Appendix 1: Consultant stressors (and rank order) identified in 3 consecutive rounds of the Delphi process (n=50). The top 10 statements were identified after round 2. However, their relative position in the rank table was altered by the Likert scale system used in round 3. Of the top 10 themes identified in the Delphi process, all but one were listed in the top 10 after round 1.

#	Stressors	Round 1 % respondents (# respondents)	Rank order (RO)	Round 2 % respondents (# respondents)	RO	Round 3 Weighted average (0-2)	RO
1	The lack of long-term planning means that the service is always reactive.	53.85	10	58.3	5	1.6	1
2	Decisions taken by management are often "quick fix" and driven by standards imposed externally, (e.g. HIQA, accreditation, appointing consultants without supportive resources) whilst ignoring unique local or clinical concerns.	76.92	1	54.17	7	1.44	2
3	The shortage of NCHDs and / or consultants impacts on our ability to deliver safe care.	65.38	5	58.3	5	1.44	2
4	The contribution of doctors is perceived as having been devalued by commentary from both the HSE and the media and in recent years has contributed to a negative working environment and lack of trust.	76.92	1	79.17	1	1.44	2
5	The facilities and infrastructure are inadequate to provide appropriate clinical care whilst respecting the patient's dignity.	50.00	16	62.5	3	1.36	5
6	The threat of complaints (and / or litigation) is a backdrop to daily practice exacerbated by the Medical Council's hostility to the profession	76.92	1	75	2	1.32	6
7	There is inadequate time to accomplish the	53.85	10	50	8	1.32	6

	important paper work required to support safe clinical care (e.g. screening referrals, checking results, reviewing letters).						
8	There is a lack of good management leadership which truly understands the complex demands and responsibilities of the clinician's role.	69.23	4	50	9	1.28	8
9	Expectations of patients (and / or of their families) have increased and are sometimes unrealistic. This includes a sense of entitlement, often to procedures or investigations which might be available in the private sector but are not necessarily appropriate according to best practice.	61.54	6	50	10	1.28	8
10	The number of patients to be treated exceeds international norms.	61.54	6	62.5	3	1.18	10
11	There is a constant need to measure up to national and international standards without the resources being provided to facilitate this	61.54	6	*45.83*	11	*N/A*	*N/A*
12	The shortage of nurses and / or allied health professionals (AHPs) impacts on our ability to deliver safe care	57.69	9	*37.5*	16		
13	Consultants usually strive for excellence in the services they provide and often have to settle for mediocrity due to lack of support and resources	53.85	10	*37.5*	16		
14	The revision to the consultant contract with its attenuated terms and conditions has devalued the role of consultant and is potentially divisive within departments contributing to low morale.	53.85	10	*45.83*	11		
15	The consultant package is no longer attractive enough to well-trained specialists and also	53.85	10	*29.17*	19		

	restricts the mobility of those currently in posts.						
16	There is inequity between consultants in their clinical workloads which is not effectively addressed by managers.	50.00	16	*41.67 (+2)*	13		
17	A large amount of clinically unimportant (and sometimes irrelevant) information is sent to consultants, often by email, by way of keeping them 'informed'. Likewise multiple meetings are often wasting of time. Such 'bureaucracy' erodes the time available to be spent on clinical work.	53.85	10	*20.83*	21		
18	The consultant role is challenging and often straddles a variety of responsibilities including clinical, academic and training	50.00	16	*41.67*	13		
19	The high number of temporary staff (locums) puts extra demand on those in permanent posts	46.15	19	*41.67*	13		
20	Though the EWTD is welcome in principle, the necessary resources have not been provided to ensure continuity of care (e.g. doctors who are familiar with the patients are not available for ward rounds)	46.15	19	*33.33*	18		
21	The consultant's role as leader is ill-defined. While seen as ultimately responsible for patients, consultants have an undefined vicarious liability for the actions of other team members, even those to whom treatment responsibility has been delegated.	46.15	19	*25.00*	20		
22	The limited depth of choice of NCHDs at this time of general shortage can have an impact on the quality available	42.31	22	N/A	N/A	N/A	N/A
23	When seeking resources, managers no longer	42.31	22	N/A			

	considerate it adequate that one provide data supporting the request but will ask that a business case be prepared.						
24	The patients' frustration in negotiating the hurdles of access to care presents as hostility to the consultant who is thought to be responsible	42.31	22	N/A	N/A	N/A	N/A
25	The resources within the community are inadequate and some of this burden is shifted onto hospitals	42.31	22				
26	The efficiency of daily work is frustrated by constant interruptions	42.31	22				
27	There is a need to be overly concerned with documentary detail and unnecessary investigations / referrals in order to provide the evidence that appropriate care has been provided should things go wrong	38.46	27				
28	Doctors are unique in having to take responsibility for getting their own cover, whether acutely unwell or taking planned leave	38.46	27				
29	The stresses currently being borne by trainees affect their ability to cope and this increases the burden on consultants	38.46	27				
30	Patients' medical conditions are increasingly complex (e.g. multi-morbidity)	34.62	30				
31	There is financial stress attributable to reduction in income and / or the relative lack of private practice opportunities	34.62	30				
32	Consultants are competing with each other for resources for their particular programmes within the public sector and are increasingly territorial rather than collegial	34.62	30				

33	Existing information technology (IT) systems and infrastructure are inadequate to support safe clinical care	34.62	30				
34	Long hours worked and / or sleep deprivation associated with onerous rotas is a cause for concern	30.77	34				
35	The requirements for CPD and its documentation are onerous	30.77	34				
36	The services available to patients are not always equitable and can be determined by geography and other factors	30.77	34				
37	Patient flow is now determined by arbitrary targets which crudely categorise need without reflecting the complexity of the clinical case (e.g. OPD appointments, procedures, investigations)	26.92	37				
38	The heavy caseload does not allow sufficient time to develop good rapport with patients which is essential to the development of a trusting relationship and is particularly important if things go wrong	23.08	38				
39	There is a culture of bullying behaviour within the health service	23.08	38	N/A	N/A	N/A	N/A
40	Clinical and administrative colleagues expect you to be available throughout and beyond the working day with no respect for breaks	23.08	38				
41	At times I feel I need to apologise or make excuses for things which are not of my making	23.08	38				
42	Patient stress (a reflection of generally increased societal stress) complicates the medical issues presenting to doctors. These presentations are more time consuming to assess and require a holistic approach to	19.23	42				

	treatment						
43	There is a lack of access to newer sophisticated investigations and / or technologies which are available elsewhere	19.23	42				
44	As teams get larger there can be tension in relationships which is more challenging to manage than when they were smaller	19.23	42				
45	Newer models of GP care (e.g. group practices, arrangements for out of hours cover) means that patients are often referred to hospitals by GPs who don't know them very well. This contributes to an increase in referrals.	19.23	42				
46	The nurses and / or AHPs available are now often less experienced than the demands of the job require	19.23	42				
47	The consultant contract is rigid and allows for little flexibility for those wanting to work less than full time	15.38	47				
48	There are tensions between practising in the specialist role for which you are trained and the generalist that the service as structured requires	7.69	48				
49	The threat of violence from patients is a problem and can be difficult to manage while also having responsibility for the clinical care of the patient	7.69	48				
50	Structural changes bringing hospitals into groups results in a lack of autonomy for individual hospitals	3.85	50				