

11.2 CP Communication on Working Hours, Excluded Sector

Based upon position adopted, April 1998

Commissioner Padraig Flynn
Commission of the European Community
Rue de la Loi 200
B-1049 Bruxelles

Dear Commissioner Flynn

The Standing Committee of European Doctors has reviewed the Commission Consultation Document entitled "Second Phase of consultation of the Social Partners at the Community Level, Working Time: Excluded Sectors".

The CP notes with satisfaction and appreciation the proposal to delete the exclusions concerning doctors in training from the EU Directive 93/104/EC setting standards for working hours in the member states. Concerning the Commission's statement of the intention to "take account of the potential impact on the provision and quality of health care", it should be noted that these anticipated regulations involved in the organisation of work would improve the quality of health care provided. The present situation in which working hours exceed the limits of the directive compromises the quality of health care. This has been documented in *the Proceedings of the PWG Conference on Working Condition for Doctors in Training – consequences for the doctor and patient care in the European Union* (page 24-27). Further, a satisfactory provision of care would not be hindered if work is organised in a appropriate manner and if the manner of dealing with the derogation proposed below is respected.

It is important that there is a general acceptance of the fact that hours used simultaneously for work and training must be calculated as working hours.

As the organisation of on-call duty varies greatly from country to country, there should be flexibility in the manner in which this is treated. On the other hand, it is important that on-call duty does not justify a situation in which loopholes are created to exceed the 48 hours.

The manner in which training courses are organised also varies greatly from country to country. Some of these courses are organised internationally within the departments and some are organised externally for longer periods. Thus, it is important that this, too, be handled with flexibility. There should be an awareness that where external courses play a large part, they must be neutralised in the same way as holidays are treated in the directive itself (cf. article 16).

With regard to the other elements not concerning the 48 hour week, the CP does not expect these to pose any difficulties in the area of doctors in training.

With regard to a future discussion of these details, we would recommend this be done by the Commission in consultation with the Permanent Working Group of Junior Doctors (PWG).

Yours sincerely

Robert Leth, MD
Chairman, CP Subcommittee on Organisation
of Health Care
13 May 1998

11.3 Motion of the Standing Committee of European Doctors (CP)

(CP 1999/021 Final)

Regarding the PROPOSAL FOR A COUNCIL DIRECTIVE (1999/C 43/01) amending Directive 93/104/EC of 23 November 1993 concerning certain aspects of the organisation of working time to cover sectors and activities excluded from that Directive.

The Standing Committee of European Doctors (CP) at its meeting in Den Haag in November 1998 and in Brussels in March 1999 has reviewed the provisions of the above document insofar as it applies to the excluded sector of doctors in training and hereby expresses its unanimous support for the proposal.

The Standing Committee of European Doctors (CP) finds the proposal with regard to doctors in training to be balanced in all respects. The CP therefore would like to support the adoption of the Commission's proposed directive in its current form.

11.4 Information document

(CP 1999/085)

Summary of developments concerning Council Directive 93/104 and Doctors in training, 1993–1999 as presented by Dr. Jesper Poulsen (CP) and Dr Eduardo Marques (PWG) to European Parliament Rapporteur, Ms. Miet Smet, MEP, 20 September 1999, Brussels.

Opinion of the Permanent Working Group of European Junior Doctors (PWG) and the Standing Committee of European Doctors (CP) on the Council Common Position on the excluded sectors from the working time directive (05/0799).

1. Doctors in training were excluded from the protection of Council Directive 93/104 concerning certain aspects of the organisation of working time adopted in November 1993.
2. The European Commission opposed this exclusion, finding it ill-reasoned on objective grounds and discriminatory, as expressed in the Commission White Paper on excluded sectors, 1998.
3. The European Parliament has repeatedly since 1993 urged the Commission to propose amendments to 93/104, especially in the light of the doc-

umentation gathered by the Commission indicated the abuse of doctors in training taking place in several member states ("European Commission, DGV: Final Report on the working hours of doctors in training in the context of directive 93/104/EC, report submitted by COSHAPE").

4. The proposed Council Directive to amend 93/104 put forward in November 1998 was welcomed by the medical profession, as it proposed to reduce the maximum working week to 48 hours. This suggested possibility of derogation from this by agreement between the two sides at a national level for a 7 years transition period was deemed fair and necessary.
5. Therefore, it was with disappointment and anger that the profession received the Common Position from the Council in July 1999. The Council Position would allow member states, without agreement between the two sides, to let discrimination against doctors in training to continue for 9 years after the entry into force of the amending directive – thus for a total of 13 years.
6. Meanwhile, the situation remains acute: In the United Kingdom, Ireland, France, Italy, Spain, Austria, and the EEA member Iceland, doctors in training routinely and by far exceed 48 working hours on a weekly basis, thus endangering their own health and that of their patients.
7. The Standing Committee of European Doctors (CP) and the Permanent Working Group of European Junior Doctors (PWG) welcomed the position taken by the European Parliament after its first reading of the proposed amending directive aimed at maintaining the possibility of derogations from the 48 hours limit in the transition period *only* by national agreement between the two sides.
8. The Standing Committee of European Doctors (CP) and the Permanent Working Group of European Junior Doctors (PWG) now urge the European Parliament to work for
 - a) an amendment to the Council's Common Position to reintroduce the clause by which national derogation from the 48 hour limit can take place only by agreement between the two sides;
 - b) a significant reduction of the transition period. This is especially important should it not be possible to reintroduce the derogation by agreement only clause.
9. The Standing Committee of European Doctors (CP) and the Permanent Working Group of European Junior Doctors (PWG) underline the importance of achieving a result within a narrow time frame – a result that will start the clock ticking away the transition period: The situation of the working hours of doctors in training remains, in large parts of the Union, disastrous!

12. Miscellaneous

12.1 Other health professions

(CP 77/130, 90/105)

The Standing Committee of Doctors of the EC at its meeting of Heads of Delegation in Santiago de Compostela, the 27 and 28 April 1990

Notes that in most of the Member States there is an inadequate number of practising nurses, that the forward projections indicate a serious increase in the shortage of nurses in the next decade.

Considers that this poses a danger to the adequate health care of the citizens of the EC.

Noting that amongst the factors responsible for the failure to recruit and motivate and retain, or to encourage nurses to return to their profession are poor working conditions and remuneration.

The Standing Committee of Doctors of the EC is prepared to collaborate with the Standing Committee of Nurses of the EC and other bodies in order to analyse the causes of this trend and formulate proposals to reverse it.

Motion regarding other Health Professions

Unanimously adopted at the Standing Committee Plenary Assembly, Copenhagen, 18/19 November 1977 (CP 77/130).

Whereas the position of the Standing Committee is that it is difficult to establish common fields of activities for the various health professions given existing national differences in this respect,

whereas in the two first directives (doctors and nurses) such a definition was not attempted,

whereas the Standing Committee as stated in its resolution in the autumn 1976 in principle would advise against any attempt to define the fields of activities in future directives for other health professions preferring these definitions to be kept on a national level and according to national traditions,

whereas the promoters of directives for a number of other health professions have indicated the necessity to delimitate the field of activity for certain health professions where activities are limited to certain medical activities or certain parts of the body,

whereas such definition or delimitations of fields of activity should not exceed the existing field of activity for any health profession in each of the nine countries in order to prevent the situation where a migrant health professional through the directives should be given a field of activity which surpasses the legal or traditional field of activity in the host country,

The Standing Committee of Doctors of the EEC therefore