing tuition fees and bursary support for therapeutic university education is now a reality.

Conference calls on UK Council to urgently campaign to reverse this decision.

EMERGENCY MOTION 3

In March 2019, Poole hospital was among Radiotherapy departments in the South of England who were told that the University of Portsmouth has closed their Radiotherapy BSc. Honours Degree course to new entrants.

The University of Portsmouth decided that the course was not financially viable given the traditionally low cohort numbers.

There is already a national shortage of Radiographers. Radiotherapy departments in the South believe that this financial decision will be detrimental to the future recruitment of Therapy Radiographers in the South East and neighbouring regions.

This conference calls upon UK council to raise awareness of the impact that this closure will have on recruitment of Therapy Radiographers. And to work with Universities & Health Education government bodies in England and devolved countries, to ensure that Therapy Radiographers continue to be trained in adequate numbers for future needs of the service.

PUBLIC POLICY (motions 1 – 11)

MOTION 1

Subject: BREXIT

63,000 NHS staff in England are EU nationals - 5.6% of all staff, with one-third of all EU NHS staff working in London. The uncertainty of Brexit has meant that there is concern for these individuals and their future within the NHS.

This can be supported by figures showing that many nationals are choosing to leave their employment within the NHS. In 2015/16, 11% of those joining the NHS were EU nationals (counting those for whom a nationality was known).

In 2016/17, this fell to 9%, and in 2017/18 the figure was 7.9%. It is essential that this figure does not continue to fall, as these individuals form an integral part of the service. If individuals from outside the EU are granted tier-2 visas, their rights need to be upheld and they should be respected for the commitments they are making. The diverse workforce within the NHS is paramount and something that we should be upholding.

Conference calls upon UK Council to work with fellow Trade Unions and to lobby the government to ensure that the rights of EU nationals working within the NHS are protected.

MOTION 2

Subject: Addressing Period Poverty

According to the 2011 census, 32 million of the population is female, just under 51%.

Sanitary products are still classed as a luxury item and are subject to VAT, unlike men's razors, which are not classed as such. The idea that the right to basic hygiene is a luxury for women is clearly preposterous. Plan UK's 2017 survey of girls aged 14-21 found that 15% of girls struggled to afford sanitary products and that 10% of them could not afford any sanitary protection at all, resorting to using tissue, newspaper and old clothing as a substitute. This is shameful.

Scotland has recently started a pilot scheme to provide free sanitary ware for women in low-income households but the rest of the UK has no such initiative. Instead, charities such as Bloody Good Period, The Red Box Project and The Homeless Period step in and provide supplies for women in need.

In order to address the inequality of period poverty, taxation needs to be removed from sanitary ware and there should be a provision of sanitary products for those in low-income households and the homeless. The right to cleanliness should not be only for the wealthy.

Conference calls upon UK Council to petition the Government to end the taxation of menstrual supplies and to initiate the provision of free sanitary products for women in low-income households and the homeless.

MOTION 3

Subject: Cancer Education in Schools

In today's digital culture many children will have witnessed numerous fundraising adverts referring to cancer, some of which show a very bleak picture of lost loved ones. There is very little information distributed to

children about the survivability of the disease and therefore a negative image appears to be portrayed in many young minds.

With cancer being diagnosed in 1:2 of us, it has never been more imperative that we educate our children with the true facts of the disease and the extremely high survival rates of current radical treatments. Education of cancer in the younger generation would promote greater understanding and help to remove the stigma attached to the disease.

Conference therefore calls for UK Council to lobby for the government to implement appropriate cancer education in Schools.

MOTION 4

Subject: Cancer and the War Rhetoric

In 1971, President Richard Nixon signed the National Cancer Act of 1971. Enshrined into law, it essentially provided more funding for the National Cancer Institute in America. Despite not being described as such in the legislation, many people see this as the time when the “War on Cancer” started.

With that, the notion of fighting cancer, victories and “dying after a long battle” started to make its way into everyday language. This may have previously been appropriate when a holistic approach was not commonplace. This may have also been used when the focus was on therapeutic interventions, rather than prevention.

Our healthcare has changed and our priorities are different. It is now time we stopped the usage of war language. Conference calls upon UK Council to consider if the time is right to examine the metaphors used to describe cancer journeys, with a view to providing guidance for those writing about cancer and people involved in cancer care.

MOTION 5

Subject: Public Sector Pensions

Conference notes with dismay the statement made on 30th January by Chief Secretary to the Treasury announcing the pausing of part of the valuations

process for public service pensions. This potentially will have a detrimental effect on members of the NHS Pensions Scheme.

NHS workers have had years of real term pay cuts. They now face the danger of the government breaking its promises on pension benefits. Public Sector Pension Schemes have been cheaper than expected. Under the agreed rules which the government committed to for 25 years, this should mean lower contributions and/or improved benefits for members.

Conference calls upon UK Council to work with NHS Trades Unions and the TUC to lobby the Government to stick to its own rules and deliver what it pledged.

MOTION 6

Subject: Access to Toilets

Many medical conditions result in people having to make frequent visits to the toilet which can lead to them feeling socially isolated as the provision of public toilets is poor and many establishments demand use of their service to provide any facilities. Many Radiotherapy patients have frequency issues such as those with bladder, rectal and prostate cancer. Conference Calls on UK Council to campaign for a law to give people the right to use the toilet facilities in shops, restaurants and public amenities without having to make a purchase or plead with the management.

MOTION 7

Subject: International Labour Organisation

(ILO) and the Institute of Employment Rights Conference notes with approval that the ILO celebrates its centenary this year. Conference recognises that the ILO has been at the forefront of promoting workers rights throughout the world. Conference is however dismayed to note that currently the UK is not fully compliant with all ILO standards, for example The Right to Strike. Conference also notes with approval that the Institute of Employment Rights celebrates its 30th anniversary this year and recognises the key role it plays in advancing a progressive Labour Law agenda for the UK, in particular the publication of Rolling out the Manifesto for Labour Law last year.

Conference calls upon UK Council to engage with the TUC to lobby for the UK Government to establish the right to strike in the UK and to implement the Manifesto for Labour Law into UK Legislation.

MOTION 8

Subject: Financial Incentive to Undergo NHS Treatment

It has been noted that those individuals who pay for private health care are often given a financial incentive to undergo NHS treatment. This is especially true in cancer care where there is no benefit to 'skipping the queue' due to the already strict waiting targets.

Conference believes it is for an individual to decide whether they choose private care or NHS treatment but do not think it is ethical for private health care insurance companies to offer a financial incentive to patients who opt to continue with NHS funded care to save the insurers money.

This reimbursement is a fraction of the total cost of treatment and saves the insurance companies vast sums of money.

