From revered to commiserated: the changing role of the medical registrar

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ABSTRACT

The role of the medical registrar has changed significantly over the last few years, and in many respects this has not been for the better. Both the perception and the realities of the general internal medicine component of higher specialist training have led to significant pressures on recruitment to specialty training posts. Core trainees do not feel prepared to become the medical registrar and those in the role highlight substantial problems that impact on the quality of care they can deliver. This article aims to explore some of these difficulties and where possible suggest potential solutions; there needs to be urgent action undertaken to stave off a potential crisis in registrar recruitment and retention. Despite this, the role of the medical registrar remains a hugely fulfilling part of a physician's career, and there is much to be celebrated and embraced about the qualities a registrar brings to the successful functioning of both general and specialist medical teams.

KEYWORDS: Medical registrar, GIM, training

Introduction

Where did it all go wrong? Within a generation of trainees, the role of the medical registrar has changed from being the most respected role in the hospital, to the most pitied. A cohort of foundation and core trainees are choosing not to progress to higher physician training, in part because they do not wish (or feel prepared) to become 'the med reg on call'.[1] This is reflected in the latest higher specialist training recruitment statistics: according to a Joint Royal College of Physicians Training Board (JRCPTB) internal report, the fill rates for medical specialties that participate in the acute take have been falling over the last few years, from 90% in 2013 to 81% in 2015.[2] These figures are unlikely to be surprising to many of us working on the front line. For a few years now, the job of the medical registrar has been devalued, as can be seen from the 2013 Royal College of Physicians report, *The medical registrar: empowering the unsung heroes of medical care*.[3] This situation is problematic for a host of reasons, but the most disappointing thing is that being a medical registrar remains a hugely important step in physician training and the medical registrar on-call role – despite its challenges – remains perhaps the most rewarding and fulfilling job a physician will undertake during his or her career.

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What has gone wrong with the role of the medical registrar?

So how did this happen? The answers are numerous and complex, and have been explored in some detail previously.[3] There has been a slow deterioration such that the workload has increased, while the responsibility and autonomy has been eroded. The move towards early consultant review of medical admissions has reduced the registrar role as a senior reviewer. This means that it is much more difficult to keep a clear overview of the whole medical take, which in turn makes it difficult to maintain a feeling of control over the whole process. It also means that many registrars will get very little experience of reviewing the clerkings of junior colleagues throughout their training, meaning they never gain experience in an area that forms a significant part of life as a consultant.

For another example, look at the running of the medical take. Until recently, referrals would be taken by the medical senior house officer who would run the list and take responsibility for the admissions. The registrar would oversee the process, providing teaching and support where required and contributing to the clerking when other commitments allowed (as happens in most hospital specialties). Nowadays, however, the registrar will almost exclusively take medical referrals *and* be expected to be a primary clerker; taking responsibility for the running of the whole process. This is in addition to interspecialty and ward referrals, which continue to come via the registrar. Many other specialties will routinely delegate this work to their senior house officer to free up the registrar for more 'senior' roles. This recipe results in the registrar having an extremely heavy workload with multiple frequent interruptions, which makes quality work difficult.

Procedural skills are another area where the changing face of medical practice has significantly impacted on the workload of the registrar. The move – quite rightly – away from the 'see one, do one, teach one' approach, and towards clinical skills lab training, has meant core trainees are significantly less experienced in practical procedures than they used to be.[1] The impacts of this are twofold:

1 Core trainees do not feel adequately prepared to undertake these procedures independently by the time they are registrars.[1]

2 Registrars end up spending far more time supervising procedures (lumbar punctures, for example) than previously. This, again, adds to their workload and pulls them away from other clinical commitments.

Another area where the role of the registrar continues to be challenged is where patients are admitted under medicine because other specialties decline to admit without definitive diagnoses, or only where patients are 'fit for operation'. It has become *de rigueur* for patients to be admitted under surgery only with a computerised tomography-confirmed diagnosis, or under orthopaedics only when their fracture requires operative management. This neglects the fact that operation or not, the surgical patient will benefit from the expertise of the surgical multidisciplinary team or the orthopaedic patient will be best be served by a specialist physiotherapist. These scenarios are admittedly flippant, but they all contribute to the atmosphere that where another speciality registrar does not 'want' a patient, the medical team will always accept. This in turn contributes to the feeling among medical registrars that alongside their own busy workload, they are constantly required to mop up the work of other hospital specialties, and this can be hugely disheartening.

How can we improve the role of the hospital 'workhorse'?

