



**The RCP  
Chief Registrar  
Programme  
2024/25 yearbook**



**Royal College  
of Physicians**

# Foreword



**It is a great honour to showcase the outstanding work of our 2023–24 chief registrars in this yearbook. The RCP Chief Registrar Programme is our flagship leadership development**

**programme for resident doctors that has significantly grown in size and reputation since its inception in 2016. The programme supports senior resident doctors to develop their skills and confidence in quality improvement and leadership. This success has led to a portfolio of RCP leadership programmes to support doctors throughout their careers.**

There remain a wide range of challenges for the NHS and for our chief registrars dealing with unprecedented challenges in workforce, capacity, health inequalities and resource. Integrated quality improvement projects are a core part of the experiential learning that forms part of the programme and are highly impactful for the individual and employing trust. As in previous cohorts, we delivered a hybrid-taught programme to ensure that chief registrars get the most out of networking opportunities, as well as aiming for sustainability.

Our chief registrars have overcome many challenges and have made substantial improvements to processes, systems and educational experiences during their year in post. We know from previous cohorts that these projects leave an enduring legacy for the chief registrars, their employing trusts and the wider system. Through this yearbook, we highlight the chief registrar projects and improvements they have made. Their enthusiasm, passion and motivation to deliver effective change in their trusts is evident. Among other areas, significant improvements have been made in patient experience and outcomes, patient pathways and services, alongside staff morale. Through the taught programme, they have honed their own skills and leadership qualities which will ensure our future generation of clinical leaders.

We thank so very much our mentors who have supported our chief registrars throughout their posts. Finally, we wish our chief registrars every success for their future careers, hope that they stay involved in the RCP community, and that the impact of this programme will be felt throughout their careers.

## **Dr Clive Lewis**

Censor and clinical lead, Royal College of Physicians Chief Registrar Programme

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# Adlan Wafi Ramli

**Organisation:** The Royal Oldham Hospital,  
Northern Care Alliance

**Grade:** ST7

**Specialty:** Rheumatology and internal medicine

**Mentor:** Dr Nicola Penrose

## Project title

- 1. Direct referrals to medicine from A&E using an electronic referrals list**
- 2. Improving medical handover for resident doctors**

## Project aim(s)

1. Improving the efficiency of referring patients to medicine from A&E by utilising an existing electronic referrals list.
2. Increasing the quality of medical handover through teaching sessions and using an electronic handover list to enhance efficiency.

## Summary of key milestones achieved during the project

For the referrals project, there were inefficiencies identified in the previous referral processes to medicine. A&E clinicians had to wait for the RMO to answer the bleep, and the frequent bleeps received by the RMO prevented them from clerking more patients. The change to the referral processes to medicine was implemented whereby A&E clinicians can directly refer using our existing IT clinical system, HealthViews. A standard operating procedure (SOP) was developed with a clear set of rules and conditions to guide clinicians with the new processes.

I have received good feedback from the RMOs whereby they were able to spend more time clerking patients and transfer the overall responsibility of overseeing the referrals to the medical registrar.

For the handover project, I collaborated with other colleagues to introduce a filter setting on the electronic handover list to improve the experience for resident doctors on-call during the weekend. I also delivered teaching sessions to foundation doctors that included techniques to improve the quality of medical handover. Furthermore, I developed an SOP to enhance the efficiency of handing over jobs to the on-call team at the end of the day.

## Summary of how the Chief Registrar Programme contributed to your projects success

The Chief Registrar Programme provided me with a platform to network with other chief registrars to discuss possible ideas and solutions to overcome the problems encountered in my QIPs. Moreover, I further improved my knowledge of QIP methodology, leadership styles and data analytical skills. I also found the action learning set protocol to be an effective way to present projects or problems to colleagues and I have implemented this protocol in another organisation that I am a part of.

# Catherine Elizabeth Miles

**Organisation:** Organisation: University Hospitals  
Sussex NHS Foundation Trust

**Grade:** ST5

**Specialty:** Acute medicine

**Mentor:** Stephen Kriese

## Project titles

- 1. International medical graduates: onboarding and beyond**
- 2. Pumping power: a framework to support those returning to work who wish to continue breastfeeding**
- 3. Median hour of discharge**
- 4. AKI within the emergency floor**
- 5. Improving lives of junior doctors – rotas and right size workforce**

## Project aim(s)

1. I reviewed how we were currently welcoming and supporting our international medical graduates in the trust and locally in my division. I collected data focusing on inductions, shadowing timeframes, assessments and pastoral support. From this, I was able to develop a new 4–6-week Clinical Orientation Programme. I was able to streamline the process and build vital links with HR leads and recruitment.
2. My aim was to standardise the trusts approach to workers who return from parental leave and wish to continue breastfeeding.
3. The median hour of discharge is a trust-wide project. Its aim is to improve efficiency and quality of the discharge process to enable more patients who are medically ready to be safely discharged. This increases the quality of experience for patients leaving the hospital, and for those patients arriving who require an inpatient bed.

5. To review our current data for those admitted with an AKI to the emergency floor at Worthing and St Richard's Hospital, and compare with national standards.
6. I have had a big focus on developing our medical registrar rotas, with the use of a new E-rostering Programme health rota. We have been using this to improve junior doctor wellbeing and ensure that doctors are having all their requested annual leave and study leave. I have also been working with our divisional team to right size staffing for our rotas and been involved in the business case.

## Project achievements

- > Designed a Clinical Orientation Programme for international medical graduates within the medicine division. Presented this work at the BSMS racism conference, medicine meetings and at our trust LFG day and Trainee Excellence Awards.
- > Produced a trust breastfeeding and returning to work policy for all workers within UH Sussex. Presented at the SRTT London and KSS conference, as well as local meetings such as college tutors days.
- > Completed my yellow belt training and median hour of discharge A3.
- > Conducted a cross-site audit of AKI presentation and management within the emergency floor setting, identifying key areas for improvement.
- > Redesign of medical registrar on call rota at one site, reducing staffing gaps.

- > Working with divisional team to right size workforce. I was able to input the voices of junior doctors.
- > Present at a KSS deanery visit on work done by the medicine division to improve red flags and education of doctors.
- > I won the trusts leadership award this year and was runner up in the Sophie Spooner Cup – presented at our Junior Doctor Awards day.

### **How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

Being chief registrar this year has honestly been such a pleasure. I have been welcomed and made to feel part of the medical division, and my voice has been listened to at all opportunities. I am so grateful for this opportunity. Having the 10 days with the RCP and that vital leadership training really empowered me to take my projects forward.

### **Summary of how the Chief Registrar Programme contributed to your project's success**

Being in the Chief Registrar Programme has really inspired me to lead and create change. It has helped me know myself and my strengths, but more than that it has helped me realise the strength of others and the importance of a team. The sessions about stakeholder engagement were fascinating as I didn't have much previous experience in this. It proved vital in my projects where meeting key players led to success. Having dedicated time in my work schedule to focus on projects has been so important.

# Catrin Evans

**Organisation:** Mersey and West Lancashire Teaching Hospitals NHS Trust

**Grade:** Specialty doctor (non-training)

**Specialty:** Respiratory medicine

**Mentor:** Sue Priestley

## Main project title

**Improving junior doctor forum attendance and engagement**

## Main project aim

As set out by terms and conditions of 2016 junior doctor contract, it is expected that all trusts establish a Junior Doctor Forum (JDF). This should be established by the guardian of safe working and the director of medical education.

A junior doctor forum has been well-established at our trust for several years but has historically been quite poorly attended. This has resulted in limited engagement by junior doctors and lack of relationship between junior doctors and senior leadership team.

My aim this year was to improve attendance and engagement and JDF.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The RCP chief registrar role and accompanying training has given me a unique opportunity to develop my leadership and management

skills. It has provided me with the confidence to engage with members of the senior leadership team in order to achieve my goals. It has also helped me to understand more about the processes involved when trying to enact change, as well as providing me with insight into my strengths and weaknesses as a leader.

Being able to network and discuss projects with other chief registrars has been invaluable.

## Project achievements

I was able to ascertain from doctors what were the limitations to attending JDF and what they felt would help improve engagement by means of a survey.

I was able to work with the HR team to alter timings of JDF (as per survey feedback). I was able to allocate speciality/grade specific representatives to ensure all junior doctors were represented at JDF.

