I am delighted to introduce the yearbook for our 2021–22 RCP chief registrars. The RCP Chief Registrar Programme was established in 2016 as our flagship leadership development programme and continues to grow in size and reputation. The programme supports senior doctors in training to develop their skills and confidence in leadership, management and quality improvement. In turn, its success has now led to other leadership programmes being created to support doctors at all stages in their careers.

We recognise that this year continues to be very challenging for the NHS and indeed for our chief registrars who have had to deal with unprecedented challenges locally and personally. The integrated quality improvement projects are a core part of the experiential learning that forms part of the programme and are supported by local mentors. Previous cohorts have found these projects often taking a different focus given the pandemic and having to adapt to the programme being delivered virtually for the whole year. This year we delivered a hybrid approach to ensure chief registrars get the most out of networking opportunities. Despite the challenges, our chief registrars have been able to make substantial improvements to processes, systems, experiences and rotas over the past year. We hope these projects will leave an enduring legacy for the chief registrars, the trusts where they have been working and the wider system.

This yearbook highlights chief registrars and the projects and improvements they have made. It is clear that they are all outstanding individuals, passionate and motivated to make change in their trusts. They have made significant improvements to patient experience and outcomes, patient pathways and services, alongside staff morale. They have of course developed their own skills and leadership qualities that will ensure our next generation of great leaders. Thank you so very much to our mentors who have supported our chief registrars. Finally, we wish our chief registrars every success for their future and hope that they stay involved in the RCP community and that their impact will be felt throughout their careers.

Dr Clive Lewis
Clinical lead, Royal College of Physicians
Chief Registrar Programme
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Adriana Ramos Pereira

Organisation: North Bristol NHS Trust
Grade: ST6
Specialty: Respiratory medicine and general internal medicine
Mentor names: Dr Ella Chaudhuri and Dr Jarrod Richards

Main project title:
1. Hands, equipment, space
2. Emergency team safety brief
3. Criteria to admit

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

My time as chief registrar has been extremely fascinating and rewarding. From victories to defeats, it allows you to understand what goes on ‘behind the scenes’.

The programme provided me with a valuable framework with which to approach transformation in healthcare. It also gave me a greater appreciation of the roles of colleagues in other parts of the organisation.

Over the course of the year I developed a much better understanding of my own leadership style and where my strengths lie, which has been really empowering.

One of the most valuable parts has been sharing experiences with other chief registrars.

Project achievements
1. Hands, equipment, space
   Aim: Improve safety of patients seen and treated in the corridor by increasing staff numbers and setting an area to see and treat.
   > By highlighting the issues around ‘corridor care’, we were able to create a dedicated area within the acute medical unit (AMU) with a waiting room and separate assessment area.

2. Emergency team safety brief
   Aim: Review clinical emergency team members and design briefing structure to allow for more effective and safer running of emergency calls.
   > It improved the relationship between teams and led to better leadership during emergencies.

3. Criteria to admit
   Aim: Review appropriateness of admissions and referrals through AMU.
   > It created clearer referral pathways, particularly through same day emergency care (SDEC).

Other projects:

> Improving weekend handover
   Created an online template to minimise unnecessary weekend jobs. This led to a reduction in workload and better satisfaction during out-of-hours ward cover.

> Respiratory registrar clinics
   Following a quality panel report regarding lack of access to respiratory clinics, I created a regular timetable with a variety of general and specialty clinics. This allowed registrars to meet their training targets.

> Redefine the role of the medical registrar
   Due to increased pressures on the medical take, the registrar on call lost the role of managing the take and inevitably just concentrated on clerking. By engaging acute medicine, emergency medicine consultants and hospital managers, I was able to allow the medical registrar to be a gate keeper, manage the take and concentrate on unwell patients and discharges.

> Introducing the night huddle
   A midnight meeting between A&E and the medical registrar, managers and hospital at night team has allowed a better working relationship with teams across the hospital.
Aishwarya
Purushottam Desai

Organisation: Great Western Hospital NHS Foundation Trust
Grade: ST5
Specialty: Geriatric and general internal medicine
Mentor name: Dr Carolyn Mackinlay

Main project title:
1. Developing an internal medicine training (IMT) simulation programme
2. Improving medical weekend ward cover
3. Developing a just and learning culture trust wide

Main project aim:
1. To develop and implement a brand-new simulation programme for IMT doctors in year 1 and year 2.
2. Pre-allocating doctors to areas of the hospital for weekend ward cover, creating appropriate handover lists and electronic observation alerts.
3. Developing the positive and negative behaviour descriptors in relation to STAR values (service, teamwork, ambition and respect) within the trust.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
This chief registrar year has developed my own leadership style and provided dedicated time towards quality improvement, giving me the opportunity to make meaningful change within the trust.

The programme meant I reflected on my strengths and emotional intelligence. It has challenged me in becoming more assertive and initiating collaborative working with senior members of the trust with whom I would not have otherwise had the opportunity to work.

Project achievements
A brand new three-term IMT simulation programme was created in which participants undertook scenarios involving the challenges of being the medical registrar. Simulation scenarios were developed incorporating complex medical decision making and human factors. Feedback obtained was overwhelmingly positive with 100% of trainees strongly recommending the course to their colleagues. All trainees enjoyed the sessions and agreed or strongly agreed that the sessions increased their confidence in managing the acutely unwell patient and were useful for clinical practice. An example of written feedback received: ‘very relevant scenarios of which we may encounter as IMT2/approaching med reg level. It was very good to have the chance to rehearse the scenario in a safe setting’. This programme is now embedded into postgraduate medical education as part of the regular simulation timetable.

Weekend handover is electronic, and this project built on pre-existing improvements made by the previous chief registrar at the trust. Rotas were updated and ward cover teams created with their own dedicated handover lists as well as electronic observations alerts directed to the correct staff.

The final project is ongoing; I was able to provide representation on behalf of unscheduled care and work within a team created by the associate director of organisation development and learning. The aim is to set the direction for the introduction and embedding of a just learning culture within the trust, identifying the work programme required and its completion.
Aisling Robinson

Organisation: Epsom and St Helier University Hospitals NHS Trust
Grade: ST5
Specialty: Geriatric medicine
Mentor name: Dr Simon Winn

Main project title:
1. Proactive comprehensive geriatric assessment and integrated care for care home residents
2. Transition from internal medicine trainee (IMT) to medical registrar

Main project aims:
1. Proactive comprehensive geriatric assessment and integrated care for care home residents
2. Transition from internal medicine trainee (IMT) to medical registrar

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
My year in the RCP Chief Registrar Programme has proven to be an amazing opportunity to develop quality improvement methodology, leadership skills and gain invaluable insights into the inner workings of the NHS. The programme has provided the tools and resources to tackle challenges, where previously I have encountered frustration and obstruction. I have developed enormously and my time in the programme has been incredibly rewarding.

Project achievements
1. Building on existing resources allowing for reactive review of frail individuals, I conducted a pilot programme aimed at delivering proactive, personalised care plans to a cohort of care home residents. This involved a comprehensive geriatric assessment of each individual, which was then discussed by a multidisciplinary (MDT) panel. This MDT panel involved multiple health and social care services spanning both primary and secondary care. From a small initial cohort of residents, key outcomes included significant medication rationalisation, generation of advanced care plans and significant reductions in both unplanned GP contacts (49% reduction) and emergency department attendances (17% reduction). This pilot was also an opportunity to improve awareness of frailty and deliver some targeted education, particularly to care home staff. It improved the relationship between teams and led to better leadership during emergencies.

2. With the changes to medical training following the introduction of the IMT programme, more attention has been given to the transition to specialty training. The on-call medical SpR role is often seen as particularly daunting. I undertook a quality improvement project aimed at improving confidence in the IMT2 doctors. This involved an initial teaching session aimed at non-clinical skills, including a question and answer session. This was then followed by a ‘Stepping up’ programme, where the IMT2s had the opportunity to hold the SpR bleep and manage both an acute unselected take and deteriorating ward patients, with full support from an existing SpR. Feedback from both the IMTs and registrar body was overwhelmingly positive.

3. I have also been involved in a number of committees, including co-chairing the junior doctors’ forum.
Amelia Robinson

**Organisation:** Royal Berkshire NHS Foundation Trust  
**Grade:** ST5  
**Specialty:** Anaesthetics  
**Mentor name:** Dr Alice Freebairn

**Main project title:**  
*Drop out, survive or thrive? – How best can we support trainees following a critical incident*

**Main project aim:**  
To understand the impact of critical incidents and their investigation process on junior doctor wellbeing. With this information, to improve the support offered to trainees following a critical incident.

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

My training so far has lacked any significant development of leadership or quality improvement skills. The RCP Chief Registrar Programme has allowed me to learn some of the theoretical background and has given me the opportunity to develop these skills in projects alongside my clinical role.

**Project achievements**

I produced a survey and semi-structured interviews of anaesthetic trainees in the region on their experience following a critical incident. I used these data to develop a pathway for support within the trust, this is now being trialled locally and will continue to be supported by the DME and patient safety team. The project was awarded a national prize for trainee welfare initiative by the Association of Anaesthetists.

As part of a team, I contributed to the development and rollout of a prehabilitation application for patients awaiting elective surgery. This involved working alongside the external app company, members of senior management and patient representatives. The app will reduce health inequalities by widening access and reducing length of stay for elective procedures. Once initial teething problems are resolved, this app will be adapted for use in multiple surgical specialties and become an essential tool to improve the pre-and post-operative support offered to patients while relieving pressure on staff.

I taught the foundation doctors weekly on perioperative medicine. This enabled collection of feedback on their welfare to relay to the junior doctors’ forum, which is even more important following the impact of the pandemic on training.
Amy Talbot

Organisation: Leeds Children’s Hospital
Grade: ST8
Specialty: Paediatrics
Mentor name: Dr Fiona Campbell

Main project title:
Improving the guidelines search facility for the children’s hospital

Main project aim:
To assist with the design of the new trust intranet, incorporating a new guideline search facility for the children’s hospital to enable better access to important specialty guidelines for staff.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The leadership development training I received as part of the chief registrar role was fantastic and helped me approach my projects in a more structured, organised way. One invaluable part of the programme was being able to get advice from peers and faculty about challenges I was facing. For example, action learning sets gave us the opportunity to discuss aspects of our work and receive structured feedback, and this is something I will take forward in future work.

Project achievements
As part of the introduction of a new intranet at the trust, I worked together with the IT and communications teams to help with the design of the Leeds Children’s Hospital pages. This included incorporating quick links to the pages and adding a new guideline search facility, specific to the Children’s Hospital. The current guideline search facility made paediatric guidelines hard to find, which had resulted in some paediatric sub-specialties having their own guidelines in different locations which were hard to navigate when covering different areas on call. A new paediatric specific search facility with links to up-to-date guidelines will hopefully create a safer and more effective working environment for all staff.

I worked on this project before going on maternity leave in April, and unfortunately, due to delays the intranet was not launched before I left. I hope to get some feedback about the intranet and guidelines search facility and the next chief registrar has agreed to help with this.
Angela Holden

Organisation: The Royal Wolverhampton NHS Trust
Grade: ST5
Specialty: Respiratory and general internal medicine
Mentor name: Dr Chris Wharton

Main project title: Improving access to pleural procedures

Main project aim:
To increase the number of opportunities for internal medicine trainees (IMTs) to perform pleural procedures.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The RCP Chief Registrar Programme has provided me with the tools to make meaningful change – first by understanding the processes needed to make change within the NHS (and the barriers!), the importance of engaging stakeholders and how to create a ‘burning platform’ for change. I have learnt so much about myself (and others) throughout the year – including my leadership and communication style and my personality/preferences. The skills I have learnt over the past year have enabled me to overcome a variety of obstacles and I know will shape my practice in years to come.

Project achievements

Pleural procedures
At our trust, pleural procedures are only performed by the respiratory team and the ‘ad hoc’ nature of procedures makes them difficult for trainees to access. I collaborated with our IMT ACTs to improve the number of procedures performed by IMTs. We introduced a variety of different interventions – some of which worked, and some which didn’t! We first trained IMTs in the skills lab to increase their confidence. Ultimately, we were able to create a sign-up process for doctors to attend pleural clinics and to accompany the on-call respiratory registrar.

Trainee representation
Over the course of the year, I have also been a member of several committees, including the new GIM Working Group and the Trust Wellbeing Group, in order to provide a voice for junior doctors and enact change on important issues that affect us. I have been involved in rota management and improving communication with our medical staffing department. We have implemented a new sickness policy for junior doctors, with wellbeing checks incorporated.

Hospital at night
Finally, I am collaborating with our team of nurse practitioners to introduce Hospital at night (H@N). The project involved the introduction of a new clinical system and how this could be adapted for H@N. The project has involved engaging stakeholders and business plans to expand our team of nurse practitioners. I am excited for the next steps of the project, aiming to provide safer overnight care and improve support for junior doctors.
Ann Chu

Organisation: King’s College Hospital NHS Foundation Trust
Grade: ST6
Specialty: General internal and renal medicine
Mentor name: Dr Dan Wilson

Main project title:
Modernising medicine

Main project aim:
Trust transformation project to improve operational performance of acute and general medicine, including investment in staffing, a new acute medical unit and 7-day performance.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
I have had a unique and enjoyable time as chief registrar at King’s. The programme has given me a valuable opportunity to be directly involved in meaningful quality improvement. I have learnt about NHS management strategies and priorities that I was not aware of as a junior doctor. It has given me the confidence to represent the perspectives of junior doctors and front-line staff at management level.

Project achievements
I have participated in the Trust Modernising Medicine clinical working group – an over £3 million investment in acute and general medicine to deliver improved patient outcomes, reduce emergency department (ED) overcrowding and target 13% reduction in length of stay.

I have learnt from the transformation team about quality improvement methods including process mapping, stakeholder analysis and business case development, as well as representing the perspective of junior doctors.