Conference calls upon UK Council to engage in conversation with government to take a stance against this financial based incentive. Money that could instead be paid by insurers to the NHS to fund patient care at a far lower rate than if they were to pay for an individual's full treatment.

MOTION 9

Subject: Corporate Parenting

Over the last eight years there has been a 28% increase in the number of children under 18 placed by local authorities in inappropriate accommodation such as bed and breakfast rooms, bedsits and caravans leaving them vulnerable and unsafe and at risk of being exposed to abuse. One young boy was given a tent to sleep in.

This is prohibited by statutory guidance, the law is clear that local authorities must provide accommodation that meets children's needs. Council asks conference to support a campaign to highlight to government the need to strengthen a culture of corporate parenting to better respond to the needs of these children who are at risk.

MOTION 10

Subject: HCPC Fees Increase

It was announced in September that the HCPC were consulting with registrants with regards to a proposed 18% increase in fees. Conference notes and appreciates that the Society of Radiographers has already expressed their concerns regarding the proposed fee increase.

We note that that the HCPC feel that this increase is in line with inflation, however as most registrants are NHS, Health and Social Care (HSC) and Independent Sector employees they have certainly not received pay rises in line with inflation. It is of particular concern that HCPC staff are provided with 'entertainment events' paid for out of registrants fees, and that members feel that this makes an increase in fees harder to swallow.

Conference calls on UK Council to continue to make the case for its members that this fee increase is unfair and unjust, and to work with other health unions to defer this fee increase until NHS, HSC and Independent Sector has caught up with inflation in a meaningful manner.

MOTION 11

Subject: Civil Liabilities Act 2018

Conference believes that the passing of the Civil Liabilities Act in October 2018 is yet another example of a deliberate and cynical attack on access to justice by the government. It places barriers in the way of working people claiming what is rightfully theirs, in this case damages for workplace and road traffic injuries.

This could affect up to 350,000 people and puts power even more firmly in the hands of employers and their insurers.

Genuinely injured people will be put off bringing legitimate claims-workers priced out of justice. Conference calls on UK Council to work with the TUC to lobby for the repeal of the Civil Liabilities Act.

SoR POLICY (motions 12 – 26)

MOTION 12

Subject: Appropriate use of Ultrasound in Pregnancy

Pregnancy is an exciting time and for the majority, the pregnancy will result in the delivery of a healthy baby, but for some that journey is not so simple, everyone is offered at least two scans in their pregnancies, a first trimester scan and an anomaly scan. Whilst both scans can identify abnormalities the anomaly scan has now become a way for the parents to introduce their family to the baby or a way to find out the gender of their baby with midwives writing in patients hand held notes that it is a gender scan. This scan not only checks for foetal anatomy it checks for the growth placental site and liquor volume and any other uterine pathologies that could increase the risk of a pregnancy.

Conference calls upon UK Council to increase awareness of the importance of pregnancy scans as a medical investigation and not a social theatre show, or way to plan your gender reveal party.

This is long standing problem and is already SoR policy.

Two new versions of documents published January this year are related:

https://www.sor.org/sites/default/files/document-versions/2019.1.13_re-draft_recording_of_images_final_0.pdf

https://www.sor.org/sites/default/files/document-versions/2019.1.13_sale_of_images_final.pdf

Also: https://www.sor.org/sites/default/files/document-versions/two_nhs_obstetric_screening_scans_-_report_-_final.pdf

The motion will be brought to the attention of the lead for the fetal anomaly national screening programme in England again, and raised by National Officers in Scotland and Wales. The screening programmes in both countries are also very aware of the issues. There is no screening programme in Northern Ireland but all women are offered a scan at 18w to 20w 6d for fetal anomaly. The matter will be raised in NI.

There are no national screening programme requirements to provide an opinion of the baby's sex or for gender reveal parties. The SoR is aware that

the problem is getting worse. Much more can be done by employers and the sonographers themselves, using the advice provide by the SoR. We will continue to promote this guidance to service leaders and members.

COMPOSITE MOTION 1

Subject: Student Placement Experience

The student placement experience is an essential element of radiography courses. Most students view placement as an enjoyable and valuable learning experience. However, there is evidence that some students have a negative experience, and choose to leave their course and our profession due to dissatisfaction with clinical placements.

The impact a radiographer has upon a student and their learning opportunities is substantial. Radiographers are the role models for the student body accessing placement sites. They shape the practice of each individual student by their instruction and example.

It has been noted, by members of the UK Forum of Student Reps Committee, that there are shortfalls in this regard with educational growth opportunities across the UK. Whist many students have experienced a wide range of excellent role models, allowing emulation of best practice and assimilation of valuable supplementary information, many have experienced challenges impeding their individual growth.

Radiographers may have formal or informal roles, however the onus on radiographers to participate in the development and training of students and other staff /learners is clear in the HCPC Standards of Proficiency for Radiographers required for registration, and the SCoR Code of Conduct.

Clinical placements should be a welcoming environment where all radiographers engage in a professional manner whatever their role, recognising their valuable input to shaping the professional behaviours and improving the competency of their future colleagues.

Implementing an understanding of professional roles when supervising and instructing students would promote continuity and enhancement of education. Subsequently the barriers to learning will be removed and theoretical knowledge will be given a platform to be translated into practical application.

Enacting the proposed campaign will fortify the student experience, supplying them the tools to become a competent, knowledgeable and autonomous practitioner.

It is a sometime since the SCoR published documents on Mentoring (2009) and the clinical supervision framework (2003).

It is within both our interests, students and fully-qualified staff to work towards addressing these issues.

Conference therefore calls upon UK Council to:

Launch a UK-wide campaign to raise awareness of radiography roles to support education and training of learners in the workplace.

Clarify their guidance in light of recent student surveys

MOTION 13

Subject: Assistant Practitioners in Practice

We are aware that the College of Radiographers has published a scope of practice for Assistant Practitioners (AP's). However this has been interpreted differently across radiology departments.

In terms of practice this is very confusing for departments and managers trying to meet the training needs of APs, alongside capacity and capability challenges facing the current workforce.

This has led to some APs not being able to transfer their skills, confused departments and the possibility of APs feeling either undervalued or in some departments 'overused'.

We call on Council to support the standardisation of Assistant Practitioners (APs) practice within diagnostic radiography.

MOTION 14

Subject: Referrals for Emergency Radiotherapy Treatment

Emergency radiotherapy should be delivered as early as possible in order to maximize symptom palliation. Some emergency treatments i.e. spinal cord

compression, cauda equine syndrome radiotherapy should be delivered within 24hrs from confirmed MRI diagnosis.

