I am delighted to introduce the yearbook for our 2019–20 RCP chief registrars. The RCP Chief Registrar Programme was established in 2016 as our flagship leadership programme which continues to grow, with a fantastic cohort of 71 chief registrars enrolled on the 2019–20 programme.

Its success has led to other programmes being created. The vision of the RCP Chief Registrar Programme is to develop chief registrars with the skills to lead and revolutionise healthcare of the future; we are proud of its participants and of the impact they are making in their leadership roles in their NHS trusts and health boards.

We recognise that this year has been challenging with the COVID-19 pandemic, and for some of our chief registrars their quality improvement projects were stopped, paused or accelerated. However, we have also learnt that the past year has been one of the best years for presenting opportunities to our chief registrars. The COVID-19 pandemic has required rapid change to happen and our chief registrars have been able to apply their learning to help make improvements to processes, systems and rotas at an accelerated pace. This has shown how beneficial they have been to their hospitals in the past year – and this has certainly not gone unnoticed.

As you can see in this yearbook, chief registrars are outstanding individuals, passionate and motivated to make change in their hospitals. They have had a huge impact working locally in their trusts and health boards, leading and supporting improvement initiatives that lead to better services for patients, improved education and training opportunities, and a more engaged and happier junior doctor workforce. Not to mention the skills and leadership qualities developed on a more personal level that they have gained from being chief registrars.

We wish our chief registrars every success going forward and hope that they stay involved in the RCP and continue to work with us throughout their careers.

Professor Andrew Goddard
President, Royal College of Physicians
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Aaisha Saqib

**Organisation:** Medway NHS Foundation Trust  
**Grade:** ST5  
**Specialty:** Diabetes and endocrinology  
**Mentor:** Dr S Banerjee

Working as a chief registrar over the past year, I have learned a lot about change management and the various factors influencing it. I have now developed a better understanding of not just myself but also how various personalities influence an organisation. I worked with several colleagues from across the trust with very diverse backgrounds. It was a privilege for me to be able to make so many friends and learn from everyone I have worked with, and in all honesty, it has been the most enjoyable part of my job. I feel this role has helped me champion the interests of people who feel unheard in an organisation in front of executive teams.

**From setting up a hospital at night to a trust-wide doctors’ award!**

**Aim:** Improving patient safety and junior doctor experience at the trust.

Since starting at the trust last October, I have been involved in several quality improvement projects, such as setting up the hospital at night service at the trust leading to improved care out of hours, improving medical handovers, setting up the wellbeing hub during the COVID-19 pandemic, improving quality of board rounds across the trust leading to reduced lengths of stay, and designing a trust-wide programme and an induction booklet for international doctors.

I was also very actively engaged with the medical education department and delivered several teaching sessions related to diabetes, as well as developing a diabetes section for the trust guidelines app to reduce incidents of harm related to insulin use in hospital.

I also set up quality improvement (QI) drop-in sessions for junior doctors and provided 1:1 QI support as part of a pre-existing medical leadership programme. To thank all my amazing colleagues, particularly for their dedication during the COVID-19 pandemic, I set up a trust-wide awards ceremony for doctors.

Developing into the role of a senior leader, I am going to ensure I embrace enthusiasm and harness the interest from people who care and provide them with mentoring opportunities that I was lucky enough to have from the RCP and locally by my mentors, senior consultants and members of the trust executive team.

If you’re interested in leadership and management, and you care about making real change in the NHS, become a chief registrar. As someone said, almost every successful person begins with two beliefs: the future can be better than the present and I have the power to make it so!
Ademola Olaide Olaitan

Organisation: Whipps Cross University Hospital
Grade: ST5
Specialty: Acute medicine
Mentors: Dr Heather Noble and Dr Ananda Chapagain

I have gained a lot of insight into my own leadership style and importantly the principles of delivering sustainable change in the NHS. The chief registrar checklist which we received at the start of the year was an excellent primer and was very useful for highlighting specific targets for the year. The leadership development programme has been useful for understanding change management, the importance of culture and team development. In particular, the action learning sets and world cafés have been a useful tool to develop and refine ideas.

Improving working lives of junior doctors

Aim: To improve working lives of junior doctors through a variety of targeted, sustainable changes.

I was involved in a variety of projects aimed at improving working lives of junior doctors, with the additional benefit of improving the patient experience.

Inpatient phlebotomy project
Previously, phlebotomy request labels had to be individually printed and placed in a request folder. This system resulted in delayed investigations when patients were transferred to other wards. Additionally, the system of printing out multiple labels was an inefficient use of doctors’ time. In conjunction with phlebotomy service managers and junior doctor colleagues, we introduced an improved system of requesting bloods online only. The advantage of this change was that the requests moved with the patient, avoiding delayed investigations. The new system used doctors’ time more efficiently and allowed the phlebotomists to focus on their rounds as they could remotely monitor the requirements for phlebotomy on individual wards.

Handover project
The medical handover has been identified as an area for improvement. We aimed to improve the efficiency of the medical handover by changing the location of the medical handover meeting to a more suitable environment and introducing a structure and agenda to the handover meeting.

Quality improvement
I have aimed to improve quality improvement (QI) capacity in the hospital by collecting and analysing data about impairments to QI, and delivering formal and semi-formal education and mentoring to junior doctors on their QI projects.

I have enjoyed my year as chief registrar in a busy district general hospital and would definitely recommend the role to all trainees.

I have gained a lot of insight into my own leadership style and importantly the principles of delivering sustainable change in the NHS.
Along with the training from the RCP, I have had excellent mentoring from our chief medical officer (CMO) and have been able to witness, discuss and then explore a lot of examples of change, leadership, management and organisational workings. I have had the opportunity to then develop and explore leadership and management in a supported way. I feel that this experience has allowed me to gain aptitude and confidence as a senior leader within a large organisation and achieve a deeper understanding of my own and others’ leadership styles. This knowledge and experience are invaluable for leading teams of people, working on change and quality improvement, and helping others in clinical and non-clinical areas.

### Patient safety

**Aim:** Addressing how the trust approaches and introduces new patient safety concepts, addresses existing challenges, responds to external requirements and develops internal reporting and investigating mechanisms, all while keeping patients and patient safety as its focus.

Working trust-wide on projects has allowed me to develop a broader understanding of trusts and the NHS outside paediatrics, which I have found extremely useful. Some of the projects I worked on were developed in response to local clinical need, while others were addressing challenges and priorities within the trust as a whole. Working on reactionary projects as well as forward-thinking improvement projects has allowed me to develop additional experience in how quality improvement and project outcomes can help influence strategic policy and direction as well. Having these opportunities will allow me to bring new skills and experiences to my paediatric career path, hopefully benefiting paediatric services by providing new leadership and management experience.

I was part of a small team tasked with looking at the current patient safety issues within the trust and how we can improve the patient safety record and culture through understanding and adapting to the NHS’ patient safety strategy. I completed a mapping project for the trust to establish where patient safety activities currently sit within the organisation structure and where they report to and through, and used that as a basis to suggest changes to the organisation and leadership for patient safety within the trust.

I was able to set up a new trust Patient Safety Committee reporting to the board quality committee that will enable HUTH to formalise the leadership, monitoring, improvement and flow of information for patient safety within the trust. I worked with individuals and other teams to develop the committee terms of reference, purpose, reporting and membership, as well as recruiting chairs. The Patient Safety Committee aims to address the gaps identified from the NHS patient safety strategy within the trust, in line with developing a patient safety culture and system through insight, involvement and improvement. The new committee sat for the first time in autumn 2020 and will hopefully provide patient safety leadership for the trust as a whole moving forward.

I feel that this experience has allowed me to gain aptitude and confidence as a senior leader.
Alexia Pisinou Farah and Alvin Shrestha

Organisation: Croydon University Hospital
Grade: ST5
Specialty: Geriatric and general medicine
Mentor: Dr Karen Kee

Sharing the chief registrar role at Croydon University Hospital has been an invaluable experience that has exposed us to challenges in management, leadership and influencing change.

The training days gave an insightful glimpse into the fascinating psychology of working with others as well as providing a solid foundation in quality improvement methodology. The practical role itself has enabled us to understand how a hospital works at an organisational level.

Improving the medical take experience

Aim: Using an electronic medical take list to improve efficiency, patient safety and provide admission intelligence

The electronic medical take list
Establishing a bespoke medical take list, including live patient location and NEWS2 scores, allowed for greater efficiency among users and improved patient safety. Analysis of the electronic data generated from it has also enabled us to optimise on-call medical staffing and change junior doctor rotas. Workflows of patients, from emergency department (ED) arrival to discharge, allowed us to see the potential in a ‘single-doctor’ style of clerking which we embedded – in its early stages, we have already seen a reduction in time taken to consultant post-take review.

Supervising projects
As our reputation grew, we were able to help supervise many projects led by other members of the multidisciplinary team (MDT) and junior doctors including deep vein thrombosis (DVT) pathways (inpatient and outpatient), cardiac arrest huddles, local junior doctors’ handbook and front door frailty.

The COVID-19 response
The chief registrar role was a natural fit for disseminating important ever-changing guidance and messages from the trust’s operational managers to junior doctors, as well as escalating concerns and queries back to the top. We were an integral part of the COVID-19 response team and assisted in the planning of hospital mobilisation. This allowed us to appreciate and navigate the system complexity and the levels of hierarchy in hospitals.

The chief registrar role was a natural fit for disseminating important ever-changing guidance and messages from the trust’s operational managers to junior doctors as well as escalating concerns and queries back to the top.
Alison Eastaugh

Organisation: Sandwell and West Birmingham NHS Trust (SWBH)
Grade: ST6
Specialty: Geriatric medicine
Mentor: Dr S Clare

This year has given me not only the time but also the opportunity to work on multiple quality improvement projects. I have been fortunate to have worked with some wonderful colleagues ranging from junior doctors up to the senior management and executive team. With the support of the RCP development programme I have been able to grow and develop my leadership and quality improvement skills, giving me a much clearer picture of the consultant I would like to become.

Empowering junior doctor wellbeing

Aim: Improve junior doctor wellbeing though multiple new initiatives.

In the UK, one in four doctors in training have felt burnt out due to work. This was reflected at SWBH in an initial survey we carried out which showed 59% of trainees felt that their job negatively impacted on their physical, psychological or social wellbeing.

In my role as chief registrar, I led a ‘wellbeing council’ with junior doctors from different specialties and grades representing their peers. Following trainee feedback, we developed a series of initiatives to maintain wellbeing, guided by the General Medical Council’s national wellbeing report published in 2019 and the British Medical Association Fatigue and Facilities Charter published in 2018.

At both hospital sites, rest areas for trainees were developed to provide places of psychological safety for peer support and physical refreshment. This included the ‘3 squares club’, where trainees received food after shifts and opportunity to ‘offload’ in a safe context, facilitated by faculty senior clinicians. The number of ‘energy pods’ were increased to allow more juniors to be able to access power naps during night on-calls.

A new ‘wellbeing document’ provided general information such as sleep, hygiene and signposting, alongside a ‘wellbeing video series’ encouraging care of self and colleagues.

Following these interventions, 88% of trainees felt that our trust was supportive of their wellbeing. As improved staff wellbeing is associated with quality care for patients, we intend to embed these reproducible interventions into the trust’s ongoing conditions.

Wow, what an incredible year I have had as the chief registrar at Sandwell and West Birmingham NHS Trust! This was made extremely challenging but more rewarding by the COVID-19 pandemic.
Amy Colori

Organisation: University College London Hospitals NHS Foundation Trust
Grade: ST5–6
Specialty: Clinical oncology
Mentors: Prof Marcel Levi and Dr Rebecca Roylance

Most of us did not expect our chief registrar year to be characterised by a global pandemic. Although the COVID-19 response has meant that some of our projects have had to be postponed, our cohort has been uniquely privileged to be involved in leadership in action, in a time of rapid change. The leadership styles I learnt about in our formal teaching were thrown into relief, enabling me to understand my own and develop my influencing style. Becoming integrated into the strategic response, I believe I gained much deeper insight into the management structure of NHS trusts than I would have in pre-COVID-19 times and was able to observe that change management can be streamlined when necessary.

Responding to COVID-19: Supporting junior doctors and patients

2. Improving communication with inpatients’ loved ones during hospital lockdown.

Support for junior doctors

Trusts had to undertake rapid redesign of services and staff redeployment in preparation for a clinical challenge of unknown proportions. Junior doctors were key to this. As the visible link between junior doctors and senior leadership, the trust chief registrar team became the nexus for communication. We were consulted to represent the junior doctor viewpoint on subjects like rota planning, training needs and concerns about personal protective equipment (PPE). Having been embedded in post for several months, we were already connected with the right individuals to escalate issues arising during the response.

We created a broadcast messaging group for timely updates and published frequent bulletins with clear information pertinent to junior doctors. Subgroups of specialty representatives allowed the cascade of information up and down the network. Finally, and crucially, we made ourselves available for individual support of colleagues during this psychologically challenging time.

Survey feedback demonstrated a significant increase in confidence and reduction in anxiety as a result of our efforts. I have also received letter of thanks from senior leaders.

As our networking as a chief registrar cohort as a whole went digital, we shared lessons of good practice nationally, collaborating to publish our experience in Future Healthcare Journal.

Family communication

As wards were closed to visitors, oncology patients were particularly affected. Not only were many of them at increased risk due to immunosuppression, they were often complex in presentation with limited life expectancy.

