**A PROTOCOL FOR A STUDY EXPLORING REASONS BEHIND UK DOCTORS LEAVING THE MEDICAL PROFESSION: A SERIES OF QUALITATIVE INTERVIEWS WITH FORMER UK DOCTORS**

**Title:** Exploring reasons behind UK doctors leaving the medical profession: a series of qualitative interviews with former UK doctors

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**Keywords:** reasons, motivations, dissatisfaction, doctors leaving medicine, retention, UK.

**Introduction**

Doctor retention is an important issue for the National Health Service (NHS). There are 2.8 doctors per 1000 population in the UK, with only 4 countries in Europe (Ireland, Romania, Poland and Slovenia) having less doctors per person. (1) According to the UK government, it costs £230,000 to train a single doctor. (2) Thus every doctor who fails to remain in the UK workforce could be seen as a wasted investment on the part of the government. Furthermore, the ongoing Covid-19 pandemic has reaffirmed the need worldwide for sufficiently staffed healthcare systems. (3)

When a doctor decides to leave UK medicine, they are often faced with one of two choices: either continue working as a doctor in another country, or leave the profession entirely. (4) Recent research has indicated that the proportion of doctors wishing to leave UK medicine has been increasing since the 1970s. (5) Surman et al. (5) analysed survey results of 30,272 UK medical graduates’ career intentions 3 years after graduation, over a 40 year period. Only 5% of participants between 1977-1986 said they would probably or definitely not practice as doctors in the UK. Between 1996-2011, this figure had risen to 8%, but by 2015, it had risen again to 15%. The number of doctors continuing straight into speciality training upon completion of Foundation Year 2 (FY2) also appears to be decreasing. (6) A 2018 survey of 6407 FY2 doctors found just 37.7% of FY2s moved straight into speciality training, (6) down from 42.6% in 2017 and 71.3% in 2011. (7)

The majority of the literature in this field has focused on whether doctors currently in work would consider leaving UK medicine. Surveys of the future career intentions of practicing doctors are particularly common. In a qualitative survey by Lambert et al. (8) the dominant reason for doctors considering leaving medicine 3 years after graduation, cited by 48.5% of respondents was “NHS culture/state/politics”. Other common reasons given were to do with poor work-life balance, feelings of underappreciation, wanting to take a career break and the workload of the job. Smith et al. (9) interviewed FY2 doctors in Scotland who were planning on leaving UK medicine to work abroad as doctors. Smith et al. (9) noted that working as an FY2 doctor brought unique challenges including strict training structures, the need to make an immediate career decision after FY2 and a bullying culture at work. The findings of both studies illustrate the pressures associated with working in UK medicine that may contribute to dissatisfaction, thus causing some doctors to either go abroad or seek a career change. The findings also show that doctors have similar motivational factors to other professionals for wanting to change careers, such as work-life balance, working conditions and pay. (8–11)

Lambert et al. (8) showed that when doctors consider leaving UK medicine, the more popular option is for doctors to remain in medicine but work abroad. A total of 5291 UK doctors were surveyed 3 years after graduation in 2011 and 2015, and 60% of participants did not definitely intend to practice medicine in the UK. Of this 60%, 50% were considering practicing medicine abroad, and 10% were considering leaving the profession. However, there is significantly more research into UK doctors who continue to practice medicine abroad, compared to those who leave medicine altogether. (12–14) For example, 2 studies have surveyed UK-trained doctors working in New-Zealand and questioned them about their experiences compared to the UK. (13,14) Away from the UK, an Irish study interviewed Irish-trained doctors, some of whom had already emigrated out of Ireland, to investigate why leaving Irish medicine was becoming an increasing trend. (15) This illustrates that doctor retention is an important issue for all countries. Thus, the fact that existing research in the UK focuses on doctors who continue to practice medicine abroad, may be because there is a perceived higher chance of these doctors returning to work in the NHS, making research into this population more frequent.

