

The Royal College of Surgeons of England and the European Working Time Directive

A Policy Statement

JULY 2003



The Royal
College
of
Surgeons
of
England

1. Introduction

The European Working Time Directive applies to employed workers in the European Community. Doctors in training will only be exempt from the requirements of the Directive until August 2004, when the limit on weekly hours of work will be 58 hours with the application of defined rest periods. By 2009, 48 hours becomes the limit together with specified hours of rest. Presently, senior doctors may opt out of the Directive's requirements. The College is concerned that the serious implications of the directive have not been fully appreciated.

2. The implications for surgery in the UK

The progressive application of the Directive over the next few years will have profound effects on the delivery and continuity of acute surgical care and the training of tomorrow's surgeons. The Royal College of Surgeons recognises that the Directive is intended to benefit both patients and surgeons and the College believes, both intuitively and with some evidence, that the performance of tired surgeons may endanger patients and, indeed, their own health.

3. The view of the Royal College of Surgeons

The Royal College of Surgeons has published provisional statements relating to the European Working Time Directive during the last year,^{1,2} and feels that it is now timely to make a definitive policy statement bearing in mind that its implementation is only one year away.

The Royal College of Surgeons understands the requirement to adhere to European Law and realises that a legal relaxation of the explicit rest requirements cannot be achieved in the short term. The College encourages surgeons to look for ways of maintaining safe acute surgical care and safeguarding the training of future surgeons.

4. What needs to be done?

College believes that:

- I. The impact of the European Working Time Directive will be most serious in the small district hospital, but will impact also on larger hospitals.
- II. Reconfiguration and redesign of the acute service is inevitable and includes the networking of surgical services. Patient access remains a priority for the College, which also recognises the political sensitivities of service redesign and reconfiguration.
- III. The College will support innovative compliant rotas for surgeons that are sensitive to training needs and the quality of life of trainees and can make examples available. Nevertheless the design of appropriate rotas in small acute hospitals will be virtually impossible.
- IV. The DoH must be committed to funding an increase in the numbers of doctors in Higher Surgical Training. The European Working Time Directive implementation will require more consultant surgeons to provide a safe and effective acute service.
- V. The introduction of an intercollegiate curriculum for surgical training which will improve the efficacy and efficiency of surgical teaching and training must be supported.

¹ Phillips H, Fleet Z, Bowman K. The European Working time Directive – interim report and guidance from The Royal College of Surgeons of England working party chaired by Mr Hugh Phillips; Jan 2003. Available from:

URL: http://www.rcseng.ac.uk/services/publications/publications/index_html?pub_id=68

² Chesser S, Bowman K, Phillips H. The European Working Time Directive and the training of surgeons. *BMJ Careers Focus* 31 August 2002. s69-70.

- VI. The job plans of consultant surgeons must allow protected teaching and training time in outpatient departments, at the bedside and in the operating theatre. Training future surgeons is an essential part of the service, both now and in the future.
- VII. Non-medical members of the surgical team must urgently undergo quality assured training. Their training must allow them to acquire the competencies needed to provide supportive surgical care at night.
- VIII. The College will promote the development of more efficient scheduling of surgical services.

The Royal College of Surgeons remains very concerned that the time frame of the European Working Time Directive, as applied to doctors in training, may compromise safety of surgical care and the training of surgeons. The implementation of the suggestions set out above will go some way towards addressing these concerns.

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