

Future Hospital: chief registrars

Authors: Sarah Campbell, Jude Tweedie and Gerrard Phillips

Aims

The chief registrar project has been developed by the Future Hospital Programme (FHP) and Education Department of the Royal College of Physicians (RCP). The purpose of the project is to embed a new junior doctor leadership role, within the organisational leadership of NHS trusts, to develop a bespoke development programme for the role, and to formally assess the impact of the role on the trainee, patients and the service. The focus of the pilot is on physicians in training (ST5+) involved in care of patients in the acute hospital setting, especially the acute medical take. The education and training programme was developed by the Education Department of the RCP and the Faculty of Medical Leadership and Management (FMLM).

Methods

A working group comprising senior educationalists, trainee doctors (in clinical fellowships roles at the RCP) and representatives from the physicians training board was convened to develop the chief registrar pilot. The group has worked closely with the trainees committee of the RCP, external stakeholders (such as Health Education England, the GMC and the local education and training boards), and the RCP Patient and Carer Network, to develop the project.

The group developed a job description and a bespoke education and training programme to develop the following skills for chief registrars:

- > leadership and management
- > quality, including patient safety and the quality of the patient experience, and service improvement
- > service redesign/new models of care
- > workforce transformation
- > education and training
- > coordination of medical care.

The first 10 chief registrars commenced in post from April 2016, following 18 months of detailed preparation and trust appointment of the posts. A further 11 joined in September 2016. We have chief registrars based in England, Wales and Northern Ireland. Over the next 12–18 months, the chief registrars will undergo a training programme of leadership and management skills, quality improvement training, as well as being supervised and mentored on the job.

The RCP is in close contact with the chief registrars' supervisors and senior leaders within the trusts involved. We regularly communicate progress.

An evaluation of the project includes 360-degree feedback for the chief registrars. One of the core metrics for the FHP is that patient experience is considered as important as clinical effectiveness, and we will be coaching the chief registrars in how to gather patient experience feedback to make real-time improvements.

As a chief registrar, I am leading work at the trust to expand ambulatory care to its full potential by having a senior medical StR based there at all times and by developing streamlined pathways for GP and A&E referral to the unit. We have already measured a statistically significant increase in our ambulatory consultation numbers and a corresponding statistically significant reduction in the acute take numbers on the days the chief StR is present. Jamie Kitt, Frimley

Results

An independent, structured evaluation is ongoing and will report in August 2017. The evaluation is formative, and will inform our delivery of the training and development programme, and support for the chief registrars over the 12–18 months they are in post. The final report will assess the benefits to patient care, organisational culture, professional development, and support for trainee doctors and allied healthcare professionals and acute care processes using qualitative methodology and relevant quantitative methodology. We will be able to present the initial findings from the evaluation and the experiences of chief registrars and their mentors at Medicine 2017.

Conclusions

Early feedback from chief registrars and their senior mentors is encouraging. Chief registrars are involved in systematic improvement work, particularly within the challenged area of acute medicine. The chief registrars are having a direct and positive impact upon the morale of their junior doctor colleagues and are using the opportunity to make lasting improvements to patient care. ■

Conflict of interest statement

None.

Authors: Royal College of Physicians, London, UK