

# Analysis of endoscopy training

Steve Ward

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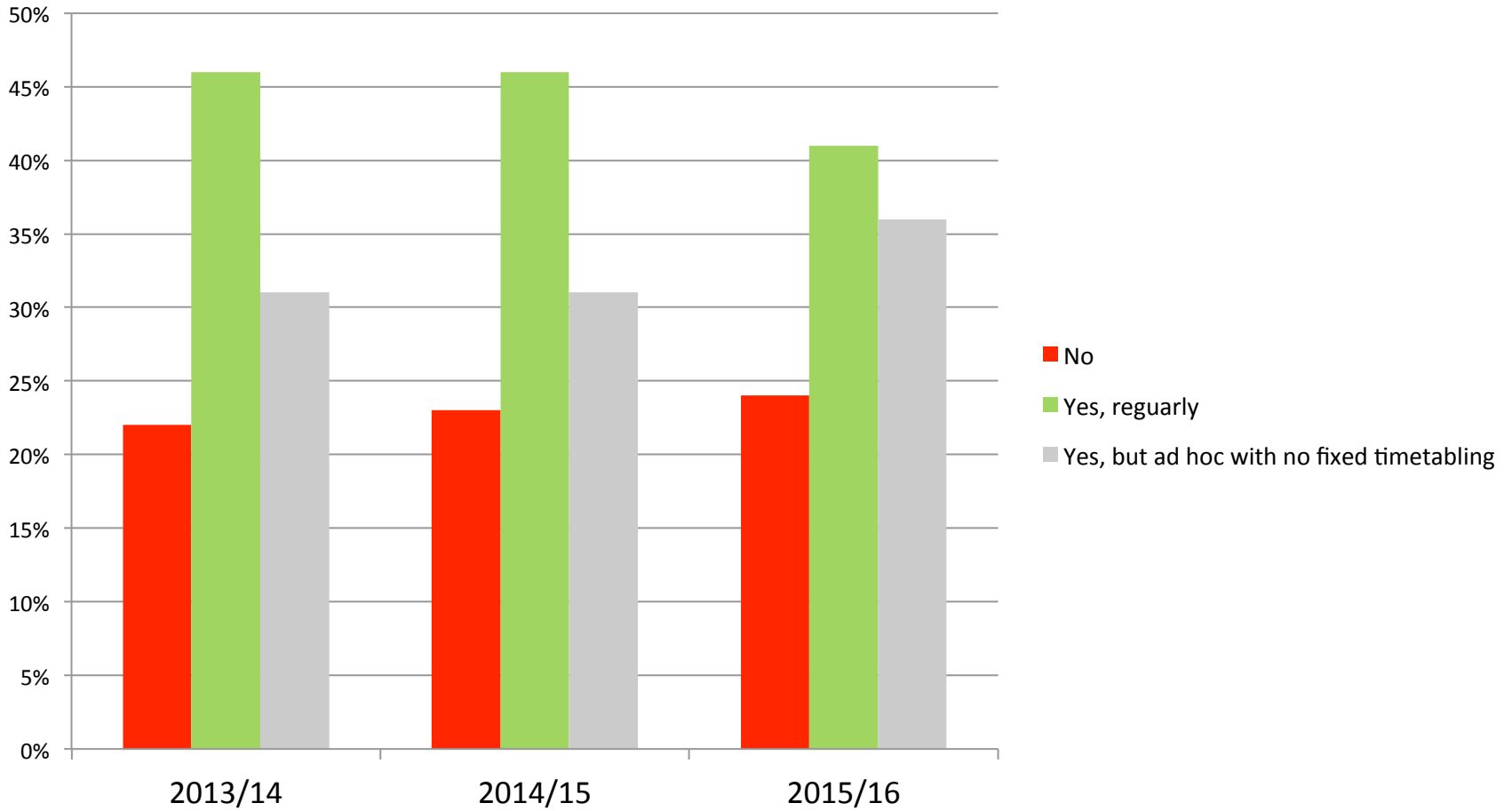
- 2 separate analyses
  1. JCST survey (one question relates to endoscopy training)
  2. Analysis of total colonoscopy numbers submitted to JETS at time of entry onto specialist register (colorectal v gastro trainees). Only CCT trainees