As part of this, I have been analysing data on (1) ED referral pathways for medical admissions and (2) ‘criteria to reside’ and discharges on general internal medicine wards. Currently, 18% of medical admissions are referred to another specialty first and up to 43% of ward capacity may be occupied by patients no longer fitting the NHSI criteria to reside. Ongoing changes include implementation of written policy documents/pathways and updates to the electronic board round note. I also have a key role in improving communications with junior doctors about standard operating procedures for the general medical take and on-call processes.

I chair SpR Forum (introduced by previous chief registrars) as a platform to improve links between the medical registrar cohort, clinical director, training programme director and service management. We have demonstrated real-time improvement in the Joint Royal Colleges of Physicians Training Board (JRCPTB) quality criteria over 2 years even during the COVID-19 pandemic.

I have collaborated with junior doctors and education fellows on the following projects:
> Junior doctors’ forum amenity fund
> New junior doctors Kwiki intranet page
> Restarting the ‘Help I’m a med reg’ course
> Trust guidance for less-than-full-time working and supported return to training.
Barbara Lachana Onen

Organisation: Oxford University Hospitals NHS Foundation Trust
Grade: ST7
Specialty: Acute / general internal medicine
Mentor names: Dr Jordan Bowen and Dr Sudhir Singh

Main project title:
Reducing unwarranted variation in accuracy of estimated date of discharge with use of machine learning prediction models.

Main project aims:
1. Improve documentation of expected date of discharge (EDD) within 48 hours of admission to hospital.
2. Improve accuracy of EDD.
3. Embed this culture into training.
4. Pilot use of machine learning prediction model.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The RCP Chief Registrar Programme helped me fully appreciate quality improvement (QI) methodology to be able to plan and successfully action the multiple QI projects I was involved with. It helped me hone my leadership style, better understand my sphere of influence and personality type. It improved my communication skills to retain stakeholder engagement and interest with my projects. This led to full support of the division/directorate of medicine and oncology, and the project being added to the QI list of priorities for the upcoming year. The mentorship and shared learning from the network of chief registrars was excellent and has led to cross-national learning/collaboration.

Project achievements
> COVID-19 proved difficult in my hospital, with multiple incidents of Operational Pressures Escalation Levels (OPEL) 4: the highest escalation level to measure stress and demand in an NHS hospital. Part of a wider trust discharge group, I led the sub-group to improve accuracy of documentation of EDD and improved documentation from 0% to >80%. However, variation between predicted versus actual date of discharge was wide; leading to collaboration with the Oxford Big Data Institute to create an EDD prediction model using machine learning from retrospective data. This is ongoing work and the project has been added to the trust’s list of QI priorities.

> Taking over point-of-care ultrasound (POCUS) training from my predecessor, I implemented live and continuous training ‘Ultrarounds’ to enhance POCUS in the ambulatory assessment unit (AAU). This increased trainee confidence, POCUS use and diagnostic acumen with patient benefit. A business case is being formulated to formalise this training.

> I completed a service evaluation of the impact of paramedic direct referrals (PDRs) to AAU and showed PDRs were well received as a support function, access service and with decisions for non-conveyance.

> I was also involved in AAU process mapping and optimising patient journey/flow through AAU; this initiated a third AAU consultant to improve time to senior decision making. This improved trainee wellbeing/satisfaction.

> I supervised the AAU QI, and we submitted eight abstracts to national/international conferences, winning first prize at the Royal College of Physicians’ Medicine conference, the Society of Acute Medicine conference and Oxford QI symposium.
Barnaby Wong

**Organisation:** Homerton Hospital  
**Grade:** ST6  
**Specialty:** Geriatric medicine  
**Mentor name:** Carlo Prina

**Main project title:**  
Novel digital take list

**Main project aim:**  
Develop and implement an acute medical take list within the integrated electronic health record.

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**  
This role enabled me to lead and deliver a successful digital change project.

The RCP Chief Registrar Programme has been hugely rewarding and fostered some of the most comprehensive development of my career, spanning digital transformation, quality improvement, product and project management, clinical leadership, junior doctor wellbeing and influencing change.

I have learnt much about myself, the surrounding healthcare ecosystem and all the complex interactions therein.

**Project achievements**

1. **Digital take list:**  
Leading the medical take is one of the most pressured and complex med reg responsibilities, and ‘the take list’ is fundamental to the process.  
This list was an excel document saved on a shared drive. This was often locked, duplicated, required manually updating patient location, and was hard to view away from ‘the reg computer’. Problems spanned safety, information governance and efficiency domains.

2. **Oxygen prescribing:**  
Rates of oxygen prescribing in EPR were consistently low. I led a project to improve this. Interventions spanned electronic prescription redesign, multidisciplinary education programmes, development of an automated data report, regular performance comms, and creation of a steering group.

Rates of prescribing markedly improved and a culture shift was noted.

Many lessons were learned around shifting practice and sustaining improvements, as these were particular challenges.
Benjamin James Hopwood

Organisation: University College London Hospitals NHS Foundation Trust (UCLH)
Grade: ST5/6
Specialty: Respiratory medicine and general internal medicine
Mentor name: Dr Charles House

Main project title:
1. Junior doctor wellbeing
2. Admission avoidance and early discharge pathways
3. Acute respiratory care unit (ARCU)

Main project aims:
1. To promote junior doctor wellbeing.
2. To improve patient flow, emergency department waiting times and discharge delays.
3. To support the implementation of the ARCU and assess its performance.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
One of the benefits of the RCP Chief Registrar Programme is continuing clinical work while having protected time for quality improvement (QI). The inspiration for many projects came from conversations with colleagues or my own clinical experiences.

The RCP training days provided me with the tools required to design and implement QI projects, while also supporting my personal development as a clinical leader.

A huge thank you to all those at UCLH, the RCP, and my fellow chief registrars who have made the year so enjoyable!

Project achievements
1. Junior doctor wellbeing
   The junior doctors’ mess was reclaimed as an area for rest and relaxation after COVID-19 restrictions had limited its use. By appointing and supporting a Junior Doctors Mess Committee, improvements were made to the mess with the return of kitchen supplies and junior doctor socials. Wellbeing support programmes were added to the junior doctor trust induction, and a video created to highlight the many wellbeing offerings at UCLH.

2. Admission avoidance and early discharge pathways
   In response to a sustained increase in patient attendances to the emergency department, and subsequent pressures on both flow through acute medicine and inpatient bed occupancy, it was recognised that promoting ambulatory pathways was essential. I worked with the patient flow team identifying services available to clinicians, such as UCLH@Home, OPAT, AECU, and a virtual ward, ensuring referral processes were robust and straightforward, and promoting the services via posters and the induction app.

3. Acute respiratory care unit
   The ARCU was established while I was in post, moving acute non-invasive ventilation out of the acute medical unit and intensive care unit and onto the respiratory ward. I worked with performance analysts to enable real time audit of key metrics. This led to improved patient care and enabled assessment of the ARCU’s performance against national standards. I also created the trust’s new high flow nasal oxygen guidelines for adult inpatients.
Beth Mackay

Organisation: Maidstone and Tunbridge Wells NHS Trust
Grade: ST6
Specialty: Palliative medicine
Mentor name: Dr Peter Maskell

Main project title:
1. Streamlining neurology referrals for migraine and primary headache disorder
2. Participating in the rollout of the ReSPECT tool (Recommended summary plan of emergency care and treatment)
3. Piloted executive shadowing programme

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
My application for the RCP Chief Registrar Programme was motivated by wanting to push myself outside of my comfort zone, particularly in terms of building my confidence and skills in senior leadership roles. Reflecting on my experiences this year there is no doubt I have achieved that goal. The programme offers an excellent theoretical framework that we can apply to the quality improvement and service development projects we are undertaking at our trusts. I particularly appreciated the value the programme placed on self-awareness: the personality and emotional intelligence sessions offered the chance to reflect on how best we can use our strengths and manage weaker areas to flourish as future healthcare leaders.

Project achievements
1. Headache referrals initiative
We reviewed referral data to identify the burden inappropriate headache referrals place on the neurology service. We found more than 60% of patients referred with migraine had not received an adequate trial of preventive medications in keeping with local recommendations.

Through engagement with the local clinical commissioning group (CCG) and GP representatives we were able to promote a locally developed migraine and primary headache disorder GP guideline. We also helped develop and subsequently implement a headache referral proforma at the trust, which is now a mandatory part of headache referral. Data collection will be ongoing to assess the success of these interventions.

2. The ReSPECT project
ReSPECT is essentially an emergency care plan, including a CPR decision, that Kent and Medway CCG were implementing across all healthcare services in the region. Regular attendance at CCG-led steering group meetings meant I could collate and present an options appraisal to the medical and clinical directors for if/how this should be introduced at Maidstone and Tunbridge Wells NHS Trust.

I coordinated a communications strategy creating awareness among all clinical and nursing staff, and encouraging them to check whether patients presenting acutely have a ReSPECT form. Critical to the project was engagement with senior management to negotiate how the trust responds to patients being admitted with these care plans.

3. Piloting the executive shadowing programme
The executive shadowing programme was created for medical staff seeking to develop their leadership skills, with the potential aim of progressing to an executive level role.

In piloting the programme, I was fortunate to shadow the hospital chief executive. We met to agree the objectives for the programme which included exposure to strategy deployment, the opportunity to observe highly skilled leadership qualities and gain insight into the challenges addressed in senior/executive management meetings.

We created a blended programme that offered a valuable insight into the realities of executive level roles and the challenges and rewards these offer. This programme, along with my experiences in my chief registrar role, have consolidated my aspirations to seek consultant posts with opportunities to pursue management roles in the future.
Cameron Braddy-Green

Organisation: Whipps Cross University Hospital, Barts Health NHS Trust
Grade: ST6 (out of programme training)
Specialty: Gastroenterology and general (internal) medicine
Mentor name: Dr Heather Noble

Main project title:
Project HANDOVER – handover and night duty overview: enhancement recommendations

Main project aims:
1. Review current out-of-hours (OOH) medical handover processes and instigate changes which aim to streamline the medical handover process.
2. Ensure all new admissions transferred out of the acute medical unit (‘movers’) are reviewed OOH.
3. Improve patient safety.
4. Reduce the administrative burden of junior doctors.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The RCP Chief Registrar Programme provides three key differences to a full-time clinical role: 1. Dedicated time to focus on quality improvement and meaningful change, 2. Direct access to senior managers within your trust, and 3. Leadership training and peer learning through RCP training programme.

I was able to use the above three advantages this year, initially in planning a COVID-19 fourth wave rota, but subsequently in my hospital-wide handover project. The final data are yet to be analysed but so far, our hospital has completely removed paper handovers and created an open/transparent handover list to facilitate safe OOH working.

Project achievements
Initially, I became involved in this area following a request from the MD to establish a hospital at night (H@N) meeting. However, on talking to colleagues it became apparent that the handover process, which is a fundamental step to creating a safe and enjoyable H@N environment, needed improving.

I began by surveying the medical workforce. There was a really positive response rate which highlighted meaningful areas to begin with, eg 81% felt weekend handover wasn’t fit for purpose, 79% felt the handover location was discouraging attendance, 76% agreed a H@N meeting would be beneficial and 59% felt this should be before midnight. 98% felt a clear weekend plan documented on the electronic patient record (EPR) would help handover, and 67% felt important tasks may not be complete by the end of their OOH shift.

With these results I was able to meet with the medical director and divisional director. I proposed a change in handover location and platform. Instead of the access file, which was often corrupted and required transcribing, we implemented a linked process through our EPR. This process is much quicker, avoids transcribing errors, enables audit of handover and task completion, and is open to all members of the OOH team including senior nurses and clinical site practitioners.

The initial feedback is positive but the formal post-change data collection and workforce survey is pending. The next steps will focus on proposing a H@N practitioner to assist with practical tasks and assess viability of co-ordinating OOH task allocation.
Carl Hartelius

Organisation: Buckinghamshire Healthcare NHS Trust
Grade: ST5
Specialty: Acute internal medicine
Mentor name: Mr Andrew McLaren

Main project title:
1. Medical take unit establishment
2. Hospital at night electronic handover
3. Re-worked ambulatory care referral process
4. Omicron surge response

Main project aims:
1. Create a separate area for medical assessment that facilitates early review and discharge while freeing valuable A&E space.
2. Change to a streamlined electronic handover to improve communication and wellbeing for night staff.
3. Reduce the number of inappropriate and unnecessary attendances in ambulatory care.
4. Mitigate the impact of the rise in omicron on the trust.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

Being a chief registrar is a rare opportunity for a junior doctor to make a real difference in the NHS.

At the start of the programme I met with the chief medical officer and acute SDU lead to understand the specific issues that faced our trust, but I would also make the doctors’ mess my office to have informal conversations and build my understanding of the concerns on the ground.

From this we agreed on key outcomes. The programme then provided the quality improvement framework which I used to design and execute projects with tangible results that we could measure. The network of chief registrars was invaluable to stress-test projects and for ongoing support. I would recommend this programme to any registrar who would like to develop their leadership skills.

Project achievements

Medical take unit establishment
- We found that a lack of space in A&E was driving delays in medical assessment.
- We established a 12-trolley unit in same day emergency care with staff and equipment.
- The unit now assesses over 30% of medical patients with further increase expected.
- A recent Care Quality Commission report highlighted this as an ‘area of outstanding practice’ in 2022.

Hospital at night electronic handover
- I found that handover was time consuming and resulted in clinical incidents and late finishing times.
- I changed handover to be electronic and task-based to the night team, including from wards.
- These changes eliminated overrunning handovers entirely.
- These improvements achieved a prize-winning poster at the PSWS trainee wellbeing event.

Re-worked ambulatory care referral process
- I audited the referrals and found 29% of attendances for VTE unwarranted.
- I updated the clinical guidelines and referral process for ambulatory care and VTE assessments.
- These changes are set to prevent over 1,000 unnecessary appointments in VTE alone.

