**Junior Rota (CT/CDF) 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 Junior tier of 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 junior tier is a team-based tier, for the CT/STs and CDFs hoping to maximise the clinical and education opportunities whilst minimising ward-based service provision. Also, by facilitating a team based system we hope that we can simultaneously improve team relationships and working (you will predominantly be working with fixed group of registrars and consultants) but also improve patient care by having a specific junior member of staff to attend to the care of the teams patients. Each team will have 2 consultants and one or two registrars above you. Please see the junior rota (NG52) template below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Wk | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| 1 | C: Long Day  08:00 21:00 | C: Long Day  08:00 21:00 | C: Long Day  08:00 21:00 | C: Long Day  08:00 21:00 | Stnd Day  08:00 16:00 |  |  |
| 2 | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 | Zero Hours | C: Long Day  08:00 21:00 | C: Long Day  08:00 21:00 | C: Long Day  08:00 21:00 |
| 3 | Zero Hours | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 |  |  |
| 4 | D: Night  20:30 09:00 | D: Night  20:30 09:00 | D: Night  20:30 09:00 | D: Night  20:30 09:00 | Zero Hours |  |  |
| 5 | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 | D: Night  20:30 09:00 | D: Night  20:30 09:00 | D: Night  20:30 09:00 |
| 6 | Zero Hours | Zero Hours | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 |  |  |
| 7 | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 | Stnd Day  08:00 16:00 | Stnd Day  08:00 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](mailto:cameron.eliasjones@ggc.scot.nhs.uk)) and the Co-Chief Resident (for this attachment Mr Greg McKean - [greg.mckean@nhs.scot](mailto:greg.mckean@nhs.scot)). Mrs Cathy McLean ([cathy.mclean@ggc.scot.nhs.uk](mailto: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.

**Standard Day**

The majority of your days in the department are what we call standard days – these are days directly attached to you individual teams. On these days you will be supernumerary to service provision. In general the sessions available to you are general trauma theatre, specialist trauma theatre, GRI elective theatre, Stobhill elective theatre, fracture clinic or elective clinic. Some days you may have 2 separate opportunities available to you, and you should pick the one that best suits your educational needs and goals. That being said modern curricula are placing an increasing importance on early years exposure to clinics and MDTs. Much as we would all like to spend every day in theatre, this is not the goal of training; you must have a well-balanced exposure to parts of practice. As such we expect you to attend one fracture clinic and one elective clinic a week on average.

Whilst attached to a team, there will be list of patients under your care. Your first job of the day is to perform a ward round of all the patients under you care (wards 61/62, ward 26/27 and boarders). As previously stated you are supernumerary to your team’s clinics/operating lists, so a full ward can be done before you head to theatre/clinic, this includes days when you are at Stobhill. The ward rounds may involve a consultant or registrar (or both), or you may be on your own; but you should complete a ward round every day, passing on any jobs to the foundation doctors/ANP on the individual wards. If jobs are required for boarders it is your responsibility to complete these. The consultant body will be monitoring this to ensure compliance.

When you are away on leave (and on nights) it is your individual responsibility to designate a colleague on the junior rota to attend to your team’s patients whilst you are away, and also inform your team of who this designated person will be. Once again please be supportive of your colleague requesting cover, as everybody has to take leave, and each of will have to request cover during your time in the department.

**On Call (Trauma Receiving)**

During your time in the department you will average one week in seven on call, DME considers weekday on call to be an integral part of your training. The week is split 4 and 3 (Mon/Tues/Wed/Thurs and Fri/Sat/Sun). The day starts at 0800 in the Iain Kelly Lecture Theatre (IKLT) in the basement of the Gatehouse building. Every morning there is a trauma meeting where the previous day’s on call doctor and nights doctor presents the admissions from the previous 24 hours and any outstanding cases waiting for theatre. This meeting functions as the main handover meeting for the day and as such is also for discussion of acutely unwell in patients. There is an evening hand over meeting between the daytime on call doctor and night time doctor at 2030 in the doctor’s room on ward 61.

The receiving page **(page: 13681)** is carried by a page carrying registrar between 0800 – 1700 Monday to Friday, after which you will carry the page until the hand over to nights doctor at 2030. At the weekends you will carry the receiving page from 0800 – 2030. There will always be an on-call registrar on site 0800 – 2000 (usually in theatre M). From 0800 – 1900 there will be a trauma coordinator (mobile: 07989681763) on shift to help with the administration of the trauma admissions. The referral sources are from emergency department, GP calls and inpatient Trakcare referrals. The ED and GP referrals will come through the on-call page; the Trakcare referrals will be monitored by the trauma coordinator during the day.

