11 St Andrews Place,   
Regent’s Park, London NW1 4LE

+44 (0)20 3075 1649

**www.rcp.ac.uk**

Job description

|  |  |
| --- | --- |
| **Job title:** | Chief registrar |
| **Grade:** | National training number above ST4 or equivalent (locally employed doctor at equivalent experience to ST4 or above)  Applications are open to both full-time and less-than-full-time resident doctors. |
| **Division:** | Chief registrars can be recruited from all specialties and royal colleges/faculties. |
| **Role overview:** | The chief registrar role is a leadership role for senior specialty resident doctors. The role provides 40–50% protected time to develop and implement local initiatives focusing on, for example, service improvement, engagement and morale, education and training, workforce and sustainability.  Chief registrars benefit from access to a bespoke taught development programme provided by the RCP, which runs from September 2025 – June 2026 and comprises five 2-day modules that chief registrars are expected to attend. |
| **Reporting, mentoring and educational supervision:** | The chief registrar will ideally report to and be mentored by the medical director, a nominated deputy, or other senior clinical leader. The mentor role requires a minimum time commitment of monthly 1-hour meetings with the chief registrar, and this commitment should be taken into account when nominating a suitable mentor.  The chief registrar will also have a named educational supervisor for their clinical role, who may or may not be the same as their clinical supervisor.  There will be formal educational oversight of the role, with an induction, educational agreement, personal development plan and regular appraisals. |
| **Appointment:** | By interview. Composition of interview panel to be decided locally but should ideally involve HEE representation (training programme director (TPD)/director of medical education), senior medical manager, and ideally a lay/patient representative.  Due diligence should be applied to equality and diversity. |
| **Training status** | For NTN posts, the chief registrar role may be undertaken in programme or out of programme (training or experience), to be determined locally depending on local workforce requirements and individual training needs and preferences. Any necessary extension to certificate of completion of training (CCT) date is also negotiated and approved locally, with involvement of the training programme director (TPD)/head of school where appropriate. Approval of the relevant Specialist Advisory Committee will be required for OOPT requests.  Doctors with an NTN must discuss applications for chief registrar roles with their education supervisor and TPD in advance of applying. Permission to apply for the role must be obtained from the TPD.  The principal requirement of the GMC is that the chief registrar role should be undertaken at a site approved by the GMC for training.  For LEDs, local discussion should occur with the trust chief registrar lead and educational supervisor to ensure suitability for the programme. Local assessment of prior experience to be at ST4 or above will be made within the trust. |
| **Time commitment:** | Minimum 12-month post  40–50% protected time for chief registrar role; 50–60% clinical practice. This is an essential requirement. Chief registrars may, in addition, continue to contribute to on-call rotas. |
| **Job role and responsibilities:** | The chief registrar job description is broad in scope in order to allow chief registrars and recruiting organisations to have autonomy and flexibility over the work the chief registrar undertakes. Chief registrars should focus on addressing key local challenges and priorities, which may include some or all of the following:   * Providing a ‘bridge’ between senior clinical leaders, managers and the wider resident doctor workforce to improve communication, engagement and morale. * Service improvement, for example redesigning pathways, implementing new technology and establishing new services to improve flow and outcomes for patients. * Improving the quality of clinical and non-clinical education and training activities and supporting/mentoring other resident doctors to engage in quality improvement. * Involvement in workforce planning and improving the deployment of resident doctors to meet service needs and improve morale. * Improving efficiency and reducing waste. * Working across teams and boundaries to engage stakeholders in quality improvement and influence change.   **Involvement in and exposure to senior management and organisational decision-making**  The chief registrar should attend departmental and divisional management meetings to gain an understanding of management and the wider social, political and economic influences on healthcare delivery.  Where possible and appropriate, chief registrars should attend Board meetings. They should lead any sessions on service development, improvement and transformation for which they have direct responsibility. |
| **Clinical responsibilities:** | The amount of time spent undertaking clinical commitments will be determined by individual NHS organisations and will vary between 50%–60%. This is to protect the minimum of 40% protected time for chief registrar responsibilities.  On-call commitments may vary and should be determined locally. |
| **Enrolment on RCP development programme:** | The RCP delivers a bespoke development programme for chief registrars that comprises five 2-day modules held between September 2025 – June 2026.  Travel and accommodation expenses for chief registrars’ attendance at development programme modules should be reimbursed by the trust. |

