

## **Rapid Response:**

### **Shift working is an inevitable consequence of the European Working Time Directive**

EDITOR:

Aitken and Paice have shown that trainees' attitudes to shift work depend on grade and specialty.(1) With the implementation of the European Working Time Directive in August 2004 (2), working patterns for many doctors in training will have to radically change. The organisation of such changes will present a major challenge to NHS Trusts and the Department of Health.

The European Working Time Directive will enforce stringent requirements on doctors and employing trusts. As part of health and safety legislation, its implementation cannot be avoided. From August 2004 there will be a reduction in the maximum number of hours worked by doctors in training to 58 per week; from 2009 this will be reduced further to 48. Furthermore the directive spells out stringent rest requirements so that continuous working is limited to no more than 13 hours in 24.

Given the SiMAP judgement of the European Court of Justice, all hours spent on the hospital premises whilst on call will be classed as work.(3) This will have major implications for the working patterns of doctors in training.

Aitken and Paice(1) discussed some of the negative attitudes to shift working patterns including a perceived disruption to social or family life as well as concerns about training experience especially in some of the surgical specialties. Apart from specialties in which on call commitments are extremely low, shift-based working patterns will be an inevitable consequence of the implementation of the EU Working Time Directive and planning needs to take place at an early stage to deal with this reality.

The reduction in the number of hours doctors are allowed to work will mean that either more doctors need to be recruited per trust or that tasks normally undertaken by medically qualified staff must be redistributed to other staff and that new healthcare practitioner roles may need to be developed to take on this work.

Without doubt, many specialities require on-site 24 hour availability of medical staff, however any shift-based working patterns will reduce the availability of junior medical staff during the normal working day. Changing working patterns within any organisation will take time and until this is achieved the recruitment of more doctors may be the only way in which to ensure adequate day-time cover as well as compliance with the stringent requirements of the EU Working Time Directive.

The Department of Health and NHS Trusts have little over one year to ensure that robust mechanisms exist to deal with the changing working patterns of doctors in training and that these changes are approved by Royal Colleges and Postgraduate Deans as well as the junior medical staff involved.

The time to act is now to implement a system to deliver a high quality, cost-effective method of patient care before the legal reality of the EU Working Time Directive is upon us and it is too late to respond, other than in a court of law.

1. Aikten M, Paice E. Trainees' attitudes to shift work depend on grade and specialty. BMJ 2003;326:48 (4 January 2003)

2. <http://www.doh.gov.uk/workingtime/>

3. <http://www.doh.gov.uk/workingtime/simap.htm>

Competing interests:

AR is the Junior Doctor Representative for Royal Manchester Children's Hospital and is involved in negotiation with the trust concerning changing working patterns. Opinions expressed are entirely personal.

**Competing interests:** No competing interests