

Making the most of the doctors' mess: a guide for the foundation year doctor

Introduction

The doctors' mess has always been an integral part of medical culture. It stems back to the days when doctors were on duty for long hours, but not necessarily actually working. Therefore, they had to have somewhere where they could retreat while waiting to be called. It was always a haven of relative tranquillity where you could take your break away from the wards. *The New Deal* (NHS Management Executive, 1991) says that there is supposed to be a doctors' mess away from clinical areas, separate from any dining room. In this day and age of shifts, some would argue that the mess is an anachronism. However, there is still a place for it.

Lay people are often confused by the idea of what a mess is. They may think it is a big refectory, as in the army or police force. Doctors' messes vary from one relatively bare room to a more luxurious suite.

Mess facilities

Arrangements for providing refreshments vary. There are usually basics such as bread, butter, milk, tea, coffee and maybe cereal. Some messes have set amounts of provisions delivered every day. In some, catering staff will gauge what is needed and stock up accordingly. The mess fund may be charged, or the trust may supply them free. If there are inadequate stocks, it is not always easy to know whether this is because they have not been delivered or there are no funds. It is always best to check with the mess president or another committee member if possible.

There may be newspapers and even magazines delivered. There may not be weekend papers, and the cleaner may throw Friday's papers away, leaving you none at all. There may be computers, a pool table (usually free) and pigeon-holes.

Dr Rachel Hooke is *Working Time Directive (WTD) Implementation Manager, Airedale NHS Trust, Steeton, Keighley, West Yorkshire BD20 6TD*

If your only correspondence address is the doctors' mess, it can confuse people in the real world and may not show up on standard postcode or house number searches. There is usually a television, which may or may not have more than the standard channels.

The mess committee may organize nights out. There may be pharmaceutical company-sponsored meals in the mess.

Use of the mess

Some people will tend to use the mess more than others. There are often complaints about the registrar from a particular specialty who is always in there. Doctors who live on site may use the mess when off duty, particularly if there are facilities absent from the residences, such as satellite television. In this day and age of Modernising Medical Careers and new recruitment systems, there is, to some extent, a move back to the old days of more doctors living in. Hence, more people may use the mess when off duty even if there is no time while on duty and working shifts.

Who is eligible to go in the mess? One debate about consultant entry led to a rule that consultants could only enter with their juniors. This generated a mentality of 'I'm with him' among new consultants. I knew of a manager who used to go in and fill his kettle, then report unfavourably on people he saw in there. The doctors' mess is traditionally for juniors, but staff and associate specialist (specialty doctor) grades will often make use of it. Students, clinical attachées and locums may also do so.

Always ensure that you pay your mess fees, as it is not fair on the others who are subsidising you if not. Even if you just watch television or read the papers rather than having refreshments, money is still needed to pay for these. Medical staffing may get you to sign up. If not, sign up anyway or pay by cheque. Find out what the arrangements are if you are not paid by the trust that hosts the mess, for example, if you are a psychiatric trainee, a locum or

paid regionally. On the other hand, if money is being taken out of your salary to pay for a mess you are not using, then sort it out. It is possible for a whole month's fee to be deducted in the month you are leaving, even if you are only in the job for a few days of that month. Fees vary, and some seem cheaper for more benefit. If you are concerned, ask the mess president. Some categories of doctor or student think they can get away without paying. However, if too many people are omitting to do so, something may need to be done.

The mess is as secure as you make it. It is unwise to write the combination on the posters outside, as some have been known to do. Be careful about leaving valuables in the mess. Lockers may or may not be provided or available.

It is best to clear and clean up after yourself. This is, of course, not always easy if your break is limited and you are bleeped away urgently. Domestic staff may not do the washing up under their normal trust employment contracts, but some mess funds pay them extra to do this. Do not take it for granted that this is part of their duties. It goes without saying that you should treat your cleaner with respect. Many doctors' messes live up to their name. Be aware of infection control, or the trust could take measures. If you suffer from eczema or dermatitis of your hands, ask the domestic services department if they can supply a pair of rubber gloves to be kept in the mess.

Some people exhibit somewhat antisocial behaviour in the mess. It is not advisable to hog the television. Continuous News 24, Al Jazeera or Sianel Pedwar Cymru (S4C) can become tedious and people may not like to ask you if they can change the channel. Sleeping in the mess can be done, particularly in the early hours of the morning. However, there may be conflict among people who are asleep and those who want to remain awake and use the facilities. Sheets are not automatically removed or washed as in traditional on-call rooms.

Burning the toast is not funny or clever, no matter how charred you like it. The fire safety manager may expect the mess president to fill in an action form. The toaster may be confiscated, although sometimes only to be replaced by an identical one out of mess funds. The fire brigade may charge for call-outs.

You should, of course, not leave scraps of paper with confidential patients' details lying around.

Running the mess

If no-one seems to be taking on the job of mess president, why not do it yourself? It is good experience and something you can put on your curriculum vitae (Hooke, 2001). You will need to find out what the financial arrangements are.

Conclusions

The doctors' mess is, to an extent, what you make of it. You have to remember that other people with different needs are sharing it with you. If you are using the mess at all, no matter how minimally, you should pay the fee. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine. These views are her own and do not necessarily represent those of her employers or any other organizations she is associated with.

Hooke R (2001) So...you want to be a manager? *Student BMJ* 9 (Sep): 330–1 (<http://student.bmj.com/issues/01/09/careers/330.php> accessed 24 October 2008)
NHS Management Executive (1991) *Junior doctors. The New Deal*. NHS Executive, London

KEY POINTS

- Make sure you pay your mess fees if you are using the mess.
- Make sure you keep the mess secure for the sake of yourself and other people.
- Try to clean up after yourself if you have got time – it is your mess in both senses of the word.
- Do not let anything burn, or there can be consequences.
- Try to behave sociably with the people sharing the mess.