Our quality improvement project focused on improving communication between medical staff and patients’ loved ones. Rates were low at the outset, but using a combination of education and a ward round pro forma to trigger initiation of family communication, we were able to increase them significantly. We aim to present our work nationally next year.

Survey feedback demonstrated a significant increase in confidence and reduction in anxiety as a result of our efforts.
Andrew Cheng

Organisation: Manchester University NHS Foundation Trust
Grade: ST6
Specialty: Respiratory medicine
Mentor: Dr Sally Briggs

The RCP Chief Registrar Programme taught me to recognise leadership as a fine balance between interaction with varying human personalities and overcoming operational challenges. Not only did I improve my leadership skills, I also gained valuable insight in understanding how large NHS organisations are run at an operational level.

COVID-19 redeployment and handbook

Aim: Safe redeployment of physicians during the COVID-19 pandemic.

COVID-19 brought many significant challenges to the NHS, including the mass shift in resources to meet the overwhelming increase in patient admissions. I was tasked with ensuring the safe redeployment of doctors from non-critical services to the frontline.

This involved safely inducting, training and monitoring the redeployment of 42 doctors across my tertiary hospital. In a separate but synergistic project, I developed and published a COVID-19 handbook which was regularly kept up to date during the ever-evolving period. Communication between senior management and junior doctors was especially challenging and so we developed a formal weekly bulletin, with regular input from senior leaders. All these processes were audited monthly and improved upon.

Many of my previous projects at the beginning of the year were halted, which I initially found frustrating. However, the unprecedented pandemic provided an excellent opportunity for accelerating leadership development. I am certain that the skills I developed during this period will be immensely beneficial during routine practice in the future.
The chief registrar role has played a key part in my career to understand the vivid and diverse NHS structure and the culture. I’m happy to have done this role at a registrar level to develop key management skills and confidence. This year was special as I had the rare opportunity to be in a leadership role during a global pandemic crisis faced by the NHS.

1. Clinical continuation sheet cost-saving project
2. COVID-19 ward round checklist

Aims: 1. Minimise wastage/inappropriate use of the clinical continuation sheets
2. Daily ward round checklist for patients with COVID-19

Clinical continuation cost saving project
The clinical continuation sheet (CCS) (history sheet) used in our hospital is expensive because of its quality. The cost of the CCS is about £2.22/100 sheets compared with printer paper (cheap and recyclable) which is only 39p/100 sheets.

I conducted a staff survey in the medicine division that showed 73% of the staff were using CCSs inappropriately for other purposes. Signposts, computer screen savers, emails, board round talks, reminders in the notes trolley, face-to-face chats to encourage the use of trust mobile or iPad for handovers, and use of printer/scrap paper as alternatives for job lists etc were implemented to spread the message across to the staff.

A post-implementation survey showed that 82% of staff used the CCS only for logging patients’ clinical records. Steps were taken to reinforce the messages to new and locum staff for continuity. It was successful in saving money as well as being a better use of resources.

COVID-19 ward round checklist
During COVID-19, many junior doctors from other specialties were redeployed to take care of medical patients.

I made a COVID-19 ward round checklist to help the junior doctors. The ward round checklist form included a brief team welcome introduction followed by the PPE requirements, escalation plans and communications, documentations like daily patient progress, management plans, drug card prescriptions, venous thromboembolism assessments, handover etc. It was welcomed across the hospital and was a success.

This year was special as I had the rare opportunity to be in a leadership role during a global pandemic crisis faced by the NHS.
Caroline Evans

Organisation: Royal Devon and Exeter NHS Foundation Trust
Grade: ST6
Specialty: Obstetrics and gynaecology
Mentor: Miss Katharine Edey

The programme has given me the confidence, time and ability to be able to engage with the management within the NHS and represent junior doctors at all levels within the hospital. By engaging with the stakeholders (junior doctors and physician associates) I was able to listen and implement change through collaboration. Leading from within is often the most effective way to implement change by being an authentic voice within the organisation. The NHS will adjust and flex most effectively to challenges when all those working within it have a voice and platform.

Ambulatory care: to bed, or not to bed?

Aim: To improve patient access to ambulatory care and increase the number of same-day discharges (SDDs).

COVID-19 caused a huge deterioration in junior doctor morale. I tackled this by holding engagement groups through the doctors’ mess to identify areas of concern. Communication was identified as an area requiring improvement. The trust did not have a list of all junior doctors or a way to communicate with them. Using the messaging service ‘WhatsApp’ I connected over 400 junior medical staff.

I ran daily video update conferences, led by a member of the senior clinical team. Senior engagement offered credibility to the information and demonstrated that junior doctors were valued. These conferences were summarised into a WhatsApp update for those who were unable to attend.

The working environment plays a pivotal role in workforce engagement and wellbeing. I arranged free food and access to the doctors’ mess, free parking, shower facilities and a ‘wobble room’. I recruited a retired GP, with psychiatry experience, to be available for telephone consultations daily.

The key to my strategy was early stakeholder engagement ensuring that interventions were relevant and accessible. Listening and implementing change through collaboration led to more effective change. As chief registrar, I acted as part of the senior management team enabling these changes rapidly and effectively.

I used online surveys to assess my interventions, collecting both quantitative and qualitative data. Over 80% of junior doctors felt supported and reported a reduction in anxiety. Results of qualitative analyses were encouraging, with quotes from junior doctors helping me refine interventions and remain responsive as demands and requirements changed.

The chief registrar leadership training has enabled me to understand how change can happen effectively, even during a crisis, and within a complex system such as the NHS.
Conor Hagan

Organisation: Southern Health & Social Care Trust
Grade: ST7
Specialty: Respiratory and general internal medicine
Mentor: Dr Rory Convery

The chief registrar role has opened my eyes to the structures and processes that are required to ensure clinical care can be provided in a safe, effective and timely manner. I have a better awareness of the vital role that clinical managers have in driving forward change through continuous quality improvement. The programme gave me insight into my personal leadership style and provided methods for improving my influencing and negotiating skills. Through the role I have learned skills I will embrace as a consultant that I would not otherwise have gained.

Improving trainees’ experiences in general medicine

Aim: To improve teaching, the general internal medicine on-call experience and levels of morale in medical trainees.

I started the year off with my main aim of introducing an electronic take sheet for the trust. I was in charge of negotiating the pitfalls associated with its safe implementation. Several obstacles aside from the COVID-19 pandemic have delayed the introduction. I am however still involved with the roll-out process in my new role as consultant – we hope to have it functional within the next few months.

The arrival of the COVID-19 pandemic accelerated my leadership role within my trust. With the unprecedented need for vast service transformation in a short period of time I acted as a trainee advocate and also a middle ground between management and direct patient care.

I designed and introduced a COVID-19 admission booklet and daily ward rounding sheet. I led the redesign of trainee on-call rotas to maximise out-of-hours cover and helped ensure a fair redistribution of staff to medical wards. This was greeted with overwhelmingly positive feedback.

As a respiratory trainee I developed a teaching programme for continuous positive airway pressure (CPAP) and non-invasive ventilation (NIV) training to non-medical trainees who were redeployed.

Through the role I have learned skills I will embrace as a consultant that I would not otherwise have gained.
Dalia Richela Ludwig

Organisation: University College London Hospital
Grade: ST6
Specialty: Rheumatology and general internal medicine
Mentors: Vanessa Morris and Marcel Levi

The RCP Chief Registrar Programme has increased my knowledge of quality improvement methodology which has helped provide a structure to my projects. Through the programme I have also learnt a lot about my own personality traits and how this may affect my leadership style. This has helped me when navigating obstacles in my projects and in working with colleagues to achieve common goals. With COVID-19 and the many challenges this brought to healthcare, drawing on the leadership training provided by the chief registrar programme has been invaluable.

1. Development of trust-wide Patient Flow Training Programme
2. Design and implementation of a patient escalation tool for the MDT for the electronic health records system (EHRS)
3. COVID-19 projects

Project 1
Aims were to improve clinicians’ knowledge of patient flow in the hospital and the resources available to support patient flow and to understand what staff perceive to be the barriers to patient discharge and see how these can be improved. The Patient Flow Training Programme involves multidisciplinary teams (MDTs) attending a virtual flow huddle with the operations team, followed by discussion on how patient flow could be improved in the clinical area where the MDT works. This programme provides a two-way discourse between the operations team and clinicians so they can work together to enhance patient flow.

Project 2
The aim was to develop a digital communication tool to improve and standardise the process of escalation and handover of deteriorating patients. I designed a digital communication tool for use by the MDT with our lead sepsis nurse. Since the introduction of our EHRS, we have had two serious incidents related to miscommunication of escalation of NEWS2 scores. Further investigation concluded that the process of escalating a rising NEWS2 score could be improved by the use of an ISBARD (Introduce, Situation, Background, Assessment, Recommendation, Decision) tool creating a common language to escalate the deteriorating patient. We are working with the simulation team to embed the tool in clinical training. We are in the process of analysing where the form has been used to identify clinical areas that have high-risk patients and may need additional resources.

Project 3
Aims were: Junior doctor redeployment and rota management; health and wellbeing support for staff during the COVID-19 pandemic; digital communications bulletin for junior doctors during COVID-19; and daily infection control / personal protective equipment (PPE) updates for junior doctors using a dial-in call with infectious disease, virology and occupational health.

COVID-19 reflections
Being a chief registrar through a global pandemic was an incredible learning experience. With the foundations of effective leadership provided through the RCP Chief Registrar Programme, I was able to gain experience in management at a departmental, divisional and board level at my trust. I was involved in junior doctor redeployment and rota management, resource allocation, strategic planning, infection control and redesign of clinical services. My understanding of how the NHS works has been magnified by being a chief registrar and the experience will undoubtedly help me as I progress to consultancy.
Damian Dooey

**Organisation:** Warrington and Halton Teaching Hospitals NHS Foundation Trust  
**Grade:** ST6  
**Specialty:** Acute medicine  
**Mentor:** Dr Saagar Patel

Working closely with the management team outside the clinical setting has allowed me to gain better insight into the structure of the hospital, and how projects are set up and run to improve patient care. This was very poignant during the COVID-19 pandemic, where I was able to see great leadership during very hard times, thus allowing me to improve these skills in myself.

**Enhanced care on the acute medical unit**

**Aim:** Development of a three-bedded enhanced care unit within the acute medical unit to care for patients with higher care needs but not requiring a high-dependency unit.

During my time as chief registrar, I began the development of an enhanced care unit. We organised a working group, which included a medical consultant, acute medical unit (AMU) sister and managers, as well as close work with intensive treatment unit (ITU) consultants. A business case was put together to get funding for the development of a three-bedded unit.

Once funding was secured, building work began on three pods. As the building started during the COVID-19 pandemic, we decided to make sure that they were able to have aerosol-generating procedures undertaken in each of the rooms. Equipment including a non-invasive ventilation (NIV) machine, high-flow oxygen and monitors were sourced. However, due to the COVID-19 pandemic, the delivery of the monitors were a delaying factor in the opening of the unit.

A standard operating procedure document was written up, with clear guidance on how the enhanced care team will work as an in-reach into A&E resuscitation to improve transfer of the patient safely to the enhanced unit. The unit will have one nurse to three patients, with a view to step patients down to medical beds once they are stable, or escalate to the high-dependency unit (HDU) / ITU if appropriate, allowing for improved links between the acute medical team and intensivists. A programme was developed of a rotating schedule with clinical fellows, that every 5 weeks they would rotate to the enhanced care unit during their placement on ITU.

Once all equipment is in place and safe to allow patients in, then the unit can function as an enhanced care unit.
The chief registrar role has opened a door into the managerial aspect of the NHS. The coinciding emergence of COVID-19 amplified my role and thrust me in further, where I was deeply engaged with heads of the clinical management group (CMG) and operative running of the hospital. The programme also educated and advised on approaches to implementing change, and in particular, how to borrow influence to do this.

**Leicester VERTICAL (Virtual Education for Respiratory Teams Integrating Clinical and Academic Learning)**

**Aim:** To improve the outpatient training to physician trainees, through the development of bespoke training workshops, clinics and educational resources.

The internal medical training (IMT) programme has superseded core medical training (CMT), with annual review of competency progression (ARCP) requirements also changing. There are numerous publications highlighting how CMT was inadequate to train physicians to feel competent at outpatient medicine, yet the outpatient training requirements have further increased with IMT without providing the means to achieve this.

Clinic attendance for trainees was increased via adaption of rotas, negotiation and allocation of clinic days, and in the latter stages, development of bespoke training clinics. These clinics have an altered clinic template more suitable to IMT-level ability, and were adapted for telephone consultations with the use of three-way telephonic adapters.

A new ‘in-house’ respiratory education app was then developed and disseminated, providing education on telephone consultations (a new skill to many), acute presentations and outpatient clinic resources for commonly referred conditions. Dictation workshops were created (as feedback indicated a lack of training or competence with this core skill), followed by directly observed training clinics with registrars/consultants, and immediate feedback and ePortfolio assessments.

Further development is underway to increase frequency of clinics, and to expand this work to facilitate indirect observation following the attainment of the required competencies. The hope moving forward will be to have upskilled trainees by investing time at a key point in their early training, to then see increased clinic patient numbers once competence has increased.

