establish if they can be used effectively to utilise these skills in the delivery of bad news.

Methods A literature review of the current research into reflection and breaking bad news was undertaken; from this a number of consultation frameworks were selected, namely:

Models of Communication
SPIKES (Breaking bad news)
The MacMaster Technique
Reflective Practice and the use of Gibbs reflective cycle

Key themes were identified in terms of professional and personal responsibility, particularly around communication, during the process of breaking bad news. These were adopted into clinical practice. Using Gibbs reflective cycle, personal reflection was undertaken during this transition phase and results noted.

Results Effective communication in breaking bad news demonstrating empathy and respect is vitally important, and one could argue as significant as treating the person who has a cancer diagnosis. The manner in which the information is imparted to the participant and their family can have serious consequences on their psychological morbidity and their ability to engage with the decision making processes in regard to their healthcare management.

Application of the structure from the Calgary Cambridge Consultation Framework, supported by the SPIKES communication model and the MacMaster Technique, provides the necessary tools to support the participant through potentially difficult clinical consultations. Likewise, practitioners are able to manage the consultation and have a clear process to follow, allowing for respect, empathy and support for the participants; thus augmenting the quality of service provided.

Conclusion It is essential that SSPs have the knowledge and skills to furnish them for effective communication skills to break bad news and to support participants and their families. Implementation of these frameworks has been found to provide the tool with which the SSP can be supported in their clinical practice and also sustain their participants when communicating a life altering diagnosis.

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Disclosure of Interest None Declared.

PTU-005 FACTORS INFLUENCING THE QUALITY OF COLONOSCOPY TRAINING IN THE NORTH WEST DEANERY

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Introduction Endoscopy is integral to the JRCPTB Gastroenterology Curriculum and the JAG clearly defines competencies that must be achieved before independent practice. Training in colonoscopy for Gastroenterology Specialty Trainees (ST) can be challenging due to current work patterns and non-GI commitments. We aimed to evaluate the opportunities for and the quality of colonoscopy training in the NW Deanery as perceived by STs.

Methods An electronic questionnaire was sent to all Gastroenterology STs enrolled within the NW Deanery including questions based on data which would be available from the JETS e-portfolio. STs were excluded at the point of entering OOP activity. To allow comparison, number of procedures performed was standardised to year of training and to length of time in each post. We used an arbitrary minimum expected number of procedures per year at each level of training to calculate adequacy of training opportunities.

Results 29 trainees completed the survey (ST3=3, ST4=8, ST5=4, ST6=6, ST7=1, OOP = 7) at 13 sites. 7 (24%) had achieved JAG accreditation for diagnostic colonoscopy. Overall completion rate (CR) was 52.2% (0 to 97%). Mean number of colonoscopies (and independent CR) was: ST3=25.6 (7%), ST4=68.9 (19%), ST5=103.3 (65%), ST6=105.7 (87%), ST7=66 (92%). 5 (17%) STs had a CR of >90% and had performed an average of 270 procedures to attain this level. The average number of colonoscopies per year for each individual site ranged from 34% to 160% of expected procedures. 22 (76%) STs had used a scope guide and 33% of these STs found it useful. 62% of trainees were satisfied with the level of supervision during endoscopy. 62% of trainers had completed a TCT course or equivalent but 14% of STs did not know. The major limiting factor affecting colonoscopy training was GIM commitments (72%) with lists missed due to on call shifts. 41% reported that training lists were not tailored to their needs, 38% missed lists due to lack of ward cover and 38% did not feel that they had enough colonoscopy lists. Other factors affecting colonoscopy training included competition with nurse endoscopists (10%) and trainers taking over too early (14%). 24% of STs rated their satisfaction with colonoscopy training at 4 or 5 (on a scale of 1 to 5, where 1 was poor and 5 was excellent).

Conclusion There is considerable variability in opportunities and quality of colonoscopy training in the NW Deanery. Service provision must be balanced with a structured, high quality training programme to ensure that colonoscopy performance can meet the mandatory standards expected at the time of CCT. In our region, it is reassuring that STs seem to achieve these targets by ST7 despite the challenges we identified. This study provides a baseline for future quality improvement in NW Deanery colonoscopy training.

Disclosure of Interest None Declared.

PTU-006 GASTROENTEROLOGY TRAINEES EXPRESS AN INTEREST TO LEARN TO PERFORM ULTRASOUND-ASSISTED LIVER BIOPSIES: RESULTS OF A NATIONAL SURVEY (UK)

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Introduction Liver biopsy for the assessment of parenchymal liver disease is increasingly performed under direct ultrasound guidance by radiologists. As such, it is no longer a mandatory requirement for hepatology trainees in the UK to achieve competence in this procedure.

Methods We aimed to determine whether trainees are receiving training to perform ultrasound-assisted liver biopsies; and whether they would be interested in doing so if not. Trainees anonymously responded to a 10 question, web based survey using a combination of pre-defined answers in drop down boxes and free text answers.

Results Surveys were sent to approximately 800 trainees. 226 surveys were returned. Respondents represented all training