



The RCP
Chief Registrar
Programme
2022/23 yearbook



Royal College
of Physicians

Foreword



I am delighted to introduce the yearbook for our 2022–23 RCP chief registrars. The RCP Chief Registrar Programme was established in 2016 as our

flagship leadership development programme and continues to grow in size and reputation. The programme supports senior doctors in training to develop their skills and confidence in leadership, management and quality improvement. In turn, its success has now led to other leadership programmes being created to support doctors at all stages in their careers.

We recognise that this year continues to be very challenging for the NHS and indeed for our chief registrars who have had to deal 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. This year we delivered a hybrid approach to ensure chief registrars get the

most out of networking opportunities. Despite the challenges, our chief registrars have been able to make substantial improvements to processes, systems, experiences and rotas over the past year. We hope these projects will leave an enduring legacy for the chief registrars, the trusts where they have been working and the wider system.

This yearbook highlights chief registrars and the projects and improvements they have made. It is clear that they are all outstanding individuals, passionate and motivated to make change in their trusts. They have made significant improvements to patient experience and outcomes, patient pathways and services, alongside staff morale. They have of course developed their own skills and leadership qualities that will ensure our next generation of great leaders. Thank you so very much to our mentors who have supported our chief registrars. Finally, we wish our chief registrars every success for their future and hope that they stay involved in the RCP community and that their impact will be felt throughout their careers.

Dr Clive Lewis

Clinical lead, Royal College of Physicians
Chief Registrar Programme

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Aisal Khan

Organisation: The Dudley Group NHS Foundation Trust

Grade: Speciality Registrar

Specialty: Cardiology

Mentor names: Dr Saeed Tamar



Main project title

Shared decision making over follow up plan incorporating Digital NHS

Main project aim

To reduce the number of patients who did not attend appointments (DNA), subsequently controlling outpatient financial expense and improving patient satisfaction, through autonomy. Look at mode of follow up through an open option for virtual or face to face appointments after informed notice about physician's preferences.

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

The programme gave me a completely new direction and awareness about learning healthcare management, project development and management, while working in a very complex environment alongside a great team. I appreciate all presenters from the taught modules; Annie and Graham were just outstanding as moderators for our cohort.

Project achievements

I started the project with a goal of optimising outpatient appointments for follow up, to improve satisfaction for patients and physicians. Shared decision making in scheduling appointments, using both NHS Digital resources and follow up texts, subsequently reduced missed appointments and waste resources.

This was because, previously, a set of patients attending face to face appointments could have been consulted easily through telephonic/virtual means, whereas others who had telephone appointments had to be called into hospital for a face-to-face, resulting in rebooking costs.

Shared decision making and open autonomy for mode of appointments between physicians and patients saves resources as each individual is his/her best assessor for their own health. Virtual clinics have rapidly grown since COVID-19 but need for further optimisation for utility remains the best possible way, therefore, the project has been helpful.

Alexander Bulcock

Organisation: Blackpool Teaching Hospitals

NHS Foundation Trust

Grade: ST5

Specialty: Geriatric medicine

Mentor name: Dr Kate Goldberg

Main project title

Improving frailty services in Blackpool

Main project aims

To improve access to frailty services in Blackpool and to improve the care of people admitted with frailty syndromes.

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

The programme has helped me to understand more about myself, both personally and professionally, and where I want my career to progress. It has shown me the importance of communication in team building and has given me skills to do this.

What has been invaluable is the ability to connect with likeminded individuals on the programme, particularly when brainstorming ideas to solve problems that have arisen within our own organisations. Often these problems, although appearing unique to our own situation, are common across the wider NHS and the chief registrar programme has allowed me to see them within the wider systems context that they exist in.

Project achievements

1. Expanding access to acute frailty services

Aim: For 100% of patients to be discharged or transferred within 48 hours of admission to the acute frailty service.

Outcomes: We managed to reduce the overall length of stay for patients admitted via the frailty unit compared to matched patients admitted to a general geriatrics ward. We showed that, on average, patients admitted to us had a 7-bed day saving per patient, compared to those admitted via a general geriatrics ward. We used this data to feed into a business case to expand the current service model. The plan is now to expand our current 10-bed unit into a 24-bed unit with double the medical cover on a new dedicated unit.

2. Improving time to diagnosis of delirium

Aim: To reduce time before diagnosis for patient admitted with delirium by 50%.

Outcomes: Through a series of educational interventions and events, we managed to improve the time before diagnosis of delirium from point of triage in ED. The next step is to implement an electronic clinical decision aid that we developed. This will automatically prompt people to 'think delirium' based on a 4AT score input at time of admission for patients, allowing for quick recognition and management plans to be implemented.

Other projects:

- > Developing a simulation programme for IMST2 ST4+ registrars.
- > Clinical lead for Blackpool on ICB project around frailty in Lancashire.
- > Investigating the links between frailty and COPD: An equity audit approach.
- > QIP to improve the quality of discharge summaries.



Alex Norris

Organisation: Nottingham University Hospitals NHS Trust

Grade: ST5

Specialty: Anaesthetics

Mentor name: Av Chana



Main project title

Paediatric sedation and premedication practices: Introducing intranasal dexmedetomidine

Main project aim

To improve paediatric patient, caregiver and staff experience of sedation and premedication at Nottingham Children's Hospital.

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

The RCP chief registrar role and training has equipped me with a voice to approach senior members of NHS trust leadership structures, understand processes of change and navigate the intricacies of managing the complex nature of these systems in reality.

Project achievements

I was extremely interested in focussing most of my time and attention on improving paediatric sedation practices in my trust. Initial planning and discussion with staff and patients identified current areas of difficulty, such as unpleasant routes, failed administrations, poor success rates and high cost. Reviewing the whole paediatric sedation pathway involved rewriting guidelines, as well as identifying that a different agent and route of sedation was required in the trust – intranasal dexmedetomidine. This led on to involving multiple committees, cross divisional meetings and governance requirements.

Following a period of supported roll-out, an impact evaluation identified that in comparison to previous sedation methods, intranasal dexmedetomidine was significantly easier to administer by nurses than oral routes and it was deemed more effective anxiolysis by caregivers and nurses. Caregivers reported intranasal dexmedetomidine as having a positive impact on the child's experience in 96% of cases. In children historically receiving other sedation methods, caregivers reported a better experience in all cases. Furthermore, there were no adverse events and a 10-30 fold cost saving per dose due to the branded formulation of the previous oral sedation agent.

I have so far demonstrated a positive impact on experience for the anxious/stressed child following my year of work. Easier administration of an intranasal agent contributes to increased effectiveness. In combination with a low side effect profile, this leads to high reporting of positive impacts on patient experience. Beyond this initial evaluation, I plan on analysing other key outcomes such as theatre efficiency and length of stay.

Anna Haley

Organisation: Royal Oldham Hospital, Northern Care Alliance
NHS Foundation Trust

Grade: ST5

Specialty: Respiratory medicine

Mentor name: Dr Georges Ng Man Kwong



Main project title

1. Registrar development programme
2. Electronic acute take list

Main project aim

1. To create a local 'Registrar development programme' providing training on the professional skills required for clinician's current registrar and future consultant roles.
2. To digitise the medical acute take list.

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

The RCP chief registrar programme has provided a unique opportunity to engage with different clinical and non-clinical teams to gain a better understanding of hospital structure and resource. The learning through the formal teaching days provided a platform from which I learnt how to enact change on a local level and consider how this relates into the wider NHS framework. On a personal level, I have relished the opportunity to reflect on my leadership traits and I look forward to consolidating these skills in future endeavours.

Project achievements

1. Registrar development programme:

Specialist trainees in the North West region receive little training on the leadership, medico-legal and governance aspects of their current and future clinical roles. I created a pilot programme aimed at medical registrars at my trust, which resulted in a series of training days over the year. These focused on the skills needed to be an effective registrar (including human factors and clinical skills simulation training) and to be a new consultant (ranging from how to set-up a new service, to conflict resolution).

The feedback showed that this organisational investment in registrars' professional development improved attendee's sense of being a valued member of the workforce. Due to the success of the pilot amongst medical registrars, this is now in the process of being incorporated into organisational level registrar training, open to all specialties.

2. Electronic acute take list:

The previous system for accepting and tracking patient referrals from A&E to medicine was via pieces of paper and a dry-pen whiteboard. I collated feedback from clinicians receiving referrals, which highlighted inefficiencies and concerns about patient safety with this system. This provided a case to allocate resource from the digital team to enact change. We were able to optimise and integrate an electronic take list, which was already established elsewhere in the trust across to our site. This has provided a robust system to prioritise and review patients referred to medicine.

Ashwin Delmonte Sen

Organisation: University College London Hospitals NHS Foundation Trust

Grade: ST7

Specialty: Infectious diseases and general medicine

Mentor name: Geoff Bellingan

Main project title

Human factors and systems approach to quality improvement in theatres and anaesthesia.

Main project aim

To holistically map current practice to human factors concepts, identifying gaps for improvement and thereby addressing them in manageable chunks.

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

The chief registrar programme has helped me to reflect on my own leadership style and skills. I have also learned techniques to manage communicating with colleagues and teammates with varying personality traits and agendas. This has been particularly useful when communicating with colleagues who are sceptical about my innovative ideas around systems approaches to quality improvement.

Project achievements

1. Human factors in anaesthesia and theatres

After holistically mapping current practice in the department such as procurement of equipment/medicines, environmental factors, training of teams, tasks and workflow, culture and organisation and incident response (links to PSIRF below), we identified areas where human factors principles could be applied or were lacking. These were disseminated to the leads responsible for these separately and made into manageable chunks to be

addressed. The heads of the division are all on board and already have a generally good understanding of human factors and systems approach to quality improvement, so I'm confident that the work will be continued after I am gone (through my colleagues who are permanent at UCLH) and hopefully deliver outcomes that can be used to role model this approach to other divisions.

2. Patient safety incident response framework (PSIRF)

Being an advocate for systems approach to quality improvement, I am glad NHS England is promoting this new approach to patient safety incident response that includes autonomy for trusts to undertake investigations proportionately and without blame, to use compassion and civility when communicating with staff, patients and family involved, and to ensure robust learning is achieved after the event. I was involved with two steering groups to develop this new practice and culture change at UCLH (stakeholder and communications/engaging staff, patients and relatives). The work is ongoing and due to be rolled out this autumn.

3. RCP safe staffing guidance revision

I undertook a project based on revising this document for the RCP, that some found difficult to use and may be outdated since the pandemic and with current workforce issues. We organised focus groups utilising the chief registrar network to identify how we might amend this guidance.

Unfortunately, due to recurrent industrial action, we have found it difficult to get as many focus groups as we would have liked by this stage (we have 4 currently). There are a few more that may transpire and we hope to have some recommendations collated by the middle of August.

Benjamin Pippard

Organisation: The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Grade: ST5

Specialty: Respiratory and general internal medicine

Mentor name: Dr Ian Forrest



Main project title

Establishing a trust-wide Clinical Grand Rounds Forum

Main project aims

To design and implement a new trust-wide clinical grand rounds forum, supporting the promotion of a collaborative, interdepartmental learning environment within the organisation.

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

The chief registrar programme has provided an excellent foundation upon which to explore more deeply the various factors influencing successful project development and implementation within the context of a large healthcare organisation. This has included a greater understanding of, and appreciation for, the impact of individual characteristics (such as personality traits and leadership styles) in facilitating effective progress whilst managing often complex team dynamics.

I found the use of action learning sets particularly beneficial in allowing time to talk with fellow chief registrars about some of the problems relating to our projects and to consider potential solutions for overcoming perceived barriers. The skills and learning I have developed during this time have been invaluable in fostering my leadership abilities that will be central to my continued training and future career.

Project achievements

I have worked to establish a new Clinical Grand Rounds Forum within the trust, providing a regular learning opportunity for colleagues across the organisation. A key driver for these sessions is the promotion of in-person, inter-departmental interaction – something that has been sorely missed in recent years since the COVID-19 pandemic and a move towards online working strategies. This includes the ability to have informal chats over food prior to meetings, when relationships are often formed and developed. To address this, departmental education leads were contacted and asked to propose a topic/session-lead for a new grand rounds series. Each department was asked to take responsibility for organising their own session, but to avoid this simply being a didactic lecture from a senior clinician. Engagement with wider team members (eg doctors in training, allied health professionals and other clinical teams) was encouraged. To date, 11 meetings have been held, occurring every fortnight, with food available beforehand. Attendance is recorded (typically between 70-100 per session from a variety of grades/specialties) and online feedback collected afterwards, with certificates of attendance provided. The clinical grand rounds have now become an integral part of multi-professional learning and development with the trust.

Other projects I have been involved with include introducing a pilot mentorship scheme for IMT doctors in training, improving the induction process for new starters in the trust, exploring mechanisms to improve feedback amongst doctors in training and improving the flow of patients from the emergency department to the respiratory support unit.

Charlotte Kelly

Organisation: Whittington Health NHS Trust

Grade: ST6

Specialty: Acute and general internal medicine

Mentor name: Dr Clarissa Murdoch

Main project title

I spent my year involved with lots of different projects but my main focus was on improving education and wellbeing for doctors

Main project aim

To improve the education and wellbeing of doctors by use of improving existing training and development of new educational initiatives including grand round, mentoring, skills labs and ultrasound training.

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

The chief registrar programme has helped me to achieve my goals in my quality improvement projects by providing the framework to carry out sustainable changes. It also helped me to develop my leadership skills through learning about different stakeholders and adopters of practice, as well as different leadership styles which will all be transferable skills for working life as a consultant. Having non-clinical working time has been an enjoyable opportunity to practise and consolidate these leadership skills and to get much more involved in QI.

Project achievements

This project used QI methodology as part of a multi-pronged approach to improving the working lives and wellbeing of 'junior' doctors - an area close to my heart. I wanted to ensure any projects focused on improving the working lives of doctors and avoided virtue signalling as 'wellbeing' initiatives. Firstly, we worked to rejuvenate the grand round, recognising that it has the potential to be a fantastic learning event and an important opportunity for networking and learning from seniors. We implemented several changes including a new rota for allocating topic, provided lunch for attendees and hosted a grand relaunch. Post-intervention data showed that overall attendance was much improved and there was a proportionally smaller online attendance.

Another aspect to this project was the development of a local peer mentoring programme for doctors and ACPs. We were fortunate to secure funding for a formal training course in mentoring that all mentors were invited to take part in. There are plans to run the programme, with the help of the post-graduate team, annually with changes based on feedback.