## JCST survey

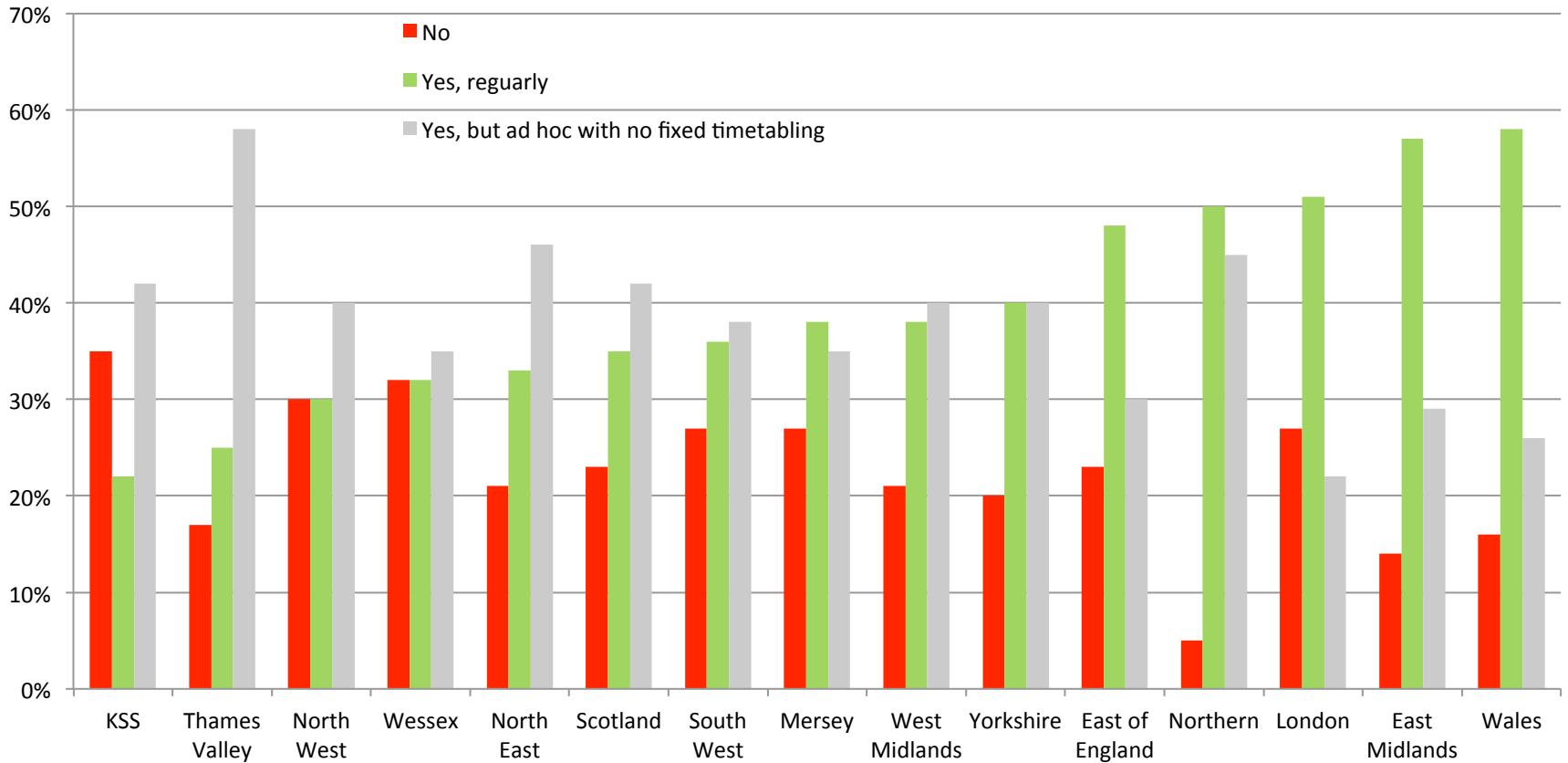
“Are you given endoscopy training in this post?”

