

# Growing into a leader - being a chief registrar

**As a young doctor, what is the best way to gain leadership experience? How can you balance professional development with the demands of clinical training?**

Earlier in 2026, Commentary explored how the RCP Chief Registrar Programme benefits and supports hospitals, speaking with a deputy medical director and deputy chief medical officer about how the role is creating a future generation of medical leaders at Sandwell and West Birmingham Hospitals (SWBH) NHS Trust.

But what does becoming a chief registrar mean for resident doctors?

The job is an in-hospital, leadership role which was created by the RCP in 2016. Over the course of a year, it provides protected time for senior resident doctors to practise leadership and quality improvement (QI) while in clinical practice. The RCP runs a 10-month development programme alongside the chief registrars' hospital work, to help develop clinical leaders of the future.

*Commentary* spoke with Dr Laura Pearson, a chief registrar who was mentored by [Dr Sarb Clare MBE](#).

While she is now a consultant geriatrician at the Royal Wolverhampton NHS Trust, she took up the chief registrar role in her final year of training at SWBH NHS Trust. She has also recently been appointed as an [RCP college tutor](#).

Laura found her time in the role to be immensely valuable: 'It was genuinely the best year of my career – even now, as a consultant.'

## Personal development and leadership skills

For Laura, improved leadership skills and confidence were some of the most important outcomes: 'It felt like a natural progression, trying to develop my leadership and learn more about management.'

The chief registrar role brought unexpected insights into how hospitals work behind the scenes – such as an understanding of how long change can really take within hospital trusts, and the need to be patient when undertaking projects. This element, Laura explains, was really useful; the role allowed her to see 'all the cogs behind the front door; learning that this is why decisions are made they way they are and this is why things take time.'

Trust-wide communication also played a role – the chief registrar acts as the link between resident doctors and management in many hospitals. Laura had to learn how to be an advocate for the SWBH resident doctors, as well as putting together a regular bulletin for her colleagues.

She has carried these skills through to her current role as a consultant; setting up working groups in her current hospital and collating feedback to make changes to a problematic rota. As her department education lead, she's even set up a resident doctor representative position to strengthen the link between resident doctors and consultants, and to create an opportunity for younger doctors to develop their leadership skills, 'because I found it really valuable'.

The programme helped Laura with finding her leadership style, developing her confidence and learning that her opinion is valid and important. Having the opportunity to be in the room with senior leadership means that chief registrars are exposed to a lot of different leadership styles, and learn what works well for them.

'I learned about how to manage different personalities and how you adapt according to who you're dealing with,' explains Laura. 'By the end, I'd learned that I can't do everything myself and that you need to have a team around you, and to delegate. That's something that I've taken through to my consultant role.'

## Quality improvement

One of the best aspects of the chief registrar role for many resident doctors is the time that is set aside for doing QI projects. This time can be hard to find on typical placements and rotations, Laura says: 'You start a project, but then you move to another placement and things don't necessarily carry on where you've left off – so to have that time set aside to be able to really get your teeth into some QI was something that appealed to me.'

The role offered a chance to address some of the problems that she was seeing appear regularly in clinical work: 'You get a lot of satisfaction when you see a patient and help to make them better, but I liked the idea of being able to impact healthcare in a broader way.'

The workshops and courses at the RCP don't only teach leadership, but also the practical steps that doctors need to take to put projects into motion and keep them going in the long term. 'You see a lot of issues – some to do with morale and wellbeing. The idea that I might be able to help, and learn how to help, appealed to me,' explains Laura.

Over the course of the year, Laura worked on several projects, including one on sepsis screening that was presented at a national meeting. However, she ended up focusing a lot on education – and QI itself. As a larger

project, Laura set up a QI teaching programme for foundation doctors and advanced clinical practitioners within the trust. This meant that they had more time to work on QI projects – a project that arose from her own frustration at not having enough time for QI at that stage:

Alongside the clinical effectiveness team and QI teams, we set up a 2-day training programme for foundation doctors. They were taught QI skills, then we supported them by identifying projects in line with the trust's priorities and their own interests. They presented their project at the end of the year – there was an awards ceremony and sessions on how to publish their work. The clinical effectiveness and QI teams have, after I left, carried on running that programme.'

Being able to focus so much on QI as chief registrar has meant that Laura feels much more proactive and confident effecting change in her consultant role. She has been part of starting the process of improving the hospital's perioperative medicine service: 'I've been able to start moving that forward; setting up a working group, doing QI to show our value, putting together a business case for that service. There's no way I could have done that before [being a chief registrar].'

## How to make the role work effectively

Laura offers up a variety of advice for resident doctors looking to apply:

- > **Ask yourself when it is best to apply:** 'For different people, different stages will be best,' says Laura. 'I found doing it later beneficial because my specialty curriculum was signed off, which meant that I could really focus on getting my teeth into the role and that it was fresh in my mind going into my consultant role.... But there are pros and cons to each.'
- > **Speak to previous chief registrars to find out more about the role.** Speaking to people from more than one trust allowed Laura to decide where she wanted to apply. She encourages doctors to ask former chief registrars what support, mentorship and opportunities they had within each trust.
- > **Find a good, supportive mentor.** Laura states: 'I was very fortunate to have [Sar] as my mentor and supervisor.' Any hospitals recruiting chief registrars should be aware that 'getting the right people doing the mentoring does make a really big difference. Being enthusiastic is important to support these resident doctors.'
- > **Think about applying where you have worked before.** I wasn't really interested in applying for a chief registrar job somewhere that I hadn't worked, because a year is not actually a very long time. When you move to a new trust there's a lot of learning new systems. I didn't have to worry about that.'
- > **Plan your projects and interests, says Laura.** 'Have

ideas for what projects you might want to do and find out how they align with the priorities of the trust. Start planning before you start, so that you can hit the ground running.'

- > **Start preparing your CV early.** The role can be competitive. If you think you might want to apply in future, it is worth seeing what opportunities you can get involved in now for experience to help you in your chief registrar year.
- > **Don't hesitate to go for it.** 'I wish everyone could do it. It's a shame it can't be mandatory!' says Laura, 'I absolutely loved it and I've not met anyone who hasn't.'

## Equipping doctors with the skills to become a consultant

When Laura spoke to colleagues who had become consultants, they would say that the clinical move was fine – the move into a responsible, management role was much harder.

'At that stage of training, I was just about to become a consultant. I was very aware of the non-clinical aspects of my role; in the training programme there's not much opportunity to explore those aspects of your career.'

After her year as chief registrar, she says: 'I definitely felt more prepared going into my consultant role.' Ironically, she found the clinical side slightly more daunting, as she felt so equipped with the non-clinical skills of being a consultant.

Laura's year as a chief registrar equipped her with the confidence to take on extra leadership roles quite quickly, such as the education lead for her department – a role that she would have 'definitely shied away from [before the programme] ... but I've really loved that role. There's no way that I would have had the confidence or skills, had I not done the chief registrar role.'

She also feels that she has the ability to make positive change as a clinical leader. 'Before, I'd probably have just bumbled along, doing what had been done before. Now, I have more aspiration and ask how we can make things better.'

'I want to continue doing that and to explore new opportunities as they come. I hope that I'll develop my leadership skills further throughout my career, but [the chief registrar role was] a brilliant stepping stone for me to start doing that.'

**Find out more about the [Chief Registrar Programme](#) and fill in an online form to reserve your place today to join the 2026–27 cohort.**

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