A further facet to this project was the development of education for internal medicine trainees based on negative feedback in previous years. IMT skills labs were set up as a 'ready to reg' programme. We also set up a project educating trainers to provide ultrasound training. Finally, I led a project to improve communication and efficacy of medical handover whilst also working to promote civility and collaborative working.

Charlotte Zheng

Organisation: University College London Hospitals NHS Foundation Trust

Grade: ST5

Specialty: Infectious diseases and microbiology

Mentor name: Dr Charles House

Main project title

- 1. Learning from excellence: introducing GREATix**
- 2. Improving the working lives of junior doctors**
- 3. Updating the RCP guidance on safe medical staffing**

Main project aim

1. Recognise and provide feedback on positive events in the workplace to improve wellbeing, team culture and learning.
2. Facilitate junior doctor engagement and provide a bridge of communication with senior leadership teams to resolve issues around training, rotas and wellbeing.
3. Help update the RCP guidance on safe medical staffing based on feedback regarding its usability and relevance.

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

The chief registrar programme has given me the opportunity to meet with and learn more about the roles of senior leadership and management teams, highlighting the importance of collaboration in order to achieve innovation and improvement in patient care.

The training days have provided the framework and tools to help me design and implement projects, whilst learning more about my personality traits and leadership style, providing useful insight in my clinical and non-clinical roles.

The ability to bounce ideas, problem-solve and hear about different approaches within the chief registrar network has been invaluable and motivating.

Project achievements

1. With NHS staff wellbeing being a trust and nationwide priority, I formed a working group on the acute medical unit (AMU) to implement a positive feedback reporting mechanism called GREATix. Staff nominate each other by completing a simple online form capturing a positive event and certificates are sent to nominees. Learning points from GREATixes are discussed in governance meetings. Implementing GREATix helped to increase positive feedback, with the majority of nominations occurring between different staff groups. Nominees reported that receiving a GREATix made them feel valued and improved morale. The scheme has received recognition at trust level and there are plans to roll out to other departments.
2. I conducted focus groups and surveys with trainees to identify issues within specialties scoring lower in certain domains from the GMC training survey. Feedback was discussed with clinical leads to find and implement solutions. I instigated weekly chief registrar walk arounds to collect views around training, education and facilities which could then be fed back to the junior doctor forum and medical education meetings. Arts and culture events were organised with the health and wellbeing team and, for the first time, a 'wellbeing fair' is being piloted at junior doctor induction.
3. We have designed and held focus groups through the chief registrar network to understand the utility and applicability of RCP safe staffing guidance in the current workforce crisis and post-COVID era. Initial thematic analysis has been fed back to the college to discuss if and how guidance could be amended.

Charn Gill

Organisation: University Hospitals Birmingham

Grade: ST7

Specialty: ENT

Mentor name: Elizabeth Howland



Main project title

Write to me, copy my GP

Main project aim

Writing outpatient clinic letters directly to patients in a way that they are able to understand.

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

The leadership programme was really useful in regards to managing local challenges which I otherwise would have struggled to manage. It gave me the tools and better understanding to understand myself better. It was great to be able to collaborate with colleagues across the country and hear about the variety of projects that were happening.

Project achievements

Before the project was rolled out to the trust, there were multiple focus groups held, including with GPs and patients. We then did a trial in two subspecialties; otolaryngology and thoracics, to assess for any challenges that there might be. Both specialities showed a good uptake in writing directly to patients.

Following these trials, a trust intranet site was created on 1 June 2023 which included frequently asked questions, examples and access to guidance and help that may be required. Help was provided via a dedicated email address and every specialty was encouraged to start writing to patients and approach the team with any challenges they may face. We feel this project is incredibly important to ensure better communication with patients and ensure that patients are fully involved in their care.

Christopher King

Organisation: Northampton General Hospital NHS Trust

Grade: ST4

Specialty: Critical care & anaesthetics

Mentor name: Chris Leng



Main project title

Improving doctors' working lives

Main project aim

To gain an understanding of what the main challenges, barriers & limitations to positive work life experienced by doctors at Northampton General are, and potential strategies to improve this in collaboration with the University of Leicester.

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

1. Greater understanding of areas of strength and development in my own leadership skills.
2. Greater knowledge of the quality improvement process and delivering and maintaining change.
3. Developing strategies to understand, navigate and improve workplace and workforce culture.
4. Greater understandings of the inner workings of the NHS from a leadership and management perspective.

Project achievements

My main project involved collating the responses of 105 doctors within the trust regarding working conditions, workload, training, recruitment and analysis as to how we at a district general can improve conditions to improve staff retention and workforce moral. The key preliminary results of the survey identified recommendations to improve engagement between senior management and doctors; a change in which the way our rota's are created mirroring that which are widely adopted in other recruiting countries (eg New Zealand), as well as improving rest facility access. This also tied in with another project which involved a ward walk around with the COO to get a feel of what a day in the life of a doctor working at Northampton was like, what challenges exist and how things could be improved. The key areas for improvement were resolved quickly, with others requiring a long-term strategy. I was also able to help facilitate the completion of a new rest area for doctors of all specialties to use.

In addition to my main project, I was able to set up a trainee research group on our new critical care unit to develop and embed a positive culture of research. This involved the site initiation of the UK-ROX study to a district general ICU, with education to nursing and medical staff on the intricacies of the study, the day to day working of the study in line with protocol. I provided training and development on the key skills needed by medical and nursing staff to be involved in the recruitment of patients into the study, with intervention arms and data follow up. I was able to complete the NIHR Associate PI Programme and to date we have recruited over 60 patients to the study, with eight doctors gaining valuable experience in research.

Chris Wallace

Organisation: Blackpool Teaching Hospitals

NHS Foundation Trust

Grade: ST7

Specialty: Paediatrics

Mentor names: Kate Goldberg

Main project title

Blackpool paediatrics patient safety initiative

Main project aims

Enhance the culture of patient safety within the paediatric and neonatal wards through a combination of improved inter-team communication and learning from excellent practice.

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

Having dedicated time and a clear role gave me the scope and flexibility to be involved in much more substantial improvement initiatives within our department, as well as being able to respond to other needs of the department, such as assistance with simulation and supporting the induction of new trainees and foundation doctors.

Being taught the principles of quality improvement through the RCP programme, as well as a local QI academy and then having the time and longevity in post to put them into practice was something that is usually unavailable to trainees and hopefully led to meaningful and sustainable change.

Project achievements

My goal for the year was to analyse areas where the culture of patient safety on our wards could be improved and then design change packages to address these, building on previous work by the national college.

This resulted in two main projects, with other interventions such as supporting simulation training and trainee induction in addition to these.

The first project to be initiated was a ward safety huddle, designed to bring together the knowledge about ward risks held by the medical, nursing and non-clinical teams to one forum where they could be shared and safety plans put in place. This now occurs each day and has allowed the collection of data around frequently occurring risks, as well as significantly improving the team's collective situational awareness. It also allows more timely identification of issues such as bed and staffing shortages which allowed earlier intervention to address these.

The second was introducing the learning from excellence system to our division, already established in many other trusts, which looks to highlight and learn from excellent care and events that happen on our wards. As well as providing valuable information on where excellence happens and how we can replicate it more widely, this was valued as a morale boost during difficult times for the NHS more broadly.

Both projects were designed from the outset to be self-sustaining once this year had finished and data collection of our progress towards improving safety culture will continue annually.

Christine Higgins

Organisation: Blackpool Teaching Hospitals
NHS Foundation Trust

Grade: ST6

Specialty: Gastroenterology general internal medicine

Mentor name: Dr Steven Fong & Dr Simon Merritt

Main project title

1. Restoring the ascitic drain pathway
2. Medical workforce review

Main project aim

1. To improve our elective ascitic paracentesis rate from 1.3% to above the national mean of 26%
2. To improve medical workforce wellbeing and reduce locum cost.

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

The RCP chief registrar programme provided me with a better understanding of how the wider management teams of an NHS trust works and how as clinical leaders we can implement sustainable change for our patients. The RCP training days have given me an insight into my own leadership traits and built on my existing knowledge of the principles of quality improvement. I have really enjoyed this year and having the dedicated time to invest in my development looking towards CCT.

Project achievements

1. Restoring the ascitic drain pathway

Model hospital data for ESHT found our daycase rate for ascitic drains had reduced to 1.3%, which is well below the national mean of 26%. Due to the COVID-19 pandemic, our elective drain service was significantly disrupted due to bed pressures and issues around direct ward admissions, leaving the trust with no formal referral pathway, making it confusing for trust doctors, GPs and our patients.

Firstly, we have restored a formal ascitic drain pathway via SDEC and continue to be involved in its implementation. Clinical audit has demonstrated that our GIRFT data is inaccurate due to incorrect coding of our elective drain activity and with clinical validation our elective day case ascitic drain rate is closer to 80%. Following this, we are working with service management to ensure the coding is correct going forward.

Additionally, we are providing education and gastro in-reach at the front door to improve patient's management and improve their experience. This has so far been received positively by our colleagues and we are building on this with easier to access revisions of our trust gastroenterology guidelines.

2. Medical workforce review

We reviewed the numbers of junior doctors who are needed on our wards and adequately calculate the 'shrinkage' involved to allow for additional clinical responsibilities, on calls, leave and sickness rates. This data is currently being analysed to build a business plan demonstrating that our locum cost could be reduced by increasing the number of permanent juniors on our wards.

Conal Baxter

Organisation: Chesterfield Royal Hospital

Grade: Registrar

Specialty: Stroke medicine

Mentor names: Richard Genever

Main project title

To establish and embed a stroke SDEC into the working model for stroke services at Chesterfield Royal Hospital

Main project aim

To see 25% of stroke patients within 24 hours of symptom onset and 100% within 72-hours, and to reduce presentation of TIA mimics to the stroke service by 10% via clinician led triage.

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 an extensive insight into quality improvement and leadership models. I have much more insight into the way I lead and influence and appreciate better the way others lead and are led.

The introspective reflection the course has facilitated has enabled me to improve my understanding of situations and my responses to them. This allows me to work with colleagues across a variety of personalities and experiences to allow everyone to bring out the best in one another.

Project achievements

The introduction of a stroke SDEC was in response to long waiting times for TIA appointments.

The mapping structured our plans in two phases.

The first phase was to bring all TIA patients to the ward to be assessed by the ward team and then the consultant, with same day carotid dopplers and occasional MRI.

The second phase aims to reduce admissions with minor stroke symptoms. This as a response to significant bed pressures in the hospital as a whole. The plan was to have minor stroke patients also populate the ward attender lists.

We are currently still in phase 1, with increasing numbers of patients coming through the service.

Outpatient clinic lists have been reduced by two per week in response to this, with historically consultant outpatient workload being distributed among the better staff ward doctor and AHP team, in response to a reduction in the number of consultants working in the department.

With ongoing upskilling of AHPs in the department to assist in the provision of these clinics we hope to expand to fully SDEC provided TIA services and progress towards phase 2 in the coming months.

Danny Mclernon Billows



Organisation: Great Western Hospital (GWH)

Grade: ST5

Specialty: Emergency Medicine

Mentor name: Dr Carolyn Mackinlay, Dr Elizabeth Barnaby

Main project title

Admission avoidance using criteria to admit

Main project aim

Reduce proportion of medical patients admitted from ED without criteria to admit to 20%

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

The chief registrar programme has given me a fantastic insight into healthcare leadership, quality improvement and change management. I've learned how complex QI across multiple disciplines and specialties can be and how important it is to invest enough time into understanding the problem, engaging with stakeholders and building productive relationships. Sharing ideas and getting feedback from other chief registrars at RCP training days has been an invaluable source of support.

Project achievements

I worked with my counterpart chief registrar, Garazi Zubikarai, on two main projects.

1. Admission avoidance

We used the NHS England CTA audit tool to show that ~25% of medical admissions from ED did not meet criteria to admit. Similar proportions have been found at other trusts. This represents ~200 potentially avoidable bed days/weeks at GWH. Patients without CTA tended to be admitted for one of two reasons:

- 1) under-utilisation of existing admission avoidance options; or
- 2) requiring specialty opinion or investigation (mostly cardiology).

We discussed these findings in various forums, worked with stakeholders across several specialties, and agreed on the following interventions: new virtual ward pathways, revising the ED chest pain pathway, changing the way potentially dischargeable medical patients are highlighted/reviewed, and consolidating GWH-wide admission avoidance options. Several of these interventions have been delayed by issues with staffing and funding, but we hope will have an impact on admission rates in the coming year.

2. Re-starting the midnight interdisciplinary huddle

We restarted the midnight huddle due to concerns that poor communication between busy teams at night contributed towards patient safety incidents. To improve attendance, we reframed the huddle as a short, structured, nightly check-in between specialties with a view to identifying hospital-wide risks early (eg the surgical SHO is sick, hospital at night practitioners offer more support to surgical wards. Understanding each other's workload contributes to better working relationships, which was reflected in a survey showing 90% of responders felt the huddle contributed to better inter-specialty working.

Esme Ingram

Organisation: Homerton Healthcare NHS Foundation Trust

Grade: ST5

Specialty: Geriatric medicine and general internal medicine

Mentor name: Dr Letty Dormandy



Main project title

Improving the care of deteriorating adult inpatients

Main project aim

Improving the recognition, escalation and management of deteriorating adult inpatients at Homerton hospital.

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

I have benefited greatly from my year as a chief registrar. The opportunity to work collaboratively alongside a variety of colleagues throughout the organisation has provided invaluable insight into the structure and day-to-day running of a hospital. I have not only learned a lot about my own leadership and communication styles and how I can harness these, but also those of others. The training modules in quality improvement methodology have equipped me with the skills and knowledge to take projects to the next level with a view to making impactful and sustainable change. Furthermore, the guidance of local mentors and peer-mentors who I have met through the RCP chief registrar network has been invaluable.

Project achievements

Initiatives to improve the care of deteriorating patients.

Thematic analysis of unplanned ICU admissions, cardiac arrests and clinical incidents identified failure to monitor and failure to escalate as key areas for improvement in the care of deteriorating patients. The SEIPS framework was used to aid understanding and exploration of these themes.

At Homerton, there were two ways of inputting vital signs data into EPR. The preferred method of direct input (84%) was quick but did not automatically calculate a NEWS2 score. The alternative automatically calculated a NEWS2 score but was lengthy and seldom used (16%). Working with ward managers and our CIS team, we replaced these with a simplified vital signs form that includes NEWS2 calculation and our escalation pathway. The new form is now used in 100% of observations with positive feedback from those using it.

