

## Supplementary Online Content

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**eTable 1. Missing data among actively practicing participants**

	<b>Consultants N=1462</b>	<b>SAS<sup>a</sup> N=254</b>	<b>Trainees N=1357</b>
Age, mean (range)	None missing	None missing	None missing
Gender	19 (1%)	2 (1%)	20 (1%)
Ethnicity	10 (1%)	1 (<1%)	8 (1%)
Parity	None missing	None missing	None missing
Relationship	3 (<1%)	None missing	5 (<1%)
Medical Qualification country of origin	None missing	1 (<1%)	1 (<1%)
Work status (Full Time vs Less Than Full Time)	None missing	1 (<1%)	2 (<1%)
Maslach Burnout Inventory	None missing	None missing	None missing
Defensive practice	None missing	None missing	None missing

<sup>a</sup>SAS: Specialty and Specialty Associate Doctors

**eTable 2. Demographic data of trainees in study and Royal College of Obstetricians and Gynaecologists (RCOG) Training Evaluation Form (TEF) 2018 Survey**

	RCOG TEF Database (n=1754) (%) <sup>a</sup>	Trainees (n=1357) (%)
Age		
20-29	497 (28.3%)	336 (24.8%)
30-29	1092 (62.3%)	897 (66.1%)
40-49	106 (6.0%)	115 (8.4%)
50-59	2 (0.1%)	9 (0.7%)
Over 60	0	0
Missing data	57 (3.3%)	0
Female	1387 (79.1%)	1067 (79.8%)
Ethnicity		
White	1108 (63.2%)	857 (63.2%)
Asian	381 (21.7%)	288 (21.2%)
Black	97 (5.5%)	90 (6.6%)
Mixed	83 (4.7%)	88 (6.5%)
Other	68 (3.9%)	26 (1.9%)
Missing data	17 (1%)	8 (0.6%)

<sup>a</sup> RCOG TEF survey sent to 1956 trainees who held a National Training Number and an email address associated with an active ePortfolio at the time of the survey, which is used to assess competencies and training progress. It was responded to by 1754 trainees (89.7% response rate).

**eTable 3. Spearman correlations between Maslach Burnout Inventory and defensive medical practice subscales**

	EE <sup>b</sup>	DP <sup>c</sup>	PA <sup>d</sup>	Av <sup>e</sup>	He <sup>f</sup>
<b>MBI – EE</b>	1				
<b>MBI – DP</b>	0.57	1			
<b>MBI – PA</b>	-0.30	-0.34	1		
<b>Av</b>	0.28	0.30	-0.19	1	
<b>He</b>	0.34	0.38	-0.17	0.41	1