Person specification

|  |  |
| --- | --- |
| Essential criteria | Desirable criteria |
| **Qualifications / training** | |
| * Full registration with General Medical Council * Be fit to practise * Should be NTN ST4 or above * Can include locally employed doctors at experience equivalent to ST4 or above * Should **not** already hold a CCT or expected to leave the programme before completion * Must have approval of TPD to apply (NTNs * Evidence of satisfactory / more than satisfactory progress through training, including annual review of competence progression (ARCP) outcomes or appraisal | * Additional relevant degree (intercalated, master’s or doctorate) |
| **Clinical skills** | |
| * Evidence of clinical competencies in their specialty appropriate for their stage in training (or equivalent) * An appropriate knowledge base, and ability to apply sound clinical judgement to problems * Ability to prioritise clinical need * Ability to maximise safety and minimise risk * Ability to work without supervision where appropriate |  |
| **Research** | |
| * Understanding of research, including awareness of ethical issues * Understanding of research methodology and ability to use basic qualitative and quantitative methods * Knowledge of evidence-based practice | * Evidence of relevant academic achievements, including publications / presentations |
| **Leadership and management** | |
| * Evidence of effective team working and leadership, supported by multi-source feedback or workplace-based assessments * Self-awareness, with knowledge of personal strengths and weaknesses, impact and areas for development * Interest in and knowledge of the importance of leadership and management for clinicians | * Evidence of involvement in local management systems * Evidence of effective leadership (eg evidence of leading innovations or improvements) * Understanding of the local and national context of the NHS, including economic and political influences |
| **Quality / service improvement or audit** | |
| * Understanding of clinical governance, including the basic principles of audit, clinical risk management, evidence-based practice, patient safety and quality improvement initiatives * Evidence of active involvement in quality improvement, audit, research or other activity that focuses on patient safety and clinical improvement and innovation * Interest in / knowledge of the delivery of safe, effective healthcare services | * Evidence of a portfolio of audit / quality improvement projects, including evidence that the audit loop has been closed and evidence of learning about the principles of change management * Evidence of publications / presentations / prizes in quality improvement or audit * Good knowledge of the UK healthcare system, including education, research, service provision, regulation, career structures, medical politics and ethics * Clear insight into issues facing UK healthcare services |
| **Education and teaching** | |
| * Evidence of interest in and experience of teaching * Evidence of positive feedback on teaching approaches | * Development of teaching programmes * Participation in teaching courses * Participation in degree or diploma courses in education * Action learning sets / simulation instructor |
| **Personal skills** | |
| Communication   * Clarity in written / spoken communication * Capacity to adapt language to the situation, as appropriate * Active listening and empathy * Ability to build rapport and communicate effectively with others * Ability to persuade, influence and negotiate * Ability to communicate effectively under pressure   Problem solving and decision making   * Capacity to use logical / lateral thinking to solve problems / make decisions, indicating an analytical / scientific approach and, where appropriate, creativity in problem solving   Organisation and planning   * Capacity to manage / prioritise time and information effectively * Evidence of thoroughness (well prepared, self-disciplined / committed, punctual and meets deadlines) * Capability to work with long timescales for delivery within agencies with differing priorities   Coping with pressure and managing uncertainty   * Ability to work effectively under pressure * Capacity to manage conflicting demands * Self-motivation, and resilience * Initiative and ability to work autonomously   Team working, leading and managing others   * Can build effective teams and partnerships * Ability to work well in multidisciplinary teams * Understands and values contributions of others * Ability to show leadership, make decisions, organise and motivate other team members through, for example, quality improvement.   Appropriate personal attributes   * Quick to understand new information and adapt to new environments * Clarity of thought and expression * Flexible and adaptable to change * Self-starter, motivated, shows curiosity, initiative and enthusiasm) * Demonstrates probity (displays honesty, trustworthiness, integrity, awareness of ethical dilemmas, respect for confidentiality) * Takes responsibility for own actions * Commitment to personal and professional development   Computer skills:   * Excellent computer literacy | * Leadership skills gained within the NHS or elsewhere * Writing experience: * clinical and/or non-clinical topics * peer-reviewed publications and/or other communication (e.g. blog, letters to journals) * Evidence of altruistic behaviour, eg voluntary work |