To improve visibility of deterioration and monitoring of vital signs, we changed the display of our EPR inpatient worklist (used as the basis for ward safety huddles) to include colour coded NEWS2 score and observation frequency. Desired observation frequency can be changed by anyone reviewing a patient and is visible to all.

To further improve recognition and escalation of deterioration, we are introducing new visual displays to obs machines which include a real-time NEWS2 score and specific management and escalation advice. Manual inputting of data into EPR can lead to retrospective recording of results and delays in recognition of deterioration. The aim is for these machines to transmit directly to EPR thus enabling the real-time recording of a patient's vital signs.

Since launching these initiatives, trends in the number of clinical incidents related to deterioration are encouraging and will continue to be reviewed as further changes are implemented.

Esther Hindley

Organisation: Musgrove Park Hospital,
Somerset NHS Foundation Trust

Grade: ST5

Specialty: Geriatrics and general medicine

Mentor names: Dr Matt Hayman, Dr Vikky Morris and Jeremy Smith

Main project title

Out of hours task management – improving weekend working using novel triage management system

Main project aim

To decrease the number of bleeps and routine jobs received by medical doctors covering the wards during weekend day shifts. Using a system in place overnight, we aimed to improve patient safety, doctors' morale and wellbeing, and nurse experience by implementing a triage system for the bleeps received through the day shift.

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

The chief registrar training provided me with both practical learning about improvement work and also time and tools to learn about myself and how I work in a leadership role. Both the formal teaching days and the structure of the role meant that I could work towards a complex improvement project alongside trying to help with the experiences of doctors within the trust. I really valued having a mentor within the trust and found the support of my peers during the training days invaluable to work through challenges I was experiencing throughout the year.

Project achievements

The weekend ward cover doctors were receiving up to 100 bleeps per shift on top of routine jobs handed over. This was unsustainable and unsafe, and the doctors raised immediate safety concerns via exception reporting. This ward cover role takes place during nights, twilights and weekends. Tasks arise from two main sources: planned jobs that have been handed over to them by medical colleagues and bleeps from ward nursing staff as new jobs arise and if patients deteriorate.

Night cover had been improved for all specialties by using out of hours (OOH) coordinators and an online triage system called Infinity. This system was also rolled out across medical wards on weekends. Alongside this, a huddle was started at 2pm to help support the doctors on call and the use of Infinity was encouraged amongst the nurses on the ward.

We managed to roll out the changes to over 50% of the medical wards but the OOH coordinators were unable to manage any further wards, so it was agreed to start planning for an additional staff member to help run the service. A 'test of change' was completed with different senior nurses trailing the role. This data, alongside that collected during the roll out, will be used to complete a business case to access funding for this new role.

I have started my maternity leave just before the end of the year but am planning to complete the project when I can.

Fozia Saeed

Organisation: Leeds Teaching Hospitals NHS Trust

Grade: ST6

Specialty: Neurosurgery

Mentor name: Prof Phil Wood/Dr Hamish McLure

Main project title

Leadership and consultant interview preparation

Main project aim

Provide senior trainees approaching consultant appointment an overview of early consultant life, leadership opportunities and the opportunity to practice interview skills for consultant jobs.

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

It has been an eye-opening and stimulating year as chief registrar and the development training has taught me a lot about myself but also equipped me with skills that I can use to tackle future challenges. I have had the opportunity to collaborate with the senior executive tier and management in helping deliver change; an opportunity I would not have encountered otherwise.

Project achievements

1. Development and delivery of a Leadership and Consultant Interview course

I identified a gap in the guidance of the path for becoming a consultant, specifically in relation to interviews. This course allows senior trainees (including non-training doctors) to learn about how the trust functions, leadership opportunities as a consultant and also the opportunity to undergo a mock interview with a real-life panel. All delegates scored this course 5/5, providing excellent feedback throughout. It is planned to run again twice a year to accommodate for the high interest demonstrated in this course.

2. Improving and standardising the cauda equina Syndrome (CES) pathway

The CES pathway was inefficient, ineffective, and resulted in patient/staff dissatisfaction. This 6-week PDSA cycle resulted in a streamlined pathway into MSAA with clear guidance on referrals and MRI scanning. With the help of radiology, OOH MRI scanning was increased. Reviews were undertaken by ACPs and physiotherapists and discussed with the on-call spinal surgeons. Preliminary results showed increased satisfaction by both staff and patients.

3. Communication platform

I developed the trust intranet pages for the junior doctors. I helped signpost important information and contacts. I am in the process of developing a platform for communication between all the hospitals within the trust to allow for collaboration on projects as well as for socialising purposes.

Other projects:

- > Improving the debrief sessions within theatre settings
- > Surveying the need for a quality improvement programme/training
- > Auditing and writing a business case for a HOT clinic.

Frances Debell

Organisation: South London and Maudsley NHS Foundation Trust (SLaM)

Grade: ST4

Specialty: Forensic psychiatry

Mentor names: Dr Mary Docherty and Dr Michael Holland



Main project title

Creating a programme of addiction case-based discussion groups for core psychiatry trainees

Main project aims

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

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

I feel that the training has helped me to recognise and better understand my leadership style and learn how to adapt this when working with people in different parts of my organisation. This has helped me to be more effective in conversations about improvement and meet my project goals. Learning about how real change comes about, thinking about potential barriers to change and sharing experiences with other chief registrars during the training has also helped me to overcome challenges that have arisen during my projects.

Project achievements

I set up a programme of case-based discussion groups for core psychiatry trainees in my trust. These were designed to facilitate workplace-based assessments (WPBAs) to meet new RCPsych addiction curriculum requirements and more generally improve trainee confidence in a subspecialty in which training posts have declined.

I liaised with consultant addiction psychiatrists, trainees and postgraduate medical education to design a programme. This was piloted from September 2022 to January 2023 and ran again from April to July 2023. It consisted of 10 specialist addiction tutors, each facilitating a group of three trainees for three sessions discussing cases drawn from trainees' everyday clinical work, with WPBAs completed afterwards.

The programme was over-subscribed and all participants had at least one WPBA completed. I measured trainee confidence pre- and post-pilot and obtained feedback from tutors and trainees. Pre-pilot, only 20% of trainees felt confident in assessing substance use problems, 4% felt confident in managing these and 16% felt they knew how to find information/advice on substance use problems. After the pilot, 90% of trainees felt confident in assessment, 80% felt confident in management and 90% felt they knew how to find information and advice. Trainee feedback was overwhelmingly positive, with praise for a simple sign-up process, effective format and quality of tutor engagement.

As SLaM was one of the first trusts to implement such a scheme, I was invited to present my project at the addiction psychiatry faculty conference 2023, where I disseminated what I had learned to other leaders planning to set up similar projects. I have also liaised with other deaneries to coordinate national data collection on these schemes.

Fuad Huq

Organisation: Ashford and St Peter's Hospitals
NHS Foundation Trust

Grade: ST6

Specialty: Acute medicine

Mentor names: Dr Nazia Rashid

Main project title

Collaborative working between emergency medicine and acute medicine

Main project aims

Chaired a monthly interface meeting between ED & medical consultants/trainees to provide feedback and constructive criticism to improve efficiency and collaborative working between departments.

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

Allowed me to become more comfortable at acting as a senior point of contact between trainees and senior management. On several occasions I felt I was able to ensure trainees' voices were heard with regards to any issues or concerns; for example complaints over locum rates and certain pathways in ambulatory care.

Project achievements

As mentioned previously, I chaired a monthly departmental meeting between the Emergency Department and medical consultants to enable collaborative working and enhance/improve patient referral and flow.

Developed and ran practical procedures course and simulation-based registrar ready course for internal medical trainees to help prepare them for higher specialty training. This was very well received.

Helped co-ordinate workforce planning and AMU rota to ensure adequate levels of staffing and acted as a bridge of communication between trainees, consultants and senior management.

Currently working on the patient safety incident response framework audit and quality improvement project which is part of a national NHS incentive.

My last project that is still underway, is to try and re-establish a regular in-person weekly grand round for medical education and networking purposes. This has proven to be challenging as during the pandemic years the format was changed to a virtual one, hence engagement and participation had been waning.

Gary Jevons

Organisation: East Lancashire Hospitals NHS Trust (ELHT).

Grade: ST4

Specialty: Geriatric and general medicine

Mentor name: Dr Stephen Wilson



Main project title

Trust-wide ELHT grand round

Main project aim

I led on the trust-wide ELHT grand round, the aim of which was to showcase the innovative work within the trust, as well as to help foster clinical networks across directorates.

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

The chief registrar teaching programme covers much of the 'hidden curriculum' within post-graduate medical training, particularly within medical leadership roles. The programme has helped me understand my own leadership style, alongside improving my knowledge of how to positively effect change within an organisation.

Project achievements

I completed the chief registrar programme from August 2022 to August 2023, alongside my role as a speciality training registrar (ST4) in geriatric medicine at ELHT.

During this time, I led on the trust-wide ELHT grand round, the aim of which was to showcase the innovative work within the trust, as well as to help foster clinical networks across directorates. This hybrid weekly medical meeting was attended by medical specialties across all directorates, alongside nursing and AHP staff and students. Invited speakers spanned across medicine, surgery, anaesthetics and paediatrics and feedback was globally positive. In addition to this, I helped develop a regional strategy for managing patients with frailty, in particular, by providing clinical oversight in the development of a frailty data dashboard. My other roles included chairing the morning medical ward handover, developing the ward handover structure, chairing the monthly medical registrar forum, undertaking structured judgement reviews (SJRs), contributing to the emergency accommodation for tired doctors SOP and the discharge-led criteria group.

I also attended senior management meetings, including medicine and emergency care (MEC) all-consultants meeting, medical education group (MEG) medical education quality assurance group (MEQAG), mortality and the trust-wide Clinical Leaders Forum.

This year has been formative in developing my skills as a clinical leader and the projects that have not been successful have been particularly useful learning experiences.

Hannah Baird

Organisation: Royal Bolton Hospital

Grade: ST5

Specialty: Emergency medicine

Mentor name: Richard Parris



Main project title

Tackling fatigue amongst staff in an acute trust

Main project aims

To increase the awareness of fatigue on performance, patient safety and wellbeing on staff.

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

Really useful to look at personality types and traits and reflect how to use this to get the most out of others and myself within a team.

Project achievements

Project 1

The first stage of the project was to initiate a trust-wide working group around fatigue in the organisation. This has included senior nursing staff, senior medical staff, junior doctors, SAS doctors, OD, comms, workforce and occupational health.

The second stage was to collect data through a staff survey. A driver diagram then helped to identify three key areas to focus on; culture, staff education and facilities. Work has included a campaign around 'sleep is for heroes', messages from senior leaders on the importance of naps during breaks, good sleep hygiene and educational facts on sleep. Information in trust induction and incorporation into human factors training. Work towards a business case for recliner chairs in staff areas is underway.

Project 2

Formation of a junior doctor leadership group across grades and specialities within the hospital who meet regularly.

The group has several aims from highlighting and signposting doctors to the leadership opportunities with the trust through inviting speakers to share their leadership journeys. It has included joint events with EPR and trust transformation teams.

It has a focus on quality improvement seeking to connect doctors with existing trust QI programmes and to create a forum to link junior doctor projects and share success through a QI showcase. Finally, I developed a shadowing programme for between junior doctors and members of the senior leadership team.

Feedback has been overwhelmingly positive. Individuals involved have enjoyed accessing the opportunities provided and the senior leadership has welcomed the group, enabling them to access channels of engagement and feedback what they previously felt unable to access.

Hannah Barrett

Organisation: London North West University Healthcare NHS Trust

Grade: ST7

Specialty: Geriatric medicine

Mentor name: John Baker



Main project title

Redesign of acute medicine induction

Main project aim

Improve the quality and consistency of acute medicine induction at Northwick Park Hospital.

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

The chief registrar leadership development training showed me different ways to lead and gave me the space to reflect and improve on my leadership style. Prior to the course, I thought I had a good understanding of quality improvement but it gave me tools and knowledge about how to implement more lasting change, in particular surrounding planning and measuring outcomes, which have helped me in my projects during the year. The course was engaging and a massive benefit was being inspired by what the other chief regs were getting up to as often we had similar issues across different departments and specialities, and their insights were invaluable.

Project achievements

- 1. Acute medicine induction** – our previous induction ran on two days for 30 minutes every 2 months, trying to induct people into our complex department. I have worked with our ED colleagues to develop a module using their online learning platform to allow our rotating doctors to do aspects relevant their clinical area and stage of training. This standardises the induction received and ensures everyone has the information required to work in our department from their first day.
- 2. Medical registrar teaching programme** – medical registrars had no regular teaching focused to their needs. Working with our education lead, DME and post-graduate education team we have developed peer learning twice monthly sessions with IMT3s and SpRs teaching on their areas of expertise and interest relevant to the medical registrar.
- 3. Acute medicine QI hub** – to co-ordinate our QI efforts in acute medicine and try to encourage sustainability of successful projects, I am in the process of developing a QI hub where junior doctors can find the appropriate support for self-developed QI projects, or those who want a little more direction can find projects happen in the department that interest them.
- 4. Morning medical handover** – improving attendance to morning medical handover allowing the night team to leave on time.
- 5. Improving the acute medicine experience** – focus groups highlighted that we have lost some of the camaraderie in our department and this had impacted morale and team working. We are planning team lunches and socials to help rebuild our links.

Hatty Douthwaite

Organisation: King's College Hospital NHS Foundation Trust (KCH)

Grade: ST5

Specialty: GIM & renal

Mentor name: Dan Wilson

Main project title

Introduction of EPR board round note to capture criteria to reside (C2R)

Main project aim

Incorporate and accurately document criteria to reside into daily board documentation and to utilise this decision making tool to optimise patient flow through the hospital.

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

The chief registrar leadership development training has been instrumental in enhancing my ability to respond effectively to local challenges within KCH. Throughout the training, I have acquired valuable leadership skills, such as strategic thinking, decision making and effective communication, enabling me to address complex issues with confidence and clarity. Additionally, the training has empowered me to lead and inspire my team, fostering a culture of collaboration and continuous improvement. As a result, I have been able to drive positive changes and achieve notable improvements in various aspects of our operations, ultimately hopefully benefiting both KCH, the communities and patients that KCH serve.

Project achievements

Over the past 9 months, I've actively participated in a number of quality improvement projects and ran junior doctor forums, alongside completing the RCP chief registrar training programme, enhancing my professional development. Notable achievements include implementing a new EPR board-round note to optimise inpatient flow, addressing junior doctor on call weekend working issues and promoting IMG training and inclusivity through a trust handbook, learning materials and meetings with hospital executives.

