SHARING BEST PRACTICE

P139 Assess the feasibility of therapeutic radiographers undertaking a brief geriatric assessment during routine radiotherapy practice

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Background: Age-related decline in health deems radiotherapy as an attractive treatment option for people with cancer compared with surgery or chemotherapy[1]. However, even low-grade side effects may significantly impact older patients' health and quality of life[3]. The use of a geriatric assessment (GA) prior to undergoing cancer treatment has been advocated to identify areas of frailty that are potentially treatable to improve patient health outcomes and enhance quality of care[2]. This project aimed to assess the feasibility of therapeutic radiographers undertaking a Geriatric Assessment.
Method: A therapeutic radiographer undertook an adapted geriatric assessment with 15 patients with training and supervision from an occupational therapist. The primary measure of feasibility is the time taken and skills required to complete the GA effectively.
Results: 67% of the patients were identified as having unmet needs, of which 53% had functional, psychological, nutritional and fatigue respectively. Time required to undertake the GA ranged from 20-90 minutes. An additional 1-5 hours were spent undertaking interventions post assessment. 33% of patients had low level needs that could be met by the radiographer.
Conclusion: This project suggests that with appropriate training radiographers have the potential to be able to assess for frailty and deliver low level interventions. However, a large barrier to this is the time constraints imposed by the service. This piece has also highlighted the need for greater Multidisciplinary Team working, so that appropriate and timely interventions can be provided to support patients, undergoing radiotherapy who's needs require specialist intervention.

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P140 Simple radiological investigation to detect cancer; Are they slipping through the net?

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Background: According to British Thoracic Society, patients with Community Acquired Pneumonia (CAP) with higher risk of malignancy (over 50 or smokers/ex-smokers) require follow up chest x- rays 6-8 weeks post discharge. This is to ensure resolution of pneumonia and early detection of underlying malignancy.
Methods: Study looked at 20 medical wards at QAH between September and December 2019. Electronic discharges that coded CAP and met the inclusion criteria were screened. Those that had x-ray reports of pneumonic changes were identified. PACS imaging was analysed to see if a follow up x-ray had been performed.
Results: A total 907 patients coded for CAP in the 3-month period. 101 patients were deemed high risk, 50 of these patients were analysed. The remaining 51 were either readmitted, died, had existing lung cancer or were miscoded. 23/50 (46%) received x-ray follow up within 8 weeks. Of these 23 patients, 17 were followed up by the GP and 6 by the hospital. The respiratory ward scored 76%, compared to geriatrics ward with 11%.
Conclusion: Across the 20 medical wards at QAH, there is a lack of awareness and education regarding BTS guidelines for follow up x-rays. There is a discrepancy amongst respiratory and non-respiratory wards, highlighting the possible lack of familiarity. There may also be I disconnect between primary and secondary care. We aim to improve on the above factors and target 100% for follow up CXR in 6 months.

P141 Is your radiology department prepared for COVID-19? Lessons from SARS -CoV-1

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Background: Although Radiology is not traditionally viewed as a frontline clinical service, SARS and now COVID-19 outbreaks reveal a different perspective. The operational response of the radiology department during a novel infectious disease outbreak is pivotal. It extends beyond the timely provision of radiologic results to identify cases, to ensuring protection of patients and staff by keeping infection control in the forefront. In addition, maintaining the morale of staff is paramount, as people are the most important resource during a crisis.
Purpose: The poster examines the radiology preparedness policies to be adopted during an infectious disease outbreak to ensure continued radiology services, without compromising the safety and well-being of our patients, staff and the community. The study consisted of a literature review that was designed to explore the operational changes instituted in tertiary hospital

radiology departments, in countries that were deeply impacted by both SARS, and COVID-19 outbreaks. The aim is that the lessons they learnt will be useful in preparing radiology departments elsewhere in facing the COVID-19 pandemic, and similar crises in the future. **Summary:** A0 portrait style, with subheadings (background, purpose, summary), tables highlighting the 5 key areas for a radiology department to address (1. Integration of the radiology department into the hospital's outbreak response. 2. Infection control. 3. Leveraging equipment and processes. 4. Timely and accurate provision of radiologic results. 5. Human resources).

