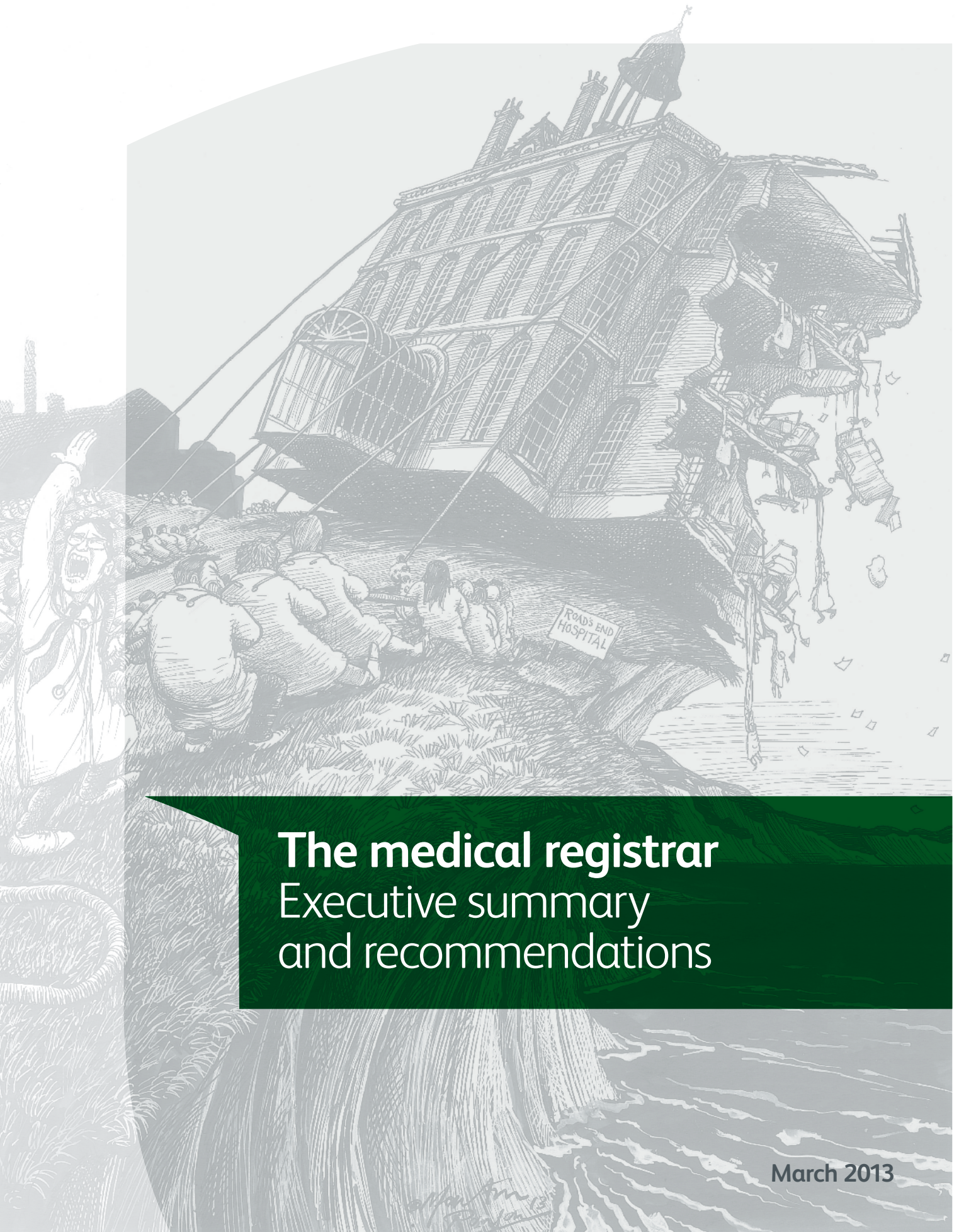




Royal College
of Physicians

Setting higher standards



The medical registrar

Executive summary and recommendations

March 2013

Introduction

The medical registrar is the senior training grade for future hospital consultants in medicine. Evidence has accumulated over the past 3 years that this group of doctors is being critically pressurised by the increase in hospital admissions and changes to the working environment. Most other hospital doctors characterise medical registrars as the ‘workhorse’ of the hospital, particularly at night when they are usually the senior physician on site. Medical registrars themselves are concerned about their ability to provide safe, high-quality patient care and junior doctors are being put off general medical specialties by the prospect of becoming the medical registrar.

The executive summary below is taken from the full report of a year’s research by the Royal College of Physicians (RCP) from 2011 to 2012 using e-surveys and face-to-face interviews involving over 2,800 medical registrars throughout England.¹ This research confirmed worrying trends in the working lives of medical registrars but, more importantly, has allowed solutions to the problems to be identified.

The summary contains the report’s key recommendations, although additional detailed recommendations are made in the main report. Some of the solutions are simple and can be implemented by hospitals relatively easily. Other solutions are more challenging and will require system change.