Nevertheless, investigating the reasons and motivations behind some UK doctors deciding to leave the medical profession, will address a significant gap in the literature. There is currently no study that has interviewed a cohort of doctors who have actually left UK medicine and embarked on new careers. Previous research on doctors leaving the medical field has only studied doctors who are still currently in their positions, and asked them why they would consider leaving. (4,5) Hence this study will allow detailed insight into a novel area; exploring why some doctors have acted upon their considerations and decided to leave medicine for good. The study will also explore why participants decided to leave medicine as opposed to continuing their medical career abroad, and what, if any, circumstances would have kept them or would cause them to return to medicine.
1760155

At its core, this study will investigate why a group of professionals have opted to change careers. The concept of 'career mobility' to describe factors influencing career changes, has been researched extensively. (9,11,16) Whilst there are no theories exclusive to the career mobility of doctors, Forrier et al. (11) produced a conceptual model to illustrate the major reasons stimulating or preventing career transitions (appendix 1). This concept is centred around an interplay between an individual agency component and a structural component, which work in tandem to determine whether or not an individual will change career. In sociology, agency refers to the freewill of individuals, (17) and the individual agency component of this concept of career mobility is defined as the 'movement capital'. The movement capital strongly influences career transition as it encompasses an individual's motivations and adaptability for career change. The structural component of this theory is defined as 'structure of risks and opportunities', which refers to external factors outside of the direct control of the individual. This includes the number of available occupations to an individual as well as how easy it is for an individual to gain entry into a different occupation. (10,11) Thus, the relationship between movement capital and structure of risks and opportunities acts to determine whether an individual will decide to change career.

When applied to doctors leaving medicine, it can be seen that reasons and motivations for leaving medicine are expected to be down to a combination of each participant's own personal circumstances (movement capital) and external structural factors (structure of risks and opportunities). Forrier et al.'s (11) concept will be used as a framework for the analysis of the data generated from this study, to contextualise the reasons and motivations behind some UK doctors leaving medicine.

### Aims

#### Primary Aim

To explore reasons and motivations behind participants leaving the medical profession

#### Secondary Aims

1. To explore motivations of participants for initially wanting to practice medicine
2. To explore participants’ reflections upon leaving the medical profession
3. To explore the possibilities of participants returning to the medical profession

The primary aim of this research will centre around the decision-making processes that participants underwent before making their decision to leave medicine. The first secondary aim will encourage discussion on the motivations of participants for initially wanting to become doctors, and what then changed to cause them to leave the profession. The second secondary aim will focus on engaging participants to reflect on their lives after having left medicine as well as asking participants to draw comparisons between their new occupations and medicine. Finally, the third secondary aim will investigate possibilities of participants ever returning to the medical profession.

### Design

As a consequence of the exploratory nature of the research, a qualitative study design was selected ahead of a quantitative design. (18) Hammarberg et al. (19) state that qualitative methodology allows questions to be answered about "experience, meaning and perspective, most often from the standpoint of the participant." Semi-structured, 1-on-1 interviews with participants were chosen as the method of data collection. Semi-structured interviews were selected over focus groups because the interview format allows participants to respond with detailed answers about their own individual experiences relating to leaving medicine, without fearing potential judgement from others. Surveys were not deemed appropriate for this study as surveys require a larger sample size and do not allow for the same degree of depth as interviews. (20)

### Setting

The population for this study will be UK-trained, General Medical Council (GMC) registered doctors who no longer practice medicine. The researcher will be based in Birmingham, UK. Any person who meets the inclusion and exclusion criteria of the study will be eligible to be included. Thus, it is possible for participants to be recruited from any country in the world. All interviews will take place using the video conferencing application Zoom; hence the location of participants will not be a barrier to interviews taking place.

