Guidance on appropriate standards for compensatory rest for consultants and senior SAS doctors following non-resident on-call activity.

Key messages

- Attendance and telephone advice from on-call senior clinicians has increased.
- Compensatory rest for consultants should be actively supported and facilitated by the management team.
- It is recommended that the decision to take rest is not left to the individual consultant but agreed via constructive discussion between the manager/clinical director and clinician.
- Job planning should factor in these recommendations for compensatory rest.

Introduction

There is a greater need and expectation that consultants may be asked to attend in person overnight when they are non-resident on-call. Increased acuity, complexity and the appropriate focus on training and support for junior colleagues when activity levels are high have added to this need.

The decision to attend for an emergency at 2am should not be influenced by the necessity to attend clinical sessions the following day. Therefore, there is a need for appropriate and mandated compensatory rest for consultants following overnight non-resident on-calls.

Guidance

The British Medical Association's (BMA) compensatory rest guidance recommends that consultants who are unable to take 11 hours of consecutive rest per day should be entitled to take compensatory rest. This reflects both in person attendance and telephone calls disrupting sleep. Compensatory rest should not be calculated on a minute-for-minute basis, with the guidance recommending it should be for the full value of 11 hours' continuous rest with the clock starting when a consultant gets back to resting. For example, if a junior colleague telephones a consultant at 3am to discuss a complex case and the consultant is on the telephone for 15 minutes they will only start settling back down to sleep at 3.30am so BMA guidance advice that they should not be expected to attend work until 2.30pm.

Significance

Compensatory rest is fundamental to patient safety and clinician wellbeing with fatigue affecting performance and decision making. Compensatory rest should be taken as soon as practically possible after the sleep disturbance in the interest of protecting the individual's health. Compensatory rest cannot be accumulated and taken as leave.

Implementation

Whilst patient safety is paramount, it is recognised that these recommendations may pose challenges, particularly within smaller units. However, a mechanism to facilitate compensatory rest must be in place in all organisations and this should be actively supported by the management team, with constructive discussion between clinician and manager or clinical director rather than the decision to take rest being left to the individual consultant.

If a consultant is expected to be providing direct patient care or supporting professional activities (SPA) following an on call and is unable to attend due to overnight activity, the management team should have measures in place to ensure this activity is covered or, in the context of SPA, provided at an alternative time. When arrangements for cover cannot be facilitated clinical activity should be cancelled. The consultant should not have to pay back 'missed' clinical sessions or SPA for the purposes of compensatory rest. This also must not be considered a missed session in annualised job plans.

We acknowledge the challenges this poses for workforce planning and that clinicians can choose to opt out of this guidance. In doing so, individual clinicians must consider the effect of disturbed sleep on patient safety and their own welfare. Similarly, there are situations such as when a consultant has been present and working overnight in the unit, with inadequate rest, where managers should ensure that clinical activity is not undertaken by a consultant even if they express a wish to do so.

Challenges

The unpredictability of activity out-of-hours poses challenges when organising compensatory rest, however, astute approaches to job planning can facilitate this. Moving to a model that would allow for full implementation of the BMA guidance will take time but we recommend that units look proactively at this issue as part of their ongoing job planning cycle. The activity of individual units will guide the degree to which job plans need to be optimised to facilitate compensatory rest. This will vary depending on factors such as the size of a unit, number of tiers in the middle grade on-call rota and neonatal services. For example, in some units a morning without clinical activity or SPA following an on-call may be sufficient whereas in others a whole day may be necessary. The challenge is balancing the potential need for compensatory rest versus the need to provide continuity of patient care. Potential options to address this may include the following:

- Buddying systems – where consultants are paired to ensure that someone who is on SPA can cross-cover a clinic if a consultant is unable to attend. This SPA would need to be provided at an alternative time.
- Fixed on-call activity (eg. hot days/weeks) – with no commitments the following morning and a plan in place to cover afternoon activities should the need arise.