I've also focused on patient safety, creating a 'spotlight on safety' poster to learn from adverse events. Collaboration with interdisciplinary teams led to the successful implementation of the evening resus huddle initiative, improving communication and teamwork.

To enhance junior doctor wellbeing, we implemented and analysed the benefit of a sleep-pod and we are now in the process of procuring overnight sleeper chairs. Additionally, I'm working on organising medical registrar referral guidelines for a trust intranet page.

Active engagement with medical forums has allowed me to advocate for trainee welfare and stay updated on best practices. As my chief registrar year concludes, I'm focused on evaluating the impact of implemented changes and closing feedback loops on my projects. This experience has equipped me with valuable management skills, preparing me for future roles as a consultant.

Hebattullah Elmedany

Organisation: : Royal Wolverhampton NHS Trust

Grade: Senior clinical fellow

Specialty: Older adult medicine

Mentor names: Dr Christopher Wharton



Main project title

Reducing did not attend (DNA) clinic rates in older adult medicine

Main project aim

Reducing DNA appointments in older adult medicine to comply with national rates.

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

The RCP chief registrar post gave me the opportunity to have time dedicated to leadership and management.

The modules provided by RCP provide a vast knowledge related to quality improvement, leadership and management.

I used the non-clinical team granted by the post to attend the QSIR practitioner programme and became a certified QSIR practitioner I had a chance to implement this QI knowledge to complete my QIP.

During the RCP training days, I had the chance to meet other chief registrars from other trusts which helped with networking and exchange ideas about my projects.

Attending different meetings including governance and postgraduate meetings helped with my management skills.

Project achievements

DNAs are a known challenge to the NHS, increasing waiting lists and leading to worse health outcomes. Elderly patients have challenges accessing outpatient appointments due to transportation and mobility issues. I 've worked on reducing DNA in older adult clinics through implementing preclinic reminder calls and introducing video consultations. DNAs were reduced from 25 % to 0%.

The QIP is still in progress. The project aim to reduce cost of DNA clinics and improve the service.

The second QIP is evaluating a pilot general internal medicine single accreditation programme through obtaining feedback from trainees. The project is still in progress and aims to improve the GIM ST 4 programme moving forwards, as well as the trainees experience for the GIM single accreditation programme.

Being the CR in my trust, I had the chance to provide an intermediate channel of communication between trust senior management and junior doctors during industrial action.

Industrial action is challenging times for junior doctors and higher management, helping to bridge the gap and enhance the communication between both ends was a skill that I learnt during my post.

I also had a chance to co-chair Junior Doctors Forum, acting as a conduit between senior management and junior doctors.

Helena Lee

Organisation: Walsall Manor Hospital

Grade: ST6

Specialty: Geriatric medicine

Mentor name: Mr Salman Mirza

Main project title

Improving the safety of medical on-call handover

Main project aims

To increase compliance with RCP handover toolkit standards by 25 % by 31 July 2023 at Walsall Manor Hospital.

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

The programme has helped me learn how an NHS organisation runs (leadership structure, strategies, how money moves around an organisation, how to handle “politics”). Theoretical and practical guidance provided from the RCP training days has enabled me to lead a quality improvement project and engage stakeholders from both senior management and clinical workforce. Networking with other chief registrars at the in-person training days is a great way to troubleshoot, support each other and really rewarding to hear how colleagues in the cohort has developed their projects throughout the year.

Project achievements

GIM consultant and junior doctor feedback in Walsall Manor Hospital stated that 9pm on-call handover was chaotic, with juniors uncertain what the purpose of handover was. Wide variability and poor handover practices resulted in patient safety incidents.

A proforma was created in consultation with medical registrars, general medical consultants, and senior management within the medicine and long-term conditions division, to standardise the running of a 9pm handover. This included key domains from the RCP handover toolkit, including defining leadership responsibility (team role-call, allocating cardiac arrest roles) defining immediacy of review (traffic light system, number of patients to be clerked, RESUS patients), as well as operational issues. The first PDSA cycle July –August 2022 (information gathered from medical SpRs & ACPs, design of paper proforma). Initial engagement poor. 2nd PDSA cycle August 2022– May 2023 - big focus on stakeholder engagement with GIM consultants and medical SpRs, proforma redesigned as MS Teams e-handover. Results after 3-week trial: 100 % compliance with proforma at 9pm handovers. SpRs also took initiative to use proforma at 9am handovers. Data collection is ongoing. The proforma is now part of 9am and 9pm handover proceedings as of July 2023.

Other achievements: leading GIM Induction – created formal GIM induction for incoming doctors and GIM handbook. Education – devised & delivered new Action Learning Set QI teaching for clinical fellows. Service development - SOPs for medical referrals (GP, ITU, ED), and medical registrar roles.



James Kent Bramer

Organisation: Royal Brompton and Harefield Hospitals

Grade: ST6

Specialty: Respiratory and GIM

Mentor names: Mary Lane



Main project title

Leading on the design and implementation of 2nd year physician associate student placements.

Main project aim

To deliver a new educational initiative that would introduce the concept of PAs to our hospital and demonstrate the areas where they might be most useful in line with possible future workforce planning solutions.

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

The Chief Registrar leadership training has been a great introduction to the theory and the various models available for change management. This has been helpful when planning and delivering change locally; as have the action learning sets which help you refine your “elevator pitch” and trouble-shoot your projects with your fellow chief registrars. The focus on understanding yourself and other people through various questionnaires, particularly concentrating on how this might influence your communication style and strategy has been enlightening.

Project achievements

My first large scale project has involved a new initiative with a local university to host 2nd year physician associate (PA) students. I have led on this, designing, organising and evaluating the programme. There have been six students (30 in total) per cohort for 3 weeks, rotating through respiratory, cardiology and HDU. The aim has been to improve awareness of PAs and highlight potential future workforce planning solutions. They have been praised for their dedication and enthusiasm. Challenges have included access to, and supervision of, bedside procedures. We are accepting PA students from another university in August and putting together a business case for qualified PAs.

As a respiratory registrar, I reviewed the Interstitial Lung Disease MDT with streamlining of the referrals and documentation processes. On the Respiratory Day Unit, I reviewed resource utilisation and efficiency in line with wider trust priorities. This includes changing the ambiguous appointment letter template to reduce missed appointments/DNAs, optimising CT scanner and echo slots and changing patient review slot times to better match doctor availability with significant reduction in patient wait times while on the unit.

With our international medical graduate (IMG) representative, I have undertaken trust-wide surveys of our IMGs and locally employed doctors for the first time to ensure their voice and experience is better represented in our organisation. I have also run a cross-site QIP showcase and am planning our first bespoke IMG postgraduate doctor induction.

Jennifer O'Brien

Organisation: South Eastern Health and Social Care Trust

Grade: ST7

Specialty: Renal / GIM

Mentor name: Janet Harding and Nicola Gullen



Main project title

1. **Developing a Junior Medical Doctor Committee**
2. **Development of junior clinical fellow trust positions**

Main project aim

1. Improving junior doctors' wellbeing, morale and training experience by developing and chairing a Junior Medical Doctor Committee / Forum.
2. To develop posts supporting the current medical ward staffing and reduce reliance on ad hoc locum staff whilst offering an alternative position for doctors who would otherwise choose to locum, with a focus on QI work.

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

More than ever, working within medicine and the medical specialties comes with significant challenges and increasing pressure. Completing the chief registrar leadership programme has equipped me with the leadership skills required to meet these challenges and to make sustainable change. My increased understanding and experience in relevant non-clinical systems that this year has provided has been invaluable, particularly in my final year of training.

Project achievements

Early in my chief registrar year, I developed and founded a committee made up of junior doctors working within medicine and then co-chaired this monthly for the year. This was successful in making positive changes for the working lives of doctors represented. Some of the achievements of the committee include successfully lobbying for improvements to the staff rest area, changes to medical rostering and improving communication about teaching and training opportunities. Committee members commented that this gave them a voice and enhanced feelings of being valued. The success was due to engagement from members as well as buy in and support from consultants and management. I am proud to hand over the baton of committee chair to the next chief registrar in the trust.

A secondary project was the development of year-long junior clinical fellow positions within medicine, with a focus on quality improvement. This project aims to supplement medical specialty ward staffing and to reduce the ever-increasing reliance on locum employment, whilst offering education / training and dedicated time to complete a project in quality improvement. Involvement in this has been invaluable to my own leadership experience and learning in staff recruitment processes. This is an ongoing project that I will continue into the year to come, providing supervision for the junior clinical fellows.

Jessica Anne Morgan

Organisation: Bradford Teaching Hospital NHS Foundation Trust

Grade: ST5

Specialty: Geriatric medicine and general internal medicine

Mentor name: David Robinson

Main project title

Introduction of hospital at night (H@N) at Bradford Teaching Hospital NHS Foundation Trust (BTHFT)

Main project aim

To introduce a service at BTHFT that will streamline night-time working, ensuring the right healthcare professional is completing the right task at the right time, with an aim to improve efficiency, healthcare worker satisfaction and patient safety.

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

I had little appreciation for the complexity of the systems we work in. This year has afforded me the opportunity to gain a new perspective into problem solving, systems thinking and my own strengths and weaknesses. Having the structure of the chief registrar training to supplement this year has resulted in an enriching learning experience and one which I believe most clinicians will not gain experience of until they start working as a consultant. Principally I have learnt a huge amount from my colleagues at BTHFT and I am very grateful for their support over the last year.

Project achievements

BTHFT utilises a traditional model out of hours; bleeps as a means of communication and a workforce consisting of junior doctors and ward nurses. After gaining an understanding of the challenges through data, we piloted H@N for adult inpatients on surgical wards but have ambitions of rolling this model out across adult inpatient services. Initially we introduced a clinical support worker to assist the night team with basic clinical tasks. We then added in the nurse coordinator who centrally triaged bleeps, monitored deteriorating patients and assisted the night team. Both qualitative and quantitative data supported our initial aim and we thought of creative ways to demonstrate this. For example, by asking the juniors to measure their step counts overnight and seeing how this number fell dramatically whilst the number of patients being clerked increased.

Kaenat Mulla

Organisation: Homerton University Hospital

Grade: ST6

Specialty: Diabetes & endocrinology and general internal medicine

Mentor names: Dr Letitia Dormandy and Dr Mohamed Soliman



Main project title

1. **Transitioning from Homerton Ambulatory Medicine unit (HAMU) to same-day emergency care (SDEC)**
2. **Expanding use of digital lists on electronic patient record (EPR)**
3. **Facilitating early discharges from inpatient wards**

Main project aim

1. Promote and increase SDEC activity within the hospital. Secondly empowering medical registrars to stream to SDEC.
2. Development and implementation of a new digital discharge list on EPR.
3. Developing and implementing a sticker for “discharge day bloods” in order to expedite early ward discharges and improve patient flow.

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

I am so glad that I applied to the RCP chief registrar programme and at the Homerton Hospital. It allowed me to have dedicated time to focus on QI projects and make meaningful change. I had direct access to senior clinicians and managers to enable the progress of my projects. This gave me immense insight into the NHS structure and boosted my journey in becoming a better and more confident leader.

The programme is hugely rewarding as you are not only partaking in projects but are respected and become part of a family to enhance junior doctor wellbeing, problem solve day to day issues as well as learn about yourself as a leader. I really enjoyed the modules on personality trait, resilience and emotional intelligence as it helped me reflect on my strengths and taught me how to manage my weaknesses in order to excel in this job and the future. One of the main

things I learnt this year was that having a face-to-face conversation with someone about your ideas and concerns goes a long way in terms of achieving project completion.

Project achievements

1. The biggest limitation for reduced SDEC activity was staffing and space. We conducted audits to identify alternative pathways for activities undertaken. This was presented to the COO and recommendations implemented. We strategized to gain more staff and upskill our current staff. Most days now we have an additional doctor, HCA and a permanent receptionist. We have written condition-based SOPs for SDEC and aim to teach ED staff about each referral pathway. We have piloted SDEC weekend. By conducting each cycle and increasing SDEC knowledge, we now see approximately 11 SDEC patients a day compared to 6 patients 7 months ago. This improves patient flow, reduces bed stay and hospital acquired infections.
2. Our predecessor developed a digital medical take list. Currently, the discharge list is on excel, which has information governance, patient safety and efficiency related issues. When surveyed, 87.5% staff members asked for an electronic list. Alongside the IT team, we have developed a new digital discharge list. Once launched, we will train everyone for its use.
3. Bloods being conducted on the day of discharge often delays a patient’s discharge. We created a quiz to educate junior doctors about discharge day bloods. We developed and implemented a sticker for “discharge day bloods,” which the pathology lab would recognise as urgent bloods. By implementing this, results have been available in 37 minutes. This allowed patients to be discharged before midday, aiding patient flow and safety.

I have also been involved in re-establishing the junior doctor forum and continuation of the Medical SpR Forum, which is valuable for wellbeing.

Kar Yee Katherine Law

Organisation: Guy's and St Thomas' NHS Foundation Trust

Grade: ST7

Specialty: Geriatric medicine / general internal medicine

Mentor names: Dr Dan Furrmedge and Dr Mark Kinirons



Main project title

- 1. Improving team working, communication and flow via morning huddles on the acute medical unit**
- 2. Service evaluation and demonstrating improvement in front-door frailty**

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

"A comfort zone is a beautiful place, but nothing ever grows there" - By stepping out of my comfort zone, my year as a chief registrar in internal medicine at GSTT has been both informative and formative.

I have learnt about my own leadership style, ways to scale up and sustain changes and how to influence change from the middle. I was able to apply some of the knowledge from the training to inform stakeholders and to consider how even small changes we make can have an impact on the wider system. Most of all, I enjoyed networking with fellow chief registrars and learning about their projects and approaches. I now feel more prepared, inspired and enthused to take on further leadership roles and challenges in the future.

Project achievements

- 1. Improving team working, communication and flow via morning huddles on the acute medical unit**

I implemented the morning multidisciplinary team huddle in our busy admissions ward which has a high turnover and multiple medical team's presence. The daily huddle ensures there is consistent and clear way of highlighting unwell patients, complex cases, potential early discharges and safety incidents at the beginning of the day.

A post implementation survey shows that 72% of respondents feel the huddles have improved their experience working in the unit and 63% of respondents feel they've helped to improve the transfer of information

and handover. It also improved visibility of specialty team and management of incoming referrals.