Omicron surge response
- Due to the COVID-19 surge in March 2022 the trust was in OPEL 4.
- I became gold discharge team leader.
- In 12 hours, I facilitated 28 additional discharges preventing a critical incident.

Additional projects
Admissions policy establishment; COVID-19 medication delivery unit deputy; discharge template modernisation, and creation of speaking up meetings.
Claire Elizabeth King

Organisation: Barnet Hospital, Royal Free London NHS Foundation Trust
Grade: ST5
Specialty: Geriatric medicine
Mentor name: Dr Rob Barker

Main project title:
Creating the Compassionate leadership programme

Main project aim:
The aim of establishing the Compassionate leadership programme was to create a community between in-training registrars and middle-grade doctors of all specialties in Barnet Hospital.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
It has been a pleasure to be involved in multiple different projects during the chief registrar year. I have enjoyed having the freedom to create those projects that I personally value (eg improving workplace relations, discussing medical registrars’ experiences of sexism in the medical workplace), as well as becoming involved in projects that the department needs to support patient flow, or the wider hospital needs to promote excellent patient care.

The RCP study days enabled me to explore my existing leadership characteristics, and consider how to further develop these, which became invaluable when leading a multidisciplinary service improvement workstream.

The quality improvement methodology training built on pre-existing knowledge, and supported the planning, running and presentation of data of quality improvement projects on improving medical on-call team handovers and improving pre-briefing and de-briefing of adult cardiac arrest and emergency calls.

The in-person and virtual RCP study days were a welcome break from patient-facing clinical duties and it was a real pleasure to get to know other chief registrars and share our experiences.

The chief registrar year, which I completed while remaining in-programme for geriatric and general medicine training, has developed my leadership and management skills beyond my expectations and enabled me to learn the necessary skill of how to say ‘no’ to things!

Project achievements
The Compassionate leadership programme developed into fortnightly lunchtime hour-long seminars delivered by internal and external speakers, with a programme designed by the registrar-level cohort for whom it was created. The programme covers topics for the soon-to-be consultant (eg preparing for coroner’s inquest, developing into an educational supervisor, challenging unprofessional behaviour) as well as supporting achievement of shared portfolio competencies (eg dealing with complaints, investigating serious incidents, developing teaching skills).

Sessions exploring organisational culture, human factors and psychological safety, as well as psychologist-facilitated sessions, helped to address a culture of alienation between different specialties by creating a safe forum for sharing experiences and feeling connected.

With positive feedback and significant interest created, the Compassionate leadership programme format was successfully replicated at the other main hospital site within our trust.

The success of the Compassionate leadership programme will be measured by its long-term sustainability, and with an ongoing rolling programme now embedded in the local postgraduate education faculties and dedicated study days planned for the near future, I hope that future cohorts of registrar-level doctors will be able to join the compassionate leadership community in the Royal Free London NHS Foundation Trust.
Dawn Matthews

**Organisation:** Royal Wolverhampton NHS Trust  
**Grade:** ST5  
**Specialty:** Palliative Medicine  
**Mentor name:** Dr Paarul Prinja

**Main project title:**  
Palliative medicine SIMulation training for surgical professionals

**Main project aim:**  
To improve the confidence levels of surgical trainees to provide palliative care to their patients, by providing a formal SIMulation package which addresses the palliative medicine objectives within their curriculum.

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

I began the chief registrar role as a novice in quality improvement with little understanding of the methodology involved. Having time to dedicate to projects, while attending the excellent teaching sessions provided by the RCP, has opened my eyes to the endless opportunities available to clinicians, outside of the clinical role. I have learnt a lot about myself as an individual, as a team player, and as a leader. I feel excited about managerial opportunities that may be available throughout my career and confident I possess the skills necessary to succeed in these roles.

**Project achievements**

Palliative medicine is an important part of all specialties, both medical and surgical. Although palliative medicine objectives exist within the surgical training curriculum, no standardised training exists, and knowledge is gained mainly through reflection and hands on experience. In the trust, no surgical registrars had attended teaching on palliative medicine since leaving medical school and they lacked confidence in recognising dying patients, discussing advance care plans and managing common symptoms which develop at the end of life.

Incorporating the surgical, palliative and SIMulation teams in the course design resulted in a successful session – with 100% of attendees feeling the training was relevant to their role and stating they would recommend the training to their surgical colleagues.

Running the course regionally is planned for September 2022, starting with the urology registrars. There are discussions ongoing between the surgical training programme directors and the head of school to make this a recommended course for all ST3/ST4 surgical trainees. The next step is to write a business case to secure funding from Health Education England, so that the training can be developed within the high-fidelity SIM ward.
Georgia Asher

Organisation: Somerset NHS Foundation Trust – Musgrove Park Hospital
Grade: ST5
Specialty: Geriatrics and general medicine
Mentor name: Dr Vikky Morris and Dr Mike Walburn

Main project title:
The medically safe for discharge (MSFD) project: reducing doctor input in MSFD patients

Main project aim:
To decrease the amount of time spent doing ward rounds by only reviewing patients who are not medically fit for discharge. Rationalising human resources to allow time to focus care on the medically unwell patients in the acute hospital, as well as enabling education. With no detriment to the MSFD patient’s care.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The RCP Chief Registrar Programme has provided a unique opportunity to engage with the wider teams involved in the management of a hospital trust, and beyond.

I have explored and developed my leadership and management skills through the RCP training and the active process of implementing meaningful change in the NHS, with a project that I am passionate about.

The experience I have had this year will equip me to continue this invaluable aspect of non-clinical work in my future career.

Project achievements
There are increasing numbers of MSFD patients in acute hospital beds, mostly due to community care pressures. These patients do not have the ‘criteria to reside’. This project aimed to address how we manage such patients, to rationalise doctor time.

With multidisciplinary team input and support we created a system where patients who are deemed MSFD were not routinely reviewed on ward round. Patients were discussed on daily board rounds and continued to receive standard nursing and therapy input as well as active discharge planning.

The trial ward demonstrated by not seeing MSFD patients (between 30–50% of the bed base), we saved an average of 3.3 hours per day.

This time equated to half a doctor per day per ward.

Doctor time saved allowed redistribution of staff to busier wards with unwell patients including the acute take, as well as improving wellbeing by finishing shifts on time and facilitating educational opportunities and attendance.

No detriments to patient care were noted. We did not see an increase in length of stay or readmission rates. This work was presented to the hospital clinical leadership group who approved the standard operating procedure. The process was then rolled out across the medical directorate to the internal medicine wards.

An MSFD ward has now been opened to cohort patients awaiting discharge to community pathways. This ward should require minimal doctor input to allow continued redistribution of medical staff across the hospital, as well as facilitating patient flow from admission to the acute wards.
Hiba Ahmed

**Organisation:** Hull University Teaching Hospitals NHS Trust  
**Grade:** ST4  
**Specialty:** Paediatrics  
**Mentor name:** Dr Makani Purva

**Main project title:** Stop the line (STL)  

**Main project aim:**  
Promoting safety II culture by encouraging and empowering staff, regardless of their grade, to report near misses and promote learning from those near miss events.

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**  
As an international medical graduate, I have found this year challenging but equally very rewarding. The training on team dynamics, leadership and NHS structure has given me a better understanding of my own individual characteristics, as well as those of the individuals I work with. Each module was inspiring! Equipped with a different (more mature) mindset towards leadership and quality improvement in healthcare, I am looking forward to consolidating all the transferable skills I have gained and using them to support and mentor other colleagues in my future role as a paediatrician.

**Project achievements**

1. **Stop the line project:**  
I took over the patient safety culture II project (Stop the line) from the former chief registrar. This project gave me insight into the barriers that exist when reporting near misses in our organisation. I was regularly involved with staff in clinical areas where the project was piloted. I constructed and distributed a survey to explore staff knowledge and attitudes towards the definition of near misses and barriers to reporting.

   The main project aims included increasing reporting of near miss incidents, celebrating successes where ‘Stop the Line’ calls prevented potential patient harm, conducting ongoing staff education and raising awareness of the STL project in pilot areas.

   This project highlighted the barriers to reporting, including the time strains required in reporting incidents, and the attitude towards the role acknowledging or reporting near misses has in patient safety.

2. **Supporting junior doctors in performing quality improvement projects (QIPs):**  
I have been supporting junior doctors in our trust as a member of the quality improvement forum by regularly reviewing QIP applications submitted to our forum and giving feedback, and helping junior doctors throughout their quality improvement project journey.

   Working with another leadership fellow, I have adjusted the QI application form to make the process more streamlined.

3. **Patient experience videos:**  
As a part of my role, I have been involved in the process of capturing patients’ experiences (both negative and positive) through videos in which themes are identified. The videos are presented at trust board meetings so that lessons can be shared across the organisation with subsequent action plans developed to improve patient experiences and celebrate positive aspects.
Hilary Brewer

**Organisation:** Nottingham Universities Hospitals Trust  
**Grade:** ST8 OOP  
**Specialty:** Colorectal and general surgery  
**Mentor name:** Mr Ayan Banerjea

**Main project title:**  
Pilot scheme for paid ‘medical student ward assistants’

**Main project aim:**  
To pilot a paid scheme whereby medical students are paid (evening and weekend short shifts) to work alongside junior doctors on the wards.

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

The RCP Chief Registrar Programme has been very valuable to me both locally (working collaboratively as one of six chief registrars in my trust) and nationally. Being part of the fantastic network of 90+ chief registrars sharing ideas, problems and solutions – comparing and contrasting across specialties and different sized hospitals and trusts has been very insightful and a community I am proud to belong to.

**Project achievements**

Throughout the year my work as a chief registrar has all been under the umbrella remit of ‘enhancing the medical workforce’ as this is something I am passionate about.

I have been involved in the recruitment, interview process, induction, mentoring and support of overseas trust grade doctors. I have mentored physician associates within the department of surgery and new T/ACPs.

I have, like many other registrars, been involved with rota issues throughout the year and I have been working closely with our HR medical workforce team.

I have led on a complete redesign of rotas leading to recruitment of 25% more specialist registrars due to a proposed cross campus move.

I took part in the trust-wide out-of-hours review to analyse how the demands on the medical workforce are changing.

I have been part of the HR tender process to obtain a new trust-wide contract for medical bank and locum bookings with new software, and plan to aid the same process for e-rostering software.

I have undertaken, evaluated and presented to the trust’s operational leadership team, a successful pilot scheme by creating a bespoke role for senior medical students to work on the wards in a paid capacity in the evenings and weekends which has vast scope for the future.
Iman Qureshi

Organisation: Worcestershire Acute Hospitals NHS Trust
Grade: ST6
Specialty: Haematology
Mentor name: Dr Jasper Trevelyan

Main project title: Development of the Vascular access device (VAD) service at Worcestershire Acute Hospitals NHS Trust

Main project aim:
To ensure that the right patient gets the right line at the right time.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The RCP Chief Registrar Programme has provided me with an excellent insight into management and leadership within the hospital hierarchy. It has provided me with the essential tools and confidence to execute sustainable and impactful quality improvement projects. The programme has helped me refine my skills in engaging key stakeholders, utilise personal traits to influence change and empower others to improve hospital processes and patient care.

Project achievements
I have led the development of the VAD service. It was established as a result of improvement work to reduce inefficiency and is composed of four teams.

The VAD service receives electronic requests for line insertion from clinicians across three hospital sites. It includes specialist nursing colleagues from the local health and care trust, who provide a nurse-led bedside midline insertion service. This has reduced unnecessary transport of patients and released senior clinician time.

A trust intranet VAD webpage has been designed with an agreed standard operating procedure and an algorithm tool for selecting the correct VAD. E-consent forms and information leaflets have been standardised across the trust, in addition to a VAD patient passport.

The implementation of the bedside midline service has resulted in a reduction in peripherally inserted central catheter (PICC) line waiting times from an average of 7.2 to 1.9 working days, this has shortened hospital length of stay and patient morbidity associated with delayed line insertion.

A survey of VAD requesters demonstrated that 100% agreed that the new centralised booking system significantly reduced clinical time in requesting lines. 100% of patients surveyed felt that the VAD passport provided them with the necessary information required to care for their lines, thereby reducing infection risk.
Iqbal Naveed Khan

Organisation: Epsom and St Helier University Hospitals NHS Trust
Grade: ST7
Specialty: Cardiology, general internal medicine
Mentor name: Dr Simon Winn

Main project title:
Urgent referrals from emergency department (ED) to outpatient (OP) cardiology clinic: a 2-cycle quality improvement project (QIP) to improve the referral process at St Helier Hospital.

Main project aim:
Anecdotal feedback from the cardiology consultants at Epsom and St Helier indicated a high proportion of urgent referrals made to cardiology OP clinic from ED were avoidable. The aim of the QIP was to objectively quantify the proportion of referrals that were avoidable and use this information to improve the referral process.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The RCP Chief Registrar Programme provided useful education on the technical aspects of quality improvement, as well as opportunities to develop soft skills in leadership and management. One such example was actively seeking feedback from colleagues through forums (such as the junior doctor forum) to identify issues, and then designing projects to assess their extent and bring about improvement. It has been rewarding to put these skills into practice in working with colleagues to carry out a number of QIPs throughout the year.

Project achievements
Project 1 (main project)
Found ~75% of urgent referrals from ED to OP cardiology were avoidable. The main driver of avoidable referrals was patients presenting with palpitations – risk stratification of these patients required improvement. Improvements: 1) a new e-referral proforma has been devised in collaboration with ED, 2) a new pathway to assist ED in triaging patients presenting with palpitations is undergoing finalisation.

