

Current perspectives on the chief registrar scheme from doctors in the West Midlands

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Introduction

The Royal College of Physicians (RCP) chief registrar scheme commenced in 2016 following a report by the Future Hospital Commission recommending the need to improve management and leadership opportunities for doctors in training.¹ The chief registrar scheme offers a bespoke leadership and management programme that can be undertaken alongside training.

The chief registrar scheme is a 1-year programme available to all registrars ST4 and above. A minimum of 40% of the registrar's time is allocated to management and leadership development. Quality improvement work, mentoring from clinical and non-clinical executives, and attendance at management meetings form the majority of the role, although this is variable between posts. The RCP provides 10 days of formal training for each cohort.

An independent evaluation of the pilot indicated the scheme improves personal leadership development, service improvement, education provision and junior doctor engagement.

Methods

A combination of paper and electronic surveys were completed at two separate 1-day regional events; West Midlands RCP Update in medicine conference and University Hospital Birmingham general internal medicine (GIM) registrar training day. The survey assessed current understanding of the chief registrar role and factors that influence applications to the role.

Following the survey results we have presented experiences of the chief registrar role at regional GIM training days and specialty training days.

Results

193 responses were completed (77% paper, 23% electronic). 55% of participants were registrars in training (ST3 and above) and 39% were consultants. 99% were working within medical specialties.

78% recognised the term chief registrar, although 25% believed that the role was only applicable to those with aspirations of becoming senior medical leaders. Furthermore, many felt the role was limited to registrars training in GIM (37%), registrars in

final year of training (14%) or those with previous management experience (17%). 9% of respondents believed that chief registrars stopped all clinical work and 16% believed the role mandated additional training time.

50% of registrars indicated they were either interested (18%) or unsure (32%) about applying for future posts. Of those not interested in applying, 31% indicated they were unaware of what the role involved. 7% were concerned they would be unsuccessful if applying and 8% were concerned that the post would have a negative impact on training.

Following presentations we have been invited to meet with potential applicants, consultants, educational leads and programme directors to discuss the role.

Conclusion

Despite recognition that doctors in training would benefit from management and leadership opportunities, awareness of the chief registrar scheme could be improved.

The number of posts advertised for the coming year has increased within the West Midlands. We predict an increase in chief registrar applications for those posts. Although causality to the above interventions cannot be proven, promoting the role through day-to-day work in addition to formal presentations will have increased awareness and reduced common misconceptions about the role. ■

Reference

- 1 Future Hospital Commission. *Future hospital: caring for medical patients. A report from the Future Hospital Commission to the Royal College of Physicians*. London: RCP, 2013.

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