The Future Hospital chief registrar scheme
2016/17 yearbook
Introduction

In 2016, the Royal College of Physicians (RCP) launched the pilot of an exciting new project supporting aspiring junior doctors to become the clinical leaders of the future. The chief registrar scheme is a flagship of the RCP’s Future Hospital Programme (FHP), which, over the past 3 years, has driven forward work to embed the recommendations of the seminal 2013 report of the Future Hospital Commission.¹

Over the past year, 19 chief registrars from 16 trusts and health boards have undertaken a dedicated leadership development programme, developed and delivered in collaboration by the RCP Education Department and the Faculty of Medical Leadership and Management (FMLM). The programme has given the first cohort of chief registrars the skills to negotiate leadership challenges within complex NHS systems, the confidence to engage with and contribute to management decisions on behalf of the junior doctor workforce, and the profile on which to build their reputations as future NHS leaders.

The chief registrars have done incredibly well to improve quality, safety and performance in their trusts and health boards by implementing a wide range of improvement projects. These include some ‘big-ticket’ projects delivering large cost savings and efficiencies, alongside smaller-scale projects focused on less headline-grabbing – but equally important – outcomes, such as patient satisfaction and staff morale. These projects have made a big difference to the trusts and health boards involved, and have demonstrated the chief registrars’ ability to develop innovative and tailored solutions to local issues.

On behalf of the RCP, I’d like to thank the chief registrars for their commitment to the role and their dedication to changing the NHS for the better. The RCP is proud to have been able to support them as they start their leadership journey, and looks forward to the successes that will no doubt follow in future years.

Dr Gerrard Phillips
RCP senior censor / education and training vice president

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Dr Gerrard Phillips, RCP senior censor / education and training vice president
Developing and supporting the trainee workforce: now and for the future

The aim of the chief registrar scheme is to develop senior leadership skills in our physicians in training, with a focus on delivering high-quality, safe care.

This yearbook showcases the fantastic improvement projects led by the first cohort of chief registrars, through which they have achieved great successes. The RCP is committed to developing, motivating and supporting the trainee workforce, now and for the future.

The chief registrar training scheme is specifically designed to nurture the next generation of clinical leaders, with a tripartite focus on the development of:

> personal and leadership skills
> professional relationships
> systems improvement.

We believe that, through the chief registrar scheme, we are transforming the trainee experience by boosting workplace morale, enhancing the patient experience, and ultimately improving the NHS for all.

It has been a joy to work with this year’s chief registrars and we are excited to see them reach their potential as they take the next steps in their careers.

Dr Jude Tweedie
Clinical adviser, RCP chief registrar scheme
RCP professionalism research fellow
National Medical Director’s clinical fellow

Dr Johnny Boylan
Clinical adviser, RCP chief registrar scheme
National Medical Director’s clinical fellow
Reflections from chief registrars: 2016/17

Tahir Akbar
Sabreen Akhtar
Halima Amer
Emily Bowen
Debashish Das
Alexandra Ewence
Leanne Griffin
Zoe Jones
Jamie Kitt
Gareth Lewis
Judy Martin
Shea McNeill
Marissa Minns
Orod Osanlou
Christopher Parokkaran
Amar Puttanna
Mridula Rajwani
Amy Webster
Deshan Weeraman
Tahir Akbar

Organisation: Hampshire Hospitals NHS Foundation Trust
Grade: ST6
Department/specialty: Gastroenterology
Supervisor/mentor: Dr Carl Brookes

Since I became a chief registrar, 94% of junior doctors would recommend their job to others, compared with 10% before I started. We have also seen an 80% reduction year-on-year in the junior doctor sickness rate.

Improving junior doctor morale
My mission as a chief registrar was to cheer junior doctors up, and I spent a lot of time trying to improve morale. When I started the role, I met everyone. I listened and listened and listened again.

I championed junior doctors at executive board level, and an early victory was having the doctors’ mess refurbished. This gave me credibility in my new role. I also listened to concerns of medical staffing over bank holidays. I changed the rota to have a doctor on each ward. Another concern was the long distances that some junior doctors drove after a night shift, and I successfully campaigned to get free accommodation. Medical handover has also been radically changed and we now have a medicine-wide morning handover and a formal ‘Hospital @ night’ handover.

