

Our data show that that with regimented training and a protocolised and standardized approached we can improve the pickup recurrent disease in patients post EET on dedicated sessions in order to offer retreatment.

Our aim is to introduce this across the country by supporting and monitoring other CNEs and specialist units to follow our model to provide a standardized model which is easy to follow and provide a national training programme for both therapeutic and diagnostic procedures.

## Education & training

### 074 EXPERIENCE OF A PILOT TRAINING THE COLONOSCOPY TRAINERS COURSE IN INDIA

<sup>1</sup>Pandurangan Basumani, <sup>2</sup>Mark Donnelly\*, <sup>2</sup>Stuart Riley, <sup>2</sup>Mo Thoufeeq, <sup>1</sup>R Ravi. <sup>1</sup>Dr Rela Institute and Medical Centre, Chennai, India; <sup>2</sup>Sheffield Teaching Hospitals, Sheffield, UK

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**Introduction** Training the Colonoscopy Trainers (TCT) courses have become a key resource in improving colonoscopy training in the UK and elsewhere around the globe. To our knowledge, such courses have never taken place in India. Endoscopy in India is believed to be of a high standard but the training of endoscopists is variable with little structure or standardisation. Indian and UK colleagues were keen to explore whether TCT courses would be effective and well received in the Indian endoscopic setting.

**Methods** A team of three UK based experienced TCT faculty visited the Dr Rela Institute and Medical Centre (DRIMC) in Chennai, India in January 2020. Over the course of 4 days, two 2 day TCTs were delivered to a total of 12 delegates. All of the delegates were independent consultant colonoscopists with a training role in their base hospital. Years of independent colonoscopy median 3 years (range 1 - 9). Number of colonoscopies performed independently median 800 (range 100 - >5000). Each delegate had been nominated to attend by their home unit in an area encompassing much of South India. The courses delivered were slightly modified standard UK courses. Day 1: educational theory, role play; Day 2: hands on training of peers. Delegates were asked to retrospectively evaluate the impact the course had on their training style and techniques using a pre- and post-course 1–10 scale in the following specific areas: applying structured training interventions; segmenting training; SMART (Specific, measurable, Achievable, Realistic, Timely) objective setting; understanding conscious competence; avoiding dual task interference;

Abstract 074 Table 1

	Pre-course score [median and (range)]	Post-course score [median and (range)]	p-value (Wilcoxon)
Structured interventions	3 (1–5)	8 (6–9)	<0.01
Segmenting	3 (1–6)	8 (7–9)	<0.01
SMART objectives	1 (1–4)	8 (7–9)	<0.01
Conscious competence	2 (1–5)	8 (7–9)	<0.01
Dual task interference	2 (1–7)	9 (1–7)	<0.01
Effective feedback	3 (1–5)	8 (8–9)	<0.01
Reflection	3 (1–4)	8 (7–9)	<0.01

using performance enhancing feedback; critical self-reflection on teaching.

### Results

**Conclusions** This is an account of the first ever TCT courses, to our knowledge, delivered in India. The courses were very positively and enthusiastically received. Delegates knowledge of and ability to deliver effective colonoscopy training were significantly improved across a range of measures. We plan to deliver further courses with an eventual aim to enable Indian colleagues to become effective TCT faculty to deliver their own courses.

### 075 TRAINING IN CLINICAL RESEARCH FOR THE ANY, NOT THE FEW: A PILOT PROGRAMME IN HEPATOLOGY

<sup>1</sup>Lynsey Corless\*, <sup>2</sup>Ryan Buchanan, <sup>3</sup>Louise China, <sup>4</sup>Aftab Ala, <sup>2</sup>William Rosenberg. <sup>1</sup>Hull University Teaching Hospitals, Hull, UK; <sup>2</sup>University of Southampton, Southampton, UK; <sup>3</sup>University College London, London, UK; <sup>4</sup>Royal Surrey County Hospital, Guildford, UK

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**Introduction** Everyone working in frontline NHS services is trained to deliver clinical care, but few are trained to conduct research. To ensure research remains accessible to all patients, there is a need to train future generations in the skills required to deliver it. The NIHR hepatology National Specialty Group (NSG) developed a national programme to empower trainees to use, conduct, design and lead clinical research as an NHS Consultant. Through participation in a year-long programme, trainees learn core competencies against a curriculum comprising: Good Clinical Practice (GCP), Evidence-Based Medicine (EBM), Clinical Research Methodology, Research Governance, and Conduct of Clinical Research.

**Methods** We established a team of trainers and trainees to develop the programme. It is based on the principles of EBM and delivered through a mix of residential learning, on-line materials, and supervised participation in clinical research. The programme begins with a 2-day residential course and is completed at work and on-line. Online materials - developed in collaboration with NIHR Learn - include: GCP training, Evidence-based hepatology videos, critical appraisal worksheets and a forum for networking and giving feedback. Assessment is via completion of Workplace Based Assessments, coursework and a satisfactory educational supervisors report. From the outset we worked with specialty societies and the Hepatology NSG. We engaged the Specialist Advisory Committee at the Royal College of Physicians, and the NIHR Academy and CRN during development to ensure that they were fully aware of the initiative.

**Results** The first cohort of 27 trainees recently completed the course, and a second similar-sized group began in September 2019. Feedback was sought from the year 1 cohort. The majority felt more robust research training was important and necessary. Everyone said the course was extremely useful or useful. Participants were empowered to be research active, and to build it into their clinical work: most were on a trial delegation log and had been involved with more than one aspect of the study. Some have also continued to recruit into studies in their current placement. Crucially, several registrars are now leading research. One obtained funding and opened a portfolio study which has recruited over 300 participants; one is a co-applicant on an NIHR grant; and another leads an industry funded study and is a co-applicant on grants from the Academy of Medical Sciences and NIHR.