Project 2
Anecdotal feedback from medical ward cover foundation year 1 doctors (FY1s) indicated that the workload during twilight shifts is excessive. An audit was carried out and the findings showed that the FY1 was bleeped every 11 minutes (on average); only 10% of the bleeps related to escalating sick patients. Review of investigation results and prescription of drugs/fluids were the main reasons for being bleeped. Moreover, the twilight FY1 carried the same bleep number as the night SHO, leading to further confusion among nursing staff regarding the grade of the twilight ward cover on call. Improvements: alterations were made to increase clarity of bleep numbers carried by junior on-call team; this information was disseminated to medical ward nursing staff through posters and a group email. A second cycle is planned.

Project 3
Anecdotal feedback from night medical ward cover SHOs indicated an excessive workload. An audit was carried out and showed the main driver for this was a high number of sick patients on the wards (~40% had EWS >4). Improvements: an additional ward cover SHO has been added to the night ward cover medical rota.
Jack Baldwin

**Organisation:** University Hospitals Sussex NHS Foundation Trust  
**Grade:** ST6  
**Specialty:** Geriatric medicine  
**Mentor names:** Simona Caronia and Lorraine Albon

**Main project title:** Improving general medical in-reach into surgical wards

**Main project aims:**
1. To establish an agreed pathway for general medical consultant leadership for acute medical issues on surgical wards  
2. Optimising weekend medical handover

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

The RCP Chief Registrar Programme has been a particularly enlightening and rewarding year. The opportunity to work alongside senior management has given me insight into the structure and workings of the NHS, and an appreciation of the wider roles of previously unknown colleagues and stakeholders with whom it is vital to engage in order to bring about lasting change. The educational modules have given me a clearer understanding of the principles of quality improvement (QI) and a framework with which to approach service development. The sessions on personality, leadership styles and teamwork particularly resonated and am sure will stay with me in my career as a consultant. The opportunity to interact, discuss and vent with the other chief registrars was a hugely valuable tool and great support.

**Project achievements**

Unfortunately, my chief registrar year was interrupted by a significant period of compassionate leave, and my main projects will be handed over.

1. Previous medical registrars had vented frustration at a lack of continuity of care for surgical patients having multiple MET calls or discussions with different medical specialist registrars on call and a lack of clear pathway for transferring care to medicine. In order to change practice, particularly when consultant cover is already stretched, it was key to have a firm grounding of data. I undertook literature reviews and compared our MET call data. I liaised with datix leads and the learning from deaths team. A prospective survey of the medical registrars on call demonstrated the burden of surgical reviews, and the anticipated number that would benefit from a follow-up. The wider chief registrar cohort was able to provide me with information regarding the different strategies employed by other trusts. Following presentation at the hospital physicians meeting, we are trialling alternate pathways to find the optimum balance between registrar/consultant workload and best patient experience.

2. Weekend teams complained regarding inappropriate tasks without clear plans on electronic handover. The initial survey identified that 75% of weekend handover plans were late decisions by foundation doctors. Initiatives employed (impact review pending):
   > findings presented to registrars and consultants asking for their leadership in handover  
   > SBAR refreshers distributed to all medical wards  
   > reinstatement of face-to-face meeting on Friday afternoon with registrar on call.
Jasmin Kaur Bassi

Organisation: Homerton University Hospital
Grade: ST5
Specialty: Emergency medicine / acute medicine
Mentor name: Dr Claire Charlie

Main project title:
Handover and chill – peer wellbeing support for emergency department (ED) junior doctors.

Main project aim:
Wellbeing space for ED doctors to share any experiences, worries or anxieties that may be affecting their happiness at work.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
This year has provided a wealth of learning and development towards my own leadership style.
The chief registrar role allowed me to meet with many senior leaders within the trust, gaining a better understanding of the complexities of the wider NHS management structure.
The peer support has been fantastic, using action learning sets to problem solve those tricky points within projects.
Learning the principles of leadership, improvement and change in the modules, alongside developing projects, provided practical and relevant learning.
Better understanding of myself and others in relation to personal traits, communication and leadership styles has been invaluable in developing more inclusive and diverse collaborative teams.

Project achievements
Project 1
This project was centred around supporting the psychological wellbeing of ED staff. There was a large amount of background work before choosing the design of the final pilot project.
Active feedback before and during was reflected on by the team in order to improve the next session. The sessions were facilitated by a psychiatrist or psychotherapist.
The pilot ran for 3 months with good attendance. The project was extended until the end of the year, unfortunately the attendance was not as successful beyond the pilot period.
Despite this project not maintaining sustainability, I had learnt a lot around challenges faced by trusts when addressing wellbeing, diversity and inclusion:
- understanding WRES data
- various methods to improve diversity and inclusion
- building a team and support network with skills and experience
- impacting workforce culture and behaviours within own department.

Project 2
SDEC (Same day emergency care)
I was part of a team involved in the development of the future SDEC development white paper report.
Data deep dives and audits identifying areas of inefficiency and efficiency, including:
- cardiology ambulatory clinic sessions
- medical next day discharges
- medical weekend patients nearing discharge
- emergency department patients waiting more than 4 hours with presentation fitting SDEC pathway.
Writing up findings and identifying potential savings, reduced bed stays, improved patient flow and 4-hour waiting pressures.
Jemina Oremeyi Onimowo

Organisation: Royal Sussex County Hospital (RSCH), Brighton
Grade: ST6
Specialty: Acute medicine and intensive care medicine (dual trainee)
Mentor names: Dr Andrew Elkins and Dr Andrew Leonard

Main project title:
Establishing Hospital at night (2am) meeting, MET huddle meetings as well as a structured medical handover with QR code sign-in.

Main project aim:
Promoting wellbeing at RSCH Brighton: By establishing Hospital at night meetings, medical emergency and cardiac arrest twice daily huddles and facilitating a multidisciplinary team (MDT) approach to out-of-hours support for the medical team.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
Through the chief registrar programme, I was able to recognise and build on some of my personal traits, personality and communication to rally my team, be there for them and also recruit new members and establish continuity after my tenure. It also made me confident in working out my circle of influence and accepting the things I could not control.

Project achievements
1a. Establishing Hospital at night (2am) meeting, MET huddle meetings as well as a structured medical handover with QR code sign-ins.
1b. Spread to Princess Royal Hospital, Haywards Heath of Hospital at night (12am) meeting, medical emergency huddles and structured evening handovers.
1c. Sustainability avenues established through:
   i) appointment of three quality improvement (QI) champions as co-leads with me (these are IMT1s, ACCS CT1s and will be at the trust for 3 consecutive years), empowering them to lead and organise meetings and action changes
   ii) continuing mentorship for them and of the project, by a consultant who has guided and supported us from the beginning
   iii) working with our IT fellow to ensure all our QR codes and documents are accessible trust wide and also creating a new Hospital at night page on Microguide which is also accessible remotely.
2. Created a virtual reality programme for assessing deteriorating patients, aimed at junior medical trainees and medical students (this won 1st prize in the poster presentation at the Acute medicine conference 2022).
   (The next step is to work with the learning technology team to create a programme for surgical trainees based on management of bowel obstruction and to use augmented reality to enable learning round skills like lumbar puncture from the medics).
3. Creating a free in-house ‘Ready for registrar’ (R4R) course in Brighton at RSCH.
   (The next step focuses on setting future dates for more trainees to benefit, and allowing trainees from other trusts to attend).
4. Lead role in quality improvement projects of the ECIST (Emergency care improvement support team) in the RSCH acute respiratory unit. The focus was on improving ward round culture in the respiratory department by:
   > using a standardised ward round proforma
   > using a doctors’ job book to minimise distractions during ward rounds
   > creating a structured morning board round poster
   > introducing a morning board round check list
   > creating a patient-friendly information bedside folder, improving communication across language and culture barriers through the use of pictorial infographics.
Kathryn Larmour

Organisation: Southern Health and Social Care Trust
Grade: ST7
Specialty: Renal / general internal medicine
Mentor name: Dr Wendy Baird

Main project title:
Improving induction for international medical graduates (IMGs)

Main project aim:
To improve induction to Craigavon Area Hospital for international medical graduates by August 2022, evidenced by improved feedback.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

- Helped me recognise my strengths as a leader and given me confidence to use these strengths in a variety of settings to address local challenges and achieve improvement.
- Provided me with tools to address issues that I identify, lead a quality improvement team and to address resistance to change.
- Given me the opportunity to learn from others’ experiences and collaborate with trainees across the UK.

Project achievements
Improving induction for IMGs

- Ensuring new doctors off on-call rota/OOH for first 2 weeks.
- Improved support provided for supervisors.
- Proposed IMG fellow role to SMT / funding for app with resources for IMGs.
- Feedback awaited following August changeover to evaluate benefits of change ideas implemented.
- Hoping to improve patient safety, improve staff wellbeing and productivity, improve recruitment, improve retention of staff and return of rotational staff to trust.
- ‘Improving discharge before midday.’
- Various stakeholder meetings held and change ideas implemented but no sustained improvement demonstrated. Challenging to sustain change ideas and difficult to maintain engagement with the project.
- Improvement noted in numbers of patients discharged before 5pm with final change idea implemented; moving time of multidisciplinary team meeting to 9am (from 2pm,) and introducing ‘discharge role’ for staff on ward.
- Percentage ward exits in 8am–1pm time band improved monthly; May 5.6%, June 11.2% to 16 July 13.8% following introduction of change in June. Percentage ward exits between 1–5pm also improving monthly; May 40.4%, June 48.3% to 16 July 58.6%.
- Overall improvement in discharge before 5pm better for patient leaving ward and patient coming into that bed from ED. This improves flow within hospital, which is a major issue.
Katie Groom

Organisation: Imperial College Healthcare NHS Trust (ICHT)
Grade: ST6
Specialty: Acute medicine and respiratory medicine
Mentor name: Professor Frances Bowen

Main project title:
1. Introduction of an acute medical same day emergency care service (SDEC)
2. Improving the experience of serious incidents for junior doctors
3. Imperial clinician management partnership programme

Main project aim:
1. To reduce the amount of acute medical admissions and facilitate earlier discharge of patients from A&E and medical wards.
2. To improve the experience of being involved in an incident of moderate or above harm level for all junior doctors within ICHT.
3. To improve the understanding and experience of management within the NHS for senior registrars approaching the end of training.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

My experience as chief registrar at a large trust, along with structured leadership development training, has helped me understand my own leadership style and how I can maximise this to work effectively as part of a team and positively engage others. It has given me the solid grounding and confidence needed to develop my own projects throughout the year which have led to positive change both locally and at a trust-wide level.

Project achievements

Acute medical SDEC clinics
The introduction of acute medical SDEC clinics within an emergency medicine-led SDEC service has had a positive impact on both reducing front door medical admissions and reducing the length of stay of acute medical patients. It has also created a collaborative working relationship between ED and medicine, with on the ground advice greatly helping with the flow of patients through the service.

Improving serious incidents (SI) for junior doctors (JD)
The experience of being involved with an SI for a junior doctor is incredibly stressful and can be career-defining. This project has been successful at improving this experience by refining support and guidance for both JDs and consultants, tailoring the SI review process to be more of a learning rather than stressful experience, sharing learning by the introduction of an SI newsletter and engaging junior doctors to become involved with incident investigation panels.

Imperial clinician management partnership programme
Management and leadership training is distinctly lacking from most training curriculums. This programme aimed to improve management training for senior registrars approaching the end of their training. Senior registrars were paired with business managers and spent time shadowing each other. They also had the opportunity to collaborate on projects together which was a valuable experience for both. This was complemented by a series of shared learning and reflective events aimed at improving trainee understanding of management within the NHS and helping prepare them for becoming consultants.
Khaled Abuelenain

Organisation: University Hospitals Birmingham NHS Foundation Trust  
Grade: ST6  
Specialty: Acute internal medicine  
Mentor name: Dr Khaled Elfandi

Main project title:  
Improve same day emergency care (SDEC) communication and referral system

Main project aim:  
Decrease the waiting time in SDEC and SDEC clinic by improving communication and referral system.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The chief registrar leadership training has helped me to improve myself as a person. I am better able to interact and lead in the workplace, and learn new communication styles, with all different sorts of personalities that I meet working in healthcare, as long as we are working towards a common goal.

The training has made me appreciate that it’s not about just making a change; it is the science behind making sure a change leads to an improvement.

This is reflected in the projects I have started; whether trying to improve the communication in the SDEC via engaging stakeholders, or the support we are trying to give to our junior doctor colleagues by improving their wellbeing amid increased workload pressure.

I also had the opportunity to engage with many of the executive board members, attend trust board meetings and senior management meetings to get a better view of how the NHS works. This rare opportunity for a middle grade doctor (and even established consultants) broadened my horizon and helped me have a better holistic approach.

Project achievements

Improve SDEC communication and referral system

SDEC is now one of the key areas that the NHS is relying on to improve a patient’s flow from the emergency department (ED) via same day care. With the new changes that have been happening, it was very important to improve the communication not only between the SDEC team and the on-call team, but also between them and the ED and GPs. We did that by introducing the new SDEC SpR lead role, alongside the daily SDEC huddle, SDEC champions and the new electronic SDEC clinic referral system. Though the re-audit has not yet been done, an overall improvement has been noticed in the communication and referrals, reflecting the flow of patients from ED and facilitation of discharge.

Improving junior doctors’ wellbeing, morale and training experience

Junior doctor wellbeing has always been a hot topic, with a notable increase post COVID-19. At Birmingham Heartlands Hospital we wanted to not only improve the overall morale of the junior team, but to also help the new juniors, including those who are making their first start in the NHS, feel more confident while at work. We have had feedback from overseas doctors regarding how we can make the transition to working in the NHS smoother.

We worked on the feedback and started by providing a new restroom for the on-call team, introduced ‘thank you Friday’, regular wellbeing sessions, and are working on a mentorship programme for new juniors.

Next step: Re-audit at the end of rotation, start of the new placement.

Other projects:

Shadow bleep system – increasing junior doctor confidence by assigning a rota for a shadow arrest bleep, for the junior doctors to attend the arrest calls with limited responsibilities.

