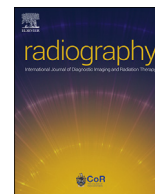




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## Guest editorial

The Society of Radiographers 1920 to 2020<sup>\*</sup>**The beginning**

The Society of Radiographers came into being when it was registered within the United Kingdom as a limited company by the Board of Trade on the 6th August 1920. Much has passed since then and this, the centenary year, is a time to reflect on the significant moments and challenges from its 100 years. This editorial focuses on key events that we believe have shaped the Society over that 100 years.

The Society was formed *'with a view to giving a definite professional status to those certified non-medical assistants who worked in X-ray and Electro-therapeutic departments'*.<sup>1</sup> The inaugural Council met on the 18th October 1920 at 1 Albemarle Street, London W1 and comprised representatives of the British Association for the Advancement of Radiology and Physiotherapy (BARP), the Institute of Electrical Engineers (IEE) and six radiographers from the London area. Sir Archibald Reid, a radiologist, knighted for services to radiology in World War I, became the first President. Dr Robert Knox, a radiologist representative of the BARP and Mr C H Wordingham, an IEE representative, were the first Vice-Presidents. Mr George Westlake, a radiographer and originally the pharmacist at the Cancer Hospital in Fulham was the first Honorary Secretary.

A priority was to attract members and a decision was made to contact radiographers and inform them of a meeting set for the 17th November 1920 to provide information about the Society. At the meeting, the Articles of Association were presented and the criterion for membership without examination which was proof of employment for not less than 10 years in an electro-therapeutic or x-ray department approved by Council. One of the next tasks was to formulate a syllabus and by June 1922 three examinations had been held. Successful candidates were eligible to apply for membership of the Society on payment of one guinea and use the designation MSR (Member of the Society of Radiographers). Successful candidates included Miss K C Clark and Mr G Lovell Stiles of Derby, both Presidents in later years.

The importance of research was recognised in 1922 when prizes were announced for the best theses in radiography and radiotherapy, and the President also announced that an aim of the Society *'was to be authoritative on all questions affecting this branch of scientific work.'*

**Reporting**

In the first two decades of the 20th century radiology was a discipline struggling to establish itself; many consultants in other

medical disciplines were sceptical of the new technology. To secure their position and establish consultant posts, radiologists needed ownership of X-ray work. This could not be claimed while radiographer reporting was commonplace and medical practitioners continued to refer patients to radiographers independent of radiologists. Article 23 of the Society's constitution was ambiguous on reporting and radiologist members of Council wanted to change that. At the end of 1923 Dr Stanley Melville in his presidential address announced that radiographers should do their utmost not to bring the Society into disrepute. What he meant was that radiographers should stop examining patients unless under the supervision of a radiologist and cease reporting. Two years of heated argument and proposed compromises followed but there was total opposition by radiologists to radiographer reporting under any circumstances and, in 1925, radiographers ceded their right to report. A crucial factor was that the Board of Trade, on the advice of the General Medical Council, would not approve new Articles of Association if there was any leeway permitting radiographers to report even under the supervision of a radiologist. IEE members, many with private practices, resigned *en bloc* from the Society with the consequent loss of distinguished engineering and scientific members. The Society then allowed the medical grip on radiography to tighten still further with its affiliation to the British Institute of Radiology (BIR). The fall-out from the reporting argument resulted in a restriction of practice for 65 years which ended only when the regulatory body amended its statement of conduct<sup>2</sup> to allow radiographers to describe image appearances both verbally and in writing in response to developments in ultrasound. That opened the door to plain film reporting in the 1990s, helped by prevailing conditions in the NHS and by radiographers seeking to improve their service to patients. A return to reporting was not welcomed by all and even today there remains opposition from some radiological circles.<sup>3–7</sup> Nevertheless, without radiological support radiographer reporting would have not resumed.