Implementing ambulatory care
My main improvement project was to implement ambulatory care, working alongside the inspiring acute medical consultant. We have made great progress, with an increase from seeing 10 patients a month initially to 270 patients a month. No extra staff were used to achieve this improvement, but we changed the way in which junior doctors work. Medical trainees used this opportunity to gain clinic experience. I extended this work to implement specialty ambulatory care pathways for our medical teams.

Personal development
On a professional level, I have learnt many things: mostly that failure is normal, that integrity and honesty are vital skills as a leader, and the difficulties in rocking the boat while still in it. Personally, I’ve developed my confidence in speaking. I feel like I can hold my own at senior meetings as well as present at large conferences, both of which this scheme has given me opportunities to attend.

‘On a professional level, I have learnt many things: mostly that failure is normal and that integrity and honesty are vital skills as a leader.’
Sabreen Akhtar

Organisation: Aneurin Bevan University Health Board
Grade: ST6
Department/specialty: Respiratory medicine
Supervisor/mentor: Dr Deborah Wales

My greatest achievement as a chief registrar has been opening up communication channels between trainees and consultants/managers. I have engaged trainees in processes which empower them to discuss their concerns, and provided platforms to explore solutions to issues that matter to them.

Systems change

Before I became a chief registrar, quality improvement (QI) was just a ‘tick-box’ exercise to me. However, as a chief registrar I soon appreciated the need for systems change. Systems in the NHS are often obsolete and not fit for purpose, owing to slow processes and often sceptical resistance to change. Unlike accident and emergency (A&E), where the 4-hour waiting time target has highlighted and focused change, referred medical patients were waiting much longer.

I decorated, resourced and opened an ambulatory care unit at Aneurin Bevan, which is significantly reducing waiting times of ambulatory patients. Nevertheless, waiting times for non-ambulatory patients still remain a concern and I am embarking on phase 2 of the improvement project, examining and improving their waits.

Relationships with colleagues

As a chief registrar, I wanted not only to improve patient satisfaction, but also to improve the working lives of junior doctors by ensuring that their voices were heard and they felt valued. I started by refurbishing the doctors’ mess and setting up monthly lunchtime ‘mess meetings’. Issues and concerns were highlighted, and experiences and solutions were discussed. Simple issues were resolved quickly, while other, more complex problems were taken forward to directorate meetings / managers / medical director.

Some solutions were successful. Simulation-based training has been implemented, and also mapping the core medical training (CMT) curriculum. Others have not been so successful, for example when an earlier start of 8.30am was trialled, and disintegrated.

Yet throughout my wins and losses, my steep learning curve continues. As I develop, the role evolves, allowing me to collaborate with multidisciplinary professionals to achieve the same desired vision and goals of a modern, sustainable NHS.
Adapting to local challenges
My time as chief registrar in the emergency services division at University College London Hospitals (UCLH) has coincided with significant upheaval in both departmental structure and staffing. As a result, my role has adapted and expanded from an initial focus on junior doctor morale and engagement towards general troubleshooting, as increasing numbers of rota gaps have threatened even the basic function of the acute medical service.

At times, I have felt relatively powerless to help my peers and colleagues beyond the standard escalation of systemic problems to those in charge. I have also wished that I could have come up with more creative solutions. Sometimes it has felt that the best I can do is be supportive and maintain interest in and enthusiasm for medicine, while acknowledging the problems of the system that we work in, and trying to think about ways to make things better without being annoyingly ‘Pollyanna-ish’.

An educator and leader
On the whole, I have truly valued my experiences over the past year, even the difficult ones; I think they will make me a better (or at least more patient) educator, leader and clinician.

Junior doctor engagement
I have had some successes: there are some good junior-led QI projects that I have supported and/or initiated, and my idea for a UCLH crowdsourced junior doctors’ app is ongoing, with undimmed junior involvement and interest.
Emily Bowen

Organisation: Gloucestershire Hospitals NHS Foundation Trust
Grade: ST7
Department/specialty: Geriatric medicine
Supervisor/mentor: Dr Janet Ropner and Dr Katie Hellier

Over the past 12 months, I’ve gained a more in-depth understanding of how I work in teams, communicate with colleagues, balance competing interests, and respond to stress.

The power of small things
The chief registrar role has taught me a huge amount. I have developed personally, and gained a great understanding of the things that go on to keep a hospital running smoothly and enable us to deliver good patient care.

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Tangible improvements to patient care
One of the difficulties in such a vast and complicated system is how the day-to-day issues faced by staff on the ‘shop floor’ are relayed to senior figures in the organisation. By being a junior doctor but also having close contact with senior clinicians and hospital management, I hope that I have been able to highlight some of these issues more effectively.

