

APPENDIX 2: QUOTATIONS TO SUPPORT THEMES

Theme	Sub-theme (references)	Quotations
Working Conditions	Workload (11,36–55)	Participants frequently discussed their passion for their role as a doctor but also described a difficult work environment that was under immense pressure. Participants related their high workload to staff shortages, patients' health demands as well as administrative duties. (48)
	Working hours (28,38–41,43–45,47–49,51,53,54,56–62)	They described an expectation that there would be less work-life conflict in their roles abroad: 'I've spoken to people who are doing A&E there [in New Zealand], and it's very similar, but, less hours. So, they normally do four days a week, whereas, right now, I'm doing seven ... and I'm working from either two or three, 'till midnight, every day. Next week, I'm going straight into nights. So that's two weeks that I cannot have any social life. (44)
	Breaks (36,38–40,43,48,54)	The freetext responses highlighted the fact that incessant beeps and lack of cross cover can sometimes make it impossible to take proper breaks. (38)
	Rotas (28,39,40,42–44,47,48,51–53,58,63)	Participants felt a loss of control across a broad range of factors during foundation years, including ... rotas. Participants also expressed great difficulties in arranging study leave or annual leave, feeling 'controlled by rota coordinators'. (39)
	Facilities (28,36,38,40,43,44,47,49,52,54,60,63–67)	The facilities for doctors within the trusts was a strong sub-theme ... , with doctors commenting that poor rest facilities, limited access to catering facilities and expensive, limited parking impacted on their feelings of being unappreciated. (52)
Support and Relationships	Supervision (28,37,40,42,43,45,47,49–51,55,59,68,69)	UK trainees' satisfaction in relation to their training programme was positively and significantly affected by the level of clinical supervision ($\beta_1 = 0.379$; p -value < 0.001), which is the explaining variable showing the strongest effect, among those included into this study. (50)

	Support from peers, seniors, management (28,36,37,39–45,47–50,54,59,60,67,69–75)	Lack of support from seniors was reported in a number of foundation jobs, and affected the F2s' enjoyment at work. 'In neurosurgery the registrars weren't very... they're not a very supportive bunch. There's someone suddenly blowing a pupil and you're like, is this person dying? What am I going to do? They'd be like, I'm busy, sort it.' (44)
	Wellbeing support (40,47,48,56,75,76)	A third of trainees told us that they're unsure who to approach at work about their own health and wellbeing. (47)
	Team connection (36,40,42–45,48,55,58,62,63,73,74,77)	Junior doctors also spoke of the detrimental impact that the medical hierarchy could have on their relationship with consultants. Too often, a focus on seniority and status created distance and tension between colleagues: not only between colleagues at different career stages, but also between colleagues in different specialties and teams. (40)
	Bullying and discrimination (37,40–45,48,51,54,59,68,73,74,76,78,79)	One hundred and ninety-one doctors (42.6%) had experienced bullying in the workplace, 122 (27.2%) by more senior doctors, 45 by a nurse (11.8%), three by a peer, two by a manager, one by a patient and eight had been bullied by more than one group. (78)
Learning and Development	Learning opportunities (3,11,28,36,39–41,43–45,47–49,51,52,54,55,58,59,62)	Most trainees agreed that there were several factors limiting learning opportunities, including time pressures, large volume of patients, frequent interruptions, lack of follow-up of cases, ... and that they often did not have the chance to present their patients on the PTWR and receive feedback. (55)
	Development opportunities (11,28,39–41,43,44,47,51–54,58,60,66,67,71)	... F2 trainees ... are thinking about their long-term career plans and the broader skillset they may need in the future. Trainees talked about having a portfolio career or wanting to do other things alongside clinical work, such as teaching, medical education, service improvement and positions in management and leadership. (58)
	Training programme arrangements (application, assessment, rotations) (3,28,37–45,48,51,52,54,58–61,63,65–69,71,74,79)	In addition to feeling that it was too early to make long term career decisions, doctors identified deficiencies in their preparation for choosing between specialties because of limited exposure to specialties ... (45)

		<p>ARCPs were described as a 'checkbox exercise' in 27 of the 65 interviews and focus groups; this was generally a criticism of populating the e-portfolio. ARCPs were felt to test clerical ability rather than clinical ability, which some believed were inversely correlated. (68)</p> <p>For F2s to accept a training position with an undesirable rather than a desirable geographical location, the expected potential earnings should be increased by 45.74%. This is the largest estimated WTP value, thus, indicating that a move from a desirable to an undesirable location would be the main driver of F2 doctors' choices. (67)</p>
Lack of Flexibility		<p>The 2019 survey also asked questions to attempt to establish scenarios or working practice that might encourage direct entry to specialty following foundation training. The most popular scenario was for trainees to have more control over their geographical location, jointly following by the ability to secure leave to get married and to take time out of training programme activities. (3)</p>
Outcomes	<p>Not feeling valued</p> <p>(28,36,39-45,48,49,51,52,54,55,58,59,61,62,66,68,69,73,77,78)</p>	<p>The general morale appeared low, both within participants and their colleagues. There was a sense that junior doctors feel undervalued and under-appreciated. Participants described being treated 'like a ward mule' or feeling used for 'service provision'. (39)</p>
	<p>Lack of autonomy</p> <p>(11,36,39,41,43,44,48,52,54,58,62)</p>	<p>There was also a sense of loss of autonomy, with participants feeling a sense of self-sacrifice and 'helplessness'. One even described 'Feeling like some greater power is in control of your life the whole way through'. (39)</p>
	<p>Poor work-life balance</p> <p>(3,36,38,39,41-45,48,49,51,52,54,58,59,61,66,76,79)</p>	<p>At its most extreme, a few trainees talked about being a doctor being a dehumanising experience that prevented participation in activities outside of work, such as having a family and being involved in the wider community. 'You can't be a person and a doctor.'</p>

		'You're almost not viewed as a human being who has the right to have a family, to be involved in society, you know, involved with church or local charities or whatever.' (59)
	Compromised patient care (36,39,41,44–46,48,53,54)	While all participants had a strong desire to do their best for patients, one reflected with regret that he became resentful of patients due to work overload. Others described feeling they were fighting an uphill battle: 'You couldn't do a good job. And we are all people that aspire for the best... the fight you were having everyday just to scrape through, and you're constantly providing inadequate care to people that you really want the best for'. (39)
	Need for a break (39,44,52,54)	The general feeling was that the difficulties within the practicalities of securing their FY3 year were outweighed by the ability to 'get off the treadmill' and looking after their own resilience and recharging. (52)