<sup>a</sup> MBI: Maslach Burnout Inventory

<sup>b</sup> EE: Emotional Exhaustion

<sup>c</sup> DP: Depersonalization

<sup>d</sup> PA: Personal Accomplishment

<sup>e</sup> Av: Avoidance

<sup>f</sup> He: Hedging

**eTable 4. Descriptive statistics of defensive practice according to each Maslach Burnout Inventory (MBI) subscale**

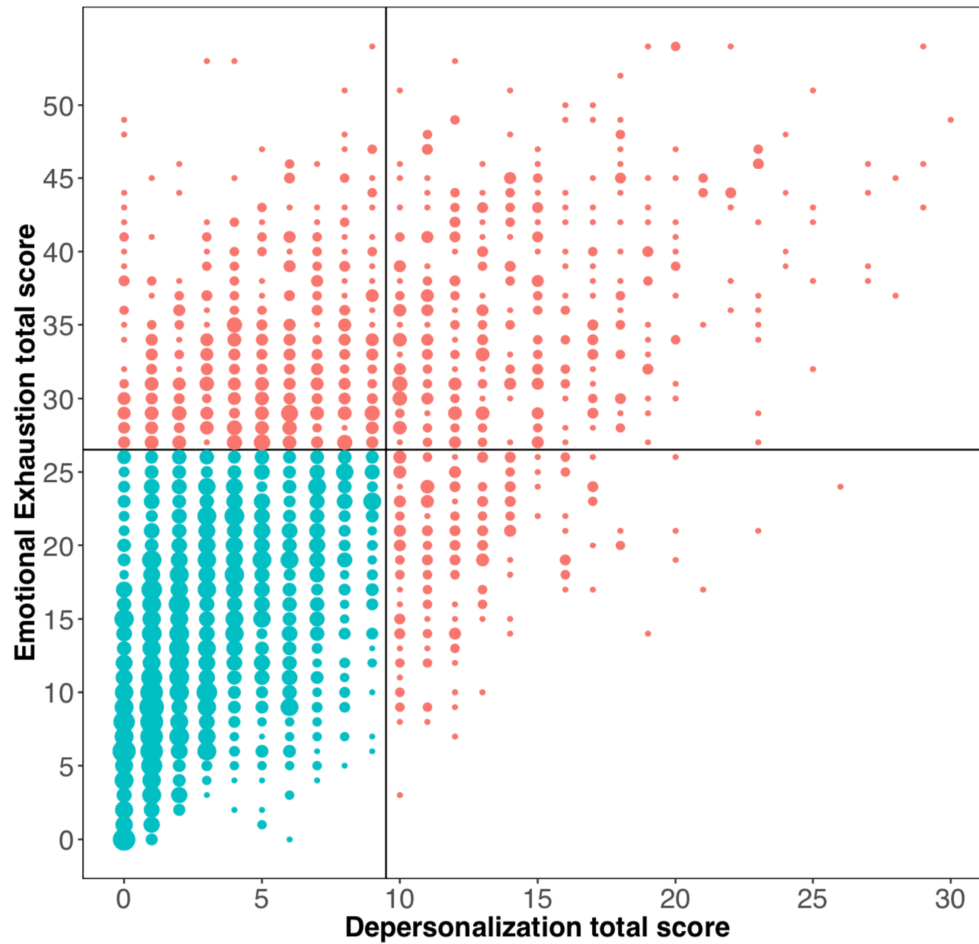
MBI <sup>a</sup> subscales	Avoidance		Hedging		Any DMP <sup>b</sup>
	Mean score	% Elevated	Mean score	% Elevated	%
High emotional exhaustion					
No (n=2157)	0.88	85 (4%)	3.76	125 (6%)	179 (8%)
Yes (n=916)	1.82	111 (12%)	7.05	164 (18%)	221 (24%)
Odds ratio <sup>c</sup> (95% CI)		3.36 (2.51-4.51)		3.54 (2.77-4.54)	3.51 (2.83-4.36)
High depersonalization					
No (n=2468)	0.95	106 (4%)	3.93	159 (6%)	229 (9%)
Yes (n=605)	2.02	90 (15%)	8.06	130 (21%)	171 (28%)
Odds ratio <sup>c</sup> (95% CI)		3.89 (2.89-5.23)		3.97 (3.09-5.11)	3.85 (3.08-4.81)
Low personal accomplishment					
No (n=2066)	0.97	103 (5%)	4.19	142 (7%)	202 (10%)
Yes (n=1007)	1.55	93 (9%)	5.87	147 (15%)	198 (20%)
Odds ratio <sup>c</sup> (95% CI)		1.94 (1.45-2.59)		2.31 (1.81-2.96)	2.26 (1.83-2.79)

<sup>a</sup> MBI: Maslach Burnout Inventory

<sup>b</sup> DMP: Defensive Medical Practice

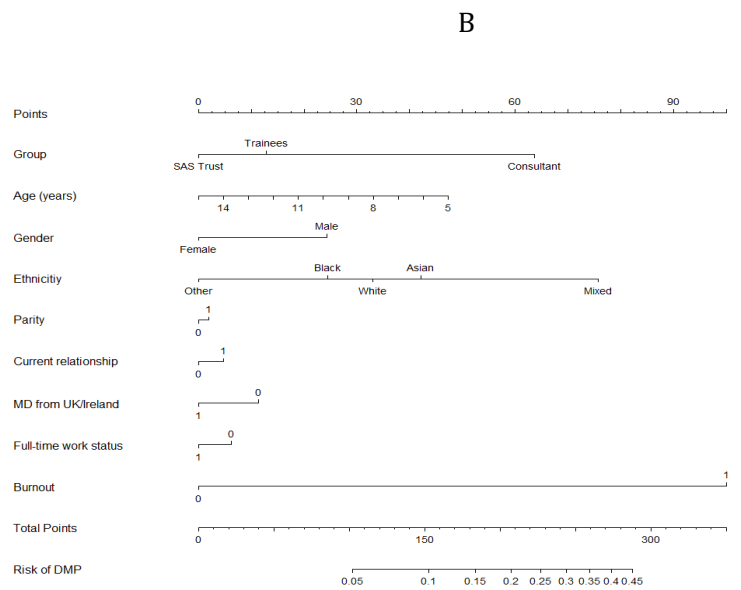
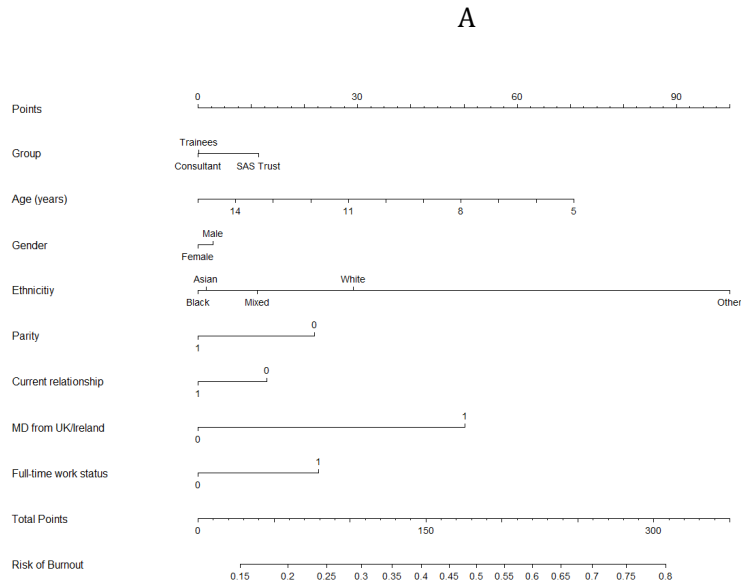
<sup>c</sup> Odds ratios are based on univariable logistic regression with Firth bias correction.

