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Enabling the medical registrar on take: Royal College of Physicians West Midlands pilot

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Aims

We conducted a pilot project that endeavoured to enhance support for medical registrars during the acute medical take. The aims were to gather ideas and examples throughout the region, to form a template that might be applied to individual trusts in order to effect change that would enable and support the registrar, thereby adding to the efficiency and efficacy of the acute medical take.

Methods

A ranked list of areas that might enable the registrar on take was created, with the help of the majority of medical registrars in our region. As many acute hospitals as possible were visited: firstly to give an update of the project, secondly to refine the template and to include any new ideas and suggestions, and thirdly to produce a summary for that particular hospital, to encourage best practice with ideas for improvement, but also to acknowledge any developments that might help other hospitals in the region and elsewhere. Before each visit, all relevant medical registrars were sent an e-questionnaire, to prepare for the visit and to capture as many views as possible. After the visit, a summary of results and suggestions was sent to the clinical tutor and clinical managers. Finally, a seminar for all involved was held where the registrars and their teams at different sites presented and exchanged best practice, preceded by a further questionnaire.

Results

One-hundred and twenty-eight medical registrars from throughout the region helped to create the best practice checklist of systems in place to support the registrar on acute medical take. That was ranked into the 20 areas thought to be most important. We then visited 13 out of 19 acute hospitals in the West Midlands. Table 1 shows the areas deemed important by the registrars at the start. From the visits, good consultant support was present and much valued in all trusts. Many good examples of practice that registrars said made a real difference were absent in next-door hospital trusts. One function felt to be important was for the immediate triage, undertaken by nursing staff, to include arranging initial investigations, blood tests, cultures, X-rays and insertion of cannula so that results were rapidly available for medical staff to act upon. There were worrying reports of a lack of clinical equipment: ophthalmoscopes were obtainable only 53% of the time, and equipment for sensory testing a third of the time. At the concluding seminar, 63% registrars felt that support had improved over the time period, 33% had noticed no change, and 4% thought support was worse. Areas for support then suggested were presence of adequate information technology systems, and strong feelings were expressed about the need to fill rota gaps. Another need was enhancement of leadership skills focused on the acute take.

Table 1. Top 10 activities important to registrars (n=128), all dual specialty with general (internal) medicine, ranked by the percentage who say the activity is already present in their current hospital

Good support from consultants	87%
Nurse-led triage with processing (bloods, CXR, cannula) on admission	42%
Effective streaming of GP and ED admissions and referrals	52%
Abbreviated clerking when patient already seen by ED doctors	18%
Physician associates supporting StR	21%
Effective handover	80%
Clerking pro formas linked to ED	13%
Adequate training in procedures	35%
'Consultant champion' for StRs on take	7%
Clear roles and responsibilities for on-take StR on intranet	31%

CXR = chest X-ray; ED = emergency department; GP = general practitioner; StR = specialty registrar.

Conclusions

Sharing good practice in our region in this area of practice might make a real and inexpensive difference. The registrars had detailed knowledge of the current situation in the acute medical unit and made valuable and considered suggestions for improvement, including adopting good practice from other trusts. It would seem important to include the registrars in any plans for positive change.

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Change for the better became evident in most acute medical units in our region. Such improvement was clearly enabling the registrar, and was much appreciated by two-thirds of them. Where present, this was probably a result of excellent leadership by acute medical consultants. ■

Conflict of interest statement

The authors are not aware of any conflicts of interest.