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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ

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AEMH PLENARY MEETING 2007
REPORT OF THE WORKING GROUP ON THE EWTD

Members of the working group:
Dr Claude Wetzel, FEMS
Dr Flemming Jensen, Denmark
Dr. Stylianos Antypas, Greece
Dr. Ciro Costa, Portugal
Mrs Signe Gerd Blindheim, Norway

Chairs: Professor Hartmut Nolte, 1. vice president AEMH
Dr. Rolf Kirschner, Treasurer AEMH, Rapporteur.

The group was given a very thorough background review including the present situation by the president of FEMS, Dr Claude Wetzel, who also reiterated the history of the Directive including the recent lobbying process that had taken place.

The members of the working group related their national experiences re. the application of the Directive. It has been officially in effect in Germany, France and Italy, and the effects in the different countries that the members related to, has been variable.

During the discussion, the following points were highlighted, and to the groups' experience, the main points of the Directive are:

- The 48 hours maximum working week
- The reference period of 4 (or 6) months
- The possibility of opt-out during a negotiated transition period
- The active time on duty
- The recovery period after duty
- CPD/CME included in the working time.

The conclusions of the working group were:

1. There are clear advantages of the EWTD both for doctors and patients. Applied soundly, both senior and junior doctors are to gain, especially by the increased protection against accidents and mishaps.
2. Patient safety will improve by implementation of the Directive, if applied in a structured manner.
3. To avoid increased work load and especially increased discontinuity, it is necessary to reorganise the hospital work-schedule. Ultimately, this means an increased number of positions both for junior, as well as senior hospital doctors. It also means the need for improved procedures and especially of methods of reporting and charting patient flow-through. The so-called "Medical Time" must be protected, possibly (and hopefully) by improved IT-techniques.
4. Loss of income must be compensated, and the compensation must be graded according to the level of competence and seniority.
5. The training of specialist has to be analysed and re-assessed, the length possibly has to be increased, the efficiency improved and new technologies (web-based/virtual models/animal models) used to compensate for the possible reduced patient contact.

Rolf Kirschner