Along with my co-chief registrar Zoe, I have also been working with our QI academy to translate ideas from staff about how things can be improved into tangible improvements in patient care.

Morale among junior doctors is a major issue across the country, and people often report feeling undervalued. We decided to make Christmas stockings for every junior doctor working in medicine on Christmas Day across our trust. It was a seemingly small gesture, but one that went a huge way to improving morale over a particularly challenging winter period. Given the association between staff engagement and better outcomes for patients, maybe it wasn’t such a small thing after all.
‘The chief registrar scheme transformed me from someone who had a bit of an interest in leadership and management to a senior leader with experience in leading teams and implementing QI projects.’

– Dr Orod Osanlou
Debashish Das

Organisation: Barts Health NHS Trust  
Grade: ST5  
Department/specialty: Cardiology  
Supervisor/mentor: Prof Charles Knight

During my time as chief registrar, I have successfully created a sustainable culture of junior doctor involvement in key decision making throughout the hospital.

Junior doctor engagement
Junior doctor engagement in the newly merged St Bartholomew’s Hospital (Barts) was not up to the level that the senior leadership wanted. The appointment of the chief registrar role at Barts was specifically made with that in mind. In my year as a chief registrar, I have played a key role as the interface between doctors and management.

A culture of improvement
I quickly realised that producing a sustainable cultural change required more than one junior doctor to be involved. I began by establishing the need for a junior doctor presence on each management board. Together with other registrars, I led a subcommittee to showcase QI. Junior doctors’ forums were also set up, and the group of registrars set upon the task of improving the training and working environment for all junior doctors.

In addition, through a number of QI ideas and projects, we have achieved success in a number of areas, where each marginal gain has led to a significant cultural change and improvement at the hospital. Examples include: helping to make the outpatients’ departments paperless; achieving statutory and mandatory training compliance above 90% throughout the hospital; improving venous thromboembolism and dementia screening to above 90%; and the launch of junior doctor training initiatives such as the ‘ideal ward week’. Subsequent surveys have shown demonstrable improvement in morale and perception of training quality.

‘We have achieved success in a number of areas, where each marginal gain has led to a significant cultural change and improvement at the hospital.’
Putting QI into practice
This year has been a fantastic opportunity to engage with QI within my hospital. Putting QI ideas into practice has proved challenging, but for me, reflecting on the difficulties has been just as valuable as reflecting on the successes. I explored projects looking at emergency department (ED) referrals, single clerking, patient flow and medical handover. This led to a greater understanding of hospital administration and closer working relationships with hospital management. I started a hospital at night meeting, bringing together all site and adult on-call teams at the start of their night shift. This has improved intercollegiate relationships and demonstrated improvements in patient safety.

Working with trainees
I wanted to work closely with junior doctors and help to make changes that were important to them. We worked on ideas to make it easier for junior doctors to lead their own QI projects and promoted junior doctor representatives on hospital committees. We restarted a CMT breakfast club on Friday mornings, and I am still working on a hospital-wide junior doctors’ web page to improve communication and promote educational opportunities within the trust.

Leadership training
The training programme led by the RCP and FMLM has been a hugely valuable part of my year. The teaching on team dynamics, leadership and NHS structure has provided insight into my own personal attributes and those of the people I work with. I feel more prepared to take on the role of a hospital consultant as a result.

‘I started a hospital at night meeting, bringing together all site and adult on-call teams at the start of their shift. This has improved intercollegiate relationships and patient safety.’
Leanne Griffin

Organisation: Hywel Dda University Health Board
Grade: ST5
Department/speciality: Respiratory medicine
Supervisor/mentor: Dr Robin Ghosal

During my time as a chief registrar, I have successfully implemented a nurse-led medical triage system into the acute medical admissions unit.

Ambitions
Despite working in the NHS for 7 years, I was well aware that I had very little knowledge of how the NHS was managed, and I had no idea of how to effect change. I wanted to be a chief registrar to have a platform on which to learn. My main role was within the new acute medical assessment unit (AMAU) and I aimed to improve communication and patient flow.

Achievements
One of the achievements I am most proud of is implementing a reliable nurse-led medical triage system into the AMAU. I worked closely with senior managers, nursing and medical teams within the hospital, and received support from the Bevan Commission (a group that works with the Welsh Government to promote health and prudent healthcare in Wales). I was fortunate enough to be accepted as a Bevan fellow, which is one of many opportunities that this year has provided.