This has increased attendance and engagement at JDF. Anecdotally, junior doctors feel that they are getting feedback from the leadership team regarding issues that they have raised and have a better relationship with senior leadership team.

# Daniel Cummings

**Organisation:** Bradford Teaching Hospitals NHS Foundation Trust

**Grade:** ST5

**Specialty:** Anaesthetics

**Mentor:** David Robinson



## Project title

**Critical care without walls: implementation of a nightly safety huddle at Bradford Royal Infirmary**

## Project aim

To develop and implement a nightly MDT meeting with the underlying aims of:

- > Facilitating early escalation of patients, decision making and management decisions.
- > Fostering inter-speciality relationships.
- > Ensure role allocation at cardiac arrests and identify opportunities for leadership/education.
- > Address capacity issues and contingency plans ahead of schedule for enhanced care areas.
- > Improve the experience of doctors overnight.

## Summary of key milestones achieved during the project

- > Developed with engagement from command centre, critical care outreach (CCOR) and medicine.
- > Implemented 6/11/23 and has taken place every night since.
- > Positive feedback based on pre- and post-implementation questionnaires.
- > Presented 'recognition and response' to acutely unwell patient group, Patient Safety Group, Quality and Patient Safety Academy, Intensive Care Society State of the Art Congress.
- > Stepping stone to a wider hospital at night project which has had funding approved.

## Project achievements

### 1. Overall outcome and impact:

Improvement in MDT working out-of-hours, improved confidence for other staff in escalating unwell patients to ICU/CCOR (75% confident to 93%). Improved patient care out-of-hours.

### 2. Impact on patients:

- > Marked improvement in ICU admission data by CQUIN criteria – increased number of out-of-hours referrals, but fewer unplanned admissions to ICU score NEWS >5 at any point prior to admission, indicative of earlier management on wards and earlier admission, preventing potential deterioration.
- > Contribution to reduction in median number of 2222 calls for adult, inpatient cardiac arrests.
- > Reduction in mean and median length of stay for unplanned admissions to ICU.

### 3. Impact on workforce:

Improved working relationships out-of-hours: knowledge of who other crash team members are (33% to 88%), understanding role allocation (80% to 94%), allowing crash calls to develop knowledge and skills (82% to 94%). It's allowed me to make senior decision makers and ICU aware of unwell patients and facilitated early review and transfer...

I think it's really helpful. I really appreciate the opportunity of raising unwell patients and discussing plans.

### **Summary of how the Chief Registrar Programme contributed to your projects success**

- > Initially placed me in a role within which driving forward change and implementation of a project was facilitated and supported. Inherited wider hospital at night project from last year's chief registrar and was able to build on existing foundations.
- > Education on less technical aspects of QI – engagement of stakeholders, mediating disagreements.

### **Next steps/moving the project forward**

- > Scope for implementation of a similar huddle in daylight hours to review patients of concern and escalation plans ahead of the night shift.
- > Wider hospital at night project including appointment of CSWs to support with tasks overnight.
- > Implementation of a formal task allocation system: funding approved for 650 handheld devices.

### **Other chief registrar projects**

- > Implementing 'Sip until we send' – access to water for patients awaiting surgery up until the time of departing the ward for theatre.
- > Restructuring preoperative G&S pathway; improved theatre efficiency.

# Fionnuala Anele

**Organisation:** Maidstone and Turnbridge Wells NHS Trust

**Grade:** ST6

**Specialty:** Acute and general internal medicine

**Mentor:** Bet Mishra

## Main project title

**Improving the assessment and management of adults with a learning disability admitted acutely to hospital under the care of the general medical team**

## Project aim

To improve physician assessment and management of adults with a learning disability admitted acutely to hospital.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The chief registrar training has given me time to reflect, understand and develop my leadership style. Enhanced insight of my strengths and areas I need to develop has helped me understand how I personally deal with challenges. This has helped me to develop strategies to overcome obstacles with projects I have been involved with this year.

## Project achievements

The initial stage of this project was to produce a 10-point scoring system on which to assess admissions using data from published literature. Following this, 10 acute admissions of adults with a learning disability admitted under general medicine were reviewed.

My result demonstrated that only 2 out of the 10 variables were assessed during the admission clerking and post-take ward round.

Following this, I developed and delivered a training session to F1/F2/IMTs/AMU with positive feedback received. After my training session, 10 new admissions were reviewed to assess for improvement. A run chart was used to compare pre- and post-intervention results. Unfortunately, this did not demonstrate statistically significant change in practice.

I presented the findings from my work at a trust clinical director meeting and gained the support of the senior management team to integrate an admission assessment for adults with a learning disability into the electronic clerking document. This project is now with the trust's digital transformation team and should hopefully be in place over the next few months.

The Chief Registrar Programme contributed to my project's success by enhancing my knowledge of QI methodology which I applied to ensure key stakeholder engagement. The action learning sessions were invaluable in helping me identify other directions I could take with my project when I had hit an obstacle.

# Hannah Watson

**Organisation:** Great Western Hospital Swindon

**Grade:** ST4

**Specialty:** Geriatrics

**Mentor:** Sue Chalstrey

## Project title

**Development and implementation of electronic medical clerking proforma alongside trust integrated front door project**

## Project aim(s)

Improve medical clerking documentation in line with record keeping guidelines and improve efficiency of the clerking process on the medical take through the development of an electronic clerking proforma.

## Summary of key milestones achieved during the project

- > Development with IT of first version of proforma utilising existing electronic record system.
- > Approval from paper-lite committee for trial of initial version.
- > Focus groups with junior doctors and consultants to optimise first version and include data sets to aid information gathering for national audits, such as sepsis and delirium.
- > Education and engagement of medical junior doctors prior to trial roll out.
- > Successful trial period of first version.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The chief registrar leadership development training provided me with a solid foundation in understanding not only QI methodology but skills in project planning and management. This allowed me to both anticipate and react to local challenges primarily identifying and influencing stakeholders key to the success of the projects.

## Project achievements

In addition to the mentioned project planning skills, a wider understanding of NHS politics through the Chief Registrar Programme helped me to focus on how my project fitted into the wider vision and strategy of my trust to enable the support and meaningful participation of individuals required for the success of the project. Valuable leadership and communication skills to promote effective networking were also highly contributory to its overall success. Understanding psychology of change and motivational factors across the wider multi-disciplinary stakeholders allowed me to formulate a strategy to promote engagement and hopefully sustainability of the project going forward.

## Next steps/moving the project forward

Qualitative and quantitative data collection from the first trial period will be gathered to determine the success of the trial in keeping with set objectives, as well as safety and efficacy in comparison to historic use of paper clerking proforma. Initial focus group feedback is highly positive with regards to ease of use of the proforma, reduction in time taken to document clerking record, and improved compliance with key patient safety and management elements of the medical clerking including evaluating frailty score and considering treatment escalation plans. The next step will be to hand ongoing work of the project to nominated 'champions' working within the integrated front door project.

# Jennifer Hancox

**Organisation:** University Hospital Birmingham  
NHS Foundation Trust

**Grade:** ST5

**Specialty:** Palliative medicine

**Mentor:** John Ayuk



## Achievements

My passion is around culture change and wellbeing, and it is in these areas I focused my attention during my chief registrar year.

This included conceptualising and leading a 1-day, multi-professional, trust-wide, large scale event aimed at 'Fostering a culture of civility' with a series of workshops, lectures on conflict management, compassionate leadership, civility, positive reporting, being an upstander, and self-care. The day was attended by over 130 delegates with overwhelmingly positive feedback, prompting plans for future events and a civility saves lives steering group in the trust.

I have also worked collaboratively with a fellow chief registrar setting up the Doctor Wellbeing Group. This advocates for resident doctor wellbeing/working conditions and co-ordinates/oversees a series of quality improvement projects run by resident doctors and supervised by consultants. This involves supporting members with QI advice, troubleshooting any issues, linking in with stakeholders, and encouraging presentation of work with a celebratory event. We have overseen/supported 13 QIPs related to wellbeing as part of this initiative. The DWG work has been presented at the Med24 RCP conference.

We have also set up and chaired the first site-wide and trust-wide doctor rep group to highlight issues within the organisation. Any issues are then fed back to leadership and plans actioned – acting as a communication channel between leadership and resident doctors.

Alongside these projects, I have enjoyed the opportunity to improve communications between leadership and resident doctors via several means, supported teaching, and advocated for resident doctors at multiple meetings.

