

NPA/26/15

**Title of Proposal:** Aircrew Fatigue Management

**RA(s) or Manual Chapter(s):** RA2345

**Organizations and / or business sectors affected:** All of the Regulated Community

**RFC Serial No:** MAA/RFC/2025/016

*MAA Author*

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| N/A  | N/A  | N/A  | N/A       |

#### Cross-references to Other Documents or Relevant Sources

**Other MRP Amendments:** N/A

**Service Inquiry Recommendations:** N/A

**AAIB Recommendations:** N/A

**Other Investigation Recommendations:** N/A

**Any Other Document:** AP1269A

#### Feedback Notes for the Regulated Community

The Regulated Community are invited to offer feedback about the proposed amendment in the following areas:

- Air or Flight Safety impact
- Operational impact
- Errors or omissions
- Timescale for implementation
- Cost of implementation
- Amendment to internal processes/orders
- Resourcing the outcome of change

- (Contract amendments because of the change)

The format for feedback is available within a single Excel Template file on both internal and external MAA websites; it is important to use this format to ensure that your responses are considered and answered correctly.

### **Summary of Proposed Amendment**

**Objective:** To modernise and future-proof the regulation by adopting a risk-based approach to aircrew fatigue management, providing Duty Holders with greater flexibility to set appropriate fatigue controls, and strengthening the medical governance of sleep-management interventions by referencing external medical policy on the use of sedatives.

**Changes made:** Issue 6 introduces a more comprehensive and flexible approach to aircrew fatigue management by expanding the scope of fatigue controls that Duty Holders must establish. ADHs and AM(MF)s have the freedom to define their own maximum flying hours, flying duty periods, accumulated flying-hour limits and minimum compulsory rest periods for Aircrew within their AORs. The Acceptable Means of Compliance has been refocused on the establishment of locally determined fatigue management arrangements that reflect the demands of specific aircraft types, operational tasks and mission profiles. Additional guidance has also been included on factors that may influence fatigue, such as supervisory and authorisation duties, ground training activities, and other flying-related tasks that contribute to overall workload.

Issue 6 also broadens the policy relating to the management of work and rest schedules through medication. References to a single named medication have been replaced with a wider policy covering the use of sedatives, creating a framework that is more adaptable to current and future medical practice. The updated requirements introduce clearer governance arrangements, including prescription by a UK Military Aviation Medical Examiner (MAME), compliance with RA 2135 and AP1269A, restrictions on concurrent use with melatonin, and a requirement for Aircrew to discuss sedative use during the authorisation process. The draft retains the requirement for a successful ground trial before operational use but places greater emphasis on medical oversight through referenced policy rather than detailed regulatory prescriptions within the RA itself. This results in a more enduring and medically governed approach to managing fatigue-related sleep interventions.

**Impact Assessment:** Positive

**Consultation Period Ends:** 28 September 2026

The consultation period for this proposed amendment ends on the stated date. Please send your feedback, using the Response Form, via email to [DSA-MAA-MRPEnquiries@mod.gov.uk](mailto:DSA-MAA-MRPEnquiries@mod.gov.uk)

#### *MAA Approval*

| <b>Post</b>               | <b>Name</b> | <b>Rank</b> | <b>Signature</b>           |
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## RA 2345 - Aircrew Fatigue Management

### Rationale

*Fatigue is a significant factor in degrading the performance of Aircrew. Aircrew suffering from fatigue may not be fit to perform their duty and present a Risk to Flight Safety. This Regulation requires Aviation Duty Holders (ADH) and Accountable Managers (Military Flying) (AM(MF)) to manage Aircrew fatigue.*

### Contents

#### 2345(1): Management of Aircrew Fatigue

#### 2345(2): Use of ► **Sedatives** ◄ in the Management of Work and Rest in Aircrew

### Regulation 2345(1)

#### Management of Aircrew Fatigue

2345(1) ADH ►/◄ AM(MF) **shall** define the maximum allowable flying hours, ► **duty periods** ◄ and ► **periods of** ◄ compulsory rest ► ◄ for Aircrew ► **within their Area of Responsibility (AoR).** ◄