However a lot of the time these patients can be in hospital for a period of time before MRI is even requested and can also be waiting on a surgical opinion for stabilisation which then means, when the decision is made for Radiotherapy we are required to act quickly. This results in emergency treatments being planned out of hours leaving clinicians and radiographers (skeleton staff) open to make mistakes due to lack of support and added time pressure. If these particular cases were referred more timely then they could fall within core hours when there is a much greater pool of staff available at all stages of planning and treatment.

If medical professions were more aware of the need for timely referral for emergency radiotherapy, then this would perhaps reduce the number of patients that have been referred late for their emergency treatment.

Conference calls upon UK Council to raise awareness within the medical profession of the timely referral for emergency radiotherapy.

The recently published Spinal report from GIRFT requires patients with suspected corde equine to access MRI through 24 hour network provision. Patients will be evaluated for surgery and/or radiotherapy that it is required to be delivered within a defined protocol,

<https://gettingitrightfirsttime.co.uk/wp-content/uploads/2019/01/Spinal-Services-Report-Mar19-L1.pdf>

The Clinical Imaging Board has agreed to establish a working group to develop a best practice protocol for patients.

MOTION 15

Subject: Correct Allocation of Charitable Funding for Post Graduate Training

Conference recognises the importance of advanced practice and postgraduate training to the development of radiographers.

Many radiographers undertaking postgraduate training are funded by charities and partnerships such as Cancer Alliances.

Cancer Alliances fund projects such as radiographer chest reporting with an aim of supporting better outcomes for patients. The funding provided pays for course costs and to enable back fill to allow for protected study time.

This funding is provided in accordance with a learning agreement between course providers and employers. The learning agreement should clearly set out the provisions required to be provided by the employer for the benefit of the student.

Conference calls on UK Council to campaign to ensure all departments honour the appropriate agreed financial support for post graduate training and to support reps in making requests to see where funding is allocated.

The Society continues to lobby for investment in post registration education and training for radiographers and to ensure that resources are utilised accordingly to support this. This is existing SoR policy.

COMPOSITE MOTION 2

Subject: Special Leave and Flexible Working Arrangements

Everyone has the right to apply for flexible working agreements and have their application seriously considered.

For example many Radiographers are balancing their working lives with different issues within their personal life. There is a need for parents & carers to be able to positively reconcile their work and private life. This is why employers developed such policies for special leave and flexible working arrangements.

However this is now the 21st Century and modern families have changed. Traditional concepts are becoming harder to pinpoint. Modern families are finding that statutory family friendly policies may not meet their needs. There is evident inequality on how these family friendly policies are being interpreted between trusts/health boards and even managers.

However, conference recognises they are not only applicable to those who have caring responsibilities and wishing to work part-time. In particular, flexible working arrangements could be of extreme benefit to those who suffer from a mental health illness or have a complex set of circumstances outside of work. Flexible working arrangements are often never thought of as a method to improve staff retention, enable someone to remain employed or reduce

sickness. Instead, phased returns and sickness monitoring are utilised which only provide support for a limited amount of time. In addition, all flexible working applications should be considered fairly and monitored in the same way without preferential treatment given to those with caring responsibilities. There is evident inequality on how these family friendly policies are being interpreted between trusts/ health boards and even managers.

Conference recognises the benefit previous training on Bullying and Harassment had for managers and reps and calls upon UK Council to:

Run a similar training program for managers and SoR Reps on special leave, flexible working policies and working arrangements to help all involved understand these policies and that these are being interpreted and administered fairly by all employers and employees.

Provide additional guidance to both reps and managers to promote the use of flexible working agreements and ensure policies are up to date and applied fairly and consistently.

MOTION 16

Subject: Meeting the Information Needs of Patients who Engage in Anoreceptive Intercourse following Radical Radiotherapy for Prostate Cancer

In a national survey on the management of patients undergoing radical radiotherapy for prostate cancer in the UK, Nightingale and colleagues (2017) found that 92% of radiotherapy departments do not provide any guidance to patients in relation to anal sex post-treatment. Patients who engage in anoreceptive intercourse need this information in order to make informed treatment decisions, manage their side effects appropriately, and to minimise the risk of post-intervention complications.

For patients undergoing permanent seed brachytherapy there is also the additional radiation protection issue of irradiating your partner's penis during anoreceptive intercourse. Following diagnostic imaging procedures, patients who are radioactive are provided with information on how to minimise exposure to other people. Therefore, by not providing this information to patients who engage in anoreceptive intercourse following permanent seed brachytherapy, health professionals may be violating the Ionising Radiation (Medical Exposure) Regulations 2017.

Conference calls upon UK Council to issue guidelines to radiotherapy departments on what information is required by patients undergoing radiotherapy who engage in anoreceptive intercourse, and how health professionals can sensitively identify these patients.

Equalise will review and publish relevant information in due course.

MOTION 17

Subject: Artificial Intelligence

It is clear that artificial intelligence is going to play a significant role in radiography in the coming years. The key to ensuring that the radiographer voice is heard is by the SoR engaging with the main players in the AI field.

Conference calls upon UK Council to set up a small group to actively pursue better engagement with companies such as Microsoft and Google.

MOTION 19

Subject: World Radiography Day Packs

Conference notes and appreciates the wide range of resources provided to members to mark World Radiography Day on the 8th November each year.

We take pride in being able to celebrate and promote our profession all year round but feel that some of these resources would represent better value for money if they were able to be used for more than one day.

Conference calls on UK Council to discuss the contents and suitability of items in the World Radiography Day pack, as well as the distribution method, to provide a balance between value for money and promotion of our profession.

MOTION 20

Subject: Paediatric Patients with Additional Needs

In 2018 it was determined that approximately 1 in 59 children are diagnosed with an autism spectrum disorder (ASD). It has also been estimated that there are 286,000 children in the UK with a learning disability. There are a range of different diagnoses that can mean children have additional needs. But going by these statistics it is clear that as radiographers we will encounter experiences with a paediatric patient with additional needs in our working lives.

Conference calls upon UK Council to carry out a scoping exercise to see what measures/tools are available and in use in departments across the UK for paediatric patients with additional needs and use this information to develop training and guidance for radiographers.

Two formal research projects investigating the needs of patients with autism in MRI and exploring the patient with autisms experience in planar radiography are being supported by a CoRIPS grant. The outcomes and recommendations are awaited.

The Association of Paediatric Radiographers is currently prioritising new guidance work in their work plan. This item has been discussed and raised with the group.

MOTION 23

Subject: Post-Graduate Student Award

There is an undergraduate student award and a radiographer of the year award, many radiographers undertake post-graduate studies. Post-graduate studies are often undertaken to meet a service need and better the individuals' career prospects. This should be celebrated!

