

## PEER REVIEW HISTORY

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## ARTICLE DETAILS

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| <b>TITLE (PROVISIONAL)</b> | Foundation Year 2 doctors' reasons for leaving UK medicine: an in-depth analysis of decision-making using semi-structured interviews |
| <b>AUTHORS</b>             | Smith, Samantha; Tallentire, Vicky; Pope, Lindsey; Laidlaw, Anita; Morrison, Jill  |

## VERSION 1 – REVIEW

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| <b>REVIEWER</b>        | Dr JCM van Hamel<br>HEE South |
| <b>REVIEW RETURNED</b> | 11-Sep-2017                   |

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| <b>GENERAL COMMENTS</b> | <p>Overall interesting and useful paper covering an area of great concern in the UK.</p> <p>I think the presentation of the information mainly as a table doesn't make it very interesting to read.</p> <p>I think the issue of presenting the data as a table with a specific quote can lead to confusion although the discussion addresses some of this if you were not familiar with the visa system it isn't very clear that the quote relates to non UK citizens wishing to work in the UK.</p> <p>The quotes given don't always seem to be fully relevant to the heading - for example</p> <p>Structure of healthcare systems</p> <p>Certain healthcare systems, such as Malaysia, Singapore, Canada and the United States, were seen as undesirable to work in. Reasons included long working hours, poor training opportunities, rural placements and health inequality. Some F2s felt that different healthcare systems helped the public to value healthcare professionals more</p> <p>"I suppose medics are viewed in a better way, just more respect. The patients probably pay a bit of insurance and they do have to take accountability for their own health care and that way they do then value all the healthcare professionals more, not just the medics." (P6)</p> <p>Some comments may well have been said but can't be justified eg e-portfolio requiring a log book for foundation is factually incorrect although is true of speciality e-portfolios but the implication is this is at foundation level.</p> |
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|  | <p>I think bullying could be addressed in the discussion as this should be unacceptable in today's NHS and this type of behaviour is very likely to discourage continuing to work in the UK.</p> <p>There has been a recent publication implying that most doctors do return to work in the UK having spent time overseas and this might be useful to consider.</p> |
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| <b>REVIEWER</b>        | Grainne Kearney and Tim Dornan<br>Queen's University Belfast, UK |
| <b>REVIEW RETURNED</b> | 26-Sep-2017  |

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| <b>GENERAL COMMENTS</b> | <p>Opinion<br/>This is an important study, which we commend for publication on the grounds that it addresses an important, topical issue which is of potential interest to a wide range of health professionals, educators, politicians and even wider society. We suggest, though, that the authors could do greater justice to their work by paying attention to some important points. We draw attention, in particular, to a mismatch between the authors' conclusions and their findings. We question whether 'Taking a Break' is indeed an overarching theme. And (even if it is), we suggest the authors should be more guarded in their predictions that people who have 'taken a break' will return.</p> <p>Major Comments</p> <ul style="list-style-type: none"> <li>• The work is clearly presented with a straightforward aim</li> <li>• We feel that the statement about ethics approval needs to be amplified. It isn't immediately obvious why the need to apply for research ethics approval was waived since this seems to be research rather than service development, and it touched on sensitive, personal issues. The description of the committees that gave this waiver is vague.</li> <li>• We have some questions about the framework used, which talks about professional career mobility and career embeddedness. The authors assume that medical careers are just like any other career. How safe is that assumption? Is it possible that sticking quite rigidly to the framework led the authors to overlook some of the more humanistic (and interesting) reasons? We suggest this should be identified as a limitation.</li> <li>• The authors state that the framework was "modified and amplified"; we think at least some readers would like more information on this. Giving that information might help address the point above.</li> <li>• We appreciate that the authors tried unsuccessfully to recruit graduate entrant students without success; we suggest they might include this as a suggestion for future research.</li> </ul> <p>There is a more systemic issue that we will try to tease out here because we believe the authors could improve the impact of their work by addressing this. There is a degree of incoherence in the argument of the paper, leading them to draw conclusions that are not clearly supported by their findings. Going through the paper from the beginning, this is what we noticed:</p> <ul style="list-style-type: none"> <li>• The abstract states the Objective as to explore reasons for FY2s to leave UK Medicine. The results are a sort of laundry list of reasons and the first sentence of conclusions summarises these as 'a variety of complex and individualised reasons', which does not reach the level of synthesis a reader might hope for.</li> </ul> |
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|  | <p>The conclusions then consider whether those factors are amenable to change, which was not a stated objective, and are not convincingly linked to the results.</p> <ul style="list-style-type: none"><li>• Page 4 (Methods), line 27, states that the results will not be a definitive explanation but will be an exploration of myriad factors, which is indeed what the abstract showed. Good research, though requires not just analysis but synthesis.</li><li>• Page 6, results, consists of just 3 paragraphs. The next 7 pages present a rather overwhelming amount of data in tables, and just 3 further sentences of narrative, other than in the tables.</li><li>• Surprisingly, there is quite a lengthy exposition of results in the discussion section. This would have been more appropriately placed in 'results' as a focused narrative of what the study found. The tables could perhaps be made appendices.</li><li>• The commentary that is interspersed with the results does, indeed belong in Discussion, but not as part of the presentation of results. We suggest they should be separated out.</li><li>• The authors' conclusion, as presented in the abstract, seems to be based on table 6, which the authors describe (page 16, line 51) as 'heartening'. This term, which describes the emotions of the researchers, implicitly places a value judgement on the findings. That is out of place, even in constructivist research. If you then take a careful look at Table 6, at least six of the eight statements do not explicitly say the 'break' is a temporary one, from which the respondent will return to UK practice. And, even if respondents did say they would return, other research presented by the authors shows they might well change their minds. The conclusions are not well supported by dispassionate examination of the data.</li></ul> <p>Minor Comments</p> <ul style="list-style-type: none"><li>• The authors sometimes say they are exploring those who are leaving NHS and sometimes UK medicine – these aren't exactly the same thing</li><li>• Page 14; it should be Taylor et al, not Taryn et al (Taryn is her first name)</li></ul> <p>Recommendations</p> <p>In addition to the specific changes listed above, we suggest the authors take the interpretation of their findings to a higher level of synthesis, being very careful not to draw conclusions that go beyond the data. We are not convinced that 'taking a break', at least as presented, does overarch the other themes. We think that, subject to the limitations noted above, the authors could revise the paper to give a valuable account of reasons F2s are thinking of leaving UK medicine. We suggest they should be more guarded in predicting that participants will return.</p> <p>Grainne Kearney<br/>Tim Dornan<br/>Queen's University Belfast, UK</p> |
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## VERSION 1 – AUTHOR RESPONSE

