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**Title:** Could We Scrap Night Oncalls? A Clinical Review of Need for 24/7 First On-Call OMFS Cover

**Body:** Background

Majority of OMFS units operate day and night on-call services managing urgent and semi-urgent cases. National recruitment challenges across the UK led units to move towards non-resident first on-call, altered shift patterns, or collaboration with ENT. This study assesses need for overnight OMFS first on-call service at Leeds General Infirmary, a major trauma centre.

Methods

A three-week retrospective review of on-call referrals was conducted, including weekends. The following variables were assessed: number of referrals per night, nature and urgency of the referral, whether treatment was required during the night and if admission was necessary. Each referral was evaluated, determining its time-dependency and whether care could be safely deferred until morning.

Results

117 overnight referrals were received, averaging 6 per night. 25 were inappropriate referrals not requiring OMFS input. A further 21 were ward enquiries. 62 referrals were for minor injuries not requiring immediate treatment. 9 patients required admission, with definitive treatment scheduled for the next day. Only 1 urgent referral required senior presence overnight.

Conclusion

The necessity of overnight first on-call for OMFS could be re-evaluated. Patients could be admitted by medics/other teams and OMFS input provided in the morning, whilst non-urgent cases could return the following morning for treatment. Utilising other team members at night could alleviate current recruitment issues faced.

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