The chief registrar: a new Royal College of Physicians leadership initiative for trainees

When it was published in September 2013, the Royal College of Physicians' Future Hospital Commission Report was described by the *Lancet* as 'the most important statement about the future of British medicine for a generation' (Horton, 2013). It set out a new model of care designed around patients' needs, underpinned by 11 principles of patient care, and made 50 recommendations. The report envisaged care across traditional boundaries, both within the hospital and across settings into primary and community care. It had as its focus shared decision making and supported self-management. It also, quite crucially, espoused new approaches to leadership and training.

A number of reports have emphasized the benefits of good clinical leadership to patients, teams and health-care organizations (Griffiths, 1983; Darzi, 2008; Francis, 2013; Keogh, 2013; National Advisory Group on the Safety of Patients in England, 2013). If we are, in the future, to have a cadre of high quality clinical leaders, who see clinical leadership as a positive career choice, then we need to start developing them when they are still trainees. In his report on the Mid Staffordshire Foundation Trust, Sir Robert Francis (2013) described junior doctors as 'the eyes and ears of the NHS'. The Keogh report (2013) stated that trainee doctors 'should not just be seen as the clinical leaders of tomorrow, but also be the clinical leaders of today'. It advised that 'medical directors (should) consider how they might tap into the latent energy of junior doctors'.

The chief registrar

The Future Hospital Commission report recommended that the post of chief registrar be established in order to 'liaise between the junior medical staff working in the medical division and the chief of medicine and senior clinical managers responsible for delivery of the service.' To implement this, and in consideration of the above background, the Royal College of Physicians decided in 2014 to establish a pilot of the chief registrar role. This was co-produced by the Education Department and the Care Quality Improvement Department of the Royal College of Physicians. One of the unique features of the chief registrar leadership development programme was that the trainees remained in clinical practice. This is distinct from other initiatives such as the Darzi fellowships and the National Medical Director's Clinical Fellows Scheme. It was anticipated that the fact that the chief registrars remained central to the clinical working of the hospital would result in a stronger, more integrated and therefore more successful leadership development role.

The first cohort of 21 chief registrars completed in July 2017 and the project has been independently evaluated by the Health Services Management Centre at Birmingham University. The second phase of the scheme has recently started, and has recruited a further 35 chief registrars. So, now is a timely juncture to describe the initiative and to bring it to the attention of the wider health-care community.

As the chief registrar role developed from the Future Hospital Commission report, the initial pilot was intended for physician trainees only, and mainly those contributing to the acute unselected medical take. However, as part of a regional pilot (Wessex) the second cohort includes other specialties, e.g. orthopaedics, emergency medicine and anaesthetics. The job description was left deliberately flexible, to allow local trusts to bespoke the role to suit them and their trainee(s) best. However, some key non-negotiable aspects were:

- Senior trainee (ST5+)
- Minimum 12 months in the chief registrar post
- Minimum 40% protected time
- Senior clinical leader(s) as mentor(s)
- Permission from training programme director, educational supervisor and agreed by the dean or local education office.

Other aspects were left to be decided locally, especially whether the role was to be done in programme or out of programme (approximately 50:50 split) and how it was to be funded. The Education Department of the Royal College of Physicians and the Faculty of Medical Leadership and Management designed a modular bespoke development programme to support the role. This was funded by the Royal College of Physicians.

It was envisaged that the principal areas with which the chief registrars would be involved would be:

- Leadership and management
- Coordination of medical care
- Quality and service improvement
- Service re-design
- Workforce transformation
- Education and training.

Crucially, it was also envisaged that the chief registrars would be a bridge between junior doctors and senior clinical and non-clinical leadership in their trusts.

What were the results?

So, what did the chief registrars achieve and what did the independent evaluation show?

Chief registrars spent on average 13 hours per week in the role (0.3 wte), equivalent to £13K per annum at the mid-point of the salary range. Of this time, 40–50% was spent liaising with junior doctors (25%) and senior clinical and non-clinical leaders (21%). Twenty per cent was spent on training activities which included attendance at the bespoke development programme for a total of 10 days.