## How has the chief registrar leadership development training helped you to respond to local challenges, achieve improvement, and contribute to your project's success?

The Chief Registrar Programme has empowered me to put forward ideas and to believe that they can happen. It has shown me how best to liaise with stakeholders – through conversations that address trust priorities and prove the worth of the concepts discussed. I have really enjoyed the opportunity to expand my leadership experience, represent colleagues, understand the inner workings of the NHS, and work on projects that I am passionate about.

# Jonathan Pincott

**Organisation:** University Hospitals Sussex

**Grade:** ST5

**Specialty:** Respiratory medicine

**Mentor:** Mr Mark Edwards

## Main project title

- 1. Improving the median hour of discharge, a patient flow project**
- 2. Introducing trust-wide Medical Registrar Teaching Programme**
- 3. Development of safety guidelines for medical procedures**

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The programme was an excellent introduction to QI and has given me the tools I needed. They helped me to gather and present effective data, including SPC charts, and to understand how this underpins all QI methodology.

They helped me to assess my stakeholders, and more importantly to get them involved by forming a working group, meeting with them regularly, and setting goals.

The action sets, discussing with the other chief registrars, were instrumental in forming my ideas and finding solutions to difficult problems in a safe environment.

## Project achievements

To date, the project has brought forward the median hour of discharge from 4.30pm to 2.40pm which increases patient flow, reduces waits in ED and is designed to eliminate corridor care. This involved working locally with teams to identify specific pressures in their areas and empowering them to establish effective countermeasures, while leaving them with self-sustaining 'business as usual' behaviours. This included increased use of the discharge lounge, introducing a 'criteria led discharge' pilot, establishment of PM board rounds to identify discharges early, and completion of the discharge summary the day before discharge.

We now have a medical registrar teaching programme online and rotating venues across four sites. The plan for next year is to introduce medical simulation training.

I performed a thematic review around safety in invasive procedures in medicine and identified a lack of standardisation. I developed procedural proformas and guidelines for invasive procedures with a view to introducing a trust wide LocSSIP policy.

# Karuniyan Vipulendran

**Organisation:** North Bristol NHS Trust

**Grade:** ST8

**Specialty:** Trauma and orthopaedic surgery

**Mentors:** Mr Michael Kelly, Tom Woodward



## Projects

- 1. Improving quality and access to fracture clinic services across north Bristol**
- 2. Developing a medical workforce model for elective care service delivery in North Bristol**
- 3. Improving junior doctor workforce morale within the Trauma and Orthopaedic Department**

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The RCP programme provided a useful skillset to approach service improvement and understand the intricacies of NHS management. It provided a unique opportunity to interact with a variety of clinical and non-clinical staff to deliver high-quality care. It has expanded my horizons with regards to what is possible regarding service improvements for patients and staff.

## Project achievements

- 1.** An extensive consultation with various stakeholders and scrutiny of referrals to fracture clinic was conducted utilising a process improvement approach. This led to a multi-pronged attempt focusing on education and referral pathways. An education programme aimed at minor injury unit practitioners has been implemented and a traffic-light referral system to aid practitioners referring to the clinic.

- 2.** A new Elective Care Centre is under construction representing a 25% increase in elective output at Southmead Hospital. This has required a significant increase in workforce to cover this capacity. Within the constraints of the trust workforce planning strategy, an iterative approach to find a solution that would obtain consent from the project stakeholders. This workforce model was then adopted by the project executive.
- 3.** At North Bristol, the department was an outlier with regards to the wellbeing of the junior and middle grades as highlighted by quality panel and exception reporting statistics. Reversing these findings needed a multifaceted approach to improving the work and conditions of the junior doctor staff in order to deliver high quality care. A combination of a structured education programme, improved rostering of junior and middle grades, an emphasis on team cohesion, and wellbeing and improved senior support was implemented. This resulted in a significant reduction in exception reports, a turnaround in Foundation Doctor Quality Panel reports, and over £100,000 saving in locum spend in the first 6 months.

## Next steps

The fracture clinic project will require ongoing engagement with community and trust partners to evaluate and refine the new education and referral systems. While the implementation of the workforce model will be in lockstep with continuing to improve junior and middle grade morale.

# Lucy Owen

**Organisation:** Royal Free NHS Foundation Trust

**Grade:** ST5

**Specialty:** Geriatrics/general internal medicine

**Mentor:** Dr Robert Barker

## Summary of key milestones achieved during chief registrar year

I spent my year working on multiple different projects under the overall theme of improving the working lives of our 'junior' doctors. Alongside running medical induction and attending JDEF meetings, I collaborated with my co-chief registrar, Gareth, on the following projects:

- 1. Compassionate Leadership Programme:** Working with our chief registrar colleagues at Royal Free Hospital, we developed a previously set up compassionate leadership teaching programme into a 4-day cross site teaching programme focusing on the importance of leading with kindness, inter-specialty collaboration and promoting the practical application of compassionate leadership.
- 2. Taking the leap:** We introduced an 'IMT2REG' 2-day teaching programme aimed at incoming IMT3s covering the clinical and non-clinical aspects of the transition to registrar level together. This will be complimented by a mentorship scheme in August. Alongside this, we developed and expanded a pre-existing 'transition to consultant' day for senior registrars.
- 3. Service development:** Onco-geriatrics and surgical liaison projects to both improve access to training opportunities for registrars and enhance patient care.
- 4. Out-of-hours working:** Liaising closely with our nursing and managerial colleagues to create a multi-faceted approach for addressing the workload for the on-call team, including enhancing the use of our electronic patient record to encourage specific, safe and appropriate handovers,

re-distribution of weekend staffing, re-invigoration of hospital at night 'huddle' and 'when to phone the consultant' guidelines.

- 5. Wellbeing:** The introduction of junior doctor feedback sessions within the care of the elderly department, without a consultant presence, as a forum to feedback informally.

## Project achievements

- 1.** The Compassionate Leadership Programme has received overwhelmingly positive feedback across domains, including confidence as an NHS leader, improved working relationships with colleagues, and meeting curriculum requirements they would not otherwise be able to achieve.
- 2.** We have so far delivered the first half of our 'IMT2REG' teaching programme with overwhelming success; 100% of our attendees valued the opportunity to attend teaching not otherwise widely available, and believed the course would positively impact on their time as a medical registrar.
- 3.** Our onco-geriatrics service has expanded to the haematology service, complimented by a teaching programme to run alongside with potential to secure specific funding in the future.
- 4.** Satisfaction with out-of-hours working has improved across the multidisciplinary team and we have shown sustained change in the roll out of our electronic handover system; together with improvement in numbers of appropriate, specific and senior-led handovers.

### **How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?**

Realising my own personality type and leadership style to create such a harmonious working relationship with Gareth, my co-chief registrar, has been a pleasure and taught me to embrace my strengths and challenge my weaknesses. Coming to the RCP teaching days has built on this support network and allowed me to share learning, challenges and failures! Encouraging change within the current demands of the NHS has not always been easy but I feel privileged that I have done so in a hospital where I have felt trusted, supported and empowered. The Chief Registrar Programme has provided me with valuable experience in managing team dynamics, organisational culture and quality improvement that I will carry forwards for the rest of my career.

# Maria Ioanna Kiliaris

**Organisation:** East and North Hertfordshire NHS Trust

**Grade:** ST6

**Specialty:** General medicine

**Mentor:** Suresh Mathavakkannan



## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The Chief Registrar Training Programme has given me greater insight into my leadership style, how to use my strengths and how to work on my weaknesses. It has also taught me how to encourage and mentor colleagues who have different personalities.

The programme has taught me more about the leadership structure of the NHS and the different motivators for change. It also taught me how to identify who the stakeholders are and how to get a project to progress, as well as how to make changes and sustain them. More importantly, it has given me the skills to resolve issues that arise and to appreciate the limitations of myself and the project.

Being the chief registrar for the trust has given me access to senior leaders, both clinical and non-clinical, and has given me access to leadership meetings which have given me further understanding to the issues an NHS hospital faces. This has been especially helpful in preparation for a consultant role.

It has facilitated the networking with similar like-minded chief registrars across the country. Discussing projects and problems with others has been invaluable.

## Achievements

I am part of the development and implementation teams of the new hospital at night team, the new 'alertive' communication systems team, PSIRF, the new EPR system and the SBAR team. I have set up and chaired the junior doctors medicine grand round forum, developed and implemented a new medical take handover structure and weekend medical handover. I have taken a particular interest in patient safety and have been attending serious incident meetings.

