**Foundation Rota Introduction 2022-2023**

**Introduction**

Welcome to the Department of Orthopaedics at Glasgow Royal Infirmary. This document will serve as an introduction to the roles and responsibilities for the Foundation tier of junior doctors. As of August 2022, the department is moving to a 3-tier system – Foundation Tier (FY1 & FY2), Junior Tier (Core Trainee & Clinical Development Fellow) and Middle Grade (Speciality Registrar & Senior Clinical Fellow). The foundation tier is a predominantly ward based tier for the junior members of staff, but in doing so we have committed to a fixed education component in an “academic week” (theatre/clinic) for the tier. We have also elected to remove the most junior members of staff from receiving responsibilities, whilst maintaining an out-of-hours commitment to ensure appropriate banding. We hope this new rota will ensure a more educational attachment for you whilst protecting you from some of the more difficult aspects of the job. Please see the foundation rota (NG51) template below.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Wk | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| 1 | G: Wd 2608:00 16:00 | G: Wd 2608:00 16:00 | G: Wd 2608:00 16:00 | G: Wd 2608:00 16:00 | I: Wd 26+OC08:00 21:00 | E: Wd 61/6208:00 21:00 | E: Wd 61/6208:00 21:00 |
| 2 | Zero Hours | A: Float08:00 16:00 | A: Float08:00 16:00 | A: Float08:00 16:00 | A: Float08:00 16:00 |  |  |
| 3 | C: Wd 61+OC08:00 21:00 | C: Wd 61+OC08:00 21:00 | B: Wd 6108:00 16:00 | B: Wd 6108:00 16:00 | B: Wd 6108:00 16:00 |  |  |
| 4 | F: Wd 27/SDAU08:00 16:00 | F: Wd 27/SDAU08:00 16:00 | F: Wd 27/SDAU08:00 16:00 | F: Wd 27/SDAU08:00 16:00 | F: Wd 27/SDAU08:00 16:00 |  |  |
| 5 | J: Wd 6208:00 16:00 | J: Wd 6208:00 16:00 | D: Wd 62+OC08:00 21:00 | D: Wd 62+OC08:00 21:00 | J: Wd 6208:00 16:00 |  |  |
| 6 | H: Theatre/Clinic08:00 16:00 | H: Theatre/Clinic08:00 16:00 | H: Theatre/Clinic08:00 16:00 | H: Theatre/Clinic08:00 16:00 | H: Theatre/Clinic08:00 16:00 |  |  |

The foundation tier is co-ordinated by Mr Cameron Elias-Jones (educational lead for foundation and junior tiers - cameron.eliasjones@ggc.scot.nhs.uk) and the Co-Chief Resident (for this attachment Mr Greg McKean - greg.mckean@nhs.scot). Mrs Cathy McLean (cathy.mclean@ggc.scot.nhs.uk) is the Clinical Service Manager for Trauma & Orthopaedics at GRI and is your line manager during your time in the department. If you have any problems, no matter how insignificant during your time in the department please either contact your supervisor or any us above to discuss things and hopefully sort any problems.

**Ward 61/62**

Ward 61 and 62 are both 30-bedded wards on the 2nd floor of the Queen Elizabeth Building and are our trauma/receiving wards. Each ward will have one junior doctor assisted by an advanced nurse practitioner (ANP). The ANPs are the backbone of our department - we work as a multidisciplinary team and co-operative working is essential. The ANPs are an invaluable source of information and assistance and you will work very closely with them during your attachment in Orthopaedics. The responsibilities of this ward are to complete to the jobs generated throughout the day and attend to any medical issues that may arise. Your day should start in your respective ward (Ward 61/62) at 08:00 and wait for the daily ward rounds, attending to any jobs in the meantime. There is an MDT on each ward everyday where the issues and aims for all patients are discussed, this usually starts at approximately 10:00 and last approximately an hour. At the end of your working day, any jobs that are still outstanding should be passed on to the ANP on the ward or the on call foundation doctor.

**Ward 27/Same Day Admission Unit**

Ward 27 is a 16-bedded ward located on the 1st floor of the surgical block of Glasgow Royal Infirmary and is our elective surgery ward. It is co-located with Ward 26 (see below). The Ward 27 doctor’s day begins in the Same Day Admission Unit (SDAU), which is located in the basement of the Queen Elizabeth Building next to the Lomond Dining Room, at 08:00. The SDAU is where elective patient are admitted prior to surgery. These patients will frequently require kardexes to be written, and bloods (e.g. Group & Save) to be repeated prior to surgery. You should present to the coordinator in the SDAU for a list patients and respective jobs to be completed. After the jobs in SDAU have been completed you should return to Ward 27, to attend to jobs and medical issues throughout the day. At the end of your working day, any jobs that are still outstanding should be passed on to on call foundation doctor.

**Ward 26**

Ward 26 is a 12-bedded ward located on the 1st floor of the surgical block across from Ward 27 and is our step down trauma ward. The Ward 26 and 27 doctors should work closely together, and as such whilst the Ward 27 doctor attending to SDAU it will be the Ward 26 doctor’s responsibility for any urgent medical issues or jobs on ward 27. You day should start on Ward 26 at 08:00, though you should also make contact with Ward 27 at this time also. Once again, at the end of your working day, any jobs that are still outstanding should be passed on to on call foundation doctor.

