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P161 Personnel flux and workplace anxiety: Personal and interpersonal consequences of understaffing in UK ultrasound departments

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Introduction: By 2013, the UK government's Migration Advisory Committee had determined sonography to be a formal shortage specialty, and understaffing remains a key concern for research in the domain^[2,4]. This presentation, emergent of a qualitative study funded by Health Education North West, explores unit managers' perspectives on the present state of UK ultrasound. The focus herein falls upon the personal and interpersonal consequences of this circumstance for individuals working in specific understaffed departments.

Methods: A thematic analysis informed by a Straussian model of Grounded Theory was utilised; [3] N=20 extended accounts provided by ultrasound department leads in public (n=18) and private (n=2) units were collected and analysed accordingly.

Results: Two global themes are addressed herein. The first describes how both inter-departmental movement of senior sonographers and early retirement, within a nationally understaffed picture, impacts negatively upon local knowledge economies and lessens training opportunities. The second highlights how such staffing instabilities can undermine the day-to-day self-efficacy of managerial staff and practicing sonographers alike, with both orders of individual reported to be persistently dealing with the stress of actual and potential departures. This is further reported to undermine team morale, and render planning for the future extremely problematic.

Conclusions: It is personnel flux, rather than simple short-staffing, that is reported to cause the greatest social-psychological problems for both managers and sonographers^[1]. The issues raised herein require further examination from the perspective of sonographers themselves, in order to corroborate the views of the managers interviewed.

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P162 Pulmonary nodule reporting radiographers - 2 years in practice

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Locally there was a lack of thoracic radiologists and with appropriate training radiographers have been able to report CT Chest follow up scans for pulmonary nodules. The role allows radiographers to do comparison measurements from baseline and previous CT imaging to establish whether these nodules are longstanding and then recommend follow up, discharge, referral to Nodule MDT or escalate to Lung MDT. By referring to the British Thoracic Society (BTS) guidelines^[1] the radiographers endeavour to produce accurate timely reports with comparison volumetry measurements. This service consolidates the existing pathway for nodule follow up with more consistent and detailed reports to enable effective patient management. This role has been undertaken with in house training by thoracic radiologists, attendance at MDTs and collaboration with respiratory physicians.

Further training in plain film chest reporting is also been undertaken by the nodule reporters to locally expedite diagnosis of lung cancer. Additionally the role currently involves NIHR research on new predictive nodule software. There is also a current partnership with other centres to improve radiographer involvement in the optimal lung cancer pathway^[2]. This service was developed in May 2017. Continual audit and report feedback has been very positive and the thoracic radiologists and respiratory physicians have seen the service improve since its inception.

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P163 Student radiographers: Current career aspirations

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Background: Health Education England (2017) introduced an initiative, the "cancer workforce plan". This plan included the commitment to increase levels of the current workforce with an additional 2227 Full-time Equivalent Diagnostic Radiographers by 2021. The Society of Radiographers (2014) estimate there is currently 26,000 diagnostic radiographers to be registered with the HCPC, this initiative will increase the workforce by 8.5%. There will be an increase of demand on services and exploring career aspirations of student Diagnostic Radiographers will give an insight into the future workforce of radiography. This will