I won the UHL education award for ‘Outstanding Contribution to Training’ and runner up for ‘Innovation in Education’ as a part of a larger team project.
Donna Best

**Organisation:** Worcestershire Acute NHS Trust  
**Grade:** ST7  
**Specialty:** Acute internal medicine  
**Mentor:** Dr Jasper Trevelyan

The RCP Chief Registrar Programme has given me the opportunity to become much more involved in quality improvement work and a better understanding of the process involved. It has given me insight into my own leadership style, which I have used to engage stakeholders, especially in work around medical handover and rota design.

### Improving medical handover

**Aim:** For medical handover to adhere to the RCP acute care toolkit for handover.

Medical handover is recognised as paramount for maintaining patient safety. The RCP recommends a standardised clinical handover, including designated times, standardised order of proceedings, leadership responsibility and documentation. The Resuscitation Council UK recommends meeting and allocating roles within the cardiac arrest team at the beginning of each shift. Some of these systems were already in place but not consistently adhered to.

Stakeholder engagement was important for any changes to handover. All members of the multidisciplinary team (MDT) involved in handover were contacted and feedback was obtained by various methods, including discussion at grand round. Following feedback, times of the weekend ward and take team were aligned to ensure adequate handover from each shift, especially night to day.

The signing in sheet was compressed to one sheet to encourage its use, and has been more consistently completed. Drop-in reviews of handover occurred night and day. A new easily identifiable folder was used, and continues to be used now, with everyone having access to the signing-in sheets on a shared drive.

This is an ongoing project and COVID-19 has highlighted other changes that need to occur, such as ensuring large enough space to enable adequate social distancing but with adequate IT support, especially since a new rota has also been implemented.

Future plans also include making handover electronic, in alignment with the trust’s digital vision. Overall, team engagement has been good. It is crucial that improvements continue to be made, including education for new starters.

The RCP Chief Registrar Programme has given me the opportunity to become much more involved in quality improvement work and a better understanding of the process involved.
Elizabeth Moriarty

Organisation: University Hospitals of Derby and Burton
Grade: ST5
Specialty: Geriatrics and general internal medicine
Mentors: Dr Chris Whale and Dr Roger Stanworth

The RCP Chief Registrar Programme has given me a grounding in how I can bring my expertise and experiences as a junior doctor when contributing to local ideas and challenges.

Although the programme is short, my hope was to create a legacy that existed after my year as chief registrar had ended, and the programme helped me consider how any project I got involved in could have long-lasting successes.

Introducing CLIVE: an online learning portal

Aim: To have a clinical learning portal accessible across all divisions, for all staff to access and contribute to, to improve learning across the trust.

CLIVE (clinical learning is very exciting!) was initially set up as a central online location on the trust intranet for sharing learning events that had occurred across the trust. This includes interesting cases, learning from never events and near misses, and lessons learnt from legal claims. The idea behind CLIVE was that it would have a newspaper style highlights reel which would draw you in for a quick 5-minute read, during which you would hopefully learn something new.

When CLIVE was first introduced at the Trust Quality Summit, there was no indication that we would be soon in a global pandemic, and our focus would be on how to maintain communication with the medical workforce of doctors in training, nursing staff, allied health professionals and advanced clinical practitioners (ACPs).

The shift to online learning as a way to keep in touch, to maintain CPD hours and to keep up to date with the latest developments and treatments meant that our online learning portal came into its own. CLIVE was used to reach all clinical staff to update them on how our treatment plans for COVID-19 were changing. CLIVE also served as a hub for wellbeing resources and a series of blogs from clinical staff and those in managerial roles.

For the future, we hope to use CLIVE as a central hub for online teaching, to store resources from grand rounds, junior doctor teaching and ACP teaching sessions. The aim is to demonstrate how legal cases have contributed to changes in clinical practice and how complaints and compliments have altered how we work as a trust. CLIVE is for all staff and its success hinges on all staff feeling able to contribute towards it, and I hope this spirit of inclusivity continues beyond my tenure as chief registrar.
Georgia Sayer

**Organisation:** Gloucestershire Hospitals NHS Foundation Trust  
**Grade:** ST6  
**Specialty:** Acute and general medicine  
**Mentor:** Prof Pietroni

The RCP Chief Registrar Programme has equipped me with the confidence and skills to become an effective leader with an enthusiasm for promoting positive change in my future consultant career.

Being a chief registrar throughout the COVID-19 pandemic provided unique opportunities but also challenges, and I feel that learning to lead through a crisis accelerated my development of leadership skills.

1. **Improving the post-take ward round process on the acute medical unit (AMU)**
2. **Experience of being a chief registrar during the COVID-19 pandemic**

Prior to the COVID-19 pandemic, I led a project to improve the morning post-take ward round (PTWR) process on the acute medical unit (AMU). This involved engaging with a wide range of stakeholders in order to reorganise the AMU junior doctor rota and staffing, and set up a ‘POD’ system whereby one junior was allocated a ‘POD’ or bay to look after for the whole day.

The new system of working received positive feedback, with post-implementation data highlighting a reduction in workload and stress for junior doctors, while both nurses and doctors reported it was now a safer system as juniors were able to complete jobs in a more timely manner, and all staff felt it provided clarity on which junior was responsible for which patient.

As the COVID-19 pandemic hit, myself and my chief registrar colleagues became actively involved in the trust’s COVID-19 response. Our role evolved as the pandemic did, but we were involved in projects covering everything from service reconfiguration to staffing and wellbeing.

Particular projects included introducing pre- and post-shift wellbeing checks, writing emergency standard operating procedures (SOPs), setting up a cardiac arrest team huddle, and writing and organising the medical junior doctor emergency rota.

One of the key roles was in helping communication between senior managers and junior doctors at a time when there was a lot of new, constantly changing information, but also a lot of uncertainty. We provided a lot of informal support, but also sent regular email updates and led twice-weekly junior doctor conference calls.

The new system of working received positive feedback, with post-implementation data highlighting a reduction in workload and stress for junior doctors.
Harjinder Kaur Kainth

Organisation: New Cross Hospital, The Royal Wolverhampton NHS Trust
Grade: ST7
Specialty: Acute internal medicine and general internal medicine
Mentors: Dr Kanwaljit Sandhu and Mr Andrew Morgan

The formal chief registrar development sessions helped demonstrate and build important skills, in particular using data to identify areas and measures for improvement; understanding and using both my own and others’ personalities; appreciation of team roles and traits of all team members to optimise efficiency and engagement; and awareness of culture, values and priorities of the trust, to identify interventions that would be supported. Despite the unexpected widespread challenges resulting from the COVID-19 pandemic, I have developed a skill set that will be invaluable in my future work. The ‘dark side’ of medical management now seems a lot less dark!

Aspiring Consultants Programme

Aim: To develop and deliver a leadership and management training programme for registrars.

Early in my chief registrar journey, it became apparent that in my role, I was developing leadership and management skills that are essential for newly qualified consultants. However, the feedback I received from newly qualified consultants was that it was these non-clinical aspects of the job role that they had felt under-prepared for, and had received little or no training in.

Additionally, there was a general dissatisfaction from the medical registrars with regards to leadership and management training, both locally and regionally.

With the support of the RCP tutor and divisional medical director, working with the in-house Leadership Academy, a programme was developed and presented to the medical clinical directors. After negotiation, and balancing training aspects with service provision, protected time was agreed for these sessions.

It was rapidly apparent that the variety of sessions in the programme were applicable to all middle grade doctors aiming for consultancy, no matter their specialty. The programme will be presented to the postgraduate education committee, and the invite extended to non-medical specialties via the clinical tutor.

In the era of COVID-19 and physical distancing, the Aspiring Consultants Programme has been re-worked prior to delivery. The organising team has taken advantage of this, by developing a blended programme including live webinars, face-to-face training and pre-recorded sessions. This is advantageous as the majority of the sessions can be recorded for playback by those unable to attend a live session, thereby being accessible to a maximal audience.

The chief registrar role has provided me with vast opportunities that would not have been explored in the usual trainee registrar post.
Heena Khiroya

**Organisation:** University Hospitals Birmingham NHS Foundation Trust  
**Grade:** ST5  
**Specialty:** Palliative medicine  
**Mentor:** Dr John Ayuk

The RCP Chief Registrar Programme has given me a great opportunity to develop myself as an individual, as well as understand more about how teams and large organisations work. Despite face-to-face teaching being suspended halfway through the year due to COVID-19, I received brilliant online support from the faculty at the RCP to continue in my role and adapt my quality improvement projects. My year as chief registrar was challenging at times, but it has been the highlight of my career so far!

**Improving general medical handover at the Queen Elizabeth Hospital Birmingham**

**Aim:** To design and implement a formal handover system to improve the safety of the acute medical take and the experience of general medical trainees.

Data from the General Medical Council (GMC) National Training Survey 2012–19 shows that trainees at Queen Elizabeth Hospital Birmingham (QEHB) consistently rate medical handover poorly and below the national average. Medical registrars raised issues around handover being unstructured and lacking consultant presence, which contributed to the acute take feeling unsafe. Trainees reported low morale and little on-the-job teaching. Data from serious incidents revealed that key information was being omitted or miscommunicated during handover.

We added a pro forma and attendance registers to handover to give structure and allow the team to monitor staffing levels. A consultant was appointed as general medicine clinical service lead, and consultants changed their working hours to provide on-site presence for handover at 9am and 9pm. These changes were instituted in October 2019.

Internal medicine trainees and medical registrars were surveyed in September and December 2019. Results showed that the pro forma and registers had improved communication, particularly around team members introducing themselves, unwell patients and patient safety concerns. Free-text comments indicated that consultant presence during handover allowed potential safety issues to be flagged up early, and that there was an increased sense of team morale. My favourite comment from the responses I received was ‘the new handover has created a better feeling of togetherness’.

During COVID-19, I was able to use my role as chief registrar to facilitate better communication in handover by inviting the resuscitation officers to attend. The crash team started meeting formally during handover to allocate roles and discuss implementation of our trust’s COVID-19 resuscitation guidelines.

My favourite comment from the responses I received was ‘the new handover has created a better feeling of togetherness’.
Jacqueline Bassett

Organisation: Gloucestershire Health NHS Foundation Trust
Grade: ST5
Specialty: Emergency medicine
Mentors: Rob Stacey

The RCP Chief Registrar Programme has given me a bedrock of skills required to be an effective leader, especially recognising how personality types can work harmoniously together and how to challenge ineffective team working.

The action learning sets brought the ‘hive mind’ together and were excellent to generate ideas, but also provided reassurances that the challenges faced in our projects are ubiquitous and not individual.

Emergency staffing in the COVID-19 pandemic

Aim: Maintain safe staffing and staff wellbeing in the emergency department during the pandemic.

In March 2020 it became evident that hospitals would need to reconfigure to cope with the potential demand of COVID-19 patients.

As a chief registrar in emergency medicine (EM), I undertook the project of managing EM staffing. I developed an emergency, rolling-rota pattern including all EM clinicians, from physician associates to staff grades.

This pattern was sub-divided into teams, each with a senior team leader and teams consistently working together. This allowed an oversight from the team leader on staff wellbeing, improved morale and reduced the handovers required in the department.

Further rationale behind this method was to provide a depth of staffing anticipating sickness, periods of self-isolation and allowing staff to continue to take their annual leave.

Feedback was overwhelmingly positive, with some suggestions of continuing a team-based approach in non-COVID-19 times.

My fellow EM chief registrar and I led bi-weekly EM teleconferences, ensuring we included those self-isolating. This proved invaluable in disseminating information and as an opportunity for staff to raise any concerns.

Redeployed staff were assigned to EM. Integrating clinicians with varying experience of EM was extremely rewarding. These clinicians were given a rapid induction, buddled with an experienced EM trainee and assigned a clinical supervisor. Their feedback was excellent, and it was a pleasure to learn from the likes of ophthalmology and dermatology consultants! Thank you!

The months at the height of the pandemic were daunting, but the management skills I have learnt will hopefully stand me in good stead for leadership roles in the future.

The action learning sets brought the ‘hive mind’ together and were excellent to generate ideas, but also provided reassurances that the challenges faced in our projects are ubiquitous and not individual.
My year as a chief registrar has been a journey of self-discovery of my strengths and weaknesses as a leader. The RCP modules opened doors to networking as well as sharing invaluable resources and creative ideas which I have immensely enjoyed. While the COVID-19 pandemic brought unprecedented disruptions to our projects, it also opened a window of opportunity for me to apply the skills I have learnt in order to lead in a rapid service development.

Ambulatory emergency care (AEC) transformation project

**Aim:** To identify admissions to AEC focusing on numbers, criteria for admission and whether they will be suitable for the general internal medicine outpatient clinic.

The AEC department in Royal Surrey Hospital, Guildford is a shared clinical area among all the adult specialties.

The aim of the project was to improve patient capacity, explore tariffs and maximise opportunities. A prospective audit identified approximately 25% of medical patients admitted to the department would have been suitable for the general internal medicine outpatient clinic. A meeting was set up involving the acute medicine physicians, managers and other key staff.

The project was well-received, and the managers agreed to explore aspects such as room bookings and more importantly negotiating contracts and tariffs for the clinics.

During the COVID-19 pandemic, our trust devised a strategy to provide high-level respiratory support in the form of continuous positive airway pressure (CPAP) in the management of hypoxaemic respiratory failure outside the intensive care zone. I had the privilege to work alongside a dynamic interdisciplinary working group including senior clinicians, physiotherapy, nursing and the trust executive teams in the development of a brand-new service.