In addition, I have further developed my interest in medical education by implementing a regional teaching programme for clinical skills, and working with the transformation team to start a QI forum for junior doctors.

Lessons learnt
My time as chief registrar has been challenging and rewarding. One of the biggest lessons has been that effecting change is not easy, but the scheme has equipped me with skills and techniques to make some change possible.

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My time as chief registrar has been challenging and rewarding. One of the biggest lessons has been that effecting change is not easy, but the scheme has equipped me with skills and techniques to make some change possible. It has been an invaluable experience in terms of my personal goals of not only developing practical skills that I would otherwise not have the opportunity to practise, such as how to chair meetings, but also to develop clinical leadership skills which, without doubt, will prepare me well for senior registrar and consultant years.
Zoe Jones

Organisation: Gloucestershire Hospitals NHS Foundation Trust
Grade: ST6
Department/specialty: Acute medicine
Supervisor/mentor: Dr Janet Ropner

The chief registrar role has enabled me to learn the ‘language’ of management and translate it into measures that can improve clinical safety in my trust.

Rota design and trainee training

One of the first things my co-chief registrar Emily and I did was to address the work and training imbalance among the medical registrars in our trust. We did this by redesigning the registrar rota so that it was cross-site. This minimised the risk of registrar burn-out and evened out training opportunities. We also started a weekly 1-hour training session in GIM for the medical registrars and redesigned the induction process for the medical juniors, including introducing simulated on-calls for the new FY1s.

One of our key QI projects was to look at the way in which acute medical patients were seen in the trust. I focused on patients with high National Early Warning Score (NEWS); as a result, we redesigned the NEWS policy for the trust to improve patient safety.

Professional development

This year has been one of the steepest learning curves for me professionally since I graduated from medical school and ventured onto the wards as a fresh-faced FY1. NHS trusts have a huge network of essential management staff who influence what happens to my patients, and I had never previously understood how important it was for me to interact with them.

I have had opportunities to reflect on how I work and how my personality fits into my work environment. For example, my co-chief registrar Emily and I are so different in personality, yet work so well together. This understanding of how I work and what motivates me has been hugely beneficial to my professional development.

‘This year has been one of the steepest learning curves for me professionally since I graduated from medical school and ventured onto the wards as a fresh-faced FY1.’
Jamie Kitt

Organisation: Frimley Health NHS Foundation Trust
Grade: ST6
Department/specialty: Cardiology and GIM
Supervisor/mentor: Dr John Seymour

During my time as chief registrar, I have piloted and run several QI projects that have improved flow through A&E, acute medicine and the ambulatory emergency care unit, and safely reduced unnecessary admissions.

**Systems redesign: admission and referral**

My principal role for the trust has been to redesign the admission system for GP patients to medicine and ED to medicine. This has been done in a staged process, with successive pilot projects run as part of a large QI programme. The overall aims were to reduce:

- patient waiting times for GP referrals to medicine
- time to senior medical input for ED referrals to medicine
- the conversion rate for ED patients referred to medicine
- unnecessary admissions, including greater utilisation of ambulatory care.

These have all been achieved (and demonstrated in a statistically significant manner) through a combination of dedicated ambulatory care pathways, such as low-risk pulmonary embolism, headache, syncope and troponin-negative chest pain. I helped to introduce a single clerking proforma for ED and medicine to reduce duplication of forms.

The ED to medicine referral system has also been redesigned, putting the emphasis on face-to-face communication (alongside IT systems) and by placing acute physicians in the ED. This combination reduces common-cause variation and reliance on human factors, while establishing a robust and reliable system-based process for referral.

‘By linking with management and consultant colleagues, communication between the doctor hierarchies has been improved throughout the trust.’

**Supporting junior doctors**

Embedding simulation training for trainees studying the CMT curriculum has objectively and subjectively helped their procedural competencies and confidence in advanced life support-like scenarios. This programme is being expanded across the Oxford Deanery through QUEST and OxSim.

