Title: Why don't junior doctors progress onto speciality training? A realist review protocol.

Problem: In recent years, the number of foundation year 2 doctors who do not progress onto speciality training after their foundation programme has increased steeply. Only 37.7% of junior doctors appointed speciality training as their career destination in 2018. Alternative career destinations are varied, ranging from applying to speciality training abroad to taking up locum appointments within the NHS. This has possible implications for patient access to care in the UK and at a broader level poses possible challenges for workforce retention. Our review aims to explore reasons for why UK junior doctors do not progress onto speciality training, considering both the bearing of medical school and the foundation programme on junior doctor decision-making.

Approach: Taking a realist approach to evidence synthesis, we will collect data through systematic searches informed by the search terms identified in preliminary scoping/background searches. Quantitative, qualitative, mixed methods and grey literature documents will be searched. Evidence will be extracted through criteria based on both relevance (contribution to the refinement of the programme theory) and rigour (trustworthiness of the data). Data synthesis and evaluation will follow the realist systematic review guidelines proposed by Pawson (2006) using the Realist and Meta-Review Evidence Synthesis: Evolving Standards (RAMESES) guidelines on quality and reporting (Wong et al., 2014).

Findings: Preliminary searches and a mapping of assumptions into an initial programme theory suggest that the current training structure, established by the 2007 Modernising Medical Careers reform, has been identified as contributor to different mechanisms, such as feeling confident (or not) about speciality choice, concerns about personal wellbeing and feelings of preparedness (or not). Other possible contexts including experiences at medical school and the UK social, economic and political climate appear to also contribute to the decision of leaving training.

Implications: Future searches and synthesis will now be undertaken to further refine and refute this initial programme theory. This review may be capable of contributing to the ongoing discussion on post-graduate training, medical school conditions and wider strategy planning for the NHS workforce.

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