Supplementary file – Verbatim comments referred to in Results

Identifier	Quotation
F69	"The EWTD is only existent on paper - most other junior doctors I know come in early and stay late and this goes completely unrecognised and unpaid. It is ridiculous to restrict our hours without giving us enough staff on the ground, which I often find to be the case."
M22	"Workforce planning is a major problem for us in Paeds - there have been 'gaps' in almost every rota I've worked in, which often leaves us scrambling to cover unfilled shifts. In some departments it is unheard-of to get a locum, even for solid reasons with plenty of notice (e.g. maternity leave uncovered!). This has extended to being asked to go home at 11am from work to come back in at night to cover the night shift, despite a number of days warning that this shift would not be filled."
F123	"The EWTD is not an excuse for the shambolic rota organisation and shift allocation currently endemic."
F9	"The hours spent in unpaid overtime are significant and ignored. Yet the hospital would not function without [them]. The NHS is laughing all the way to the bank, considering all the unpaid overtime many, many doctors work."
M68	"Having returned to work in General Medicine as an SHO again, having done so previously in 2008, I have been able to appreciate the significant difference the EWTD has made to the lives of doctors on the 'shop floor'… Due to ensuring that everyone has sufficient time 'off'… a standard week would be as follows: Monday I would be covering one team (because their doctors were all off (on annual leave or on call), Tuesday I myself would be on call, Wednesday I would have off because of having worked the previous weekend, Thursday I would cover my own team but alone as all my junior team members would be on call or nights, and Friday I again would be drafted in to cover another team. This meant that each day I was having to get to know all the patients I was caring for from scratch… It produces poor job satisfaction and ultimately poorer care for patients. Long gone are the days where you felt that you belonged in a team M68, General medicine year 1 specialist trainee and that you knew your patients well and could follow them through their journey from admission to discharge."
M93	"The EWTD has destroyed the opportunity for most learning in the hospital since we went to 48 hours, as doctors are spread too thinly to support each other or to train each other. Most time I am in the hospital, the seniors are too busy to teach me, as they are covering for each other only working 48 hours. Likewise I am so busy in my 48 hours, that I no longer have as much time to teach students or junior doctors."
S6	"My own post-graduate training, whilst relatively unstructured, was excellent because it was vocational - an apprenticeship - learning from my senior grade and as a craft specialty (O&G), doing plenty of hours was crucial to

	gaining competence, self-esteem & professionalism - i.e. reliability, industry & attendance."
S12	"Because of their reduced hours, [FY2s] do not have the diagnostic or therapeutic confidence that was expected during my training at the same level. They just have not experienced enough medicine."
S23	"My own training felt piecemeal - it was more by good luck and my own endeavours that I learned things (excluding my GP training posts with one to one teaching when I was taught more than in all of the hospital posts). Training now seems more structured and supervised. The change in junior working patterns seems to be producing a different type of GP - they do not seem to take ownership of patients and seem to have an employee `it`s the end of my shift so not my problem` sort of attitude. I fear for the professionalism of future doctors."
S67	"My training was haphazard and mostly self driven. However, at least the self selection for stubbornness/determination stands me in good stead for the actual job to be done."
S74	"Whilst I believe that [the] EWTD can work, I think it requires tremendous commitment both from trainees and trainers and unit managers to achieve meaningful and effective training. Too often I see service coming before training. In the short term, this may well be necessary for patient concerns, but units need to take responsibility for their trainees' long term development. No or poor training means no or poor professional development. Old style consultants decrying their juniors as `not up to scratch` - not fair on the trainees!"
M17	"I have seen colleagues put under pressure in relation to working hours, particularly when it comes to monitoring exercises. Unfortunately these pressures come from senior colleagues, e.g. medical directors, as well as those in management. Some of these individuals seem to believe that it is reasonable to expect junior staff to stay late if necessary for clinical reasons but then not record that they have been expected to do so – a policy of 'if the problem is ignored, it does not exist'."
F50	"[My] main issue is consultants still believing that it should be like 'good old days – 120 hour working weeks', not understanding the difference in patient load, non-ward-based work, new on-call systems."
S91	"As I moved through training, the trainees in more junior positions worked fewer hours so I had to work more to compensate. This has followed through to consultant level such that now consultants do the work they used to do as juniors. This is demoralising & I feel cheated."
M62	"The 48 hour week is continually derided in the press and by (particularly) the Royal College of Surgeons, but for me it has been a very interesting change for the better. When I started, it was normal to work seven night shifts of twelve and a half hours consecutively (i.e.: nearly ninety hours), finishing on Friday morning and we were then to return to

	normal duties on Monday morning. I was never able to revert back to `daylight` hours so quickly and so spent the first couple of days of the following week feeling drained and constantly tired. Since the introduction of the EWTD, those sort of hours have been consigned to history and I think that it`s a good thing and should be praised. I accept that we may have to work more frequent shifts on-call but I don`t have the same feeling of being achingly tired and knowing that I have to work yet another twelve hours."
F65	"Working beyond allotted hours is hugely bad for morale. I work an hour extra every day at the moment, on average. I know various very talented doctors who love treating patients and hate their jobs… The problems are: Too much work, too few people doing it, little support, no positive feedback, too little time with patients."
M68	"The European Working Time Directive no doubt has had a negative impact on the logistics of organising and providing consistent cover and on the overall continuity of care. It is a rule we could all do without. That does not mean coming back to the 110 hours my father used to work but a more balanced rota that allows for patient continuity, that does not break up teams irremediably and that is still compatible with personal life. The Royal Colleges have suggested a rota of 65 hours a week and this seem reasonable."