- 2. Service evaluation and demonstrating improvement in front-door frailty**

I worked with acute frailty service lead and looked at ways to ensure our acute frailty service is proactively reviewing older and frail patients directly from the Emergency Department (ED) and collating the results to meet the new same day emergency care (SDEC) CQUIN.

I demonstrated that by simplifying the referral pathway and promoting active pull of patients from triage (through allocating dedicated frailty doctor to ED) the proportion of referral from ED to acute frailty has increased from 26.5% last year to 53% this year. Over 60% of patients were discharged within 48 hours. The next steps will be to sustain the improvement and create an automated frailty dashboard with KPIs, such as length of stay and readmission rate.

Other projects and experiences include:

- > Participating in the postgraduate doctors steering group to provide perspective from junior doctors to HR, medical education and the executive team
- > Chairing the Junior Doctors Forum with the guardian of safe working
- > Organising the inaugural QIP showcase with fellow chief registrars as part of the trust's medical education award
- > Improving medical induction
- > Attending performance review meetings in the integrated and specialist medicine directorate
- > Digital transformation with SmartPage (electronic task management system) expansion and preparation for EPIC rollout
- > Learning about innovation and patient flow with the Centre for Innovation, Transformation and Improvement (CITI)

Latif Rahman

Organisation: University Hospitals Leicester

Grade: ST6

Specialty: Acute internal medicine/general internal medicine

Mentor name: Dr Lee Walker

Main project title

1. Point of care ultrasound and echo teaching programme
2. Trust grade doctors' teaching programme
3. Specialist medicine newsletter
4. Junior Doctors Forum

Main project aims

1. Setting up a teaching programme on the use of point of care ultrasound and echocardiogram to enhance patient management and to help in difficult vascular access.
2. Setting up a structured teaching programme for trust grade doctors including provision of enhanced induction for new starters in the NHS
3. Enhancing communication within the department and the doctors through circulation of a newsletter and arranging regular junior doctor forum meetings.

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

My role as chief registrar has allowed me the time, opportunity and platform to develop my leadership, management and teaching skills and combine those with my skills and knowledge in point of care ultrasound and echo to develop a teaching programme on this. The projects I have developed have heavily focused on trying to enhance post graduate doctor welfare and enhancing the quality of their working experience through giving them quality training experience. I have also realised the importance of how powerful effective communication can be in ensuring a happier and hence a more efficient workforce. I have felt that the chief registrar post is a powerful platform to foster this culture of effective communication among the doctors.

A notable part of these projects has been that they have also allowed the post graduate doctors to enhance their own leadership and management skills by getting involved in the organisation of some of these projects.

Projects achievements

The Point of Ultrasound and Echo Teaching Programme has been an excellent opportunity for the post graduate doctors at university hospitals to get trained in this field. We have also organised regular teaching sessions on ultrasound guided vascular access for the doctors. The overall culture on POCUS within the hospital has made massive forward strides over the last one year, resulting in a number of doctors receiving formal accreditation on POCUS, the trust organising two successful national FAMUS (focused acute medicine ultrasound) courses, and the trust purchasing a number of portable ultrasound devices and vascular access training blocks for the doctors' training. The Trust Grade Teaching Programme has been a successful teaching programme delivered largely every weekend (with attendance being optional for the doctors) and has followed a structured curriculum covering a variety of clinical and non-clinical topics. It has also included a regular enhanced induction programme for new starters in the NHS to help them settle better into life in NHS. The monthly specialist medicine newsletter and the Junior Doctors Forum meetings have been a powerful way to enhance communication between the doctors within the department. The latter has included senior presence and has been overall regarded as a powerful means of fostering engagement between the doctors and the senior leaders.

It is to be noted that most of these projects have heavily depended on a great amount of work done by a team of admins which I have felt has hugely helped the doctors involved in those admin work to develop their own leadership and management skills.

Laura Pearson

Organisation: Sandwell & West Birmingham NHS Trust

Grade: ST7

Specialty: Geriatric medicine

Mentor name: Dr Sarb Clare



Main project title

SWBH QI Foundation: Improving access to QI training for foundation doctors

Main project aims

To improve engagement with quality improvement by enhancing understanding of QI tools and methodology in foundation doctors and ACPs, through the development of a QI teaching programme.

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

My chief registrar year has been the best of my career so far. It has helped me to understand more about my own leadership style and how I can utilise my leadership skills to positively engage with others and promote meaningful change. As a result of my experiences as chief registrar, I have grown in confidence and now feel much more comfortable in expressing my views and representing the voice of postgraduate doctors in training at management level. Having the opportunity to work alongside a wide range of senior leaders within my trust has given me a unique insight into the complexities of the NHS management structure as well as a better understanding of how to effectively implement change, which will be of huge benefit to me in my future career. I am so grateful for the experience and would highly recommend it to anyone who is considering applying.

Project achievements

Lack of knowledge of QI methodology has shown to be a significant barrier to undertaking successful QI for junior doctors. Within my trust, there was no formal QI teaching, so I collaborated with the clinical effectiveness and improvement teams to develop a programme which we piloted on foundation doctors and ACPs.

This 2-day teaching programme focused on QI tools and methodology, as well as the practicalities of undertaking QI work. Sessions were interactive, involving lecture-based and small-group learning, with practical activities to put theory into practice.

Following this, participants undertook projects, supported with four-weekly drop-in sessions and an 'open door' policy for advice. Projects were presented at a poster presentation event at the end of the year.

We demonstrated improved understanding of QI methodology, with 92% of delegates rating their overall understanding as good or excellent following the programme, compared to 0% at the start of the course. In addition, 92% of delegates reported that the sessions had improved their confidence in being able to undertake a successful project. 85% percent reported that they were likely or extremely likely to use the tools that they had learnt about during the course.

Following the success of this programme, it has been adopted by the Improvement & clinical effectiveness teams, who will be expanding it to all junior doctors and ACPs. We are also looking at how we can open it up to other MDT members, with the idea that we will be able to promote a fully multidisciplinary approach to QI.

Luke Boyle

Organisation: Imperial College Healthcare NHS Trust

Grade: ST6

Specialty: Diabetes & endocrinology and general internal medicine

Mentor name: Professor Frances Bowen



Main project title

1. **Creation of new pathways and SOP for acute medicine hot clinic.**
2. **A guide to outpatient administration for specialist registrars and new consultants.**
3. **Inaugural imperial NHS junior doctor QI conference and awards afternoon.**

Main project aim

1. To provide clear referral pathways where gaps existed, eg thyrotoxicosis pathway and introduction of GIRFT diabetes discharge support tools.
2. To reduce post-pandemic backlogs and increase clinic capacity by improving e-checkout, procedure recording and use of PIFU.
3. To celebrate and showcase QI work by junior doctors, sharing learning and scaling up successful projects.

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

It has given me a greater appreciation of the different personality types of others when it comes to assembling an effective improvement project team. It has helped me with my time management, enabling me to stay focused on delivering the 'big-ticket' items while managing the day-to-day. It has also enhanced how I communicate (particularly in a year of industrial action) and engage colleagues during change and has strengthened my relationships with senior clinical leaders.

Project achievements

My main projects have succeeded in growing our acute medicine SDEC to a full 5 days a week service (senior trainees have a new

resource to cut waiting times and inequalities for patients). and my cross-site QI afternoon in May was very well received by 70+ junior doctors – participants enjoyed teaching on improvement methodology, networking opportunities and 27 excellent project presentations.

In addition, together with EM and nursing colleagues I created an AMU admission pathway, improving our trust's 4-hour performance in preparation for winter. I worked closely with my divisional director, improvement team and downstream wards on a trust-wide initiative which aims to achieve 33% of discharges before noon.

I've embedded and sustained the contribution of our previous chief registrar by expanding our Junior Doctor Safety Improvement Working Group, which now produces a quarterly newsletter packed with learnings from patient safety incidents and is helping prepare Imperial for PSIRF. I organised a higher specialty training application peer support scheme for IMTs and provided a bespoke induction session for IMGs.

I piloted a new digital medical take list and ward handover dashboard, which are now built into our EPR to replace less efficient Microsoft Excel/Word-based processes.

I regularly chair grand round and hosted a special 'JDEExtra' event on the eve of the first junior doctors' strike, attended by more than 100 staff including consultants, colleagues in business support and medical education.

Finally, I hope the three talented improvement and leadership fellows I've mentored during 2022–23 will consider becoming RCP chief registrars in future.

Matthew Hanks

Organisation: Nottingham University Hospitals NHS Trust

Grade: ST4

Specialty: Histopathology

Mentor name: Dr Simon Roe



Main project title

Enhancing junior doctor engagement in the cancer and associated specialties division

Main project aim

To increase junior doctor engagement within CAS.

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

The chief registrar leadership development training equipped me with the essential skills and strategies to effectively respond to local challenges and drive improvement within the Cancer and Associated Specialties Division at Nottingham University Hospitals NHS Trust. The RCP teaching programme built upon my existing leadership abilities and enabled me to understand the unique divisional needs and provided the necessary skills to devise innovative solutions. The training fostered a collaborative and forward-thinking mindset, enabling me to build a strong and resilient team for the variety of the projects undertaken, so that I was able to navigate obstacles to achieve meaningful progress. Overall, the chief registrar programme empowered me to make a positive impact and create lasting improvements within the Cancer and Associated Specialties Division at Nottingham University Hospitals NHS Trust.

Project achievements

QR code implementation

I designed a QR code that when scanned directed junior doctors to an online google form to report issues anonymously or suggest improvements. This was advertised in breakrooms, wards and distributed via email. Submissions were discussed with the senior leadership team to drive sustainable and effective solutions.

Divisional Junior Doctors Forum

I set up a monthly meeting and recruited representatives from each specialty within the division to facilitate another conduit for junior doctors to report issues. Advanced clinical practitioners were included as the overlapping nature of these roles helped to identify speciality issues. Key issues resolved included rota issues, laptop availability, staffing problems and training resource access.

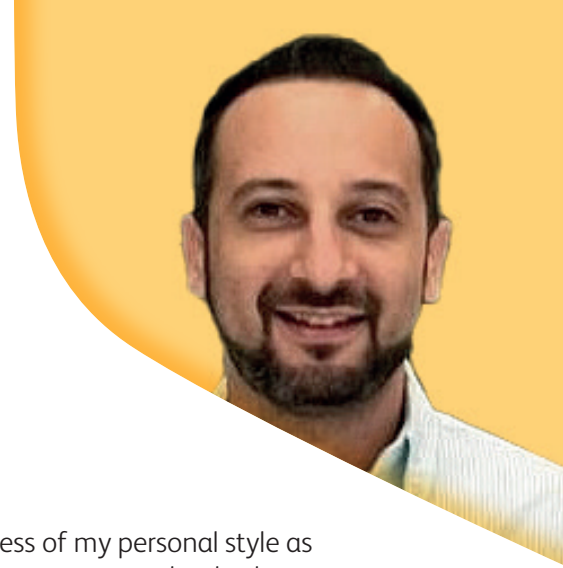
Training surveys

A short end of rotation survey was sent to all junior doctors composed of 7 questions in a mix of free text and single option format, with questions linking to themes within the GMC survey to help the trust identify key areas for improvement.

The combination of these projects helped to develop clear conduits between senior leaders and junior doctors to address issues quickly and devise solutions acceptable to all parties. As project successes were advertised, junior doctors felt more confident in raising issues, enhancing engagement across the division.

I was also involved in projects developing a trust strategy for car parking and the successful implementation of digital pathology for histopathology trainees. We developed a hybrid system which promoted training on the digital platform whilst maintaining glass slide skills which are essential for the current exam format.

Michael El Boghdady



Organisation: Guy's and St Thomas' NHS Foundation Trust

Grade: ST5

Specialty: General surgery

Mentor name: Ms Katie Adams

Main project title

Creation of digital bank of operation notes and ward round forms through a new IT system (Apollo)

Main project aims

To create a digital format of operation notes and ward round formats, which is less time consuming, allow easier and more accurate data extraction and avoid possible errors that can result from handwritten forms. I was also working on other projects such as improving the biliary admission service, identifying the risk factors for overnight stay following laparoscopic cholecystectomy, better coding of laparoscopic cholecystectomy and working on reaching the GIRFT guidance as day case. This was in addition to a project on decreasing costs of intra-operative equipment and studying other sustainable alternatives and being involved from the surgical department in complexity stratification tool for creation of digital input for hernia pathway.

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

The chief registrar year allowed me to explore the quality and responsibilities of a good leader and understand the importance of networking with clinicians and managers. The programme gave me the time and space

to develop awareness of my personal style as a leader and how to improve my leadership skills. The role allowed me to systematically think, plan and discuss possible actions with other team members and understand the crucial work done by various teams to successfully run the service. The structured training also helped me to better understand quality improvement projects and share thoughts and experiences and collaborate with other chief registrars in other organisations.

Project achievements

As a digital champion, my roles were to help prepare the services in the pre-go live phase by supporting colleagues to gain confidence using the Epic system, reinforcing new workflows, reporting any local issues and providing the safety net within the clinical environment, testing the built platform, supporting with running hands-on surgical simulation scenarios with their service and support colleagues at go-live. While as a surgeon builder, my roles were to enhance the new IT system content to reduce the day-to-day workload of all users (eg building standardised content for operations notes, ward round and consent forms via smartphrases), help building consent templates and operation notes templates before the launch of the new IT system in October 2023.

Natasha Abbas

Organisation: Hull Royal Infirmary Hospital

Grade: ST4

Specialty: Paediatrics

Mentor name: Dr Sanjay Gupta



Main project title

1. **Druggles in pediatrics QIP**
2. **Abdomen pain pathway in children presenting to Pediatrics ED, QIP**

Main project aims

1. Our aim for this QI project was to reduce medication related incidents in paediatric medicine in-patient wards by 25% by December 2022.
2. Our aim is establish the pathway for ED for management and referral, reduce unnecessary admissions to paediatrics surgical ward with abdomen pain and improve junior doctors survey about the current practise.

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

The chief registrar programme empowered me to believe in myself first, think big but act small to achieve the desired aim. I learnt how to appreciate teamwork, delegate jobs, empower the stakeholders to reach the target goal, spread and sustain improvement, and finally, celebrate success.

