

Reflections from participants in the chief registrar scheme

Sir,

Following Dr Phillips' editorial regarding the chief registrar scheme (<https://doi.org/10.12968/hmed.2018.79.3.124>), we wanted to share our experiences as physician and non-physician chief registrars. We have witnessed first hand the clear benefits both to our individual professional development and our trusts.

Key improvements have arisen from providing the liaison between senior management and junior doctors, a previously largely missed demographic. As chief registrars in clinical practice, we have a clear understanding of the complexity of problems and possible solutions. We have spent significant time engaging with junior doctor colleagues and other stakeholders. The majority of our quality improvement projects have arisen directly from juniors themselves and many have centred on improving low morale. While showing financial benefits of the chief registrar role is an ongoing challenge, Jeremy Dawson and Michael West's (2018) work around benefits of improved morale may be insightful.

Although engagement and communication remain a significant challenge, over time it is encouraging to see improvements in awareness of the role and hence culture, phenomena accelerated in trusts running the second year of chief registrars and deaneries with multiple chief registrars. Wessex has embraced chief registrars from other specialities and there are now chief registrars in most trusts in the region. We have benefitted from this local network of diverse chief registrars providing a wealth of expertise and valuable support.

We have all been fortunate to have received excellent support from senior management, which has undoubtedly smoothed the path to initiating change in culture and practice. We would strongly support the future of the chief registrar role, and a coordinated multi-collegiate approach could permit most UK hospitals to benefit.

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Dawson J, West M (2018) Employee engagement, sickness absence and agency spend in NHS trusts. www.england.nhs.uk/wp-content/uploads/2018/03/wres-engagement-absence-agency-spend.pdf (accessed 22 March 2018)

Sir,

On reading Dr Phillips' editorial, I would like to add my thoughts on this role. My tenure as chief registrar has been an invaluable and enjoyable learning experience thus far. Among the many attractions, one is the option to carry out the role either in or out of programme. I chose to remain in-programme, forming a minority group among my fellow chief registrars around the country. Reflecting on my experience so far, I think both options offer their benefits.

As a 40% in-programme chief registrar, not only have I been able to develop and apply my leadership skills by attending meetings and carrying out quality improvement projects, but also directly in the clinical environment. This has enabled me to experiment and identify different styles of leadership in different environments.

The chief registrar is the conduit between junior doctors and senior clinicians and managers. In order to represent junior doctors accurately, the chief registrar must be known and approachable, and be able to understand the numerous challenges facing trainees while collectively identifying possible solutions. Working closely together enables this, simultaneously supporting and

encouraging one another. It has led to an almost pastoral role where junior doctors frequently approach me for advice or just as someone to talk to.

As many of the curriculum competencies are related to leadership and management, I do not feel it is unachievable to be a chief registrar in-programme. It perhaps requires being more organized and efficient, managing various targets and pressures, but as future senior clinical leaders, this should surely not be seen as a problem, but as an opportunity.

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Sir,

As the sole surgical trainee appointed to the chief registrar scheme to date I read Dr Phillips' editorial with interest.

Although a Royal College of Physicians initiative there are clear benefits of incorporating non-physician trainees into the programme. First, debate at national and regional chief registrar meetings has shown that the variety of solutions to a given problem increases with diversity of the cohort. Second, engagement of non-physician specialties, and insight into their varied challenges, can be enhanced.

Recent winter pressures highlighted the advantages of integrating clinically active junior doctors in a leadership role. My fellow chief registrar and I supported the chief executive and medical director in recognizing the pressures that colleagues were working under while suggesting practical means of supporting stretched medical teams. Simultaneously from a personal perspective I was able to witness at first hand the challenges of navigating a large acute trust through a period of heightened demand while maintaining fiscal viability.

I echo Dr Phillips' comments on the unrealized value of junior doctors as clinical leaders, and make no secret of the fact that any success I achieve in this role will be the result of engaging the support of my junior doctor colleagues. Furthermore, the support of senior trust management is crucial and something I am grateful to have received since my appointment.

As the chief registrar role becomes embedded in higher registrar training I hope that its formal development of management and leadership skills will become commonplace across specialties, with universal support from the medical Royal colleges (Royal College of Physicians, 2015).

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Royal College of Physicians (2015) Work and wellbeing in the NHS: why staff health matters to patient care. www.rcplondon.ac.uk/guidelines-policy/work-and-wellbeing-nhs-why-staff-health-matters-patient-care (accessed 17 March 2018)

Sir,

Further to Dr Phillips' editorial I would like to praise the chief registrar scheme for providing invaluable personal and professional development, and the opportunity to effect change in our trusts.

As a current chief registrar, I offer reflections on the three themes highlighted in the article as key to the scheme's success, as identified by an independent review: autonomy, flexibility and support (Exworthy and Snelling, 2017).

The programme offers flexibility between clinical and non-clinical time, emphasizing self-motivation and drive. As one of its goals is developing future leaders, this taster of balanced working is apt preparation. Being autonomous has afforded me head space and time for creativity, allowing pursuit of blue-sky projects such as improving junior doctor morale. Support in the form of a thoughtfully designed leadership and management developmental programme, plus excellent local mentorship at my trust, complement the role well. The alumni network is a unique feature of the scheme. This ongoing support from like-minded impassioned peers as we continue our leadership journeys is likely to have profound effects (Warren and Carnall, 2011).

In only its second year, the scheme is resulting in quality improvement projects across the country, suggesting a cultural shift. This could go some way to addressing the 'leadership gap' in medicine (Blumenthal et al, 2012). It is exciting to imagine what new ground our successors will break when they experience the autonomy, flexibility and support of the chief registrar programme.

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