### Response to reviewers

Details: F2s reported that Australia and New Zealand made it relatively easy for them to navigate the process. UK visa rules were cited as a reason for non-UK citizens leaving the UK

Quote: "...if I wanted to do that [locum for six months in the UK], I couldn't, I need an actual job that I'm doing for the whole year to be able to stay." (P12 – a non-UK citizen)

"Frankly, I didn't want to work the 100 hour weeks that they do in Singapore." (P10)

doctor describing training requirements in general, rather than the foundation e-portfolio specifically. However, to avoid any confusion, we have used the following alternative quote:

"If I can just not have to deal with any portfolio for two years I will be delighted. I think it just detracts so much from any enjoyment that you have... especially with the foundation e-portfolio because they have to design it so generically that some things that they want you to do can be incredibly difficult depending on the particular combination of jobs that you have" (P17)

Bullying is addressed in the discussion under the heading 'work-group perspective' in this paragraph:

Loneliness at work, a lack of support from seniors, dysfunctional relationships and bullying at work were all cited as reasons for lack of enjoyment in their foundation jobs. These are reflected in the literature. For example, loneliness, reported by junior doctors in previous studies,<sup>25</sup> has been associated with depression.<sup>26</sup> The foundation programme evaluation (2011) describes a "repeated theme of some trainees being asked to practise beyond their level of competence and without adequate levels of supervision."<sup>21</sup> Furthermore, a questionnaire study of 594 junior doctors found that 37% reported being bullied in the previous year.<sup>27</sup> Most of the F2s reported having heard about a utopic Australasian system in which there are higher staffing levels, good support and a strong senior presence.

Despite our best efforts, we have been unable to find this document. Thank you for the comments. Issues raised have been addressed in paragraphs below.

The decision to waive ethical approval was made by each of the following committees: the South of Scotland Research Ethics Service, the East of Scotland Research Ethics Service, the West of Scotland Research Ethics Service and the North of Scotland Research Ethics Service. We carefully considered the ethical implications, and to make this clear, further details about the ethical considerations have been added in the methods section as follows:

### Ethical considerations

Data storage: Participant names were only used when absolutely essential (e.g. on consent forms), and were not used to identify files or recordings. All data, including audio-recordings and transcriptions were de-identified and stored in a separate location from any identifiable data on a secure, password-protected computer. Audio files were deleted once transcription was complete and individuals were assured of total anonymity.