Project achievements

For Druggles: Our aim for this QI was to reduce medication related incidents in paediatric medicine in-patient wards by 25% by December 2022. Methods included a weekly MDT huddle ('Druggle') of medical and nursing staff with the pharmacist (lead) to review and discuss medication related

incidents and near misses, as well as a hybrid meeting on Monday afternoon lasting 30 minutes, which was attended by our pharmacists and the rest of the paediatrics team, to give an opportunity to discuss medication related incidents in an open and honest manner, in order to identify common themes and address these proactively. Minutes were shared with the wider team for lessons learnt. Feedback from attendees was gathered after each 'Druggle'. Measurement of improvement: Review of SPC charts at 3 and 6 months post instating 'Druggles'.

The SPC chart has shown a reduction in the drug related errors, e the staff survey was positive, we shared our project outcomes in Copenhagen QI Forum on May 2023 and we spread the project to NICU with initial reduction in the incidents related to medication. We are in the second PDSA cycle with further measures.

For the abdomen pain pathway: I started this QI from scratch, after I noticed a few unnecessary admissions to the paediatrics surgical ward with abdomen pain referred from ED. I found that we don't have a pathway for management and referral for those children, so I approached few motivated JDs. We collected data from ED and Acron ward (paediatrics surgical ward) and also implemented a JDs survey. We then designed a pathway derived from the GIRFT report 2021, awaiting the governance approval to implement it in Pediatrics ED, aiming to reduce non-surgical admissions to the surgical ward and improve the overall results of the JDs survey.

Nichola Pugh

Organisation: Northampton General Hospital

Grade: Senior Clinical Fellow

Specialty: Emergency medicine

Mentor name: Dr Chris Leng

Main project title

Improving the experience of doctors working in acute internal medicine

Main project aim

To improve the experience of doctors working in acute internal medicine (AIM).

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

The chief registrar leadership and development training has helped me to understand the practical application of QI methodology, barriers to change and how I personally deal with challenges. The programme has allowed me to develop strategies for change management that I can use to support myself and others to navigate the currently very turbulent NHS environment.

Project achievements

I have worked with the acute internal medicine senior team to:

- > Deliver a safe and effective handover with a daily educational activity
- > Consistent implementation of the weekly teaching
- > Bring about 'reverse ward rounds' as a teaching tool within the department
- > Run forums for AIM doctors to raise concerns
- > Have a high quality and consistent induction process (including face-to-face and on-boarding material)
- > Introduce a shadowing period and additional handbook for AIM doctors who are new to the NHS
- > Ensure rota flexibility to support trainees attending deanery teaching days and for LEDs to access study leave
- > Raise awareness of the new training curriculum and CREST form requirements
- > Contribute to an Educational Strategy for AIM (work is ongoing for this)
- > Organise simulation faculty training for the AIM consultants so that in-house sims can be delivered (work is ongoing for this).

Nicola Hill

Organisation: Belfast Health and Social Care Trust,
Northern Ireland

Grade: ST5

Specialty: Clinical oncology

Mentor name: Dr Paula Scullin

Main project title

Ambulatory immunotherapy toxicity management

Main project aim

To develop an ambulatory pathway for immunotherapy toxicity management to help reduce need for admission and improve length of stay.

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

The RCP chief registrar programme has given me the opportunity to have dedicated time to focus on quality improvement and to develop my interest in clinical leadership. I have learnt how to make meaningful change that can have a lasting impact. By attending the RCP study days, I have learnt a lot about myself and my personal leadership style which I will be able to use going forward in my career.

Project achievements

Patients who develop severe hepatic toxicity related to immunotherapy require treatment with IV methylprednisolone. This patient group are generally quite well but due to needing IV steroids and blood monitoring they required admission for at least 5 days.

I have developed a new ambulatory pathway for the management of immunotherapy related hepatitis which allows patients to attend daily for a blood check and IV steroid administration in a planned treatment unit which is available 7 days a week.

We hope that this will be beneficial to the patients as they will no longer require admission, therefore, reducing the risk of hospital acquired infections and it will allow them to spend more time at home with their friends and family. It will also have benefits for the trust as it will reduce admissions, help relieve bed pressures and improve length of stay.

The project is ongoing and we hope to expand it to other immunotherapy toxicities and gather patient feedback on their experiences.

Nicki Blair

Organisation: Countess of Chester Hospital

Grade: ST7

Specialty: Acute internal medicine

Mentor name: Dr S Shandilya



Main project title

Improvement of the medical referral process and the efficiency of the acute take

Main project aim

The aims of my main project were to significantly decrease the number of clinical incidences that arose due to the medical referral process, ensure patients followed the correct referral pathways and increase the number of medical clerkings per shift by removing unnecessary processes over a period of 12 months.

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

Whilst I have been working on my projects, the RCP have provided a bespoke course to support and develop my leadership skills and quality improvement knowledge. This has given my project structure and allowed me to enhance my own personal leadership style. The peer feedback and chief registrar network has also been invaluable.

Project achievements

My main role as chief registrar has been to represent and advocate for the junior doctors at senior meetings and regularly organise the Medical Junior Doctors Forum. As an acute medic, I have also been working to improve the medical referral process and the efficiency of the acute take. This has involved creating guidelines for speciality referral, providing clinical representation at meetings to develop IT software to support the process, and improving the medical handover. I have also had the opportunity to meet several members of the executive team, attend relevant senior management meetings and participate in interview panels for senior positions.

It has been a privilege to take on this role and I have thoroughly enjoyed the opportunities it has presented. I would encourage any senior registrars to consider applying.

Nikita Lal

Organisation: Mid Yorkshire Hospitals Teaching Trust

Grade: ST5

Specialty: Paediatrics

Mentor name: Dr Reshad Khodabocus



Main project title

1. Training recovery
2. Specialty trainee forums

Main project aims

1. Aim to democratise process of fund allocation from training recovery and allow trainees to place bids based on their individual needs.
2. Establish a second tier of Junior Doctor Forum at a departmental level, that then feeds into the trust-wide JDF.

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

The programme has a real emphasis on understanding your own leadership styles and how to optimise this when working with others. It helped me greatly to identify my preferred communication and collaboration styles, as well as my inherent leadership style. It was a well delivered programme and having the support network of the other chief registrars has been a real privilege.

Project achievements

Project 1

This was done through publicising information on training recovery (posters, reminder emails, walking the wards), setting up workshops for Q&A sessions and meeting with trainees to discuss options. The project was successful, with all of the money being allocated pre-deadline and the majority of bids for funding were approved.

Project 2

Ongoing at time of handover. Establishing a second tier of departmental forums to feed into the trust-wide forum. This was to better enable specialties to address problems 'in house'. The structure of these forums is that meetings are chaired by trainees themselves, allowing development of leadership and management roles at a departmental level. Next steps will be aiming to take this model and adapt it to specialties that have a high out of hours burden, ie ED.

Olivia Taylor

Organisation: University Hospitals Bristol and Weston NHS Foundation Trust

Grade: ST4

Specialty: Gastroenterology

Mentor name: Dr Emma-Kate Reed

Main project title

1. Weekend discharges
2. Induction website
3. Treating nutrition patients with CVC line infections at home

Main project aims

1. To increase the number of patients who are discharged by the medical team on the weekend
2. To create a website for junior doctors providing information about each speciality as well as general information on the hospital
3. To create a new pathway that would allow patients on parenteral nutrition with CVC line infections to be discharged once well and complete their antibiotic course at home.

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

The programme has allowed me to attend formal teaching on quality improvement and given me the time, support and resources needed to perform a divisional wide project. This gave me an insight into the complexities of large-scale QI projects and how to make sustainable and meaningful change. Through this process I have learnt about my own and others' leadership style and how to adapt when necessary. I believe that I will continue to use the skills I have learnt throughout my future career.

Project achievements

1. As a division, we recognised that medicine discharges fewer patients on the weekend compared to other specialities. Our project was to understand the reasons for this and try to increase the number of patients discharged on a weekend. We used an "A3 thinking" structure to analyse data for all pathway 0 discharges within medicine and then implemented our first PDSA cycle on 2 wards with the largest volume of patients. We are currently still measuring the results and hope successful interventions can be implemented on all medical wards.
2. I wanted to create an information hub that could also be used as an induction resource due to the rotational nature of junior doctor posts. I created a Microsoft sharepoint website with each subspeciality having a page. It includes information on team members, duties during the job, educational and research opportunities, and clinical guidelines. The website includes general information about the trust, referral pathways and how-to guides for computer programmes. I have received excellent feedback about the website and it continues to expand.
3. Patients on parenteral nutrition are at high risk of line infections. These patients often need long courses of antibiotics and an additional line for feeding which causes them to have a long hospital stay. I worked with the OPAT and nutrition teams to create a pathway that would allow them to be discharged once haemodynamically stable to complete their antibiotic course at home and with appropriate follow up with the nutrition nurses.

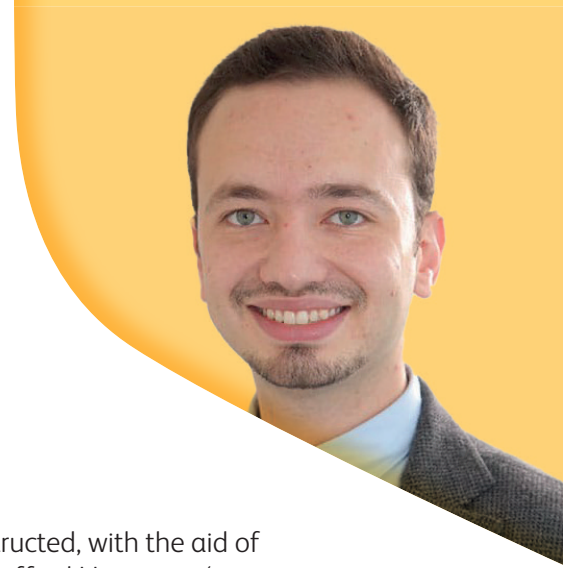
Omran Abukhalaf

Organisation: Walsall NHS Trust

Grade: Senior clinical fellow

Specialty: Cardiology

Mentor name: Salman Mirza / Huda Mahmoud



Main project title

Developing a new to the NHS programme for International medical graduates (IMGs)

Main project aim

Supporting IMGs in their initial introduction to the NHS and helping integration in a new working and training system. Create a complete induction programme for the new IMGs and allow access to a virtual learning platform, containing the full induction programme and access to live and recorded IMG teaching sessions.

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

It was an honour to be appointed as chief registrar in the first cohort of non-training doctors accepted into the CR programme. Particularly as it was within 18 months of my arrival in the UK. The opportunity has provided me with insight and skill into management and leadership within the hospital hierarchy. Equally, it has helped develop a project dedicated to improving the IMG experience, for those new to the NHS. Furthermore, the chance to meet and work with like-minded chief registrars working with similar aspirations of improving the IMG experience.

Project achievements

A significant proportion of the medical workforce are IMGs, defined as doctors working in different country to from which they trained. IMGs are a welcome and necessary cohort of the medical workforce. However, their introduction to the NHS is insufficient and many struggle to adjust.

A survey was constructed, with the aid of academics from Stafford University (experts in qualitative research) to assess the IMGs perspective on their working and social environments. A consultant focus group was held to understand difficulties surrounding supervision.

The information gathered helped guide the project layout. Firstly, an induction programme (in the form of online videos) was developed to address principal NHS healthcare topics, identified by the IMGs as knowledge gaps.

Secondly, improved access to medical training opportunities; mock PACEs, procedural skills-lab and IMPACT course.

Thirdly, negotiated with the virtual education platform team to provide IMGs access to a virtual learning platform traditionally used for trainees. This platform was used to deliver weekly teaching sessions and store pre-recorded material.

Furthermore, a supervisor handover document was created to aid supervisors and IMGs in the transition between rotations.

There was an improvement in morale and work satisfaction. Pre-intervention, 38% would not recommend our trust as a place to work. Post-intervention, all IMGs would recommend our trust as a place to work. More than 60% of IMGs progressed to IMT/ GPVTS/higher-specialist training.

Although good progress has been made to help ease IMGs experience into the NHS, there is still room for improvement by developing portfolio-hubs and the CESR training programme.

Panagiotis Kamperidis

Organisation: Eastbourne Hospital, East Sussex Healthcare NHS Trust

Grade: ST6

Specialty: Rheumatology / general internal medicine

Mentor name: Professor Nik Patel and Dr Sam Panthakalam



Main project title

Project 1:

Improving the quality of medical clerking at Eastbourne District General Hospital via a local educational process

Project 2:

Fast track giant cell arteritis service in a district general hospital using ultrasound doppler imaging

Main project aims

Project 1:

- a) To assess the quality of medical clerking against both established RCP and GMC standards for good documentation and internally set standards for good medical history taking;
- b) Following a period of focused educational intervention, to improve the quality of medical clerking.

Project 2:

To set up a pilot fast track clinic for prompt diagnosis of giant cell arteritis using temporal artery ultrasound, thus limiting the need for biopsy.

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

The RCP chief registrar programme has provided the framework for my engagement in meaningful quality improvement and service provision projects. The tailored training modules over the year have not only equipped me with the skills and mindset to tackle challenges during the projects, but also helped me find out about my own strengths and shortcomings as a leader. It has been an invaluable experience that will continue to shape my future practices.

Project achievements

Project 1

Quantifying quality of medical clerking is challenging and is traditionally done using GMC and RCP good documentation standards as proxy. I led an audit assessing the quality of medical clerking at Eastbourne District General Hospital (EDGH) against both established standards for good documentation and internally set standards for good medical history taking. Following a period of educational intervention, we showed marked improvement: pre-intervention, quality of overall clerking documentation was at 72% and quality of clerking history 55%. Post-intervention quality of documentation improved to 89% and that of history taking to 76%. We concluded that a dedicated local education scheme can be effective in optimising clerking quality, enabling improved patient safety, continuity of care, clinician accountability, and ultimately patient flow. The project poster was presented at the annual KSS Trainee Conference.

Project 2

Giant cell arteritis (GCA) is the commonest large and medium artery vasculitis. Complications arise either due to delayed treatment or unnecessary treatment of GCA mimics, which renders prompt diagnosis pivotal. Temporal artery biopsy (TAB) has traditionally been the golden standard diagnostic modality, but it requires a surgical setting, resulting in delays. We set up a pilot fast track clinic at EDGH facilitating diagnosis of GCA with the use of ultrasound. In a period of months, we were able to confidently diagnose or rule out GCA in 100% of our scanned patients, without the need for a TAB, with implications in patient safety and overall cost savings. The project abstract was published at the 2023 EULAR Journal.

