

Compensatory Rest for Consultants Following on Call Duties

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Approved by:	Maternity Governance
Approved by Medicines Safety Committee: <i>Where medicines included in guideline</i>	N/A – No medicines included
Date of Approval:	19 th September 2025
Date of Review: This is the most current document and is to be used until a revised version is available	19 th September 2026 (Annual review in line with CNST)

Aim and scope of Standard Operating Procedure

To ensure the health, safety, and wellbeing of consultants following non-resident on-call duties by providing appropriate compensatory rest in accordance with the Working Time Regulations (1998) and best practice guidance from the Royal College of Obstetricians and Gynaecologists (RCOG).

Target Staff Categories

This SOP applies to all Obstetrics and Gynaecology consultants undertaking non-resident on-call duties within the Trust.

Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:
19/09/2025	New SOP	MGM

1. Background

Due to increasing clinical complexity, acuity, and the need for senior support, consultants are more frequently required to attend in person during non-resident on-call periods. This SOP outlines the process for ensuring compensatory rest is provided when rest is disrupted, to maintain patient and staff safety.

2. Legal Framework

Under the Working Time Regulations (1998), the following rest requirements apply:

- 20 minutes rest after 6 hours of work.
- 11 hours continuous rest in any 24-hour period.
- 24 hours rest in any 7-day period.
- 48 hours rest in any 14-day period.

3. Definition of Compensatory Rest

Compensatory rest is defined as a period of uninterrupted rest equivalent to the rest missed due to work-related interruptions during an on-call period. The RCOG recommends this rest should be 11 continuous hours, starting after the last interruption.

4. Procedure

4.1 Identifying the Need for Compensatory Rest

- If a consultant is called in or significantly disturbed during a non-resident on-call period, they may be entitled to compensatory rest.
- The consultant must assess their fitness to work the following day and inform their line manager (Clinical Director) if rest has been inadequate. In the absence of both Clinical Directors the rota coordinator and Ops team should be informed.

4.2 Actions Following Disturbed Rest

In discussion with the Clinical Director (or rota co-ordinator/Ops team) the following actions may be taken:

- Delay the start of the next working day to allow 11 hours of rest.
- Arrange cover for the affected session where possible.
- If cover cannot be arranged, cancel clinical activity to ensure safety.

5. Responsibilities

Role	Responsibility
Consultant	Assess rest adequacy and notify manager (Clinical Director or Rota co-ordinator/Ops team in the absence of both Clinical Directors) if unfit to work.
Line Manager (Clinical Director or Rota co-ordinator/Ops team in the absence of both Clinical Directors))	Ensure compensatory rest is provided and clinical duties are adjusted accordingly.
Rota Coordinator	Support reallocation of duties or cancellation of sessions if needed.

6. Exceptions

In exceptional circumstances where patient safety would be compromised and no cover is available, clinical activity may proceed only with executive approval and must be documented.

7. Monitoring and Review

Compensatory rest will be monitored and documented on the O&G Directorate folder in Teams. It will be reported to board quarterly within the Perinatal Safety report.

This SOP will be reviewed annually or sooner if national guidance changes.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non- compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Compensatory rest	O&G Teams folder document	Monthly	Clinical Director	Perinatal Safety Report	Quarterly