## Next steps/moving the project forward

I will use the skills I have learnt to improve care for patients. The role has solidified my interest in leadership and is now the foundation to further my learning and development in this sector.

# Mariyam Adam

## Main project titles

1. Improving on the day discharges and TTOs
2. Improving junior doctor involvement in audit and QI
3. LUHFT chief registrar legacy projects
4. Junior doctor audit and QI presentation event

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The chief registrar year has given me the opportunity to meet the decision makers and senior leadership team at my trust and to take part in governance and hospital leadership meetings.

I have been able to be involved in different pieces of work across the trust and able to bring a trainee voice to the platforms – this included improving the medical induction process and medical on call rota.

## Project achievements

1. Improving on the day discharges and TTOs  
I used the QI methodologies taught to us on our chief registrar teaching sessions to lead on this project. I was able to closely work with the wider multi-disciplinary team and have the opportunity to reflect on leadership and influencing styles.
2. Improving junior doctor involvement in audit and QI

This project gave me the opportunity to work with the consultants and junior doctors very closely and highlight issues about barriers junior doctors face when trying to do audit and QIP, which are needed for their portfolio. I was also passionate about ensuring the work done by junior doctors is duly recognised and how to translate this in to meaningful and impactful outcomes.

3. LUHFT chief registrar legacy projects  
As a team of three chief registrars for the trust, we continued two legacy projects this year: Consultant application course – This was a whole day event with trust senior leadership team and recent consultants delivering talks to more than 75 delegates, who are senior trainees in their final years of training, to give them guidance around consultant applications and interview processes.
4. Junior doctor audit and QI presentation event  
We organised this as a remote event this year and had support from seniors of medical education and improvement team. 20 junior doctors presented their project and we were able to give a monetary award to two best presentations.

# Michael Atkinson

**Organisation:** Swansea Bay University Health Board

**Grade:** ST5

**Specialty:** Endocrinology

**Mentor:** Dr Rhodri Edwards

## Project title

**Improving international medical graduate experience in Morriston Hospital**

## Project aim(s)

Morriston Hospital is a large tertiary hospital in Swansea, Wales. We recruit many junior doctors from overseas, especially in acute and general medicine. It became apparent that the provision of educational supervision was inconsistent and there was no formalised clinical induction process within the medical directorate. The previous teaching programme had not been re-started since the pandemic so there was no pre-existing peer mentorship programme. Therefore, we aimed to improve the induction, educational supervision, mentoring, and teaching provisions for international medical graduates in Morriston Hospital.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

Planning this project has involved liaising with a number of stakeholders (IMG doctors, peer mentors, medical workforce, directorate management team, clinical chair). The Chief Registrar Programme has helped me to navigate the management structures within the NHS and to develop skills to liaise with the variety of teams required, as well as understanding the range of perspectives which result. It has also prepared me for dealing with unexpected adversity, such as when our planned cohort induction had to be adapted because many of the new IMG doctors were still awaiting VISAs.

## Project achievements

- > All international medical graduate (IMG) doctors were paired up with supervisors by June 2024 and our weekly IMG teaching programme has been running for several months. A hybrid induction programme is planned which will account for the non-cohort start dates of new IMG doctors resulting from unpredictable VISA timelines. We plan to trial an induction programme which includes a variety of formats including written information, online induction, and a face-to-face welcome to include essentials such as IT access and hospital tour. A peer mentor will also be allocated.
- > Impact on workforce: We hope that these measures will have improved overall experience among this valuable group of colleagues.
- > Potential for large scale impact: Many aspects of this initiative could be rolled out within other hospital departments.

## Summary of how the Chief Registrar Programme contributed to your project's success

Acton learning sets allowed active reflection as well as peer feedback on developing projects. Analysis of our own leadership styles enabled insights which likely prevented delay in project planning and implementation (eg identification of a tendency to over-analyse before implementation).

## Next steps/moving the project forward

We plan to trial our hybrid induction programme and will continue to make improvements during 2024–25.

# Nauman Ahmed

**Organisation:** Blackpool Teaching Hospitals NHS Trust

**Grade:** ST6

**Specialty:** General and colorectal surgery

**Mentor:** Dr Kate Goldberg



## Main project title

**Improving surgical ergonomics to prevent musculoskeletal injuries among surgeons**

## Main project aim

Surgeons often experience musculoskeletal injuries such as pain, fatigue, numbness, and stiffness after performing surgeries. These injuries can significantly impact their quality of life, leading some to consider leaving the profession. This project aimed to educate junior doctors about surgical ergonomic principles and promote a cultural shift among senior surgeons.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

When I first took on the role of chief registrar, the challenges seemed daunting. However, the exceptional training from the RCP and the Clinical Quality Academy (CQA) provided in Blackpool was transformative. The teaching sessions taught me vital skills in quality improvement and leadership, which I applied effectively to my projects. My mentor, Emma Wiper, offered unwavering support, enhancing my understanding of clinical quality improvement and leadership. Her guidance was instrumental in turning obstacles into achievements, enabling me to make meaningful changes in my role.

## Project achievements

1. Education sessions: Integrated ergonomic principles into junior doctor induction sessions and displayed informative posters in theatre coffee rooms.
2. Theatre checklist: Implemented a pre-surgery checklist where surgeons discuss ergonomic principles, including reminders for both micro and macro movements.
3. Ergonomics champions: Appointed dedicated ergonomics champions to ensure the sustainability of ergonomic practices.

## Outcome

The feedback from surgeons has been overwhelmingly positive. The project's long-term impact will be evaluated through continuous feedback and monitoring.

## Other ongoing projects

1. Enhancing patient understanding of surgical procedure through informative videos
2. Improving the referral process of colorectal cancer screening pathways
3. Diverticulitis – ambulatory clinic management pathway implementation

# Navya Basavaraju

**Organisation:** Princess Royal Hospital, The Shrewsbury and Telford Hospital NHS Trust (SaTH)

**Grade:** ST7

**Specialty:** Diabetes and endocrinology/general internal medicine

**Mentor:** Dr Kevin Eardley

## Main project title

1. Improving the safety of medical on-call handover
2. Root cause analysis of major lower limb amputations with diabetes
3. Development of a nurse-led adrenal incidentaloma clinic

## Project aims

To enable core trainees to meet new RCPsych curriculum requirements around addiction and improve confidence in substance use/addiction psychiatry.

1. To improve efficiency and communication of medical on-call handover process at SaTH
2. To conduct a retrospective root cause analysis of major lower limb amputations with diabetes at SaTH .
3. To set up nurse-led adrenal incidentaloma clinic

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The Chief Registrar Programme gave me a deeper understanding of how I work as an individual and as part of a team, as well as how I react to pressured situations. This has helped me to develop leadership skills, identify my strengths and improve my weakness, as well as to adapt my leadership in working with different personality types. It has given me an insight on the working of an NHS organisation as a whole, and the importance of having a team with members of various levels of expertise and ideas, along with implementation strategies.

## Project achievements

1. Medical on-call handover project: There was a positive impact on patient care and workforce, with better handover of deteriorating patients, and the team is well aware of the ports of contacts in emergency. It has also helped to identify rota gaps sooner rather than later and act upon it for better outcomes. Traffic light system of handover has helped to prioritise tasks and flagging up more sick patients done efficiently. The junior members of the team are well aware of the team structure and their port of contact in case of help, thereby improving their overall morale. Reduction in obvious errors during the handover by following a structured approach. It has enabled to act on rota gaps sooner rather than later part of the on-call.
2. Root cause analysis of diabetic major lower limb amputation: I was involved in conducting a retrospective root cause analysis of non-traumatic major lower limb amputations with diabetes in our trust, along with the podiatrists, to identify the causes and risk factors. This has led to identify areas of improvement to prevent high rates of major lower limb amputations. Steps are being taken for regular diabetic foot checks for risk assessment, as well as effective communication between primary care, community high risk and secondary care podiatry teams to ensure timely interventions.
3. Nurse-led adrenal incidentaloma clinic: I have written up a business case after regarding proposal for development of nurse-led adrenal incidentaloma clinic showing significant benefit to the trust in terms of cost saving and improving patient care by reducing the waiting times and thereby patient distress. This is under discussion with the senior management.