Ward round project – standardising the ward round throughout the trust.
Laura Chadwick

Organisation: Liverpool University Hospitals NHS Foundation Trust
Grade: ST6
Specialty: Rheumatology / general internal medicine
Mentor name: Dan Komrower

Main project title:
1. Medical registrar morale: improving quality of life and quality of training
2. Processes and pathways: electronic handover, patient flow and patient safety

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
This role has provided a unique insight into the day-to-day running of a large NHS trust, life as a senior leader and the various roles of NHS consultants aside from clinical care. This, alongside the teaching programme, has allowed me to reflect on my own career aspirations, leadership style and skillset. I’ve learnt from practical experiences of difficult conversations, mediating between opposing parties and resistance to change. I’ve also valued the dedicated time to see through a large-scale quality improvement project (QIP), appropriately utilising each step in the QIP methodology and demonstrating improvement at the end.

Project achievements
1. Medical registrar morale
   Autonomy over working lives and conditions is highlighted by the RCP, General Medical Council and Health Education England as key to junior doctor morale. I worked collaboratively between the IMT3/ST4+ trainees and medical staffing to improve a high-intensity rota, producing three rota templates that trainees voted on before implementation. I renegotiated a reduced frequency of weekends after a 6-month trial, supported by medical admissions data.

Following trainee feedback, we also changed the medical emergency rota to improve equity and reduce difficulties booking leave, plus allowance for ‘smart working’ on portfolio, QIP and audit.

In addition, 75% of trainees reported that ACATs were difficult to obtain and 65% reported that feedback was not valuable. I subsequently created a weekly ‘portfolio clinic’ for retrospective ACATs, and an ‘AEC ACAT clinic’ available 3 days per week. Both have received excellent feedback. I’ve also been involved in recruiting a clinical educator for medical trainees.

2. Processes and pathways
   I’ve been involved in various projects throughout my chief registrar year, including:
   > leading the implementation of electronic handover across medicine and surgery
   > creating a ‘silent referral’ pathway between A&E and medicine to reduce bleeps and delays in clerking, currently being trialled overnight
   > creating a single document summary of our ambulatory care provision, including criteria and how to refer, aiming to reduce medical admissions – work ongoing
   > team member for a trust-wide ‘deteriorating patients collaborative’
   > leading a large departmental QIP tackling delays in high-cost drug prescriptions, with five PDSA cycles and evidence of success on run charts.
Leigh Wilson

Organisation: Stepping Hill Hospital, Stockport NHS Foundation Trust
Grade: ST4
Specialty: Geriatric medicine / general internal medicine
Mentor name: Ngai Kong

Main project title: Improving out-of-hours care

Main project aim:
To strengthen out-of-hours services to improve the experience for staff and patients.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
As a chief registrar, I worked closely with senior leaders and executive directors to help improve services and deliver quality improvement at my trust. I was afforded access to and mentoring from highly experienced colleagues, which helped me understand the many competing priorities (both inside and outside the trust) which must be considered when planning services for patients. Crucially, I saw how trusts must work together at a regional level, supporting each other in partnership to deliver the best care for our patients.

Project achievements
I worked alongside our transformation team to improve staff and patient experience out of hours, as part of a trust-wide project which led to a £700,000 investment in our clinical teams. Using local and national feedback, we identified a need to strengthen processes and bolster staffing; our project led to the trust committing to provide an additional three clinicians at night, significantly enhancing support for our most junior staff.

My trust embraced the chief registrar role – welcoming me into operational decision-making groups, facilitating one-to-one sessions with trust executive directors, and working to find projects which both interested me and helped the trust meet strategic objectives.

I worked closely with our digital team, joining the IT development panel to help improve our clinical systems. Changes to our out-of-hours e-task system were well received by junior staff and demonstrated the benefit of the chief registrar programme in allowing working clinicians to join discussions with non-clinical colleagues across the trust.

Learning about concepts such as business intelligence, transformation and project management, I saw the wide variety of professionals who contribute to the smooth running of a large NHS trust each day. Getting to know these colleagues and understanding their roles has undoubtedly prepared me well for my first steps as a consultant.

Overall, the programme vastly accelerated my experience and allowed me access to areas of an acute trust that I would never have seen, had I continued my full-time clinical training. I would recommend it to any fellow trainees or trusts who are considering joining the programme.
Lisa Keillor

**Organisation:** Nottingham University Hospitals  
**Grade:** ST6  
**Specialty:** Emergency medicine

During my chief registrar year I’ve been involved in multiple projects. I have developed several senior clinical fellowship posts to bolster our staffing and increase headroom for improvement and education. In addition, I have worked with our registrar team to improve and adapt the opportunities to develop departmental leadership and management skills and established a departmental junior doctors’ forum.

I have also co-led a project team working on improving ED-specialty relationships and shared improvement of patient pathways in ‘specialty interface collaboratives’.

My year has been incredibly rewarding, and I have subsequently been employed by the trust in a less-than-full-time post to continue work on some of my projects. I definitely feel that the insight into departmental, trust and NHS structure, strategy and operational management has provided me with an amazing opportunity which will be invaluable once I take up a consultant post.
Lucy Flanders

Organisation: St Bartholomew’s Hospital
Grade: ST4
Specialty: Medical oncology
Mentor names: Mark Westwood and Edward Rowland

Main project title:
Hospital at night (HAN)

Main project aim:
Establishing a HAN service at Barts in order to provide more support for juniors, improve multidisciplinary team (MDT) overnight working and allow flexibility of the workforce during the COVID-19 pandemic.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The training has equipped me with the tools and knowledge to be able to tackle complex projects, engage senior leaders and influence change. It has allowed me to identify my own leadership style and understand both my strengths and weaknesses and what areas I need to focus upon to achieve better results.

Project achievements
I had the advantage of being paired with another chief registrar, Vincent, which meant we were involved in both joint projects and individual ones and afforded me exposure to the cardiology side of the hospital, which is historically quite separate. The creation and introduction of HAN (which had not previously existed) proved a timely intervention in response to the winter COVID-19 wave and has gained positive feedback about improving MDT overnight working. The hospital board approved the introduction of a translation device to improve communications for non-English speaking patients, particularly in acute settings of cardiac transfers and urgent chemotherapy consent. I have undertaken a number of quality improvement projects (QIPs) within the oncology department, looking at handovers and diversification of the workforce with the introduction of new physician associates. I worked with the pharmacists to develop easy to interpret trust guidelines for COVID-19 treatment and worked with the cancer assessment unit team to facilitate the stepdown from COVID-19 restrictions placed on treatment pathways in a safe and systematic way. On a bigger scale, Vincent and I sat on the working group responsible for the implementation of electronic prescribing in the hospital, providing advice and support from a junior’s perspective, getting experience in large scale change project management. During the year I have utilised my leadership days to undertake the first year of an executive master’s in medical leadership to consolidate my knowledge and will continue to do so next year.
Madhu Mati Shahani

Organisation: Northwick Park Hospital
Grade: ST7
Specialty: Renal / general internal medicine
Mentor name: Dr Rachel Tennant

Main project title:
Wellbeing of junior doctors

Main project aim:
To create a better working environment for all junior doctors, foster comradery and bring everyone together.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The chief registrar role gave me the opportunity to understand the hospital management and leadership strategies, about which I had no insight before. I developed the skills to approach and engage key stakeholders in overcoming barriers and frustrations I came across to take my projects forward.

Project achievements
It is well known that a happy and resilient team contributes to better outcomes. My year was focused on making the work environment better for junior doctors, along with organising regular social events to build team spirit.

> During the transition from paper notes to digital note-writing, I communicated with everyone to make sure the change was user friendly and arranged for a reserved area for the medical team in A&E with computers and phones for clerking patients on the medical take.

> Successful efforts to make handover more effective and safer. Moved from virtual Teams handover to face to face. The presence of a registrar to supervise handover had great impact.

> Doctors’ mess access was given to all doctors and not just limited to members. Other facilities were made available in the mess such as TV, snacks and hot drinks.

> The sports day was my most gratifying achievement of the year. Nurses, pharmacists, managers, junior doctors and consultants – everyone participated in the outdoor games. A friendly cricket match between A&E and the medical team was most entertaining. I have been asked to organise it again for new starters in August and it will probably be a yearly event to foster comradery between all departments and all grades of staff.
Megan Offer

Organisation: Sandwell and West Birmingham NHS Trust
Grade: ST6
Specialty: Geriatric medicine
Mentor name: Dr Sarbjit Clare

Main project title:
Improving the inpatient geriatric-surgical liaison service for NELA patients

Main project aim:
Improving referral rates of eligible NELA patients to the inpatient geriatric team to meet national standard (80%) over 10 months.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The RCP Chief Registrar Programme has enabled me to work closely with colleagues within my trust who I would not have routinely worked with before. This greater degree of insight into their roles has meant that I can understand different perspectives of decision making and provide a bridge of communication between management and trainees.

This programme has allowed me to explore my own leadership style and how I manage my own teams.

Project achievements
This project started with baseline data gathering regarding the referral rate of eligible patients to the inpatient geriatric medicine team in the 6 months prior. This was on average around 23%, compared with the national standard of 80%.

When we analysed the 30-day mortality (over that 6-month period), we found that there was a general trend (although not statistically significant) showing a reduced 30-day mortality in those patients who had been reviewed by the geriatric medicine team compared with those who were eligible for review, but were not referred and therefore not reviewed.

This highlighted the need to improve the referral rate and the referral process was reviewed. There was a change made, to enable referrals to be via a shared email box and a shared electronic patient list generated to keep track of these patients.

Over the course of the year there have been challenges in improving the referral rate, and repeated communication to the surgical team (from FY1s to consultants) has meant that we have pursued a collaborative approach to improve this service.

Over the past 3 months we have improved our referral rate from an average of 23% to 62.5%.

This multidisciplinary style of working has highlighted the need to have dedicated time (PAs) given to the geriatric medicine team to help run this service, which is currently being pursued.

Demonstrating the success of a collaborative approach has led to a renewed drive to sustain this level of patient care from all stakeholders.
Muhammad Firdaus Amaran

Organisation: St George’s University Hospital, London
Grade: ST7
Specialty: Renal / general internal medicine
Mentor names: Dr Luci Etheridge and Professor Indranil Chakravorty

Main project title:
Amplifying voices of junior doctors, supporting international medical graduates

Main project aims:
1. Creating working and sustainable communication channels between the junior doctors and the trust to raise issues around working conditions and patient safety.
2. Implementing mandated enhanced induction for international medical graduates.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The biggest take away from the year as chief registrar is understanding my leadership style, which has then informed my own self-development and how I work with others. I also gained appreciation of how the NHS really works, including the challenges in enacting changes. It has also opened doors to meeting people from various backgrounds while representing the voices of junior doctors. Through the structured teaching programme, I have become better at applying quality improvement methodology to the projects I undertook. This year has prepared me for my future role as a consultant.

Project achievements
I undertook three projects:

1. Reinvigorating junior doctors’ forum
   This is a pre-existing platform which had seen low engagement in the past. With my co-chairs, I appointed representatives from a junior doctors’ body in every local care group. We also set themes for each meeting. Issues addressed through the forum included redeployment (including creating an FAQ for the last COVID-19 wave), standardising locum pay process, addressing specific issues for IMT and radiology training, and improving exception reporting uptake.

2. Patient safety forum for junior doctors.
   Junior doctors are often the first group to notice or deal with patient safety issues. However, their voices are not often heard by the trust. Furthermore, there is no cross pollination of learning from serious incidents between care groups. A forum was set up to gather all these voices, share learning, stimulate discussion, and prompt quality improvement projects to improve patient safety.

3. Enhanced induction for international medical graduates (IMGs).
   In line with the national workforce directive, I have worked with a team to deliver an enhanced induction programme for IMGs beginning in August. This is to help ease and support transition for these doctors working in a new system. We hope they will feel welcomed, and the bespoke programme will help them meet the working standards set locally and nationally, including by the General Medical Council. Through this, we can foster camaraderie and provide substantive pastoral support for these doctors. We also aim to set up a mentorship programme to help them navigate training in the UK once they have settled into their roles.
Niels Larsen

Organisation: Sherwood Forest Hospitals NHS Foundation Trust
Grade: ST5
Specialty: Diabetes and endocrinology
Mentor names: Dr David Selwyn

Main project title: Reviewing the medical middle grade rota

Main project aim:
To optimise the provision of middle-grade cover out of hours over the course of a year as ascertained by regular feedback and forum sessions.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
I was fortunate in my choice of trust to be able to pursue a wide variety of projects ranging from reviewing the middle-grade on-call rota to projects around racism, women in healthcare, environmentalism and re-establishing Schwartz rounds. This gave me ample opportunity to make use of what I had learnt through the chief registrar programme and in particular I found the sessions on leadership to be incredibly useful as these gave me great insight into my own strengths and weaknesses as a leader and subsequently allowed me to lead and support some very interesting projects. Most importantly, however, was being part of a group of passionate individuals with whom I was able to share ideas, challenges and successes on a regular basis and this ultimately led to me seeking out opportunities and gaining insight I might not otherwise have found.

I cannot recommend the programme or my trust highly enough, through my work with both I have managed to learn so much and achieve far more than I ever would have expected and now I cannot wait for my next challenge!

Project achievements
During my time as chief registrar at King’s Mill Hospital, one of my main projects was leading a middle-grade directed review of their new on call rota. This was initiated out of concerns that the new IMT3 rota, while compliant, had a high frequency of on calls which would make meeting training requirements difficult. I therefore initiated a review of the proposed rota. This involved discussions with rota coordinators, the clinical chairs for medicine and urgent and emergency care, and the deputy divisional general manager. Together we were able to propose a new rota with reduced on calls which we presented to the first of a series of registrar forums.

