

'Investing in your own people': how chief registrars benefit a hospital

The RCP Chief Registrar Programme is a flagship scheme which aims to develop future medical leaders. Dr Sarb Clare MBE, acute medical consultant and deputy medical director, and Dr Anna Lock, deputy chief medical officer and palliative care consultant, spoke to *Commentary* about how the role has worked at Sandwell and West Birmingham Hospitals (SWBH) NHS Trust – and what advice they offer to other trusts considering the role.

The programme was born out of the RCP's 2013 Future Hospital Commission report, which recommended creating a senior leadership role for resident doctors, focused on delivering high-quality, safe patient care. The role provides protected time for senior resident doctors to practise leadership and quality improvement (QI) while remaining in clinical practice, supported by a bespoke 10-month development programme designed and delivered by the RCP.

SWBH NHS Trust was part of the RCP's first chief registrar cohort in 2015. 'As years have gone by, the chief registrar has become an absolutely key person in the organisation,' says Sarb, 'they're the eyes and the ears of the hospital. If we don't listen to them, we can't find out what the problems are, and they often come up with solutions.'

Sarb has mentored six resident doctors in the role and Anna is currently mentoring her first, so both work directly with the chief registrars over the year-long course.

The benefits for a hospital

In 2015 'it wasn't initially very clear what the role would be,' explains Sarb – but over the past 10 years, it has become a critical and popular role. 'It's competitive. There have been many years where we've had to interview quite a few people. It's really gaining momentum.'

The role is multifaceted; chief registrars continue in clinical training, but also work directly with hospital leaders – becoming a bridge between senior clinical leaders and the resident doctor workforce. They also have time set aside to work on QI projects throughout the hospital. Anna sees the role as a key investment for a hospital that will save money in the long term: 'We need

people who are going to do our jobs in 10 years' time.'

Having resident doctors who have been exposed to medical leaders makes for a smoother transition up to consultant and medical leader roles for individuals and the trust, says Sarb. 'They need to be exposed to this, rather than the traditional method that Anna and I have gone through where you've never had any training ... These doctors are going to be well suited. They understand the organisation.'

Out of the chief registrars that she has worked with, one has become a consultant at SWBH NHS Trust, with several others planning to. 'You're just investing in your own people.'

In the short term, they are 'absolutely core' to the team. They act as an essential bridge between the hospital leadership and resident doctors. Sarb says there is a 'massive impact ... they are the person that the residents will go to if there's an issue... [it leads to] happy residents because they feel part of the conversation, that they're being heard and have got somebody that they can go to.'

Chief registrars have been key in helping the trust through the COVID-19 pandemic and a hospital move in 2024. They helped to communicate and coordinate resident doctors through the day-to-day confusion and offered advice to the hospital leadership about what resident doctors needed. Sarb notes that they were a critical way of getting messages to resident doctors through those times; chief registrars sit on several boards and forums that make management decisions, so can simultaneously offer feedback from resident doctors and report back to their peers.

As they are working in clinical roles, they are still 'on the coalface' says Sarb. 'In times of crisis, they're coming up with solutions because they're living and breathing [clinical work] every day.' Anna strongly agrees; her chief registrar mentee has been key in working out issues, such as access to clinical guidelines. 'He has authority because of his authenticity as a resident. I have authority as deputy CMO, but it makes a message much stronger coming from him.'

'It's all just common sense, isn't it? It's basic methodology; you get the people who use the system to give you the solutions. But we need reminding of the straightforward things and [the chief registrar role] helps us to spell that out.'

Quality improvement projects

One of the key unique selling points for the Chief Registrar Programme is that it embeds time to do QI into the role itself, ensuring that it is a central part of the year. Chief registrars get to choose their own projects ... but all of these projects can have a long-term impact in improving systems within the hospital.

Over the past 10 years, chief registrars have helped to develop hot and cold rotas during COVID, developed the hospital at night programme at SWBH NHS Trust and sorted out on-the-ground communication issues like surgeons' access to phones. They also author the CMO bulletin every month – a key piece of comms for all medics.

Sarb highlights a new leadership course at SWBH NHS Trust called Tomorrow's Leaders, delivered by herself and the chief registrar, which gives other resident doctors the chance to learn leadership skills – job planning, dealing with conflicts and complaints, meeting the executive medical board – which lets more doctors than just the chief registrar step into leadership roles.

One former chief registrar, Dr Laura Pearson – who will speak to *Commentary* about her experience in the next edition – did a programme on teaching QI to foundation doctors, including a competition and awards to encourage even more projects. 'She went to the root of what QI is and stripped it back,' says Sarb, her mentor.