Impact on individuals: Participants were reminded at the start of the interview that they may terminate the interview and withdraw from the study at any point without penalty. The main researcher (SS) has significant experience in various interview-based techniques. In addition, through her GP training, she has learnt to identify emotional cues and non-verbal manifestations of distress. We recognised that some participants might find discussions regarding their future or the prospect of leaving medicine confronting and upsetting. Appropriate support was offered to any doctors who become distressed during data collection and during debrief they were provided details of external sources of support. The team ensured the interviewer was not in a position of power over any participant, for example as an educational or research supervisor.

The following paragraph has been added to the limitations section:

We used a pre-existing framework to explore doctors' reasons for leaving the UK. It is possible that through using this framework, we have overlooked some of the other reasons that F2s may have had for leaving. We have tried to minimise this risk by starting with very open questions about why they chose to leave and aiming specifically to find reasons that did not fit fully within the framework. We were open to exploring any reasons that did not fit within or contradicted the predefined framework with as much vigour as those that seemed to resonate with it.

Subthemes which have been added to the original framework have now been marked with asterisks. The following has been added to the first paragraph of the discussion section:

Many of the subthemes identified resonated closely with the framework described by Feldman and Ng, summarised in figure 1. The subthemes for the structural, work-group and personal life perspectives were similar to the original framework, indicating similarities between then reasons that F2 doctors choose to leave, and those given by other professionals. The subthemes for the organisational and occupational perspectives were, however, quite different to the subthemes in the original framework. This may reflect some of the unique aspects of being an F2 doctor, and of working within the NHS, that may contribute to the decision to move abroad. These are discussed in further detail below.

The concluding paragraph has been rewritten, and now reads as follows:

The Feldman and Ng framework provides a helpful template for exploring the reasons that F2 doctors choose to leave UK medicine. Many of their reasons are similar to those given by any professional considering a change in their job (availability of jobs elsewhere; a desire to improve work-life balance; or a desire to enjoy better job perks). However, working within the NHS as an F2 doctor brought specific challenges: the rigidity of the training structures; the requirement to make a choice of specialty within the F2 year; exposure to workplace bullying; and difficulties in raising concerns. Despite these challenges, most of the F2s did not view their decision to leave as making a permanent job change, but as a temporary break from their current working lives.

In order to address these points, we have synthesised the findings in a new figure (figure 2), that summarises the variety of reasons that F2s choose to leave the UK (or take a break from UK medicine)The results are now written in prose, with supplementary information given in tables. We have ensured that no results are included within the discussion section. As suggested, we have provided a focussed narrative within the results section.

The results that were out of place have now been moved to the prose section of the results, leaving the commentary in the discussion section of the manuscript.

The conclusions have been rewritten, as described above. This has now been changed. The purpose of the study is to look at the reasons why doctors leave UK medicine, and therefore the terminology now refers to UK medicine throughout. The NHS is, of course, referred to many times as all of the F2s were working within the NHS and had chosen to leave it.

Many thanks, this has now been changed

We have better synthesised the results in figure 2. We agree that taking a break does not “overarch” the other themes, but instead is an underlying theme that permeates each of the other main themes, and have therefore changed the terminology in the manuscript. We have rewritten the results and conclusions, as described above in detail.

### VERSION 2 – REVIEW

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| <b>REVIEWER</b>        | Dr J Clare van Hamel<br>Severn Foundation School Director<br>Clinical advisor UKFPO |
| <b>REVIEW RETURNED</b> | 04-Nov-2017   |

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| <b>GENERAL COMMENTS</b> | <p>I think this submission is much improved, both in the clarity of content and in the readability of the paper, compared to the original version.</p> <p>There is one quote which is used twice which seems to be lacking a word to make it comprehensible<br/>"How often have you stayed overtime and got no...no one thanks you for it. You get upset because you're hungry, tired, haven't gone to the toilet and you're never getting paid for it." (P10)</p> <p>The bullying identified is explored enough to provide context. I believe that this is an important area as the decreasing participation of the medical workforce is having an increasing impact on service delivery throughout the UK.</p> |
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| <b>REVIEWER</b>        | Grainne Kearney and Tim Dornan<br>Queen's University Belfast<br>UK |
| <b>REVIEW RETURNED</b> | 15-Nov-2017  |

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| <b>GENERAL COMMENTS</b> | <p>We congratulate the authors on making a good paper an eminently publishable one. We recommend publication without further revision and hope to be able to cite the work soon. Graiine Kearney and Tim Dornan</p> |
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