Draft proposals for provision of compensatory rest for Consultants on 1:3 and 1:4 rotas

The amount of compensatory rest accruing to a Consultant arising from provision of service while on-call would be determined as follows:

1. Rest would be determined by reference to when the on-call incident occurred and the complexity of the service requirement rather than simply by reference to the amount of time spent providing the service. Taking this into account:

    a. rest would differ depending on the when the on-call incident occurred – before or after midnight or on a weekday or weekend;

    b. rest would differ depending on the complexity of the incident – a telephone consultation would generate less rest than attendance on-site, irrespective of the time involved.

2. Taking account of 1) above, the amount of rest assigned to each on-call incident would be as follows;

    a. Before midnight:
        i. Attendance on-site: 90 minutes
        ii. Telephone consultation: 15 minutes

    b. After midnight:
        i. Attendance on-site: 2 hours
        ii. Telephone consultation: 30 minutes

    c. On a Saturday or Sunday or bank holiday as opposed to a weekday.
        i. Attendance on-site on a Saturday or Sunday would result in rest X times (to be agreed) that arising from attendance on a weekday.
        ii. Telephone consultation: 30 minutes

    Each consultant would be responsible for recording each incidence of call-out.

3. Total compensatory rest due to the Consultant would be calculated at the end of each calendar month and this amount of rest would have to be taken by the end of the following month or at the latest, within 8 weeks.

    For example, the total amount of rest a Consultant wished to claim in March would be:

    a. submitted to the Clinical Director by a defined date;

    b. submitted in a standardised format by email only;

    c. calculated and certified as accurate by the Clinical Director (with administrative support) within one week;

    d. taken by the end of April or within 8 weeks. In effect, this would mean that, on average, compensatory rest would have to be taken within 7 weeks.

    Late submissions would not be accommodated. In addition, rest assigned to the Consultant but not used could not be carried over to the following month. Where rest claimed was not certified by the Clinical Director, the Hospital Manager / CEO would make a final determination of what rest, if any, was to be provided.

4. Clinical Directors would have the authority to determine when rest was taken and to require the Consultant to take rest prior to the end of the period described at 3) above.

5. Clinical Directors would have the authority to assign additional rest to Consultants where time spent providing on-call services consistently exceeded the periods set out at 2) above. In such circumstance, the Clinical Director could assign up to X % additional rest (to be agreed) to the Consultant, to be taken in line with 3) and 4) above.