### Sample

The participants will be recruited by purposive sampling. This will mean that the sample of participants will be selected by the researcher based upon whether they fit the predetermined inclusion and exclusion criteria of the study. (21) Purposeful sampling is often used in qualitative research to identify potential individuals who are particularly knowledgeable about a particular area of interest. (22) Rubin and Rubin (23) recommend that participants who are recruited purposefully should be knowledgeable about the subject, willing to be interviewed and able to speak about a range of opinions. In this study, all participants who meet the demands of the stringent inclusion and exclusion criteria will be knowledgeable about the subject of leaving medicine, as it is something that they will have experienced themselves. Unlike in quantitative research, there is no clear statistical method to determine an adequate sample size in qualitative interviewing. (24) Saturation is the point at which new data would not provide any new information, and is often used to contextualise sample sizes in qualitative research.
research. (25) Guest et al. (26) found that theme saturation could be reached by 12 interviews in a study with focused aims and a relatively homogenous population. This study aims to recruit up to 15 participants. The minimum sample size that will be accepted by the researcher is 10, but 15 participants are desired. An upper limit of 15 participants has been set due to the time and resource constraints of the study, with the research having to be completed within a 4-month period, by a lone researcher.

**Inclusion and Exclusion Criteria (Appendix 2)**

All participants must have graduated from a UK medical school, have completed Foundation Year 1 (FY1) and then have stopped practicing as doctors at any time after this point. Completion of FY1 will ensure that all participants will have achieved GMC registration, (27) and that they will have worked for at least one year as a doctor. Any individuals not practicing as doctors but working for a university in an academic role in the medical field will be excluded. Any individuals working for the NHS in any role will also be excluded. This is because these occupations are still related to medicine and so it could be argued these individuals have not entirely left the profession. Any person currently practicing medicine in the UK or abroad is also excluded from this study alongside any doctors who have permanently retired.

The participants must also have left medicine between the years of 2010 – 2019 (inclusive). Individuals who left medicine before 2010 are excluded to ensure that participants’ reasons for leaving medicine will be applicable to the present day. The reason for excluding participants who left medicine after 2019 was twofold. The primary reason was to ensure that by the time the interviews take place (January – March 2021), all participants will not have practiced as doctors for at least 1 year. The second reason for excluding these participants is that during 2020, the effects of the global Covid-19 pandemic became apparent and some doctors may have left medicine as a direct result of this. (28) Thus, excluding these individuals means that the pandemic will not be cited as a reason for leaving the profession, allowing for other reasons to be explored.

**Recruitment**

The recruitment strategy will be defined by 2 approaches: internet-based recruitment utilising social media platforms and snowball sampling. The internet-based recruitment strategy will consist of the researcher utilising their own Twitter, Facebook, and LinkedIn profiles to advertise the study to the general public. Exposure of the study will be gained by posting a research advertisement poster (appendix 3) on the aforementioned social media platforms, in order to gain ‘retweets’ or ‘shares’ from others on Twitter and Facebook respectively. This will allow the study to reach as wide an audience as possible. On LinkedIn, the researcher will advertise the study on their own profile so any potential participants that come across this can view details of the study. Furthermore, the researcher will actively message or email (appendix 4) any individuals on Twitter, Facebook, and LinkedIn who meet the inclusion criteria for the study, in order to verify their eligibility and to ask these individuals whether they would be willing to participate in this research.

The second recruitment strategy will be snowball sampling. (29) In this strategy, the sample is built up through contacts of researcher and participants. The researcher will recruit initial participants through social media platforms (as described above) and through contacts of the researcher who meet the inclusion criteria. Upon completion of interviews, participants will then be asked if they know of other people who would be eligible to take part in this study. If a participant does know of a contact who could be interested in taking part, the participant is encouraged to inform their contact of this study and also pass on the contact details of the researcher to the contact, so that the contact may get in touch with the researcher. However, it is important to note that no participant is obliged to assist in the recruitment process.

**Data Collection**

Semi-structured interviews with participants will be used to collect the data for this study. No time limit has been set for the interviews; however, it is expected that most interviews will last between 30 to 45 minutes. This will allow sufficient time for all the aims of the study to be explored and will make transcription and analysis feasible within the timeframe for this study. The semi-structured format of the interviews will give participants the opportunity to discuss subjects that the researcher may have not foreseen being brought up. (18) All interviews will be based upon the same topic guide (appendix 5).

