

## REFERENCE

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**P351** CONSULTANT RECRUITMENT AND RETENTION – WHAT APPLICANTS SEEK IN A POST. A REGIONAL SURVEY

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**Introduction** Nearly half of advertised gastroenterology and hepatology posts remain unfilled (Royal College of Physicians, 2019). It is therefore important to identify key positive and negative factors trainees consider when applying for a consultant job to construct appealing and resilient services, particularly for hard-to-fill posts.

**Methods** An online questionnaire was sent to south west gastroenterology trainees and to newly-appointed consultants to rate the importance of each factor when considering a consultant job.

**Results** Our 36 (21 male, 15 female) respondents from a possible of 44 (82%), worked across all training grades and mostly full time (89%). The majority felt geography was very important (n=22, 62%) and personal experience of working in the hospital important (n=19, 53%). Enticing factors to apply included availability of specialist nurses and protected time to develop training and subspecialty.

Financial inducements were less important. General medical on calls was the only factor which actively discouraged job application (n=23, 64%) and links to academic institutions were deemed less important in over half of respondents. 78% of trainees would consider applying for a consultant job outside their training deanery; the influence of the availability to work less than full was inconsistent.

**Conclusion** This regional survey provides an important insight into applicant views to assist with consultant recruitment and retention. Removing general medicine from gastroenterology, enabling time to develop clinical and managerial skills and availability of specialist nurses are key attractive factors.

Whilst geographical location cannot be changed, personal experience was rated a strong factor influencing job considerations; rotating senior trainees in peripheral hospitals provides an opportunity to negotiate an appealing job plan not previously considered as well as benefiting departments struggling to recruit.

For trainees in the south west financial enticements and academic links were not considered important considerations. Working less than full time (LTFT) was of varying importance but the LTFT workforce is likely to increase in the future as more female trainees obtain substantive consultant posts (Rutter, C, 2018). With the change to pension age rules, consultants may now plan early retirement having an additional impact on the consultant workforce shortage. As salary is less important, offering the option for flexibility when advertising consultant jobs should encourage more applications and hopefully retain the existing consultant workforce as more desirable roles become available.

This has many unique challenges (particularly geographical spread and population density). As such these findings may not be applicable to large conurbations where further surveys are warranted.

**P352** CREATION OF A NEW GUIDELINE FOR THE MONITORING OF LIVER FIBROSIS IN PSORIATICS ON METHOTREXATE

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**Introduction** Methotrexate is extensively used in dermatology and rheumatology and, to a lesser extent, for inflammatory bowel disease. There is a well-recognised association of methotrexate use and the development of liver fibrosis and cirrhosis. Despite this there is surprising inconsistency in guidelines and in practice for the monitoring for liver-related complications. Patients with psoriasis appear to be at the highest risk of developing liver fibrosis and so the British Association of Dermatology (BAD) stipulates the use of serum procollagen III aminoterminal peptide (PIIINP) three-monthly to monitor for this. However, this test is not used elsewhere as an individual marker of liver fibrosis.

**Methods** We obtained all PIIINP levels that were raised during the year of 2019 at the Whittington Hospital and reviewed their onward referral and outcomes.

We then performed a literature search on methotrexate therapy and liver toxicity in patients with psoriasis. Using this we created a new evidence-based guidance for the monitoring of liver fibrosis in psoriatic patients commencing methotrexate.

**Results** Eight patients fulfilled BAD criteria for onward referral to gastroenterology based on their PIIINP levels, of which six were referred and seen. Interestingly, gastroenterologists are generally unaware of the significance and meaning of PIIINP and generally go on to perform further non-invasive tests of liver fibrosis, notably a fibroscan.

Based on the literature review and findings, we generated an alternative guideline on the monitoring of liver fibrosis in psoriatic patients on methotrexate. The guidance advises fibroscan for all patients at baseline and then stratifies patients into high- and low-risk categories based on baseline BMI, alcohol intake and diabetes. Fibroscan interval is based on risk category and baseline level ranging from 1 to 3 years. Those with liver stiffness greater than 9.5 kPa are referred for onward assessment. If unable to obtain fibroscan measurements, PIIINP would be used as before.

**Conclusions** The incidence of fibrosis secondary the methotrexate toxicity is rare and the greater incidence in psoriatics likely relates to its association with known risk factors for non-alcoholic fatty liver disease and alcohol consumption. PIIINP is a poor predictor of fibrosis in the subset of patients with psoriatic arthritis and is not extensively used outside dermatology, even amongst gastroenterologists. Fibroscan has a good negative predictive value for significant fibrosis and so is a suitable screening test and is in line with current gastroenterology practice

**P353** COST EFFECTIVENESS OF TAKING NON-TARGETED ENDOSCOPIC BIOPSIES- CAN WE SAVE TIME AND MONEY?

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