Aims: To identify and measure the surgical learning curve of single-port appendicectomy comparing the performance of surgical trainees with experienced consultants.

Methods: Prospective data of patients who underwent single-port appendicectomy, in a university-teaching hospital, from 09.2008-07.2011 were included. Operation time was used as a proxy to assess learning. Patients were ordered based on the date of surgery and divided into three groups. Mean operation time of the groups was compared using ANOVA.

Results: 52 patients with a mean age (SD) of 33 (15.8) years were included. The mean overall operating time was 56.6 minutes (SD 17.5). Surgeon A (surgical trainee) performed 28 cases and surgeon B (consultant) performed 24. The mean time (SD) for surgeon A and surgeon B were 63.3 (18.5) and 48.1 (11.7) minutes respectively (p=0.001). A trend in decreasing operating time occurred in the initial phase of learning of Surgeon A but did not reach statistical significance (p=0.08). No such trend was observed for surgeon B (p=0.69).

Conclusion: Single-port appendicectomy can be performed safely by experienced surgeons as well as surgical trainees with experience in open and 3-port laparoscopic appendicectomy. The learning curve for the procedure is short and does not have an impact on patient care.

0819: REQUESTING RADIOLOGICAL INVESTIGATIONS – DO JUNIOR DOCTORS KNOW THEIR PATIENTS?
Jun Cho, Dave Bosanquet, Nia Williams, D. Gower, Kate Gower Thomas, Michael Lewis. Royal Glamorgan hospital, Pontyclun, UK

Aim: To ascertain clinicians’ knowledge of their patients when requesting radiological investigations, as required legally by government legislation “Protecting Radiation (Medical Exposure) Regulations 2000” (IRMER 2000).

Method: All radiological investigation requests received every Monday, excluding plain films, were collected prospectively over 8 weeks. Data included grade of requesting doctor, their specialty, type of modality requested, knowledge of their patient and appropriateness of the investigation. There were no exclusion criteria. Statistical analysis was performed using a two tailed Fisher’s exact test.

Results: Of the 164 requests received, the majority (61%) was made by Foundation Programme 1 (FP1) doctors. General medical specialties accounted for the highest proportion of requests (45%). Ultrasound was the most requested imaging modality (47%), followed by Computed Tomography (42%). Almost a third (30%) of the requests were made by doctors who had not seen the patient to be investigated, predominantly by FP1 doctors (p=0.003) and general medical specialties (p=0.001). Overall, 10% of requests were deemed inappropriate.

Conclusion: This study states that almost one third of radiological requests were made by junior doctors who have not seen the patient concerned and were therefore not fulfilling IRMER 2000 criteria. This potentially exposes patients to unnecessary/inappropriate radiation and wastes valuable resources.

0824: BECOMING A FEMALE SURGEON: DO FEMALE SURGICAL ROLE MODELS REALLY MATTER?
Hui-Ling Kerr, Jennifer Cade. Cheltenham General Hospital, Gloucestershire, UK

Background: Women represent over half the number of medical students in the UK, despite this, few apply to become surgeons. A lack of female surgical role models may not be as an influencing factor as previously thought.

Conclusion: ‘Work/life balance’ is still cited by newly qualified female doctors as the main deterrent to a career in surgery. Exposure to female surgical role models may not be as an influencing factor as previously thought.

0835: OSESOPHAGO-GASTRODUODENOSCOPY YIELD IN PATIENTS WITH COELIAC DISEASE PRESENTING WITH IRON DEFICIENCY ANAEMIA: A RE-AUDIT
Kate Perryman, Sam Enefor, Andrew Todd, Kamran Khatri, Mazin Sayegh. Western Sussex Hospitals NHS Trust, Worthing, UK

Objectives: In our previous audit it was shown that the majority of patients with iron-deficiency anaemia (IDA) suspected of having coeliac disease (CD) underwent oesophago-gastroduodenoscopy (OGD) and duodenal biopsy as a routine procedure, but only 0.2% had serum coeliac screening prior to OGD. The purpose of this current study was to complete the audit cycle.

Methods: Data related to histology and serum coeliac screen of all patients with IDA undergoing OGD in a District General Hospital from January 1st to October 31st 2011 were evaluated.

Results: A total of 732 patients with IDA were referred for OGD. There were 282 male patients with a mean age of 69.1 years. Duodenal biopsy was performed in 610 patients (83.3 %); CD was confirmed in 17 patients (2.8%). Duodenal biopsy was normal in 593 patients (97.2 %). A total of 122 patients (16.7 %) had serum coeliac screening prior to OGD; 7 cases (5.7%) were positive.

Conclusion: Completing the audit cycle it was found that, although there was an improvement with more patients undergoing coeliac screen before OGD but the majority (83.3 %) of patients with suspected CD presenting with IDA continue to undergo OGD and duodenal biopsy as a routine procedure.

0860: TRAINING OPPORTUNITIES IN EMERGENCY GENERAL SURGERY
Mersey Emergency Surgery Audit (MEnSA) Study Group Mersey Research Group for Surgery (MerRGs), Merseyside, UK

Aim: Recent guidance from the Royal College of Surgeons suggested high-risk emergency surgical cases should be supervised by a consultant surgeon. We sought to assess impact on emergency surgical training.

Method: In 8 acute trusts, all emergency general surgery operations were identified during a 30-day period in 2011. Operative details were recorded. Risk prediction was calculated using P-POSSUM (predicated mortality >10% high-risk). Data was analysed centrally.

Results: 494 procedures were performed on 471 patients. Overall mortality was 5%(24 patients). A consultant was present during 164(33.2%) of operations, being the primary operator in 116(23.5%) and supervising the trainee in 48(9.7%). Trainees performed the procedure unsupervised in 313(63.4%) cases. 65(13%) cases were deemed high-risk. A consultant was present in 46(70.1%) of these cases, supervising a trainee in 7(10.8%). 15(23%) high-risk cases were performed solely by trainees.

Conclusion: To comply with the guidance only 19(4%) of all emergency surgical cases require additional consultant input. These cases offer invaluable learning opportunities for trainees, however only 7(10.8%) of patients deemed high-risk were operated on by trainees under consultant supervision. The focus should be on consultant supervision rather than consultant-led operating to maximize experience.

0866: THE WEBSITES OF THE SPECIALTY COLLEGES: ENLIGHTENING OR EXASPERATING?
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Introduction: The move towards online learning, portfolios, research and guidelines draws clinicians to the college websites.

Aim: To critically evaluate the websites of eighteen medical specialty colleges in the United Kingdom and Ireland with an objective scoring system.

Methods: We adapted a system for evaluating web-based information (E. Kirk, John Hopkins University) to evaluate college websites. The adapted criteria were defined as: authorship, transparency, core resources, currency, design and usability. Using objective questions to test the criteria, we produced a scoring system which was applied to each website.