By linking with management and consultant colleagues, communication between the doctor hierarchies has been improved throughout the trust. There is also a developing culture of openness and improvement.
Gareth Lewis

**Organisation:** Northern Health and Social Care Trust  
**Grade:** ST7  
**Department/specialty:** Renal medicine and GIM  
**Supervisor/mentor:** Dr Seamus O’Reilly

**Teaching and training for the workplace, expanding my horizons and smoothing specialty interfaces are a selection of the tangible and sustainable improvements that I have made during my time as a chief registrar.**

I have had a fantastic training journey in medicine, but am concerned about the quality of postgraduate medical education in and for the workplace. Real systems learning and improvement is stalled by: clinicians with too narrow a focus on their specialty; a fear and blame culture surrounding medical errors; and ineffective ownership of the acute medical take. This is especially seen in the interfaces between specialties and professionals, leading to delayed, compromised and inefficient patient care.

**Medicine postgraduate teaching**

The weekly medicine postgraduate teaching session was variably attended, with frequent no-shows from speakers and didactic talks restricted to medical specialties. I was responsible for reorganising and incorporating sessions and talks from multiprofessional teams and tertiary regional specialties. The postgraduate staff tell me that we now have, and are sustaining, the best attendance ever at these weekly sessions.

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**Developing a training programme with junior doctors**

I briefed presenters to concentrate on the ‘edgy’ interactions at interface areas and how we could do things better as a system. I worked with the postgraduate administration staff to ensure that everything was reliably prepared and set up, and that feedback was gathered to guide future sessions. We asked junior staff about, and examined, recent incidents to inform our approach. For example, I quickly organised a practical session to address how to set up ventilator equipment.

I aided the launch of a new acute oncology service by providing a platform to raise awareness, and organised doctors in training to review and write protocols and pathways.
Leading the junior doctor forum

Supportive

Staff engagement

Personal development

Relationships

Leadership

Quality and service improvement

Breakfast club
Judy Martin

Organisation: Oxford University Hospitals NHS Foundation Trust
Grade: ST6
Department/specialty: Geriatric medicine and GIM
Supervisor/mentor: Dr James Price

By providing clinical leadership to the ‘Acute hospital at home’ service, I am learning how to bring about positive change within the NHS.

My motivation for joining the chief registrar scheme was to learn how to lead a clinical service and bring about change that would improve care for patients, particularly those who are older and frail.

‘Acute hospital at home’ service development
When I began my role in late 2016, my trust had recently introduced an ‘Acute hospital at home’ service. As a chief registrar, I am providing clinical leadership to develop the strategy and vision for this service. Breaking down barriers between care in hospital and care in the patient’s own home fits in well with the objectives of the Future Hospital Programme. Specifically, I am working on agreeing standard procedures and clinical pathways, teaching and training of the multidisciplinary team, clinical governance and measuring outcomes.

Leadership skills
I’ve developed specific skills – process mapping in the real world, creating useful outcome measures, setting an agenda and chairing meetings – and more nebulous skills that a clinical leader needs, such as engaging others in change, and identifying and capitalising on the strengths of a team. I’m well versed in the importance of multidisciplinary working in clinical practice, and over the past 6 months I have seen how true that is for clinical leadership too.

It has been an invaluable opportunity to see how things get done and things can be changed within a large healthcare organisation. I’ve been able to observe the leadership styles of others, and think about where my strengths as a clinical leader lie and where I can continue to develop over the coming months and years.

‘I’ve developed specific skills and more nebulous skills that a clinical leader needs, such as engaging others in change and identifying and capitalising on the strengths of a team.’
Shea McNeill

**Organisation:** Belfast Health and Social Care Trust  
**Grade:** ST6  
**Department/specialty:** Respiratory medicine and GIM  
**Supervisor/mentor:** Dr Ian Carl

*Cultural reform, improving standards of care and valuing trainees; the chief registrar role has provided me with the skills and tools required to implement positive change in my organisation.*

**Developing skills in leadership**

For as long as I’ve worked in medicine, I have witnessed enthusiastic colleagues utilising the knowledge and leadership qualities they possess to drive their own service forward, often without any dedicated time or training to support this. Throughout my training, I’ve developed ideas to improve education and standards of care. Unfortunately, like many others, my enthusiasm was sometimes channelled elsewhere due to limited time and not having the necessary skill set to evolve and develop my ideas further.

The chief registrar scheme is a unique opportunity for physicians to learn and develop skills in leadership, management and QI, while remaining a key member of the acute medical workforce.

**Leading local service improvement**

With this new-found skill set, I have led a number of service improvement initiatives. I have undertaken important work to promote open prognostic discussion with patients regarding ‘ceilings of treatment’, so as to avoid futile, burdensome interventions that may be contrary to a patient’s wishes.