- Yes, regularly
- Yes, but ad hoc with no fixed timetabling
- No

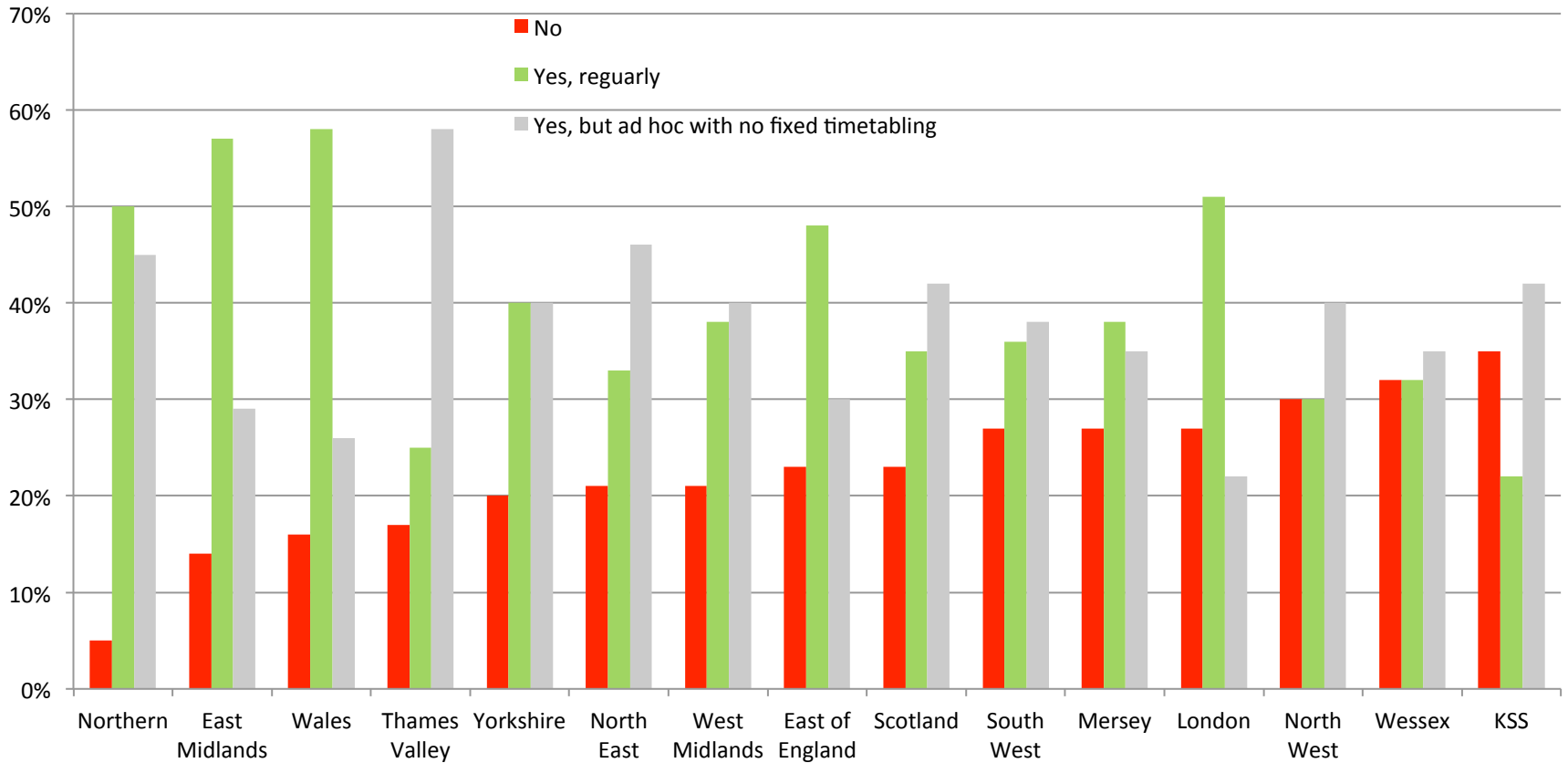
# JCST Survey - By Year



# By Deanery (ordered by 'Yes')



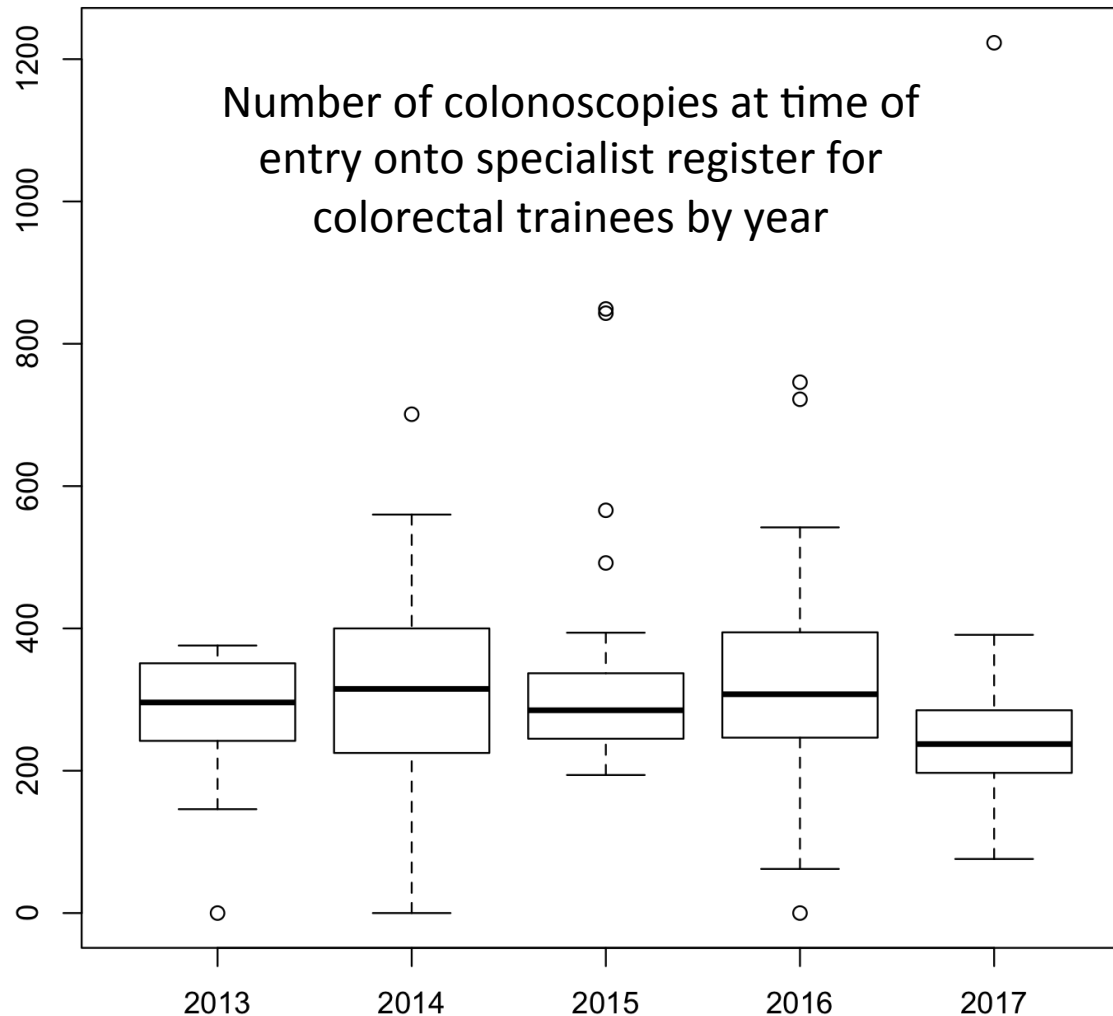
# By Deanery (ordered by 'No')



# Best and worst deaneries

- Top 3
  - Wales
  - East Midlands
  - Northern Ireland
  
- Bottom 3
  - KSS
  - North West
  - Wessex

# Numbers by time of entry onto specialist register (JETS data)





# Median number of colonoscopies by time of entry onto specialist register (JETS data)

Specialty	2013	2014	2015	2016	2017
Colorectal	296	315	285	308	236
Gastro	439	433	390	444	529

# Logistic regression model

- Outcome variable was binary: Achieved 250 colons or not by time of entry onto specialist register
- Exploratory variables were: speciality (gastro/colorectal), year of entry onto register, deanery

# Logistic regression model

Factor	OR	95% CI	P
Year: 2013	Base		
2014	0.84	0.26-2.49	0.76
2015	0.84	0.26-2.51	0.77
2016	1.27	0.39-3.88	0.67
2017	0.71	0.22-2.14	0.55
Speciality: Gastro	Base		