I was entrusted to lead a group of middle-grade doctors in the development of:

- care of CPAP pathway
- ST-elevation myocardial infarction (STEMI) thrombolysis in COVID-19 guideline
- a teaching and education programme for a local and international audience in Aga Khan Hospital Karachi, Pakistan
- a single clerking pro forma
- junior doctors’ wellbeing.

For me, this has been a rewarding year and I hope the work of the current chief registrar cohort will continue to inspire future applicants.
Justine Loh, Sabrina Black, William Orchard

Organisation: Royal Berkshire NHS Foundation Trust
Grades: ST5–ST7
Specialties: Emergency medicine (JL), medicine (SB) and intensive care medicine (WO)
Mentors: Dr D Mossop and Dr A Evans

We have enjoyed every moment of this year – getting to know each other, the hospital, the people, and ourselves!

1. Royal Berkshire Hospital emergency medicine (EM) e-platform for education and training
2. Patient pet therapy
3. Establishing courses: Critical care, ultrasound and paediatric procedural sedation, ‘Registrar Ready’
4. Bi-annual medicine department induction
5. Hospital at Night (H@N) handover improvement
6. COVID-19 – rota management, interdepartmental communication, virtual training
7. FY1 handbook and trust induction

... and several more!

Project aims
1. To improve the delivery and accessibility of EM education and training using a digital platform.
2. To create, implement and deliver a regional critical care course for internal medicine training (IMT) trainees.
3. To introduce pet therapy to improve intensive care unit (ICU) patient experience and recovery.
4. To develop and introduce a formal medicine department induction to help junior doctors adapt to the trust and local department.

Key successes
The digital platform has now been extended across the trust to include radiology, ICU and the anaesthetics department.

The critical care course now runs four times a year to coincide with the start of IMT trainee placements. The first two received hugely positive reviews.

The formal medicine induction project has been developed into a handbook to share and highlight QI projects within the hospital.

Our top 10 lessons learned:

> Learn how to say no!
> Meet as many people within the organisation as feasibly possible.
> Involve stakeholders early and be creative with ways to engage with them.
> Know yourself, what you’re good at and especially what you’re not good at…
> Be transparent and consistent about your core principles, values and vision.
> Positive team culture wasn’t built in a day.
> Understand your team, their roles and what motivates them.
> Not everything you achieve can be measured.
> Expect the unexpected – especially in a pandemic…
> Implementing change is difficult.
Karwai Tsang

**Organisation:** King’s College Hospital  
**Grade:** ST7  
**Specialty:** Acute medicine  
**Mentor:** Dr Caroline Elston

The RCP Chief Registrar Programme has provided me with an opportunity to develop leadership and management skills through experiential learning. As the chief registrar during the COVID-19 pandemic, I was involved in the redeployment of doctors into medicine and the creation of the emergency rota. I now have a far greater understanding of the complexities of NHS management structures and a greater appreciation for the work performed by the operational teams.

**Improving Hospital at Night**

**Aim:** To improve the working experience of junior doctors during night shifts while improving patient safety.

This was a collaborative project involving all teams involved with Hospital at Night. The first instance was to improve the day-to-night handover, making it a more structured and efficient process. This process was optimised during the COVID-19 period, where I created a handover script to follow for doctors not used to working in medicine.

The next step was to improve the support structures in place for the junior doctors working on the wards. An important aspect of managing deteriorating patients overnight was to ensure escalation of care was appropriate and timely. A regular 1am night meeting between the medical ward team, site team and the critical care outreach team was set up such that these discussions could be held in an informal and safe space.

Bleep filtering is the next stage of development for the Hospital at Night process. There are now ongoing discussions with the site team to assist with bleep filtering and work prioritisation in order for the medical teams to be able to focus on patients in need of urgent attention overnight.

Staffing levels were addressed and a night registrar to manage the wards was suggested as an extra level of support for the ward doctors. This was implemented during COVID-19 and has remained a feature of Hospital at Night due to the positive feedback received.

I now have a far greater understanding of the complexities of NHS management structures and a greater appreciation for the work performed by the operational teams.
Katharine Warburton

Organisation: London North West University Healthcare NHS Trust
Grade: ST6
Specialty: Acute medicine
Mentors: Jon Baker and Rachel Tennant

The chief registrar role provided me with a unique opportunity to engage with clinicians and management to effect meaningful change. The programme has helped me develop my confidence and skills to lead challenging projects, which in turn has enabled me to reflect on the rare insight I have been shown into the inner workings of a complex healthcare organisation. I felt I had a voice that would be listened to by key people at all levels and therefore I had a responsibility to my colleagues to use it, to not only improve systems and processes, but also their working lives.

Project 1: Improving the efficiency of the medical take
Project 2: Redeployment of medical staffing
Project 3: Redesign of junior doctor rotas

Aims: 1. To identify the proportion of patients directly discharged from the medical take to redirect them towards same-day emergency care (SDEC).
2. Redeployment of all junior doctors to adequately staff inpatient wards during the COVID-19 pandemic.
3. Redesign of junior doctor acute medical rotas to reduce burnout, increase training opportunities and maintain compliance.

I have been very lucky during my chief registrar year to be involved in a vast number of interesting projects: aiming to streamline the medical take, investigate digital solutions for an enlarged medical high-dependency unit, improve pandemic staffing, redesign rotas, host junior doctor forums and prioritise accurate treatment escalation and resuscitation decision making.

The medical take is very busy, often with patients waiting hours to be seen. I showed that 20% of the acute medical take patients were discharged either before or at the time of post-take. This suggests that these patients could have could have alternatively been seen in SDEC. I wrote a pathway for direct referral to SDEC, after analysing the discharged patients to determine presenting complaints and National Early Warning Score (NEWS). We developed a good appreciation of where the opportunities for expanding SDEC lie; now more patients are being seen by SDEC than before.

COVID-19 tore through north-west London in weeks, tearing up the roots and foundations of every service, every specialty and every healthcare worker. Yet, COVID-19 also served as a catalyst which, when harnessed, could be used to free up finance, focus meandering projects and hasten much-anticipated major change.

This certainly proved to be the case with junior doctor rotas, wellbeing and morale. During the COVID-19 pandemic, junior doctor forums were held weekly, where we listened to concerns and advertised wellbeing packages. We entirely rewrote rotas, not only thinking about service provision, despite the overwhelming nature of the pandemic, but with the junior doctor in mind.
Kath Sutherland

**Organisation:** Southmead Hospital  
**Grade:** ST7  
**Specialty:** Anaesthetics (chief registrar time spent in the medical division)  
**Mentor:** Dr Kieran Flanagan

Chief registrar training has helped me in two ways. I gained tools to plan a project from scratch; justification, clear aims and intended benefits, stakeholders and team members, metrics, risks, and milestones along the way. These will be invaluable for future impactful projects. Through the multitude of personality typing, leadership and team role assessments, I have more insight into my strengths and weaknesses, so I can manipulate these to my benefit to effect change.

**COVID ‘cross-skill’ redeployment training medical workforce restructure**

I have been involved in many projects but those I am most proud of are outlined below.

**Cross-skill training for ‘Non-ICU megateam redeployment’**

I presented my project initiation plan to ‘Silver Command’ early in the COVID-19 surge. They approved training for 150 doctors, all redeployed outside their base specialties. This involved face-to-face training, with online ongoing training. This was written up as a rapid COVID-19 report in the RCP’s *Future Healthcare Journal*.

A subsequent regional redeployment survey (involving four hospitals and all the chief registrars in the Severn Deanery region) has provided themes for improvement locally and regionally for future redeployment, presented locally at each hospital, and nationally at the Virtual Leaders in Healthcare Conference 2020.

**Medical workforce conditions improvement**

My aim was to improve medical trainee wellbeing by improving rotas, triggered by trainee dissatisfaction, confirmed by a survey.

I set up a medical workforce group, allocated trainee rota writers, oversaw new guidelines, increased divisional staffing for rota problems, contributed to future strategy planning, annual leave and study leave policies and supervised trainees to rewrite all the rota lines.

This has resulted in more control about rota rules, and ability to get rotas to trainees earlier. Trainees can contact the division more easily with rota queries and there is now more flexibility within rotas for annual leave and study leave.

Through the multitude of personality typing, leadership and team role assessments, I have more insight into my strengths and weaknesses, so I can manipulate these to my benefit to effect change.
Kim Royle

Organisation: East Lancashire Hospitals NHS Trust
Grade: ST4
Specialty: Geriatric medicine and general internal medicine
Mentors: Dr Shenaz Ramtoola, Dr John Dean and Miss Suzanne Gawne

In a challenging time for the NHS, I have felt privileged to have had the opportunity and have thoroughly enjoyed the challenges and rewards of the chief registrar experience. For me, it was a year of two halves; the first was spent gaining deeper insight into clinical leadership and understanding the complexities of introducing change in an NHS hospital. The second was spent using the skills and knowledge acquired to expand my own leadership and communication skills in helping to lead and influence changes required to tackle the coronavirus pandemic. The year has brought many lessons in how to manage uncertainty (both personal and that experienced by others), how to structure and chair effective meetings and how to adapt to rapid change.

Improving the induction process for junior clinical fellows

Aim: To provide a more structured induction programme, with the emphasis on providing support and any necessary training for the junior clinical fellows (JCFs) who start work at the trust throughout the year.

After recognising the diverse range of training and pastoral support needs of the JCFs, I worked with the postgraduate department to help structure their induction programme. This included creating an information booklet providing guidance on supervision, creating a portfolio, teaching and project opportunities etc.

I also devised checklists to identify additional training and support needs. The benefits are assisting doctors to settle into their roles while providing assurances for the trust that a relevant induction had been received and learning needs identified early. While I helped design a teaching programme to accompany this, due to COVID-19, this has yet to be started.

In response to COVID-19, my unique position allowed me to support changes and understand issues faced as part of the frontline doctor workforce as well as part of the management team helping shape the response. I could then provide a two-way link between junior doctors and senior management. I helped redesign the medical on-call rota, kept the on-call teams up to date with the latest guidance and changes, escalated concerns and provided support to help maintain morale in rapidly changing and uncertain times. I facilitated inductions and ongoing support for doctors redeployed into medicine and for the new interim foundation doctors.

With colleagues in geriatric medicine, we set up advanced communication skills sessions to help equip colleagues of all grades with the skills to have the difficult discussions around topics of ceilings of care, resuscitation and palliation over the phone with relatives.

In a challenging time for the NHS, I have felt privileged to have had the opportunity and have thoroughly enjoyed the challenges and rewards of the chief registrar experience.
Laura Gillis

Organisation: Sheffield Teaching Hospitals NHS Foundation Trust
Grade: ST7
Specialty: Renal medicine
Mentor: Dr Jennifer Hill

I am now more aware of the general day-to-day running of the hospital and how rapidly change can be brought about in the midst of a pandemic. It has also become clear through participating in the RCP programme why certain teams work more effectively together than others and achieve results. Through having the title of chief registrar I have had the chance to collaborate with a variety of trust-wide staff members, and as a result have become involved in a multitude of projects involving patient safety and junior doctor wellbeing with COVID-19 planning being at the forefront. All of this I couldn’t have achieved without the invaluable support of my mentor.

Improving the care of the deteriorating patient

Aim: To improve on the response time for both assessment and management of a critically unwell ward patient through the implementation of a rapid response team model.

My time being the chief registrar has primarily been focused on improving the care of the deteriorating patient. This key issue impacts on patient safety, junior doctor workload, morale and government targets, eg Commissioning for Quality and Innovation (CQUIN).

A trust-wide audit showed a poor ‘in hours’ response time to patients with a NEWS2 score >7. Improving on this would lead to a reduction in the number of cardiac arrest calls, unplanned intensive treatment (ITU) admissions and potentially mortality rates. There may also be financial gains for the trust due to reduced length of stay.

I contacted numerous trusts to ascertain how they operated, and discussed the best model with a national leader in this field. It became clear through this that a team approach was needed; as a result discussions were held with key stakeholders, with the aim to work together to devise the most suitable team. We were really beginning to make headway until the COVID-19 pandemic struck and all non-essential meetings and projects were put on hold. I still hope that we can restart discussions to move forward.

My goal during the pandemic became focused on ensuring essential information was delivered to junior doctors. I worked with the medical director in delivering webinars, and set up a COVID-19 link registrar for each specialty. This was a crucial communication channel and thus will continue post-COVID-19, linking the chief registrar with the opportunity to develop leadership and management skills with the additional aim of feeling more of an integral member of the trust.

The RCP Chief Registrar Programme has given me the opportunity for self-development, to learn how to lead effectively and to influence change; a truly invaluable experience.
Letitia Dormandy

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

The RCP Chief Registrar Programme provided support and practical advice about how to develop a project and engage key stakeholders. This was not only useful in the project that I was originally assigned, but as the COVID-19 pandemic developed over the course of my chief registrar year.

Non-invasive ventilation on the acute care unit

Aim: Improve the use of bi-level positive airway pressure (BiPAP) on the acute care unit.

At the start of my time as a chief registrar, I chose to focus on the use of BiPAP. BiPAP is a type of non-invasive ventilation used to treat those in type 2 respiratory failure in those with chronic obstructive pulmonary disease (COPD) exacerbations.