**eFigure 1. Scatter plot of Emotion Exhaustion and Depersonalization Maslach Burnout Inventory subscales**



The cutoff values used to define burnout (emotional exhaustion  $\geq 27$  and depersonalization  $\geq 10$ ) are shown with a line with cases meeting the threshold in red. The size of the dots corresponds to the number of cases with these values.

**eFigure 2. Nomograms of the multivariable logistic regression models for burnout (A) and any defensive medical practice (B)**



**eDiscussion. Survey response rate amongst trainees**

Our survey study was sent to trainees working in Obstetrics and Gynecology in the United Kingdom, registered with the Royal College of Obstetricians and Gynaecologists (RCOG) and identified as trainees on the RCOG main database (n=2375) which is the system from which data is extracted for mailings. This is not however the same list used to distribute the RCOG TEF survey (n=1956, eTable 2 in the Supplement) which is sent to trainees who currently hold a National Training Number and an email address associated with an active ePortfolio, which is used to assess competencies and training progress. In view of this, we believe that a proportion of trainees to whom our survey was sent to (based on being identified as a trainee on the RCOG main database) are likely to have been left on the distribution list, but have in fact subsequently suspended training for a period of time or who are no longer trainees and have not informed the RCOG. These doctors would therefore not have completed the survey. This may account for a proportion of the difference in the numbers of trainees between the mailing list we used and that used for the RCOG TEF survey.



## eMethods. Survey Questionnaire

The survey was sent to three participant groups: consultants, specialty and specialty associate (SAS) doctors and trainees with each receiving a tailored version. The questions are marked accordingly.

We are unfortunately unable to include the Maslach Burnout Inventory questionnaire items as these are copyright restricted.

### Section 1: About you

*The following questions apply to all doctors:*

Age

Gender

Female

Male

Intersex

Other (Specify)

I do not wish to disclose

Ethnicity

Asian/Asian British

Bangladeshi

British

Indian

Pakistani

Sri Lankan

Black/African/Caribbean/Black British

African

British

Caribbean

Mixed/multiple ethnic groups

British

White & Asian

White & Black African

White & Black Caribbean

White (UK & Ireland)

British

English

Irish

Northern Irish

Scottish

Welsh

Other Ethnic Group

Arab

Chinese

Dutch

Egyptian

French

German

Italian

Japanese

Korean

Malaysian

Middle Eastern

Myanmar

Persian

Portuguese

Romanian

Russian

Singaporean

Sri Lankan  
Sudanese  
Other (Specify)  
I do not wish to disclose

Nationality

British  
English  
Irish  
Northern Irish  
Scottish  
Welsh  
American  
Australian  
Bangladeshi  
Barbadian  
Canadian  
Chinese  
Dutch  
Egyptian  
German  
Ghanaian  
Greek  
Hong Kongers  
Indian  
Iraqi  
Italian  
Jamaican  
Jordanian  
Libyan  
Malaysian  
Maltese  
Mauritian  
Myanmar  
New Zealander  
Nigerian  
Pakistani  
Polish  
Romanian  
Singaporean  
South African  
Sri Lankan  
Sudanese  
Syrian  
Trinidadian  
Zimbabwean  
Other (Specify)  
I do not wish to disclose

Religion or Belief

Atheism  
Buddhism  
Christianity  
Hinduism  
Islam  
Jainism  
Judaism  
Quaker  
Sikhism  
Other (Specify)  
No religion  
I do not wish to disclose

Disability

- Yes
- No
- I do not wish to disclose

Do you have children?

- No
- One
- Two
- Three
- Four +
- I do not wish to disclose

In what country did you obtain your primary medical degree?