Conference calls on UK Council to add a post-graduate student of the year award to congratulate those undertaking postgraduate studies to better their career and meet service needs.

MOTION 24

Subject: Recognising Nominees

Conference acknowledges Motion 22 from last years ADC, on the topic of recognising those colleagues who are nominated for the awards offered by the SOR.

Whilst conference last year decided that the publishing of these nominations was not possible. It is felt that those nominated should be informed of their nomination, as recognition of their achievement.

Conference calls upon UK Council to inform in writing all nominees of their nomination and to thank them for their work within the profession. This will

ensure recognition of the fantastic professional efforts of these members and support future nominations for these awards.

MOTION 25

Subject: Radiography Educator of the Year Award

Conference notes that the SCoR rewards excellence through a number of annual awards including Radiographer and Team of the Year. Although Radiography educators can be nominated for these awards, a separate Educator of the Year award would compliment the awards currently available. This award could be used to include educators whether in a university or hospital environment.

Conference calls upon UK Council to consider the introduction of a Radiography Educator of the Year award.

MOTION 26

Subject: Assistant Practitioner of the Year

Each year the SoR sponsors awards for 'Radiographer of the Year', 'Rep of the Year' and 'Student of the Year'. Even though Assistant Practitioners are eligible to be 'Rep of the Year', there is no dedicated 'Accredited Assistant Practitioner of the Year' award.

There are currently 227 accredited Assistant Practitioners within the SCOR and presumably many more unaccredited APs.

Every two years assistant practitioners have to produce twelve pieces of CPD to keep up this accreditation. There are Assistant Practitioners in many departments that go above and beyond for their patients and do a tremendous job supporting service delivery. Welsh Council believes they deserve the same level of appreciation as that of a radiographer or a student.

Conference calls upon UK Council to sponsor an 'Accredited Assistant Practitioner of the Year' award at ADC starting in 2020.

REMITTED TO UK COUNCIL

STUDENTS (motions 27 – 30)

MOTION 27

Subject: Student Bursary

The Scottish Government announced last year an increase to the nursing bursary up to £8100 in 2019/20 rising to £10,000 in 2020/2021. The rationale for this was to increase recruitment into nursing courses. As there is currently a 22% Band 5 vacancy rate in Diagnostic Radiographers, a bursary for Radiography students would have the same benefit and would also support these students who are increasingly being asked to work extended working days and weekends and thus cannot manage part time jobs.

Conference calls upon UK Council to lobby UK and devolved governments to introduce bursaries equivalent to those available for nursing students in Scotland to all student Radiographers across the UK.

MOTION 28

Subject: Associated Course Costs for Student Radiographers in Northern Ireland

Student Radiographers spend an average of 9 weeks per academic year on clinical placement. Like any other qualified AHP, they are subject to uniform regulations which must be adhered to for both infection control and professional purposes. However, it has been recognised by the UK Student Representative Forum that, unlike qualified staff, students in Northern Ireland must self-finance any uniform provision.

A basic uniform costs approximately £120 from a specified supplier, while students in other UK regions are given a free provision which exceeds this basic supply. Other additional, compulsory course costs such as Occupational Health Assessment fees are also exclusive to students in Northern Ireland, while the remaining UK regions also have provision for this.

Being a Student Radiographer is a rewarding yet demanding role. While great pride is taken in the wearing of a uniform and recognition of our profession, measures should be taken to ensure the same support and provision for all our students within the UK, so that specific regions are not subject to additional, yet compulsory course fees.

Conference calls upon UK Council to launch a review of associated course costs and uniform provision within all of its regions, with a view to campaigning for a better-equipped and equally-supported student workforce.

MOTION 29

Subject: Student Travel and Accommodation Expenses

Conference notes that although students studying in England, whilst on placement receive travel and accommodation expenses, the process is lengthy, resulting in students bearing this additional financial burden for longer than necessary. Currently, it can take over a month from submission of forms to students receiving expenses.

This is a long time, considering that forms cannot be submitted until the end of the placement, which can last up to at least 7 weeks, meaning that students are without this money for a long period of time.

Students requiring dual accommodation may have to pay an initial outlay of hundreds of pounds, which is not affordable for the majority of students and may force them to cut back on living essentials, or to go into their overdraft.

Conference calls on UK Council to campaign about the issue of student travel expenses to bring about improvements to the current situation, such as:

- Travel expense forms to be processed more quickly, to enable faster reimbursement.
- A system is put in place so that for students requiring dual accommodation, the expenses are paid up front.

MOTION 30

Subject: Student Placement Expenses

Radiography students in Scotland currently receive reimbursement of about half the costs accumulated from placement. Funding that students receive already is limited; students are expected to pay for food, bills, rent and other essentials before the added costs of placement are factored in. Students are expected to pay for placement accommodation whilst still paying rent and travel costs.

These additional costs are not reimbursed until after placement and some placements can last for up to 8 weeks. Reimbursement forms are processed by the Student Award Agency for Scotland (SAAS), which can be a lengthy process. This additional financial pressure puts a strain on students, affecting their mental health and performance on placement.

Nursing and Midwifery students receive extra support towards placement costs, but this funding is not currently available to Allied Health Profession students. Conference calls upon UK Council to:

- Investigate the issue of student placement costs across the UK.
- Lobby the UK and devolved governments to ensure placement expense forms are processed more efficiently, enabling faster reimbursement.
- Explore possible financial education to help students on placement better manage their expenditure

EDUCATION (motions 31 – 36)

MOTION 31

Subject: Placement Opportunities

Many Higher Education Institutes (HEIs) require prospective undergraduate radiography students to undertake a radiographic visit to be able to enrol on a university programme to study radiography. This provides an opportunity to confirm their choice of embarking upon a career in radiology or radiotherapy. These potential students are often expected to gain written feedback from their supervising radiographer during this visit to submit to their choice of HEIs. Without this experience the HEI may not offer a student place on their radiography programmes.

Student feedback suggests that it is often difficult to negotiate a visit and as a result is a barrier to entry into the profession.

There appears to be mixed support from diagnostic or radiotherapy departments in regard to this initial step to train as a radiographer. With the current issues surrounding reduced student recruitment into radiography programmes, it is essential that the profession provides further support to potential students to gain a place on an undergraduate radiography course.

Conference calls upon UK Council to work with HEIs, imaging and radiotherapy managers to highlight that this problem exists. Discussions are needed to identify action plans that support a more stream lined process by which potential radiography students can gain this valuable pre-registration experience.

The Society and College of Radiographers (SCoR), is aware that this is a challenge within some clinical learning environments.