The project initially looked at the use of BiPAP on the acute care unit at Homerton Hospital. This was already being used but there was no local policy or guidelines for its use. The project examined this in detail and a local policy was developed for its use.

As the implementation of this was underway, the COVID-19 pandemic developed. My focus shifted to assisting with the changes and the challenges this produced. One of many such challenges was being used to treat the type 1 respiratory failure in those diagnosed with COVID-19. Alongside the respiratory and acute medicine teams, I developed a guideline for the use of continuous positive airway pressure (CPAP) in COVID-19. In addition, I set up a daily multidisciplinary team meeting with senior clinicians including respiratory, emergency department and intensive treatment unit consultants to review the patients on CPAP in the hospital and help in treatment decisions.

While working in this role I learnt the importance of resilience and teamwork. This was a time of great change. Learning to manage this with constant pace of change was essential. I was privileged to be working within a wider team from which I learnt skills of prioritisation and resilience. This role allowed me to develop my leadership skills and learn lessons that will stay with me throughout my career.

This role allowed me to develop my leadership skills and learn lessons that will stay with me throughout my career.
Applying to medical school and succeeding academically concentrates one’s efforts on personal achievement and self-management. Similarly, postgraduate medical training emphasises managing patients, departments and completing specific management tasks. The RCP Chief Registrar Programme teaches the difference between management and leadership and the importance of self-knowledge for those in leadership positions. Understanding what leadership is and team dynamics has helped me appreciate that the problems I was seeking to address could not simply be solved by improved knowledge of processes/policies or training programmes, and required engagement and contributions from a broad range of staff.

Reducing violence and aggression in the emergency department

**Aim:** To reduce the proportion of incidents of violence and aggression reported via Datix categorised as resulting in severe or moderate harm by 50% by August 2020.

Data from incidents reports supported staff perceptions that the majority of violence and aggression experienced in the emergency department (ED) is psychological rather than physical. Results from two staff surveys also indicated that psychological harm is underreported for a number of reasons, including the perceptions that no action would be taken and that such behaviour was ‘normalised’.

It was discovered that the current policy wasn’t workable in the ED and a revised policy will have changes that will simplify procedures and make it more likely that those who meet criteria are subject to formal proceedings.

Current work is concentrating on changing perceptions regarding the implementation of the policy in the ED so that staff are motivated to both report incidents and feel safe to practise de-escalation techniques.

COVID-19 interrupted work on my project; however, I was able to contribute the hospital’s response to the pandemic. Early on, I helped develop social media communication networks to disseminate important information quickly to staff, as well as helping to create a peer support network, which included training for volunteer ‘welfare ambassadors’ from a clinical psychologist. This scheme has since become a subject of a research project by a colleague in the Education Academy.

After the initial few weeks of the pandemic, I also began holding fortnightly junior doctor forums (JDFs) to help manage problems faced by junior doctors, and in particular manage the inevitable anxiety cause by such frequent changes to rotas, teams and working conditions.

The RCP Chief Registrar Programme teaches the difference between management and leadership and the importance of self-knowledge for those in leadership positions.
Holding the role of RCP chief registrar for a year gave me dedicated time for quality improvement, educational initiatives and wellbeing projects that I would not have had otherwise. The programme itself also taught me invaluable lessons about leadership and I had many opportunities to reflect on my own style and development as I progressed throughout the year. The programme offered instruction and ideas for ongoing projects, and being part of the network of chief registrars across the country provided a welcome support, especially during the coronavirus pandemic.

As a response to reports of inadequate handovers of unwell patients at night, I set up a multidisciplinary night safety huddle within the emergency department. This qualitatively improved the team working of various specialties and led to improvements in communication, with positive feedback from all involved.

With my chief registrar colleague, we started a joint project aiming to improve time to treatment for patients within the emergency department. We trialled several methods of a senior doctor-led enhanced triage, and secured funding for the requisite staff to support this process. Unfortunately, the coronavirus pandemic halted our progress further, but this has now been taken forwards by our successors.

During the coronavirus peak, wellbeing and education were vital projects. I devised a doctor ‘Buddy System’ within the emergency department, encompassing doctors from F1 to consultant, to aid wellbeing and team working. I set up a virtual education programme for our middle grade doctors to enable ongoing training opportunities, and subsequently devised in situ multidisciplinary paediatric and adult cardiac arrest COVID-19 simulations.

Within the trust, the rapid changes that were occurring often were not able to be disseminated in a timely way, so I set up a bi-weekly junior doctor teleconference call, led by one of the four chief registrars and chaired by the medical director, director of medical education and guarding for safe working. These calls were received positively as they acted as a link of communication between junior doctors and senior management at a time of great uncertainty.

The programme itself also taught me invaluable lessons about leadership and I had many opportunities to reflect on my own style and development as I progressed throughout the year.
Luke Sammut

**Organisation:** Hampshire Hospitals NHS Foundation Trust  
**Grade:** ST6  
**Specialty:** Rheumatology and general internal medicine  
**Mentor:** Dr Lara Alloway

The RCP Chief Registrar Programme has been one of the most useful experiences in my career so far. It provided me with the tools as well as support needed to improve outcomes for patients, teams and services. I felt empowered and in a perfect position to drive and enable change.

**Developing a teaching programme and support network for international medical doctors in Hampshire Hospitals NHS Foundation Trust**

Prior to the development of this new programme, questionnaires were sent to international medical doctors to try and identify the learning needs and build content of the teaching programme based on their feedback.

The plan was to hold monthly teaching sessions (2 hours each session) and the programme was started in January 2020. The first hour was focused on soft skills like communication, presentation skills and career development. The second part was more clinical-based and gave an opportunity for the international medical doctors to present a research or clinical topic of their choice.

The programme also acted as a new support network between international medical doctors.

Feedback was collected after the teaching, and doctors who participated were provided with certificates of attendance.

Feedback was extremely positive, with the international doctors feeling more supported and having a better working experience at Hampshire Hospitals. Unfortunately, the teaching sessions had to be stopped in April 2020 due to the peak of the COVID-19 pandemic. The project has now been handed over to the new chief registrar to continue to develop this programme further.
The key theme which came out of this experience was the importance of communication and the importance of direct visibility of senior management and clinicians when going through such significant change and uncertainty. I was delighted to have collaborated with my fellow chief registrars on my experience in an article published in *Future Healthcare Journal*.

Although my year was a little different than planned, it has undoubtedly been one of the most insightful and rewarding of my career.

**Hospital response to the COVID-19 pandemic**

**Aim:** To look after junior doctor wellbeing amidst responding to COVID-19.

Having worked in the NHS for over a decade, I was keen to understand healthcare from a managerial perspective. Witnessing low morale among juniors, I was keen to focus on wellbeing during my time as chief registrar. I organised a networking event with senior clinicians and management at the main junior doctor induction. While in the midst of organising a staff wellbeing week, my plans got thwarted by the onset of COVID-19.

Instead, I launched into strategic planning of our hospital’s response to the pandemic. As a key member of the hospital pandemic executive group, I represented junior doctors on pandemic-related matters. I was responsible for redesigning new inter-specialty rotas and redeployment of junior doctors and other professionals to intensive care. Our capacity trebled to around 80 intensive care beds, including 10 for extracorporeal membrane oxygenation (ECMO).

Conscious to safeguard the wellbeing of our staff during these challenging times, I was involved in setting up a wellbeing space for frontline workers, which included a relaxation room and a drop-in psychology service. I sat on the clinical reference group and was responsible for devising standard operating procedures in response to the pandemic.

Although my year was a little different than planned, it has undoubtedly been one of the most insightful and rewarding of my career.
Mike Davies

Organisation: Countess of Chester NHS Foundation Trust
Grade: ST5
Specialty: Gastroenterology
Mentor: Dr Tina Maheswaran

The development programme has been extremely helpful during a very challenging year for all. The chief registrar training developed my teamwork and leadership skills, improving my ability to work effectively within ever-changing teams and working environments. I have also gained the knowledge and skill set required to lead clinical change and tackle local quality improvement projects.

Developing gastroenterology services

Aim: To identify and address areas within the gastroenterology department which can be improved or developed to achieve beneficial clinical change.

This has been a fascinating and rewarding year for both my clinical and leadership development. The chief registrar role provided a unique opportunity to act as a bridge between junior doctors, senior clinicians and hospital leaders during an unprecedented time, and to be actively involved in service delivery and hospital coordination through a challenge we have never experienced before. Although original projects were impeded, others developed and I gained valuable experience in working as a clinical leader, service development and implementing clinical change.

My projects included:

Biologics service
Improving efficiency of the current biologic infusion service within the gastroenterology department. This project resulted in a clinical change, safely reducing the time patients spend in hospital for their infusion, creating additional capacity within the unit.

Gastro Day Unit
A project delayed due to the pandemic; however, work has restarted on creating a Gastro Day Unit to support early discharges and prevent unnecessary hospital admissions. The unit aims to facilitate day case procedures (ascitic drains etc), early ward discharge reviews and delivering inflammatory bowel disease therapies.

Junior doctor engagement
A crucial aspect of the chief registrar year, particularly as COVID-19 progressed. The pandemic had a huge impact on junior doctors (rotas, annual leave, redeployment etc) and the chief registrar role allowed me to represent junior doctors, lead forums and promote engagement with hospital management. This aspect provided some of the most valuable experience I gained during my year.

Duty list
Development of a regular duty/urgent inpatient endoscopy list. Previous practice had shown delays for inpatients requiring an endoscopy. Now, the duty list provides protected inpatient sessions, allowing patients to undergo their procedure sooner.

The chief registrar role provided a unique opportunity to act as a bridge between junior doctors, senior clinicians and hospital leaders during an unprecedented time.
Miriam Thake

Organisation: Great Western Hospital
Grade: ST5
Specialty: Geriatrics
Mentor: Dr Carolyn Mackinlay

The chief registrar year has been both the most challenging and rewarding year of my training so far, providing insight into the workings of departments, hospitals, senior management and the wider NHS. Having the time to reflect on my own personal leadership style and develop my leadership and quality improvement skills alongside theoretical teaching and observation of senior management at work has allowed me to better understand the process of improvement, facilitate better team working and contextualise healthcare leadership and change.

Learning lessons from COVID-19 redeployment

Aim: To understand the impact of COVID-19 redeployment within the Severn Deanery and identify key themes and actionable lessons in preparation for potential future redeployment.

The spread of COVID-19 meant that many of our local chief registrar projects had to be paused or abandoned as ways of working and priorities rapidly shifted in anticipation of the pandemic. I had been focusing my efforts on improving the safety of the medical ‘take’, but as processes and flow within the hospital were altered, meetings were cancelled, run charts halted and the focus for change, rightly, shifted elsewhere.

In response to the pandemic, I coordinated the Severn Deanery chief registrars to work in collaboration to understand the local and regional impact of redeployment. We designed this project with particular focus on welfare and upskilling training to try to understand the impact of the first ever widescale NHS redeployment exercise.

A regional questionnaire resulted in 354 responses from four acute trusts across the south west of England. These responses suggested similar positive and negative themes across the different trusts from doctors who were themselves redeployed or worked with redeployed doctors.

This information was then shared with each of the trusts to help inform any future decisions regarding redeployment and is due to be presented at the Leaders in Healthcare conference.

Having the time to reflect on my own personal leadership style and develop my leadership and quality improvement skills alongside theoretical teaching and observation of senior management at work has allowed me to better understand the process of improvement, facilitate better team working and contextualise healthcare leadership and change.
Muhammad Umar Khan

Organisation: Nottingham University Hospitals (NUH) NHS Trust
Grade: ST5
Specialty: Emergency medicine
Mentor: Dr Frank Coffey

Through the RCP Chief Registrar Programme I have found the leader inside me. I was able to, for the first time, find time to explore myself as a leader and not simply a clinician. After this year, I can now understand why a clinician needs to learn non-clinical skills as much as clinical skills. I feel I will be able to look after my patients much better, and help develop a culture where my patients will benefit most.

Let’s get together and improve our skill in the world of non-clinical medicine
Aim: To improve engagement and morale of emergency medicine trainees in the trust.

Emergency medicine is a hard-to-fill specialty. Queens Medical Centre is the region’s major trauma centre with around 500 employees, and is considered one of the busiest in the country. Working in such an environment is a challenge which can only be overcome by engagement, morale and motivation. All of my work was towards improving engagement of registrars within the department, thereby improving recruitment and retention.

Rota management. The first step was to develop a rota that was not just contract compliant but maintained work–life balance. For this I worked with HR, finance, the head of the School of Emergency Medicine and the workforce lead within the department to develop one of the best rotas in the region.

Motivation. In order to improve motivation, we changed the colour of registrar scrubs, highlighting them as senior clinicians in the department. This helped everyone in the department identify senior decision-makers easily and for the registrars, recognition as senior members of the team.

Education. We developed a multiprofessional departmental educational programme which delivered teaching to not just doctors, but nurse practitioners, nurses and care assistants. This gave registrars the leadership opportunity to engage with the whole department. It broke a lot of barriers and teams came together to develop cohesive learning. We learnt a lot from this programme. Unfortunately, we had to stop, COVID-19 being one of the reasons, but it did set the foundation of further educational programmes being run in the department.

Senior leaders’ forum. I was able to develop a full-day teaching programme for all registrars every month. After establishing this with the help of the head of services, we set up a senior leaders’ forum where all registrars would have an hour with all consultants in the department to discuss issues and their solutions.