**The following question applies to trainees only:**

How many years have you been qualified as a doctor? Number

**The following questions apply to SAS doctors only:**

Have you ever held a UK National Training Number (NTN)?

- Yes
- No

If no, are you interested in acquiring one?

- Yes
- No
- Other (please specify)

Are you working towards entry on the specialist register through the Certificate of Eligibility for Specialist Registration (CESR)?

- Yes
- No
- No - I am not currently working towards it but am planning to in the future
- No - I am already on the specialist register
- Undecided
- Other (specify)

If you are already on the Specialist Register, have you applied for consultant posts?

- Yes - but not yet successful
- No
- N/A
- Other (please specify)

What category of RCOG membership are you in?

- Associate
- Fellow
- Member

Are you currently involved in College work?

- No
- Yes - examiner
- Yes - committee member
- Yes - advisory group
- Yes - working group
- Not currently - but have been in past or other (please specify)

**The following questions apply to consultants only:**

In which country was the majority of your specialty training completed?

How many years have you been qualified to be a consultant?

## Section 2: Your Role

**The following questions apply to trainees only:**

What best describes your current work status?

- Specialty Trainee (ST)
- Parental leave
- Out of programme (OOP) research
- OOP clinical experience

- OOP career break
  - OOP teaching
  - OOP research/teaching
  - OOP clinical experience/teaching
  - Academic clinical fellow
  - Academic clinical lecturer
  - Subspecialty training (SST) Gynaecological Oncology
  - SST Maternal and Fetal Medicine
  - Fixed Term Specialty Training Appointment (FTSTA)
  - Medical Training Initiative (MTI)
  - SST Urogynaecology
  - SST Reproductive Medicine
  - Clinical Fellow
  - Other (specify)
- Who is your training Local Education and Training Board (LETB)/Deanery?
- East of England
  - Kent, Surrey and Sussex
  - Merseyside
  - North Central and East London
  - North East
  - North West
  - North West London
  - Northern Ireland
  - Oxford
  - Scotland
  - Severn
  - South London
  - South West
  - Thames Valley
  - Wales
  - Wessex
  - West Midlands
  - Yorkshire and the Humber
  - Other (specify)
- What training level are you at?
- ST1
  - ST2
  - ST3
  - ST4
  - ST5
  - ST6
  - ST7
  - Other (specify)
- If relevant, what is your sub-speciality/special interest?
- Abortion care/sexual health
  - Paediatric and adolescent gynaecology
  - Reproductive medicine/Subfertility
  - Urogynaecology
  - Vulval disease
  - Medical education
  - Minimal access surgery
  - Risk management
  - Patient Safety leadership
  - Leadership
  - Acute gynaecology and early pregnancy
  - Benign gynaecology surgery
  - Colposcopy and cervical pathology
  - Fetal Medicine
  - Gynaecological oncology
  - High-risk pregnancy and maternal medicine

- Labour ward
  - Menopause/post-reproductive health
  - Sub Specialty - Gynaecological oncology
  - Sub Specialty - Maternal and fetal medicine
  - Sub Specialty - Reproductive medicine
  - Sub Specialty - Urogynaecology
  - Sub Specialty - Sexual and Reproductive Health
  - N/A
  - Other (Specify)
- Do you do any non-NHS work and/or non O&G work?
- Yes
  - No

***The following questions apply to SAS doctors only:***

What best describes your current work status?

- Actively practising in healthcare outside of O&G
- Actively practising in O&G
- On a career break/sabbatical
- On parental leave
- On sick leave
- Other (specify)

What job title do you have?

- Specialty Doctor
- Associate Specialist
- Staff grade
- Trust Doctor
- Trust Registrar
- Clinical Fellow
- Clinical Assistant
- Locum Appointment for Training/Service
- Foundation Year 3
- Other (Specify)

Why did you take up your current post? (select all that apply)

- Geographical Stability
- Work-life balance
- Regular hours
- Pay
- Not on Specialist register and unable to get a trainee post
- On Specialist register but unable to get a consultant post
- No on call
- Other (specify)

Who are you contracted to work for?

- Pure NHS
- Joint NHS with other
- Joint NHS/academic - majority NHS funded (e.g. honorary academic post)
- Pure academic/research (e.g. paid for by university)
- Other (Specify)

Do you work in an NHS teaching (tertiary referral) hospital or a District General Hospital? If neither, please give details.

- NHS teaching hospital
- District General hospital
- Neither - please specify

Are you employed on a contract with nationally agreed terms and conditions?

- Yes
- No
- Don't know

In what areas of O&G do you practice?

