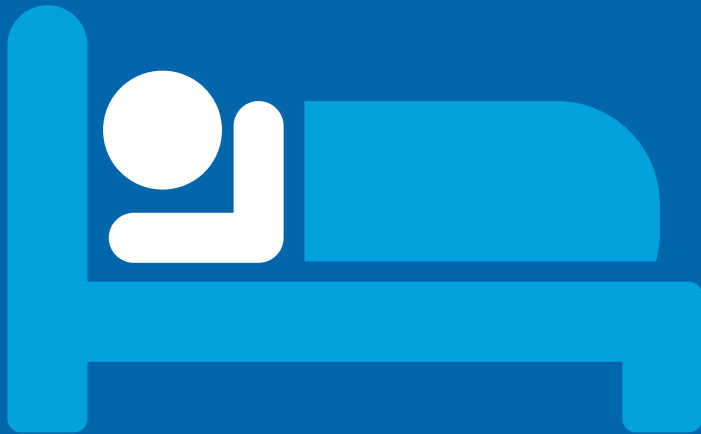


BMA Fatigue and Facilities charter

We are all pulling together to meet increasing demands in an overstretched health service; working more intense hours, routinely missing breaks and dealing with inadequate rest facilities. We know this is bad for staff and our patients. This charter outlines simple steps that can be taken to improve facilities and reduce fatigue, so we can safely, effectively and efficiently care for our patients.



The BMA is asking employers to sign up to the standards in our charter. Get in touch with your local BMA Representatives if you want to help us promote better working conditions for doctors.



Rostering and rota design

- When designing rotas, refer to joint guidance from NHS Employers or equivalent and the BMA, where available.
- Use forward-rotating rota designs (day-evening-night) which minimise frequent transitions between day and night shifts.
- Give adequate recovery time after nights to re-establish normal sleep patterns – at least 46 hours after completing the final night shift.
- Design rotas with no more than four long shifts in a row, a maximum of seven consecutive shifts and no more than 72 hours in a 168-hour period.
- Emergency requests for cover should stay within these limits.
- Provide clearly rostered breaks that comply with rest/break entitlements. For example, for junior doctors:
 - under the 2002 terms and conditions: at least 30 minutes' continuous rest after approximately four hours' duty
 - under the 2016 terms and conditions: at least one 30-minute paid break for a shift rostered to last more than five hours, and a second 30-minute break for a shift of more than nine hours.
- Support a team-based 'hospital at night' approach, including bleep filtering and policies to enable consistent breaks for all hospital staff at night.
- Help doctors to raise issues with missed breaks – eg through monitoring or exception reporting systems – and create action plans committing the employer to ensure all breaks are taken.
- Ensure rosters and staffing numbers take account of the need to give the full allocation of annual, study, and other kinds of leave, with enough flexibility for doctors to take leave when sufficient notice is given.
- Ensure rosters and staffing numbers are sufficient to allow safe cover if doctors are unexpectedly absent, eg for sickness or compassionate leave.

Induction and training

- At induction, provide basic education on sleep and working nights, as well as general healthy lifestyle advice.
- Offer regular screening of shift workers for primary sleep disorders.
- Make all staff aware of the importance of taking their breaks, and run regular campaigns to encourage it.
- Give information about the location of rest facilities and how to access them.
- Recognise the importance of rest in reducing human error, in organisational standards and responses to raised concerns, missed breaks, or rostering problems.

Common room or 'mess'

- Provide an easily accessible mess with appropriate rest areas 24 hours a day, seven days a week, allowing staff to nap during breaks.
- Ensure nap/rest areas are separate from food preparation or routine break areas, and that the mess is not used for organised shift handovers or other clinical work – it should be an area of rest and not a clinical environment.
- Provide these areas on site for staff (not necessarily exclusively junior doctors), wherever is most appropriate:
 - lounge (with power points, telephone connection and TV aerial)
 - office/study area (with power points, telephone connection and internet access)
 - kitchen (with sink, hotplate, microwave, toaster, fridge, freezer, kettle, coffee machine and supply of tea, coffee, milk and bread)
 - changing facilities and showers
 - storage area including lockers for doctors
 - secure cycle storage.

Catering

- Any catering facilities must:
 - be open 365 days a year
 - provide adequate, varied, efficiently served and freshly prepared meals
 - offer healthy eating and vegetarian options, and options for a range of cultural and dietary requirements
 - serve hot food for extended meal times for breakfast, lunch and dinner, where possible with a minimum late opening until 11pm and a further two-hour period between 11pm and 7am.
- Make hot food available if the canteen is closed, through a supply of microwave meals or a similar arrangement. Supplies should be sufficient for all staff on duty, readily accessible to doctors in training, and regularly restocked. Offer card payment or change machines where necessary.

Travel

- Provide sufficient parking, with a short and safe route to and from the hospital, and reserved spaces for doctors expected to travel after dark. This includes those who are non-resident on-call overnight. Refer to each department's rotas to calculate the number of spaces required.
- Where possible, provide an appropriate sleep facility for doctors advising that they feel unable to travel home after a night shift or a long, late shift due to tiredness.
- Where this is not possible, ensure that alternative arrangements are made for the doctor's safe travel home.

Rest facilities for doctors working on-call

- Make sleep facilities available free of charge for all staff who are rostered or voluntarily resident on-call at night. An individual room should be provided, with:
 - a bed, of good quality, with linen changes every three days and for every new occupant
 - an independently controlled source of heating
 - towels, changed daily and for every new occupant
 - a telephone with access to hospital switchboard
 - electrical power points
 - adequate sound- and light-proofing to allow good quality sleep day and night.

Fixing problems

- Appoint a nominated employer representative for dealing with fatigue and facilities.
- Situations where standards set out in this charter are not met should be raised with the employer representative and an action plan brought to the LNC for agreement.
- The action plan should be implemented within six months of the date that the issue was raised.
- Occasions where an action plan is not implemented by the deadline should be included in the guardian of safe working's quarterly report to the employer's board, or for employers without such a guardian, reported directly to the board.

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