

Distributed leadership in action; the chief registrar

Introduction

The chief registrar is an exciting new role for trainee physicians, inspired by recommendations in the ground breaking Future Hospital Commission report.¹ Patient safety, clinical outcomes and the quality of the patient experience will be at the forefront of the registrars' work, enabling them to make real change on the 'shop floor'. The role focuses on the 'vertical' development of clinical leadership skills.

In a previous issue of *Future Hospital Journal*, Peter Lees, chief executive and medical director of the Faculty of Medical Leadership and Management, called for a 'relentless, systematic drive to identify, support and develop good medical leaders'.² He further described a tripartite set of responsibilities for every individual clinician:

- > apply rigorous standards to leadership careers
- > strongly advocate medical leadership
- > develop future medical leaders.

The benefit of good medical leadership to patients, teams and healthcare organisations has been reported widely.^{3–7} The pivotal role of trainee doctors in healthcare leadership has also been stressed in many of these publications. Sir Robert Francis, in his report of the Mid Staffordshire Foundation Trust, described junior doctors as 'the eyes and the ears of the NHS'.⁵ The Keogh report proclaimed that trainee doctors should 'not just be seen as the clinical leaders of tomorrow, but also be the clinical leaders of today'.⁶ Strategically, the report strongly advised 'medical directors to consider how they might tap into the latent energy of junior doctors'.

The Royal College of Physicians' (RCP) Chief Registrar Programme has been developed around the ideals of these reports and the findings of the Future Hospital Commission. It is envisioned that the chief registrar will provide a key liaison between junior doctors and senior managers/senior clinical managers, contributing to trust activity at the highest level. Chief registrars will also drive the deployment of robust quality improvement projects, leading to appreciable changes in patient care and service delivery and play a key role in reshaping and refocusing the delivery of medical education within trusts.

Chief registrar role

The chief registrar role provides a springboard for placing trainees at the heart of designing patient care, enabling those in the position to take ownership of their career development.

Uniquely, the chief registrar role enables the postholder to continue in their clinical role for 3 days per week, with the remaining 2 days being protected for chief registrar activities. Chief registrars will be driving change in a range of areas, including leadership and management, coordination of

medical care, service redesign, workforce transformation, quality improvement, patient safety and education and training.¹

Evidence for the creation of the chief registrar role

Previous work has outlined the benefits for trainee engagement in leadership and management (Table 1).^{6,7}

This has been exemplified in the Darzi scheme⁸ This has been exemplified in the Darzi scheme⁸ in which trainees move out of clinical practice and lead service improvement at trust level. An external evaluation of the scheme demonstrated that:

- > the fellows play a major role in many successful transformation projects (quality, innovation, prevention and productivity) and many generate significant financial savings for their organisations
- > the fellowships are transformative for participants and organisations
- > there are system-wide benefits far beyond the immediate benefit for participants or their host organisations.

The chief registrar role is expected to also have a positive impact beyond the local trust and into the wider NHS. Effective medical leadership and management have a positive influence on patient

Table 1. Benefits for trainee engagement in leadership and management

Benefits for employing trust	Benefits for the trainee
<ul style="list-style-type: none"> > Improved delivery of acute medical services > Improved patient safety > Improved communication between trainee doctors and healthcare leaders > Reduced rota gaps and locum costs > Retention of a senior trainee for longer (out-of-programme experience), with potential recruitment gains > Enhanced delivery of trust and trainee quality improvement projects and mandatory targets > Better patient flow > Improved delivery of education and training to junior doctors > Improved morale 	<ul style="list-style-type: none"> > Development of effective leadership and management skills, with 'vertical' development > Organisation and delivery of quality improvement projects (supervisory role) > Direct experience of senior trust management activities > High-quality bespoke management/leadership education package. > A more flexible/portfolio career > Improved morale

outcomes, quality of care and innovation, staff fulfilment and motivation, and organisational performance.⁹

During these challenging financial times, with increasing patient expectation, now, more than ever, there is a need to support the advanced leadership development of trainee doctors. The chief registrar role will equip trainees with values, skills and attributes that will be essential throughout their future medical careers. ■

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