As stated previously, all interviews will take place virtually, using Zoom. This is primarily due to the ongoing Covid-19 pandemic; a virtual interview eliminates any risk of virus transmission between participant and researcher. Virtual interviews also give the researcher scope to recruit and interview eligible participants who currently reside outside of the UK. Zoom has been selected over other video conferencing applications such as Skype because of features which make it especially suitable for qualitative interviewing: zoom allows meetings to be securely recorded and saved without using a third-party software, (30) meaning that fewer people could potentially access the interview recordings. This is notably important when data is sensitive and needing to be kept confidential, (30) as is the case in this study.

**Data Analysis**

After an interview has been conducted, the interview will be transcribed with the aid of Zoom’s audio transcription software. (31) Upon completion of all the first interview, the process of data analysis will commence. Data will be analysed using Braun
and Clarke’s (32) 6-step guide for thematic analysis. Braun and Clarke (32) regard thematic analysis as an optimal method of data analysis for a novice qualitative researcher. This method will allow for identification of patterns across the dataset in order to analyse the phenomenon of doctors leaving medicine. The first 2 steps of the 6-step process (32) will require the researcher to familiarise themselves with the data by reading through the entirety of an interview transcription multiple times, and making any relevant notes. Next, the data will be coded. After all the interviews have taken place, the process of theme development can begin, whereby codes from all interviews will be categorised in order to identify themes across the dataset. The themes will then be reviewed and defined, before the analysis can finally be written up, using Forrier et al.’s (11) theoretical concept for career mobility as a framework to contextualise the findings.

Measures will be taken to improve the credibility of the findings: one technique employed will be a form of member validation, as described by Birt et al. (33) This is a form of synthesised member checking and will involve the researcher emailing a summary of the analysis back to the participant, to allow the participant to verify the accuracy of the codes and interpretations generated. However, it is important to note that no participant is obliged to take place in the member validation process, and some may decline the opportunity to do so, as a result of other commitments. All participants who consent to taking part in the member validation process will be emailed a summary of the analysis within 3 weeks of the interview taking place. The project supervisor is also willing to code at least 1 transcript, to allow for discussion of coding and interpretation. This is a limited form of investigator triangulation, as described by Denzin. (34) Unfortunately, due to the commitments of the supervisor, it will not be possible to triangulate with the supervisor on all of the interviews.

The concept of reflexivity is very important in qualitative research. Yardley (35) acknowledges that that the researchers will always have a degree of influence on the information generated from qualitative studies. All interpretations will be clearly explained and justified in the final analysis, using quotations from interviews where appropriate. A diary of all generated codes and themes will also be kept, to ensure transparency of analysis is maintained.

Ethics

Ethical approval will be sought from the University of Birmingham’s BMedSci Population Sciences and Humanities Internal Research Ethics Committee (IREC). Health Research Authority (HRA) approval is not required as no participants are to be recruited via the NHS. Participants are not anticipated to come from vulnerable groups, and the topics discussed in the interviews are not expected to be distressing. Nevertheless, some participants’ reasoning for leaving medicine may have arisen from adverse personal circumstances and this is something that the researcher is aware of. If any participants are uncomfortable at any stage during an interview, the interview will be halted and only resumed with the participant’s verbal consent. All participants will be emailed a participant information sheet (appendix 6) and a participant consent form (appendix 7) prior to the interview. Verbal consent will also be taken at the start of each interview. At the end of the interview, participants will be asked if they would like to engage in the member validation stage of the analysis, as described above. Participants will have the right to withdraw from the study at any stage before 1st April 2021. If the interview has already taken place before participant withdrawal, all recordings and transcriptions of the interview will be deleted, and the data will not be included in the analysis.

The study will be conducted in line with the 2018 Data Protection Act (36) and the University of Birmingham’s Data Protection Policy. (37) All participants will be identified by a unique number identifier, which will be used throughout the analysis process. Interviews will be recorded using Zoom’s own recording function and initially will be saved on Zoom cloud. The recordings and transcriptions will then be uploaded from the Zoom cloud to the University of Birmingham’s secure server and backed up on an encrypted memory stick, which will be locked in a location accessible to the researcher and supervisor only. The original recording will then be deleted from the Zoom cloud. At the conclusion of the study, all printed data will be scanned and destroyed, and all digital data will be transferred to the project supervisor and retained for a maximum of 10 years.

