

Results The majority (15/19) of respondents regarding the competency based training programme attended $\geq 50\%$ or more of events, compared to only 7/24 in the 2003 curriculum based programme ($p=0.001$). Of the 11 trainee's in the region, a response rate of 73% was obtained with a significantly greater proportion (89%) stating that the competency based training programme met their training needs, compared to 42% surveyed on the 2003 curriculum based programme ($p=0.001$). Reasons for lack of attendance included insufficient time to cancel clinical commitments and poor educational value of the 2003 curriculum based programme. Consultant attendance at training meetings increased significantly following redesign of the programme, with 64% attending $>50\%$ of meetings compared 12% prior to instituting a competency based training programme ($p=0.004$). The three most important factors to increase attendance were full day meetings, a consistent venue and keynote speakers from outside of the region.

Conclusion This longitudinal study is the first study to evaluate attendance and educational value of a competency based regional gastroenterology teaching programme. Despite increasing demand to provide service provision and restrictions on study leave allowance, implementation of simple measures as identified in this study may increase consultant attendance and educational quality of regionally organised teaching programmes.

Competing interests None declared.

PTU-266 TRAINEE SATISFACTION WITH JAG E-CERTIFICATION

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Introduction In March 2011 JAG launched e-certification allowing trainees to apply for JAG certification through their JETS e-portfolio. Prior to this, trainees were required to submit paper portfolios for application of JAG certification. We report results of a quality assurance survey, which all trainees applying through the JETS e-portfolio were invited to complete.

Methods All trainees applying through the JETS e-portfolio were invited to complete an online survey, created to assess trainee experience of e-certification. Trainees were asked if they strongly agreed (SA), agreed (A), were neutral (N), disagreed (D) or strongly disagreed (SD) with statements describing their experience of the process.

Results A total of 109 applications for JAG certification have been made through the JETS e-portfolio since its launch. Some trainees have submitted more than one application for certification in different endoscopic modalities. A total of 33 trainees (30% of applications) completed the survey, 7 (21%) of which had previously applied for JAG certification by the paper or hybrid (paper and e-portfolio) methods. When questioned about the general process 69.2% agreed and 23.1% strongly agreed that it was better than the previous JAG certification process it replaced. The majority felt that the process was quicker (SA=42.9%, A=42.9%) and less time consuming (SA=28.6%, A=57.1%). Opinion was divided on cost; 48.5% agreed that the cost was reasonable and 15.2% were neutral but 30.3% disagreed and 6.1% strongly disagreed. The majority felt that a breakdown of costs would be helpful (SA=18.2%, A=51.5%, N=21.2%, D=9.1%). Trainees agreed that the process tested endoscopic competence across all the modalities: gastroscopy (SA=37.9%, A=62.1%), flexible sigmoidoscopy (SA=60%, A=40%) and colonoscopy (SA=44.4%, A=55.6%). There was agreement that the summative assessments were straightforward to submit (SA=48.4%, A=51.6%) and intuitive (SA=32.3%, A=58.1%,

N=9.7%). Similarly trainees felt that the process of submitting the application by the JETS e-portfolio was straightforward (SA=42.4%, A=54.5%, N=3%), quick (SA=39.4%, A=54.5%, N=3%, D=3%) and that they were kept informed of their application progress (SA=45.5%, A=45.5%, N=9.1%).

Conclusion This survey of trainee experience with the JETS e-portfolio application for JAG certification shows that trainees prefer the process compared to the old paper system. It is quicker and trainees agreed the process tested endoscopy competence in gastroscopy, colonoscopy and flexible sigmoidoscopy. The opinion of trainees regarding the cost of the process was split and trainees would find a breakdown of the cost helpful. The findings of this survey show that the new e-portfolio certification functions well and meets the needs of trainees.

Competing interests None declared.

PTU-267 TRAINING IN GASTROENTEROLOGY IN SEVERN: IMPLEMENTATION OF CHANGE IMPROVES TRAINING

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Introduction Feedback on training posts is collected by a variety of different bodies. The Quality Panel was developed to review the quality of gastroenterology training in the region. Feedback on training posts was found to be of variable quality, incomplete, and difficult to analyse. The aim was to create a specific, reproducible method of assessing gastroenterology and general internal medicine (GIM) training, to provide feedback on individual posts and facilitate improvements in training. In 2010 we conducted a survey of training within the region which identified specific areas for improvement which were fed back to individual trusts. This survey was repeated in 2011 to assess for changes.

Methods The 2010 survey comprised of 55 questions within seven domains of gastroenterology and GIM training. Questions were determined based on previous surveys and areas of importance according to consultant and trainee opinion. It was emailed to all registrars in the Severn deanery. Data were collected for the last 3 years of training (2007–2010); preserving anonymity and eliminating bias. Answers correlated to numerical scores, with high scores correlating with high quality. Mean scores were calculated per domain, per trust; a total score was then calculated. The data were presented to the Quality Panel and training committee. Individualised feedback was given to each trust. The survey was repeated in 2011 (with 18 additional questions) to monitor improvements and was analysed with data from 2008 to 2010.

Results The 2010 survey included 37 anonymised responses from 21 trainees at nine hospitals within the Severn region. Responses by trust varied from 3 to 9. Mean overall numerical score was 26.1 (range 24.4–28.6). All trusts scored lowest in providing GIM training with a mean score of 3.1 (range 2.7–3.6); educational support scored highest with a mean score of 4.4 (range 3.4–4.8). The 2011 survey included 46 anonymised responses from 21 trainees at nine hospitals. Responses by trust varied from 3 to 8. Mean overall numerical score was 26.8 (range 24.7–28.7) and 34.2 (range 31–36.8) with the additional questions. All trusts either improved or retained the same score. All trusts scored lowest in providing GIM training with a mean score of 3.3 (range 2.9–3.8); educational support scored highest with a mean score of 4.5 (range 4–4.8).

Conclusion Creation of a new survey achieved a good response rate and generated speciality specific outcomes and relevant data. This method of assessing training facilitates informed feedback to trusts. Repetition of the survey has shown that feedback-led implementation of change has improved training in Severn. By collecting