Quazi Islam

Organisation: Royal Free Hospital NHS Foundation Trust

Grade: ST7

Specialty: Diabetes and endocrine

Mentor name: Dr Sarah Needleman

Main project title

**Differential attainment in NHS doctors:
An academic perspective in our trust**

Main project aim

To assess current trend in the trust regarding differential attainment.

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

As the chief registrar, the leadership development training has been instrumental in enhancing my ability to address and navigate the local challenges. Through this training, I have acquired valuable skills in strategic planning, effective communication and team management, enabling me to lead initiatives that fostered improvement and inclusivity within the trust. By implementing evidence-based interventions and promoting a culture of diversity and equal opportunities, we have made significant progress ensuring a more equitable healthcare environment for all junior doctors.

Project achievements

Differential attainment among NHS doctors is a bitter truth. We aimed to address whether this is present in our trust in current practice. The data is derived from a questionnaire administered to 108 junior doctors, offering insights into the experiences of doctors at different stages of their careers.

International medical graduates (IMGs) face similar challenges as UK graduates and equitable access to exams and support for IMGs are essential. The ARCP/appraisal process evaluates doctors' progress, identifying areas for improvement. It is crucial to ensure timely and efficient evaluation processes to support doctors effectively.

Addressing differential attainment is a focus within NHS trusts, with guidance from the GMC emphasising fairness, equality and diversity. Trusts are encouraged to create inclusive environments, implement strategies to support doctors from diverse backgrounds and provide mentorship programmes.

The project outcome highlights the influence of socioeconomic factors on differential attainment among medical students and the impact of ethnicity, gender, and medical school on career progression within specific specialties. By creating opportunities for all doctors, regardless of their background, the NHS can build a diverse and skilled healthcare workforce capable of delivering high-quality care to patients across the UK.

We are reassured to see this is not prevalent in our trust's current practice. We are maintaining an overall healthy and encouraging state to continue education opportunities and support junior doctors, irrespective of the background and the PMQ.

We aim to uphold this high standard by regularly scrutinising to ensure supportive environment for the trust to help the doctors to deliver their best care with utmost support in career progression.



Rebekah Williams

Organisation: The Royal Marsden NHS Foundation Trust

Grade: ST4

Specialty: Palliative medicine

Mentor name: Dr Jaishree Bhosle



Main project title

Improving junior doctor trust induction and junior doctor wellbeing

Main project aim

1. Reintroducing face to face trust induction and improving mandatory training compliance.
2. Improving engagement with Junior Doctors Forum

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

My time as chief registrar has helped me to further understand the structure of the leadership and management systems within the NHS and how to work within this to achieve sustainable quality improvement goals. I have also developed an understanding of my leadership and communication styles and identified how to use my strengths to overcome obstacles.

The opportunity to meet and engage with other chief registrars has also been valuable in providing advice and developing ideas.

Project achievements

1. Junior doctors' trust induction

I have worked with the postgraduate medical education team to re-introduce face-to-face trust induction for the first time, post-pandemic. The induction now includes face-to-face mandatory training modules, which has had positive feedback from trainees, as well as time allocated during induction to complete online mandatory training modules. This has led to overall mandatory training compliance improving from below 70% to above 80%. We have also aimed to make a more engaging onboarding experience by allowing doctors to meet different staff groups and teams, including Freedom to Speak Up champions, pharmacy team, resuscitation team and rota managers.

2. Junior Doctors Forum

I have chaired the Junior Doctors Forum and re-started regular meetings throughout the year, every 2 to 3 months. Engagement and attendance have gradually improved over the year by improving communication and awareness. We introduced the use of exception reporting fine fund money to provide food at weekends for the on-call team and for end of year social events.

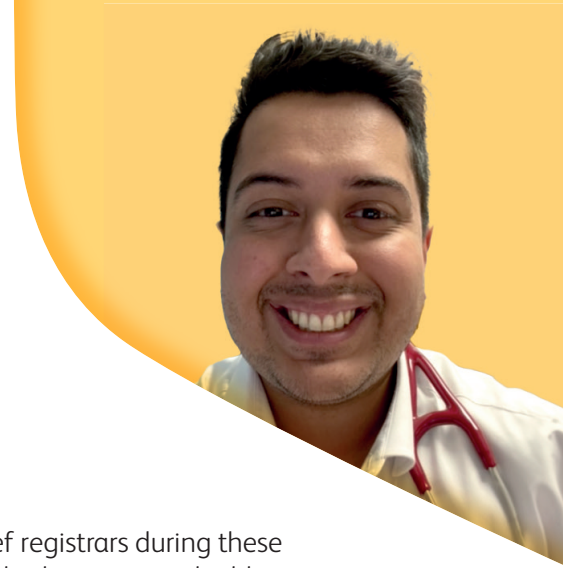
Ricky Raj Sharma

Organisation: Barnet Hospital, Royal Free London
NHS Foundation Trust

Grade: ST5

Specialty: Geriatrics/GIM

Mentor name: Dr Rob Barker



Main project title

1. Reintroduction of weekend ward cover handover
2. Establishing hospital at night huddle
3. Improving post take ward rounds with electronic patient record short cuts
4. Improving information and access to exception reporting with the Junior Doctors Committee
5. The compassionate leadership study day
6. Improving trust induction of IMG doctors “GP to Kindly” - improving appropriateness of jobs requested for GPs in medical discharge summaries
7. Introduction of a video induction to weekend ward cover audits within the Stroke Department
8. Improving the REACTT pathway

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

It has been a pleasure to be involved in so many different projects throughout my chief registrar year, as well as being able to attend both the virtual and in person training days.

More often than not, during our jobs we know that change needs to exist or have clear ideas on how to improve this, however we lack the time and space needed to get the ball rolling on these, in order to facilitate change.

The RCP chief registrar project has not only allowed me time to meet people and work on projects, but the RCP study days have taught me so much about quality improvement, change processes, and most importantly actually given me personal insight into what I'm like as a person and how I can improve my own personal leadership style.

Meeting other chief registrars during these training days has also been an invaluable experience and hearing about other exciting developments in other trusts has provided much inspiration for my own projects.

I must also say my consultants, management, fellow junior doctors and other senior colleagues have been nothing but supportive in my endeavours to make change throughout the trust, not only with regards to projects suggested by the trust themselves, but also in regards. Although I think I still need to learn when to say no to projects as well!

Project achievements

Having established protocols such as weekend ward cover handover on Fridays, EPR Autotext PTWR check lists and QR codes in each doctors' office instructing on how to exception report have been great successes.

There has been continued interaction and development of the IMG induction guide, video induction as well as hospital at night, the latter of which appears to be reaching a finalised product, which I hope will be able to reach a satisfying conclusion in the months that I have left of my chief registrar year.

One of my biggest achievements this year was setting up a successful study day based around compassionate leadership aimed at registrar level doctors. This day explored topics such as “What makes an organisation successful” and “Exploring leadership styles”. The feedback received was extremely positive and people enjoyed the day so much so, that we are currently in the process of creating a training day specifically addressed to registrars stepping up to being medical consultants.

Furthermore, there are several projects that will be continuing and have had abstracts submitted at conferences, that I am keen to continue and follow up even after I leave Barnet, but also that I hope to take forward to other trusts that I continue to work at.

Robin Kearney

Organisation: Milton Keynes University Hospital

Grade: ST6

Specialty: Acute Medicine

Mentor name: Dr Chris Lindesay



Main project title

Improving the use of digital solutions in modern healthcare

Main project aim

1. To implement new digital solutions in same day emergency care (SDEC).
2. To enhance existing systems to facilitate better patient care.
3. To improve clinician use of digital systems.

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

The leadership programme has been fantastic for my development over the last year, allowing me to continually reflect on and improve my projects. The training has been particularly useful in helping me to identify my strengths and weaknesses, to explain why I work the way I do and to consider how I could do things differently. Having such a concentrated exposure to practical experience in improvement and leadership, alongside the chief registrar training, has allowed me to put in to practice changes in my approach throughout the year.

Project achievements

1. I have helped our SDEC move away from paper, with electronic prescribing of discharge medications and the creation of a bespoke digital patient worklist for SDEC. Both these changes have reduced the use of paper, which is prone to being lost, duplicated or full of errors.

2. I have led a number of projects to incorporate guidelines and protocols onto our electronic health record. This included the creation of new trust electrolyte replacement guidelines and building care plans which allow one-step prescribing of the necessary medications for your patient. I have also developed digital medical procedure forms for common procedures such as lumbar puncture, based on latest national procedure safety standards. I have led the development of a large number of standardised, condition-specific patient information, which can automatically be added to patient letters in SDEC, which have been used over 1000 times in 4 months. Together, these developments will improve patient care, ensuring high quality and improved safety, as well as improved patient involvement in care.
3. I have worked on multiple projects looking at improving clinician use of digital systems, including documentation and creation of discharge summaries. This has involved individualised feedback from electronic data as well as the development of extensive educational resources such as videos. Digital systems are central to future healthcare and clinicians deserve to be given the best opportunity to use them effectively.

Roopa Chopra

Organisation: The Royal Wolverhampton NHS Trust

Grade: Advanced clinical fellow

Specialty: Diabetes and endocrinology

Mentor name: Dr Rajeev Raghavan



Main project title

Enhanced pastoral support to improve the transitioning of IMGs into NHS

Main project aim

To provide enhanced pastoral support to the new IMG's by setting up pastoral induction as well as pastoral drop-in sessions to help them settle in a new country.

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

I have been confidently able to build up on my management and leadership skills by being a part of this programme. I have learnt about my own strengths and weaknesses with the help of mentoring sessions and that has helped me maximise my productivity and success in all projects. The opportunity to discuss and receive feedback about my projects with fellow chief registrars was an invaluable bonus.

Project achievements

To provide enhanced pastoral support to the new IMGs; I started pastoral induction sessions even before they came to the UK. It focuses on information related to settling down in a new country with detailed information on various important issues including accommodation, shopping, social life and many more. I also set up pastoral drop-in sessions for the new IMG doctors to discuss any concerns or queries in regular face to face meetings in the first month.

In my previous role as a chief clinical fellow in my trust, we had developed various support sessions but the uptake was not great. In my pastoral inductions, the importance of these sessions was highlighted and encouraged the new IMGs to attend. This helped increase the participation, ultimately preparing new IMGs to successfully settle down in their roles efficiently.

I created a new fellow WhatsApp group to disseminate any important information and to give the new IMGs easy access to raise their queries safely. Overall, it has been very satisfying to improve the experience of transitioning of IMGs into the new healthcare system. Positive and constructive feedback after each session has helped us improvise our services to serve the new IMGs better. The next plan is to start a social club, which will also include their families to enhance their social and mental wellbeing.

Sarah McKelvie

Organisation: Oxford University Hospitals

Grade: ST6 equivalent (trust grade)

Specialty: Geriatrics and general medicine

Mentor name: Dr Sudhir Singh

Main project title

Establishing a front door frailty service in the Emergency Department

Main project aims

1. Increase recognition of frailty in the Emergency Department
2. Reduce medical admissions in frail elderly and redirect to virtual wards or community services when safe to do so.

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

The QI workshops on the chief registrar away days were invaluable at equipping me with the appropriate tools to start the frailty service and measure its effectiveness, way beyond the PDSA methodology with which I was already familiar. I was able to apply the knowledge learnt at the RCP straight away to real life problems. It changed my way of thinking to help create solutions and identify blockers.

In addition, the teaching on personality and leadership types made me more aware of my own and others behaviour. both when things are going well and when in conflict. This increased emotional intelligence enabled me to communicate more effectively with all stakeholders, from porters to the chief medical officer.

Lastly, the network and support of the other chief registrars across the country was wonderful. We were able to learn from and bounce ideas off each other, and also hear about what works at other hospitals. It also led to some collaboration across trusts.

Project achievements

Front door frailty service in emergency department

- > Established a pilot frailty service in ED.

I trialled many different ways of selecting patients and settled on a hybrid flexible model of both push and pull from the ED doctors and nurses. I initiated comprehensive geriatric assessment in ED which enabled compliance with new CQUIN, with its financial reward.

- > Raised awareness of frailty syndromes and their management. Used QI methods to increase the accuracy of the clinical frailty score so that patients could be streamed to the appropriate service, thereby decreasing admission to medicine and saving money on bed days.
- > Established relationships across the interface – with new primary care virtual wards, urgent community response, community SDECs and our own acute hospital at home, as well as strengthening relationships with our MDT colleagues at the front door.
- > Organised a frailty super week with extended geriatrician cover in ED, alongside daily teaching and frailty focused events. Results (reduced admission rates, decreased readmission rates) were used to create a successful business case for sustainable funding for a full time geriatric registrar and nurse.

Other QI projects:

Worked with an MDT team to improve current discharge summary after surveying local GPs, resulting in successful reduction of GP complaints. Team poster was a winner at national conference.

Supervised more junior colleagues in numerous projects on geriatric/medical wards, from recognition and treatment of pain in cognitively impaired patients to improving assessment of delirium.

Faculty member of OUH emerging leaders programme – mentoring, teaching and supervision of QI.

Sofia Hanger

Organisation: Royal Free London NHS Foundation Trust

Grade: ST6

Specialty: Intensive care medicine

Mentor name: Sarah Needleman



Main project title

'What matters to you' – Improving junior doctor morale and wellbeing

Main project aims

Junior doctor morale locally and nationally is low. The 'What matters to you' staff survey aims to understand and address the issues which impact on junior doctors.

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

The chief registrar programme has given me a greater understanding of the different models of leadership and how an individual's personality can affect their leadership style. I have gained insight into my own leadership style and developed new ways of collaborating with others, which I believe will improve the way I work within a team in future. It has provided me with new tools which I will continue to use throughout my career.

Project achievements

One of the key focuses during my year as one of two chief registrars at my hospital has been improving the working lives of junior doctors. I have led on the what matters to you junior doctor survey at Royal Free Hospital, working with divisional leaders to highlight barriers to improving junior doctor morale and implement small but sustainable changes to improve their working lives. I have re-developed of the junior doctor forum, resulting in increased attendance and better relationships between the JDF and senior executive team. These two projects have helped to give the trainees a voice within the wider organisation.

To improve junior doctor access to leadership and management opportunities, I created a free junior leadership and QI study afternoon to engage leaders of the future, while simultaneously offering an opportunity to improve the calibre of QI projects. A senior trainee and manager pairing scheme was also created to break down barriers between the clinical and operational teams to improve teamwork and efficiency and allow senior trainees to gain practical experience in leadership and management.

Within my own department, I helped to create a curriculum for junior clinical fellows and restarted a local departmental GREATix programme for all ICU MDT members.