With regards to ED referrals we have an open(ish) door policy for admission and try whenever possible to avoid going down to ED in an attempt to avoid slowing patient transfer through ED. The exception to this when there is life or limb threaten (N/V injury) pathology. If the referral appears incorrect please do not put yourself in a difficult position with senior ED staff, instead please calmly distance yourself from the situation and escalated it higher up the tree to the on-call registrar or consultant. Once the referral has been accepted the patient will be admitted to an appropriate ward, and the full orthopaedic review should be undertaken. This includes history and examination of the presenting complaint, full systemic review and examination, and appropriate investigations requested. We have an orthopaedic pro forma admission booklet to aid you in this. You will also have to complete the HEPMA digital prescription, DVT prophylaxis pathway and medicine reconciliation, as well as complete a Bluespier entry including the IHO/CEPOD category. You should not pass on jobs or parts of the assessment of acute admissions to the foundation doctors.

GP referrals should be directed to the minor injuries department in the Gatehouse building, where the can reviewed and decision regarding admission made. This is between the hours of 0800 and 1800, after this they should be directed to main ED. If the patient is to be admitted they should be treated as ED admissions above. If the patient is for outpatient follow up this can be organised from the reception in the Gatehouse building.

We have a specialty triage document within GRI formalising which pathologies are referred to which subspecialties, and this should be adhered to. The document will distributed as part of your induction pack. For the first couple of weeks whilst you settle in to the department the trauma coordinator is an excellent source of information. They are aware of all pathways and protocols and will be able to help you greatly. If you have any concerns or uncertainty there will always be an on-call registrar, and frequently an on-call consultant, on site 0800 -2030.

**Nights**

In addition to your one week in seven on call, you will also have one week in seven on call overnight. This follows a similar 4 day, 3 day split as days on call. The night shift begins at 2030 at the doctor’s room on ward 61 where the day on call doctor will give you a hand over detailing any outstanding jobs and referrals that need attending too. You may also have jobs passed on from the ANPs/Foundation doctors who have been on during the day. The receiving duties are very similar to those during the day, though there tend to be far less GP referrals or ward referrals. If a GP referral is made out of hours they should be directed to the main ED department (Gatehouse Minor Injuries is closed out of hours), and ED contacted to inform them of the presentation.

In addition to the receiving duties overnight you are also responsible for the ward care of orthopaedic patients in wards 61 and 62. You should attend the H@N meeting which is held in Endoscopy at 2030hrs where you can escalate any issues to the medical registrar if required and advise of the anticipated workload to allow the H@N resource to be deployed as necessary. Wards 26 and 27 are covered over night by the junior medical team in the old building, though if higher level decision making is required you may be required review patients.

Whilst there is not a registrar on site overnight, there is a registrar on call from home who can be contacted via switchboard. Please do not have any reservation for contacting the on-call registrar - they are paid to be on call. If for any reason you are unable to contact the on-call registrar please contact the on-call consultant, once again via switchboard.

The final jobs of the night time doctor is to finalise the trauma board on Bluespier, print handover sheets (10 copies) from Bluespier (both of which are covered in your virtual Bluespier training) and create a custom worklist on PACS in preparation for the 0800 trauma meeting in the IKLT.

**Leave**

Over the course of the academic year you are entitled to 25 days annual leave plus 3 public holidays (28 days total). Those that have been employed in the NHS from PGY5 onwards are entitled to 30 days annual leave plus 3 days public holidays (33 days total). Any public holidays you work will generate an annual leave day in lieu extra. This 7-person rota allows two people 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 “Standard” weeks. As such you may have to swap on call shifts/nights 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 (07903632129), 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.

Furthermore the department may ask you work down on occasion to cover the wards in the event of Foundation tier absence as to maintain safe patient care. If and when this occurs it will be allocated on rotating basis to ensure a fair and equitable distribution across all members of the tier.

**Team/Supervisor Allocation**

As previously discussed you each will be attached to a 2-consultant team each one based on a particular subspecialty. One of the team will become your educational supervisor (ES), with the other functioning as a clinical supervisor (CS). After 6 months we shall swap the team allocations to give you as broad an experience as possible, your ES however will remain the same for the duration of your time at GRI. 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.

**Teams**

* Upper Limb 1
* Upper Limb 2
* Foot & Ankle
* Knee
* Hip
* Limb Reconstruction
* Tumour

You are assigned 20 days/7 weeks of Theatre/clinic.

**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 is advised.

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.