P142 **An analysis of 30 day mortality post palliative radiotherapy for malignant spinal cord compression: Can we safely reduce the fractionation for poor prognosis patients by using biomarkers and performance status?**

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Background: Malignant spinal cord compression (MSCC) is classed as an oncological emergency and approximately 5 -- 10% of patients with cancer will go on to develop MSCC[1]. However, patients presenting with MSCC have a poor prognosis with a median survival of 2 -3 months[2]. A guideline published in 2012[3], suggested that less than 20% of patients receiving palliative radiotherapy should die within 30 days of treatment. This project was designed to analyse the 30 day mortality post palliative radiotherapy for MSCC patients to identify if radiotherapy fractionation can be reduced in patients likely to die within 30 days by monitoring biomarkers and performance status (PS). The literature suggests[4-6] that by monitoring both biomarkers and PS it may be possible to identify in advance a cohort of patients who will die within 30 days of MSCC treatment.
Methods: A 6-month cohort of patients treated for MSCC, radiotherapy date, date of death, biomarkers, PS and fractionation was recorded. An analysis was performed to look for correlation between biomarkers, performance status and prognosis.
Results: 30 day mortality rate = 16.8% A positive correlation between worsening PS and rising CRP (biomarker) levels was found with a correlation coefficient of 0.7, suggesting a moderate to high level of correlation. There was negligible correlation found between PS and decreasing Albumin levels with a coefficient of -0.2.
Conclusion: Monitoring biomarkers and PS throughout a patient's cancer journey can provide valuable information on disease progression and should be considered as part of routine investigations.

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P143 **Implementation of nomenclature standardisation**

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Background: Patient throughput within a radiotherapy department requires a robust and efficient planning process that spans from the clinicians outlining, to planning solutions and treatment delivery. Implementing the American Association of Physicists in Medicine (AAPM) task group (TG) 263 standardised nomenclature model[1] in our planning process allows frequent use of automated planning tools; standardisation of outlining and planning routines leads to robustness in planning, which reduces errors and subsequent plan delays. Research can be improved with increased collaboration between centres using standardised nomenclature.
Method: We reviewed standardised nomenclature models and compared them against the department's needs whilst allowing flexibility for customisation. All staff groups were consulted, final clinical structure templates were established, and consistency was maintained throughout sites. Care was taken with non-alphanumeric characters to eliminate known conflicts with other software systems within the patient pathway.
Results: The "reverse" AAPM TG 263 model has been chosen as it best meets the departmental needs for labelling, laterality and non-alphanumeric characters. Automated, site specific structure templates following the established model have been generated for most treatment sites where possible. The use of a prefix to identify non clinical volumes e.g. training and support volumes has been implemented.
Conclusion: The standardisation of nomenclature ensures clarity from prescription to plan review. Implementation of this system makes outlining and planning less prone to errors, minimises subsequent treatment delays and improves departmental

workflows. Class solutions and clinical goals have been developed using standardised nomenclature for multiple planning techniques.

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144 Treating pelvic sarcoma patients with proton beam therapy – What can be learnt from current clinical practice?

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Background: Unlike conventional photon radiotherapy (XRT), protons are more sensitive to changes in density and patient weight. The current target verification protocol within the XRT department is daily, orthogonal, kV x-rays and weekly cone-beam CT (CBCT) in the treatment position. Due to the physical properties of protons, our current clinical practice needs to be evaluated to establish whether the same verification process could be utilised for PBT.

Method: Weekly CBCTs of 10 pelvic sarcoma patients, who received XRT between 2016 and 2019, were retrospectively analysed. The primary consideration during analysis was a change in patient separation (i.e. whether the patient gained or lost weight) as this might impact the dose to the target. For each CBCT, 4 measurements of separation were taken at the level of the isocentre from the anterior, posterior, left and right aspect of the body contour.

Results: The mean number of weekly CBCTs was 6. 64 CBCTs were analysed giving 256 measurements of separation change. 138 measurements indicated a separation change of more than 0.3cm. The most common change in separation was between 0.5 and 1cm (n=67). There were 17 measurements where separation had changed more than 1cm. 7/10 patients had a separation change due to muscle clenching or relaxing, as opposed to actual weight loss or gain.

Conclusion: The findings of this study will be evaluated within the wider MDT to determine if there would be a dosimetric impact within a PBT context, as this could go on to affect our PBT imaging protocol.