I have sat on several committees as a trainee voice within the organisation, including medical workforce meetings, a junior doctor MAST compliance action group and an e-rostering group involved in the procurement of new software for the trust.

Syeda Nafisa

Organisation: University Hospital of Derby and Burton

Grade: ST6/7

Specialty: Respiratory medicine

Mentor name: Dr James Woodard



Main project title

Civility in medicine: Creating compassionate culture in the workplace

Main project aim

The majority of medical professionals agreed that workplace disruptive behaviours are linked to adverse events with 71 % believing that such behaviours escalate the likelihood of medical errors. Furthermore, 27 % perceive an elevated risk to mortality. In this project, we reviewed the extent of incivility at Royal Derby Hospital (RDH), its impact on doctors, and intervened to improve this.

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

The RCP chief registrar programme has been hugely rewarding and helped me in building my confidence and skills in senior leadership roles. It also provides me with the tools required to design and implement QI projects. Reflecting on my experiences this year, there is no doubt that I have achieved my goal.

The experience I have had this year will equip me to continue this invaluable aspect of non-clinical work in my future career.

Project achievements

I started the project with an insight of better optimising outpatient appointments for follow up for patients and physicians, both to improve satisfaction over autonomy in scheduling appointments, reducing missed appointments and waste resources by implementing a shared decision making pathway for outpatient follow up appointments after communicating physician preferred mode of follow up to patients through Digital NHS resources available and currently used for booking and sending appointments in a hybrid format using posts and texts to confirm appointments.

This was because of the fact that a set of patients attending face to face could have been consulted easily through telephonic/virtual means whereas some of them who had telephonic appointments had to be called in to hospital for face-to-face costing rebooking. This can be better rooted through a shared decision and open autonomy for mode of appointments in between physicians and patients saving resources bigtime as an individual is his/her best assessor for own health before physicians. Virtual clinics has rapidly grown since after COVID but need further optimisation for utility in best possible way, therefore, the project be helpful.

Tae Lee

Organisation: Liverpool University Hospitals NHS Foundation Trust

Grade: ST6

Specialty: Anaesthetics and intensive care

Mentor name: Dr Jay Naisbitt, Dr Daniel Komrower, Dr Rachael Ellks



Main project title

1. Establishing national enhanced care standards at our new acute medicine unit (AMU)
2. Support senior registrars preparing for consultant applications
3. Showcasing quality improvement work at our Trust
4. Re-establishing empowerment and voice at the Junior Doctors Forum (JDF)
5. General Internal Medicine (GIM) rota delivery and definition of duties

Main project aim

1. Establishing national Enhanced Care standards at our new AMU
2. Creating and running a consultant application course for registrars across the North West
3. Creating and running a Trust wide QI and Audit awards evening
4. Increasing numbers, participation and leadership roles in the JDF
5. Timely delivery of GIM rotas and definition of duties

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

The programme gave me great insight and depth to:

1. Explore my leadership style, including recognising and developing my weaknesses.
2. Focus on time and expectation management, including being flexible and adaptable to unexpected changes and challenges.
3. Work with different disciplines within the NHS, to be able to see through their lens.
4. Develop an understanding of the wider hospital/NHS structure and its challenges.

Project achievements

Enhanced Care:

- > Led a multidisciplinary collaborative to achieve national standards in our new unit.
- > In five months, improvements were made with increased twice daily consultant reviews (0% to 78%), increased documented ceilings of treatment (17% to 53%), and establishment of MDT leads.
- > Engagement with intensive care and nursing education to provide upskilling sessions for nursing staff (high flow oxygen, DKA).
- > Presented at the Society of Acute Medicine and Intensive Care Society conferences.

Consultant Application Course:

- > Led and ran an all-day course at Aintree Racecourse, with CMO, CEO and consultant speakers.
- > 60+ North West attendees despite challenges of teacher and doctor strikes, with excellent feedback received.

QI and Audit Awards Evening:

- > Led and ran an online evening with panel members from QI, audit and directors of medical education.

JDF:

- > Increased committee membership from two the year before, to 21 strong.
- > Empowered leadership, appointing two chairs, trainee delegation for on call rooms and local negotiating committee representatives.
- > Improvements made with mess facilities upgrades and equitable allocation of the hospital's new on call rooms across specialties.

General Internal Medicine Roster:

- > Empowered leadership through appointments of IMT3, ST4+ and ANP representatives.
- > Engagement and leading at stakeholder meetings, allowed changes in definitions of on call duties that improved the balance between training needs and service provision.
- > Improved delivery of the rotas to IMT and StR doctors within the six week window from 67.6% in August 2022 to 100% in February 2023.

Thomas Moore

Organisation: Royal Sussex County Hospital, Brighton

Grade: ST6

Specialty: Respiratory Medicine

Mentor name: Andrew Elkins



Main project title

Trust wide virtual ePoster improvement project competition

Main project aim

Improve capture of improvement work going on across disciplines and across 4 hospital sites.

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

Helped me form a data collection plan.

Repeated practice of action learning sets allowed for continued structured feedback for project.

Understood some of my strengths and weaknesses as a leader and helped me realise that I need to develop a diverse group with some being able to fill in for my lack of 'completer finisher' attributes!

Some of the concepts were more useful in hindsight after I had experienced challenges- hearing them conceptualised fortified that they were well recognised and that there are strategies for overcoming them.

Project achievements

In our trust there is a big emphasis on improvement at a ward level. However there isn't any central mechanism for capturing work and viewing what others had done. This meant often work is repeated and individuals and teams don't learn from others experience. This also contributes to a significant delay in starting projects for junior doctors- with 50% not starting a QIP 6 months after working in the trust.

One of the ways I helped improve this was by creating and delivering a trust wide virtual QIP ePoster competition. Since COVID, a number of online platforms had been created to host virtual conferences. I researched and trialled a number of these and secured funding via the hospital charity. This paid for the platform (fourwaves.com) and for a prize fund for 3 years for winning projects. I assembled a team of 11 senior stakeholders with experience in QI to create a website which included abstract poster submission guidelines, judging criteria and hosted the live finals event. We had 60 posters submitted from a wide range of healthcare professionals across all four sites in our trust. Each was reviewed electronically by 3 judges. The top 30 were shortlisted for a live judging online event which was viewable by all staff via a simple QR code and three winners chosen. The competition will now be an annual fixture in the trust calendar.

Tristan Page

Organisation: South Warwickshire University
NHS Foundation Trust

Grade: ST7

Specialty: Diabetes and Endocrinology / General Internal Medicine

Mentor name: Dr Varadarajan Baskar

Main project title

Development of virtual wards

Main project aims

Support the development of virtual wards at South Warwickshire NHS Foundation Trust

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

The Chief Registrar programme has given me the opportunity to lead and be involved with several wide-ranging projects at my trust. This includes supporting the ongoing successful development and delivery of virtual wards, the use of flash glucose monitoring in a community dependent population with type 2 diabetes and the introduction of an education programme for patients with adrenal insufficiency.

Project achievements

- > **Virtual wards programme** – We now have a developing virtual wards programme which will continue to grow and develop providing support for patients in their homes and supporting admission avoidance and facilitated early discharge.
- > **Medical Registrar Forum** – I have led the development of a local medical registrar forum and have chaired the meetings on a regular basis during my chief registrar year.
- > **Flash glucose monitoring in a community dependent population** – I led the review of a pilot of flash glucose monitoring which demonstrated better glycaemic control, rationalisation of medication and reduced usage of community workforce time and reduced acute presentations and admissions.
- > **Adrenal insufficiency patient education programme** – I led the development and successfully introduced a new patient and patient supporter/family education programme focused on adrenal crisis recognition and management and how to administer an emergency injection of hydrocortisone, which is now an established part of local practice.

Venkatram Subramanian

Organisation: Stockport NHS Foundation Trust

Grade: ST7

Specialty: Diabetes and endocrinology

Mentor name: Dr Ngai Kong

Main project title

Long length of stay and programme of flow

Main project aims

Reducing length of stay for inpatients for more than 14 days in the trust.

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 means of gaining confidence in our abilities as well as making us able to understand various terminologies used in the background running of organisations. Normal trainees get some excerpts of the various terms but never get a thorough understanding of the processes involved in the running of an organisation. I have personally felt more empowered after each session and have gone into larger trust and regional level meetings with the ability to understand the information, as well as provide my own input into various aspects. This includes being able to feedback into service improvement groups, deteriorating patient groups and also with local transformation projects.

Project achievements

Our project aimed to reduce our average length of stay for patients in the hospital. We started off with a group consisting of members from a wide range of fields. The initial group had a doctor, nurse, social worker, a flow manager and an AHP creating an MDT for the various wards to bounce ideas off regarding patients staying in hospital for longer than 14 days. As the months progressed, we showed a gradual reduction in length of stay, with nearly 20% resulting a change in our approach to target the patients staying longer than 7 days. This approach was also used in the run in to the various junior and senior doctor strikes to ensure that patient flow was not affected despite the disruption to routine clinical care. Consequently, we showed a reduction in patient length of stay of nearly 3 days which has resulted in a significant cost saving for the trust and the programme is now in the process of spreading to the nearby organisations as a role model to follow for patient flow.

Victoria Knott

Organisation: Sheffield Teaching Hospitals NHS Foundation Trust

Grade: ST5

Specialty: Gastroenterology

Mentor name: Dr Robin Ghosh and Dr Charlie Elliot



Main project title

Sustainable quality improvement

Main project aim

Increase understanding of sustainable healthcare principals and application of SusQI methodology amongst healthcare professionals in Sheffield.

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

The chief registrar programme has provided me with the time and support to enact meaningful and sustained change. The programme provides space to properly consider ideas, develop successful improvement projects with sound methodological foundations, and the flexibility to apply them to local contexts.

The education programme provided by the RCP allows for personal development in team leadership and quality improvement. It has given me skills that I will take through the rest of my career. Meeting with other chief registrars from around the country was a fantastic opportunity for networking and shared learning.

Project achievements

The climate crisis, caused by the burning of fossil fuels is the biggest global threat to health in the 21st century. Healthcare accounts for 4% of England's total carbon footprint. NHS England has committed to deliver an NHS with net zero emissions for the care it provides by 2040.

The Royal College of Physicians and the Centre for Sustainable Healthcare have expanded the domains of quality care to include sustainability, indicating that it should be addressed through quality improvement methodology. This is termed SusQI.

This year, I have developed and delivered a teaching programme to educate healthcare workers in the practical application of SusQI. I have also trained QI faculty and provided resources to ensure SusQI methodology is embedded in our QI education in Sheffield.

I have worked with our sustainability lead to embed the principals of sustainable healthcare into the trust sustainable models of care strategy and encouraged initiatives to promote the application of SusQI methodology across the organisation.

As examples of SusQI methodology application, I have developed active travel initiatives to encourage healthier lifestyles and decrease the environmental impact of staff travel. I have also delivered green endoscopy projects aimed at reducing the carbon footprint of this resource intensive department.

To support others delivering sustainability focused QIPs and to encourage collaboration both across and between our organisation, I have created the Sheffield Clinical Sustainability Network. The regular network meetings provide opportunity for shared learning and co-operation. The network is supported by an online space for resources and discussion.

Yaa Achampong

Organisation: Barking, Havering & Redbridge University Hospitals NHS Trust

Grade: ST7

Specialty: Obstetrics & gynaecology

Mentor name: Miss Kathryn Tompsett



Main project title

BHRUT Women's Health Academy

Main project aim

Establishing an academy within the Obstetrics & Gynaecology Department with the aim of improving the quality and delivery of teaching and training, in response to current pressures impacting on junior doctor experience.

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

It equipped me with the tools and confidence to identify and define what the main local challenges were, with regards to junior doctor experience, and break them down into individual components. I used these tools to develop a strategy for quality improvement and also promote what I was doing to involve the wider staff body to help embed these changes and change the culture around the experience and value of IMGs and GP trainees, long term. I feel my leadership skills are more defined and I am better able to apply them, focusing on my strengths and mitigating against my weaknesses. This has been crucial to my personal development in the run up to applying for consultant posts because I can now see myself as a confident senior clinical leader.

Project achievements

I had three sub-projects under the umbrella of establishing a Women's Health Academy. The first was improving the experience of GPVTS doctors on rotation within the O&G Department. Previously this group had concerns about the supervision and quality of training, triggering a meeting with the DME and local TPDs. By obtaining high-quality feedback, exploring expectations and developing new induction and working processes, we were able to have much improved feedback scores on our most recent HEE survey for this staff group, with 100% of them recommending the placement - a vast improvement!

I established a physical training centre which doctors can access 24/7 to practice technical skills such as laparoscopic surgery and ultrasound scanning. This brought me into direct contact with our management colleagues and gave me a greater understanding of NHS administration and non-clinical processes. Many of the skills related to communication, personality and leadership differences that I gained during the chief registrar programme, were invaluable when working with different staff groups and stakeholders to achieve this.

The largest sub-project is a 6-month programme specifically for IMGs to help orientate them into the UK PGME system, encourage career progression and improve their training and experience. Hopefully this will address some of the widely recognised inequalities suffered by this rapidly growing staff group. This is ongoing and easily the most challenging of my projects, but the one that I am most proud of, having applied the full range of skills and knowledge gained.

With thanks to the following 2022/23 chief registrars who were unable to participate in the yearbook:

Aisha Hashmi
Alexandra Hellens
Ali Hosin
Andrew McCleane
Ankit Kedia
Arvind Singhal
Attia Rehman
Benjamin William Phillips
Bruce Misra
Charlotte Turner
Cuan Harrington
Ei Chae Zun Lin
Eimear McKenna
Ellena Bournat
Faisal Jawad
Francesca Louise Guest
Garazi Zubikarai
Hejie He
Helen Jamie
Helen MacMullen
James Duffell
Jennifer Cotton
John Donaghy

Katherine Butler
Katherine Williamson
Kristina Lotha
Lakshmi Bantwal Shenoy
Llinos Carys Evans
Luke Armstrong
Matthew Chan
Natalie Anne McLeod
Nathalie Webber
Nawazish Karim
Noel Murphy
Pedram Modarres
Prateek Prasannan
Rachel Smith
Saadat Ahmed
Salwa Ahmad
Samuel Malomo
Samuel Panday
Saniya Naseer
Selda Ahmet
Stewart Smith
Thomas Knapper
Vasant Mohandas

The RCP Chief Registrar Programme 2022/23 yearbook

For further information

Visit: www.rcp.ac.uk/projects/chief-registrar-programme

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