- Gynaecology only
- Obstetrics and Gynaecology
- Obstetrics only

- Other (Specify)
- Do you have a special interest? (select all that apply)
- Fertility
  - Sexual Health
  - Early Pregnancy
  - Acute Gynaecology
  - Leadership
  - Labour ward
  - Antenatal care
  - Maternal Medicine
  - Fetal Medicine
  - Diabetic Pregnancy
  - Gynae-oncology
  - Colposcopy
  - Psychosexual health
  - Benign Gynaecology
  - Minimally invasive surgery
  - Menopause
  - Gynae ultrasound
  - Obstetric ultrasound
  - Maternal Mental health
  - No
  - Other (Specify)
- Do you currently work at a registrar or consultant level
- Consultant level
  - Registrar level
  - Both
  - Other (specify)
- Do you do any non-NHS work and/or non O&G work?
- No
  - Yes - Please specify

***The following questions apply to consultants only:***

- What best describes your current work status?
- Actively practising in healthcare outside O&G
  - Actively practising in O&G
  - On a career break/sabbatical
  - On parental leave
  - On sick leave
  - Retired
  - Other (Specify)
- Who are you contracted to work for? (Yes/No)
- Pure NHS
  - Pure academic/research (e.g paid for by university)
  - Joint NHS/academic - majority NHS funded (e.g honorary academic post)
  - Joint NHS/academic - majority academic funded (e.g university with honorary NHS)
  - Joint NHS with other
  - Joint academic/research with other
  - Other (including not currently working)
- What is your primary post?
- Consultant O&G
  - Consultant Gynaecologist
  - Consultant Obstetrician
  - Locum Consultant
  - Consultant Sexual & Reproductive Health
  - Professor
  - Acting Consultant
  - Consultant Private Practice
  - Consultant GUM
  - Academic Senior Clinical Fellow

- Honorary Consultant  
 Senior Clinical Lecturer Honorary  
 Senior Lecturer  
 Senior Clinical Research Fellow  
 Emeritus Professor  
 Other (Specify)
- Which would best describe your post?
- Special interest  
 Sub-specialty  
 Other (Specify)
- If relevant, what is your subspecialty/special interest?
- Abortion care/sexual health  
 Acute gynaecology and early pregnancy  
 Benign gynaecological surgery (office gynaecology, hysteroscopy, etc  
 Colposcopy and cervical pathology  
 Fetal medicine  
 Gynaecological oncology  
 High risk pregnancy/Maternal medicine  
 Labour Ward  
 Menopause/Post reproductive health  
 Paediatric and adolescent gynaecology  
 Reproductive medicine/Subfertility  
 Urogynaecology  
 Vulval disease  
 Medical education  
 Minimal access surgery  
 Risk management  
 Patient Safety leadership  
 Leadership  
 Sub specialty - Gynaecological oncology  
 Sub specialty - Maternal and fetal medicine  
 Sub specialty - Reproductive medicine  
 Sub specialty - Urogynaecology  
 Sub specialty - Sexual and reproductive health  
 N/A  
 Other (Specify)
- Do you do any private work?
- Yes  
 No  
 N/A  
 Other (Specify)
- Do you hold any of the following leadership roles? (Yes/No)
- Clinical Director  
 Medical Director  
 Clinical Governance Lead  
 Labour Ward Lead  
 Special Interest Lead  
 Audit Lead  
 Risk Management Lead  
 No  
 Other (specify)
- If yes, how are you remunerated for these lead positions (in terms of programmed activities (PAs))?
- 0.5  
 1  
 1.5  
 2  
 2.5  
 3  
 3.5

4  
4.5  
5  
6  
6.5  
7  
8  
10  
Responsibility payment  
N/A

Are these included in your weekly job plan, or are they additional?

Yes, Includes  
No, additional  
Other (Specify)

### Section 3: Your Working Patterns and Professional Development

*The following questions apply to trainees only:*

Do you work full time or less than full time (LTFT)?

Full-Time  
LTFT, (50%)  
LTFT, (60%)  
LTFT, (70%)  
LTFT, (80%)  
LTFT, (90%)  
Other (Specify)

When completing your training do you intend to work full time or LTFT?

LTFT  
Work full time  
Uncertain  
Other (Specify)

What is the on call frequency at your level?

1:1  
1:2  
1:3  
1:4  
1:5  
1:6  
1:7  
1:8  
1:9  
1:10  
1:11  
1:12  
1:14  
1:15  
1:16  
1:18  
1:19  
1:20  
N/A

Other (specify)

What type of middle grade on call rota does your unit have during the day, excluding consultant cover?