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P145 Butterfly volumetric modulated arc radiotherapy (B-VMAT) with deep inspiration breath hold (DIBH) for mediastinal lymphomas

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Background: Radiotherapy for mediastinal lymphomas is effective, but is associated with significant long term side effects particularly to the heart, lungs and breasts. The butterfly volumetric modulated arc radiotherapy (B-VMAT) technique can reduce dose to these organs at risk[1]. The butterfly technique with deep inspiration breath hold (DIBH) was implemented in a radiotherapy department at a district general hospital. Voluntary breath hold was performed without the aid of on-treatment respiratory gating systems.

Method: T-test analysis was used to compare retrospective heart and lung dose data from 12 patients who had undergone DIBH B-VMAT in the department with 6 patients who had 3D conformal radiotherapy (3DCRT). In the 3DCRT group CTV-PTV margins were 15mm in the superior/inferior plane, 10mm in other planes. A 10mm isotropic CTV-PTV margin was used in the DIBH B-VMAT group. Offline imaging data was used to assess the reduced CTV to PTV margins with the Van Herk formula[2].

Table 1: Comparison of the 2 planning techniques

	Group 1 (n=12)	Group 2 (n=6)		
	Mean (95% CI)	Mean (95% CI)	Difference (95% CI)	p-value
Heart	7.4 (4.8 to 9.9)	17.2 (8.5 to 26.0)	9.9 (3.8 to 15.9)	0.003
Lung	7.3 (6.3 to 8.4)	11.9 (9.9 to 13.9)	4.6 (2.7 to 6.4)	<0.001

Table 2: Van Herk calculated CTV to PTV margins

Anteriorly/posteriorly	Superiorly/inferiorly	Laterally	Mean
7.6mm	8.5mm	5.9mm	**7.33mm**

Results: DIBH B-VMAT has significantly reduced the mean heart and lung dose ($P < 0.05$) (Table 1). Van Herk calculated CTV to PTV margins demonstrate that the current margin of 10mmm used is appropriate (Table 2). DIBH B-VMAT takes longer to deliver; average treatment times have increased from 17 minutes to 31 minutes.

Conclusion: DIBH B-VMAT without on-treatment gating has been successfully implemented within our department. Although average treatment times have increased, the technique has resulted in significantly lower mean lung and heart doses. Future work is being undertaken to determine if margins can be individualised.

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P146 Modified butterfly IMRT technique for mediastinal lymphoma

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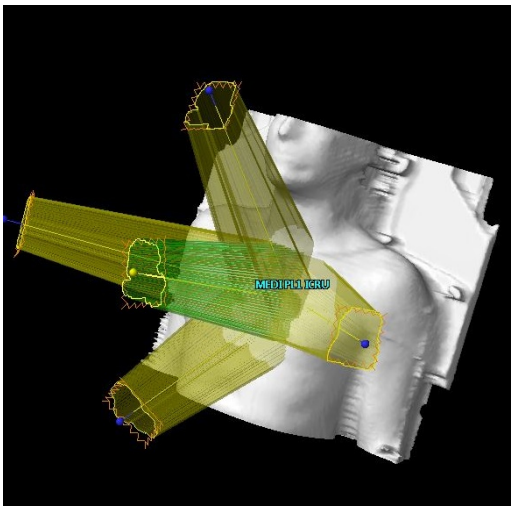
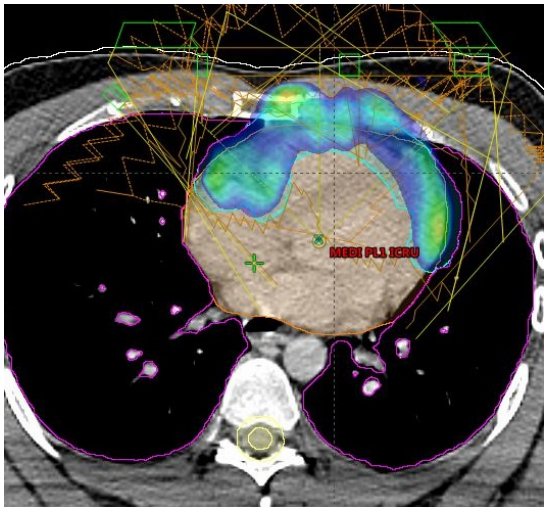
Background: Post-chemotherapy lymphoma patients requiring mediastinal radiotherapy would traditionally be treated with a parallel-opposed pair but this would result in high heart and lung doses. This was a particular problem due to the often young age of the patient group and high cure rate of the disease. Many centres used a "butterfly" VMAT technique but this was limited at the centre to pelvic patients and due to be rolled out to other body sites first. Could we achieve similar results to butterfly VMAT using similar angles but as fixed-field IMRT?
Method: Eight patients aged 20-50 were treated to 30Gy/15# using fixed-field IMRT. A non-coplanar Beam arrangement with anterior beams was used, optimised to keep heart and lung doses as low as achievable. Dose receiving 5Gy for lung (V5) and mean dose for heart (DMean) were recorded.
Results: V5 was kept below 50% for all patients and varied between12.5% and 47%. DMean varied from 3Gy to 16.5Gy. Good PTV coverage was achieved on all plans.
Conclusion: Results comparable to butterfly VMAT can be achieved using IMRT fields in a similar non-coplanar arrangement. Lung and heart doses could be reduced without the additional work and delay in introducing a new VMAT technique.