As the 2024 hospital move had been planned for 16 years, each of the chief registrars had some involvement – bringing resident doctors into the process over years. 'Dr Dosu Ayodeji, the last chief registrar, had the pleasure of helping with the move into to the new hospital building,' says Sarb.

She always ensures that chief registrars write down everything they've done at the end of their year, and they're shocked at how much they ended up working on. Overall, there have been 'hundreds of [chief registrar projects], which have been absolutely key to making things work more easily.'

Anna warns that it's important to think long term with these projects, and to ask what structures need to be in place early on to help them last when the chief registrar has moved on from their role. 'Building for the future and making sure that things continue is really important.'

Developing skills: what it can do for resident doctors

'There's an easy narrative that being a medical leader is really hard and really awful,' says Anna. But the chief registrar role can help to dispel this; 'it's a more real exposure to what it really is like to be a medical leader, seeing people who are enthusiastic and really enjoying it.'

'Being the chief registrar is about leadership,' says

Sarb, 'It's about finding out who you are as a person, as a leader, as a human ... Every single one of the chief registrars has transformed and it's really interesting to see. Each one of them has said that it's the best year.'

The role offers resident doctors the opportunity to come to meetings, like the weekly CMO huddle, and to meet people in leadership roles across different specialties and grades. Sarb ensures that the chief registrars she mentors go to conferences, submit abstracts and papers to journals, and get involved in as many things as possible. 'As you introduce them at meetings and to other people, they naturally get involved in other projects.'

Just having the title can be a real confidence boost, Sarb explains.

'It completely transforms their ability to make decisions. It gives them power and credibility [to make change].'

Anna encourages anyone to apply: 'You'll feel much more competent when you start as a consultant. Med school is not the most useful place that you'll learn things ... when you are a consultant, it's more about getting things sorted. This is a great role to play around with it.'

How to run the chief registrar role effectively

Over the past 10 years, chief registrars at SWBH NHS Trust have become 'part of the family' says Sarb. 'If we weren't to have one, it would be devastating because they are absolutely critical.' But how can you make a brand-new role work so effectively?

As the role encompasses so many facets of leadership – QI and clinical work – it can be hard to find balance, says Sarb. 'Often, they get so inundated; our job as mentors is to hold them back and [remind them that they] have protected time and the feedback of the RCP leadership course as well.'

'It's really important to be very clear about carving out time, the clear boundaries and role modelling. As mentors, we have to model how leaders should be behaving.' Having good mentors is key to making the role work effectively; Sarb warns against just using chief registrars to sort out rotas or admin work, rather than letting them work on the problems they see within the organisation.

Both Anna and Sarb say that making connections early on is essential. Anna states that mentoring can be about 'convincing other senior leaders to work with [chief registrars] usefulness, while making sure they don't get given everything to sort out. That it's sustainable: we can't expect them to fix everything.'

Anna is always looking for opportunities to connect her chief registrar to people across the trust – even if it's outside the initial job description – as that can create new avenues of communication and opportunities. Similarly, Sarb has a checklist to introduce any new chief registrar to directors and leaders across the organisation,

and then go on various committees to see how things are run – and what they are interested in getting involved in.

‘They’re given huge autonomy because they probably wouldn’t do the job as well if they’re not passionate ... all their [major QI] projects have really come from their own passion, yearning or something that bugs them.’ That way, they can do huge transformations, potentially turning around things that have been a problem for 5–10 years.

There are also opportunities for communication and media experience, both internal and external, which can help with confidence. As Sarb says, ‘visibility is absolutely a core feature of a chief registrar; meeting people at the coalface, experiencing and role modelling.’

Raising interest and recruiting doctors to the chief registrar role

- Be very clear in the job description about what the role entails, and the protected time that they will have to work on QI and leadership projects.
- Have drop-in sessions for prospective applicants to spread the word, answer questions and encourage interest.
- Have the current chief registrar on the interview panel, so that they can give their advice as someone

who has done the role.

An investment in the future of medical leadership

For Sarb, the chief registrars have become ‘absolutely critical to the executive team, to the board and to doctors from board to floor.’

‘At the end of the day, we are desperate for medical leaders. No one’s ever been exposed to how to lead, how to deliver, how to make decisions and do crisis management.’ But the chief registrar role allows doctors to learn that early in their career, sometimes years before they move into a formal leadership role.

Both Sarb and Anna are clear that they see a lot of value for their trust in investing in young doctors as leaders. Sarb says: ‘It’s a privilege to mentor them. These are the leaders of the future, aren’t they?’

Find out more about the [Chief Registrar Programme](#) on the RCP website. Expressions of interest for trusts and organisations will open soon.

This feature was produced for the February 2025 edition of *Commentary magazine*. You can read a [web-based version](#), which includes images.