Feasibility and Timetable

As previously stated, the study is to be conducted and written up within a 4-month timeframe, from late January 2021 to late May 2021. The interviews and initial analysis are expected to take place between January and March, with the final analysis and write-up occurring from April to May. A Gantt Chart is included in the appendices (appendix 8) for a more detailed timetable. With a desired sample size of 15, the study is feasible within the 4-month timeframe. The only feasibility issues surrounding this study are centred around the issue of recruitment. Since there is no single place where all participants can be recruited from, recruitment may prove challenging. If recruiting sufficient participants proves to be challenging, the inclusion and exclusion criteria may be relaxed to increase the number of eligible participants. An example of this would be to allow doctors who left the profession before 2010 to be included in the study. However, it is hoped that no changes of this nature will have to be made.
Cost and Resources
University credentials give free access to recording and transcription software on Zoom, which would otherwise have to be paid for. Printers and encrypted memory sticks are also required; however, they can again be accessed via the University of Birmingham. As a result of interviews taking place via Zoom, there are no travel costs associated with this study, hence there are no additional costs to this study.
Acknowledgements
I would like to acknowledge the project supervisor, Iain Snelling, for his assistance and guidance with this protocol.

Lay Statement
UK doctors who are dissatisfied in their jobs often choose one of two options: continue working as a doctor in another country or leave the profession entirely. Whilst changing jobs is a regular occurrence for most people, doctors have had to invest lots of time into their training, from medical school through to eventually working as a doctor. This means that the decision to leave medicine is not particularly easy for many doctors and is often fraught with complexity. This study aims to explore some of the reasons why UK doctors choose to leave the medical profession. Whilst there has been some research on doctor dissatisfaction, no previous literature has interviewed UK doctors after they have left medicine and asked them about their reasons for doing so. The study will explore with participants, their motivations behind leaving the medical profession, what motivated them to initially chose medicine as a career, how they reflect upon their decision to leave and whether it would be possible for them to ever return to medicine. This will be done in an interview format and should help to address a gap in the literature about reasons why UK doctors choose to leave medicine for good.

Word Count: 200
1760155

References


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Appendix 1: Forrier et al.’s (11) concept of Career Mobility
### Appendix 2: Inclusion and Exclusion Criteria

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
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<tbody>
<tr>
<td>Not currently practicing as a doctor</td>
<td>Currently working for the NHS in any role</td>
</tr>
<tr>
<td>Completed Foundation Year 1</td>
<td>Practicing as a doctor outside the UK</td>
</tr>
<tr>
<td>Left medical profession between 2010-2019 (inclusive)</td>
<td>Left medical profession before 2010 or after 2019</td>
</tr>
<tr>
<td>UK Medical School Graduate</td>
<td>Currently working in an academic role for a university in the medical field.</td>
</tr>
<tr>
<td></td>
<td>Permanently retired doctor</td>
</tr>
</tbody>
</table>
Appendix 3: Research Advertisement Poster

This image will be posted to Twitter, Facebook and LinkedIn.

STUDY RECRUITMENT

EXPLORING REASONS AND MOTIVATIONS BEHIND UK DOCTORS LEAVING THE MEDICAL PROFESSION: A SERIES OF QUALITATIVE INTERVIEWS

Are you a doctor who has left medicine within the last 10 years?

Did you go to a UK medical school and complete your Foundation Year 1 training?

If you answered YES to both of those questions...

We would love to speak to you!

The study will consist of 30-45 minute interviews with UK doctors who have now left the profession.

And will allow us to explore reasons and motivations for leaving medicine.

If you would like to participate, and think you would be suitable, please message [researcher social media profile].
Appendix 4: Research Advertisement Poster

PARTICIPATION INVITATION EMAIL/MESSAGE

The following message will be emailed to potential participants if an email address is available online publicly, or will be sent as a message on Twitter, Facebook or LinkedIn.