Single middle grade on call rota with ST1-2 level cover (including junior cover by other doctors e.g. Foundation & General Practice (GP) trainees)  
Single middle grade on call rota without ST1-2 level cover (including junior cover by other doctors e.g. Foundation & GP trainees)  
Two middle grades on call working at the same level with ST1-2 level cover (including junior cover by other doctors e.g. Foundation & GP trainees)  
Two middle grades on call working at the same level without ST1-2 level cover (including junior cover by other doctors e.g. Foundation & GP trainees)



Two tier middle grade rota with one senior and one junior middle grade with ST1-2 level cover (including junior cover by other doctors e.g. Foundation & GP trainees)  
 Two tier middle grade rota with one senior and one junior middle grade without ST1-2 level cover (including junior cover by other doctors e.g. Foundation & GP trainees)  
 Other (specify)

Have you ever taken any time out of programme during your training? (Please select all that apply)

OOPT  
 OOPE  
 OOPR  
 OOPC  
 OOPE/T  
 OOPR/T  
 Parental leave  
 No

Other (please specify)

After you complete training what area of O&G do you intend to practice?

Benign gynaecological surgery (office gynaecology, hysteroscopy, etc.)  
 Colposcopy and cervical pathology  
 Fetal medicine  
 Gynaecological oncology  
 High risk pregnancy/Maternal medicine  
 Labour Ward  
 Menopause/Post reproductive health  
 Other (specify)

After completion of your training do you intend work resident out of hours?

Yes  
 No

If you intend to work resident out of hours do anticipate this will be for your entire career?

Early career only  
 Entire career  
 Unsure  
 N/A  
 Other (specify)

Are you aware of gaps in the rota at your level at your current unit?

Yes  
 No  
 N/A

Do you have specialty doctors (SAS, Trust, etc.) supporting your rotas?

Yes  
 No  
 N/A

***The following questions apply to SAS doctors only:***

How many hours/week are you contracted to work?

<20  
 20-39  
 40  
 41-50  
 >50

Do you work resident out of hours on call?

No  
 Yes  
 N/A

If yes, is this first on call, second on call or third on call?

Please specify

If you work resident out of hours do you anticipate this will be your entire career?

Early career only  
 Entire career  
 Other - Please specify  
 N/A

Do you work non-resident consultant level out of hours on call?

Yes

No

Other - please specify

Does your job plan include at least 4 hours/week (= one session if on programmed activities (PA) contract) for supporting professional activities (SPA)? (SPA = non clinical time for audit, teaching, governance, CPD, appraisal)

Yes

No

Don't know

When on call what areas do you cover?

Gynaecology only

Obstetrics and gynaecology

Obstetrics only

Other (specify)

Do you have an educational supervisor?

Yes

No

Don't know

Other (specify)

Do you work in a formal educational role?

Educational supervisor

Clinical supervisor

Teaching Fellow

SAS Tutor

Other (specify)

Do you have a formal leadership role?

Medical Director

Associate Medical Director

Clinical Director

Audit Lead

Governance Lead

Service Lead

Other (specify)

Are you, or have you ever been, principle investigator (PI) for a research project?

Yes

No

Other (specify)

Are you, or have you ever been, an appraiser?

Yes

If you were but are no longer an appraiser then why did you stop? (specify)

No

If yes, do you appraise consultants?

Yes

No

Do you work autonomously (have your own clinics and/or theatre lists)?

Yes

No

If yes, is this work coded in your own name or a consultants name?

Own

Consultant

Don't know

Other (specify)

***The following questions apply to consultants only:***

Has your workload increased in the last 12 months?

Yes

No

Other (Specify)

Do you work full time or LTFT?

- Full Time  
 LTFT, 10%  
 LTFT, 20%  
 LTFT, 30%  
 LTFT, 40%  
 LTFT, 50%  
 LTFT, 60%  
 LTFT, 70%  
 LTFT, 80%  
 LTFT, 90%  
 N/A  
 Other (Specify)
- How many PAs per week are in your job plan?  
 Number (to nearest 0.5)  
 N/A  
 Other - Specify
- Number of Direct Clinical Care PAs  
 Number (to nearest 0.5)  
 N/A  
 Other (Specify)
- Number of Supporting Professional Activities (SPAs)  
 Number (to nearest 0.5)  
 N/A  
 Other (Specify)
- Number of Academic PAs  
 Number (to nearest 0.5)  
 N/A  
 Other (Specify)
- Number of other (i.e. education, managerial) PAs  
 Number (to nearest 0.5)  
 N/A  
 Other (Specify)
- What is the O&G split of your daytime PAs?  
 0% Obstetric, 100% Gynaecology  
 10% Obstetric, 90% Gynaecology  
 100% Obstetric, 0% Gynaecology  
 20% Obstetric, 80% Gynaecology  
 30% Obstetric, 70% Gynaecology  
 40% Obstetric, 60% Gynaecology  
 50% Obstetric, 50% Gynaecology  
 60% Obstetric, 40% Gynaecology  
 70% Obstetric, 30% Gynaecology  
 80% Obstetric, 20% Gynaecology  
 90% Obstetric, 10% Gynaecology  
 N/A
- Would you like to decrease the amount of obstetric work you do?  
 Yes  
 No  
 N/A
- Are any of your PAs out of hours (evening, weekend, emergency, on-call etc.)?  
 Yes  
 No  
 N/A
- If you work over night on call would you like to reduce this?  
 Yes  
 No  
 N/A
- If you work out of hours, what is your PA split?  
 0% Obstetric, 100% Gynaecology  
 10% Obstetric, 90% Gynaecology

