calprotectin testing and secondary care straight-to-test may impact diagnostic delays.

**PTU-109 DEVELOPMENT AND IMPLEMENTATION OF THE UK NATIONAL ENDOSCOPY DATABASE (NED)**


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**Introduction**

The UK National Endoscopy Database (NED) is a JAG-led informatics project centred on the extraction of data from endoscopy reporting systems (ERS) in participating units to a centralised database. The aim of NED is to facilitate quality assurance, service intelligence, research and training in endoscopy. Herein, we present an overview of the development and implementation of NED from its inception to date, with updates on future directions.

**Methods**

The NED project began in 2013 with the support of UK stakeholder societies. ERS companies were collectively approached to engage in software modification to enable automated uploads of a standardised minimum dataset to NED without patient identifiable data. Since the national roll-out of pilot NED in 2017, endoscopists and organisational leads from services uploading to NED have been able to review key performance indicators on a web-based platform for quality assurance.

**Results**

As of February 2019, 339 out of a total of 529 JAG-registered UK endoscopy units (64%) have actively uploaded to NED. The database comprises over 800,000 procedures (gastroscopy: 348,000; sigmoidoscopy: 282,000; colonoscopy: 167,000; ERCP: 12,000) and presents procedure-specific KPIs which can be accessed at individual, unit, regional and national levels. Trends in procedural uploads since 2017 are shown in Abstract PTU109 Figure 1. The functionality of mapping trainee and trainer specific data into the JETS training e-portfolio is undergoing final phase validation, with the objective of providing reliable and unbiased training data to support training and certification. Consultation with multisociety stakeholders and ERS companies on additional data points for NED iteration 2 (NEDi2) is underway. These are intended to expand on existing KPIs, in addition to providing support for polypectomy, ERCP and EUS in line with UK-relevant quality standards.

**Conclusions**

With the engagement of ERS companies, it is possible to implement an automated system to extract data from individual endoscopy units to a centralised database. This has the potential to facilitate endoscopy quality assurance and research at a national level.

**Education & Training**

**Orals**

**OWE-34 ADR IN CRC SCREENING PROGRAMS: MASTER SHOW ME THE WAY TO BECOME A HIGH DETECTOR!**

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**Background**

Although the adenoma detection rate (ADR) cut-off for colonoscopies after positive fecal immunochemical tests (FIT) continues to be a debated issue, the ADR is one of the most accepted benchmarks for colonoscopy quality. There is some evidence that the quality of colonoscopy screening can be improved by educational interventions. This study aimed to analyze the effect of endoscopist-related characteristics on colonoscopy quality indicators and to evaluate the factors affecting ADR patterns registered in the colorectal (CRC) screening program in the Veneto Region between 201–017.
The following data about endoscopists in screening programs between 201–017 were collected: age, sex, years as physician, specialization, annual colonoscopy volume. During 201–014, younger endoscopists (<40 yr) underwent four meetings with a senior endoscopist (Christopher Williams), to improve general endoscopic ability and, in particular, the sensitivity to detect adenomatous lesions. ADR was calculated for each operator. Data were analyzed with SPSS program.

Results During the three year period, 191 endoscopists performed a total of 42,706 first colonoscopies after FIT positivity. One hundred forty with at least 20 colonoscopies after FIT positivity/yr, (mean age 48.2 yr ± 10.8 yr (M±SD), Male 53.9%) were selected. Three hundred eight-two ADRs were collected during the observation period. Overall ADR was 43.7±9.5%. Ninetysix of the endoscopists were specialized in gastroenterology, 35 in general surgery, and 8 in other specialties. ADR was 44.1± 9.7% for the gastroenterologists, 42.7±9.6% for the surgeons (p=ns) and 39.5±7% for those with other specialties (p=0.033). ADR was significantly higher for the younger endoscopists (3–9yr 47.5%; 4–9yr 44.6%; >9yr 41.4%, with p<0.001). The ADRs over the three year period were similar (44.2% vs 42.9% vs 43.3%, p= ns). No significant association between ADR and number of screening colonoscopies performed wew found. When the ADR in 2017 of 81 endoscopists was analyzed depending on the cumulative number of total colonoscopies/yr, it was found that the those with > 300 colonoscopies/yr had higher ADRs (35.5 ±21.4% vs 43.5 ±11.5%, p=0.04) in colonoscopies after FIT positivity/yr.

Conclusions Study findings demonstrated that junior endoscopists and those specialized in gastroenterology were more effective in identifying adenomas during screening colonoscopy procedures. High annual colonoscopy volumes and working exclusively as endoscopists but not years of experience or being older were associated with higher ADRs. Educational interventions seemed to be effective in improving sensitivity and performance.

Poster

PWE-100

ENDOSCOPY TRAINING IN SIERRA LEONE – SUCCESSFUL REMOTE SUPERVISION LEADING TO A SUSTAINABLE OGD SERVICE

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Introduction Sierra Leone is a poor country in Africa; population 7 million. Medical services are rudimentary. Until 2016 there was no established endoscopy service within the country. We describe a successful novel model of direct and remote supervision to train and mentor 3 doctors to competence in diagnostic Gastroscopy (OGD).

Methods A team of UK doctors developed and delivered a modified JAG OGD basic skills course during a week-long visit to Sierra Leone in 2016 to 3 doctors at Choithram Memorial Hospital, Freetown. Training involved group discussion of pre and post procedural aspects of OGD, intense procedural visual conceptualisation, hands-on model training and OGD on 12 volunteer patients under direct supervision. Trainees were trained to give feedback using the JAG DOPS form. Over the subsequent 12 months, the UK team offered regular