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activities associated with MRJC included conference presentations, published papers, collaborative chats with post-graduate students, and organization of conference networking events. Journal articles were downloaded more frequently when they were selected for MRJC. Finally, the most popular blog (1,003 views) discussed research and consultant radiographers (October 2016). Blog visitors and chat participants came from over 100 different countries; the top three are the United Kingdom, Canada, and Australia.

Conclusion: Our analysis indicated that MRJC is an impactful source of continuing professional development and networking with a wide global

1. Luby, M. Riley, J. Towne, G. (2006). Nursing Research Journal Clubs: Bridging the Gap Between Practice and Research. *Medsurg Nurs.* 15(2), 100-102. 2. Currie, G. Woznitza, N. Bolderston, A et al (2017). Twitter Journal Club in Medical Radiation Science. *J Med Rad Sci.* 48(1), 83-89.

P220 Coping and the plain radiography student: Professionalism and the crippling dilemma of accountability before and after graduation

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Background: While the HCPC standards for radiography have not altered significantly since their initial publication, an examination of current NHS medical imaging workload data and case mix^[1,2] reveals that real-world medical imaging practice itself is undergoing a period of sustained change and increasing professionalisation. This movement places enhanced accountability on even the most junior of clinicians, against an escalating variety of practical clinical tasks.

Building on the work of Sloane and Miller^[3] regarding radiography unit managers' perceptions around the "fitness for purpose" of new radiography graduates, the findings detailed herein explore in greater depth the relationship between contradictory structural pressures in UK Higher Education (HE) and the NHS.

Methods: Using a Straussian model of Grounded Theory^[3,4] extended accounts provided by N=20 radiography department leads were analysed.

Results: Three themes emerged:

1. Participants voiced a degree of frustration around having to chase new graduates to undertake core roles and professional activities
2. Newly qualified staff were regularly reported to have difficulty in maintaining a work life balance in 24/7 medical imaging services
3. Recent graduates found difficulty in taking responsibility for their own mistakes.

Conclusions: The recent shifts in accountability-modelling in HE and the NHS place new radiography graduates in a profoundly difficult position regarding their adaptation/coping capacities. Shifting suddenly from an environment (HE) in which nearly all accountability is presently placed upon their lecturers and clinical tutors, into a professional context (NHS) in which all accountability is placed upon them, was noted to be crippling for them in many cases.

[4]. Charmaz, K. 2008, "Grounded Theory" in *Qualitative Psychology: A Practical Guide to Methods*, ed. J.A. Smith, Sage, London, pp. 81-110. [1]. CREDO 2014, A White Paper investigation into the proposed commissioning of new PET-CT services in England, CREDO, London. [2]. NHS England 2014, NHS Imaging and Radiodiagnostic activity, NHS England Analytical Services, Leeds. [3.] Sloane, C. & Miller, P.K. 2017, "Informing radiography curriculum development: The views of UK radiology service managers concerning the 'fitness for purpose' of recent diagnostic radiography graduates", *Radiography*, vol. 23, no. S1, pp. S16-S22.

P221 Select me! preparation for employment using workshops and speed dating interviews

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UK Diagnostic Radiography students study similar topics as a necessity to meet legislative and clinical requirements therefore it is essential that additional "soft" skills required to gain employment are enhanced to allow competition. Preparing year 3 students in these skills is challenging particularly with large cohorts and many will have limited interview experience. To meet this challenge a new method using a triple workshop approach and speed dating interviews has been introduced with support from the university Employability and Educational Opportunities Department; clinical partners and university lecturers.

Workshop 1 introduces students to electronic job searches and selection of appropriate positions. Registration onto NHS jobs takes however direction to other opportunities is given eg private healthcare and the military. Workshop 2 involves small group work looking at ten key interview questions provided by clinical partners. Students discuss and produce answers to the questions. Workshop 3 takes place on the same day as workshop 2- groups of students (4-5) rotate around ten interview stations where an interviewer asks one key question to one student.

Peer feedback is sought by the interviewer re the quality of the answer before giving additional feedback and guidance. A bell indicates time to rotate to the next station- each student will answer a minimum of 2 questions and will give peer feedback on 8 others. This process has been well received by students with positive module reviews. Anecdotal evidence exists from external interviewers that our students out perform competitors leading to 100% employment each year.

1. Health and Care Professions Council. (2017) Standards of Education and Training. Publication code: 20120801POLSETS (amended June 2017). HCPC. London 2. The Society and College of Radiographers. (2007) *Clinical Imaging and Oncology; Learning and Development Framework for Clinical Imaging and Oncology*; SCOR London. 3. Jackson D. (2012) Testing a model of undergraduate competence in employability skills and its implications for stakeholders. *Journal of Education and Work.* Volume 27Pages 220-242 ; 2014 - Issue 2; Pub. Taylor & Francis.