3.6	For successful completion of the summative DOPS assessment, the trainee should be rated as 'ready for independent practice' in all items within 2 DOPS, by 2 different assessors, one of whom is not based at their current endoscopy unit	Very Low	Weak
4.1	Newly certified ERCP practitioners should have a defined period of mentorship lasting a minimum period of 2 years, with provisions available for regular progress reviews, e.g. at 3-month intervals	Very Low	Strong
4.2	The ongoing training requirements of newly accredited ERCP practitioners should be identified and should be encouraged to attend further training opportunities, e.g. upskilling courses	Very Low	Strong
4.3	Clinicians who have recently certified in ERCP should have systems in place to ensure appropriate case load selection: regular vetting of cases or through weekly HPB MDT/triage meetings	Very Low	Strong
4.4	There should be appropriate mechanisms in place for performance monitoring and review during the agreed transition period, e.g. at 3-monthly intervals	Very Low	Strong

for ERCP certification: 1) performing ≥ 300 hands-on procedures; 2) attending a JAG-accredited ERCP skills course; 3) in modified Schutz 1-2 procedures: achieving native papilla cannulation rate $\geq 80\%$, complete bile duct clearance $\geq 70\%$, successful stenting of distal biliary strictures $\geq 75\%$, physically unassisted in $\geq 80\%$ of cases; 4) 30-day post-ERCP pancreatitis rates $\leq 5\%$; 5) satisfactory performance in formative and summative direct observation of procedural skills (DOPS) assessments.

Conclusion JAG certification in ERCP has been developed following evidence-based consensus to quality assure training and to ultimately improve future standards of ERCP practice.

PTU-82 TIME TO TACKLE TRANSITION TRAINING IN GASTROENTEROLOGY: RESULTS OF A UK SURVEY

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Introduction Inadequate transition for chronic health conditions is associated with poor disease outcomes. The training of health care professionals in developmentally appropriate healthcare in the United Kingdom (UK) has not been measured. This national survey explores experience of Adolescent and Young Person (AYP) dedicated training and service delivery, from both adult and paediatric perspective.

Methods A 30-item 'SurveyMonkey®' questionnaire was developed by the British Society of Gastroenterology (BSG) AYP committee. This was emailed by the BSG and British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) to its member trainees and those within five years of Consultant appointment, between June-September 2020.

Results Of 70 respondents, 71.4% were senior trainees or ≤ 5 years post CCT, with 54% being female. AYP training was not accessible to 58% in their current or most recent post. Of those that had prior AYP training, the majority (39%) had been to transition clinics. A fifth felt 'at least confident' that training offered adequate experience of AYP training. Nearly half of respondents wanted AYP specific training.

Significant barriers to AYP training (figure 1) and delivery were reported including lack of resources (60%), issues with funding e.g. who pays for the service (52%) and a lack of local interest in service development (46%).

Important patient related factors for successful transition were reported as ability to take medications unsupervised, patient understanding of disease and treatment.

Do any of the following barriers to AYP training apply to you?

Abstract PTU-82 Figure 1 Barriers to AYP training: responses

Health care related barriers to successful transition (1=lowest importance, 4=highest importance), were lack of time/space to set up joint clinic (3.12), lack of support services (3.04) and lack of funding (3.01).

Conclusions This cross-society national survey has revealed AYP training is extremely limited and the majority of respondents perceive inadequate experience and confidence in this area, despite there being a demand for change. AYP service delivery is widely varied with lack of resources, funding and interest as key healthcare related barriers. A concerted expansion both at national curricula development level and in individual departments is urgently needed, to advance exposure and training in AYP Gastroenterology.

PTU-83 THE GASTROENTEROLOGY AND HEPATOLOGY HIGHER SPECIALIST TRAINEE WORKFORCE 2020 – THE ISSUES OUR TRAINEES FACE

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Introduction The COVID-19 pandemic has had a significant impact on workforce, morale and training. Even prior to this, there were considerable challenges facing gastroenterology training due to the shape of training initiative.

Methods The Medical Workforce Unit of the Royal College of Physicians (RCP) undertakes an annual census of higher specialist trainee (HST) physicians each December. Key issues affecting gastroenterology and hepatology trainees combined in the census and General Medical Council (GMC) data from 2012 – 2020 were examined.