The issues surrounding the position of the medical registrar are not new and there is already work being done to improve matters. The JRCPTB has set up a steering group to develop a list of medical registrar quality criteria akin to that for core medical trainees. These criteria will define the standard of training that all medical registrars should expect to receive and are projected to be published in 2017. They should be explicit in stating that the registrar should not be a primary clerker in the admitting medical team. In addition, the RCP has begun work on an exploratory study into improving working conditions in the acute setting, which was published at the end of 2016.[4] *Keeping medicine brilliant* aims to be the basis of further practical intervention to effect change around the morale of the acute medical team, including that of the medical registrar. Aside from this, the Chief Registrar Programme – which has already recruited its second cohort – will allow a select group of medical registrars the opportunity and time to explore specific local issues and recommend changes where needed.

Beyond this, the transition between core and higher training needs to ensure that trainees are competent and comfortable to make the step up to the registrar role. The changes proposed by the *Shape of Training* review,[5] including mandating some time during early training on the acute medical unit to improve skills in the management of the acutely unwell patient and a third year before higher specialist training commences (work remains in progress at the time of writing) are likely to help. Core training must be reshaped to prepare the trainee to become a registrar, and not just to complete the core medical trainee curriculum.

It is vital that the colleges and training bodies highlight the exceptional work undertaken by medical registrars every single day and support us to do that work to the best of our ability. The role, unfortunately, has become synonymous with being over-worked and under-appreciated and inevitably impacts on recruitment to higher specialty training. Why would a junior doctor choose physician training given the unsustainable and disheartening workload that this commonly entails?

So, what more can be done? If there were one thing that would improve the lot of the registrar then it would probably be to give them time. The general medical component of 'training' has become, for the registrar, a constant stream of interrupted clerkings and demands on their time, and, despite the definite satisfactions of the role, there remains a huge amount of frustration. Many hospitals retain the same registrar on call staffing numbers now as a decade or two ago. This is despite the number of medical admissions consistently increasing, and the complexity of inpatients doing likewise. The ever increasing pressure from the wards and the take will inevitably impact on the satisfaction derived from the medical registrar role. As alluded to previously, we need to move away from the position of the registrar as a primary clerker, and ensure that admitting teams are staffed appropriately to achieve that. Only by freeing registrars from the relentless cycle of taking referrals and admitting patients will they start to regain some of the satisfaction of providing high-quality patient care, teaching, supervising, leading and contributing to the other aspects of general internal medicine for which they are being trained. The role of the registrar needs to be more clearly defined, and also remodelled so they are once again given time to undertake the areas of work for which they are uniquely qualified. This will inevitably require support from both consultant colleagues but also senior management and the royal colleges.

Why be a medical registrar?

So with all of this going on, why would anyone want to be a medical registrar?! Well, the fact remains that despite all of the difficulties, being a medical registrar is one of the most fulfilling jobs in the hospital. Although it can be difficult to deal with the constant interruptions, the fact that people want a piece of your time confirms that they trust your judgement and see you as the person who is most qualified to solve numerous medical (and often non-medical) conundrums. The reason the medical registrar is asked to supervise practical procedures, provide specialty opinions and manage acute and general medical problems is because they are hugely qualified and in a unique position to be able to perform all of these tasks to a high standard. Probably at no other point in a physician's career will they have that refined mixture of specialty, acute and general medical knowledge because it is inevitable that as the specialty commitment increases, during and after registrar training, the skills around acute care will decline. The unique skills of the medical registrar as competent in all of these areas should be celebrated, valued and appreciated – not overlooked and taken for granted.

Many components of the medical registrar's role are hugely satisfying – resuscitating an acutely unwell patient, leading a well-organised medical take, teaching juniors the skills needed to provide good general medical care, and making the decision to provide the best possible death to terminally unwell patients where appropriate. These situations happen each and every day and it makes all the difficulties one encounters worth facing. The registrar period is a time when, having passed the MRCP diploma, you feel more confident of your contribution to the care of patients and your colleagues respect and – dare we say – admire what you bring to the team. Of course,

medicine being as it is, this is rarely openly acknowledged, but there is no doubt that whatever anyone may think about the medical registrar role, there is huge respect for our ability to function to such a high standard, despite the demands on our time. It is unusual in a shift to not come away feeling that you have genuinely impacted positively in a patient's life, or even death, or simply passed on your knowledge and experience to colleagues, and this should be celebrated. For those contemplating a physicianly career, remember that however daunting the role of registrar might seem, it is also absolutely one of the most satisfying, rewarding and fulfilling times of your training.

There is much that can be done to improve the role of the medical registrar. Some of this is underway, but there is a long way to go. Despite that, it should never be forgotten how fantastic the life of a physician is and, within that, how fundamental and rewarding the registrar period is in shaping our lives as competent clinicians. ■

Conflicts of interest

The authors have no conflicts of interest to declare.

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