They thought that the service user will look at candidates as an individual and pay attention to the person rather than academic ability. Further evaluation is required to identify issues around this practice.

P169   **A simple classification system for the evaluation of trauma imaging examination complexity**

Ann Newton-Hughes; Leslie Robinson; Frederick Murphy

Directorate of Radiography,University of Salford

Aim: This presentation will provide an insight into the categorisation of examination complexity developed as part of an ethnographic investigation in to trauma radiography.

Content: As radiographers we work with a diverse client group with wide ranging needs for examinations which vary in complexity. As educators we must evaluate the student's ability to conduct a wide range of examinations and this process is typically staged over three years of an undergraduate programme with assessment in practice and simulation gradually moving from routine to complex as experience is gained. It is not clear from the literature how differentiation between routine and complex cases is achieved in radiography practice and thus how we ensure that the assessment of students is appropriate for their level of study and experience. With reference to the evidence base a simple classification process was devised to help categorise examinations into one of three groups: routine, intermediate and complex.

Relevance: While at present un-validated this system could be used to ensure that imaging examinations undertaken by students as part of the assessment process are matched to the skills required at each level of study i.e. students are not assessed on examinations or scenarios at too advanced a level for their current skills.

Outcomes: A categorisation tool has been developed which may be used to ensure that students are assessed conducting examinations of appropriate complexity for their level of study.

P170   **Training and developing a competent and flexible workforce for DXA services**

Elaine Hamnett; Wendy Wilkinson

InHealth Group

GP referrals for DXA scanning are increasing in response to NICE guidelines for prevention and management of osteoporosis and the inclusion of a diagnosis register in the Quality and Outcomes Framework (2012/13).

We currently provide c.7,500 DXA scans per year across 8 locations. To train the workforce necessary to meet growing demand we established a competency framework and training programme accessible for clinical assistants as well as radiographers.

Individuals in our diagnostic departments who express an interest initially shadow a competent practitioner to understand the techniques and patients pathways. Theoretical content and practical training is delivered by a clinical lead who is also competent to report scans and supplemented by course materials. Trainees complete a log book of 50 scans under supervision. Competency is assessed to confirm technical knowledge including radiation protection, quality assurance and H&S, patient care, anatomy and positioning, data analysis, understanding of conditions and clinical risks, and ability to answer patients' question and problem solve. Training can be delivered to individuals or groups on demand.

In the past 5 years we have trained 5 radiographers and 5 healthcare assistants. Candidates complete the course in less than 6 months.

Our programme helps develop a competent DXA workforce. We are able to offer skills and career development to individuals and an effective use of human resources in multimodality settings. This programme ensures our service is resilient, flexible and planned for succession. It has a growing relevance as the use of DXA increases in response to national guidelines and incentives.

Health informatics

P171   **A proposed model for standardisation of the ultrasound report**

Nur Zulkarnain; Gillian Crofts; Farid Meziane
University of Salford

Aim: To propose a model for standardising ultrasound reports.

Content of poster: Variation in writing style; content; format; and terminology in ultrasound reporting impact on the value of the report. Studies undertaken to address these limitations advocate the use of structured reporting systems (Bell, Greenes and Doubilet, 1992; Kuhn et al., 1993). A recent survey of Radiologists however identified some limitations to using structured systems (Powell and Silberzweig 2014) because of their inflexibility. Incomplete documentation relating to abdominal ultrasound reports has also been reported in as many as 20% of cases (Duszak, Nossal et al. 2012), which in turn has implications towards patient management and decision making. Structured reporting with the support of ontology as its knowledge base has been offered as a solution to improving the quality of reports (Kahn et al., 2009), however these systems offer limited adaptability.

We present a model for the standardisation of ultrasound reports using structured reporting with ontology as its knowledge base but with emphasis on human adaptability within the system.

Impact: This proposed model will recognise human attributes and use Natural Language Processing techniques to convert free text reports into the proposed model structure.

Outcomes: This model is unique as it allows for the system to adapt to reporter's preferences rather than forcing practitioners to adapt to the system.

Discussion: We argue that other than structured reporting and ontology, human adaptability is an important factor in successful standardisation of an ultrasound reporting system.

P172   **Neuroradiology orange alerted reports**

Tarik Julius; Richard Dyde
Sheffield Teaching Hospitals NHS Foundation Trust

Aims/objectives: We aimed to measure local compliance with the standard that every 'orange' alerted neuroradiology report should be read by the relevant clinicians with evidence of discussion or relevant course of action documented in the patient's case notes. Our objectives were;
1) To measure compliance rates with the above standard
2) to make improvements to the service if compliance is below expected and
3) to report findings to our directorate and trust.

Content: The sampling criteria we used was adults undergoing neurological imaging within our neurosciences directorate between October 2013 to March 2014. The method of sample selection was simple random analysis. Data collection was via an existing (CRIS) database and case note review.

Relevance: A Safer Practice Notice from the National Patient Safety Agency in 2007 highlighted the need for early identification of any failure to act on radiological imaging reports.

Outcomes: 75% of patients had their Orange alerted report checked and verified within 24 hours of dictation. 68% of reports were e-mailed/telephoned within one working day. 85% of alerts were acknowledged in the case notes. The majority of patients (35/44, 80%) were outpatients. For inpatients/A+E patients 78% of reports were verified within 24 hours of dictation; 67% of reports were e-mailed in one working day.

Discussion: To ensure zero harm we should aim for 100% compliance with time to verification and informing clinicians. We could rethink communication pathways with clinical teams and aim to re-audit within the next 9-12 months.

Current and emerging imaging techniques