Observations: Peer review encompasses a wealth of practices, with collaborative working being central to this. Peer review is a supportive process through which learning and development are encouraged to improve standards, facilitated through dedicated reporting radiographer L&D meetings.
Conclusion: Peer review acts as a valid and effective estimate of reporting radiographer performance. The process also serves as a continuing education tool, supporting the growth and development of the team.
A sample of current references include: Harvey, H.B. et al. (2016) Key performance indicators in Radiology: You can't manage what you can't measure. Current problems in Diagnostic Radiology, 45(2):115-121. Harvey, H.B. et al. (2016) Radiologist peer review by group consensus. Journal of the American College of Radiology, 13(6): 656-662. Stephenson, P. et al. (2012) An evidence based protocol for peer review of radiographer musculoskeletal plain film reporting. Radiography, 18(3):172-178. The Royal College of Radiologists. Quality assurance in radiology reporting: peer feedback 2014

P060 **Sonographers' experiences of work-related musculoskeletal disorder: The everyday consequences of physiological stress and injury in contemporary ultrasound**
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Background: By 2013, the UK government's Migration Advisory Committee had listed sonography as an official 'shortage specialty'[3,6]. As a consequence of the working stresses allied to this shortage, British sonographers have increasingly been reducing hours or leaving clinical practice entirely[7]. Moreover, among those who remain, incidences of reported chronic pain and active injury are also on the increase within a profession that was already synonymous with high rates of work-related musculoskeletal disorder (WRMSD)[2]. While contemporary research has described the rates of WRMSD among ultrasound practitioners[1], none has to date extensively explored its personal and professional impacts.
Methods: Using a model of Interpretative Phenomenological Analysis with proven facility in medical imaging research[4,5], extended semi-structured interviews with N=10 experienced sonographers were analysed. **Results:** Participants routinely reported a sensation of guilt and depleted self-efficacy that not only permeated any working absence resultant of their own WRMSD, but also to taking legitimate leave when colleagues were suffering from WRMSD. An upshot of this was to recurrently "take one for the team" and work through excessive pain, even when this would likely result in greater prospective physical damage. While the basic shortage of sonographers was the core attribution for such behaviours, participants also cited (a)increasingly obese patients, (b)increasingly unhelpful (i.e. profiteering) equipment manufacturers, and (c)their own paternalism regarding healthcare.
Conclusions: The present situation in ultrasound mirrors a culture of potentially dangerous pain acceptance that been noted in the psychology of sport for some time[8], albeit for largely altruistic, rather than egotistic, reasons.
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HEAD & NECK/NEURO

P061 **Skull lesions on CT head**
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Background: The skull should be reviewed on bone windows for every CT head to look for potential skeletal abnormalities. 300 consecutive CT head scans were reviewed to evaluate the prevalence of skeletal lesions in an elderly population. We present common and important skull lesions with which every reporter of CT heads should be aware, with case examples.
Purpose: We present the frequency of skeletal findings on CT heads in an elderly population, alongside a pictorial review of important and common bony lesions, including benign and malignant lesions.
Summary: 13/300 cases (4%) had a suspicious lesion on CT head. On clinical review of these 13 cases, 4 were found to have definite myeloma, 3 had possible myeloma, and myeloma could not be excluded in the remaining 6 cases. We summarise that the referring clinician should be alerted to suspicious lesions seen on CT heads. We also include a pictorial review of common and important lesions, including: venous lakes, vascular channels, arachnoid granulations, myeloma lesions, lytic metastatic lesions, and sclerotic metastatic lesions.