Interface groups. Our emergency department has various interface groups which interact with specialties. These groups are led by consultants and comprise nurses and nurse practitioners. Registrar involvement was always missing due to lack of engagement. Fortunately, with all the measures above, we were able to improve engagement across all groups.

NUH Virtual Conference. Despite COVID-19, we were able to host the first virtual conference for doctors in July with good turnover from participants from various specialties.

Now that I have moved on, my work is carried forward by the next chief registrar who is building further relationships across the department and with other chief registrars in the region.
Muhammad Waqas Khan

Organisation: The Dudley Group NHS Foundation Trust
Specialty: Cardiology
Mentor: Dr Paul Hudson

Good leadership is vital in delivering safe and high-quality medical care to our patient. This leadership development programme has helped me to understand various aspects of medical leadership and build strong interpersonal and professional values, and to acquire non-technical skills that played a vital role in responding to local challenges of improvement of medical handover and how to respond to them by taking all concerned departments on board.

Out-of-hours medical handover

Aim: This project was carried out to streamline the medical handover process out of hours in the trust. Prior to this there were not any set practices that were being followed.

The medical handover is an important aspect of patient care. Prior to this project there weren’t any local guidelines for handover and practices varied among colleagues. That sometimes created lapses in continuity of care.

We devised a project to collect data from medical on-call teams about their understanding of medical handover and their suggestion to improve this process. 50% of respondents were ST3 and above. 70% of respondents agreed that a change in current handover practice was needed.

The problems identified were: no clear escalation plan, sometimes not enough identification data of patients and also handover punctuality. A prepopulated pro forma was devised in line with RCP medical handover guidelines, and after approval from management, it was implemented.

Printed copies were placed in the handover room and it was agreed to return the handover data from last day back for audit purposes. After 1 month of implementation of the new pro forma, medical teams were contacted again for their opinion about the new handover process. 74% of respondents agreed that the new handover pro forma has improved handover processes and is helping in improving quality of care. The previously mentioned issues of insufficient identity and escalation plan ambiguity have largely been improved after using the standard handover pro forma.

74% of respondents agreed that the new handover pro forma has improved handover processes and is helping in improving quality of care.
Mya Dilly

**Organisation:** Great Western Hospital, Swindon  
**Grade:** ST5  
**Specialty:** Emergency medicine  
**Mentor:** Dr S Haig

The RCP Chief Registrar Programme year provided an invaluable opportunity. We had a supportive environment, protected time, a dedicated mentor, a formal teaching programme and direct access to the hospital senior management team. This allowed a grounding in the theories of leadership and change management while providing opportunities for practical application.

**Improvement of triage performance in a crowded emergency department**

**Aim:** To increase the percentage of patients who arrive by ambulance and are triaged within 15 minutes.

Emergency departments throughout the country are struggling with increasing numbers of attendances and long departmental stays, without a corresponding increase in space or staffing to care for them. Great Western Hospital is no different. We were faced with static percentage triage times and an overcrowded assessment space.

Driver diagrams were used to identify areas of focus; we did a number of rapid plan, do, study, act (PDSA) cycles and sought qualitative feedback from the team while consulting run charts to monitor our quantitative improvement.

We altered our use of the departmental footprint and rewrote our standard operating procedure for arrivals. We defined the information that was needed for a focused triage and provided technology to aid this process.

During the 2 months after our main interventions, 85% of patients who arrived by ambulance were triaged within 15 minutes. In the 2 months prior to starting our project, the corresponding figure was 29%.

During this year, I was also engaged in a number of other projects. These included setting up a ‘Midnight Huddle’ with my co-chief registrar Miriam Thake.

COVID-19 brought its own challenges, and our roles as chief registrars and middle leaders became even more pertinent. A number of us reflected on this in a recent article in *Future Healthcare Journal*. Our roles during the COVID-19 mass redeployment and the networks enabled by the RCP programme has led to a regional piece of work looking at what lessons can be learnt and what processes can be improved should another redeployment be needed.

COVID-19 brought its own challenges, and our roles as chief registrars and middle leaders became even more pertinent.
Natasha Shrikrishna

**Organisation:** Morriston Hospital, Swansea  
**Grade:** ST6  
**Specialty:** Endocrine and diabetes and general internal medicine  
**Mentor:** Dr Manju Krishnan

The chief registrar role has been an incredibly rewarding experience. I was able to provide a bridge between senior decision-makers and junior doctors. My role as the chief registrar gave me a voice to question decisions which would affect the whole hospital. The RCP training days were valuable in helping me understand the tools in making changes and the challenges we can face in achieving change.

**Managing the challenges faced by COVID-19**

**Aim:** The junior doctor workforce response to challenges faced by the pandemic.

My plans for a new ambulatory service in Morriston Hospital were placed on hold due to the COVID-19 pandemic. This pandemic was a scary and new experience for everyone, and united different specialties and placed people out of their comfort zone.

My role as the chief registrar was to unite all the junior doctors in this pandemic, which helped me get to know trainees very quickly. I had the opportunity to attend regular meetings with senior leaders and consultants. Discussions were underway as to how the hospital was going to change. This allowed me to witness the difficulties we all faced during the time, the uncertainty as to how long this would go on for and what changes need to be implemented quickly.

My aim was to create and optimise the new junior doctor rota to ensure adequate cover across the acute take and inpatients. I ensured I took into account sick leave as I anticipated the sick level would be high.

I worked collaboratively with another registrar, medical HR and the clinical lead for medicine. I redesigned the rota from FY1 to specialist registrars for medicine and linked in with different trainees from non-medical specialties to encourage them to help fill the gaps. I led simulation training and teaching with doctors from non-medical specialties to help them feel comfortable in managing the acute medical take.

Feedback was collected from junior doctors who felt this situation was sorted quickly and in a timely manner, and they were supported into having to make these changes. We were even able to anticipate the COVID-19 rota for the second wave.

My role as the chief registrar gave me a voice to question decisions which would affect the whole hospital.
Neil Bailey

Organisation: Aintree University Hospital
Grade: ST7
Specialty: Nephrology
Mentor: Dr Tristan Cope

This leadership and development programme provided an excellent structure to help me make the most of a rewarding year. The world cafés were a brilliant forum to share ideas and have constructive feedback on how to go forward. Beyond that, the sessions we had on personality and leadership enabled me to not only perceive my strengths, but be better equipped to see how others view me and the consequences this may have on a team I am in and my ability to lead.

Improving induction for medical staff at Aintree University Hospital

Aim: To improve the quality of both the content and organisation of the doctors’ induction.

One of my specific goals was rejuvenating the organisation and content of Aintree University Hospital’s trust induction, improving this from a 5-day induction that lacked all of the information needed to efficiently commence the job, to a streamlined process consisting of a 2-day induction. This improved content and included time for mandatory regional training which was not being achieved previously.

Change was driven by my own personal experiences of the induction, in addition to poor feedback from trust surveys and the General Medical Council (GMC) survey. We were working towards e-induction but coupled with COVID-19, this rapidly became necessary. My role was putting forward the change and leading the project.

Another large part of my work has been reviewing how we manage the patient’s journey through the hospital and making this more streamlined and efficient. This was initially fact finding and audit work. With this information, I was able to implement a standard operating procedure of who medicine should accept, thus reducing inappropriate referrals. We have stopped direct conveyancing to medicine from the emergency department after 8pm when it was shown to worsen the patient journey.

We have enforced a policy in the emergency department ensuring all of the patient’s appropriate regular medications are prescribed at the initial review so that patients are safe until they are seen by medicine. We have also been able to enable greater focus overnight on the patients most in need, with less input for medically stable patients and those patients who already have a senior plan from a specialty team.

The world cafés were a brilliant forum to share ideas and have constructive feedback on how to go forward.
Nicholas Wong

Organisation: University Hospitals of Leicester (UHL) NHS Trust
Grade: ST7
Specialty: Infectious diseases and general internal medicine
Mentor: Dr Lee Walker

The RCP Chief Registrar Programme has broadened my perspective by helping me to understand how others think and make decisions, allowing me to adapt my own style to effect change. Observing the variety of personality types, how they interact with each other and how to overcome barriers to change within an organisation have been the most useful learning points for me. Despite the disruptions caused by COVID-19 to some of my projects, the training helped me refocus and work on other ways to improve conditions around my hospital.

1) Travel clinic
2) Junior doctor morale during COVID-19

Aims: 1. Creation of a clinic providing specialist pre-travel advice for patients planning overseas trips along with income generation for the trust.
2. Representing junior doctor views at trust COVID-19 planning meetings and maintaining morale.

Travel clinic
> The idea of a travel clinic run by the infectious diseases (ID) team had been considered several times previously. A staff survey to gauge interest showed overwhelming enthusiasm among colleagues from all departments and areas.
> A pilot project was envisioned with the service being offered free to staff members, and then expanding to become a profit-making venture for the trust involving the general public once the initial groundwork was laid.
> Input was received from the ID team, pharmacy and nursing staff.
> A complete business case was submitted and set for approval just prior to the COVID-19 pandemic, and so the project can be resurrected once the global situation improves.

Junior doctor morale during COVID-19
Following the onset of the COVID-19 pandemic, I opted to shelve most of my projects and tried to lead from the front during my clinical time, while feeding back questions and concerns from junior doctors on the shop floor to the upper echelons when not on the wards.

While doctor morale was on everyone’s minds, the previous ways of trying to address it (face-to-face meetings, social events) often no longer applied. I maintained visibility by leading the ID team in visiting every department to allay fears, dispel rumours and advise on personal protective equipment (PPE). Often, small measures like asking colleagues ‘are you OK?’ would provide enough reassurance that we were all in this together.

Thanks to this team mentality, UHL did very well for overall patient outcomes, and recruited large numbers of people into research studies.

Observing the variety of personality types, how they interact with each other and how to overcome barriers to change within an organisation have been the most useful learning points for me.
Rachel Emery

Organisation: Epsom and St Helier University Hospitals NHS Trust
Grade: ST5
Specialty: Geriatrics and general internal medicine
Mentor: Dr Simon Winn

The opportunity to develop as a clinical leader with the support of the RCP Chief Registrar Programme has been invaluable, never more so than this year during a global pandemic. The platform provided by the role enabled me to engage with senior leaders in the trust to work together and deliver effective change, often at short notice. I have had the unique opportunity to work across traditional boundaries and developed the confidence to challenge constructively in order to effect meaningful improvements. It is these experiences that have been instrumental in shaping the most rewarding year of my training thus far.

Foundations of frailty – developing a frailty education strategy

Aim: Design and implement a frailty education strategy to deliver competency-based skills to enable the Surrey Downs Health and Care (SDHC) workforce to deliver effective, high-quality, holistic care to all patients living with frailty.

It is increasingly recognised that identification and management of frailty is a major challenge for health systems. Frailty is a strong and independent predictor of patient outcomes, yet a National Institute for Health Research (NIHR) review found a low level of awareness outside specialist older people’s services. As SDHC evolved as a unique partnership, educating our workforce was essential to raise frailty awareness and provide high-quality, person-centred care.

Utilising the best practice framework by Skills for Health, a tiered education strategy was designed. Tier 1 focused on frailty awareness, tier 2 on frailty recognition and understanding, and tier 3 on managing frailty and the evidence base.

A tier 1 e-learning module was compiled and piloted on a diverse group of SDHC staff. Results demonstrated that 93% of participants felt the session improved their understanding of frailty, while 100% would recommend it to colleagues. In addition, 77% of participants reported that the session would positively change their clinical practice. On completion, participants took a short quiz, with 80% passing.

Following this successful pilot, the module is being rolled out across SDHC and extended to both hospitals in the acute trust. Future work aims to implement tier 2 and 3 programmes for specialist frailty education.

COVID-19 reflections

COVID-19 brought about unique challenges that required adjustments to medical staffing in order to provide safe and effective care. An enhanced rota to support increased acuity and volume across medicine was co-designed. Weekly wellbeing support sessions were set up to share concerns, promote communication and provide a link to senior leaders.

The platform provided by the role enabled me to engage with senior leaders in the trust to work together and deliver effective change, often at short notice.
This clearly was the most difficult yet rewarding year to be a chief registrar. This RCP programme equipped me with practical improvement and leadership insights to understand complexities of change at all levels. I was fortunate to put these into practice while learning from the best leaders in NHS in these unprecedented times. Above all it helped me challenge my own strengths and weaknesses as a middle leader while transitioning into a consultant.

**Improve engagement and experience of 1,000 junior doctors**

**Aim:** To highlight needs of junior doctors and deliver change during their tenure.

**Achievements:**

1. In the first 4 months, I led the most successful trust-wide junior doctor (JD) survey with 435 responses (43.5% as compared with 18% and 11% previously). During walk arounds for the survey, meeting more than 200 JDs, collating numerous JD email groups, and creating a WhatsApp group of 80 trainee representatives and 40 medical registrars helped communication during COVID-19.

2. Working with the Local Negotiating Committee (LNC) and trainee representatives, £10,000 was spent on seven recliner chairs, where £4,000 was saved in negotiations along with a free trial of two sleep pods, worth £10,000 each.

3. I formed a group of 30 JDs for multiple quality improvement (QI) projects. Unfortunately, most were cancelled during pandemic. We organised QI associate training for junior doctors, which was oversubscribed.