The main initiatives chief registrars engaged with were service improvement (47% of time), educational issues (27% of time) and operational issues (20% of time). Most chief registrars did not become significantly involved in rota management. Chief registrars formed an important bridge between junior doctors and senior clinical and non-clinical leaders. They catalysed the establishment of engagement fora in the wake of the junior doctors' industrial dispute. The ways in which chief registrars engaged with junior doctors were varied and innovative.

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Many of the tangible outcomes of the role related to quality improvement – including not just projects they themselves undertook but, crucially, also their supervision of others undertaking such work and acting as a resource for quality improvement.

Overall, it was determined that the chief registrar role was beneficial to the development of the individual, other trainees, their teams, patients and their trusts. Examples of achievements include:

- A new model for GP and emergency department referrals (Kitt and Seymour, 2017)
- An initiative to improve training of core medical trainees (Osanlou et al, 2017a)
- A new model to reduce time taken for patients to see a consultant (Osanlou et al, 2017b)
- Improved ward round standards with the use of a structured proforma (McNeill et al, 2017).

Why did these positions succeed?

In their review of the independent assessment of the pilot, Professor Mark Exworthy and Iain Snelling, from the Health Services Management Centre, University of Birmingham, identified three themes that were key to success: autonomy, flexibility and support (RCP chief registrar scheme, 2017).

Autonomy

Autonomy allowed most chief registrars to fashion the role for themselves and to concentrate on areas that interested them most. However, in some instances this led to an initial feeling of uncertainty. Over time, as the roles developed, this autonomy became highly valued. One clinical director put it this way: 'I think the vagueness of the initial description was quite inspired, allowing a little bit of flexibility and a little bit of imagination on the parts of those starting off.'

Flexibility

Although most chief registrars had specified days of the week for their role, the flexibility to determine their own way to balance their leadership and clinical activities was a significant enabler. There was also no evidence that undertaking the role in programme had a detrimental effect on their clinical training.

Support

Most chief registrars benefited from senior clinical and non-clinical leadership support, which was often crucial to establishing the credibility of the role. Some had difficulty 'owning' the job title until encouraged to do so by their medical or clinical director mentor. Once this happened, they were then often able to more fully embrace the role. Most found that relationship building was a key component of their leadership role and, indeed, most adopted an open, distributed leadership style.

The Royal College of Physicians Education Department and Faculty of Medical Leadership and Management development programme was highly valued, especially the action learning sets and peer support. There were some issues with the timing of some of the modules, which are being addressed with the second cohort.

Was it worth it?

What about cost effectiveness? Because of the ways in which the chief registrars worked, it was often difficult to attribute cost benefits directly to them. However, some did have direct cost benefits. For example, one chief registrar established a weekend discharge service that has been estimated to have saved the trust £200 000/year and another set up a papilloedema pathway that reduced duplicate and unnecessary scans and is projected to save up to £15 000 in bed days alone. Many of their achievements have been published in a 'yearbook' available online at www.rcplondon.ac.uk/projects/outputs/chief-registrar-alumni

What next?

So, what next? The number of chief registrars in the second pilot has increased from 21 to 35 and the project has been extended to ST4. Recruitment for 2018/19 is going well, with a target of 70 chief registrars. Indeed, more than 70 trusts have already expressed an interest (there are 135 non-specialist acute trusts in England alone). The goal is to have, eventually, a chief registrar in medicine in every acute trust. The process of engaging non-medical specialties has already started, and this will hopefully increase. Several other Royal colleges have already expressed interest in the scheme and it is planned to run a national pilot of non-physician trainees in 2019/20. The Royal College of Physicians needs to investigate and address regional variations in take up. It is hoped that more concrete evidence of cost effectiveness will emerge from the second cohort. The Royal College of Physicians has created an alumnus network to sustain the chief registrars' leadership development once they have left post. Trusts should have a succession plan for their chief registrar(s) and ensure that any unfinished projects started are completed by the next person in the role.

Ultimately, the success of the project will be decided in the future when the first chief registrars are (hopefully) appointed to senior clinical leadership roles in their trusts. **BJHM**

KEY POINTS

- Independent evaluation showed that doctors participating in the chief registrar pilot showed very strong evidence of personal leadership development.
- They made significant contributions to service improvement, education and junior doctor engagement.
- They also showed increased engagement with and facilitation of quality improvement across teams.

Any queries regarding the project should be directed to the project manager at the Royal College of Physicians (chiefregistrar@rcplondon.ac.uk).

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