I have also produced a daily ward round document, which has improved daily documentation standards from 49% to 89%. This will now be implemented throughout the trust.

Finally, in terms of promoting education, I have secured funding for 156 consultant hours per year to teach in a new Belfast Trust MRCP(UK) training scheme. At a time when trainee doctors are feeling overworked and undervalued, these initiatives can create an atmosphere of respect, of appreciation, and of valuing trainee education and development.

My role as chief registrar has been integral to the success of each of these projects to date.

‘The chief registrar programme is a unique opportunity for physicians to learn and develop skills in leadership, management and QI.’
I have slowly but surely found that the role has adapted to fit the needs of my organisation and, at the same time, I have developed a huge amount personally and professionally.

QI: discharge summaries
It took quite a while to embed myself into the management side of the organisation and to fathom how and where I might be of use to the trust. Eventually, this led me to my major QI project around discharge summaries or electronic discharge advice notes (EDANs).

The priority for the trust over winter was timely completion of EDANs. It had been identified that they took hours to complete once required and were delaying patient flow, with resultant A&E breaches and trolley waits. I took the project to the junior doctor body – a group that I helped set up to link juniors from all departments and facilitate QI work across the trust. We came up with a problem list and some enablers, and took these to a new working flow group.

Over time, we have worked our way through the problem list, trying to address each one together. I have faith that not only the speed, but also the quality, of EDANs will be improved from this process.

Opportunities for professional development
Working on this and other smaller projects, such as running the grand round and the junior doctor body, has been a steep learning curve for me. I have been presented with many new opportunities. I feel valued and able to put across the views of the junior doctors to the senior leaders in the trust, and have been given the chance to influence areas with no prior junior doctor representation.

‘I feel valued and able to put across the views of the junior doctors to the senior leaders in the trust.’
Orod Osanlou

**Organisation:** Warrington and Halton Hospitals NHS Foundation Trust  
**Grade:** ST5  
**Department/specialty:** Clinical pharmacology and GIM  
**Supervisor/mentor:** Prof Simon Constable and Prof Jacky Hayden

Being a chief registrar allowed me to help improve services for patients, enhance the training of junior doctors and improve the working lives of doctors in training.

**Building relationships with senior leaders**

The chief registrar scheme transformed me from someone who had a bit of an interest in leadership and management to a senior leader with experience in leading teams and implementing QI projects, which have improved patient outcomes, enhanced the training of junior doctors and improved the working lives of doctors in training.

Working directly with the medical director and deputy medical director, we enjoyed a two-way, speed-dial relationship. My role as a conduit afforded them rapid access to the junior doctor body and their ideas, and gave me easy access to all of the important people who work within the organisation. This symbiotic relationship resulted in a fruitful partnership that initiated over 30 QI projects, with some of them going on to publication.

**Weekend discharge project**

I started a patient experience project that focused on discharging medical patients at weekends and on bank holidays. The initiative achieved 99% satisfaction rating among patients, improved patient flow through the hospital and has significant potential cost savings. While this initiative is being formally assessed, it is estimated that it could save up to £200,000 per annum for the trust.

**Putting leadership theory into practice**

My leadership skills have developed immensely and I have been able to implement leadership theory into practice. I have benefited from the practical experience of being a senior leader within an NHS organisation, the bespoke chief registrar teaching programme provided by the RCP/FMLM and my enrolment in the Elizabeth Garrett Anderson medical leadership programme from the NHS Leadership Academy. I have understood the importance of networking and developing contacts, chaired important meetings and been part of high-level discussions with leaders at a local, regional and national level.

‘The chief registrar scheme transformed me from someone who had a bit of an interest in leadership and management to a senior leader with experience in leading teams and implementing QI projects.’
Christopher Parokkaran

Organisation: East Kent Hospitals University NHS Foundation Trust
Grade: ST7
Department/specialty: Acute medicine
Supervisor/mentor: Dr Paul Stevens

I facilitate the running of an acute medicine department by playing a key role in the interface between consultants, nurses and junior doctors.

Setting up a GP service at the front door
For years, Kent & Canterbury Hospital has had an acute medicine department at the front door without an A&E. Because of this, medical trainees complain that they are facing a large medical take with a mixture of minor illnesses and surgical problems.

