Introduction The impact of the COVID-19 pandemic has disrupted training during the initial peak and partial recovery. Gastroenterology higher speciality training (HST) is reaching an inflection point with a reduction from five years to four. The potential compound impact is a source of concern for HSTs. The BSG Trainees Section biennial survey 2020 aimed to delineate the impact of COVID-19 and opinions on changes to training.

Methods An electronic survey allowing for anonymised responses at the point of completion was distributed to all gastroenterology HSTs over a three month period from September to November 2020.

Results In total, 349 trainees completed the survey (response rate of 51% of 687 HSTs) with representation across all regions. 89%(307/344) of responders were full time trainees and 39%(136/349) female. There was a reduction in access to clinics; 48.4%(169/349) reported due to general internal medicine (GIM) duties and 26.6% (93/349) due to reduction in available clinics. Reduction in experience in gastroenterology referrals were also mainly limited by GIM commitments (42.4%) (148/349). No endoscopy training occurred for 88.5 (170/192)% of trainees at the peak. Recovery of training lists was reported by 67.3(175/260)% of responders in late summer yet 20.6(72/349)% reported training lists were still 'not allowed' in their trust. 71.0 (206/290)% of responders reported their time was predominantly taken by GIM, with 42.1 (110/261)% considering the need to extend their CCT date to compensate for this. 49.0%(128/261) of respondents were considering time out of programme or fellowships and 28.3 (74/261)% considering it in the future. The majority of responders reported virtual or online teaching was provided during the peak of the pandemic.

Considering future training; 96.8%(245/253) of respondents stated gastroenterology HSTs should have 1 year experience on a GI bleed rota, however only 21.3 (55/258)% reported having experience of this formally during training. 68.8%(174/253) of responders supported the idea of blocks of GIM training during HST to protect gastroenterology training. The majority of trainees (84.2%)(213/253) reported they would not feel ready to be a consultant after 4 years of HST. 46.7 (122/261)% of responders would stop GIM training if given the opportunity.

Conclusions In all aspects of gastroenterology training surveyed, more than half of training time was lost during the pandemic. This included training beyond endoscopy to other aspects of GI work including clinics and referrals. This is mirrored in anticipated concerns about completion of training and the perceived future competence as a consultant at the end of a 4 year higher training programme. Work is now required to ensure training trajectories are restored following the COVID-19 pandemic.

OTU-16 DEVELOPMENT OF THE TEAM-ENTS (TEAMWORK IN ENDOSCOPY ASSESSMENT MODULE FOR ENDOSCOPIC NON-TECHNICAL SKILLS) FRAMEWORK

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Introduction Teamworking is crucial to team performance and has been demonstrated to improve the quality and safety of care. Non-technical Skills (NTS) are integral to teamworking and NTS frameworks have been used to support training and assessment in healthcare. The aim of this study was to develop a novel team-based NTS framework in endoscopy (TEAM-ENTS).

Methods A qualitative mixed-methods study was conducted to ascertain the core NTS relevant to endoscopy teams. This was undertaken in two phases: 1) a detailed literature review of team-based NTS frameworks and, 2) an interview study of endoscopists and endoscopy nurses utilising Cognitive Task Analysis (CTA). Transcribed interviews were analysed by two researchers using framework analysis. A codebook of relevant skills and behaviours was created which formed the basis for the TEAM-ENTS framework.

Results 1162 articles were screened, identifying 36 articles which described 14 team-based NTS frameworks. In total, 13 semi-structured interviews were completed involving 7 endoscopists and 6 nurses. The mean number of years in role was 15.2 and mean lifetime procedure count was 9571. 88 codes were identified from transcribed interviews. These fell into 5 major categories: 1) Communication, 2) Planning, decision-making and problem-solving, 3) Leadership and coordination, 4) Situation awareness and 5) Teamwork, cooperation and support. A hierarchical framework was created of overarching categories further defined by individual elements (Table 1). Elements are characterised by behavioural descriptors informed by the literature review. The final framework consists of 5 categories, 17 elements and 58 behavioural descriptors.

Abstract OTU-16 Table 1

CATEGORY	ELEMENT
COMMUNICATION	1. Information exchange
	2. Maintaining open dialogue
	3. Patient communication
PLANNING, DECISION-MAKING & PROBLEM-SOLVING	4. Preparation
	5. Joint decision-making
	6. Reviewing outcomes
LEADERSHIP & COORDINATION	7. Control and responsibility
	8. Role delegation
	9. Team adaptation
SITUATION AWARENESS	10. Team diagnosis
	11. Problem recognition and focus
	12. Shared understanding
TEAMWORK, COOPERATION & SUPPORT	13. Anticipating events
	14. Teambuilding and trust
	15. Cohesion
	16. Support
	17. Assertion

Conclusions The TEAM-ENTS framework contains the core NTS relevant to endoscopy teams. Further work is underway to refine the tool through an online Delphi study followed by an observational validation study.