London North West Healthcare NHS Trust: broadening the skills and experience of the chief registrar

Dr Stuart Rosen, deputy divisional director of medicine at London North West Healthcare NHS Trust (LNWH), has a proactive and pragmatic approach to change. Here, he reflects on his own time as a junior doctor, the benefits of collaboration between managerial and clinical staff, and why he believes the chief registrar role will be a constructive addition to his trust.

Background

Ealing is a small hospital where I have been lucky to get to know the majority of staff and work with them quite closely. I found out about the chief registrar project through our medical director, Charles Caley, who sent a message to clinical directors explaining the Royal College of Physicians’ (RCP’s) aims and ambitions for the role.

After reading about the chief registrar pilot project I had two thoughts:

- It is an interesting idea.
- I have a very good candidate for the position.

Harmandeep Singh came to Ealing as a clinical fellow, having started at the hospital in 2009, and now is in post as cardiology specialist registrar (SpR). I knew him from doing medical takes together and he has a great reputation within the trust. He had worked with several other medical departments and really excelled himself clinically and organisationally, for example when arranging the medical on-call rota.

From my experience of working together with Harmandeep I knew he was a good, hardworking doctor who would be interested in this opportunity to widen his role.

The power of collaboration

During my training years, I found – like many of my colleagues – that we were taught the crafts of specialist medicine (in my case being a cardiologist) with a rather narrow clinical approach. We were taught to diagnose and solve intricate and unusual problems, but always with the ‘blinkers on’ of being a clinician. When you get appointed as a consultant, no one tells you how to deal with the social elements of the hospital. This could be anything from a challenging colleague who the registrars can’t work with effectively to dealing with a system that is completely chaotic and does not work for patients. I wish that, in the earlier years, we had been given the time and opportunity to learn and understand those things better.

Equally, when it comes to designing the systems and pathways in the hospital, the consultants are often very unaware and, regrettably, rather disconnected from the process, particularly with regard to medical takes. It’s usually the registrars that make the hospital work, which is why I’ve always tried to make sure I stay involved with them. As a clinical director, I find this group can be extremely informative and often come up with a better – and more imaginative – solution than the management teams. It can be that sometimes you need to use the older voice of reason to tame the enthusiasm of youth, but between the two you often can come up with something which is pretty good.
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The population

Established in October 2014, LNWH has 8,000 staff, including over 100 consultants, serves a population of 850,000 and has a budget of £640 million.

We have an extremely wide profile of different cultures and ethnicities. Notably, Ealing has the largest Sikh population outside of India. With this population mix we see a different portfolio of disease. We have one of the highest levels of diabetes in England and a lot of infectious diseases, such as tuberculosis. Furthermore, levels of deprivation around the area are very high. In the borough of Ealing, the least affluent areas have three times the level of heart disease compared to that of the most affluent area.

Recruitment and evaluation: a smooth start

The recruitment process has been reasonably straightforward. I sent a query via our internal system and said I thought we had an excellent candidate for the role at Ealing. I asked if I could proceed and I got a reply saying yes. I’m proactive by nature so soon after this reply we moved ahead with appointing this candidate. Although his exact duties haven’t been confirmed yet, I have some very specific suggestions including:

- restructuring certain patient pathways, particularly for acute heart failure which historically has not been well-managed
- being more economically efficient through the development of ambulatory options for the delivery of treatment
- improving patient care by making governance issues everyone's concern, thereby enhancing safety and quality.

In contrast with the old-fashioned approach of saying to SpRs ‘this is what you need to do – get on with it!', Harmandeep will be involved in all stages of the design of the processes, informing them through his very practical experience.

Funding and training status

I have exploited the softer funding options around teaching and research – specifically freeing up a few sessions for Harmandeep by fielding one of our teaching fellows for clinical duties during the latter’s quieter times – to allow our chief registrar to work 2 days per week outside of clinical duties. He will remain fully ‘in programme’ and continue to contribute to the acute medical take, but will delay his Certificate of Completion of Training (CCT) application by 6-12 months. One benefit of this option is that the funding is less prone to bureaucratic delay.

We’re at the early stages but so far, so good. For example, we have managed to complete new guidelines for cardiac monitoring. I see the chief registrar pilot scheme as an experiment – if you’re interested and want to see progress, you have to get involved. Pilot schemes don’t have set rules of how things are established and I think that can be really refreshing. We wanted to get this scheme up and running as soon as we could so it can be seen to be the constructive thing that it is.
Growing the pilot

I’m hoping our commitment to this pilot scheme will persuade our colleagues to roll it out across other trusts more broadly. I’m also hoping that, through our regular analysis and reviewing of the pilot in collaboration with the Future Hospital Programme team, we will be able to prepare a series of academic papers looking at the role, the tasks set and the specifics of the work undertaken.