All patients in this study were treated within an ERAS Protocol. We believe these results support the inclusion of TAP block as part of ERAS in further prospective trials.

0215 A COMPARISON OF MORTALITY PREDICTIVE DATA SYSTEMS IN HIGH RISK PATIENTS
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Background: Measurement of performance within the National Health Service (NHS) has increased in importance over the past twenty years. Trusts and regulatory bodies like the Care Quality Commission (CQC) increasingly rely on Hospital Episode Statistics (HES) data and Dr Foster algorithms. These latter methodologies rely heavily upon population and whole hospital analyses, and a small number of variables. However such data is now being increasingly used to measure surgeon specific performance without validation studies. The POSSUM system has been extensively validated in general surgery and is considered the methodology of choice by the specialist societies and the colleges.

Method: This study compares the accuracy of Dr Foster with POSSUM in colorectal procedures during the period of January 2008 to June 2010. During this period 709 patients underwent colorectal surgery and 41 patients died within 30 days of surgery. Mean prediction for mortality in those who died was 20.3%, with Dr Foster (range 3-63.7) and 28.4% with POSSUM (range 1-79.1%). Dr Foster underpredicted mortality in 70.7% of patients.

Conclusion: There were major differences in case mix profile when comparing Dr Foster with POSSUM. Individual surgeons case mix profile could have a major impact on Dr Foster surgeon specific performance data. Thus POSSUM remains the optimal method for comparative audit.

0217 SELECTING SURGICAL TRAINEES IN THE UK – A DEANERY SELECTION CRITERIA COMPARISON FOR TRAINEES AND TRAINERS AND ANALYSING WORKFORCE PLANNING DATA 2010
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Introduction: Surgery is a popular and competitive specialty. Recent reforms have minimised surgical exposure and therefore, career guidance for trainees is crucial from medical school onwards. We aimed to establish the essential, desirable and deviant criteria needed to apply for surgical training posts alongside the workforce planning data within the United Kingdom (UK).

Methods: Deanery data was collected from the Royal College of Surgeons of England, Modernising Medical Careers (MMC) and Centre for Workforce Intelligence (CFWI) websites. Documents were analysed for correlating and deviant selection criteria and workforce forecasts. Data was thereafter summarised.

Results: Data from nineteen Deaneries were obtained. Criteria were tabulated into “essential” and “desirable”, and categorised into: Eligibility to Train, Clinical Skills, Research & Academia, Personal Attributes, Evidence of Commitment and Outside Interests. There were no deviant criteria for any Deanery and there was a high level of congruence between Deaneries. Workforce planning data was categorised into regions showing the variations in numbers.

Conclusions: Prospective surgeons should create their portfolio early in medical school with a view to continuous development. Simultaneously, applicants should familiarise themselves with all criteria for their aspired specialty. It is also essential to consider workforce planning data regarding specialty expansion/contraction rates.

0218 THE EFFECT OF PRIVATE-PUBLIC SECTOR HOSPITAL PARTNERSHIPS ON BASIC SURGICAL TRAINING
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Introduction: The new private-public partnership hospitals (ISTCs) create a new challenge for basic surgical training programmes. The Southampton ISTC offers Core Surgical Trainees (CTs) exclusive access to lists advertised and bookable through a trainee-run website. This paper describes the role of the ISTC in providing basic operating experience.

Methods: 22 CTs were invited to submit logbook analysis from a 4-month period. ISTC lists and procedures were calculated for the same period. The number of laparoscopic cholecystectomies and inguinal hernia repairs performed over a 12-month period was calculated.

Results: 14 CTs responded; of these, 4 had never attended the ISTC. The average total number of procedures logged per month was 22. Those who attended the ISTC logged 29 procedures per month. Those who never attended logged only 12 procedures per month. Over a 4-month period there were 168 general/urology lists at the ISTC and 616 procedures. Over 12-months, 223 laparoscopic cholecystectomies and 539 open inguinal hernia repairs were performed.

Conclusions: ISTCs are now a key element of service provision for core surgical procedures and represent a valuable resource for basic surgical training that is underused in our trust. CTs must be encouraged, allowed and allocated time to attend regularly.

0223 IS THE DOWNGRADING OF CORE SURGICAL TRAINEES’ (CST) COMPETENCY LEVELS IN ELECTIVE INGUINAL HERNIA REPAIR JUSTIFIED?
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Introduction: The Intercollegiate Surgical Curriculum Programme (ISCP) syllabus was revised in 2010. Along with other technical skills, the expected competency of CSTs for elective inguinal hernia repair (IHR) changed from level 3 (“able to perform the whole procedure with minimum supervision needed occasional help”), to level 2 (“able to perform the procedure, or part observed, under supervision”). Is this change justified?

Method: A retrospective review of all elective IHRs performed over one year in a district general hospital was completed. Grade and supervision levels of operating surgeons were collected.

Results: 150 IHR were identified [35 (23%) open, 115 (77%) laparoscopic]. A CST was present in 35 (23%) IHR [16/35 (46%) of all open,19/115 (17%) of all laparoscopic]. CSTs performed under supervision 71/164 (44%) of the open IHR they attended, which equates to 7/150 (5%) of all IHR.

Conclusions: More IHRs are being performed laparoscopically. CSTs are exposed to few open IHRs. We have demonstrated that downgrading CST expected competency level in IHR is justified. Rather than concede that CSTs are becoming less technically competent, the syllabus should adapt to allow demonstration of higher competency levels in procedures CSTs are increasingly exposed to, such as induction of pneumoperitoneum in laparoscopic surgery.

0224 AUDIT OF INCOMPLETE EXCISIONS AND RECURRENCES IN SURGICALLY TREATED BASAL CELL CARCINOMA AND SQUAMOUS CELL CARCINOMA AMONG HEAD AND NECK SKIN CANCER PATIENTS IN BASINGSTOKE AND NORTH HAMPSHIRE HOSPITAL
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Introduction: Basal Cell Carcinomas (BCC) and Squamous Cell Carcinomas (SCC) are malignant tumours that commonly present in the head and neck region. The ENT department excises over 200 skin lesions in a year. A previous audit in 2003 had shown an incomplete excision rate of 8.9% and recurrence rate of 2.7% among surgically treated BCC patients.

Objectives: a) Ensure surgical excision of BCC and SCC lesions comply with existing British Association of Dermatology (BAD) guidelines b) Identify incomplete excisions and recurrences and subsequent management.

Methods: All BCC and SCC excisions between 1.9.2009 – 19.2010 were identified. Data was collected on age, gender, histology subtype, excision site and margins, grade of operating surgeon, method of wound closure, recurrences and complications.