Methods 80 datasets of clinical images were reviewed by 3 assessors yielding a median RIQI score from 30 observations for 8 independently practising colonoscopists. This was correlated against annual KPI data for each colonoscopist – including CIR (%), PDR (%) and median WDT (mins). Pearson Rank correlation was performed.

Results Median RIQI scores for the 8 colonoscopists ranged from 2 to 10 (<5= poor; 6–8=moderate, 9–10=high image quality). Unadjusted CIR ranged from 81.6% to 95.0%; PDR from 24.2% to 64.5% and median WDT from 7 to 19 min. Median RIQI scores had a moderate to good positive correlation with existing KPIs – correlation values: CIR r=0.59; PDR r=0.53; WDT=0.54.

Conclusions The RIQI score is a novel KPI assessing the recording of image quality. This is a surrogate marker of both tip control and ability to identify, wash and assess lesions. We have demonstrated that the RIQI score shows positive correlation with other commonly used KPIs in colonoscopy and further work is anticipated in exploring its role in upper GI endoscopy aligned to the BSG Quality Standards.1

REFERENCE

Abstracts

PTH-072 TRAINING FUTURE INTERVENTIONAL ENDOSCOPISTS: OUTCOMES OF TRAINEE PERFORMED COLORECTAL COMPLEX EMR/PEMR IN A TERTIARY CENTRE

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Introduction Despite the widespread use of endoscopic mucosal resection (EMR) and piecemeal EMR (pEMR) to treat large colorectal superficial neoplastic lesions, training and competence in complex endoscopic resection (ER) in western centres takes place almost exclusively during specialist practice after the completion of residency. There are no accredited western training programs in advanced ER and no reports of outcomes of complex EMR performed by trainees. However, as the use of advanced ER to treat CSNL increases, it is conceivable that training in complex EMR takes place during residency for selected trainees. Our tertiary referral unit has been training 2 residents in advanced colorectal lesion assessment and EMR since January 2016. We evaluated the outcomes of complex EMR performed by trainees during this period.

Methods All EMR and pEMR of large (>2 cm) CSNL performed from January 2016 to October 2017 were included. Lesions resected using ESD were excluded. ER were performed by 2 specialist interventional endoscopist trainers and 2 residents. The residents were already accredited for independent practice for diagnostic colonoscopy and polypectomy <2 cm. Patient and lesion characteristics were described and outcomes including failed ER, complications and recurrence for EMR performed by residents and trainers were compared.

Results 238 ER of colorectal lesions >2 cm were performed during the study period. After excluding procedures for recurrent lesions (n=16) and procedures using ESD/Hybrid ESD (n=78), 144 lesions resected using EMR/pEMR were included. 60 ER were performed by residents (42%). The mean patient age was 69.5 years (male=40). The mean size of resident performed EMR was 34.3 mm ±10.7 mm (range 20 mm-60 mm) versus 52.6 mm ±32.3 mm for ER performed by trainers (p<0.001). Lesions were located in the right colon (n=33),...