4. 46% of responders mentioned lack of breaks at night. Hence, a ‘Bleep Free Break’ project was started and is in the process of launching trust wide.

5. As part of the biggest trust-wide patient flow QI project, I wrote the standard operating procedure (SOP) and played a crucial role in implementing an electronic medical admission list. This difficult to implement culture change at A&E and medical interface was well received locally, shared with another trust and led to a constructive debate on social media!

Although COVID-19 disrupted initial plans, there was steep learning and memorable moments like: a) organising a walk-in Q&A session for 500 staff members in the pre-surge anxiety period; b) meeting and distributing coffee vouchers to frontline junior doctors in March; c) organising a gifts distribution walk by CEO for 77 acute medical unit staff; and d) thank you texts from redeployed trainees. Further, nine of us have published an article in *Future Healthcare Journal* on our experience as middle leaders.
Ravi Gupta

Organisation: Manchester University NHS Foundation Trust
Grade: ST6
Speciality: Acute internal medicine
Mentor: Dr Jon Simpson

My year as a chief registrar has been rewarding by allowing me to tackle improvement projects head on. The combination of protected desk time, coupled with open access to senior management, has been pivotal in allowing me to respond to local challenges within my trust. Working towards consultancy, and to supplement my leadership development, the RCP Chief Registrar Programme has been enjoyable, informative and vital in helping bring about positive change and sculpting leaders of the future.

Developing and standardising medical handover

Aim: To further develop and improve medical handover at a large teaching hospital.

In a wider effort to combat poor morale among an increasingly demoralised and fatigued junior medical workforce, I worked closely with the senior management team to help make small, tangible changes within my trust. A wellbeing survey conducted at the start of the year identified the lack of a structured medical handover as a particular concern for many trainees.

Medical handover is a vital means of information exchange between on-call teams, and failure in handover has been directly correlated to resultant patient harm. Using recommendations from the RCP Acute Care Toolkit 1, areas in need of improvement were identified.

I was able to make changes such as introduce a new structured handover which now utilises the IT facilities available. With the greater awareness of mental health and wellbeing, I also created a new poster for handovers, that clearly set out the various structures in place, both locally and nationally, for doctors who need some additional support.

Monthly observational data were collected and showed continual improvements in terms of doctor satisfaction. Unfortunately, 6 months into my post, the COVID-19 pandemic resulted in a large-scale reshuffle of medical teams. Despite many of the positive changes made being carried forward for the new handovers, I was therefore unable to see whether the improvements did objectively improve patient care and result in fewer adverse incidents.

Going forward, I intend to continue to work to build on the changes already made, ultimately to improve patient safety and care.

The combination of protected desk time, coupled with open access to senior management, has been pivotal in allowing me to respond to local challenges within my trust.
Rebecca Powell

**Organisation:** Leeds Teaching Hospital  
**Grade:** ST7  
**Specialty:** Paediatric emergency medicine  
**Mentor:** Dr Fiona Campbell

The RCP Chief Registrar Programme allowed me to learn and acknowledge my own leadership style and how it can work for and against me. It allowed me to alter my approach to engagement to simulation, which allowed me to encourage more people to participate and to reassure participants that it is a positive thing to be part of.

**Introduction of in situ simulation to the general paediatric team at a large children’s hospital**  
**Aim:** To introduce in situ simulation to Leeds Children’s Hospital general paediatrics team.

Throughout the year, 107 members of staff have participated in simulation. I received feedback from everyone who participated.

The most common theme was the positive effect simulation has on team working, communication and the importance of team leadership and role allocation during scenarios.

The feedback at the beginning was that participants would like more in-depth sessions with more complicated patients/scenarios. We have been working towards this and have achieved sessions in the high-dependency unit with input from the paediatric intensive care unit as well as running a cardiac arrest scenario on the wards.

Due to the positive feedback and positive learning experiences I was able to apply for and secure funding for two simulation fellows for the children’s hospital to continue and further develop the simulation-based learning for the future.

Prior to COVID-19, we were also working with the simulation team to look at an in-house debrief training course with formal recognition that participants have taken part in the course and are therefore able to facilitate and debrief from simulation safely and effectively.

As COVID-19 hit we had to temporarily stop in situ simulation, but we did have simulation sessions to try to show the changes in resuscitation due to personal protective equipment (PPE) use and minimising risks to patient and team. These sessions highlighted concerns about delays in resuscitation of a child while staff put on PPE.

In response to this we discussed with the multidisciplinary team (MDT) and seniors about ways that we could reduce the risk to staff members as well as prompting a culture of safety.

The most common theme was the positive effect simulation has on team working, communication and the importance of team leadership and role allocation during scenarios.
The RCP Chief Registrar Programme has helped me understand the mechanics of leadership, personality and team working lobbying, and showed me the community of leaders that is out there.

It has given me tools that I have used locally and in other roles to improve engagement in team management and helped me understand my own strengths and weaknesses far beyond what I thought was good foundations to begin with.

**Introducing junior doctor leadership at our hospital**

**Aim:** To prove the benefit of the RCP Chief Registrar Programme and to engage in multiple service improvement projects.

We utilised the chief registrar role to be a catalyst for multiple successful small projects leading to service redesign software in ambulatory care, creating data analytics of the work done in the ambulatory care department, the acute medical take, consultant rotas, induction to medicine, improvement in rest facilities at the trust, supporting the acute medicine department in a number of system changes and the introduction of the new contract.

We then ended up using the chief registrar role and time to support >20 trainees completing 14 national and regional posters accepted, from the work we have done.

We were able to create a legacy of engaged junior doctors both that year and the year after, shown in that we have had significantly more engaged staff this year compared with previous years in leadership structures.

There was significant work in COVID-19 in preparing the trust for the pandemic surge, helping organise trainees, giving trainee perspectives at senior meetings – giving a different point of view for key decisions was valued by decision-makers.

We were fortunate enough to show during the COVID-19 pandemic that having an engaged junior doctor workforce is a significant benefit for the trust and that it is time well spent from the junior’s perspective, being the only chief registrar post in the deanery. It has been useful in differentiating between the national programme and the deanery programme; the key now is the continuity for the role in the years ahead.
Ruw Abeyratne

Organisation: Sherwood Forest Hospitals NHS Foundation Trust
Grade: ST6
Specialty: Geriatric medicine and general internal medicine
Mentor: Dr Dave Selwyn

The breadth of training provided by the RCP Chief Registrar Programme was instrumental in helping to establish and carry out this project, which continues to evolve to this day. The sessions and time spent understanding the Myers–Briggs Type Indicator (MBTI) and how my own personality influences my interactions and networks, and sessions exploring teaming and developing a team around me, were particularly powerful. The world café and action learning sets helped to explore quality improvement (QI) methodology and practical aspects of my project, which have proven useful in refining our methods as we look to repeat it again in coming months.

Understanding burnout of doctors at Sherwood Forest Hospitals and improving wellbeing

Aim: To explore and understand the themes contributing to feelings of burnout among doctors at Sherwood Forest Hospitals, and to consider interventions and strategies to improve burnout and wellbeing.

This project began in early 2020, not long before the COVID-19 pandemic highlighted so acutely the importance of wellbeing and risk of burnout. Using a validated tool, we established the level of burnout among all grades of doctors. Recognising that burnout is an occupational phenomenon, a further qualitative survey was designed to explore themes contributing to burnout and also which evidence-based interventions doctors felt they would be most likely to utilise to improve feelings of burnout.

Before specific interventions as a result of the qualitative survey could be implemented, the COVID-19 pandemic accelerated the need for rapid changes in ways of working, including large-scale rota changes and broad-based wellbeing support, from access to safe spaces, forums for discussion attended by senior leaders and webinars on psychological safety. The inaugural Doctors’ Awards planned pre-pandemic went ahead, in order to recognise the commitment and hard work of our doctors.

Feedback from all these interventions has been positive, with frequent specific reference to the impact that regular and candid communication had despite uncertainty. There is continued appetite to develop and embed these strategies locally with a view to improving doctor wellbeing and burnout.

This project continues to evolve, and we will survey the workforce again in early 2021, accepting that the ‘junior doctor’ cohort is different and that change takes time. In this way, we hope to continue to develop our understanding of how doctors are feeling in a dynamic way and refine the trust’s wellbeing offer to meet their changing needs.
Through the RCP Chief Registrar Programme I was able to implement changes in a structured manner and continue improvements through action learning sets. With dedicated management time I was able to attend relevant meetings and ensure engagement from different stakeholders.

- **Improving quality and safety in patient care**
- **Staff morale**
- **Junior doctor development and training**
- **Supporting trust response to the COVID-19 pandemic**

Through the chief registrar year, I have been able to lead a wide variety of projects and be involved in many trust-wide quality improvements.

With the staggered influx of overseas doctors within the trust, there was a clear need for a tailored induction and mentorship for these individuals. I developed a 2-day programme with themes being identified as issues and those highlighted by the individuals themselves as unique to the UK. Surveys conducted demonstrated a qualitative improvement in confidence of the topics delivered and many of the doctors are now enrolled in UK training programmes.

Following on from national data and published guidance on making hospitals safe for people with diabetes I implemented a dedicated specialty ward round. Inpatients with complex diabetes needs were reviewed in a timely interprofessional format. Despite this being an ongoing project, a number of improvements have already been identified and has enabled small group education within a ward-based setting and development of trust guidelines.

It was identified that there was limited clinical involvement with the trust-wide switch to electronic records. Through direct involvement, I identified significant flaws within the system which required amendments prior to implementation.

As part of my role in supervising junior doctors during COVID-19, I was able to become a psychological first aider to encourage wellbeing among staff. I was also able to act as a link between the directorate and junior doctors enabling modifications within the rota to best support changes to working practice during the pandemic.

With dedicated management time I was able to attend relevant meetings and ensure engagement from different stakeholders.
Sean Bourke

Organisation: Barts Health NHS Trust – Newham University Hospital
Grade: ST5–6
Specialty: Emergency medicine
Mentor: Dr Lisa Niklaus

The RCP Chief Registrar Programme has provided me with the knowledge and tools to better understand team working. In particular, a better awareness of differing influence, personality types and ways of working has allowed me to approach problems and people with better engagement. I have also learned more about myself and my reactions to different situations. Taking time to reflect on this has given me a better understanding of my own strengths and weaknesses and how to work with these to achieve better outcomes.

Reducing the time to patient moving from the emergency department after an inpatient bed is available

Aim: To reduce the length of time a patient waits to be transferred to an available bed to less than 30 minutes.

For some time, it had been recognised as an issue that there are delays and communication inefficiencies when moving patients out of the emergency department. The project sets out to quantify delays and identify the contributing causes in an effort to improve the flow of patients.

Emergency medicine is a busy specialty that historically leaves little time during training for anything that is not direct patient care. This programme has allowed me to continue work (counted towards training time) and have dedicated sessions to work on leadership, management and quality improvement, and to build my knowledge and awareness of the workings of hospitals and those of the wider NHS.

I have been given time to become more involved with the training provisions and feedback from junior doctors across the hospital, representing these to senior hospital staff who are able to facilitate change.

Time for quality improvement work has also meant that I have been able to work on the above project. This intends to improve the experience for existing patients, improve efficiency for staff involved in their care and aid in reducing crowding in the emergency department by making beds available sooner.

COVID-19 caused unexpected and unprecedented disruption to the programme and ‘normal’ working in the hospital. We were able to use the networks we had already developed in the hospitals to communicate with colleagues to share experience and feedback. The programme also allowed us to have a network of colleagues in a similar position in a variety of specialties across the whole country. This was valuable in sharing issues and how these had been tackled elsewhere – allowing solutions to be shared.

I have been given time to become more involved with the training provisions and feedback from junior doctors across the hospital.
Seren Williams

Organisation: North Bristol NHS Trust  
Grade: ST6  
Specialty: Acute medicine  
Mentor: Kiaran Flanagan

My tenure as chief registrar has been different from most, in that I took maternity leave 6 months into post. This provided its own challenges: ensuring a smooth handover of ongoing projects before I left and then finding my feet again on my return. The training we received helped open doors at the start of my role, but also gave me the confidence to keep those doors open upon my return and allowed me to adapt quickly to a newly changed healthcare landscape, in light of the COVID-19 pandemic. I have gained valuable insight and experience in a variety of aspects of hospital management as well as learning the importance of good communication, self-reflection and how to effect positive change.

Medical workforce project

Aim: To make multiple medical workforce improvements.

Prior to maternity leave, I was involved in a project to make multiple workforce improvements within the trust. A key part of this was recruitment to ‘new clinical fellow’ posts.

The aim was to model the current medical workforce against the RCP safe staffing model; to improve ward staffing, thereby reducing trainee burnout, increasing training opportunities, reducing reliance on locums and improving continuity of care for patients.

I worked closely with the workforce development team to redesign the new posts; making them more attractive to potential applicants and developing an enhanced recruitment timeline and advertising strategy.

This work was continued by my chief registrar colleague after I left and the post fill rate has gone from 25% to 100%, and they are now oversubscribed.

Since my return, I have been involved in a project relating to redeployed doctors during the height of the COVID-19 pandemic. This was a deanery-wide project, in the form of a survey, looking at the lessons learned from redeployment, the attitudes of doctors involved and how we could do things differently, should the need for restructuring arise again.