- 100% Obstetric, 0% Gynaecology  
 20% Obstetric, 80% Gynaecology  
 30% Obstetric, 70% Gynaecology  
 40% Obstetric, 60% Gynaecology  
 50% Obstetric, 50% Gynaecology  
 60% Obstetric, 40% Gynaecology  
 70% Obstetric, 30% Gynaecology  
 80% Obstetric, 20% Gynaecology  
 90% Obstetric, 10% Gynaecology  
 N/A
- Does your job plan require you to work routinely resident in the hospital outside 'office hours'?
- Yes  
 No  
 N/A
- If yes, are these twilight/weekend day shifts or can they include time after midnight?
- Twilight/weekend day shifts only  
 Include time after midnight  
 N/A  
 Other
- Who is resident with you usually for twilight/weekend days?
- A junior grade (GP trainee, F2)  
 An O&G trainee (or equivalent) (ST1/ST2)  
 At least one doctor who is ST3 or higher  
 N/A  
 Other (Specify)
- Who is resident with you usually for after midnight shifts?
- A junior grade (GP trainee, F2)  
 An O&G trainee (or equivalent) (ST1/ST2)  
 At least one doctor who is ST3 or higher  
 N/A  
 Other (Specify)
- Do you plan to reduce sessions as part of your retirement plan?
- Yes  
 No  
 Don't know  
 N/A  
 Other (Specify)
- When (what year) do you plan to retire completely from clinical work?
- 2018-2019  
 2019-2020  
 2021-2025  
 2026-2030  
 2031-2035  
 2036-2040  
 2041-2045  
 2046-2050  
 2051-2055  
 2056-2060
- Do you intend to retire and then return to work?
- Yes - please specify intended number of sessions  
 No  
 Other (Specify)
- When on duty are you aware of gaps in the trainee's rotas?
- Frequently  
 Infrequently  
 Never  
 Often  
 N/A
- Are you ever required to fill in for absent staff at a lower grade?
- Frequently

Infrequently  
Never  
Often  
N/A

Do you have specialty doctors (SAS, Trust, etc.) supporting your rotas?

Yes  
No  
N/A

If yes, which of these roles provide this service? (Yes/No)

Associate Specialist  
LAS/LATs  
Staff Grade  
Trust Doctor  
Other (Specify)

Do you feel you have a team structure that adequately supports your development and practice needs?

Yes - please explain why  
No - please explain why  
Don't know  
N/A

If yes, can we contact you to obtain a copy of your team structure?

Yes  
No  
N/A

#### **Section 4: Your Wellbeing**

*The following questions apply to trainees and SAS doctors only:*

Since starting specialty training how often have you thought of leaving O&G/medicine entirely?

Daily  
Weekly  
Monthly  
Occasionally  
Never

If you have or would ever consider leaving speciality training what reasons would you give? (Please only tick those that would impact on your decision)

Family  
Lack of work-life balance  
Pay  
Long working hours  
Shift working  
Intense workload  
Rota gaps  
Desire to work abroad  
Inability to work less than full time  
Issues with gaining adequate clinical experience when working less than full time  
Preference to work in another geographic area  
Preference to work in another specialty  
Personal Health  
Physical demands of the job  
Personal mental health  
Stress  
Lack of clinical supervision  
Poor pastoral support  
Poor educational supervision  
Low morale  
No support from colleagues  
No social interaction with colleagues  
Commuting distance  
Frustration with training  
Frustration with health service

Blame culture  
 Lack of improvement  
 Litigation  
 Fear of litigation  
 No opportunities to debrief following adverse event or serious incident  
 No support following adverse event or serious incident  
 Patient care/safety concerns  
 Concerns with new contract  
 Insufficient financial remuneration  
 Under resourced health service  
 N/A  
 Other (Specify)

What are the positive aspects of O&G that you experience and make you want to pursue this as your chosen career? (Please select all that apply)

Unique mix of medicine and surgery  
 Good communication / team working  
 Demonstrating your ability to cope well under pressure  
 Good support from colleagues  
 Good support from trainers/supervisors  
 A balanced work intensity that makes the job interesting and enjoyable  
 Financial remuneration  
 Sub-Specialty training  
 Academic training  
 Research opportunities  
 Personally fulfilling/rewarding  
 Challenging (but with appropriate support)  
 Out of programme opportunities  
 Ability to work flexibly  
 Being seen as a valued team member  
 Don't know  
 Other (Specify)

Do post-shift rest facilities exist within your hospital (e.g. a sleep off room)?