**Floater**

The floater’s role in the department is to help ease pressure when required. Most days this will involve floating between Wards 61 and 62, offering assistance to your colleagues. The floater may also be asked to cover any vacancy from sick leave or annual leave. In the mornings you should attend the 08:00 trauma meeting in the Iain Kelly Lecture Theatre (IKLT) in the basement of the Gatehouse Building. This means you can be allocated appropriately (the default being Wards 61 &62), but also gives an educational opportunity with exposure to trauma pathology and management, and X-ray interpretation.

**Theatre/Clinic**

In the past the educational opportunities within the foundation programme has been limited, as such we have rota’d an educational week in to you timetable. There is no fixed schedule for this week; you should tailor it to you needs. For those of you considering a career in surgery, you may wish to spend you week in theatres. Those considering a career in general practice or medicine may find a week in clinic more beneficial. Indeed those interested in a career in orthopaedics would benefit from some time shadowing the on call receiving team. You should attend the 08:00 trauma meeting in the IKLT to make arrangements for the day. Once again the trauma meeting gives an educational opportunity with exposure to trauma pathology and management, and X-ray interpretation.

**On Call**

Traditionally the part of the attachment junior doctors (previous FY2s) have found most difficult has been receiving nights and to a lesser extent receiving days. As such we have made the decision to remove nights and receiving from the Foundation Rota. Despite this, it is beneficial to expose you to an “out of hours” burden both to see how an acute hospital runs out with 9 to 5 and for your professional development. The on call shift involves ward cover between 16:00 and 21:00 during the week and 08:00 and 21:00 at the weekend. During the week you should make contact with the foundation doctors on each ward at the end of the working day to check to see what jobs need attending to. Whilst the majority of the workload will be on Ward 61 and 62, you should specifically visit Ward 27 at around 18:00 to see how the elective patients from the day are doing and complete any jobs they may have generated. At the weekend you should attend the 08:00 trauma meeting in the IKLT, then accompany the 2nd on registrar to Wards 26 & 27 to attend to any issues. After that you should return to Wards 61 and 62.

**Leave**

Over the course of the academic year you are entitled to 25 days annual leave plus 3 public holidays (28 days total), these should be taken equally across the three attachments of the year. This means 9 days per attachment, with an extra day to be taken over the year. Any public holidays you work will generate an annual leave day in lieu extra. This 6-person rota allows one person off at a time. This will be granted on a first come, first served basis. In exceptional circumstances we will grant more than one person on leave, but this is not guaranteed and is at the discretion of the department. You are entitled to take leave whenever you wish; however in order to maintain service provision ideally this should be done on one of you academic weeks/floating weeks. As such you may have to swap a ward week for an academic week with a colleague and repay this later in the job. Please be supportive of your colleagues requesting a swap, we all need to take leave and inevitably will need to swap shifts at some point. Leave is requested through RotaPal, however if you have any questions please contact the Co-Chief Resident, Mr Elias-Jones or Mrs McLean directly.

**Absences**

If for any reason you will be absent during the attachment (sick leave etc.), please contact both the Co-Chief Resident and Cathy McLean, to inform them of this. They will guide you in the processes required. If you have any questions regarding sickness, particularly in the post COVID world we live in, please contact Mrs McLean for advice.

**Supervisors**

During your attachment you will be attributed an educational supervisor (ES), these will be sent out shortly. The ES’s role is to oversee your progress throughout the attachment but also to offer pastoral care if required. Please make contact with you supervisor within the first fortnight of the job.

**Daily Trauma Meeting**

Every day at 8am there is a trauma meeting in the Ian Kelly Lecture theatre in the basement of the Gatehouse building where all new admissions are presented and discussed. This is a good learning opportunity and attendance either in person if required or on TEAMS.

It is the responsibility of the registrar/clinical fellow to ensure that all patients being listed have an IHO/CEPOD category assigned on Bluespier when they are placed on the theatre list if it has not been previously recorded on their admission.

**Friday Trauma X-ray Review Meeting**

Each Friday at 1pm this meeting takes place via TEAMS to review the previous week’s trauma x-rays. The trauma theatre registrar should create a PACS worklist. This meeting should be attended by all available Consultants, Junior Doctors, Trauma Coordinators and will be led by that week’s on-call team.

**TRAUMA RECEIVING**

There are agreed protocols available that outline the process for referrals; these are available on the ortho common drive.

[Protocols](file:///%5C%5Coslo%5Cortho%24%5CCommon%5CMEDICAL%5CA%20Protocols%20-%20LearnPro)

[Fracture Clinic Redesign](file:///%5C%5Coslo%5Cortho%24%5CCommon%5CMEDICAL%5C# fracture clinic redesign)

During the day 0800-1700 Monday to Friday one of the Trauma Coordinators will work with the on-call team to manage referrals. The on-call registrar carries the **page 13681** taking calls from GPs/Wards/A&E. All internal referrals/requests for advice should be done using the orthopaedic order comms Workbench on Trakcare, staff are advised to use the page for urgent advice/referral. The trauma coordinator will advise you of any patients on other wards that may need to be reviewed. They will seek advice if required but routinely will discuss issues with the on-call consultant.

If you review any patients in A&E and arrange for them to come back into hospital the following morning fasted for surgery, you must ensure that you put the patient details onto Bluespier with a patient status of “At Home” and advise the trauma coordinator.

As we have specialised trauma surgeons, we often get referrals from smaller hospitals. Any inter-hospital referrals must be discussed with the on-call consultant prior to transfer. This can be done at the next trauma meeting and the hospital called back with the decision.

Plastic Surgeons provide the GRI hand service.