

Consultation - practical implementation of Directive 2003/88/EC (Working Time Directive) concerning certain aspects of the organisation of working time

1. TRANSPOSITION	Comments
<p>Do you consider that the Working Time Directive has been transposed in a satisfactory way in the EU Member States?</p>	<p>The Royal College of Physicians of Edinburgh (the College) is pleased to respond to the call for evidence on the implementation of the working time directive and its impact from the perspective of physicians. The College represents Fellows and Members across the UK, with around 50% of our UK membership working in the NHS in England.</p> <p>It is important that, particularly in the area of medical and surgical training, the European Working Time Directive (EWTd) is not required to be implemented rigidly in member states, such as the UK, where there is clear evidence that such a Directive interferes with the quality of training and subsequent safety of service provision.</p>
<p>If you consider that there is room for concern about transposition in specific sectors or concerning specific provisions, please give details.</p>	<p>The College feels that the EWTd has had unintended adverse consequences on both training and service. While the improvement in trainees' work/life balance has been positiveⁱ, it has also had detrimental effects on continuity and quality of patient care and the training of junior doctorsⁱⁱ.</p> <p>Training</p> <p>The most recently published census data of physicians in the UK found that 57% felt that the EWTd has made quality of training "worse" or "much worse"ⁱⁱⁱ.</p>

Some of the particular issues that have been brought to the College's attention around training include:

- Trainees feel focus is on service rather than training, and that their training and quality of life is badly disrupted through difficult rota patterns. Employers' threats of imposing shifts may be stifling complaints from trainees.
- Gaps in the rotas due to vacancies, maternity leaves and sickness add to the pressure on trainees and are limiting teaching opportunities further. Trainees feel under pressure to stay beyond hours and/or support their own locums. Some trainees are happy to stay on – recognising the training and patient safety issues.
- There are even fewer opportunities for consultants to work with their allocated trainees, limiting teaching, assessment and mentoring opportunities. Much concern has been expressed about inadequately assessed/trained consultants in the future and worries about erosion of professionalism and work ethic.
- Rota patterns to achieve 48 hours have resulted in trainees missing outpatient clinics, teaching lists and ward rounds – this was of particular concern for Specialty Registrars who were missing specialty teaching sessions (elective lists, clinics, procedure sessions etc) due to covering wards or on call duties or rostered off duty.

Patient Care

The College has also been made aware of concerns around poor continuity of care, largely caused by difficult shift patterns and multiple hand-overs causing trainees' concerns about lost learning opportunities and reduced continuity of patient care.

The most recently published census data of physicians in the UK also found that 53% felt that the EWTD has made quality of patient care "worse" or "much worse"^{iv}.

<p>If you consider that transposition of the Directive has been particularly satisfactory in any respect, please give details.</p>	<p>Improvement in trainees' work/life balance has been positive as mentioned above.</p>
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<p>2. SOCIAL PARTNERSHIP</p>	<p>Comments</p>
<p>Do you consider that the social partners have been sufficiently consulted and involved by the national authorities before the adoption of national measures transposing the Directive, as well as concerning the practical implementation of these measures?</p>	<p>No specific comments.</p>
<p>The Directive provides at Articles 17 and 18 for derogations by means of collective agreements or agreements concluded between the two sides of industry. Please indicate how you evaluate the experience in this regard.</p>	<p>No specific comments.</p>
<p>Are there any examples which you consider as providing possible models of good practice?</p>	<p>No specific comments.</p>

3. MONITORING OF IMPLEMENTATION	Comments
Please indicate whether you consider that the enforcement and monitoring of the Directive at national level is satisfactory.	No specific comments.
If you see any problems, please indicate their overall impact and make recommendations for improvement.	No specific comments.
Can you identify any examples of good practice as concerns monitoring and enforcement?	No specific comments.

4.EVALUATION	
Please describe any evaluation work carried out under your authority.	The Federation of Royal Colleges of Physicians of the UK carries out an annual census of all UK physicians and <i>ad hoc</i> surveys of

	trainees. Questions on the EWTD are included in this census and some of the findings are mentioned in this consultation response.
Please indicate what were the main conclusions as regards the socio-economic impact of the transposing measures, in particular on:	
<ul style="list-style-type: none"> workers' health and safety 	No specific comments.
<ul style="list-style-type: none"> work/life balance 	Improvement in trainees' work/life balance has been positive as mentioned above.
<ul style="list-style-type: none"> business flexibility/competitiveness 	No specific comments.
<ul style="list-style-type: none"> consumer s/service users 	As discussed above, the most recently published census data of physicians in the UK found that 53% felt that the EWTD has made quality of patient care "worse" or "much worse" ^{iv} .
<ul style="list-style-type: none"> SMEs 	No specific comments.
<ul style="list-style-type: none"> administrative/regulatory burden. 	No specific comments.
Does the practical application of the Directive in the Member States, in your view, meet the objectives of the Directive (i.e. to protect and improve the health and safety of workers, while providing flexibility in the application of certain provisions and avoiding imposing unnecessary constraints on SMEs)?	<p>No. There is clear evidence that the Directive interferes with the quality of training and subsequent safety of service provision in the UK. Flexibility is vital and the EWTD should not be required to be implemented rigidly in member states, such as the UK where this is the case.</p> <p>The UK Government has accepted the recommendations of the independent review on the implementation of the working time directive, and we expect to see options for identifying training time that is not included within working time to increase flexibility without requiring an opt out, and to raise awareness and application of the voluntary opt out where it is safe to do so. Intelligent rota design to increase continuity of care and improve training opportunities will be an integral part of this work and one the College will fully support.</p>

5. OUTLOOK	
Please indicate:	
• any priorities for your organisation in this subject area;	We would suggest that within the existing framework action could be taken around intelligent rota design to foster better training and work/life balance for doctors whilst maintaining excellent standards of patient care and ensuring that physicianly medicine remains an attractive career option.
• any proposal for additions or changes to the Directive, stating the reasons;	No specific comments.
Any flanking measures at EU level which you consider could be useful.	No specific comments.

The previous national reporting exercise launched in 2007 resulted in the adoption in 2010 of the *Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on implementation by Member States of Directive 2003/88/EC ('The Working Time Directive, COM(2010) 802 final*. The final report was accompanied by a Commission staff working paper: *Detailed report on the implementation by Member States of Directive 2003/88/EC concerning certain aspects of the organisation of working time ('The Working Time Directive '), SEC(2010) 1611 final*.

ⁱ P.271, 2011 Census of consultant physicians and medical registrars in the UK: The Federation of the Royal Colleges of Physicians of the United Kingdom (published 2013): http://www.rcplondon.ac.uk/sites/default/files/census_of_consultant_physicians_and_medical_registrars_in_the_uk_2011_1.pdf

ⁱⁱ P.269-270 Ibid

ⁱⁱⁱ P.299, 2012 Census of consultant physicians and medical registrars in the UK: The Federation of the Royal Colleges of Physicians of the United Kingdom (published 2014): http://www.rcpe.ac.uk/sites/default/files/files/2012_census_of_consultant_physicians_and_medical_registrars_full_document.pdf

^{iv} P.301 Ibid

^v P.301 Ibid