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**A SURVEY ON THE APPROPRIATE USE OF NON
INVASIVE LIVER SCREEN BY GASTROENTEROLOGY
TRAINEES IN WEST AND SOUTH YORKSHIRE, UK**

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Introduction Non invasive liver screen (NILS) is an important commonly performed investigation by gastroenterologists.

Aims/Background We aimed to evaluate the appropriate use of NILS by gastroenterology trainees in South and West

Table 1

Appropriate tests for case 1: incidental isolated abnormal LFTs	Trainees correct response rate	Appropriate tests for case 2: acute hepatitis	Trainees correct response rate
HBV	11/12 (92%)	HBV	10/12 (83%)
HCV	11/12 (92%)	HCV	9/12 (75%)
Autoimmune screen	10/12 (83%)	HAV, HEV	8/12 (67%)
Ferritin	9/12 (75%)	Cytomegalovirus	5/12 (42%)
Immunoglobulins	9/12 (75%)	Epstein Barr virus	5/12 (42%)
Tissue transglutaminase antibody	7/12 (58%)	Autoimmune screen	6/12 (50%)
A-1 antitrypsin	7/12 (58%)	Immunoglobulins	6/12 (50%)
Caeruloplasmin	5/12 (42%)	Paracetamol level	6/12 (50%)
Thyroid function test	3/12 (25%)	Caeruloplasmin	2/12 (17%)

Yorkshire, UK, to assess whether training in this topic was adequate.

Method We devised a survey containing 2 scenarios regarding liver function derangement and sent it to all 48 gastroenterology trainees in South and West Yorkshire. Trainees were asked to provide their year of training, experiences in liver units, if they had received teaching on NILS, and the investigations they would perform for each scenario. The answers from all 12 respondents were collected and compared against the investigations that we believe were appropriate for each scenario.

Results Most trainees selected the majority of appropriate tests for incidental abnormal liver biochemistry, but proportionately less so for acute hepatitis. 42% (5) trainees inappropriately tested for alpha-fetoprotein (AFP) in isolated abnormal liver function, and 8% (1) tested for AFP in acute hepatitis. 33% (4) inappropriately selected A-1 antitrypsin to investigate acute hepatitis.

Interestingly, no significant difference in the number of correct answers was seen in trainees who had liver unit experience (mean 13, range 9–15) compared to those who did not (mean 12, range 6–14). Similarly, teaching on NILS (mean 12, range 9–15), or the lack of (mean 11, range 6–14), did not demonstrate a significant difference in the number of correct responses.

Conclusion NILS is essential to hepatology and thus sound knowledge is necessary. Improving teaching quality and mandatory training may support achievement of this target.