It has enabled me to appreciate the importance of clear communication at all levels, and that one of my roles as a leader is awareness of staff wellbeing and morale, particularly when moving through change.

This work is being presented at the upcoming Leaders in Healthcare virtual conference.

I have gained valuable insight and experience in a variety of aspects of hospital management as well as learning the importance of good communication, self-reflection and how to effect positive change.
The RCP Chief Registrar Programme was an invaluable experience for me. It allowed me to have protected time to work on my various projects, but most importantly it gave me the confidence and self-belief to bring the views of the trainees to those in senior leadership positions. I also really valued getting to know other chief registrars and we were able to pool resources and support each other when required.

Improving the working lives and morale of paediatric trainees

Aim: To improve morale, connectedness and resilience among paediatric trainees within the region. This in turn aims to improved retention of these trainees.

Paediatrics has a high attrition rate. As chief registrar in a large children’s hospital, I wanted to ensure that the trainees felt valued and supported, in order to improve their working lives.

I started with regular mess meetings and applying for extra funds to improve this rest area. I sent a monthly newsletter that went out to all the paediatric trainees and college tutors in the deanery. This aimed to make those in the smaller district hospitals feel more connected and informed, as I knew from experience that it can be lonely, and trainees can feel out of the loop. This got great feedback and people started emailing me to get various news items included.

I then, with the help of some interested colleagues, set up a peer mentorship scheme. We applied to the deanery for some funding, which was granted, and this allowed us to set up a formal teaching day to equip the mentors with the necessary skills to help their peers.

I also felt very privileged to be in a position to represent the views and any concerns of the trainee workforce to the senior leadership team throughout my time in this role.

All of these efforts really paid off when the extra stresses of COVID-19 occurred, and I was so proud of the resilience and good humour with which my colleagues tackled these extra challenges.

I felt very privileged to be in a position to represent the views and any concerns of the trainee workforce to the senior leadership team throughout my time in this role.
Sophie Wienand-Barnett

Organisation: Royal Devon and Exeter Hospital
Grade: ST6
Specialty: Obstetrics and gynaecology
Mentors: Dr K Edey and Dr Ray Sheridan

The leadership training taught me crucial aspects of project management – for example, engaging stakeholders and creating focus groups. Seemingly simple factors such as these have been the key to creating successful projects. The chief registrar role has given me the time to really embrace projects and effectively lead them to facilitate change.

Implementing a change in practice in a different specialty via the chief registrar role

Aim: To introduce a multidisciplinary handover to the acute medical unit.

I worked with a team to instigate handover in an acute medical unit with no existing handover practice. This required coordination and involvement of key senior stakeholders in a busy unit. Clear improvements in the General Medical Council (GMC) survey results indicated successful and sustained change with improvements in patient safety.

I have coordinated induction and additional support for international medical graduates (IMGs). I’ve set up an additional induction for IMGs to cover issues their colleagues have raised. I’ve created a buddy scheme, pairing new IMGs with existing IMGs for support, and have led monthly sessions to identify any concerns and promote wellbeing.

I co-chair the junior doctor forum (JDF) to ensure the voices of trainees in the hospital are heard and any concerns conveyed to senior management. This ranges from pay disputes through to facilitating the creation of rest areas for junior doctors.

I am a core member of the outpatient hub – a committee to ensure adequate provision of outpatient clinic services. This was set up as 85% of clinic space was lost to changes in the hospital layout following COVID-19. I represent junior doctors to ensure their training requirements are met and have supported restructuring of clinic provision following COVID-19 utilising virtual, telephone and face-to-face formats.

I am the trainee representative on gynaecology governance responsible for publication and dissemination of key issues and practice changes to the multidisciplinary team. I have developed multiple new and updated practice guidelines, carried out patient surveys and made service improvements via this committee.

The chief registrar role has given me the time to really embrace projects and effectively lead them to facilitate change.
Tamir Malley

Organisation: Wexham Park Hospital
Grade: ST5
Specialty: Rheumatology and general internal medicine
Mentors: Dr Gareth Roberts and Dr John Seymour

The RCP Chief Registrar Programme gave me the theoretical and practical skills needed to embark upon various projects, test new ideas in the workplace and develop my leadership qualities. I had valuable opportunities to network with other leaders, patient groups and peers. Moreover, the emphasis on self-reflection and strengthening positive interactions with others allowed for a very rewarding leadership and management experience.

Streamlining weekend handover and weekend discharges

Aim: Improving the safety and effectiveness of handover to the weekend team and improving hospital flow by supporting patient discharges at weekends.

The first piece of work I embarked upon was creating a safer and more effective method of communication between the medical teams and weekend ward cover team. I implemented an electronic jobs list onto our patient records system to replace paper handover sheets. I also worked closely with senior management to introduce a weekend discharge team to improve downstream hospital flow and support the ward cover doctors who were usually occupied with troubleshooting and managing unwell patients.

In addition, I improved educational opportunities for my colleagues. I successfully implemented a sign-up for internal medicine trainees (IMTs) and core medical trainees (CMTs) to attend the weekly DC-cardioversion list to gain confidence with performing this procedure and meet their training requirements. I also wrote and disseminated a rheumatology guide for non-rheumatologists to improve colleagues’ confidence with investigating and managing various common and complex rheumatological conditions.

During the first wave of the COVID-19 pandemic, I built and directed the transition onto and off the incident rota. This involved coordinating 120 junior doctors from various different specialties and working closely with respective departmental leads and the deputy medical director. I also liaised with our wellbeing lead and guardian of safe working to ensure the safety and wellbeing needs of my colleagues were met.

My year as chief registrar culminated in receiving both the Leadership Award and Support during COVID-19 Award at the Wexham Park Hospital annual Medical Excellence Awards ceremony, attended by the chief executive. I also received a hand-written letter of thanks from the chief executive for my efforts during the pandemic.

I had valuable opportunities to network with other leaders, patient groups and peers.
Victoria Gaunt

Organisation: Gloucestershire Hospitals
Grade: ST7
Specialty: Geriatric medicine and general internal medicine
Mentor: Mark Slade

My chief registrar year has been the perfect springboard into consultancy. The familiarity I have developed with the NHS management structure and the individuals working at my trust has enabled me to start my consultant career with a confidence and insight I could not have achieved in any other way. The multiple workshops during the RCP modules have enabled me to harness my strengths and understand my weaknesses as a leader in order to implement effective change. The skills and knowledge I have gained during my chief registrar year will be invaluable for a successful career as a consultant and in future leadership roles.

Geriatric medicine liaison service for older general surgical inpatients

Aim: To measure the impact of a geriatric medicine surgical liaison service at Gloucestershire Royal Hospital.

There is no shortage of evidence and clinical guidelines recommending the benefits of geriatrician input to older surgical inpatients. As an ST7 in geriatric medicine, I embarked upon setting up a liaison service. I visited the general surgical wards twice weekly and saw all older patients post-emergency laparotomy, all patients with multiple rib fractures and any other referrals the surgical team wanted me to see.

I undertook 105 reviews in 4 months; in 76% patients I made medication alterations and in 69% I addressed one or more medical problems.

Having presented my data to the surgical department, I met with the specialty director for surgery who was very supportive of my service, and as a consultant I am doing one session of surgical liaison work per week with a business case underway to fund a second session from another consultant. The next step is to look for any changes made in length of stay and mortality since introduction of the service and to measure patient and staff experience impact.

A number of other projects I had commenced as a chief registrar came to a halt when the COVID-19 pandemic hit. Gloucestershire has four chief registrars (two in medicine, two in emergency medicine) and we collaborated closely throughout the pandemic. Overnight, we were given more responsibility to lead fast-paced change. We worked together to write necessary documentation (eg cardiac arrest standard operating procedure, clerking pro forma), led twice-weekly junior doctor conference calls, coordinated redeployment of staff, wrote emergency rotas for the emergency department and medicine, and set up wellbeing initiatives.

It was a unique opportunity for us to develop our leadership skills and to witness how senior clinical leaders operate through a healthcare crisis.

The skills and knowledge I have gained during my chief registrar year will be invaluable for a successful career as a consultant and in future leadership roles.
Waqas Jarral

Organisation: Wexham Park Hospital
Grade: ST6
Specialty: Acute medicine
Mentor: Bethan Graf

The RCP Chief Registrar Programme has increased my understanding of the importance and the challenges of a leadership role in an organisation. It helped my confidence by providing an opportunity to engage with key stakeholders from junior doctors to senior management and present my point of view in a formal setting. It was a great experience and realisation that even a minor change involves so many individuals and processes in a complex, layered NHS structure.

Direct referrals from emergency department streaming to ambulatory care: improving same-day emergency care

Aim: To avoid unnecessary hospital admissions, improve patient flow, reduce congestion in the emergency department (ED), improve patient experience and achieve financial benefits and cost savings for the hospital.

In our organisation, patients presenting to the ED with common medical conditions like chest pain / shortness of breath (SOB), palpitations, headache, chest infection or deep vein thrombosis / pulmonary embolism were initially triaged in ED streaming.

There were delays due to initial assessment by emergency care doctors and subsequent assessment by the on-call medical team leading to unnecessary admissions, especially the patients who presented later in the afternoon and were reviewed out of hours.

We developed a pathway of direct referrals from ED streaming to ambulatory care for clinically suitable patients. It helped to reduce hospital admissions, improved patient experience by reducing waiting times and improved patient flow between ED and the medical team.

The RCP Chief Registrar Programme has increased my understanding of the importance and the challenges of a leadership role in an organisation.
In the 6 months before SARS-CoV-2, the RCP Chief Registrar Programme was unwittingly helping me develop the tools and resilience I would subsequently need as the first pandemic wave hit! I continue to be incredibly grateful for the new skills and knowledge I have acquired, helping me navigate my role through the pandemic and beyond.

Dig Deeper: Departmental evaluation of pathology requesting / medical handover through COVID-19 / pathology journal club

**Aim:** Encouraging collaboration and discussion between specialties to drive quality improvement in clinical care.

The path of this year’s Chief Registrar Programme through the pandemic has taught me the value of flexibility in recognising new opportunities and adapting to unforeseen challenges.

Coming from a specialty which straddles clinical and pathology environments, I am passionate about encouraging communication and collaboration between different disciplines. I have been able to start a project bringing together finance, pathology and clinical teams to present and analyse lab-requesting data which is ongoing. The opportunities provided by greater use of online video conferencing also helped me to set up a new learning opportunity through a cross-site, pan-pathology journal club.

Together with another chief registrar, Heena Khiroya, we started our trust’s medical handover project pre-pandemic, translating good practice established on one site to another. With the arrival and impact of SARS-CoV-2, we have had to adapt to new environments and significant rota changes. My key takeaways have been keeping focused on well-defined, achievable quality improvement cycles and planning early for succession as team members rotate to other sites.

Overall, the chief registrar year has provided a fantastic opportunity to take skills from my core specialty into new environments. The year has been an unrivalled opportunity for my personal and professional development and will shape my career to come.

I continue to be incredibly grateful for the new skills and knowledge I have acquired, helping me navigate my role through the pandemic and beyond.
It was a wonderful experience to know how leadership and management works in the NHS. The Chief Registrar Programme gave me new dimensions and polished our skills as leaders of the future. The action learning sets helped us in improving our understandings of quality improvement projects and implementation of ideas.

Zeeshan Saboor Ahmed

Organisation: Dudley Group NHS Foundation Trust
Grade: Senior clinical fellow
Specialty: General surgery
Mentor: Dr Philip Brammer

Degree of adherence to the trust policy in terms of timing of discharge letters of patients during acute surgical on take at the surgical assessment unit

Aim: To improve the standard of the discharge summaries.

It had been observed that after every on call, increasing number of files were returned to the consultant as the patients were sent home without to take outs (TTOs). The trust discharge policy states that documents should be completed before the patient goes home.

A snap audit was conducted in July 2019 to assess the compliance with the discharge policy. The results showed that 31.5% of the patients were sent home without TTOs. As a result of this audit, a working group was formed that included the rota manager for surgery, the lead nurse of the surgical assessment unit (SAU) / surgical ambulatory emergency care (SAEC), the representatives from the senior house officer (SHO), FY1 and the SAU bed manager.

Three urgent changes were made based on the recommendations of the working group, such as getting a separate room for the doctors with two dedicated computers urgently, introducing a column in the surgical handover for the on-call registrar to monitor the status of the patients, and giving instructions to all the doctors to make sure that the patients don’t leave the SAU without the TTOs.

A second snap audit was conducted in February 2020 to assess the effectiveness of the proposed changes.

In the previous audit, out of the 71 patients, 54 had their TTOs done while 17 went home without TTOs and they didn’t have TTOs prepared till the time of the audit. In this audit, out of the 72 patients sent home, 64 had their TTOs done while 8 patients didn’t have their TTOs done. This showed an 88.89% compliance to the trust policy.

The RCP Chief Registrar Programme gave me new dimensions and polished our skills as leaders of the future.
With thanks to the following 2019/20 chief registrars who were unable to participate in the yearbook:

> Anna Forbes
> Emma Leanne Drydon
> Esther Ng
> Felicity Callender
> Georgina Beckley
> Irman Raza
> Jonathan McKnight
> Kathryn Sadler
> Nicola Fawcett
> Rooman Yarkhan
> Tessa Anne-Marie Thomas
> Thomas Doke
> Tom Charlton
> Victoria Stainer
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