Yes  
 No  
 I don't know

Have you ever used such facilities?

Yes  
 No  
 N/A

If they exist, how easily accessible are these facilities?

Difficult  
 Don't know  
 Easy  
 Some effort  
 Very difficult  
 Very easy  
 N/A

Do you have accessible and adequate rest facilities available during your night shifts (i.e. private area with bedding/comfortable chair)?

Yes  
 No  
 I don't know  
 N/A

Have you ever used such facilities?

Yes  
 No  
 N/A

If they exist, how easily accessible are these facilities?

Difficult  
 Don't know

- Easy  
Some effort  
Very difficult  
Very easy  
N/A
- How often do you sleep for at least 30 minutes uninterrupted during a night shift?  
About half  
Less than half  
Most shifts  
Never  
N/A
- How do you normally commute home after a night shift?  
Cycle  
Drive - car  
Drive - motorcycle  
Other (Specify)  
Public transport  
Taxi or equivalent  
Walk  
N/A
- How long does your commute usually take after a night shift?  
15-30 minutes  
30-60 minutes  
< 15 minutes  
> 60 minutes  
N/A
- If applicable, do you ever feel too tired to drive home after a night shift?  
Yes  
No  
N/A
- If applicable, have you ever had an accident/near miss when driving home after a night shift?  
No  
Yes  
Prefer not to say  
N/A

***The following sections apply to all doctors***

**Section 5: Maslach Burnout Inventory (Copyright Restricted)**

**Section 6: Defensive Medical Practice**

Within the last 6 months, have you ever taken the following actions which you would not have done if you were not worried about possible consequences such as complaints, disciplinary actions by managers, being sued, or publicity in the media? For each of the following, please rate each item on a 5-point Likert scale

Avoidance (3 items)

Avoided a particular type of invasive procedure

- Never  
Rarely  
Sometimes  
Quite often  
Often

Not accepted "high risk" patients in order to avoid possible complications

- Never  
Rarely  
Sometimes  
Quite often  
Often

Stopped doing aspects of your job

- Never

Rarely  
 Sometimes  
 Quite often  
 Often

Hedging (9 items)

Prescribed more medications than medically indicated

Never  
 Rarely  
 Sometimes  
 Quite often  
 Often

Referred to specialists in unnecessary circumstances

Never  
 Rarely  
 Sometimes  
 Quite often  
 Often

Conducted more investigations or made more referrals than warranted by the patient's condition

Never  
 Rarely  
 Sometimes  
 Quite often  
 Often

Admitted patients to hospital when the patient could have been discharged home safely or managed as an outpatient

Never  
 Rarely  
 Sometimes  
 Quite often  
 Often

Asked for more frequent observations to be carried out on a patient than necessary

Never  
 Rarely  
 Sometimes  
 Quite often  
 Often

Written in patients' records specific remarks such as "not suicidal" which you would not if you were not worried about legal/media/disciplinary consequences

Never  
 Rarely  
 Sometimes  
 Quite often  
 Often

Written more letters about a patient than is necessary to communicate about the patient's condition

Referred patient for a second opinion more than necessary

Never  
 Rarely  
 Sometimes  
 Quite often  
 Often

Carried out more tests than necessary

Never  
 Rarely  
 Sometimes  
 Quite often  
 Often

**Section 7: Doctor Wellbeing**



In the past 12 months have you experienced:

Cardio-vascular problems (e.g. high blood pressure, angina, heart attack)

Yes

No

Gastro-intestinal problems (e.g. gastritis, irritable bowel syndrome, ulcers)

Yes

No

Depression

Yes

No

Anxiety

Yes

No

Anger & irritability

Yes

No

Other mental health problems

Yes

No

Suicidal thoughts

Yes

No

Sleep problems/insomnia

Yes

No

Marital/relationship problems

Yes

No

Frequent headaches

Yes

No

Minor colds

Yes

No

Recurring respiratory infections

Yes

No

None of the above

Yes

No

Other

Yes (please specify)

No

Any additional life stressors (e.g. bereavement, accident etc.)

Yes – currently (in the last 6 months)

Yes – in the past (more than 6 months ago)

No

Have you ever been aware of, or other people raised concerns, that you are drinking too much alcohol or taking (prescribed or non-prescribed) drugs?