



At the CPME Board Meeting in Brussels on 14 June 2008, CPME adopted the following document “**CPME recommendation on the European Working Time Directive**” (referring to CPME 2008/141 Final EN/Fr)

CPME¹ position on the political agreement of the EPSCO Council regarding the Working Time Directive

The CPME clearly expresses its opposition to the political agreement reached by the EPSCO council regarding the proposals of the Commission for a revision of the existing European Working Time Directive (EWTD).

These proposed amendments to Directive 2003/88/EC jeopardize patients' and doctor's safety in Europe and would penalize European health services as a whole through the reduction in the level of protection of both patients and doctors.

The CPME urges the European Parliament to reject the proposals.

1. General Considerations

The EWTD is the cornerstone of labour protection in the EU. It was adopted in 1993 as an instrument to implement a reasonable level of protection for workers all over the EU. With the proposed amendments labour protection for physicians/health care professionals will be weakened. The argument that this deterioration of principles is necessary to “*strengthen the protection of workers' health and safety and for greater flexibility in organizing working-time... and also to strike a new balance between reconciling work and family life...*” (Para 7 of EPSCO Compromise DS611/08) is a cynical perversion of the fact, that labour protection of hard working health-professionals is sacrificed to the interests of health industries, hospital owners and other economic stakeholders.

2. Definition of on call time (article 2)

If the doctor is required to stay at the working place, there is a clear need for rapidly available medical services. Therefore, being available onsite is part of the doctor's work.

¹ *The Standing Committee of European Doctors (CPME) is the representative body of about 2 million physicians in Europe.*

Its aims are a) to promote the highest standards of medical training and medical practice, through advocating public health, the relationship between patients and doctors and the free movement of doctors and patients within the European Union and b) to achieve the highest quality of health care in Europe.

It is composed of the most representative non-governmental national medical organisations in EU/EEA countries, that is to say 30 National Medical Associations. It also unites associated members, observers and associated organisations (specialised European medical organisations).

When a doctor is on-call at the hospital, he/she is required by his/her employer to be present at the working place and prepared to provide his/her professional services. The doctor is not at liberty to leave the hospital. During on-call the doctor is away from home and his/her family regardless of whether he/she is working actively the whole time or not.

Even if the doctor could occasionally sleep during an on-call night, the sleep is fragmented by pages and calls. Being on-call at night is physically demanding and can be harmful to the doctors' health.

Besides being invalid, the distinction between the inactive part of on call time and the active part generates uncertainties, both regarding the legal consequences of such a distinction and on the practical calculation of these two elements.

All these aspects considered, the logical conclusion is that there should be no difference in the definition of normal work and on-call work.

3. Individual opt-out (article 22)

The possibility to opt out of the protection provided by Article 6 of the EWTD undermines the basic principle of the Directive, the purpose of which is to protect the health and safety of workers. In the case of doctors, there is a link between doctors' and patients' health. Doctors should be responsible for their own health and performance in order to protect their patients.

The CPME hereby rejects any changes that imply a deterioration of the social conditions and discrimination of the medical profession. The CPME will develop a European movement to improve doctors' working conditions and to maintain and increase the level of quality and safety of the healthcare system of European citizens.

The CPME reaffirms its position that:

- **There should be a maximum average working week of 48 hours**
- **All time spent at the premises should be counted as working time**
- **The reference period should be a maximum of 6 months**
- **The individual opt-out for doctors in training should be abolished**
- **Short-term contracts should not be excluded from the Working Time Directive**
- **Compensatory rest should be taken immediately after the period worked**