Where the problem exists, it has been anecdotally reported to be multifaceted and has been suggested to be commonly due to:

- ***Clinical learning environment human resources departments will not facilitate observational visits without occupational health clearance, Disclosure and Barring Service checks (England and Wales), Disclosure Scotland check, Access NI check (Northern Ireland), honorary contracts etc.***
- ***Clinical learning environment managers will not facilitate observational visits unless the prospective student has selected the education provider that places students in their department as their Universities and Colleges Admissions Service first choice because they perceive workforce shortages as being a local recruitment problem.***
- ***There are no practice educators employed within the clinical learning environment to facilitate the organisation and supervision of observational visits.***

The SoR will undertake a survey to identify:

1. ***Which education providers mandate, strongly recommend or do not require observational visits prior to admission.***
2. ***Which clinical learning environment managers facilitate observational visits for all prospective students, some prospective students or local prospective students only.***
3. ***The reasons placement managers are not able to facilitate observational visits for all those that require or would welcome them.***

4. Action plans, where they exist, that can be shared with clinical learning environment managers and education providers to enable them to streamline their observational visit processes for prospective students where they are mandated or strongly recommended.

The survey and resulting data analysis and report will enable the problem to be identified, discussed and shared to support those managers who have not been able to support observational visits. The goal will be to provide guidance to support a more streamlined process for potential diagnostic and therapeutic radiography students to gain pre-interview/admission experience.

[NB In the second part it has been assumed that “pre-registration” should state pre-interview or pre-admission experience as all pre-registration students spend in the region of 50% of the time in the clinical learning environment so pre-registration experience is not the problem].

MOTION 33

Subject: MRI Safety Information for Ward Staff

Ward staff in the hospital setting often interact with MRI team members whilst organising scans for their patients. MRI staff require certain information from ward staff in order to make sure that the patients' needs are met, and their scans can be out with ease both for the patient and the radiographers.

Often there can be miscommunications between ward staff and the MRI team and this can result in failings for the patient. An example would be, can the patient tolerate the MRI, i.e. do they need pain relief or sedation?

Without understanding the MRI environment it can often be difficult for ward staff to appreciate the very specific requirements that a patient requires to complete the MRI.

As a region we propose a training module could be approved and accredited by SCoR for ward staff, encompassing safety in the MRI environment as well as the patient experience in order to have a better appreciation of what is required.

Conference calls upon Council to liaise with all healthcare providers and Higher Education Institutions across the UK, to develop a learning module that will encourage safe practice.

Funding has been secured and module development is underway for the development of a suite of MR e- learning that will be applicable to all staff in hospitals, they will be role based and relevant to all staff who are required to have any contact /access to MRI (including cleaners, porters, accompanying nurses).

The general and screening module would be applicable to ward staff. The learning content is still being developed and will once completed be made widely available and promoted via the HEE Technology enhanced learning platform. SoR Magnetic Resonance Advisory Group will consider developing a leaflet for ward staff which would be available from the SoR document library and which would be widely available and specifically promoted during MR safety week.

MOTION 34

Subject: Radiotherapy Education

The Radiotherapy profession has seen a decrease in student numbers studying Therapeutic Radiography BSc, whilst demand for staff is growing. The new apprenticeship scheme has been established to address these shortages, however Higher Education institutes and NHS trusts have reached a barrier to running this training due to inadequate funding.

Conference calls upon UK Council to lobby the government to increase funding input into Radiotherapy education either by re-introducing a Bursary Scheme or by providing additional funding support for Higher Education Institutes & NHS trusts for the apprenticeship scheme.

The Society continues to lobby for the return of the bursary and has met with the APPG on Radiotherapy about this matter. The Society and College of Radiographers has supported and input into the development of the degree level apprenticeship for Therapeutic Radiography and continues to lobby the Institute of Apprenticeship about the banding allocation. Officers continue to work with existing and new providers to support programme development for Therapeutic Radiography.

MOTION 35

Subject: Protected Study Time for Radiographers Undertaking Post Graduate Qualifications

Conference recognises that maximising the contribution of all members of the diagnostic team is central to improving capacity, efficiency and the patient experience. It also supports the national values outlined by Health Education England in supporting the development of Advanced Clinical Practice.

A lack of protected study time/support has the potential to lead to students failing courses. Subsequently, this can affect service provision with financial implications for departments i.e. no return on investment if the member of staff fails altogether or increased financial contribution if the department must cover resits.

Conference calls on UK council to support Learning reps and managers to ensure that learning agreements between course providers and trusts are upheld and include provision for protected study time, mentorship and access to necessary facilities and resources.

The College of Radiographers and Royal College of Radiologists Quality Standard Imaging (QSI) defines best practice standards for delivery of Imaging services, and includes a requirement that the following standards are met in order to achieve accreditation:-

FR4 -Staff should be supported to maintain and develop their competencies. Support mechanisms might include time and funding for continuing professional development (CPD) and continuous medical education (CME), personal development plans (PDP), refresher training activities and training related to new techniques. Staff should maintain records and evidence of their activities in personal portfolios. These activities should be relevant to current or future practice, contribute to the quality of their practice and service delivery and develop skills to benefit service users and patients. The service should seek to establish links with higher educational establishments to enable staff to develop their skills and competencies in a formal and measured way and provide clinical environments to support training.

FR5 -The service should plan education and training to support the current and predicted needs of the service, particularly for complex and developing

imaging procedures. This may be facilitated by links to, and involvement with, educational establishments to support specialist training (see also standard statement FR4).

Officers have raised this with regional managers groups and it is included within the Essential Training for Managers course. Further work will be undertaken within the ETM officer group (TUIR and PO) to consider how this can be further promoted.

MOTION 36

Subject: Training for Practice Educators

The role of the Practice Educator is constantly changing as new courses and ways of learning develop.

An example of this is the development of the new apprenticeship training programmes. This will provide new and exciting opportunities to train radiographers and hopefully help meet the increasing demand for radiographers.

Therefore, Conference calls upon UK Council to work with Higher Educational Institutions and practice educators to ensure that their training is up to date to meet these changes.

Currently, there are two courses approved by the College of Radiographers (CoR) that enable practice educators to apply for accreditation via the approved course route. All others are applying through the experiential route that requires them to demonstrate that they meet the twelve learning outcomes published in Health and Care Professions (H&CP) Practice Education Guidance. These learning outcomes cover all aspects of learning, teaching and assessment relevant to their learners.

There are currently 116 practice educators accredited by the College of Radiographers. There was a pause in the accreditation scheme whilst changes were being made and new guidance has been developed.