# Nicola Cox

**Organisation:** Royal United Hospitals Bath

**Grade:** ST6

**Specialty:** Clinical oncology

**Mentor:** Carla Griffiths



## Main project title

**Development of a new metastatic cord compression (MSCC) patient pathway.**

## Main project aims

- > To develop and introduce a new MSCC trust guideline based on the 2023 NICE guidance.
- > To establish the 'MSCC coordinator' as an official role within the trust's acute oncology service (AOS).
- > To design and implement an online MSCC proforma as part of the trust's transition to paperless inpatient care.
- > To improve the achievement of local MSCC audit standards (compared to 2022 audit) and consequently patient care and clinical outcomes.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The Chief Registrar Programme has enabled me to learn extensively about leadership and quality improvement on a larger scale. It also gave me the opportunity to dedicate the needed time and focus to a project which had been difficult to achieve in my department previously. The ability to meet and learn from other chief registrars was a really valuable part of the programme and would always provide inspiration for ways to drive my project forward and overcome the inevitable challenges. I feel that the skills I have developed over this year will stand me in good stead for future leadership roles within the NHS.

## Project achievements

Suspected or confirmed MSCC is an oncological emergency and due to its 2022 audit the department had recognised that it was not meeting its desired standards of timely diagnosis and definitive treatment of patients. Being new to the department, my first step was to investigate the reasons for this and barriers to change. To develop a complete and useful new MSCC pathway, I consulted with various stakeholders outside of oncology (eg within haematology, radiology, neurosurgery, physiotherapy, acute medicine) in order to guarantee that the new pathway would address the perceived problems in a way that was both clinically achievable and sustainable in the long-term.

The introduction of an official MSCC coordinator role necessitated a change to the job description of the nurse practitioners working within AOS, as well as providing education sessions to equip them with the appropriate knowledge. The role will provide an invaluable point of contact to guide treating teams through management of MSCC and improve care for these patients.

The online MSCC proforma required collaboration with IT developers to ensure it was both user-friendly and clinically appropriate. It will act as a clear and easily accessible method of documenting the patient pathway and clinical decision-making along the way.

Time and work are still needed to fully embed the new pathway and provide the necessary education to the relevant medical and associated professionals; but there are already positive signs that this project has optimised the management of what can be a very complex clinical emergency, providing much-needed clarity for clinicians and better outcomes for patients.

# Nicole Sloan

**Organisation:** Hull University Teaching Hospitals NHS Trust

**Grade:** ST4

**Specialty:** Paediatrics

**Mentors:** Professor Makani Purva, Dr Sanjay Gupta

## Main project titles and aims

### 1. Improving compliance for documentation of smoking status for parents and young people, and introduction of smoking cessation pathway

- > To improve compliance of admission documentation of smoking status of parents and young people aged 12 years and older from 10% to 50%, from August 2023 to January 2024.
- > To improve targeted smoking cessation discussions and discussions of referral to smoking cessation services on the paediatric inpatient wards based on this documentation.
- > To establish an official referral pathway to the Tobacco and Dependency Treatment Team (TDTT) for young people aged 12 years and older for access to NRT to reduce local rates of smoking/vaping.

### 2. Establishment of regular in-situ simulation training for paediatric staff

- > To establish regular, monthly in-situ simulation training to allow staff to practise management of emergency scenarios in a safe space in the usual working environment, and improve teamwork and confidence in such an acute event.
- > To develop educational resources that can be used to share learning.

### 3. Improving paediatric trainee involvement with quality improvement

- > To improve the number of paediatric trainee-led projects registered with the trust that follow a designated QI methodology that can contribute to improved service and patient care within the department (zero at baseline).

## Summary of key milestones achieved during the project

1. Establishment of referral pathway to TDTT for young people, improvement in documentation from 34% to 94.5% of admissions, improvement in smoking cessation referral discussions, and presentation of data at local and international level via posters.
2. Regular training events held on a monthly basis involving multiple members of the MDT, including simulations that include different medical teams such as ED, paediatrics, anaesthetics and ENT, with improved excellent feedback on usefulness/enjoyment/learning opportunities.
3. Good attendance at QI methodology teaching sessions, with 7 projects registered with the trust within a 6-month period that are making good progress with objective changes demonstrated.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

- > Training has helped me to navigate challenges such as stakeholder buy-in.
- > Quality improvement methodology training.
- > Opportunity to liaise with and learn from senior managers, to learn how to navigate the operational side of health care to provide new services.

## Project achievements

1. Significant improvement in discussions around smoking/vaping cessation and access to smoking support.

Improvement in referral pathway into services to help parents stop smoking, which can improve their own health and their children's health.

A new referral pathway into a newly established service for smoking cessation advice and nicotine replacement therapy for young people aged 12 years and older.

Opportunity to improve the health of the local population and work towards reducing health inequalities within the local area to improve the health of the new generation.

2. Significant improvement in number and quality of in-situ simulation in the department, including the scenario that covered multiple medical teams (five sessions held so far, with another two in planning stage).
3. Improvement in number of trust registered quality improvement projects led by trainees that made objective changes to how the department operates (0 to 7 within a 6-month period).

## Next steps/moving the project forward

1. Further PSDA cycles ongoing to improve documentation to prompt discussions and increase percentage of admissions documentation/discussions take place, with consideration of expansion of project into outpatient areas and involving patients/parents of how to make services more accessible.
2. Continuation of running regular simulation within the department, having built this into the culture of learning and the use of additional more complex scenarios to further develop and practise skills of staff.

# Patrick Linden

**Organisation:** Craigavon Area Hospital/Southern Health and Social Care Trust

**Grade:** ST7

**Specialty:** Renal medicine/GIM

**Mentors:** Wendy Baird and Una Bradley

## Project title

1. **Improving the safety of inpatient nasogastric tube (NGT) management**
2. **Improving attendance and engagement at general medicine weekend handover**

## Project aim(s)

1. NGT care project – Creating a protocol for the request, review and documentation of radiographs to confirm NGT positioning prior to use.
2. Handover project – Increasing the percentage of the weekend medical team on-call who attend handover (all grades) and the percentage of wards who participate in safe handover.

## Summary of key milestones achieved during the project

- > NGT care project – The trust's enteral feeding pathway and inpatient protocols were reviewed with the enteral feeding team. Audits of existing practice were conducted in September and December to gain understanding with particular interest in the time of insertion, method of confirmation, timings of request and review of x-rays. Wide variation in the standard of documentation following x-ray was identified, with poor adherence to the recommended 4-step structured assessment to confirm placement. A sticker was produced requiring staff to assess against the four criteria, and to seek senior medical or radiology input in cases of uncertainty. The sticker will be trialled in July before introduction across the hospital, supported by teaching for doctors in training. There will be re-audit to assess the impact of the sticker and preparation to future-proof the outcomes as electronic notes are introduced within the trust in the next 18 months.

- > Handover project – Existing handover arrangements were audited on a weekly basis. Questionnaires established that a significant percentage of medical staff were unaware of the existing handover arrangements. The initial intervention focused on creating awareness at induction for new trainees. Changes were also made to on-call staffs rest days to increase attendance at handover. The next intervention introduced was a handover checklist which intended to streamline handover proceedings to focus on the most pertinent clinical issues going into the weekend (patients who were acutely unwell, potential deaths and potential discharges). The checklist was introduced alongside a formal attendance register. Email reminders were circulated throughout the PDSA cycles. There was sustained improvement in the 8 weeks following intervention, however there were challenges sustaining change. Further intervention will target the junior doctor induction period and engagement of senior medical staff, with ongoing PDSA methodology and monitoring.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The role of chief registrar afforded me the time and influence within my organisation to instigate change. The position enabled me to engage senior medics and allied professionals, and helped me to recruit enthusiastic doctors in training to assist with data collection, analysis and intervention planning. The teaching on the programme helped me to identify solutions to challenges facing the success of the projects, particularly when attempting to sustain change. I had the opportunity to participate in a number of other projects including the creation of a Clinic Week for IMTs, the introduction of a programme of audience-led and expert-delivered teaching for GIM registrars, and participation as the medical representative on Trust's Workforce Development Group.

# Priyanka Lakhani

**Organisation:** Royal Free NHS Foundation Trust

**Grade:** ST6

**Specialty:** Rheumatology and general internal medicine

**Mentor:** Dr Sarah Needleman

I was fortunate to spend my year working alongside two outstanding co-chief registrars, Dr Rhys and Dr Vasiliki. Despite various challenges, we were able to work collaboratively to deliver on many projects which I felt very proud of, tackling wellbeing, education and leadership themes.

