

Appendix 2: Trainee stressors (and rank order) identified in 3 consecutive rounds of the Delphi process (n=45). Two new statements were added after round 1 (#44,45). 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, 8 were listed in the top 10 after round 1.

#		Round 1 % respondents (# respondents)	Rank order	Round 2 % respondents (# respondents)	RO	Round 3 Weighted average (0-2)	RO
1	The revision to the consultant contract with its attenuated terms and conditions has devalued the role of consultant contributing to low morale.	56.25	8	85.71 (12)	1	1.75	1
2	The shortage of NCHDs and / or consultants and the limited depth of choice at this time of general shortage impacts on our ability to deliver safe care.	68.75	4	71.43 (10)	4	1.75	1
3	There is financial stress attributable to reduction in income, loss of overtime payments and significant reduction in the education grant.	68.75	4	78.57 (11)	2	1.69	3
4	The consultant package is no longer attractive enough to well-trained specialists, is potentially divisive within departments and also restricts the mobility of those currently in posts.	87.5	1	71.43 (10)	4	1.69	3
5	Relationship commitments and / or planning a family are surrendered to career demands	87.5	1	71.43 (10)	4	1.63	5
6	Having to move workplace (and accommodation) frequently is disruptive, particularly to one's personal life. This can occur at short notice	62.5	7	78.57 (11)	2	1.56	6
7	The contribution of doctors is perceived as having been devalued by commentary from	50.00	13	64.29 (9)	7	1.5	7

	both the HSE and the media and in recent years has contributed to a negative working environment and lack of trust.						
8	The shortage of nurses and / or allied health professionals (AHPs) and / or administrative staff (some of whom are now less experienced than the demands of the job require) impacts on our ability to deliver safe care.	50.00	13	57.14 (8)	8	1.5	7
9	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).	56.25	8	57.14 (8)	8	1.38	9
10	Expectations of patients (and / or of their families) have increased and are sometimes unrealistic.	56.25	8	57.14 (8)	8	1.13	10
11	The threat of complaints (and / or litigation) is a backdrop to daily practice exacerbated by the Medical Council's hostility to the profession.	56.25	8	50.00 (7)	11	N/A	N/A
12	Academic pressure including examinations and the pressure to publish is huge and the bar is being set higher all the time	56.25	8	42.86 (6)	12	N/A	N/A
13	The future is very uncertain	75.00	3	35.71 (5)	13		
14	The number of patients to be treated exceeds international norms.	50.00	13	35.71 (5)	13		
15	Long hours worked and / or sleep deprivation associated with onerous rotas is a cause for concern.	68.75	4	35.71 (5)	13		
16	Doctors are unique in having to take responsibility for getting their own cover, whether acutely unwell or taking planned leave.	50.00	13	28.57 (4)	16		
17	Trainees are seen as transient and some hospitals make little or no effort to welcome	50.00	13	28.57 (4)	16		

	them or to provide meaningful induction or support.						
18	There are limited opportunities for flexible training	50.00	13	21.43 (3)	18		
19	Trainees are often expected to undertake duties in which they are not yet competent and to take more responsibility than they are comfortable with	43.75 (7)	19	N/A	N/A		
20	The efficiency of daily work is frustrated by constant interruptions	43.75 (7)	19	N/A	N/A		
21	It can be tough to be the subject of scrutiny and continuously trying to impress one's trainers, not all of whom are good at giving feedback.	43.75 (7)	19				
22	There is inadequate time to accomplish the important paper work required to support safe clinical care which cannot be delegated (e.g. screening referrals, checking results, reviewing letters)	43.75 (7)	19				
23	The requirements for training and its documentation are onerous	43.75 (7)	19				
24	Mistakes arising from human error are not acceptable	37.5 (6)	24				
25	Familiarising one's self with new posts in different hospitals on a continuous basis is challenging	37.5 (6)	24				
26	There is a constant need to measure up to national and international standards without the resources being provided to enable this	37.5 (6)	24				
27	It can be difficult to form a good working relationship with one's trainer	31.25 (5)	27				
28	The consultant appointment process is opaque and difficult to prepare for	31.25 (5)	27				
29	It can be difficult to maintain a social life in the	31.25 (5)	27				

	face of last minute changes to work demands						
30	There is often insufficient time to develop good working relationships with junior team members to support them adequately in their work	31.25 (5)	27				
31	There is a culture of bullying behaviour within the health service	31.25 (5)	27				
32	Juggling the priorities of patient care (e.g. on call versus routine care commitments) is a frequent challenge	25.00 (4)	32				
33	On-call accommodation and facilities are inadequate	25.00 (4)	32				
34	The training rotations allow for people of very different levels of experience to occupy the same role and this has an impact on demands for tests and patient care	25.00 (4)	32				
35	Trainees are often required to undertake basic duties which should be done by a less senior member of staff	25.00 (4)	32				
36	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	25.00 (4)	32				
37	Existing information technology (IT) systems and infrastructure are inadequate to maintain the ePortfolio	25.00 (4)	32				
38	The knowledge base to be covered during training including medical, pharmacological and technological information is huge	18.75 (3)	38				
39	There is pressure to work outside of one's contract and assist the consultant in the care of private patients	18.75 (3)	38				

40	Communication with patients and their families can be emotionally charged	18.75 (3)	38				
41	Different trainers have different benchmarks for training and it can be difficult to be sure of what the required standard is	12.50 (2)	41				
42	Consultants can be unsupportive in terms of clinical decision making	12.50 (2)	41				
43	There is a lack of access to newer sophisticated therapies and / or investigations and / or technologies which are available elsewhere	6.75 (1)	43				
44	There is a lack of transparency and trust between trainees and their training bodies which discourages trainees from making complaints (e.g. regarding training concerns / conflicts) due to fear of adverse effects on career progression	N/A	N/A	21.43 (3)	18		
45	There is a stigma around mental health issues such that trainees who suffer have to do so in silence	N/A	N/A	7.14 (?1)	20		