Actions to increase the number of approved courses and accredited practice educators:

- 1. Encourage all Higher Education Institutions (HEI's) to develop courses for practice educators. This will be undertaken via current links, Heads of Radiography Education group and Glasscubes group for radiography education leads.**
- 2. Encourage HEI's to apply for CoR approval for existing and newly developed courses – undertaken as above.**
- 3. Ascertain what HEI's are currently doing to incorporate apprenticeships into practice educator training – undertaken as above.**
- 4. The Assessor's Update Day is being held on 4 March 2020 and as part of this, we are discussing practice educator accreditation and apprenticeships.**
- 5. Develop additional brief guidance regarding assessing apprenticeship programmes for approval - what assessors will need to additionally focus on (i.e. how they will be training their practice educators, work-based learning, etc).**
- 6. Write an article for Imaging Therapy and Practice to raise the awareness of the essential role of practice educators, particularly with the introduction of a new method of training, apprenticeships – February issue.**

The HEI's that we know are developing apprenticeships, are planning to deliver their programmes from September 2020.

EQUALITIES (motions 37 – 39)

MOTION 37

Subject: Hidden Disabilities and Neurodiversity

The neurodiversity movement is the idea that cognitive conditions such as autism, attention deficit hyperactivity disorder (ADHD), dyslexia and dyspraxia,

should be accepted as any other human variation. Neurodivergent people should be allowed to be themselves, and individuals taught to cope, rather than try to mimic neurotypical behaviours.

Although these conditions are recognised as disabilities in many workplaces the support can be limited. There is little if any training or advice for reps or management how to support and manage these individuals, from their first contact with a potential employer, all the way through their working life, to retirement.

Conference calls on UK Council to provide practical support, advice, and supportive materials regarding neurodiversity in the workplace, and alternative pathways for neurodivergent thinking.

A considerable amount of information already exists on various support organisations and charities websites. Equalise is currently looking at collating the most relevant resources to produce an article for members.

MOTION 38

Subject: Supporting those with Learning Difficulties in the Workplace

Increasingly, radiographers are entering the profession with learning difficulties for example dyslexia, dyspraxia and autism.

Whilst universities are generally adept at supporting those with learning difficulties, the qualified Radiographer entering the profession often copes alone, their condition undisclosed to others.

Conference calls upon UK Council to work with appropriate charities to provide guidance and support on the SCoR website for Radiographers with learning difficulties and their colleagues.

This is being considered as a potential national training topic. Discussions are ongoing.

MOTION 39

Subject: Assistance Dogs

This conference notes the growing number of patients and staff with registered assistance dogs, with many requiring imaging and access in areas considered “high risk”, such as controlled areas and areas of high magnetic field strength.

Conference calls upon UK Council to provide specific national guidance on how these patients and staff can access Imaging Departments safely with their assistance dogs and in compliance with the Equality Act 2010.

The SCoR Health and Safety Policy Officer will review existing information to form a guide for reps and members which Equalise will advise on as needed.

NHS AND WORKFORCE (motions 40 – 44)

MOTION 40

Subject: The 10 Year NHS Plan

At the turn of 2019, the government revealed it's 10 year plan for the NHS, aiming to save "150,000 strokes, heart attacks, and dementia cases" as well as providing better mental health service access. This follows on from Prime Minister Teresa May announcing an increase in equipment for cancer detection in October 2018. Neither announcement involved improvement and additions to workforce, particularly radiographers.

Conference calls upon UK Council to lobby the government, in conjunction with other healthcare unions, in pressing for more staff to meet these improvements, as well as the rising demand already putting the NHS under pressure.

MOTION 41

Subject: Wholly Owned Subsidiaries

Nine NHS trusts in the Yorkshire and North Trent region have or are attempting to outsource some of their workload to outside companies, commonly referred to as wholly owned subsidiaries. There has been concern that these companies are set up as a VAT avoidance scheme and as a way to reduce staff costs by employing workers on less favourable terms than Agenda for Change contracts.

In September 2018, NHS Improvement told Trusts to pause any plans to set up wholly owned subsidiaries amongst concerns that they were being used solely for tax avoidance purposes.

Conference calls on UK Council to maintain pressure on NHS Trusts and join with other health unions in calling for this pause to become a complete cessation in setting up wholly owned subsidiaries.

MOTION 42

Subject: Car Parking

Conference recognises that there are differences in car parking policies throughout the NHS boards and trusts in the UK. There are huge sums of money being made by trusts in England, especially in the South East of England.

It is suggested that these charges are in line with green policies to reduce carbon emissions; it is also claimed that the money is used on patient care, the up keep of carparks and safety and security of all users. There is little evidence to support this, instead the majority of monies are used to subsidise private companies who are allowed to profit from hospital car parks.

Conference applauds NHS Scotland and Wales where hospital car parking is free in most hospitals, but notes that this free parking is often time restricted which is unsuitable for staff and patients attending for long appointments or treatment.

Council calls on conference to support a campaign for free hospital car parking throughout the UK for both patients and staff.

MOTION 43

Subject: Another Postcode Lottery: Let's Equalise It

The 2018 CQC State of Care report found that most people in England receive a good quality of care but that quality remains inconsistent and access to care is very much dependent on where you live.

There are clear rules about what medicines can be used and their end date of use. We also have clear clinical pathways for patients. There are no rules however when it comes to replacing NHS equipment no matter how old or unsafe it is. An unreliable CT scanner over eight years old, which the manufacturer can no longer provide support for, and an Ultrasound machine that is thirteen years old which NHS QA test found “electrically unsafe and a

hazard to health”: both still in use. Patients are being imaged with poor quality aging equipment, which will affect their care.

NHS staff use the equipment they are provided with. The timely replacement of all equipment should be a fundamental part of a Trusts Policy and Clinical Governance but it is not always the case.

We have an obvious duty of care and professional responsibility to provide an equitable service across the NHS and it is NHS and Trusts that should have a managed equipment replacement programme. A statutory timely requirement to replace equipment is required to ensure an equitable service to our patients across the NHS.

Conference calls upon UK Council to work with the RCR and the NHS to end this lottery of postcode diagnostics.

MOTION 44

Subject: Recognising AHP’s Role in Leadership

Although there is a sense that the contribution of AHPs is more widely recognised, the work of the SoR in partnership with AHP colleagues has been instrumental in that achievement, there is evidence that appropriate governance structures that would support AHP leadership and service provision are still not embedded in NHS Trusts and NHS foundation Trusts across England and Health Boards across Scotland and Wales, or Northern Ireland.

UK council seek the support of this conference to focus work this year on challenging traditional perceptions that the background of NHS leaders is nursing or medicine, and to focus on AHP impact across the whole system to guide development of future leaders.

PAY AND TERMS & CONDITIONS (motions 45 – 50)

MOTION 45

Subject: Advanced Practice – Split Contracts

Some departments are issuing split contracts where members are only being paid the higher rate for the hours that individuals are rota'd to undertake advanced practice. Conference recognises that the SoR does not support this.