- 1. Compassionate Leadership Programme:** Working with our chief registrar colleagues at Barnet Hospital, we developed a previously set up compassionate leadership teaching programme into a 4-day cross site teaching programme, with the aim of promoting compassionate leadership, inter-specialty working, networking between people, and filling an unmet curriculum need. The programme received overwhelmingly positive feedback, with attendees reporting increased confidence as an NHS leader, improved working relationships with colleagues, and meeting curriculum requirements they would not otherwise be able to achieve.
- 2. Medical SpR Teaching Programme:** While the Royal Free had a wealth of teaching programmes, there was none specifically targeted for the medical registrars. We designed and implemented a programme inviting specialties to give talks relevant to the general medical registrar, which is ongoing and rolled out cross site. Simulation of practical skills has also been included, and feedback to date is positive.
- 3. Peer mentorship:** We ran and advertised the hospital Peer Mentorship Programme. After successfully pairing 55 junior doctors with speciality/circumstance appropriate mentors (eg LTFT, caring responsibility, OOP etc), informal feedback has been outstanding so far. Formal feedback will start at the beginning of July as people are approaching the end of their rotation.
- 4. Medical handover:** Surveyed handover, with feedback stating that it was too difficult to hand over unwell ward patients. Introduced a 'Hospital at night' handover list to increase

visibility of unwell patients from the wards and introduced an attendance register to ensure timely handover and referral to specialty.

- 5. DNAR project:** We identified that Royal Free has one of the highest rate of 2222 emergency calls. Combining work from an audit of admissions to medical wards, doctor survey, and working together with the palliative care and geriatrics teams, we identified a partial cause of lack of confidence in discussions. We have worked to expand simulation training with professional actors to roll out to doctors to encourage competence and confidence in these challenging scenarios.
- 6. Trust priorities:** Investigated reasons for lower than anticipated sick absence reporting, lower statutory and mandatory training compliance with junior doctors. Worked collaboratively with divisional directors, the education team and medical information officers to try and improve this, with ongoing work into what is a national problem.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

This year as chief registrar has been invaluable to both my personal and professional development. I found several exercises at our chief registrar training days to be very useful, including sessions on personality traits, influencing style, emotional resilience and working in teams. Attending key meetings with senior leadership and executive teams has given me a beneficial insight into how challenges are addressed and managed at this level.

This programme has addressed gaps in our training curriculum focusing on leadership and management skills, and I feel extremely fortunate to have received this training, which will be of use to me for the rest of my career and as a consultant – this is why I would strongly encourage others to apply for the chief registrar role.

# Rasha Ibrahim

**Organisation:** Blackpool Teaching Hospitals NHS Trust

**Grade:** ST5

**Specialty:** Paediatrics

**Mentor:** Dr Kate Goldberg

## Main project title

**To increase the percentage of children and young people receiving an asthma discharge bundle (in line with the national asthma bundle) from 33% to 95% by September 2024.**

## Project aim(s)

To develop and implement an asthma discharge bundle for children and young people who were admitted with an asthma exacerbation.

This bundle consists of:

1. Inhaler technique check
2. Sufficient medication on discharge
3. Recording of smoking/vaping status and offer of referral to the smoking cessation team
4. A personalised asthma action plan
5. Appropriate follow-up in community within 48hrs and follow up with a consultant as an outpatient
6. Engagement with the National Respiratory Audit Programme.

## Results/ key milestones achieved

1. We adopted a personalised asthma action plan (PAAP) which was approved by the trust. This PAAP is given to children and young people (CYP) in paper form or downloaded to an app on a smartphone.
2. I worked with the smoking cessation team, and we created a referral pathway for CYP and their parents/guardians who are exposed to or users of tobacco/vapes. The child and their parents can be offered a smoking/vaping cessation programme in community.
3. Children should be reviewed in community within 48hrs of discharge. However, stretched GP services have made this an unachievable milestone. I therefore enlisted the help of the children's community nursing team (CCNT). The CCNT now review the child at their home within 48hrs of discharge.

4. We created an inpatient checklist which ensures that every child discharged from hospital following an asthma exacerbation will have the mentioned steps.
5. I have worked with the audit team, and they have now incorporated the National Respiratory Audit Programme into workload – ensuring we will have continuous monitoring of our performance.

The project was successfully rolled out on World Asthma Day.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The chief registrar training has been instrumental in helping me achieve improvement.

- > First, it allowed me to truly engage with quality improvement methodology and appreciate that quality improvement science extends beyond mere PDSA cycles. The training provided me with the tools and framework to not only design but implement sustainable change within a complex healthcare system.
- > Secondly, the Chief Registrar Programme has enabled me to meet likeminded individuals with whom I not only shared my ideas but also discussed problems and brainstormed solutions. This opportunity has been invaluable as it made me realise that my challenges were not unique to my project, but rather often encountered by my fellow chief registrars and across the NHS as a whole.
- > Finally, the Chief Registrar Programme allowed me to explore my personality, my leadership traits and how to think strategically. This introspection has been crucial as I learned how to harness my strengths and empower my team to drive positive change.

# Rhys Thomas

**Organisation:** Royal Free NHS Foundation Trust

**Grade:** ST5

**Specialty:** Rheumatology

**Mentor:** Dr Sarah Needleman

## Summary of key milestones achieved during chief registrar year

**I was fortunate to spend my year working alongside two outstanding co-chief registrars, Vasiliki and Priyanka. Despite various challenges, we were able to work collaboratively to deliver on many projects which I felt very proud of, tackling wellbeing, education and leadership themes.**


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- 2. Medical SpR Teaching Programme:** While the Royal Free had a wealth of teaching programmes, there was none specifically targeted for the medical registrars. We designed and implemented a programme inviting specialties to give talks relevant to the general medical registrar, which is ongoing and rolled out cross site. Simulation of practical skills has also been included, and feedback to date is positive.
- 3. Peer mentorship:** We ran and advertised the hospital Peer Mentorship Programme. After successfully pairing 55 junior doctors with speciality/circumstance appropriate mentors (eg LTFT, caring responsibility, OOP etc), informal feedback has been outstanding so far. Formal feedback will start at the beginning of July as people are approaching the end of their rotation.

- 4. Medical handover:** Surveyed handover, with feedback stating that it was too difficult to hand over unwell ward patients. Introduced a 'Hospital at night' handover list to increase visibility of unwell patients from the wards and introduced an attendance register to ensure timely handover and referral to specialty.
- 5. DNAR project:** We identified that Royal Free has one of the highest rate of 2222 emergency calls. Combining work from an audit of admissions to medical wards, doctor survey, and working together with the palliative care and geriatrics teams, we identified a partial cause of lack of confidence in discussions. We have worked to expand simulation training with professional actors to roll out to doctors to encourage competence and confidence in these challenging scenarios.
- 6. Trust priorities:** Investigated reasons for lower than anticipated sick absence reporting, lower statutory and mandatory training compliance with junior doctors. Worked collaboratively with divisional directors, the education team and medical information officers to try and improve this, with ongoing work into what is a national problem.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The year I spent as an RCP chief registrar made me challenge myself, take myself out of my comfort zone and to grow professionally. It led me to opportunities with senior leadership and management that we do not usually experience in medical training, as well as taking the lead on projects I would not otherwise have.

The Chief Registrar Programme, delivered expertly by Graham and Lucy and the RCP team, helped me gain greater insight into the theory of teamworking, quality improvement and had real and immediate practical applications.



Driving meaningful change has its challenges in the current climate of the NHS, but can also be enormously rewarding. I have learnt to look small, take the wins where available and build momentum in this fashion. This has led to a greater insight into myself and the wider team, and the growth and learning I have undergone will be with me for the rest of my career. I look forward to applying this learning and experience as I move forward and feel privileged to have undertaken the year.