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P147 Clinical research and trials in radiotherapy and cancer care: Experience of research nursing assistants in the recruitment and consent pathway

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To describe the experiences of research nursing assistants (RNA) in the recruitment and consent process for clinical trials and research in radiotherapy and cancer care. Clinical research and clinical trials in cancer care are an integral process in diagnostic and treatment development. Nipp et al, 2019, stated that "clinical trials are imperative for...determining the best treatment strategies to enhance outcomes" A cure for cancer is the "holy grail" however, improvements in treatment are vital in the contribution to long term survival or improvements in quality of life in the short term. It is vital that recruitment to clinical trials is performed with care and compassion but also following strict guidelines in accordance with Good Clinical Practice (GCP). Clinical trials aim to explore what is the best treatment for patients with minimum risk in a controlled and methodical way. Unger et al, 2017, reported that fewer than 5% of adult cancer patients enrol in cancer clinical trials so it is vital to reflect on both positive and negative experiences to improve the patient pathway, future training and communication with the patient. It is important to realise that although the success of a trial can be dependent on numbers of patients involved, it is also vital to follow the guidelines, learn about the characteristics of the trial and be able to describe it to the patient in detail.

The patient can then make an informed choice. This poster will utilise diagrams, flow charts and reflective learning to describe these processes.

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P148 Raypilot: The patient experience

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The Micropos Raypilot device is an electromagnetic GPS tracking system used in prostate SBRT to record motion of the prostate gland throughout treatment. The device is surgically implanted using a transperineal approach and remains in situ for the duration of the radiotherapy treatment. In some cases this can be up to six weeks. Currently the only centre in the UK trialling this is the Edinburgh Cancer Centre. Vast data has been collected on the clinical efficacy of the Raypilot device by utilising CBCT and KV imaging, however, it is imperative that patient experience data from surgical implantation to device extraction is collated and assessed. Once the device is in situ the patients are given information in being mindful of the external component of the device (30cm cable). Patient compliance and their experience can lead to problems with the device and can negatively impact the clinical use of the device as it can become redundant. So far ten patients have had the Raypilot device surgically implanted. 95% suggest that there is mild discomfort in the hours following implantation but that this dissipates quickly. 80% suggests that the device placement is a mild source of annoyance. Two patients had the device removed prior to SBRT commencing due to device migration. 100% of patients reported that they would have the implantation repeated as any ill effects were minimal. 90% of patients had no clinical issues with device removal. Overall the Raypilot device is well tolerated by the patients.

Micropos Medical Systems. Raypilot. 2019. http:www.micropos.se.

P149 Exploring the perceptions of therapeutic radiographers in using the IIEF-5 questionnaire for the management of erectile dysfunction experienced by prostate cancer patients