I worked with a multidisciplinary team of doctors, nurses and managers to establish a general practice-led service at the front door. This has improved the quality of the medical take for trainees. I am also working with the clinical commissioning group (CCG) to set up a similar service in Ashford.

Trust-wide audit in acute medicine
I led an audit across the three hospitals in the trust, looking at the compliance of the acute departments with the Society for Acute Medicine’s standards for acute medical units. My presentation at the trust-wide Acute Medicine Remodelling Group has convinced senior management of the need to recruit acute physicians.

Acute medicine metrics
In collaboration with clinicians, information analysts and managers, I have been identifying the metrics to assess the performance of acute medicine departments. This is now generated on a weekly basis and monitored across the trust.

Writing the standard operating procedure for the acute medicine department
At William Harvey Hospital, where I now work as an acting-up consultant, the trainees used to express concern that there was no uniformity among the practices of the consultants. Since then, we set up a weekly business meeting involving all three consultants, where we define standard practices.

‘I worked with a multidisciplinary team of doctors, nurses and managers to establish a general practice-led service at the front door. This has improved the quality of the medical take for trainees.’
As a chief registrar, I have become a focal point for improving junior doctors’ engagement with clinical services and trust management. I have also been able to enhance my leadership skills and contribute to a variety of projects to improve patient care, doctor experiences and hospital functioning.

QI: reducing patient wait times and delays in discharges

During my year as a chief registrar, I have been able to focus on true QI. I set out to reduce patient wait times and prevent unnecessary delays in discharges.

A key project was devising a papilloedema pathway with support from different specialties. With the support of the acute medical unit, neurology, ophthalmology and radiology departments, I created a simple pathway to reduce a number of delays to patient care. The new process reduced repeat scanning and clarified management plans, including safe discharge of patients overnight.

The chief registrar role has empowered me to become involved in meetings and the development of trust systems, and has further enhanced my leadership skills. I have worked with the IT teams to provide valuable clinical input for the new IT system and have also encouraged my colleagues and juniors to become more aware and involved with the management teams and service development.

‘The chief registrar role has empowered me to become involved in meetings and the development of trust systems, and has further enhanced my leadership skills.’

Building relationships and collaborative working

I have become a focal point for help for junior doctors and seniors. I have worked closely with the education and department leads, the medical director and the chief executive to provide support and input on various issues such as patient care, rotas and educational meetings.

I have also worked with other clinical staff, such as nurse prescribers, for troubleshooting and support. I have engaged and enhanced my colleagues’ understanding via a regular newsletter highlighting management and practical concepts, advised on projects, taught QI methodology, and devised projects such as assessing and improving sleeping patterns and improving quality of night-time on-call shifts.
‘I developed and instigated the business case for a bleep-free hospital at night system, which I hope will impact upon the hospital and training for years to come.’

– Dr Deshan Weeraman
Mridula Rajwani

Organisation: Oxford University Hospitals NHS Foundation Trust
Grade: ST7
Department/specialty: Acute medicine
Supervisor/mentor: Prof Daniel Lasserson and Dr James Price

During my time as a chief registrar, I have worked to develop a new ambulatory assessment unit (AAU) at Oxford University Hospitals.

Hospital at night handover at the John Radcliffe Hospital

The night handover had been raised on a number of junior doctor forums as an area of concern. They were often poorly attended, in awkward locations and lacked structure. I worked with a team of junior doctors to help develop a sustainable reformed hospital at night handover – including new guidance with a defined leadership role, a new location and a new structure.

Interface between acute oncology and acute medicine (including ambulatory care)

The AAU at the John Radcliffe Hospital has seen a rise in the presentations of new diagnoses of cancer / existing cancer patients presenting with acute medical problems. Specialties working in silos across different sites were challenges to providing the best possible care for patients. I worked to develop an interface between the two specialties, with regular inreaching of the oncology team into ambulatory care. There is now a virtual weekly ward round of new cancer diagnoses through AAU. New relationships have been formed between the departments to improve patient care and experience.

Oxford University Hospitals AAU

The AAU is a new unit for the trust. In my role as chief registrar, I helped to develop processes and pathways for the unit, including:

- the ED referral pathway
- an electronic referral system
- a rapid nursing assessment system.

I worked on safety mechanisms for the overnight patients in the form of consultant review forms and safety checklists. I also collaborated with the radiology department to acquire slots (ultrasound and computed tomography (CT) scans) for the unit.