Following the changes to the rota, 2–3 monthly registrar forums were arranged (attended by the clinical chairs) to discuss the impact of the new rotas. These had a particular focus on encouraging collaborative working between the ST4+ and IMT3 registrars. Additional concerns were also raised/addressed to discuss registrar concerns about pressures in other areas. Surveys were collected before each forum to gather feedback on the changes made at the preceding forum and to help identify areas for improvement.

Through the combined input of the registrars and clinical chairs at the forums, a ‘roles and responsibilities’ document was agreed on governing what was expected out of hours. It was also agreed that these meetings should continue, as the feedback from those working in patient-facing roles was invaluable in improving the service.
Nishma Harker

Organisation: Fairfield General Hospital
Grade: ST5
Specialty: Geriatric medicine
Mentor names: Jason Raw and Vicki Howarth

Main project title:
Acute take list

Main project aims:
To introduce an electronic system for recording patients coming in on the acute medical take.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The programme delivered training that was fundamental to planning my project. Using the suggested planning tools and strategies, I was able to thoroughly plan for and foresee obstacles early. The training equipped me with the tools to communicate with different personalities, navigate varied levels of engagement and it encouraged self-awareness. This reflection helped me to develop any areas of weakness and feel a more competent and confident leader.

Project achievements
At my hospital, medical referrals from A&E to medicine were written down on a piece of paper by an allocated senior house officer, causing confusion to the on-call team when deciding who needed to be clerked and have a consultant post-take. Identifying this as an area for improvement, I worked together with IT to design a new application, within the existing IT system, summarising every patient admitted to medicine, including their ‘clerking’ and ‘post-take’ status. I initially needed to persuade IT to invest time in the project. Once successful, I was involved in the design and development of the application, testing, meetings regarding usability and contingency, roll-out of training and launching the application. The application removes the confidentiality risk associated with paper handovers, is dynamic and up to date, enables the whole on-call team to review the status of the medical take remotely, and highlights patients that need clerking or a post-take to the relevant teams.

I also carried out a quality improvement project (QIP) on the medical handover, introducing a number of improvements, including: a fixed protected location with IT access, new agenda, electronic logging, allocated seating, improvements to punctuality and improved consultant attendance. This QIP was presented at the RCP Medicine 22 conference and won the runner up prize! I believe the programme equipped me with new skills to take on big projects and calmly oversee obstacles that challenged me. I am extremely grateful for the opportunity and have learnt so much about leadership and management to take forward in my career.
Parnika Sharma

Organisation: University College London Hospitals NHS Foundation Trust
Grade: ST5
Specialty: Anaesthesia
Mentor name: Tim Hodgson

Main project title:
A pilot leadership programme for junior doctor representatives

Main project aim:
To empower and support junior doctor representatives to make impactful change in their workplace through a structured and personalised leadership programme.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The RCP Chief Registrar Programme gave me the rare opportunity to gain insights into the complexity of the healthcare system, and the forum to represent junior doctor voices at board level. Being the bridge between junior doctors and senior leaders meant that I could both understand the bigger picture in the trust and the patient-facing experience. The RCP modules helped me to better understand myself as a leader and develop robust skills in quality improvement, and I feel well-equipped to lead larger scale projects and collaborate with wider teams and stakeholders.

It was a transformational and rewarding experience that will continue to help me make impactful changes and contributions in the future.

Project achievements

Leadership is a key component of the junior doctor curriculum, and the COVID-19 pandemic has further reinforced the need for compassionate and collaborative leaders to tackle systemic problems. The focus of my main project was increasing the impact of trust junior doctor representatives. Initially I conducted several focus groups to understand the challenges of their role and areas in which they needed support. I then worked with the trust organisational development team to create a personalised leadership development programme which had three components – a workshop on challenging communication and conversation, an action learning set, and time shadowing a senior clinical leader. This was then delivered to a cohort of junior doctor representatives over a 5-month period.

This programme was the first of its kind offered to junior doctor representatives and had engagement from a wide range of juniors from foundation trainees to senior registrars. The programme received excellent feedback with junior doctor representatives reporting that it enabled them to address issues of morale, training, rota-planning and workspaces within their departments. It also provided an informal peer support network, helping to break down workplace silos and enable shared learning across specialties. Subsequently, we aim to offer action learning to many more junior doctors within the trust and create more leadership opportunities for junior doctor representatives.

Through the experience, I have had the opportunity to train as an action learning facilitator, enabling me to continue to facilitate high-quality experiential learning to support complex problem solving.
Philippa Christie

**Organisation:** Croydon Health Services  
**Grade:** ST5  
**Specialty:** Geriatric and general medicine  
**Mentor name:** Dr Christopher Bell

**Main project title:**  
Understanding and supporting the challenges faced by the medical workforce

**Main project aim:**  
To recognise the current pressures on junior doctors working on medical wards and the medical rota, identify areas where support is lacking and implement changes to improve support and wellbeing.

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**  
The chief registrar leadership development training gave me a deeper understanding of how I work, learn, and react to pressure and change. This, alongside an appreciation of team roles and the working style of others, gave me the ability to better communicate the aims of my projects, advocate for my colleagues, and drive meaningful change. The quality improvement training was invaluable and provided the tools I needed to enter discussions with management teams with an understanding of systems, data and next steps.

**Project achievements**  
My projects have a wide scope as my organisation provided the opportunity to spend time learning about the problems and putting my energy into change I felt passionate about. I was drawn to understanding more about the ongoing pressures on the junior doctor workforce in an unprecedented time and with this in mind, I chose multiple small projects focused on support for patient-facing staff.

We implemented a weekly rota meeting with clinical and operational involvement, looking proactively at gaps on the medical on call rota and ensuring safe staffing levels.

I worked with the foundation doctors to identify areas where increased communication and senior in-reach was required during on-call shifts, and implemented a new evening handover, which feedback showed improved junior doctors’ feeling of support during busy shifts. I also built on the work of the previous chief registrar as part of the ‘Hospital at night’ team, highlighting barriers to inter-specialty communication out of hours and evaluating the effectiveness of previous interventions.

I created a ‘buddy system’ for incoming IMT3s who are new to being the medical registrar on call – pairing them with a more senior registrar for logistical troubleshooting and clinical debriefing. This will be launched in August 2022 and an IMT3 lead will recruit future senior registrars.

I am also leading an ongoing piece of work with ED to identify ways to streamline the referral system to the medical team while still prioritising patient safety, aiming to improve efficiency, flow and discharges.
Quratulain Yousuf

Organisation: University Hospitals of North Midlands NHS Trust (UHNM)
Grade: ST6
Specialty: Diabetes and endocrinology / general internal medicine
Mentor name: Dr Zia Din

Main project title:
1. Improving medical handovers in the acute medical unit (AMU)
2. Wellbeing project: implementation of WARD programme (well and resilient doctors) at UHNM in collaboration with Health Education England (West Midlands) (HEWM)

Main project aims:
1. To standardise and improve medical handover process in AMU
2. To provide peer support, signposting and education on wellbeing and support for junior doctors.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
My year in the RCP Chief Registrar Programme has been very exciting. It has given me a great insight into hospital management and leadership strategies. I have been fortunate to work with senior management and worked to bridge the gap between senior and junior medical management. The programme has equipped me with the knowledge required to execute quality improvement projects and improve services.

Project achievements
The RCP chief registrar leadership and management programme gave me hands-on experience before taking up the consultant role. It had a very positive impact on me and my organisation as it involved quality improvement projects that improved services and gave me valuable leadership and management experience.

My first project was to improve medical handovers in AMU, the RCP toolkit recommends improved, standardised handover protocols tailored to the needs of an acute unit. I performed an initial baseline survey, devised a standardised handover flow sheet, took part in writing a standardised operating procedure and standard worksheet and presented these in an AMU meeting to raise awareness and improve compliance.

I also worked in collaboration with HEE and HEWM for implementation of the WARD project (Well and resilient doctors), for junior doctors’ wellbeing, providing support and educational sessions on wellbeing.

The regional WARD website (HEWM) linked to the main website and all the information, useful links and urgent support it provides (in progress, in collaboration with HEE).
I recruited WARD volunteers within the trust to represent different specialties.
IT generated a generic email for WARD (uhnms.ward@nhs.net) for all communications, to maintain confidentiality.
I raised funding for merchandise (posters, mugs and lanyards) to raise awareness.
I established training sessions for volunteers to do the wellbeing teaching sessions.
I also started a junior doctor forum in my specialty, along with taking part in trust-wide junior doctor forums. I was a regular part of trainee winter pandemic restoration meetings, which happened every Tuesday evening via Teams by GOSW, where trainees expressed any issues or concerns regarding their training, leave, rota or redeployment.
Rashpal Ghataoura

**Organisation:** Oxford University Hospitals NHS Foundation Trust  
**Grade:** ST5  
**Specialty:** Emergency medicine  
**Mentor name:** Dr Sudhir Singh

**Main project title:** Using quality improvement methods to improve and maintain the flow of ambulatory patients through the emergency department

**Main project aim:** To build upon and maintain the timely care, patient management and departmental flow across the ambulatory cohort of emergency department patients.

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

I feel like I have started to develop my unique leadership style which I can now refine and adapt as I become more senior within the NHS. Each module of the training programme has provided a unique insight into management and quality improvement which has been hugely important while navigating through my project. In particular, the peer support integrated into each module allowed for excellent learning in responding to local challenges which I faced while working on my quality improvement project.

**Project achievements**

The achievements of my project have included:

- Greater cohesion across the department and multidisciplinary team.
- A permanent culture shift to distinguish between ambulatory and trolleys in the ED.
- A significantly reduced time to assessment.
- A priority towards timely decision making and care.
- A greater understanding of staff and departmental pressures by senior management within the organisation.

Showcasing this last point to the senior tiers of the organisation has been of great benefit to enable an ongoing improvement to the work and flow in the ambulatory emergency department.

It has been difficult to continue the momentum of quality improvement throughout the year as there have been many external pressures which have led to poor staff morale and departmental fatigue. I’d reflect that this has been a huge challenge to overcome – but it has allowed for my own personal growth and leadership attributes to flourish as I have tried to navigate through the challenges this year.
Richard Kirkdale

Organisation: Nottingham University Hospitals NHS Trust (NUH)
Grade: ST5
Specialty: Anaesthetics and intensive care medicine
Mentor name: Thea DeBeer

Main project title:
Creating ‘The critical times’ and redesign of NUH critical care quality improvement (QI)

Main project aim:
Improving how we communicate governance and other messages on critical care and bringing governance and QI closer together.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The RCP Chief Registrar Programme has given me the skills required to understand myself better and has given me a huge step-up in my leadership and management journey. It has given me the confidence to represent and provide a needed voice for doctors in training at the leadership level of my trust. Working with other chief registrars has broadened my understanding of the varied problems affecting all of us and given me confidence that there is a group of dedicated people trying to make things better. I am confident I will rely on the network of contacts I have made through the programme for help and support as I make my way onward and upward in my NHS career.

Project achievements
COVID-19 has struck everybody hard. Intensive care units have swelled in scale, our unit went past double its normal capacity during the peak. Doing so left many things by the wayside, such as governance, education, training and quality improvement. Doctors in training and bedside nurses were left disconnected from the important bigger issues affecting our daily work.

I have created a monthly single-page newsletter ‘The critical times’ with short, easy-to-read information. This helps doctors and nurses stay in touch with important learning and changes in the way we work, to try and avoid our problems recurring or worsening. This has expanded from governance with the addition of sections covering education, quality improvement, rehabilitation and health and safety.

I have also been involved in redesigning how QI on critical care functions. We are now aligned with the department’s needs and future vision, running big thematic projects based on our main governance issues which doctors in training and nurses can drop in and out of as they rotate or have the time to commit to great QI.

Both of these projects have really boosted the interaction between doctors and nurses, especially by working together to improve the quality of care we deliver to our patients.
Robert Lewis

**Organisation:** Chesterfield Royal Hospital Foundation Trust  
**Grade:** ST7  
**Specialty:** Respiratory medicine and general internal medicine  
**Mentor names:** Dr Richard Genever and Dr Justin Cooke

**Main project title:**  
Developing a diagnostic virtual ward

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The RCP Chief Registrar Programme has equipped me with the skills and knowledge to implement high-quality service improvement and development within healthcare settings using a structured approach. I am now more confident about my own style of leadership and understand more about organisational structure and how healthcare trusts are run. The programme is invaluable for those considering future leadership positions within the NHS.

**Project achievements**

During my time as chief registrar, I designed, developed and led on a project to deliver a diagnostic virtual ward. The focus of this was to ensure that patients who were awaiting investigations as an inpatient, but who were well enough to be at home, could be discharged and have their investigation undertaken in a similar timeframe to that of an inpatient.

By appointing a coordinator, and by involving relevant stakeholders, we were able to develop a high-confidence and low-risk system where investigations would be performed within a few days of discharge. The coordinator would act as a point of contact for both patients and clinicians, and would ensure that results were followed up promptly, as well as arrange any further follow-up investigations that were required.

Initially we restricted investigations to CT imaging, but have now incorporated MRI, ultrasound and echocardiography. Going forwards we plan to include further investigations including holter monitors and endoscopic tests.

The project has been well-received by patients, who are now able to wait at home for investigations, which may reduce the risk of deconditioning from prolonged hospital stays. Clinicians feel confident discharging patients knowing that investigations will happen promptly and are reassured that results will not be missed.
Sarah Christine Quinn

**Organisation:** Harrogate and District NHS Foundation Trust  
**Grade:** ST5/6  
**Specialty:** Obstetrics and gynaecology  
**Mentor name:** Dr Jacqueline Andrews

**Main project title:**  
Why so many rota gaps and what can we do about it?

**Main project aim:**  
To improve safe staffing levels on medical wards and reduce the use of locum/agency staff within the junior medical rota.

