completion rate. In contrast, there was no statistical difference when consultants were compared to current trainees on dedicated training lists. The observed effect is likely to reflect additional allocated time, and immediate consultant trainer availability.

Procedures were grouped by first endoscopist. Extent of examination by trainee or trainer in each case is not known: assistance may have been required on a greater proportion of procedures performed on training lists.

Colonoscopy completion rate is an important marker of quality. Other indicators include adenoma detection rate, comfort score, and withdrawal time.[1] Inclusion of these indices would provide further comparative performance data.

Trainees performing colonoscopy on dedicated training lists delivered comparable completion rates to consultants and outperformed their predecessors. Our data supports dedicated colonoscopy training prior to certification of independence.

REFERENCES

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Disclosure of Interest None Declared.

PTU-009 ARE PUBLICATION RATES FROM REGIONAL MEETINGS COMPARABLE WITH THOSE FROM NATIONAL MEETINGS?

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Introduction The pinnacle for SPRs who undertake research is to initially present in abstract form at national and international meetings and ultimately publish in peer-reviewed journals. We have previously shown that full publication rate from the BSG has ranged from 20.4–55.9%, furthermore the trend over a 15 year period suggests a reduction in full publication rates. There has been no study which assesses the publication rate or utility of regional research meetings in the UK. Our study prospectively presents 10 years of abstract publications rates and qualitative data from the South Yorkshire Regional Gastroenterology meeting (the Bardhan Fellowship).

Methods 112 abstracts were presented at the meeting between 2003 and 2012. Abstracts were ranked at each meeting by peer review and the winner awarded a monetary prize. Subsequent full publication rates were determined using Medline searches of peer-reviewed journals. Searches were made firstly by the author's name, subsidiary authors', keywords from the abstract titles and personal communication with presenters.

Qualitative data collected at each meeting in the form of an evaluation form was also available to provide subjective feedback from attendees on the relevance of the event.

Results Overall, 37 (33%) abstracts went on to be published in peer-reviewed journals. Of the 112 abstracts presented, 32 were ranked in the top 3 of their respective meetings, of whom 24 went on to be published in peer-reviewed journals (75%), compared with 13 of the 80 not ranked (16.25%) ($p < 0.0001$).

Ranking within the top 3 resulted in a higher impact factor (median 4.06) publication, compared with those ranked outside the top 3 (2.87) ($p < 0.05$), and to more rapid publication (12.8 vs. 19.3 months).

Qualitative feedback indicated that >95% attendees felt the meeting was educationally beneficial, relevant to their professional development and had encouraged them to participate in research for themselves.

Conclusion This is the first study to assess the value of regional SPR meetings. In terms of overall abstract publication rate, the data shows that the Bardhan fellowship is comparable with the BSG. Peer review appears to reliably predict subsequent publication success. Trainees ranked 'top three' at the meeting are significantly more likely to publish their work in peer-reviewed journals. Regional meetings can promote research and are a 'friendly' environment in which SPR's can improve their presentation skills and may stimulate them to consider a formal period of research. We would encourage Deanery support for such initiatives.

Disclosure of Interest None Declared.

PTU-010 PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) CARE AND PREVENTION OF BURIED BUMPER SYNDROME (BBS)

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Introduction PEG tube insertion is useful in an appropriately indicated patient but there are some complications to it. Buried Bumper Syndrome is usually a late and rare complication which is normally avoidable but occurs when the stomach lining grows over the internal bumper of a PEG feeding tube and it can lead to infection, inability to administer feeds/medications, peritonitis and admission to hospital. Our literature search of large studies shows the overall incidence of BBS to be 2–4.5%.

Aim The aim was to conduct an audit to ascertain the incidence of BBS in our Hospital Trust (ABMU) and to develop tools to try and reduce the incidence as well as re-audit our practice to assess the improvement.

Methods It was a retrospective data collection to ascertain the incidence followed by development of tools which predominantly consisted of daily PEG care and an action plan. Daily PEG Care mainly included hand hygiene before and after every use, cleaning techniques and pushing the tube approximately 5cm into the stomach and rotating 360° before securing it back. Action plan included training in Nursing Homes, increased number of visits and spot checks, completion of VA1 (POVA) where necessary and regular meetings with Nurse Assessors and Commissioners. Re-auditing was carried out after educating the people who are involved in PEG care thereby completing the audit cycle.

Results The incidence in our trust before the implementation of Daily PEG care and the action plan was around 13%. We are pleased to report that since then there have been no new cases of BBS diagnosed during 2013. The training sessions are continuing and audit of PEG care will be carried out annually, with written feedback to each nursing home.

Conclusion Daily PEG care and reinforcement of training the staff and relatives involved will help in the prevention of a serious complication of PEG tube.

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