

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Safety during night shifts: A cross sectional survey of junior doctors' preparation and practice
AUTHORS	Jackson, Emma; Moreton, Adam

VERSION 1 - REVIEW

REVIEWER	Roy Pounder Emeritus Professor of Medicine
REVIEW RETURNED	28-Jul-2013

GENERAL COMMENTS	<p>I think this is an exceptionally important and worrying report.</p> <p>It is long, but hopefully online publication will allow the length.</p> <p>The big question is, why when the evidence and advice were available before the EWTD was introduced, are things so bad?</p> <p>I think it is largely that the BMA - allegedly protecting junior doctors - has yet to set-up a single prosecution of a hospital under the HSE regulations. 'Pour encouragez les autres...'</p> <p>I think this failure could be discussed... Consultant, Medical Directors and HR departments do not realise the danger they are in... not least if a junior kills someone driving home after excessive hours. The is UK case law where a sugar beet lorry driver, working excessively, killed himself and another... and the employer went for a lengthy prison term because of the excessive hours he imposed on the person below him. Sound familiar?</p> <p>The link to working the night shift - should be intact via Pubmed http://www.ncbi.nlm.nih.gov/pubmed/16521358</p> <p>but it's down, and I've chased the RCP, and attached a PDF - which the BMJ is free to attach to your article.</p> <p>I should declare that I'm involved with RotaGeek Ltd - a not-for-profit website that has no charges for doctors to design their own rotas [see http://www.rotageek.com/]</p>
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REVIEWER	Philip Tucker Associate Professor Psychology Department Swansea University UK
REVIEW RETURNED	31-Jul-2013

GENERAL COMMENTS	<p>The methods used necessarily impose restrictions on the generalizability of the results, as is acknowledged by the authors. This notwithstanding, the methodology appears to be sound. The paper is well written with good coverage of the relevant literature and a well argued discussion of the results. The description of the sample is rather sparse (i.e. no information about gender, age, etc).</p> <p>I have only some minor comments about the discussion, plus some points relating to the formatting of the manuscript:</p> <p>At the start of the discussion it is stated that “the majority of hospitals do not provide medical staff with the rest facilities that would enable doctors to optimise their performance...”, while later we are told that “Half the trainees surveyed do not have facilities such a quiet room ...”. The actual proportion is 51%, which technically is the majority and at the same time is virtually half. Nevertheless, I think the use of the term ‘majority’ in the opening paragraph is a little bit misleading /confusing.</p> <p>I suspect that three-shift systems of the kind favoured by Bambra et al (“where shifts change ... in a morning, evening and then night pattern”) may not be suitable for medical doctors (I have never heard of such systems being used by doctors). This caveat is probably worth noting.</p> <p>Refs 1 & 7 are the same.</p> <p>Table 1 referred to in the text as Figure 1.</p> <p>Box numbers start at 2, although text refers to boxes 1-3.</p> <p>Why are exemplar quotes only provided for some of the themes? I presume this due to space restrictions, but some explanation is needed, as it looks odd.</p> <p>The headings of the boxes should replicate the theme titles in Table 1. It would be better if the boxes appeared in the same order as the order of themes listed in Table 1.</p>
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VERSION 1 – AUTHOR RESPONSE

It is an interesting point regarding HSE regulations and the absence of prosecutions. We do not feel able to comment on this specific issue without detracting from the core message of this work.

Regarding approval for the study, the survey questions were approved by the interim Director of Workforce and Education for Health Education North West. The survey was anonymous and did not collect any demographic details. We have included this in the revision.

We have amended the sentence at the start of the discussion: "the majority of hospitals represented by the survey group do not provide medical staff with the rest facilities that would enable the doctors to optimise their performance" by replacing "majority" with "some".

We have added a comment that three shift patterns- morning, evening and night- are most commonly experienced by junior doctors working in the emergency department, and therefore this advice (by Bambra and colleagues) is most relevant in these rotas.

Reference 1 is the research report, <http://www.gmc->

uk.org/The_Impact_of_the_Working_Time_Regulations_on_Medical_Education_and_Training___Final_Report_on_Primary_Research.pdf_51157039.pdf; reference 7 is the literature review
http://www.gmc-uk.org/The_Impact_of_the_Working_Time_Regulations_on_Medical_Education_and_Training___Literature_Review.pdf_51155615.pdf.

The descriptor for Table 1 and the boxes have been corrected. The boxes now appear in the same order as the themes in Table 1.

In the Theme boxes, those quotes which repeated a viewpoint were not used, as the numbers of responses per theme are presented in table 1, and the authors felt the repetition did not add anything to the manuscript. Comments that were already answered by a survey question were also not used. Additionally, because the free text characters was not limited, many comments were long. To include all quotes would create a very long manuscript with lists of raw, unanalysed qualitative data, which is not conventional.