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Background: Erectile dysfunction (ED) is a common side-effect of radical prostate cancer treatment. Despite its prevalence ED can infrequently be discussed with patients due to perceived feelings of embarrassment and awkwardness[2]. This results in poor referral rates to support services and ineffective management which can lead to negatively impacting on quality of life[1]. The International Index for Erectile Function-5 questionnaire[3]. (IIEF-5q) was introduced into the review process at a UK cancer hospital to address this concern. The aim of this study was to explore the impact of the IIEF-5q on discussions around ED.
Method: Two focus-groups were conducted exploring the perceptions of therapeutic radiographers who use the IIEF-5q within their on-treatment review of patients during radiotherapy. Radiographers were asked to share their thoughts and experiences of the IIEF-5q prompting discussions of ED.
Results: A total of seven on-treatment review therapeutic radiographers attended the focus-groups. Thematic analysis highlighted three main themes: impact of using of the IIEF-5q, its implementation and recommendations for future use. Radiographers found the IIEF-5q an effective tool at promoting discussions around ED and increasing referrals, yet the tool itself was deemed too direct and its method of implementation increasing the stigma around ED.
Conclusion: The IIEF-5q was effective at prompting discussions around ED, yet the IIEF-5q may not be suitable within the review setting. Providing patients with a simple questionnaire consisting of potential side effects prior to the review session may assist in tailoring the review to the patient's needs, thus improving the quality of care provided.

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P150 Is 2D/3D kV image verification comparable to 3D/3D CBCT image verification? A pilot study

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Introduction: Advanced radiotherapy techniques require precise patient positioning through image verification. The six degrees of freedom couch enables rotational corrections through pitch and roll adjustments. The gold standard for image verification is

CBCT, however, given the associated increased dose and acquisition time of this modality, 2DkV imaging with 2D/3D registration will be investigated as an alternative.

Methods: The CIRS Stereotactic End-to-End Verfication Platform (STEEV®) head phantom was scanned in a custom made BDS and a treatment plan created with setup fields in Eclipse. Ten head and neck treatments were simulated using various positions to emulate variable clinical setup. Anterior and lateral kV images were acquired, 2D/3D registered, volume of interest (VOI) selected and auto-match function applied (Image 2). The match was checked and accepted by two experienced imaging radiographers. Vertical, longitudinal, lateral, yaw, pitch and roll displacements were recorded but not applied. A CBCT was acquired, 3D/3D registered, VOI similar to the kV selected and auto-matched and accepted (Image 2).

Results: The kV and CBCT results were compared and differences calculated (Image 1). In the translational planes there were no differences. The rotational measurements were compared in SPSS using a t-test for normally distributed data. There was no statistical difference between the imaging methods (p=0.916).

Conclusion: This small study suggests that 2D/3D kV imaging is comparable to 3D/3D CBCT and must be considered as an alternative modality to ensure practice is reflective of the ALARP principle.

kV 2D/3D							Rot	CBCT						Rot	Rot	Difference					
Vert	Long	Lat	Yaw	Pitch	Roll		Magnitude	Vert	Long	Lat	Yaw	Pitch	Roll	Magnitude	Difference	Vert	Long	Lat	Yaw	Pitch	Roll
0	0	0	0.1	0.4	0.1		0.4	0	0	0	0.3	0.2	0.1	0.4	0.1	0	0	0	0.2	0.2	0
0	-0.3	-0.3	-0.5	-0.8	-2.8		3.0	0	-0.3	-0.3	-0.1	-0.9	-3	3.1	0.2	0	0	0	0.4	0.1	0.2
0	0	0.1	-0.9	-0.2	0.1		0.9	0	-0.1	0.1	-1.2	-0.2	0.1	1.2	0.3	0	0.1	0	0.3	0	0
0	-0.8	0.6	0.9	-1.5	5.3		5.6	0	-0.8	0.6	0.7	-1.7	5.9	6.2	0.6	0	0	0	0.2	0.2	0.6
0.3	0.6	0	-0.8	-4	0.9		4.2	0.3	0.6	0	-0.9	-3.9	0.8	4.1	0.1	0	0	0	0.1	0.1	0.1
0	-0.2	0.4	-3	1.2	1.5		3.6	0	-0.3	0.4	-3.1	0.9	1.5	3.6	0.0	0	0.1	0	0.1	0.3	0
0.4	1.6	0.5	0.1	-4.5	6.1		7.6	0.4	1.6	0.5	0.3	-4.6	6	7.6	0.0	0	0	0	0.2	0.1	0.1
0.7	3.1	-0.4	-1.2	-7.8	-2.4		8.2	0.7	3.1	-0.4	-1.1	-7.8	-2.5	8.3	0.0	0	0	0	0.1	0	0.1
0.3	1.1	-0.5	-2.5	-4.6	-4.5		6.9	0.4	1.1	-0.5	-2.6	-4.8	-4.4	7.0	0.1	0.1	0	0	0.1	0.2	0.1
0.3	0.6	-0.5	-1.7	-4.2	-3.3		5.6	0.3	0.6	-0.5	-1.2	-4.3	-3.8	5.9	0.3	0	0	0	0.5	0.1	0.5

