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Peer Review

Salem J, Hawkins L, Gates J et al. COVID-19 and the impact on doctor wellbeing and training: A mixed methods study [as submitted to The Physician]

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Overall this is an excellent, highly readable and well conducted study. Given the resurgence of the pandemic, it will make urgent reading for educators at every level within NHS Trusts and many organisations concerned for the welfare of junior doctors including Health Education England. I would recommend high priority for publication. My comments below are supplementary to that opinion, and not meant to detract from it.

Statement of competing interests. I was formerly a professional colleague of one of the authors at Health Education England. I do not have any other competing interests.

Comments:

- P2 Methods. "Surgical doctors were redeployed." So were trainees on GP rotations, including redeployment from the community into hospitals. This may have been the largest group to be redeployed.
- P2 Study design and methods Phase 1: "and" at the end of line 3 is a typo.

Table 1 and Figure 1. I note that no distinction is made here between GPs trainees who happened to be working in particularly specialities, and career trainees in those specialities. I realise it may be too late to disaggregate these now, but it would be helpful to point out that some doctors will have actually been redeployed GP trainees (or clarify if these were counted as "Other")

- P4 Impact on training: Again (at the risk of labouring the point) the redeployment of many GP trainees from their community experience back into hospitals may have been more deleterious than for redeployment of those in hospital specialties between departments, because of RCGP and GMC requirements for length of service in the community.
- Pp 4-5. Personal wellbeing. "violations of their core beliefs". Mention of the concept of moral injury would be appropriate here, see: Shale S. Moral injury and the COVID-19 pandemic: reframing what it is, who it affects and how care leaders can manage it. https://bmjleader.bmj.com/content/early/2020/07/17/leader-2020-000295
- P5 Theme 1 Support. I find it highly significant that no junior doctors appear to have mentioned drawing upon (or being aware of) the many wellbeing initiatives offered through the BMA, defence organisations, Physician Health Programme (PHP), Health Education England etc. in response to the pandemic. If this was the case, it might be worth highlighting this, as it could have a great deal of bearing on how these organisations should target future resources. See also my final comment below.
- P5 Theme 3 Return to work. "There was mixed feelings" is a typo. It should be "There were mixed feelings."

Altogether, this paragraph is a bit confusing. The delayed introduction of mandatory public measures to prevent spread of COVID-19 does not fit with the heading of "Return to work". Nor do the challenges of "not knowing shift patterns" etc. Possibly the heading should be changed or the findings reassigned to other headings.

- P5 Discussion. "Only 7% of doctors in the hospital accessed organisational support resources". Is this figure taken from the survey (in which case it should be "respondents" and not "doctors") or was it

taken independently from a Trust source (in which case the source should be cited)?

- P6 Para 3 “leaders have a significant impact” and “guiding principles and a framework”. It might be worth pointing out tactfully here that none of the junior doctors appear to have alluded to either of these, either positively or negatively. Analogously, research in relation to organisational measures to address bullying has shown that “guiding principles and a framework” have no impact in themselves without measures to promote awareness among staff and (more imprtantly) a visible demonstration that these are actively and continually implemented. See: Illing JC, Carter M, Thompson NJ et al. Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision making in the NHS. Durham University, 2012. Executive summary: www.netscc.ac.uk/hsdr/files/project/SDO_ES_10-1012-01_V02.pdf (accessed 7 February 2013)
- P7 Conclusion. Based on the poor uptake of any formal resources, contrasted with the positive views of “a period of quiet reflection or for interaction with peers” (P5 Support) I suggest adding a comment to the effect that providing resources (including time) for support from peers and near-peers, such as buddying arrangements and peer group ‘huddles’ might be worth exploring as an effective way of enhancing wellbeing. See: Ten Cate O and Dunning S Peer teaching in medical education: twelve reasons to move from theory to practice. https://www.tandfonline.com/doi/full/10.1080/01421590701606799