

teaching of paracentesis remains a viable model for both training and service provision. A controlled day case setting contributes to limiting the influence of human factors on patient safety and complication rates. Furthermore, junior doctors' competence in diagnostic paracentesis remains particularly valuable in out-of-hours acute admission settings. For the future, we believe the training programme has capacity to expand to a wider group of emergency healthcare professionals.

P396 DIFFERENCES IN ENDOSCOPY TRAINING RATES IN WALES – IMPLICATIONS IN THE SHAPE OF TRAINING ERA

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Background The 'Shape of Training' programme has reduced time for specialty training programmes. Understanding patterns of actual training provision across regions may assist maximising efficient training. For trainees to complete certification before CCST award requires training rates of 50 upper GI points per quarter (200 cases/year) in early training, followed by 50 lower GI points per quarter (100 cases/year).

Aim To provide data on historical patterns of endoscopy training provision for Gastroenterology Specialty Trainees across regional training sites.

Methods Regional data for all Gastroenterology trainees in the Wales deanery from 2013–2019 including procedural data for different endoscopy subtypes and certification information was examined. The numbers of training procedures and procedure points were calculated for all registered trainees at each training site over the study period. To allow comparison across regions a quarterly procedural progression rate (QPPR) was calculated (total training points/number of trainees). Pre- and post-certification procedures were differentiated, trainee periods were out of programme or working LTFT were excluded from analysis.

Results Endoscopic training data on all rotational placements was available for 28 trainees. Training was conducted at 15 sites, in 6 Health Boards (HB) Regions. The table 1 shows QPPR for each region over time. Two-fold differences in training activity for both UGI and LGI endoscopy were seen between the highest and lowest performing HBs. Only 1 out of 6 HBs delivered QPPRs in UGI or LGI endoscopy in the pre-certification phase that may be required in the Shape of Training era. Trainees in endoscopy fellowship posts achieved considerably higher PPR (253 for LGI).

Conclusions This study reviewing training provision across a region for seven years revealed differences in provision of training between HBs. Current rates of training delivery would

not allow trainees to achieve full sign off for gastroscopy and colonoscopy within 4 years of specialty training. Formal training fellowships may provide a mechanism to increase PPR significantly.

P397 A PROPOSED EDUCATIONAL PODCAST FOR GASTROENTEROLOGY TRAINEES – HOT AIR OR POTENTIAL HIT?

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Introduction A podcast is a digital audio program, like a radio show, that is available to stream or download. The popularity of podcasts has greatly expanded in recent years and their value is increasingly recognised in modern medical education, particularly in maximising educational opportunities when other learning modalities may be impractical.¹ The educational appeal of podcasts to the UK gastroenterology trainee is unclear.

This study aimed to explore the attitudes and listening behaviours of UK gastroenterology trainees towards podcasts and investigate appetite for a new podcast with content specifically tailored to their educational needs.

Methods UK gastroenterology trainees were surveyed from 28/01/2019 to 10/03/2019 using the Google© surveys website. The survey was disseminated to trainees nationally through BSG regional trainee representatives using their contact details listed on the BSG website.²

Results Of the 42 UK gastroenterology trainees surveyed 78.6% had listened to a podcast before with 47.6% having accessed gastroenterology or hepatology content. Several issues with existing podcasts were reported including a paucity of high-quality gastroenterology and hepatology content (80.0%), poor audio quality (45.0%) and content that was either uninteresting (45.0%) or inappropriate for the trainee's level of training or understanding (40.0%). Most trainees had listened to a podcast during a commute to work (71.4%) or other destination (38.1%) and 74.4% preferred podcasts between 10 and 30 minutes duration.

A high majority of trainees would be interested in listening to a new gastroenterology and hepatology-themed podcast with content specifically tailored to trainees (92.9%). Desired content included clinical updates (97.4%), topical items related to gastroenterology or hepatology (79.5%) and teaching sessions covering curriculum for the European Specialty Examination in Gastroenterology and Hepatology (74.4%). Most trainees were unwilling to pay for a new podcast regardless of content (61.5%) however 94.9% would accept a short audio advert to support the cost of podcast production.

Conclusions Although podcast listening is generally popular amongst UK gastroenterology trainees the current experience may be tainted by unsatisfactory content or audio quality. This study uncovered overwhelming appetite for high-quality, short, free-to-access gastroenterology and hepatology-themed podcasts targeting the needs of UK trainees.

REFERENCES

1. Cho D, Cosimini M, Espinoza J. Podcasting in medical education: a review of the literature. *Korean J Med Educ.* 2017;29(4):229–239.
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Abstract P396 Table 1 Quarterly procedural progression rate (QPPR) per HB for UGI and LGI procedures – average points per quarter

	HB1	HB2	HB3	HB4	HB5	HB6
UGI Pre	27.3	41.4	43.1	45.9	55.6	41.7
UGI Post	28.5	21.5	21.2	24.9	6.8	26.0
LGI Pre	43.3	39.9	65	46.1	31.8	39.7
LGI Post	35	N/A	N/A	N/A	N/A	N/A