Colorectal	0.24	0.13-0.42	<b>1.12e-06</b>
Deanery: EMD	1.39	0.24-11.27	0.73
EOS	0.56	0.04-14.71	0.68
KSS	1.28	0.26-7.40	0.76
LDN	0.41	0.12-1.21	0.13
MER	0.70	0.14-3.51	0.65
NIR	1.81	0.22-39.20	0.62

Factor	OR	95% CI	P
Deanery: NOS	0.26	0.01-8.62	0.405296
NTH	1.32	0.26-7.63	0.74083
NWN	1.07	0.21-6.28	0.937085
NOXF	0.48	0.08-3.21	0.432634
PEN	1.23	0.13-28.15	0.870845
SES	0.50	0.04-12.68	0.607415
TSD	0.36	0.02-10.00	0.478196
WAL	0.37	0.07-1.84	0.22442
WES	0.75	0.12-6.46	0.77408
WMD	0.41	0.11-1.41	0.171006
YSD	2.22	0.28-47.56	0.505199
YOR	0.99	0.15-8.53	0.990439

# Conclusions

1. Proportion of patients answering 'Yes' to survey question has fallen for last survey year compared to previous years
2. Colonoscopy numbers by CR trainees lowest for 2017 finishers compared to previous years (increase in numbers for gastro trainees)
3. More than half of CR trainees are unlikely to have  $\geq 250$  colonoscopies by completion of training
4. Only factor significantly associated with  $< 250$  colonoscopies by training completion was being a CR trainee (as opposed to a gastro trainee)