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Results: There was a response rate of 42.9%, including all 4 home countries. Only 4 sites (5.1%) do not employ radiographers in advanced roles. The most common approach to recruitment to adv posts is to train staff locally (n=64/75; 85.3%), with 23 also recruiting qualified external staff into such roles. The pay bands were broad (6-8B), with high pay being related to individuals also holding leadership/management roles. The majority require postgraduate education but do not expect staff to have accreditation at an advanced level.

Conclusion: Despite advanced practice being common, there remains inconsistency in role implementation both across modalities and NHS Trusts.

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P129 Don't fear the theatre? Newly-qualified diagnostic radiographers' tales of conflict and camaraderie

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Background: The rapidly changing landscape of healthcare provision in the UK has left many medical imaging curricula struggling to fully equip their graduates for immersion in clinical practice upon qualification (Sloane and Miller, 2017). The national study from which the findings reported below are drawn aimed to explore the practical experiences of recently qualified diagnostic radiographers, with a view to highlighting how well-prepared they had found themselves to be in professional contexts. A key emergent concern related to working in operating theatres.

Methods: Extended semi-structured telephone interviews were conducted with N=20 radiographers (f=13, m=7) working at sites across the UK. All had graduated a maximum of two years previously. Transcribed data were investigated using the techniques of Straussian Grounded Theory (Waring et al., 2018).

Results: Theatre-related experience addressed four core key participant concerns. (1) A lack of academic and placement-based preparation regarding "what to expect" in theatre, both of which brought into sharper relief: (2) A sense of unpreparedness for the technical expectations of a radiographer in theatre, and (3) the often highly pressurised - and sometimes inferably hostile - interpersonal environment therein. The latter, however, was to some extent offset by (4) a reported strong sense of camaraderie and support among radiographers themselves, and particularly immediate peers, around theatre work.

Conclusion: These findings confirm and develop upon a number of concerns raised by Naylor and Foulkes (2018) regarding student radiographers' readiness for the technical and social demands of theatre, and underscore a possible shortfall in current curricula and placement structures.

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P130 Actionable reporting audit: Are radiologists appropriately answering the clinical question?

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Introduction: As per the Royal College of Radiologists (RCR), all radiology reports must meet certain criteria to ensure they are informative, concise and can be appropriately acted upon by the requesting clinicians^[1]. Actionable reporting has been shown to improve patient management and clinical outcomes^[1]. Radiologists should be achieving 100% in the following standards: 1) Did the report answer the clinical question,

2) Was a tentative/differential diagnosis provided, 3) Was advice provided regarding the next step, 4) Was the advice provided appropriate.

Methods: Retrospective data was collected regarding 100 CT abdomen-pelvis reports at a London-based DGH between February-March 2019. This included elective and emergency scans, and excluded scans reported as 'normal'. Interventions were carried out as below and re-audited in November 2019. Qualitative analysis was independently carried out by two junior doctors supervised by a consultant radiologist.

Results: Initial data showed standards 1 and 2 were relatively well met at 98% and 95% respectively. Standards 3 and 4 were considerably lower at 55% for both. The results were presented locally to radiologists and posters were disseminated throughout the department to increase awareness and remind staff of the expected RCR standards. Results of the re-audit after the interventions were implemented showed an improvement of all standards, particularly 3 and 4, which both improved to 90%.

Conclusion: Actionable reporting can be achieved through regular audit and improving awareness. This has a significant impact on patient care as reports not meeting the desired criteria can result in avoidable delays and impact patient outcomes.