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

The below factors were key in being able to identify areas of challenge or concern, and then putting that knowledge to good use:

1. Recognition and respect for the chief registrar role across the trust, which opened many doors.

2. Ability to network and embed into both the junior doctor body and the trust’s senior leadership and education teams. Who you know really does matter and it is key to collaboration.

3. New knowledge in leadership and change theory, and new tools to use alongside RCP development programme.

4. Opportunity to learn through doing, succeeding/failing, reflecting – and trying not to give up!

**Project achievements**

**Junior medical workforce:**  
Two main issues existed in our junior medical workforce: firstly, a reportedly high workload and secondly, a dependency on locum and agency staff.

We started by forming a steering group, with executive support, to assess the extent of the problem and its impact. This progressed to hosting an improvement workshop which was sponsored by our chief executive and facilitated by the trust’s improvement and transformation team. A demand/capacity assessment demonstrated a systematic shortfall in the workforce needed to provide the agreed safe staffing levels.

The key outputs of this work included the introduction of seven new posts, team-based rostering run by clinicians, funded time for a junior doctor and consultant to support rostering and recruitment, the creation of a staffing dashboard, and a quarterly review of the staffing position which is attended by clinicians, finance, managerial and operational staff in the directorate.

**What’s next?**  
We are about to proactively advertise for two staff members to cover the anticipated winter pressures. There is ongoing work to tidy up rostering and finance data to enable the impacts of change to be measured and monitored accurately.

**Communication:**

It seems as if it should be too obvious to mention but it turned out to be quite difficult! The role became the go-to for communicating between junior doctors and seniors, and a portal for both to gain insights about ‘the other side’.

**Implementation of the Faculty of Medical Leadership and Management’s leadership commitment for junior doctors:** used senior network to develop a portfolio of leadership activities for junior doctors.

**Medical directorate celebration event:** hosted our first ‘Showcase’ event for junior doctors to share their achievements during the year and decompress over lunch. We introduced new awards to celebrate junior doctors and our trainers.
Sarah Dawes

Organisation: Liverpool University Hospitals NHS Foundation Trust
Grade: ST7
Specialty: ENT
Mentor names: Mr Harry Rourke, Dr Dan Komrower and Dr Rachael Ellks

Main project title:
Creation of an electronic waiting list form

Main project aim:
To replace the pre-existing paper format with an electronic surgical waiting list form that fed automatically into the administrative process.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The RCP Chief Registrar Programme has allowed me to explore my character traits and how these influence me as a leader, both in terms of how I present myself and how I interact with others in a leadership setting. Furthermore, the programme has given me an insight into the complexities of implementing and sustaining change in a large organisation.

Project achievements
The main project that I led on during my tenure as chief registrar was the creation of an electronic surgical listing form. Despite being a trust with electronic notes, our surgical waiting lists were still compiled from paper forms completed by the clinicians in clinic. This led to many possible points for error, causing disruption to both staff and patients. The aim, therefore, was to abolish the paper form and create an integrated electronic form. It involved engaging with different stakeholders and getting buy-in from both clinicians and administrative teams, allowing me to put into practice theory that I learnt as part of the chief registrar programme. This has been rolled out as a pilot to the orthopaedic team, with the hope of expanding to all surgical specialties.

As well as working on this project, I was involved in a trust-wide collaborative project around deteriorating patients. This was led by the hospital quality improvement (QI) team and so was an excellent opportunity to see how to deliver improvement on such a large scale.

Alongside my fellow chief registrar, Laura Chadwick, I have run QI teaching for the medical trainees and a successful junior doctor QI and audit presentation evening.

I have also been given the opportunity to partake in a range of regular meetings at trust and divisional level, which has offered a useful insight into the workings of the organisation. The trust went through a full leadership change and restructure during my time as chief registrar, which was fascinating to observe.
Shan Shan Kate Shu

Organisation: Nottingham University Hospitals NHS Trust
Grade: ST6
Specialty: Endocrinology and diabetes / general internal medicine
Mentor name: Dr Mark Simmonds

Main project title:
Improving medical registrar staffing and work environment

Main project aims:
1. To develop and facilitate a platform for communication between the medical registrar representatives, trust senior management team and medical workforce.
2. To lead and engage in discussions highlighting the challenges faced by the medical registrar workforce in our trust both in the short term and long term.
3. To work together with the senior management team and medical workforce to find solutions to improve medical registrar staffing and work environment.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The chief registrar leadership development training has helped me understand my own leadership style and how this may affect my working relationships with colleagues. The group training sessions have provided a supported platform for ideas and projects to be discussed and constructively challenged by peer chief registrars. The opportunity I have had this year, as a trainee, to gain insight and participate in the operational aspects of working and service changes in my organisation, in a supported and mentored way, has been invaluable.

Project achievements
The COVID-19 pandemic has not only caused significant disruptions to training and clinical work, but also highlighted the existing deficiencies in staffing and the lack of resilience to the medical registrar workforce.

This year, I have set up and chair a Registrar Medicine Operational Group, as a platform for registrar representatives to raise problems, share experience and to facilitate conversations between the registrars and senior management teams / medical workforce, for specific problem solving and communication.

We were able to engage senior management teams / medical workforce in discussions around the challenges faced by the medical registrar workforce. We focused on finding solutions to work more efficiently and safely with significant rota vacancies and escalating workload, and ways to improve staffing through recruitment.

We have:
1. categorised the competing roles cross campus, and specialties the on-call medical registrars are expected to undertake, to safely prioritise/ de-escalate tasks
2. developed a standard operating procedure (SOP) to manage medical registrar rota vacancies, outlining the principles of how to redeploy workforce safely and communicating vacancies to the workforce, senior consultants and management teams
3. integrated CPD days to the medical registrar rota with the ability to convert to on-call roles and responsibilities for short notice vacancies, improving training opportunity and service provision.
4. contributed operationally in developing medical registrar roles and responsibilities and SOP, in response to trust service change.

Through the support and commitment of our senior management teams and medical workforce in growing the medical registrar workforce, different planned and proposed recruitment streams are now in place.
Sook Yan Lee

Organisation: Maidstone and Tunbridge Wells NHS Trust
Grade: ST6
Specialty: Rheumatology and general internal medicine
Mentor name: Dr Peter Maskell

Main project title:
Supporting junior doctors and improving primary headache referrals

Main project aims:
1. Two of the most challenging transition periods for junior doctors are when they graduate from being medical students to foundation year 1s (FY1s), and when they transition from being senior house officers to registrars. My aim was to help improve the support provided for these groups of junior trainees and increase their confidence as they enter their new roles.

2. My second goal was to tackle a project which will help streamline the management of a chronic condition via an integrated approach. The aim of this project was to raise awareness of the current recommendations regarding the management of headache among our primary care colleagues and encourage more extensive management in the community prior to specialist referral.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The RCP Chief Registrar Programme has provided me with a fantastic opportunity to learn about the structure and day-to-day running of an NHS organisation. The training modules were key in equipping me with the skills needed to create robust quality improvement plans and offered an excellent opportunity to reflect on my leadership and management ability. The sessions were invaluable in offering a safe platform where I could discuss ideas and troubleshoot challenges with an exceptional group of trainees. This has been a very rewarding year and I feel privileged to have been part of the chief registrar network.

Project achievements

1. Supporting junior doctors

   Junior doctor buddy programme – to support our new FY1s with career development planning, I collaborated with the medical education department to design and pilot a buddy programme, pairing FY1s with registrars in their specialty of choice. This project was very well received and will now be expanded and rolled forward under the helm of the medical education department to guide future trainees rotating through the trust.

   Medical registrar ready programme – I have built upon the programme initiated by my predecessor for our IMT trainees. The course focuses on the non-clinical skills required to run a medical take successfully and includes a simulated session on difficult scenarios. Pre- and post-course surveys showed improvement in all areas and this course has now been embedded into the teaching curriculum for IMT trainees.

2. Primary headache referrals

   I undertook this project jointly with my fellow trust chief registrar, looking at headache referrals to the trust from primary care. Our audit showed that only a quarter of referrals had received an adequate trial of preventatives. We collaborated with our neurologists, local clinical commissioning group and local GPs to develop a headache referrals and guidance form and liaised with our IT services to ensure the document was appropriately uploaded onto the relevant trust and GP platforms. Education sessions run by the neurologists for our primary care colleagues are planned, and we are looking to incorporate headache training onto the agenda for the Kent and Medway Integrated Care Board.
Susan McAnallen

Organisation: Altnagelvin Hospital, Derry, Western Health and Social Care Trust, Northern Ireland
Grade: ST7
Specialty: Nephrology and general internal medicine
Mentor names: Dr Girish Shivashankar and Dr Tim Martin

Main project title:
Changing to an electronic take and handover system

Main project aims:
1. Increase the percentage of acute medical admissions effectively handed over between shift changes to 100% by the end of this academic year.
2. To make life easier for the busy out-of-hours teams.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The personal development the chief registrar programme has offered me has been invaluable. Having been used to 100% clinical jobs, I initially found the role an adjustment (particularly during a pandemic). I now recognise how precious protected time can be in instigating sustainable change.

I particularly enjoyed and benefited from the sessions in RCP London. Through psychometric tests, and sessions on emotional intelligence and resilience, the programme has given me greater insight into not only my own management and leadership styles and developing those, but those of others with sometimes contrasting styles. It has helped provide solutions for working collaboratively for the benefit of patient care and colleague wellbeing. Moving forwards, I know the programme will help me transition into consultant roles.

Project achievements
My project focused on improving the medical handover for non-consultant hospital doctors. Working in a hospital with a busy out-of-hours workload I hoped this would make their job easier and more efficient. It involved changing to an electronic take system.

I realised throughout the year the patience needed for big changes to happen within a hospital setting and after various pilots, the new system is now established. The project received two awards at the trust’s StepWest Initiative.

I am grateful for the support of Dr Tim Martin and Dr Girish Shivashankar throughout the year.
Temitope
Oluwafunmilayo Ayeni

**Organisation:** Newham University Hospital  
**Grade:** ST4  
**Specialty:** Emergency Medicine  
**Mentor names:** Dr Andrew Kelso and Dr Liat Sarner

**Main project title:**  
Improving quality improvement (QI) engagement among junior doctors

**Main project aim:**  
To have 30 junior doctors registered as part of a QI project team on the trust QI online database.

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

The programme gifted me the time and space to develop a greater awareness of my personal style and natural tendencies as a leader alongside tools of how to harness and improve these skills. I also learned to view problems from the perspective of different stakeholders, which in turn has enabled me to better engage others in any given task. The action learning sets is a tool I will take away to be used in helping to understand, define and critique a problem or a proposed idea.

**Project achievements**

My project was successful in addressing some of the most common obstacles preventing meaningful junior doctor engagement in QI, beyond a simple tick box exercise. These included difficulty in knowing what the challenges were within a department in order to find a suitable subject, and limited time alongside clinical duties to start and complete a project that will have a lasting impact. It was also noted that QI projects (QIPs) were happening across the hospital site but were lacking involvement from junior doctors.

In response to these challenges my team and I developed QI connect, which functioned as a matchmaking service between doctors looking for projects and ongoing QIPs across various specialties. This allowed doctors who were often not very confident in QI methodology to be part of a wider team and be responsible for a single PDSA cycle for example, with support, and gave them the opportunity to see their efforts contributing to a bigger project. It also increased access among juniors to a wider range of projects, which was of particular benefit to those with a specialist interest.

Additionally, we developed a standardised way of recognising involvement in QIPs which was a requirement for training doctors for their annual review.

In relation to my outcome measure, 18 junior doctors registered their projects on the trust’s online QI platform.

The next phase of the project is to continue to raise the profile of the online platform and to start early on the matchmaking efforts for the new intake of junior doctors.
**Therese Scullion**

**Organisation:** Antrim Area Hospital, Northern Ireland  
**Grade:** ST7  
**Specialty:** Respiratory and general internal medicine  
**Mentor names:** Dr Gareth Lewis and Dr Shea McNeill

**Main project title:**  
1. Weekend working and introduction of weekend afternoon handover  
2. Chest drain safety

**Main project aims:**  
1. To ensure safe, effective and supportive weekend processes are in place in Antrim Area Hospital.  
2. Improving staff training and patient safety regarding the management of chest drains.

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

The RCP Chief Registrar Programme has enabled me to gain a greater understanding of the challenges facing hospital trusts and the wider NHS, and to progress my own role as a leader within service development and improvement. I have had the opportunity to work in an environment where a multidisciplinary approach is taken towards quality improvement with inspiring NHS leaders; I have benefited massively from the guidance of local mentors. I have enjoyed providing a voice for motivated and enthusiastic doctors in training, and look forward to taking the leadership skills I have developed into a consultant career in the future.

**Project achievements**

1. A feedback survey from junior doctors regarding weekend working revealed that doctors found it difficult to hand over tasks and leave work on time for shifts ending at 5pm on Saturdays and Sundays. We introduced a medical handover meeting at 4.45pm at weekends, with the aim of enabling safe handover of sick patients, ensuring a more even and fair distribution of work (including utilising advanced nurse practitioners), and enabling staff to leave work on time. This has been implemented successfully and has become part of standard practice. Initial feedback has been positive with improvement in Likert scores regarding weekend working.

2. We wrote and implemented a new trust policy for the insertion and management of non-traumatic chest drains. This included the development and roll out of a chest drain care bundle, new observation chart and troubleshooting guide. Training was provided to nursing and medical staff. This has provided easily accessible information for staff to deal with common problems that can occur with out-of-hours chest drains, when a respiratory specialist may not be available, thus improving staff confidence in dealing with these issues, as well as patient safety.
Thomas Moore

**Organisation:** Nottingham University Hospitals NHS Trust (NUH)
**Grade:** ST6
**Specialty:** Clinical oncology
**Mentor name:** Simon Roe

**Main project title:**
Standardising board round in NUH

**Main project aim:**
Improve ward organisation and patient flow throughout medical and CAS wards in NUH.

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**
The growth and development of my own leadership style and organisation of work through the year has been immeasurable. Building enthusiasm for the project, selling its value and engaging with the right teams to carry it forward has been a satisfying journey. The value of work outside of meetings and live data capture through technology has driven this improvement project. While my year involved many different facets of development and no one single project, the skills I have developed continue to prove helpful.