Conference calls upon UK Council to clarify the Society's stance and to raise awareness regarding split contracts.

MOTION 46

Subject: Eradicating Split Contracts

Split contracts are being used for Radiographers who have gained advanced skills through training and are then performing these duties for only part of their contracted hours. For example, Radiographers trained to report but only being paid at the higher banding level when reporting, and are paid at a lower band when performing other duties. Within AFC terms and conditions page 323 Q&A section Part 2 Pay, Section 1, paragraph 6, footnote number 2, it states the specialist pay band must apply for all of their service and contracted hours, thus recognising the further training and expertise that the person has gained.

Conference calls upon UK Council to work with healthcare providers to promote the correct use of the specific AFC footnote in relation to Radiographers taking on advanced duties.

MOTION 47

Subject: Fair Pay for Apprentices

Annex 21: Arrangements for pay and banding of trainees previously known as annex U provides a fair and transparent way to pay apprentices.

This pay arrangement has been in place in NHS Trusts since the implementation of Agenda for Change. Apprentices in the NHS are not new.

It has come to the attention of conference that some employers are trying to avoid using annex 21 to pay the new and developing apprentice workforce and are looking at paying all trainees no more than the living wage. This is outside AFC terms and conditions.

Apprentices are NHS employees and should be paid according to NHS terms and conditions.

Therefore, Conference calls upon UK Council to work with NHS trade unions to negotiate the use of annex 21 when agreeing apprentice pay and get agreement that all NHS Trusts should pay the correct pay as outlined in Annex 21.

MOTION 48

Subject: Holiday Pay Calculations and Working Time Directive (WTD)

Payments Conference notes that some employers have not been paying members correctly during periods of annual leave. Agenda for Change Section 13.9 states:

“Pay during annual leave will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. Pay is calculated on the basis of what the individual would have received had he/she been at work. This would be based on the previous three months at work or any other reference period that may be locally agreed.”

The European Court and Employment Appeal Tribunals (EAT's) have also ruled that under the WTD, regular paid extras should be included in holiday pay calculations. This includes; but is not limited to, voluntary overtime, travel and enhancements etc.

Following recent rulings, it is unlawful not to have regular paid extras included in holiday pay calculations. Other Unions have already acted upon this.

Conference asks UK Council to support reps and managers in ensuring this is implemented correctly.

MOTION 49

Subject: Advanced Practice – Job Profiles

During the past decade there has been an increased uptake of advanced practice. The new pay band rates were introduced last year, however the current band profiles do not accurately represent the scope of clinical practice. These have not been updated since 2004.

Conference calls upon UK Council to request the national job evaluation group to review and modify radiographic band profiles to incorporate all advanced practice, ensuring national equality.

MOTION 50

Subject: Pay Protection + Recognition

The 2018 pay deal has provided a welcome reorganisation of the pay progression system by;

- eradicating the band overlaps
- reducing the number of pay points
- and increasing the overall pay

Although we recognise these benefits inspire and retain staff, especially those recently promoted, we note a marked inequality between those in the lower bands and pay points in contrast to those in the higher. For example, band 8 staff have received cash payments rather than a percentage pay increase.

There are more pay points within these bands, which invariably creates a disproportionate number of years to reach the top. Conference calls upon UK Council to work with other trade unions when this three year deal reaches its conclusion, to not only secure another fair pay deal but also to ensure parity across all pay points and all bands, including those at band 8a and above.

HEALTH, SAFETY AND WELLBEING

(motions 51 – 59)

MOTION 51

Subject: Mental Health First Aiders

(Group Debate with Motions 53, 54 and 55)

1 in every 4 people in the UK experience some sort of mental health issue in any given year. A failure to properly support employee's well-being and mental health could cost businesses £42 billion per year. Over recent years, awareness of these issues has become more prominent at all levels, from the government down and as a result, various initiatives have been started in order to tackle the issues.

One of these being the introduction of the mental health first aider.

Conference calls upon UK Council to work with other unions to campaign towards having active mental health first aiders as a minimum, in every work place in the UK.

Following discussions, this is deemed an employer's issue. Mental Health First Aiders work for the employer, and the responsibility rests with them. Awareness has been raised at regional Health and Safety meetings to help Health and Safety reps address the matter with employers for advice and guidance as required.

MOTION 52

Subject: Attendance Management Policy for Mental Health Illness

In Northern Ireland alone mental health is the leading cause of absence accounting for 31.9% of all working days lost.

Mental health reasons account for 39.1% of long-term sickness leave. In the UK a staggering 70 million work days are lost each year due to mental health problems.

Yet this absence can often be treated insensitively and as a result cause further delays in staff being able to return to work. Employers often don't recognise

that the pathway for management of attendance needs to be different for mental health related sickness absence. Also managers may not be adequately trained in this area nor be supported during this process.

Conference calls upon UK Council to develop guidance document for HSC and NHS Employers on managing mental health related sickness absence to help ensure parity for the treatment of members across the UK during this process.

Research is being undertaken to find best practice documents that could be used to signpost employers. This is ongoing.

MOTION 53

Subject: Mental Health Guidance

There have been great steps forwards in recognising mental health conditions over the last few Annual Delegates Conferences of the SoR. However, with the exception of a single webpage the Society does not have any guidance documentation around supporting members with mental health issues in the workplace.

Conference calls on UK council to develop a promotional campaign to raise awareness amongst members and a toolkit for managers, members and reps to promote a safe environment for discussion and remove stigma surrounding mental health conditions from the workplace.

***It was decided to signpost reps to available resources and guidance.
Materials have been updated accordingly for use during H&S reps training.
The matter has been raised at Regional meetings.***

MOTION 54

Subject: Health, Safety and Wellbeing

The TUC state that around 170 million working days are lost by people being too ill to go to work. Health and Safety Reps already take a leading role in ensuring the safety of members as they go about their day-to-day work and hold employers to task who do not facilitate required changes.

However a significant proportion of those lost working day are due to stress, depression or anxiety. ACAS suggests that employers are unwilling to deal with this issue in a proactive way due to the stigma surrounding mental health

absence, and that managers significantly underestimate the effects of mental health on their workforce.

Conference calls on UK Council to investigate the possibility of bringing mental health wellbeing into the remit of the Health and Safety Reps, training them accordingly and including the importance of mental health support into the workforce.

Following discussion, it was decided that this was not a matter for H&S reps to be a Mental Health First Aider has part of their role. We should encourage reps to push their manager or employers to act to raise awareness.

A Mental Health Awareness presentation has been developed to help reps. This has been rolled out to Regional meetings as part of national training programme.