‘I worked with a team of junior doctors to help develop a sustainable reformed hospital at night handover.’
Amy Webster

Organisation: Northampton General Hospital NHS Trust  
Grade: ST6  
Department/specialty: Haematology  
Supervisor/mentor: Dr Sonia Swart

I have become an active member of the trust’s QI team, gaining valuable experience and mentoring on successful QI methodology.

QI for haematology

My QI projects have been focused on my clinical area of haematology. Firstly, I have worked on improving the resources available to clinicians in both primary and secondary care on interpreting abnormal blood results. This is a common reason for referrals to haematology and can cause delays to patient care where necessary investigations have not been, or even inappropriately have been, carried out.

Online resources were identified by a survey of junior doctors to be poor in the organisation, so I have focused my attentions on improving these. These have now ‘gone live’ in both primary and secondary care, with outcome data on referrals to haematology being tracked to assess the impact.

Working with junior doctors

This work has enabled me to develop a good relationship with the junior doctor cohort, who can see that I am implementing changes aimed at improving their education and workload, as well as the impact on patient care.

Implementing patient blood management nationally

Other projects have involved working on patient blood management (PBM) as part of the hospital transfusion team. Projects from this work have been accepted for presentation at an international PBM conference. This has led to me being invited to join the National Blood Transfusion Committee Anaemia Working Group, which aims to implement PBM nationally. Being a member has enabled me to share good practice locally, leading to a very positive hospital transfusion team.

Several more changes are planned over the coming months, with tracking of red cell usage now clearly visible to all users of blood.

‘I have worked on improving the resources available to clinicians in both primary and secondary care on interpreting abnormal blood results.’
As a chief registrar, I have developed key leadership skills, introduced and developed the handover at the hospital, and given trainees a voice.

Systems change in the NHS

As a chief registrar, I was challenged to improve: the handover at our hospital; training; and the out-of-hours service. I have realised that systems change in the NHS is slow and difficult; my quick wins became slow burners and my side projects became my quick wins.

I have implemented a handover in the morning and evening, as well as developing a simulation programme to improve its quality. I wanted to develop the layout of our handover room (a quick win!), but quickly realised that even the simplest change requires persistence (it is now a slow burner).

Introducing doctors’ assistants

I have helped to introduce doctors’ assistants (different from physician associates), a band 3 post, to aid our junior doctors with many of their jobs (including bloods and catheters) both in and out of hours. These have had an enormous impact on trainee morale and have freed up our trainees for important training opportunities. I also developed and instigated the business case for a bleep-free hospital at night system, which I hope will impact upon the hospital and training for years to come.

‘I also developed and instigated the business case for a bleep-free hospital at night system, which I hope will impact upon the hospital and training for years to come.’

Professional development

I have developed as a leader, aided by the RCP/FMLM training programme. I have started to see meetings not as a necessity, but as an opportunity to use other people’s expertise. No person is an island, and I have been given some key advice and support by my mentors and my chief executive, who have assisted my development and allowed my role to flourish.
Acute Medicine and Acute Oncology
Chief Registrar and Acute Oncology Consultant

Mrudula Rajwani, Emma Doyle, Kay McCallum, Jordan B

BACKGROUND
The Future Hospitals Programme brings timely and effective specialist care to patients both in hospital and the community - a critical component is Ambulatory Care. There is a significant interface between acute ambulatory care and acute oncology including patients with new cancer diagnosis presenting with rapid development of symptoms.

HOW DID WE IDENTIFY PROBLEMS AT THE FOCUS GROUP?

Three meetings:
1. Acute Oncology Nurse Specialist
2. Acute Oncology Consultant
3. Ambulatory Care Consultant
4. Acute Medicine Consultant

SURVEY METHODOLOGY
Three groups:
1. Acute General Medical Registrars
2. Acute Medical Consultants
3. Foundation doctors

WHAT DID WE LEARN?

1. Lack of a formal referral system
2. Patients staying in hospital awaiting MDT outcomes
3. Lack of awareness among staff regarding pathway for patients diagnosed with a new malignancy (what does MDTs do, and what imaging is needed?)

TIMELINE OF ACTIVITIES

November 2018: Chief Registrar led focus group discussions.
December 2018: Chief Registrar attended MSLT meeting to speak on the department.
January 2019: Chief Registrar wrote guidance for acute oncology.
February 2019: ACOS/AGM for approval.

1. Presentation at ACOS.
2. Creation of electronic referral system for AGM to be extended to other specialties.