# Robert Whitham

**Organisation:** Royal United Hospitals Bath NHS Foundation Trust

**Grade:** ST8

**Specialty:** Trauma and orthopaedics

**Mentor:** Mr Derek Robinson



## Main project title

**Developing an outpatient parenteral antibiotic therapy (OPAT) pathway for acute moderate soft tissue infections in T&O.**

## Main project aim

To establish a local OPAT service for appropriate patients presenting to our T&O department who would benefit from a short course of intravenous antibiotics but are well enough for this to be delivered on an outpatient basis with daily clinical review. The aim of this service is to promote patient independence and save admission days.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The Chief Registrar Programme gave me a greater understanding of QI methodology, change management, and how to apply principles from these in a practical way in our role as a 'middle leader' in the NHS. It provided a valuable opportunity to discuss clinical leadership and local challenges with chief registrar colleagues from a variety of specialties and locations. Being able to support each other and feed back through the year was a really positive experience. The programme also helped me to explore my own communication and leadership styles and positively create change in my organisation.

## Project achievements

1. My main departmental project was developing an OPAT service via our Trauma Assessment Unit (TAU), whereby patients can be treated using elastomeric pump devices, through working with microbiology, nursing, surgical and

pharmacy colleagues. A 6-week pilot project was successful at saving admissions and reducing costs, with positive patient and staff feedback. This project is now being trialled by other specialties in my trust.

2. I also led the re-establishment of a Theatre Sustainability Working Group involving stakeholders from many clinical and non-clinical backgrounds. The NHS has a target of achieving carbon net zero by 2045; operating theatres contribute to a large proportion of a hospital's carbon footprint. This working group supports a variety of projects aimed at reducing the carbon footprint of our operating theatres, such as improving anaesthetic practices, reducing energy and water use, promoting reusable textiles, and rationalising theatre instrument trays.
3. In collaboration with my regional Surgery in Children Operational Delivery Network, I co-led a national audit of paediatric forearm fracture management pathways. The aim of this project was to identify areas to improve treatment of children with these injuries and avoid the need for admission where possible.
4. I co-chaired my trust's Junior Doctors' Forum, helping to establish a pathway for junior doctors' access to 'Too tired to drive' rooms at my trust – an issue that had been unresolved for several years. My role as chief registrar also allowed me to represent junior doctors at meetings of the trust-wide Postgraduate Education Committee, Medical Workforce Planning Group, Clinical Ethics Advisory Group, and surgical divisional board.

# Sam Edward Craik

**Organisation:** Shrewsbury and Telford Hospitals

**Grade:** ST6

**Specialty:** Geriatric medicine

**Mentor:** Dr Annabel Makan

## Main project title

**Creation of induction videos introducing the medical and stroke on-calls**

## Main project aim

1. To reduce uncertainty and anxiety of the incoming FY1 doctors regarding starting their medical on call shifts.
2. To provide direction to the new medical registrars for their introduction to carrying the acute stroke bleep.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The Chief Registrar Programme helped me to consider the steps involved in starting a new project. This included considering who all of the relevant stakeholders are to ensure that there is appropriate 'buy in' from all parties. I was also able to consider exactly what I wanted to achieve with my project to ensure that common goals could be agreed by the entire team and a timeframe to make sure that the project stayed on track.

The programme encouraged regular breakout groups to discuss our projects with other chief registrars, ask questions of each other's projects and find possible solutions to problems we had each encountered. This allowed us to work together as a network of chief registrars to assist each other's projects across the country.

## Project achievements

Incoming FY1 doctors have regularly described the move to medical on call shifts as a source of anxiety when starting the job. In a survey at the start of the year, 70% of FY1s reported feeling anxiety before their first on-call shift. Similarly, 94% felt they would have benefitted from further instruction. The first introductory video acted to demystify the on-call by walking the viewer through a day in the life of a medical

on-call. Starting with footage from the medical handover and helping to locate important areas within each hospital, the video progresses to show the process of clerking a patient, requesting investigations and taking part in a post take ward round.

The second video related to the Telford Hospital site being a hyperacute stroke unit and the role of the medical registrar in assessing and treating patients attending with suspected stroke. The video again orientates the viewer to important locations, introduces important steps for assessing the patient and information they will need to discuss with the on-call consultant. The video goes on to outline the process for delivering thrombolysis and referring the patient for thrombectomy at a tertiary centre.

These projects required me to liaise with a range of individuals including the FY1 doctors, the relevant consultants in each specialty, the medical education team and the hospital's media team. Once a script had been agreed with all relevant parties, I was involved in finding appropriate speakers and actors and arranging filming times and locations. The FY1 video has been recorded and is being edited in time for the new cohort to arrive in August. The stroke script has been approved and will be filmed this summer.

## Other achievements

The Chief Registrar Programme allowed me to work across professional boundaries. I regularly attended meetings of the deteriorating patient group as the registrar representative. Here, I engaged in discussions with individuals from different professions and specialties in how we could best deliver care to the acutely unwell patients out-of-hours. I enjoyed the opportunity to gain the perspectives of doctors within other specialties, nurses and hospital at night practitioners facing the same situation from a different direction. Similarly, I was able to put across the perspective of the medical registrars who bear a lot of responsibility.

I regularly attended junior doctor forums and tried to act as a link between the junior doctors and the consultant and managerial bodies, hoping to be able to appreciate both perspectives. I went on to chair the summer JDF and valued the experience of hearing problems from my colleagues and working with different departments within the meeting to find satisfactory solutions.

# Susannah Long

**Organisation:** Kings College Hospital NHS Trust

**Grade:** ST5

**Specialty:** Medicine

**Mentor:** Dan Wilson

## Main projects

1. Refining the junior doctor handover process
2. Introducing colour coded lanyards to denote junior doctor grade

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The Chief Registrar Programme has been a fantastic year in my career. It has boosted my confidence and capabilities in being an effective leader, provided me with invaluable insight into the operational side of management within the NHS, and motivated me further to be committed to pursuing positive change. The training days have given me time and tools to reflect on my skills and personality and understand how I can use these to be more effective in my role. I have no doubt the skills learned this year will set me up well for my future career.

## Project milestones

1. Following negative staff feedback about on-call handover, I set about to improve this. Firstly, I moved the location of the morning ward handover to a designated quieter area to allow voices to be heard and for safe, clear handovers to be relayed following the night shift. Secondly, I created a 'script' to guide the busy evening handover which includes 20 staff. Lastly, I have worked with the ICT team to make changes to handover process within the trust's recently upgraded computer system, to provide clearer display of information and make the system more user-friendly.

2. I am introducing colour-coded lanyards to clearly denote junior doctor grade at the trust. This will allow quick visual identification of doctors in an environment of rapidly rotating staff and provide clarity to patients of who is looking after them. This has involved getting significant senior buy-in, arranging funding, and coordinating and negotiating supplies from manufacturers. I aim for these to be in place next month for the new rotation of junior doctors.

Other projects and experiences this year have included:

- > running a regular medical registrar forum
- > representing the junior workforce at medical education meetings and the Junior Doctor Forum
- > representing the junior workforce in operational meetings about the trust's new computer software and contributing to positive changes within it
- > updating the trusts medical induction documents and handbook
- > providing a clear line of communication between the junior and senior workforce
- > providing support and direction to junior doctors when they have needed it

# Vasiliki Thanopoulou

**Organisation:** Royal Free London NHS Foundation Trust

**Grade:** ST5

**Specialty:** Rheumatology / General internal medicine

**Mentor:** Sarah Needleman

## Summary of key milestones achieved during chief registrar year


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- 3. Peer mentorship:** We ran and advertised the hospital Peer Mentorship Programme. After successfully pairing 55 junior doctors with speciality/circumstance appropriate mentors (eg LTFT, caring responsibility, OOP etc), informal feedback has been outstanding so far. Formal feedback will start at the beginning of July as people are approaching the end of their rotation.

- 4. Medical handover:** Surveyed handover, with feedback stating that it was too difficult to hand over unwell ward patients. Introduced a 'Hospital at night' handover list to increase visibility of unwell patients from the wards and introduced an attendance register to ensure timely handover and referral to specialty.
- 5. DNAR project:** We identified that Royal Free has one of the highest rate of 2222 emergency calls. Combining work from an audit of admissions to medical wards, doctor survey, and working together with the palliative care and geriatrics teams, we identified a partial cause of lack of confidence in discussions. We have worked to expand simulation training with professional actors to roll out to doctors to encourage competence and confidence in these challenging scenarios.
- 6. Trust priorities:** Investigated reasons for lower than anticipated sick absence reporting, lower statutory and mandatory training compliance with junior doctors. Worked collaboratively with divisional directors, the education team and medical information officers to try and improve this, with ongoing work into what is a national problem.