MOTION 55

Subject: Aggressive Behaviour in Radiotherapy Departments

Therapeutic radiographers can be reluctant to start the process of abuse management; the reasons for this are two-fold. The aggressive nature of cancer means that any unscheduled gaps in treatment can have negative prognostic outcomes for the patient. The knowledge that a cancer journey can be long, emotional and difficult means that some otherwise unacceptable behaviour may be tolerated. When radiographers worry about the negative effect of starting the abuse management process they can leave themselves open to forms of abuse and effectively become an emotional “punch bag” because they are putting their own welfare last.

As previous incarnations of abuse campaigns tend to be fairly generic, we would hope this would be something that can address the complex relationship therapeutic radiographers have with their patients, as we feel this would make it more effective.

A possible tagline would be “abuse is abuse” to highlight that no matter the backstory or outcome abuse is quite simply abuse. Conference acknowledges the recent introduction of Assaults on Emergency Workers (Offences) Act 2018 as a step in the right direction towards protecting staff but as it is so recent, it is still relatively unknown.

Therefore Conference calls upon UK Council to start an awareness campaign to break the trend of this learnt behaviour.

Patients, and sometimes their family/carers, can become challenging, difficult, uncooperative or aggressive for a number of reasons.

There are a number of factors to assess which may, as identified be due to a medical condition, lack of resources and communication style of staff depending on competing pressures.

Whilst it is important to acknowledge this issue there are a number of factors to consider in a potential campaign for the health and well-being of all staff. Verbal abuse and aggression is also clearly identified within the SoR publication 'Work Related Stress Guidance for Health & Safety Representatives'

This motion was discussed at the December 2019 Professional and Regional Officer meeting. It was generally agreed that this is a potential issue in all clinical practice settings.

There was general agreement that there are already significant resources available so it may be better to look at integrating additional awareness.

It was agreed by those present at the meeting that this would be a positive opportunity for all to input into the future content of the Union Representative training sessions.

There is already currently a range of practical content on supporting the psychosocial well-being of staff and there may be options for practical cascade education sessions to compliment other stakeholder resources.

MOTION 56

Subject: Mandatory Flu Vaccinations

Conference recognises the dangers posed by flu, which kills an average of 8,000 people in England every year. Conference believes that it is appropriate for health staff to have the opportunity to have a free flu vaccination, and that staff should be encouraged to take this up by employers and unions.

However, Conference notes with concern that some health employers are making flu vaccinations mandatory for new starters. Conference also notes

that research does not recommend mandatory flu vaccination for healthcare workers.

Conference believes that the decision to have a vaccination should be a matter of personal choice and that the decision of a worker or potential new recruit to decline a vaccination should be respected.

Conference therefore calls on the UK council to:

- Continue to work with health employers nationally to promote the voluntary take-up of free flu vaccinations by health workers
- Reject any move by employers nationally or locally to adopt a policy of mandatory staff flu vaccinations
- Provide support for members facing initiatives by their local employers to impose mandatory flu vaccinations.

MOTION 58

Subject: Design of Radiography Departments

It has been noted by conference that many Radiography and Radiotherapy departments (inclusive of all modalities within) have been designed or modified without taking into account the manual handling needs and safety of the workforce.

Conference calls upon UK Council to publish guidance on best practice of departmental design and reconfiguration focusing on manual handling, ergonomics and workforce health and safety.

During the year, the SoR has been involved with a revision of the NHS Health Building Notes that cover imaging departments. This guidance is used when designing and building hospital and healthcare facilities. This timely revision provided the opportunity to contribute most constructively to responding to this resolution.

MOTION 59

Subject: Menopause Support

A recent survey of over 4000 workers found that 88% of women workers who had experienced the menopause felt it had an effect on working life, while around 6 in 10 experienced the issue being treated as a joke in the workplace.

The survey also showed that only a very small number of workplaces had policies in place to support women who experience the symptoms of menopause, and in some cases health and safety issues in the workplace caused women's symptoms to worsen.

Conference calls on UK council to deliver guidance for managers and reps to raise awareness and to enable them to support women experiencing difficulties relating to the menopause.

We recognise the importance of signposting reps to available information. It is also necessary to include materials in the H&S reps training and this has been done. This matter will be raised at future SCoR Health and Safety meetings.

SOCIAL AND ENVIRONMENTAL (motions 60 – 64)

MOTION 60

Subject: Better Recycling within the NHS

The NHS spends more than 700 million pounds a year on waste disposal. The White Paper, 2014 states savings of 15% - 20% can be achieved through implementation of effective improved waste management strategies. HSC Employers provide mandatory training on waste management through an e learning program but how many of us take this information in? An audit of 30 hospitals in the UK out for the White Paper highlighted that there was a gap in the knowledge of staff on waste management.

Conference calls upon UK Council to collaborate with the other Healthcare Unions for HSC and NHS employers to participate and enforce recycling within the different trusts/health boards to ensure a clean environment for the future generations.

MOTION 61

Subject: Reducing the Use of Plastics

This conference calls for UK Council to consider replacing the plastic wrap for the SCoR subscription journal/ magazines with a biodegradable, compostable and/or reusable equivalent wrap.

MOTION 62

Subject: Betting and Gambling Advertising

In 2018 The Remote Gambling Association (RGA) agreed to a “whistle-to-whistle” ban on gambling adverts during live sporting events from the start of the 2019 sporting season.

However, conference believes that this does not go far enough.

Gambling adverts are an increasing feature within the TV schedules both day and night and particularly evident as sponsors of daytime TV programming.

It has been noted by Jeremy Wright, the UK culture secretary and by some TV broadcasters that there is a significant risk to vulnerable people through exposure to Gambling advertising on TV.

Conference calls upon UK Council to support actions taken by responsible broadcasters which allow customers to block gambling adverts, and to put pressure upon the television Industry to limit gambling advertising during television programming.

MOTION 63

Subject: Indoor Fixed Trampoline Park Regulation

Conference notes that since 2014, there has been a rapid growth in the number of indoor fixed trampoline parks.

There are now over 200 parks in operation around the UK. Although it is recognised that many parks operate safely and are enjoyed by many people there has been a correlation in the increased number of ambulance call outs to trampoline parks and admissions to A&E due to trampoline injuries.

Currently, fixed indoor trampoline operators are not government regulated and do not have to sign up to the publicly accessible specifications for safety (PAS) published in March 2017.

Conference calls upon UK Council to work with the British Standard institute, Royal society for the prevention of accidents (ROSPA), the international association of trampoline parks (IATP) and British gymnastics to promote mandatory PAS safety accreditation of all fixed indoor trampoline operators ahead of any future government regulation of the industry.