¹ Royal College of Physicians. *The medical registrar: empowering the unsung heroes of patient care*. London: RCP, 2013.

www.rcplondon.ac.uk/projects/medical-registrar-empowering-unsung-heroes-patient-care

Improving the effectiveness of the medical registrar to maximise the quality of patient care

There is a wide variation in the working lives of medical registrars throughout the UK. Workload, team-working and interactions with other non-medical teams are the key areas where changes can be made to increase the effectiveness of the medical registrar and thus maximise the quality of patient care. Hospitals should realise the valuable resource they have in medical registrars as senior decision-makers and team leaders. Harnessing the potential of this resource will pay huge dividends in patient care both now and in the future. In the interests of the safe and efficient care of patients the RCP therefore recommends the following:

- 1** Hospitals should undertake an urgent comparative review of the workload of medical registrars and their associated medical teams and modify workforce allocation as indicated.
- 2** Hospitals should then regularly monitor the workload of medical registrars and provide additional resources to support them when the workload prevents safe patient care. Both nighttime and daytime activity must be monitored and rotas changed to optimise staffing throughout the day.
- 3** Hospitals should clearly define the roles expected of medical registrars using the framework laid out in the report.¹ Clarity of purpose is essential for effective team-working.
- 4** Hospitals should reduce the burden of administrative and basic clinical tasks by appropriate redistribution of this work to other staff. Freeing up the medical registrar from these 'non-priority' jobs will allow them to care for the most unwell patients and improve clinical outcomes.
- 5** Hospitals should utilise electronic tools to facilitate communication and handover between the medical registrar and other members of the team.
- 6** The RCP should work with the NHS to provide guidance on acceptable staffing levels for a given workload, including the optimum number and appropriate grade of junior doctors necessary for a given volume of admissions, case mix, number of inpatients covered and support provided for other specialties.
- 7** The Department of Health should support research to reassess the '4-hour target' in emergency medicine departments especially with regard to inappropriate admissions and impact on the medical registrar.
- 8** Non-medical specialties should reassess the mechanisms by which patients are referred for medical opinions both in-hours and out-of-hours. Hospitals should ensure that referrals are made to and from appropriately trained staff and to the most appropriate doctor, not always the medical registrar. Referrals to the medical registrar 'by default' should be reassessed.
- 9** Hospitals should ensure that the provision of adequate medical care for perioperative patients is included in the analysis of the workload of the medical registrar.

Training the future medical consultants to ensure a legacy of high-quality care

Medical registrars and their junior medical colleagues are the future consultants of NHS hospitals. Their current training is far from perfect, particularly with regard to training in general medicine. Changes in working hours and full shift working has led to many doctors not seeing the outcome of their actions, and the ward round being too busy to allow an adequate teaching experience. Furthermore, the workload of the medical registrar when on call reduces the quality of specialty training, and results in dissatisfaction with training and resentment of the role of medical registrar by higher medical trainees. Relatively simple changes in the way training is organised would improve the training experience of medical registrars and their juniors. Therefore, the RCP recommends the following:

- 1** Hospitals should ensure that medical registrars and other trainees routinely attend the post-take review of all patients they have been involved with, including ward referral patients reviewed by registrars when on call.
- 2** Hospitals must ensure that medical registrars are able to maintain the practical skills which they are required to undertake, including specialty skills. Reducing their non-priority workload as described above will help this considerably.
- 3** Hospitals should make clear arrangements to ensure that there are appropriately skilled staff available at all times to perform all clinical procedures that might be required urgently.
- 4** Hospitals should organise rotas and staffing levels to allow core medical trainees to gain experience in the skills needed as a medical registrar. In particular, experience in managing acutely unwell medical patients under the supervision of registrars and consultants should be prioritised.
- 5** The Department of Health should reassess the value of the second year of foundation training for those wishing to specialise in hospital medicine. The benefits of extending core medical training should also be explored.

'Changes in working hours and full shift working has led to many doctors not seeing the outcome of their actions and the ward round being too busy to allow an adequate teaching experience.'

Keeping the brightest and best doctors in hospital medicine

Medical registrars are among the brightest and best doctors in the NHS and they are extremely well respected by their peers. However, applications to higher medical training are falling, especially outside London. This is due to a negative perception of the role by more junior trainees, both with regard to workload and training as outlined above, and the feeling of being undervalued and poorly respected by senior hospital staff. Furthermore, the changing demographics of the medical training workforce have resulted in a desire among trainees for a better work-life balance which hospital medicine appears ill equipped to allow. The NHS must adapt to ensure that hospital medicine thrives and does not lose this precious workforce. The RCP therefore recommends the following:

- 1** The RCP should work with other stakeholders, including employers, commissioners and policy makers, to raise the profile and status of internal medicine (ie general medicine) to make it an attractive and appealing specialty to trainees and maintain the morale and commitment of the current workforce.
- 2** Hospitals should designate a clinical lead for internal medicine to champion the medical registrar and provide professional support for the role.
- 3** Hospitals must provide adequate facilities to support the medical registrar's working environment, including dedicated space to work and rest.
- 4** Local education and training boards must promote flexible training posts for medical registrars to ensure that women are not dissuaded from entering the medical specialties.

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