**Industrial relations**

One of the Society's strengths has been fighting for improvements in pay and conditions although its tenacity in such matters as a fledgling organisation was less forceful than in the last 50 years. Nevertheless, an Employment Bureau was established in 1922 to assist members in finding employment and during the war years the Society worked closely with the government on employment matters. However, the Society was not always responsive to the wishes of members and, in 1943, Council dismissed a request from the North East Branch to hold a delegate conference to discuss post war planning. It was not until December 1979 that such a conference became a reality.

<sup>\*</sup> Unless otherwise referenced, material in this editorial was sourced from minutes of the Society of Radiographers archived at the Modern Records Centre, University of Warwick (1920–2003) and at the Society of Radiographers (2003–date).

Over the years, the Great Depression and the war had taken their toll on earnings and conditions, and the advent of the NHS did little for salaries. Dissatisfaction grew in the post war years resulting in a rise in militancy amongst members led by Peter Marples, Alan Watson and Michael Wright from Derby. This pressured Council to take decisive action on pay and conditions and a strike ensued, albeit with cover for emergency services. Approximately 2,000 radiographers marched across London in 1974 to protest over their pay and conditions. It was a time of great unrest but the Society and its members held firm; the government established the Halsbury enquiry and the Secretary of State for the Department of Health and Social Security, Barbara Castle, attended a Council meeting and gave assurances that the government would deliver on Halsbury's recommendations and an interim pay award. This victory by members was short-lived and industrial concern resurfaced in the late 1970s and early 1980s as pay fell behind again. The establishment of the Pay Review Body provided some stability from 1984 until the aftermath of the financial crisis of 2008 but the significant changes to conditions of employment brought in by Agenda for Change in the early 2000s was problematic notably, the change from a 35 to a 37.5 h working week. Members of the Society voted against accepting Agenda for Change by a small margin but the Society was in the minority and Agenda for Change went ahead with both winners and losers amongst members.

Two other important events in the past 40 years were affiliation to the Trades Union Congress (TUC) in 1990 and the establishment of a political fund in 2016. Two ballots were needed to convince a majority of members that TUC affiliation should go ahead. Two ballots were also held to establish a political fund but it was Council that prevaricated in the long inter-ballot period.

## Education

In the 1930s the Society took a strong lead in improving education and training and the number of approved schools of radiography increased rapidly.

Fellowship of the Society was launched in 1936 and, initially, 10 Honorary Fellows were elected. Apart from election, Fellowship was obtainable by examination but was only awarded to successful candidates who could demonstrate that they had contributed to the work and values of the Society. Eventually Fellowship by examination was replaced by the Higher Diploma examination but election of honorary Fellows remained, transferring to the College of Radiographers after it was established in 1977. In 2015, Fellowship of the College of Radiographers by submission of a portfolio was introduced, open to all members of the Society.

The first Annual Conference of the Society was held in June 1947 in Bath and included an exhibition of radiographs by members. Effectively, the conference was the Society's first national continuing professional development (CPD) event and set a precedent that remains as part of the multidisciplinary United Kingdom Imaging and Oncology Congress.

By 1948, pressure had been rising for some time to separate the qualifying examinations for diagnostic and therapeutic radiography and to remove the therapy endorsement introduced in 1936. It was agreed that from November 1950 examination candidates could enter for the MSR (R) or MSR (T) and from 1948, the Fellowship examination became available in radiotherapy for the first time.

The Society suffered a major blow in 1948 when it learnt that its application for a Royal Charter had been refused. The Society wanted autonomy in controlling its syllabus and examinations which were under the influence of the Faculty of Radiologists (established in 1939) and the BIR. A Royal Charter would have given that autonomy. However, it was not to be, the Privy Council sought advice from the Faculty and the BIR who both opposed the

application on the grounds that in their view it was not possible to operate without medical control.

In the 1950s, the Society set out its plan for three-year training but it was 1980 before this was realised. There had been sustained opposition from the Faculty of Radiologists on the grounds that it was unnecessary, and due emphasis could be given to practical work in two years.