P151 **Streamlining the image-guided radiotherapy process for proton beam therapy: A service evaluation**

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Background: Modern radiotherapy requires image-guidance to ensure precision and accuracy of treatment delivery[1,2]. To implement image-guided proton beam therapy at our Proton Beam Therapy Centre, the following 3-step image workflow was implemented: (i) 2-dimensional kilo-voltage (2DkV) image acquisition for gross positioning assessment, (ii) 3-dimensional cone-beam computed-tomography (CBCT) acquisition to assess target volumes and organs at risk, and (iii) repeat 2DkV to confirm translational and rotational corrections, before delivering treatment. This study reports on an evaluation to assess the feasibility of reducing this to a 2-step imaging process, thereby reducing overall treatment time and unnecessary imaging doses.

Methods: Imaging data was collated from 20 patients to evaluate (i) initial 2DkV imaging dose, (ii) elapsed time between 2DkV and 3DCBCT acquisition, (iii) concordance of set-up error for 2DkV and CBCT image registrations, using Pearson's Correlation Coefficient.

Results: 229 fractions were evaluated (per patient: range 8-19). 19 (8.3%) fractions required patient repositioning following the initial 2DkV. The 3-step imaging process increased the imaging dose by 3.4mGy on average for all patients over a whole treatment course, and required a mean additional time of 5.1 minutes (range: 3.3 to 9.9) compared to the 2-step process.

Correspondence between the mean displacements from the initial 2DkV and CBCT images for all treatment sites was high, with R=0.94, 0.94 and 0.80 in the anterior-posterior, superior-inferior and right-left directions respectively.
Conclusion: A 2-step workflow reduces imaging dose and treatment times, thus improving efficiency and overall service capacity and has been implemented at our Centre in non-GA cases.
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P152 Perception of diagnostic radiographers on oncology care: An effective use of skills for a quality cancer care

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GenesisCare UK

Background: Numerous approaches and growing attention have been devoted in the oncology unit to improve the value of patient care. However, in diagnostic imaging, there are limited efforts that clearly address the needs and requirements of oncology care. In addition, diagnostic radiographers perspective in the context of cancer care are not explicitly defined. The present research aims to develop a framework to optimize patient care. More specifically, the study examined the providers' perceptions concerning the activities they perform to meet the needs of a cancer patient. The results are to be framed within the existing literature as a measure of the quality of the healthcare service provided.
Method: A qualitative research using an online focus group was done. Diagnostic radiographers completed a survey monkey questionnaire to assess their perceptions of oncology care. The study was conducted in 5 private oncology units in the UK.
Results: The result explicitly identifies key principles for oncology care: providers' interpersonal skills, defining provider care roles, patient education to care information and individualized patient care. The correlation of reports was assessed and linked to relevant literature that closely reflects the ideas of personalized care.
Conclusion: The proposed framework highlights the importance of incorporating providers' perspectives into shared cancer care plans. This consideration has promoted the perception of diagnostic radiographers in creating models that may thus be encouraged to benefit patients in the oncology setting. In line with the relevant literature, technical and professional skills of practitioners concur to define the framework of overall enhancement
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P153 A narrative comparison of therapeutic radiographer competencies in Croatia, Slovenia and the United Kingdom

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Background: Therapeutic radiographers (TR) are members of multi-disciplinary-team (MDT) consisting of oncologists, physicists and dosimetrists as well as nurses. RT's are professionals directly responsible for daily administration and clinical treatment of patients. The term 'competence' is defined as accomplishing a task gaining the knowledge, skills and behaviour required. Despite national guidelines and regulations, there are similarities, but also differences in competencies of TRs in Croatia, Slovenia and the United Kingdom. Working in these countries, I have gained enough knowledge and experience to narratively compare those competencies.
Purpose: The European-Society-for-Radiotherapy-and-Oncology (ESTRO) published a core curricula for educating the MDT to promote and encourage harmonised education programmes, facilitating mobility between European union (EU) member states reflecting the rapid development these professions. Cultural differences play a major role which is considerable between Slavic and Anglo-Saxons cultures. I narratively compare educational systems, their differences and would suggest that majority of them have foundations in education, despite ESTROs efforts and recommendations to harmonise the education system. Development of radiotherapy is dynamic contributing to quick progress and expansion of TR's knowledge and competencies. At the same time RT's have become a critical member of the team. With the evolution of radiotherapy, competencies should follow that and adjust roles, duties and responsibilities.
Summary: The EU offers an opportunity for free flow of workforce and knowledge, and therefore our profession should be more connected in order to diminish discrepancies. Mutually we should share experiences and make contributions to understanding and overcoming of differences adjusted to changes in radiotherapy.

