How Much Do You Trust Your New Registrar? Negative Appendicectomy Rates at the Start versus the End of Term

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- **Purpose/Introduction:**

Decision to perform appendicectomy is typically based on the assessment of a junior surgical doctor. A high negative appendicectomy rate is acceptable to avoid missed diagnoses. There is frequent changeover of registrars and consequently, an initially unfamiliar dynamic with their consultants. We hypothesise that the rate of negative appendicectomy would change over the course of a clinical term, as consultants become more familiar with their registrars and the junior staff become more experienced.

- **Methodology**:

A retrospective review of appendicectomies at four hospitals were analysed over a 6-year period. The histology and date of the procedure was recorded. Univariate statistical methods were used to compare negative appendicectomy rates for different times in the term.

- **Results**:

3414 patients undergoing appendicectomy were identified in the time-period, 536 (16%) had a negative appendicectomy. The negative appendicectomy rate was not significantly different in the first half of term compared to the second half (16.1% versus 14.6%, p = 0.321). No significant differences were found between quarters or semesters in the clinical year.

- **Conclusion/s:**

The negative appendicectomy rate did not appear to change through the course of the clinical year. This finding is strengthened by the large sample size, multi-institutional and multi-year nature of this analysis. Reassuringly, this implies the negative appendicectomy rate is not excessively high at the start of a clinical term, despite relative inexperience and a new team. These findings suggest that there is adequate supervision to ensure the correct clinical decisions are made when new staff begin a term.