

grades (ST3-ST7). 75 respondents (33%) intend to pursue subspecialty accreditation in hepatology. 103 respondents (46%) have completed a period of training in a tertiary/transplant centre.

105 respondents (47%) have worked in a centre where physicians perform liver biopsies. 52 (23%) have been offered the opportunity to learn how to perform ultrasound assisted liver biopsy and 38 (17%) have been assessed and deemed competent in the procedure. Three respondents commented that they are trained in unguided liver biopsy; one trainee has used the Sono-site probe and one commented that he/she has performed liver biopsy after an appropriate site was marked by the radiologist

137 (61%) of trainees who responded to the survey would be interested in learning how to perform this procedure and a further 29 (13%) may be interested. 138 (61%) of respondents would be interested in attending a hands-on course to learn this procedure and 30 (13%) may be interested. Of the 75 respondents who intend to pursue subspecialty hepatology accreditation, 72 said they would be interested in learning how to perform ultrasound assisted liver biopsy.

Trainees who participated in this survey reported that opportunities to learn this procedure were currently hit and miss. There were concerns about the practicality of maintaining competence during training and as a consultant and some respondents felt that it was safer for the procedure to be performed by radiologists.

We cannot report the views of trainees who did not complete the survey and therefore our results may not be representative. However even if we make the assumption that all non-responders are not interested in learning this procedure, there is still an estimated 15–20% of trainees that would be interested (137/~800).

Conclusion Trainees participating in this survey are interested in learning to perform ultrasound-assisted liver biopsies, but the infrastructure to offer this training is not currently well established. Discussion between trainees and training bodies should be considered to explore this issue further.

Disclosure of Interest None Declared.

PTU-007 DEVELOPMENT OF A SMARTPHONE APP TO AID THE CLINICAL MANAGEMENT OF POLYPOSIS SYNDROMES

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Introduction Smartphone “apps” are becoming increasingly used by health care professionals (HCPs) as a quick and easy guide for delivering evidence-based medicine. “Apps” are particularly effective in providing guidelines accessible from a smartphone with contents that can be updated frequently. The Polyposis Registry at our institution has spearheaded the formulation of guidelines for the management of inherited polyposis syndromes. We set out to develop these into “app” form.

Methods Essential content of our institution’s guidelines (based on published guidelines) was selected by a multidisciplinary team and edited to suitable format for the “app” programmers, and a trial version was produced. This was tested by a group of HCPs (colorectal surgeons, gastroenterologists, nurse specialists). A questionnaire was sent out after the trial to determine the usefulness and effectiveness of the “app”.

Results Eighteen HCPs trialled the “app”. 89% found it relevant and useful in their clinical practice, and would use it at least once a month. 83% said that it provided the information they required, and all would recommend it to a colleague. None considered it hard to use. Some improvements were suggested, which will be implemented in the final version offered externally.

Conclusion We present an “app” which provides our evidence-based guidelines for the management of polyposis syndromes in an easily accessible and updatable form, and describe its development.

Disclosure of Interest None Declared.

PTU-008 DEDICATED COLONOSCOPY TRAINING LISTS IMPROVE TRAINEE COMPLETION RATES TO MATCH A CONSULTANT BENCHMARK

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Introduction Colonoscopy is the gold standard modality for investigation of colonic disease.¹ The procedure can be challenging to perform.¹ Complete colonoscopy, defined as intubation of the terminal ileum, neo-terminal ileum, or caecum, should be achieved in greater than 90% of cases on an intention to complete basis.¹ Historically trainees have performed colonoscopy on service lists, and ad hoc training lists and may have had incomplete access to training.² Trainees currently working in our unit perform colonoscopy on dedicated training lists prior to JAG certification of independence. We performed a large retrospective study of colonoscopy completion rate, comparing two groups of gastroenterology trainees with consultant Gastroenterologists.

Methods 5307 consecutive colonoscopies, from a five-year period in a single centre, were triaged by first endoscopist. Groups identified were 1) consultant Gastroenterologists 2) previous trainees (individuals who trained in the unit in the past, performing colonoscopy on service, adhoc training, and dedicated training lists) 3) Current trainees (employed in the unit at time of study, performing colonoscopy on dedicated training lists). Colonoscopy completion rate, as defined above, was determined for each group. Odds ratios and 95% confidence intervals were calculated to compare the completion rate between groups.

Results Results are summarised in the table

Conclusion Consultants were more likely to achieve complete colonoscopy than previous trainees, who did not achieve >90%

Abstract PTU-008 Table 1

Group	Total colonoscopies	Complete procedures	Probability of completion	OR	95% CI
Consultant	4439	4104	0.92	X	X
Previous trainees	646	561	0.87	1.72	1.44–2.39
Current trainees	222	206	0.93	0.95	0.57–1.60

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

- 1 Gavin *et al.* *Gut* 2013;62:2 242
- 2 Bowles *et al.* *Gut* 2004;53:2 277

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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 SPRs can improve their presentation skills and may stimulate them to consider a formal period of research. We would encourage Deanery support for such initiatives.

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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.

REFERENCES

- Young and Leedham An audit of incidence and treatment of buried internal gastrostomy fixators. *Gut* 2011;60: A100–A101
Kejariwal D *et al.* Buried bumper syndrome. *Nutr Clin Pract* Jun-July; 2008;23(3):322–4

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