Although it seemed that the three-year education programme had put the profession on an even keel, many of the professions allied to medicine and nursing were turning towards degrees. Much debate in the Society ensued and, after prolonged soul-searching, a decision was taken that the profession should become degree entry. There was opposition from within the profession and externally, largely from scientific officers at the Department of Health who saw a new grade of 'imaging technician' replacing the traditional radiographer but with the possibility of a small number of degree holders. This was resisted strongly and came to no avail. Former opponents to three-year training, the Faculty of Radiologists, now The Royal College of Radiologists, raised no objection, offering to assist where it could. One of the major catalysts was the government's White Paper *Working for Patients*<sup>8</sup> which put the responsibility for education and training in England in the hands of regional health authorities. They took the lead by contracting for education with higher education institutions. Although this resulted in the closure of many small schools, educational and economic viability of larger centres within higher education was assured. The first-degree course validated by the Society was at Portsmouth in 1989 followed by courses in Ulster and the schools of radiography at Guy's Hospital and Ipswich. An argument of those opposed to degree level education was that radiography was a practical subject unsuited to that level of education. But the onset of degree education resulted in the formal assessment of clinical skills not seen since the special examinations in 1921. Looking back, it is tempting to ask what was all the fuss about? As degree entry became the norm in the mid-1990s the College of Radiographers' (see below) qualifying examination was withdrawn; it had served its purpose for 70 years but it was time to move on. Other post qualifying qualifications, the higher diploma, the management diploma and the ground-breaking diplomas in medical ultrasound and nuclear medicine, were also withdrawn with the onus passing to higher education to offer appropriate alternatives. The College, far from giving up its educational role, developed an all-embracing framework to accredit education from assistant practitioner level to master's degrees, and all forms of CPD. This remains a key strength in 2020.

## Registration

The Board of Registration of Medical Auxiliaries was founded in 1936 by the British Medical Association in conjunction with the Society of Apothecaries of London, the Society of Radiographers and the Chartered Society of Physiotherapists. This did not last but it was the precursor to state registration. In the 1940s, the Cope Commission was established to consider the supply, demand, training and qualifications of auxiliaries employed in the NHS. Cope failed for a number of reasons but significant was the dissent by the Chartered Society of Physiotherapy<sup>9</sup> and its opposition to medical control inherent in the proposals. Government pressed on with consultation on regulation during the 1950s and this led to the Professions Supplementary to Medicine Act 1960. The Society supported statutory regulation but fervent opposition was mounted by the Faculty of Radiologists intent on scuppering the Bill. Had it succeeded, all of the other professions would have been affected simply to ensure that radiographers were not granted any autonomy under the Act. Fortunately, the government were not persuaded and in 1960 the Professions Supplementary to Medicine

Act entered the statute book. Regulation of radiographers passed to the Health Professions Council in 2003, now the Health and Care Professions Council, and left radiographers in no doubt about their professional autonomy and accountability.

### Constitutional change

A year after the Society's Golden Jubilee in 1970, the Society's Council agreed that 'Article 37 (3) and (4) should be deleted'. This was significant as it would remove from Council, members nominated by the Hospital Physicists Association (HPA) and the Faculty of Radiologists, and for the first time the profession became wholly self-governing. Relationships with both bodies were to continue through regular liaison meetings, an arrangement welcomed by both the HPA and the Faculty.

### The College of Radiographers

The College took effect on 1st January 1977, established as the charitable subsidiary of the Society. This resulted from the Society's desire to become an independent trade union which, under the 1974 Industrial Relations Act, was incompatible with its status as a registered charity. It remains the sole charitable subsidiary of the Society and serves educational, professional, scientific and research objects for public benefit. The immediate effect of the split was changes to the titles of qualifications; the DSR (Diploma of the Society of Radiographers) became the DCR (Diploma of the College of Radiographers) and HDSR became the HDCR (Higher Diploma of the College of Radiographers). Other changes included that council members had a dual role, one as a member of the Society Council and a second as a member of the College Council, necessitating two Council meetings instead of one. In 1998, governance of the College was separated from that of the Society by the establishment of the independent College Board of Trustees.

