PTH-138

SO MANY POLYPS, SO LITTLE TIME: WHERE WILL OUR BOWEL CANCER SCREENING COLONOSCOPISTS COME FROM?

doi:10.1136/gut.2011.239301.539

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Introduction The UK Bowel Cancer Screening Programme (BCSP) aims to reduce colorectal cancer death by removing colonic polyps from FOB positive patients between the ages of 60 and 69. The BCSP relies on skilled, accredited colonoscopists.

Between 2006 and 2010, the number of BCSP colonoscopies has risen from 300 to 32 000; this is likely to rise due to increasing FOB testing, follow-up colonoscopies, age-expansion to 75 years and introduction of flexible sigmoidoscopy. There are currently 236 accredited BCSP colonoscopists in the UK. A shortage of BCSP colonoscopists is likely to arise.

Methods In 2009 an informal survey of gastroenterology trainees revealed only 4/52 with an interest in becoming a BCSP colonoscopist. The 2010 BSG/TiG National Training Survey more accurately assessed gastroenterology manpower as part of a comprehensive online survey that included several questions regarding the BCSP.

Results There were 283 respondents (approx 36% of trainees nationally). 61.4% (156/254) said there was a 'moderate' or

'large' amount of exposure to the BCSP in their region. 10.6% (27/254) had 'no exposure' to the BCSP. This indicates trainees have a good awareness of the BCSP. Over half (142/256) were aware of the application criteria to become a BCSP colonoscopist. 164/256 (64%) expressed a moderate or high level of interest in becoming a BCSP colonoscopist.

Trainees were asked what deterred them from becoming BCSP colonoscopists. Reasons were ranked on a scale of 1–7 (1 being most relevant). The most common reason for not becoming a BCSP colonoscopist was 'other pressures on time' (53.8% giving 1/7 or 2/7). Also of concern was the 'lack of training in advanced techniques' (41.7% giving a score of 1/7 or 2/7). 170/250 (68%) of respondents believed their chances of becoming a BCSP colonoscopist were either strong (30/250, 12%) or reasonable (140/250, 56%).

Conclusion The 2009 the BSG/TiG Manpower data¹ indicates there were 1041 consultant gastroenterologists and 795 trainees nationally, with an annual increase of 5% and 7% respectively. With only small increases in the total numbers of consultant gastroenterologists there are significant implications for service provision. Solutions may include increased use of nurse endoscopists, foreign-trained endoscopists or encouragement and more supportive training for new consultants. Any proposed solution will require adherence to good training, accreditation and standards to ensure the continued success of the BCSP.

Competing interests None.

Keywords BCSP, bowel cancer screening, colonoscopy.

REFERENCE

1. <http://www.tig.org.uk/manpower.htm>