## Summary of key milestones achieved during chief registrar year

I strongly believe that this year that I spent as an RCP chief registrar was the one which led to the biggest personal professional change so far. It allowed me to interact with senior leadership and management teams, which is not otherwise a common place in that step of the training ladder, and gave me the platform to convert a simple idea to an actual change and to be trained by an excellent team at the RCP.



The RCP chief registrar training gave me important tools to help me act efficiently to the various challenges that appear and be part of the solution at the current challenging times for the NHS. These were the following:

- i) Understanding yourself: your strengths/weaknesses in leadership style, your 'eustress zone'
- ii) Understanding your team: different roles that needed in a team, how to choose your team members, how to work well in a team that was already set up for you
- iii) Understanding the anatomy of a change: set clear steps and small goals, build the momentum.

I feel very fortunate that I was part of the wider RCP chief registrar team and I am looking forward to applying this learning to make meaningful changes in the years to come.

# Victoria Tay

**Organisation:** Wexham Park Hospital, Frimley Health Trust

**Grade:** ST5

**Specialty:** Emergency medicine

**Mentors:** Dr Sarah Wilson, Dr Daven Amin



## Project title

**Improving engagement in educational and welfare initiatives within Wexham Park Emergency Department**

## Project aim

To improve engagement with educational and welfare resources by the multidisciplinary team in the Emergency Department by realigning current programmes, making resources accessible to all relevant cohorts and introducing new initiatives to consolidate learning to all stakeholders. To promote an open culture of psychological safety and support a healthy workforce by reworking the existing measures and introducing new initiatives to reinforce supportive departmental practice.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

The Chief Registrar Programme has been hugely beneficial to me both personally and professionally. Being able to look introspectively to understand and reflect on what drives me has been invaluable for my development. It has given me the tools, opportunities and space to develop more confidence in my leadership skills, as well as a better understanding of how to inspire others to make positive change. Being able to learn more about what a complex organisation the NHS is, collaborating with senior leaders, and experiencing positive instigation of quality improvement has been a hugely rewarding experience. It has been a huge privilege to be in this position, providing an open channel of communication between senior clinical leaders, managers and the wider trainee workforce. I have felt supported and enabled to address issues in education, training, morale, retention, sustainability and service improvement while hoping to represent as a

clear voice for my cohort. The most rewarding part of the year has been the chance to make a difference in working lives of our workforce in a variety of sustainable ways that I hope will pave the way for a positive, happier and healthier working life.

## Project achievements

Schwartz rounds were introduced as an opportunity to explore the emotional and social aspects of working in healthcare. Working in healthcare, particularly in the current climate, can be extremely stressful with staff feeling isolated which can lead to burnout, breakdown of relationships, and in turn the loss of compassion for themselves and eventually our patients. Regular rounds with clinical psychologists with themes such as 'A time when conflict has affected me' or 'An interaction that has stayed with me' have been shown to be a source of support; humanising colleagues, taking time to appreciate all roles in a multidisciplinary round and share the various perspectives of working within a busy Emergency Department.

Concomitantly, a group of multi-disciplinary practitioners were trained in trauma risk management to provide effective trauma focused peer support system.

Monthly welfare events for staff were organised, including visits from therapy dogs and penguins.

We were also able to start the project raising awareness of the dangers to patients and staff of incivility throughout the hospital, based on the Civility Saves Lives movement, focusing on the promotion of positive reporting.

Embedding welfare initiatives within a busy Emergency Department has been challenging but rewarding; particularly seeing the positive impact it can have on the culture.

# Vimal Kumar

**Organisation:** University Hospitals of Leicester NHS Trust

**Grade:** ST5

**Specialty:** Respiratory medicine

**Mentors:** Professor Ruth Green, Dr Rakesh Panchal

## Project title

**Foundation year 1 mentorship programme (F1 Mentor Connect)**

## Project aim(s)

To provide registrar-led peer-level mentor support to the Foundation year 1 doctors on the shop floor to encourage development in the specific domains: clinical, education and teaching, leadership, and wellbeing.

## Summary of key milestones achieved during the project

1. Developed and led a team of registrars who opted in to be mentors.
2. Professional growth and leadership experience for the mentors (with certificates), and peer-level support to the FY1s for their professional development and wellbeing.
3. Fostered a culture of mentoring.
4. Developed long-term collaboration between mentors and mentees.

## How has the chief registrar leadership development training helped you to respond to local challenges and achieve improvement?

After every module, I felt there was a more mature and learned approach to my way of working. I particularly found it interesting to learn about 'barriers to change model', personality types and influencing styles. Knowing myself better and the people around me, helped me negotiate my agenda wisely and effectively.

## Project achievements

'It would be nice to have a reg paired up with you ... to help guide you through not only clinical but also professional and career development'

Following the initial survey, several lines as above echoed, which highlighted the need for peer-level mentorship and key areas for development. 92% of FY1s stated that clinical work is overwhelming in the first year. Based on this, we matched one registrar mentor with an FY1 mentee in an opt-out first cycle. We provided basic guidance and advised bi-monthly meetings of at least 30 minutes. The support was focused on the future career guidance, teaching presentations, QIPs, and interesting case discussions. We collected feedback at the end of each 4-month FY1 rotation. Due to poor engagement, we amended the programme to opt-in only.

In the second round, engagement improved. 85% of mentees said the programme met their expectations and all of them recommended this programme to their colleagues (57% very likely and 43% somewhat likely). 77% of mentors found mentoring a worthwhile endeavour. Constructive feedback from mentors highlighted the need for better programme guidance and more robust engagement from the mentees.

## Summary of how the Chief Registrar Programme contributed to your project's success

This programme provided an excellent ongoing learning experience whilst working on my project, leading a huge team of respiratory registrars locally and working towards the improvement of registrar training and learning experience. This programme has set a foundation to substantiate and sustain my current project and successfully undertake future projects.

## Next steps/moving the project forward

Working on the feedback, I am determined to further develop this project by incorporating a leadership training module for the registrars who opt-in as mentors, along with a guidance

document for both mentors and mentees. In order to spread awareness and increase uptake in the programme, we would develop an induction video for the new participants and also plan to formally incorporate links on the trust intranet. In the long run, we envision this will help create a 'culture of mentorship' locally and potentially, and bring a widespread change.

# With thanks to our other chief registrars:

Adam Ling  
Alan Kan  
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Alex Bunn  
Alex Josheph Chandy  
Alex Tyler  
Alexa Jose Escudero Siosi  
Alexandra Fielding  
Amanda Mootoo  
Amelia Eleanor Lloyd  
Amritha Narayanan  
Anish John Kuriakose Kuzhiyanjal  
Asad Saleem  
Ben Warne  
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Brandylee Gneene Cox  
Camilla Lonngren  
Chi Hin Brian Ho  
Chloe Bentham  
Doreen Yin Hui Lee  
Eleanor Gartside  
Eoin Dore  
Francesca Knapper  
Francesca Yeldham  
Fang Yi Cheung  
Gareth Burton  
Hal Munton  
Hannah Wilkin-Crowe  
Harriet Crosby  
Jack Ross  
Jairam Sujjay Iyer  
James Morris  
James Samarasekara  
James Wilson  
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Katy Mcdowell  
Kieron Kumar  
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Laura Spiers  
Laura Williamson  
Lorna Abraham  
Lydia Jane Jenner  
Maria Mondragon-Pritchard  
Mark Johnson  
Martin Yardley  
Matthew McCall  
Max Thoburn  
Michael Eason  
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Mohammed Zakaullah Khan  
Natalie Hopka  
Natalie Mcleoad  
Natalie Pettit  
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Rea-Grace Maamari  
Rebecca Hughes  
Richard Bowman  
Robert Hurwitz Bremner  
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Sarah Marsden  
Sarah Mulholland  
Shahzad Ul Islam  
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Steve John  
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Sumbel Afghan  
Syarifah Syafiqah  
Tariq Aboelmagd  
Tristan Holdsworth  
Umair Tahir Khan  
Wakana Teranaka

# The RCP

# Chief Registrar

# Programme

# 2024/25 yearbook

For further information

Visit: [www.rcp.ac.uk/projects/chief-registrar-programme](http://www.rcp.ac.uk/projects/chief-registrar-programme)

Email: [chiefregistrar@rcp.ac.uk](mailto:chiefregistrar@rcp.ac.uk)



Royal College  
of Physicians