Cheltenham General Hospital: appointing and funding two chief registrars

Dr Ananthakrishnan Raghuram, consultant chest physician, outlines his experience of recruiting two chief registrars in Cheltenham General Hospital. He describes how funding was secured, mentors were identified, and ambitions set for the 12-month posts.

Background

Gloucestershire Hospitals NHS Foundation Trust (GHFT) serves a population of approximately 550,000, with two large hospitals in Gloucester and Cheltenham. There are 900–950 beds across the two hospitals.

I am head of the postgraduate school of medicine for Health Education England (working in the south-west), a consultant chest physician at Cheltenham General Hospital, and a censor at the Royal College of Physicians (RCP).

A new opportunity for training and support

Upon hearing about the chief registrar project from Dr Gerrard Phillips, RCP senior censor / education and training vice president, I was encouraged to get involved in the pilot of this role. A similar plan was already underway within GHFT to develop support for the registrars. The new chief registrar scheme enabled us to have direct access to the expertise in training and support from the RCP. It has also enabled us to go ahead with some other existing local innovations.

Overcoming challenges: securing funding and identifying candidates

Although clinical or managerial senior leadership engagement with the chief registrar project was not a problem, identifying funding to support the post was initially a challenge. The director of medical education put the case to our trust’s medical director to see if funding could be found. Notably, we were able to demonstrate savings against the locum budget because the chief registrars would be doing a proportion of the on-call medical rota which would have otherwise (due to existing gaps) be filled by locums.

Identifying and releasing suitable trainees was difficult. There was an initial plan to recruit from within the trust but, due to a lack of ‘senior’ registrars in post at the time, the advertisement was later opened up to the wider deanery. This required negotiation with the training programme directors (TPDs) and postgraduate dean. It was through one-to-one conversations with the individuals that we were able to develop this post.

In order to overcome challenges in setting up this role, I would recommend that detailed plans be made for the appointment of a chief registrar. These plans should consider:

- placements and funding early on
- how a business case is developed
- who the mentors should be
- which projects need to be done (this might help with executive buy in when the chief registrar starts).
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- Dr Ananthakrishnan Raghuram, consultant chest physician at Cheltenham General Hospital

The interview panel

There was a formal appointment process for the role. It was decided that the interview panel should consist of acute physicians who would be the clinical supervisors. The director of medical education was also fully involved and supportive of the project. Word of mouth and informal contacts with trainee representatives were used to encourage applications of potential suitable candidates.

Training status

GHFT was able to appoint two candidates to chief registrar posts, each of whom will undertake the role for 12 months as out-of-programme training (OOPT). They will be undertaking chief registrar responsibilities for 40% of their time and clinical activity in the remaining 60%, including involvement in the acute on-call rota.

The decision whether to take on the pilot as an in- or out-of-programme opportunity was left to individual discussions between the trainees and their programme directors. I did talk to the programme directors in advance, however, to outline the options. Both individuals negotiated with the Joint Royal Colleges of Physicians Training Board (JRCPTB) that 6 months of their time in post as chief registrar would contribute towards their training (ie their Certificate of Completion of Training (CCT) has been postponed by 6 months rather than 12), due to the activities they will be undertaking while in post.

Looking to the future

The chief registrars came into post in April 2016. As such, the challenges they have faced are logistical ones. It is important to ensure that their local mentors are of a sufficient seniority to provide the individuals access to decisions at the highest level. One way that I would like to provide the chief registrars with such access is by obtaining physical office space or hot-desking facilities within the same area as the executive team.

It is the intention for each of our chief registrars to take part in one large, transformational project, as opposed to several smaller projects. The individuals and their mentors will be endeavouring to set up plans for such a project in the coming weeks. This is likely to involve projects within the division of medicine including managing flow of patients through the hospital.

Moving forward, I would like to establish the role of chief registrar more formally and permanently within the school of medicine and I will be discussing this with other head of school colleagues within medicine nationally and heads of other schools in the region.