**Project achievements**
Overall, we were able to demonstrate a reduction in the time until patients were medically safe for discharge by 1 day. We utilised all existing hospital flow processes and asked clinical teams to engage in them through board rounds and by having a standardised board round template for the hospital. Using our hospital software we could highlight that those patients who were medically safe, those waiting for tests and specialist input, and those requiring additional community support were reviewed earlier as a result of early flagging.

As the measurements were undertaken during a COVID-19 wave, patients did not go home sooner due to social care pressures. The sustainability of the project, and its embedding into regular practice, was measured using our live flow systems and different clinical areas were targeted for additional support.

The exercise allowed interactions with lots of different clinical teams and junior doctors throughout the year, allowing my pastoral role and communication with junior doctors to be much easier.

I hope that the data produced from this exercise can go on to be the foundation for further quality improvement work to improve patient flow in a challenging hospital environment.
**Uchechukwu Arum**

**Organisation:** Dudley Group NHS Foundation Trust  
**Grade:** ST4  
**Specialty:** Obstetrics and gynaecology  
**Mentor name:** Mr Atiq Rehman

**Main project title:** Improving acute gynaecology care in Russells Hall Hospital

**Main project aim:** Reducing patient waiting times in acute gynaecology

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

The chief registrar’s leadership development training widened my horizons regarding quality improvement projects. It has developed my thinking about improving service delivery and has improved my understanding of measures for quality improvement. It has trained my mind to always think about this in my day-to-day practice.

**Project achievements**

I introduced the hyperemesis order set. With my pharmacy and nursing colleague, I created the order set, and it was successfully added by IT. With the order set, it makes the prescription of hyperemesis management easy with one click, hence when clinicians are busy, the prescription can easily be done.

Furthermore, I have done all the paperwork so that senior nurses in acute gynaecology can administer normal saline and cyclizine for hyperemesis patients as a patient group direction (PGD).

This will ultimately help reduce patient waiting times and prevent unwanted admission due to delayed treatment.

The last project still in progress was the introduction of the gynaecology hot clinic in Russells Hall Hospital. I have written the hot clinic guideline. I have discussed with the lead for sonographers the possibility of having a trans-vaginal scan during the hot clinic. A business case will be completed as a new gynaecology scanning machine is needed. This is still ongoing and will be handed over to another colleague as I will be leaving the trust in August 2023.

I sent out emails to all junior doctors in the trust to get a grip of the wider concerns that junior doctors have for optimal service delivery.

However, in the obstetrics and gynaecology department, surveys were sent out to the junior and staff, associate specialist and specialty (SAS) doctors. The survey highlighted the problems in delivering optimal care in acute gynaecology. This encouraged increased conversation on how to improve the care.
Usman Adam

**Organisation:** Royal Blackburn Hospital  
**Grade:** ST7  
**Specialty:** Acute internal medicine  
**Mentor name:** Dr Stephen Wilson  

**Main project title:**  
Introducing the acute medicine outreach service  

**Main project aim:**  
Introducing regular acute medicine consultant and junior cover to the emergency department, improving the times patients are waiting to see a physician.  

**How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

The chief registrar post has helped me better understand myself and those around me.  

The stepwise framework provided by the chief registrar programme for completing quality improvement (QI) projects has allowed my plans to be refined through reflection, and consequently projects have been sustained.  

The leadership training has helped me to garner support for projects among both senior and junior colleagues alike and given me the opportunity to network and develop my understanding of the ‘behind the scenes’ workings of a hospital.  

**Project achievements**

Over the course of the year, I have been fortunate enough to be involved in several projects:  

1. Acute medicine outreach service into the ED. This project significantly reduced the time patients were waiting to see a physician once referred by the ED, bringing many of these times in line with the RCP recommendations. ED colleagues, the on-call team and junior doctors complemented the service.  
2. Introducing a clinic list for trainees and medical students. Rather than having scattered attendance at outpatient clinics that were often over attended, a sign-up system was used to allow fair allocation and ensure that consultants knew who would be attending.  
3. Introducing the ‘SNAP pathway’ to patients who have taken paracetamol overdoses, thereby reducing the duration of inpatient stay and the risk of side effects from treatment.  
4. Introducing a self-discharge form – using QI processes, I created a form that was useful both for practical use and improving governance.  
5. AMU outreach service onto the surgical wards. Regular senior medical input onto the surgical wards was complemented by the surgical teams as well as the medical registrars, who would have been traditionally contacted. Data are still being collected to demonstrate the value of this intervention.  
6. Ongoing work on the current AF pathway and coronary care critical medication list.  

Alongside the aforementioned, I have had key involvement in rota development, introduction of the electronic prescribing record and supporting trainees with their wellbeing.
Vincent McCaughan

Organisation: St Bartholomew’s Hospital, Barts Health NHS Trust
Grade: ST6
Specialty: Cardiology
Mentor names: Mark Westwood and Edward Rowland

Main project title:
Improving access to interpreting services

Main project aim:
To improve the effectiveness and the frequency of use of interpreting services in St Bart’s cardiology department.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The leadership development training has demonstrated a clear pathway to designing, implementing and sustaining an improvement project. It has also explored resistance to change and how we can utilise our personality and leadership qualities to overcome obstacles to sustainable change.

Project achievements
The improving access to interpreting services quality improvement (QI) project proved that with improved service there was less distress for patients. There was a 38% reduction in patients reporting distress and improved access to professional interpreters rose from 12% to 80%. Funding approval was secured to roll out this technology across the hospital.

I have been very fortunate this year with the appointment of two chief registrars at St Bart’s, myself, a cardiology trainee, and Lucy, an oncology trainee.

The appointment of two trainees has meant that there have been closer links between the departments and easier support for hospital-wide projects such as the new hospital at night team or the introduction of new translation devices. It has also meant that there has been greater visibility of the chief registrars and a better understanding of the role.

The hospital at night project allowed greater collaboration between departments, giving a mechanism to deal with COVID-19 related staffing crisis, monitor the sickest patients in the hospital and improve communication between teams working in the hospital at night.

Aside from the main projects, I have been involved in various smaller projects including teaching on a local (grand round), trust-wide (IM simulation training) and national level (institutional planning for expected workforce challenges). Training included writing and starring in a cardiac catheter lab induction video and implementation of larger trust-wide improvement projects, particularly the roll out of electronic prescription and medicine administration (EPMA).
Vinit Shah

Organisation: Wexham Park Hospital, Frimley Health NHS Foundation Trust
Grade: ST6
Specialty: General internal medicine / endocrinology and diabetes
Mentor names: Dr S Power, Dr H Patel and Dr A Mohammadi

Main project title:
1. New electronic patient record (EPR) launch and customisation for acute medicine
2. Improve upon the medical weekend handover and the hospital at night handover
3. Junior doctor wellbeing

Main project aims:
1. Support the junior doctor workforce during the trust transition from paper-based records to electronic record.
2. Streamline handover and use best practice initiatives for safe and efficient handover.
3. Establish junior doctor support initiatives to improve wellbeing and training experience, including mentoring and an on-call preparedness course.

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The chief registrar year has allowed me to explore the qualities of a good leader, and understand the importance of networking and working closely with non-clinical members of the hospital. The role has allowed me to understand the crucial parts played by various team members for the successful running of a secondary care service.

The bespoke training has also equipped me with a better understanding of quality improvement projects and making changes more impactful. The experience has allowed me to develop as a clinical leader and given me the confidence and passion to take on bigger roles in the future.

A great part of this year has been networking with other chief registrars from multiple backgrounds, sharing experiences and collaborating across the traditional hospital boundaries.

Project achievements

1. Electronic patient record
   With the planned launch and transition to an EPR system, I worked with the trust teams to coordinate junior doctor training and preparedness for the transition, bespoke training and customising the EPR workflows in collaboration with department leads and IT services to meet the needs of acute inpatient medical services. The training and upskilling was organised to minimise disruption to acute services and maintain safety in the transition period.

2. Medical handover
   This involved streamlining handover format for weekends and hospital at night and adapting best practice measures to make handovers impactful, efficient and allow collaborative working out of hours. Following serious incidents at the hospital, a renewed format of handover was adopted to ensure quality. It involved the weekend team adopting “alerts” of complex cases to highlight to doctors working out of hours. We also adopted best practice guidance briefs to encourage standardised and good quality practice at the multidisciplinary handover, which junior doctors have found helpful in their development.

3. To improve junior doctor wellbeing and training experience we adopted a pilot project to establish a mentorship programme that would create an informal peer support network.
   The mentorship project was started for trainees in the medical department with the aim of expanding the scope to other departments.

Teaching and training

As part of my role, I worked closely with the RCP college tutor and supported in delivering training and simulation to IMT and medical trainees. I also worked with the postgraduate department to deliver teaching and support trainees in preparing for PACES examination.
Waqas Akhtar

Organisation: Royal Brompton and Harefield Hospitals
Grade: ST10
Specialty: Cardiology and intensive care
Mentor name: Alex Rosenberg

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

As the first chief registrar at my hospitals, I have been afforded many opportunities to lead projects with the great teams that work here. Our achievements have ranged from small things to improve the daily lives of patients to designing and implementing new resuscitation practices that could have national and international application.

Project achievements

- **MLS:** we have set up a mechanical life support course, receiving over £200,000 in funding and showing statistically significant improvements in emergency resuscitation of patients with mechanical circulatory support.
- **Emergency algorithms:** three new standard operating procedures (SOPs) have been approved after several months of multidisciplinary team (MDT) work on resus algorithms for patients with LVAD, Impella and ECMO.
- **eCPR service:** we have created a new inpatient eCPR service through collaboration between over 50 staff, extensive training, SOP development and financial cases to purchase new ultrasound equipment and a bespoke resuscitation trolley.
- **Heart transplant champions:** we have created a network with our donor hospitals to facilitate donor echo acquisition and review to improve the numbers of heart donations.
- **Night safety huddle:** we established a nightly safety huddle between all on-call teams at Harefield. A business case for overnight snack provision for this handover has also been approved.
- **QIP portal:** we created an MS Teams portal for junior doctors to access a list of up-to-date quality improvement projects (QIPs) for which they can sign up.
- **Teaching calendar:** an online teaching calendar (automatically updated) gives access to teaching across all specialties.
- **Trainee safety leads:** with the quality and safety team, we trained junior doctors in datix and created dashboards for clinical areas to help in dissemination of incident learning.
- **International medical graduates (IMGs):** we surveyed and created a proposal for improving the experience of IMGs and set up a regular teaching programme around working in the UK, Portfolio and CESR.
- **Transplant care trolley:** we set up a charity-funded care trolley for transplant patients that contains everyday essentials to make a patient’s stay a bit more comfortable.
- **Bleep replacement:** we are currently trialling a replacement for bleeps utilising MS Teams and on-call phones to aid nurse–doctor communication on ICU.
- **Junior doctor wellbeing:** we have run through a number of campaigns including access to M&M, shadow rota pay during pandemic, out-of-hours hot food provision with vending machines and a monthly junior doctor clinic with HR and medical education. I also covered the junior doctor forum chair position when vacant and chaired the monthly forum.
- **Induction videos:** we created a local induction video for lung transplantation as a trial to improve the induction process for new doctors.
- **PPE posters:** we designed and trialled a new style of PPE posters to make it easier to understand what to wear, significantly improving PPE choice and compliance among staff.
- **BLEEP:** we created a new leadership programme for junior doctors involving completing the BLEEP course, management shadowing, participating in talks with senior managers and completing a QIP.
- **Leadership lecture series:** in collaboration with chief registrars at Guy’s and St Thomas’ NHS Foundation Trust, we established a series of talks and opportunities for discussion between junior doctors and the executive and senior leaders.
- **Ukrainian medical aid:** over 150 pallets of medical aid packages donated through the hospital.
Wei Fong Lim

Organisation: University Hospitals Plymouth NHS Trust
Grade: ST7
Specialty: Geriatric medicine, general internal medicine
Mentor name: Dr David Adams

Main project title:
Using simulation to improve confidence in stroke thrombolysis in general internal medicine registrars

How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?
The programme allowed me to test my ideas with the network of other chief registrars. It allowed me to fine tune the simulation work, suggested who else to involve and help make the simulation work better.

Project achievements
In the south west, the majority of out-of-hours stroke thrombolysis calls are led by the general internal medical registrars who are not neurology/stroke specialists. There are local variations in the availability of senior and nursing stroke staff to support these decisions. There remains significant fear of carrying out stroke thrombolysis, which may affect the medical registrar’s confidence and willingness to thrombolysate. This in turn may affect the door to needle time and patient outcomes.

Following positive feedback from a successful IMT3 stroke simulation scenario, a three-scenario course was devised and led by the neurology team at Derriford and, supported by deanery funding, was rolled out to include the entire deanery. Scenarios included thrombolysis, thrombectomy and cofounders such as hypertensive control.

Feedback from participants identified key pre-course questions and level of confidence, and usefulness of each scenario and overall confidence post-course. Feedback showed a progressive improvement in each participant’s confidence in carrying out stroke thrombolysis and there were positive written comments. 100% of participants would recommend this training to a friend.

Feedback confirms that the stroke simulation has improved participants’ confidence in carrying out stroke thrombolysis out of hours for the general internal medical registrar. The authors feel that it should be included routinely in the induction and continued education of the general internal medical registrar and there is much potential to spread out to the multidisciplinary team assessing stroke thrombolysis.

Posters of the project were presented at the RCP Medicine 2022 conference in London, and the European stroke conference in Lyon, France.
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