### A home base

One of the reasons the Society sought affiliation to the BIR in the 1920s was its ambition to have its own premises. Affiliation provided a permanent address and other facilities at a cost, and for many years. In 1953, the Society felt that an increase in its accommodation was desirable and necessary although there was '*no suggestion of wishing to break relations with the Institute*'. Limiting factors were the availability of suitable premises and cash reserves but, in 1968, the Society opened formally its own premises at 14 Upper Wimpole Street, expanding in 1984 to purchase number 13 across the road. Staff and members had to negotiate London traffic to gain access to and from each building. Another move followed to premises in Carriage Row, Euston and ultimately to the current home in Providence Square, Mill Street, Bermondsey.

### The journal

It would be remiss not to acknowledge the major role of the journal *Radiography*. Volume 1, Number 1, appeared in January 1935 under the honorary editorship of Dr G.W.C. Kaye, OBE, later to become president of the Society. The journal throughout a chequered history has played a vital professional and educational role, and disseminated research outcomes to radiographers and others across the world, maintaining a valuable and valued service to members of the Society. During the Second World War, its continued publication despite a paper shortage and many members

in the armed services, some of whom submitted articles, is worthy of special mention.

The current version was relaunched as a peer reviewed Journal in 1995. In 2020 it is probably the foremost international radiographic journal and is cited in the leading medical indexes. From its origin as a British journal in 1935 it has become the official peer reviewed Journal of the Society and College of Radiographers, and of the European Federation of Radiographer Societies.

### Into the 21st century

As the Society entered the 21st century, its membership numbered approximately 15,000. Twenty years on, membership approximates 30,000, a number unimaginable in 1920. In those 20 years the rate of change has outpaced that of the first 80 years. Membership is diverse, including assistant practitioners, sonographers and nuclear medicine technologists as well as radiographers.

Participation in the Department of Health's Radiography Skills Mix Project<sup>10</sup> at the beginning of the century provided opportunity for the Society to promote advanced and consultant practice together with relevant postgraduate education and research. Advanced and consultant practitioners and researchers are now embedded in clinical services with practitioners holding relevant master's and doctoral qualifications. Similarly, there are now established professors of radiography and post doctoral research fellows. Such roles would have been inconceivable to the Society's Council in 1920.

Through the College, the Society has developed considerable CPD support and provision, with its ground-breaking CPD Now and e-Learning for Healthcare initiatives. There is also significant support for research, with grant awards available from £1,000 (pre-registration students) to £25,000 (doctoral students).

New roles and education routes have continued to evolve. In 2005, work on the prescribing of medicines resulted in both diagnostic and therapeutic radiographers being able to qualify as supplementary prescribers, enabling them to provide enhanced care to patients. From 2016, therapeutic radiographers have been able to qualify as independent prescribers, further improving care to patients. Sadly, diagnostic radiographers have yet to secure such rights due to significant opposition from the RCR; history has a habit of repeating itself. In 2020, new education routes have emerged, including degree apprenticeships in diagnostic radiography, and undergraduate medical ultrasound programmes.

Patients and the public have become central to the Society's work through the Patient Advisory Group, established in 2007 but unthinkable in 1920. Patients' perspectives inform the Society's activity within the TUC and within government; for example, campaigning to improve funding for mental health services and to address medical equipment shortages, and giving evidence to the House of Commons Select Health and Social Care Committee.

### Conclusion

The landscape a hundred years on from the inception of the Society is unrecognisable. Over the century the Society has risen to many challenges and mostly acted in the best interests of its members although not all members would always have agreed. As the Society enters its second century, it faces the unprecedented challenge of the Covid 19 pandemic. Its members are on the frontline, critical to diagnosis and monitoring, and central to the recovery phase. At this time as at other difficult times in the past, there can be no doubting the resolve of the Society to do what it believes is right for its members and the patients for whom they care.

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