P154 **An assessment of health workers' perception of cancer screening participation in Nigeria**

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Background: Breast and Cervical cancers are a global public health problem. Internationally, there has been substantial rise in the incidence of Breast and Cervical cancer and cancer screening has been advocated as a means of reducing cancer mortality. Cancer screening participation has been low in Nigeria due to various factors. This study aimed to assess health workers' perception of five factors affecting uptake of breast and cervical cancer screening by Nigerian females.
Methods: A cross-sectional study of fifty health workers from healthcare facilities in Lagos, Nigeria was carried out. Questionnaires were used for data collection and statistical analysis done using Statistical Package for Social Sciences (SPSS) version 20.
Results: 64% of the respondents were within the age bracket of 25- 39years, while 74% of them are married. 56% of the respondents were female and respondents were mostly doctors (38%) and radiographers (42%). The years of experience of the respondents were within 5-15years (52%) and less than 5years (30%) respectively. Majorly, Government owned health workers (86%) were the respondents of this study. Current equipment to patient ratio (40%) was rated as bad. 60% of respondents rated patients' perception of female screening staff as good, while staff availability (48%) and training programs for screening staff (42%) were majorly rated as fair and bad respectively.
Conclusion: Female screeners are preferred by patients, compared to male screeners. More screening staff and training programs for screening staff are required, increased number of equipment needed for screening is also indispensable for improved screening participation.

SERVICE DELIVERY AND INNOVATION

P155 **To formulate and implement a robust feasibility governance pathway for the use of 'healthy' volunteers for research test scans within the Imaging department at the University Hospital of North Midlands NHS Trust**

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An incidental finding (IF) recommending further follow up care by a radiologist on a healthy volunteer research test MRI scan was found not to have been acted upon 15 months after the examination by a small audit. This 6 month project considered the causes that led to this incident and put forward a case for change, using both quantitative and qualitative data with the aim of improving governance for healthy volunteers using the model for improvement (plan do study act) approach. A pathway for the management of incidental findings for healthy volunteer scans, including the need for consent was formulated as this was found to be supported by literature and a wider audit. Measuring volunteer experience was also deemed crucial to the project to reflect the importance of patient experience within the context of the wider NHS constitution. Analysis of the methodology and findings and personal reflections on leadership skills and development were also incorporated into the project to emphasise lessons learned providing vital experience and knowledge for future projects. Despite a delay to implementation there is confidence that the pathway will improve governance for volunteers, however this will take time to measure as on average only 1 volunteer is scanned per month. Embedding the changes within the department will be the main challenge as research shows that up to 70% of change fails to survive (NHS 2010). In response to this the Sustainability Model (NHS, 2010) was used to identify strengths and weaknesses increasing its probability of success.

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P156 **Eliciting consent from patients with dementia in general X-ray departments: Law, ethics and interpretation of context**

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Background: While the numbers of individuals suffering from dementia syndromes in the UK steadily increase, many practitioners in the allied healthcare professions, and particularly junior staff, still feel ill-equipped for face-to-face communicative encounters with such individuals (Miller et al., 2019; Tullo et al., 2016). An elemental feature of effective communication in healthcare contexts is the seeking of proper consent to perform given procedures. The propositions above, however, raise questions regarding how 'properly' consent is being acquired when dementia is at stake. This paper, thus, reports findings from a qualitative study of general radiographers' experiences of acquiring consent from patients with dementia, specifically exploring participants' interpretations of correct legal and ethical practice therein.
Methods: With institutional ethical approval, N=6 general radiographers with less than ten years of clinical experience were recruited to sit for extended interviews. Verbatim transcripts were analysed using the domain-established techniques of Interpretative Phenomenological Analysis (Miller et al., 2017).