Dear ________________

My name is [researcher name]. I am a 4th year medical student at the University of Birmingham currently doing an intercalated degree in Health Management and Leadership. Over the next few months, I am conducting a research project entitled “EXPLORING REASONS BEHIND UK DOCTORS LEAVING THE MEDICAL PROFESSION: A SERIES OF QUALITATIVE INTERVIEWS WITH FORMER UK DOCTORS.”

The study will involve me interviewing UK doctors who have now left the profession in order to find out the main reasons and motivations why they decided to leave medicine. There is currently no published literature that has interviewed a cohort of doctors who have left UK medicine and decided to stop practicing altogether.

I would be grateful if you would consider participating in this research, because from your [website/blog/Twitter/Facebook/LinkedIn] I believe that you are eligible to participate in this study. Participation would involve a single interview, taking place over Zoom, lasting between 30 and 45 minutes.

After the interview, with your permission, I would send a short summary of my interpretations from the interview for you to validate. This is to increase the credibility of the findings of the study. The findings from this study will be broadcast in a poster presentation at the University of Birmingham, and, potentially, an open access publication.

More and more doctors are deciding to do as you have done and leave the medical profession. Therefore, your participation would be highly valued and would be valuable in contributing to a novel field of research.

I have attached a participant information sheet to this [email/message] for you to gain further information about this study. If you have any questions do not hesitate to [message/email] me.

Kind Regards,

[researcher name]
Appendix 5: Topic Guide

EXPLORING REASONS BEHIND UK DOCTORS LEAVING THE MEDICAL PROFESSION: A SERIES OF QUALITATIVE INTERVIEWS WITH FORMER UK DOCTORS

TOPIC GUIDE

Primary Aim: To explore reasons and motivations behind participants leaving the medical profession

- Could you please summarise your medical career?
- What are the main reasons why you decided to leave medicine?
- Did you ever consider working as a doctor in another country?

Secondary Aims

1. To explore motivations of participants for initially wanting to practice medicine

- Could you discuss the circumstances which initially made you choose to study medicine?
- What changed in these circumstances? How did this happen?

2: To explore participants’ reflections upon leaving the medical profession

- How does your current occupation compare to working as a doctor?
- Do you regret leaving medicine?

3: To explore the possibilities of participants returning to the medical profession

- Would you ever consider returning to the medical profession?
- What would do you think could have been done to have kept you in medicine?
- What would you advise current doctors considering leaving the profession?
Appendix 6: Participant Information Sheet

EXPLORING REASONS BEHIND UK DOCTORS LEAVING THE MEDICAL PROFESSION: A SERIES OF QUALITATIVE INTERVIEWS WITH FORMER UK DOCTORS

PARTICIPANT INFORMATION SHEET

This research project is part of an undergraduate, intercalated programme, research dissertation, based at the University of Birmingham. The primary researcher is [insert name] and the project supervisor is Iain Snelling, Senior Fellow, Health Services Management Centre, School of Social Policy, University of Birmingham.

Background

UK doctors who are dissatisfied in their jobs often choose one of two options: continue working as a doctor in another country or leave the profession entirely. Whilst changing jobs is a regular occurrence for most people, doctors have had to invest lots of time into their training, from medical school through to eventually working as a doctor. This means that the decision to leave medicine is not particularly easy for many doctors and is often fraught with complexity. This study aims to explore some of the reasons why UK doctors choose to leave the medical profession. Whilst there has been some research on doctor dissatisfaction, no previous literature has interviewed UK doctors after they have left medicine and asked them about their reasons for doing so. This should help to address a gap in the literature about reasons why UK doctors choose to leave medicine.

Aims of the research

Primary Aim

To explore reasons and motivations behind participants leaving the medical profession

Secondary Aims

1. To explore motivations of participants for initially wanting to practice medicine
2. To explore participants’ reflections upon leaving the medical profession
3. To explore the possibilities of participants returning to the medical profession

Why have you been identified?