### Acceptable Means of Compliance 2345(1)

#### Management of Aircrew Fatigue

1. ADH ►/◄ AM(MF) **should** define in orders ► ◄:
  - a. ► **The maximum flying duty period. This **should** take into account the aspects required to perform specific operations and missions, and as a minimum address:**
    - (1) **Maximum flying times;**
    - (2) **Cockpit alert time;**
    - (3) **Standby duties and;**
    - (4) **Compulsory rest periods.**
  - b. **The daily, monthly, quarterly and yearly maximum accumulated flying hours for Aircrew within their AoR.**
  - c. **The period of minimum compulsory rest prior to a flying duty period.** ◄
  - d. ► ◄
2. ► ◄
3. ► ◄
4. ► ◄
5. Aircrew **should** make full use of opportunities to rest and avoid activity detrimental to the next ► ◄ period ► **of duty** ◄. Non-military flying and other ► **fatigue-inducing factors** ◄ **should** be considered by both Aircrew and Authorisers when reviewing activity prior to the next planned duty cycle.
6. ► ◄

### Guidance Material 2345(1)

#### Management of Aircrew Fatigue

7. Factors that may be considered when ► **limiting the flying duty period, maximum accumulated flying hours** ◄ and compulsory rest periods include, but are not limited to:
  - a. The need for climatic or environmental acclimatisation;
  - b. The type and distance of accommodation used by Aircrew from the operating base;
  - c. Disturbance and actual rest taken during the stand-down period;
  - d. The time that Aircrew arrived on duty;

## Guidance Material 2345(1)

- e. Flying related ground activities (►supervision, Authorisation, ground training, ◀ briefings, mission planning, simulator training etc);
  - f. Type of Aircraft (in relation to Aircraft performance, noise and vibration, workload and effort of the individual Aircrew);
  - g. Cumulative and / or split duty periods;
  - h. Extremes of temperature during ground operations;
  - i. The time taken to complete the task, delays incurred and expected (latest) landing time;
  - j. Flight across multiple time zones;
  - k. The personal and social situation of individual Aircrew;
  - l. The fatiguing effect of non-military flying.
8. ►◀
9. ►◀
10. Fatigue management training is beneficial to equip personnel at all levels with the skills to identify the signs and symptoms of fatigue, and to manage associated Hazards. Fatigue management is an essential objective of the Aviation Medicine course as described in RA 2135(5)<sup>1</sup>. A specific focus on fatigue related issues may also be included in pre-deployment training.
11. A Fatigue Risk Management System (FRMS) is a recognised civilian methodology, based on scientific principles, that allows operators to manage the fatigue related Hazards particular to their types of operations and context. An FRMS may assist ADH / AM(MF)s to manage fatigue Risk ►◀.
12. Whilst not mandatory for Aircrew within the Defence Air Environment, ADH ►/◀ AM(MF) may wish to refer to Civil Aviation Publication (CAP) 371<sup>2</sup> guidance to understand the commercial aviation view on avoiding Aircrew fatigue.

## Regulation 2345(2)

### Use of ►Sedatives◀ in the Management of Work and Rest in Aircrew

2345(2) ADH **shall** issue orders for the use of ►sedatives◀ in their AoR to manage work and rest schedules.

## Acceptable Means of Compliance 2345(2)

### Use of ►Sedatives◀ in the Management of Work and Rest in Aircrew

- 13. ►Sedatives◀ **should** be prescribed ►by a UK Military Aviation Medical Examiner (MAME)◀ and used in accordance with ►RA 2135<sup>3</sup> and ◀ AP1269A<sup>4</sup>.
- 14. ►Sedatives **should** only be used by Aircrew in the management of work and rest on operations, operational training and route flying. The use of sedatives **should not** be considered by Defence Contractor Flying Organisations.◀
- 15. ►◀ The use of ►sedatives **should**◀ only ►◀ be considered as an adjunct and ►are◀ not considered a substitute for effective scheduling and rest patterns.
- 16. ►◀
- 17. ►Sedatives **should not** be used together or concurrently with melatonin.
- 18. The use of sedatives **should** be discussed during the Authorisation process.◀

<sup>1</sup> Refer to RA 2135(5): Aviation Medicine Training.

<sup>2</sup> Refer to CAP 371 – The Avoidance of Fatigue In Aircrews.

<sup>3</sup> ►Refer to RA 2135 – Aircrew and Supernumerary Crew Medical Requirements.◀

<sup>4</sup> Refer to AP1269A – RAF Manual - Assessment of Medical Fitness, Leaflet 5-19 Annex C - ►Use of Sedatives◀ in the Management of Work and Rest in Aircrew.

**Guidance  
Material  
2345(2)****Use of ► Sedatives ◀ in the Management of Work and Rest in  
Aircrew**

19. ►◀

20. ► Aircrew will undergo a ground trial<sup>4</sup> of a prescribed sedative to ensure that they suffer no adverse side effects before returning to flying duties. The date of the trial and any limitations will be recorded in the medical section of their Flying Logbook. ◀

21. Further guidance on the management and employment of ► sedatives ◀ can be found in AP1269A<sup>4</sup>.

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