Results We identified 30 journal articles using qualitative methodologies, predominantly semi-structured interviews (73%), published over 21 years in the top 10 GI journals, accounting for less than 0.1% of all published original studies. The range varied between 0–10, with a median of 2.5 articles/journal. No journal explicitly excluded qualitative research studies in their scope of publication. In contrast, we identified 10 GI studies using qualitative methods out of 126 (8%) active GI studies on the UK CRN portfolio.

Conclusion Qualitative research is poorly represented in the top 10 GI journals, though high quality GI research using qualitative methods are more commonly conducted, based on UK CRN data. This discrepancy may imply a bias against acceptance of qualitative research by journal editors and reviewers from the top 10 GI journals or a reluctance by investigators to submit qualitative articles to these journals. This gap raises concerns regarding the lack of patients' and practitioners' views on clinical interventions (best captured using qualitative methods) in these journals.

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PTU-86 WORKFORCE PLANNING: WHERE DO TRAINEES WHO COMPLETE THE HEPATOLOGY ADVANCED TRAINING PROGRAMME (ATP) END UP?

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Introduction Hepatology advanced training programmes (ATPs) were initiated in 2003 with host centres organising variable recruitment processes. In addition, trainees in regions without a post were somewhat disadvantaged. Since 2014, recruitment to Hepatology ATPs have occurred via a single national

process to ensure transparency and equity of access. Seven years on, we have evaluated the outcome of this programme with regards to Hepatology Consultant appointments within the UK, particularly with a view to geography and type of post taken up.

Methods In February 2021, a short online questionnaire was sent to all the trainees who have completed or are completing a Hepatology ATP post between 2014 and 2020.

Results Between 2014 and 2020, 110 ATP posts have been appointed (at a median of 10 (IQR 9–11) years post qualification, 54 female: 56 male). Of these, 35 remain in training. Of those who have completed training, 59/75 (79%) responded to the questionnaire. Completion of training was obtained at a median of 13 (IQR 11–13) years post qualification and 2 years (IQR 2–3) after ATP. Two candidates have left the UK, while 6 are currently in post-CCT fellowships. **Abstract PTU86 Figure 1** represents where the remaining respondents have taken up Consultant positions within the UK. Geographically, there appears to be fewer posts appointed in Northern Ireland, Wales, Scotland and the east coast of England in comparison to the rest of the UK (**Abstract PTU86 figure 1**). Most posts are substantive, while 5 are locum posts. Overall, 25% work in a transplant/tertiary centre, 51% work in a regional/specialist unit and 24% work in a district general hospital (DGH). Furthermore, 16% (8/51) are transplant physicians, 35% (18/51) are pure Hepatologists and 20% (10/51) are Gastroenterologists with a special interest in Hepatology. Twenty percent (10/51) are in Gastroenterology posts with a significant component of Hepatology work. In addition, 6% (3/51) are in joint Hepatology/General Internal Medicine posts and 4% (2/51) are in joint Hepatology/Intensive Care posts. Five appointees are in academic posts.

Conclusion This evaluation provides an insight into the distribution and type of Consultant posts filled by previous trainees who have completed the Hepatology ATP. Moreover, it allows us to focus future efforts on providing adequate service provision in district general hospitals, as well as geographical areas within the UK with fewer Hepatologists or Gastroenterologists with a special interest in Hepatology.

Abstract PTU-86 Figure 1 The distribution of consultant posts filled by previous Hepatology ATP trainees within the UK