You have been identified as a potential participant for this study. This is because you are a UK medical graduate who has completed Foundation Year 1, but you are no longer practicing medicine. You also left medicine after 2009, meaning that your reasonings for leaving medicine are relevant to the present day.

What does participation entail?

If you are willing to participate, you will need to be available for an interview ranging between 30 and 45 minutes, between January and March 2021. The interview will be structured around the aims of the research, will be stated above. Due to the ongoing Covid-19 pandemic, the interviews will take place over Zoom, at a time convenient to yourself. The interviews will be recorded using Zoom’s own recording function.
What happens after the interview?

After the interview is completed, the interview will be transcribed verbatim by the researcher and analysed using thematic analysis. With the consent of participants, a short summary of the researcher’s interpretations of the interview will be emailed to participants within 3 weeks of the interview having taken place. Participants will then have the opportunity to verify the accuracy of these interpretations and make any corrections if necessary. This process is used to increase the credibility of the findings of the study. However, it is important to note that you are NOT obliged to take part in this aspect of the study. It is an optional process that some participants may choose to engage in, and some may not.

Data Protection

The study will be conducted in line with the Data Protection Act (2018) and the University of Birmingham’s Data Protection Policy. All interview recordings will be accessible to the researcher and supervisor only. In order to maintain confidentiality, you will be identified by a unique number identifier, which will be used throughout the analysis process. Your name will never appear in any analysis or reports generated from this research. All interview recordings and transcriptions will be deleted within 10 years of the conclusion of the study.

What are the benefits of taking part?

As previously mentioned, there is no published literature that has interviewed a number of UK doctors who have left medicine. Consequently, this is the first qualitative study of this nature. You would be contributing to a novel field of research, which could help others to understand some of the reasons why doctors choose to leave the profession. As such, participation would be extremely welcomed by the researcher.

Ethics

Ethical approval has been gained from the University of Birmingham’s BMedSci Population Sciences and Humanities Internal Research Ethics Committee (IREC).

Withdrawal

Participation in this study is entirely voluntary and participants are free to withdraw at any point before 1st April 2021.

Finally

If you have any further questions, please do not hesitate to get in touch with the researcher, whose contact details are provided below. Thank you for taking the time to read this information sheet and we look forward to hearing from you.

[researcher contact details will be added after assignment submission]
Appendix 7: Participant Consent Form

EXPLORING REASONS BEHIND UK DOCTORS LEAVING THE MEDICAL PROFESSION: A SERIES OF QUALITATIVE INTERVIEWS WITH FORMER UK DOCTORS

PARTICIPANT CONSENT FORM

Thank you for your interest in participating in this study. Before any interview can take place, all participants must complete and sign the form below. Please mark each box with your initials to confirm your acknowledgement of each statement.

Please Initial Boxes Below:

I can confirm that I have read the Participant Information Sheet and have had the opportunity to ask any questions.

I can understand that my participation is voluntary and that I am free to withdraw from the study at any date before 1st April 2021. I am not required to give any reason for withdrawal and there will be no consequences for my withdrawal.

I understand that I am able to decline to answer any question in the interview, without reason.

I understand that my responses will be kept strictly confidential and I understand that my name will not be linked with research materials and will not be identifiable in the reports produced from this research.

I understand that the interview will take place using the video-conferencing application Zoom. I agree that the interview can be recorded through Zoom with audio and video.
I understand that the audio recording made from the interview, from which I would not be personally identified, may be used in any conference presentation, report or journal article developed as a result of the research. I understand that no other use will be made of the recording without my written permission and that no one outside the research team will be permitted access to the original recording.

I understand that all recordings and transcriptions of interviews will be deleted within 10 years of the conclusion of the study.

I understand that I will have the option of taking part in member validation after completion of the interview, as described in the participant information sheet. I understand that this is optional, and I may refuse to participate in the member validation process.

I agree to take part in this study

Name of Participant: _______________________________________________

Date: __________________

Name of Researcher: _______________________________________________

Date: __________________

Signature of Participant      Signature of Researcher
# Appendix 8: Gantt Chart

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