



# The European Working Time Directive for trainee doctors

*Implementation update*



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# The European Working Time Directive for trainee doctors

*Implementation update*

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## **European Working Time Directive implementation**

There is an absolute commitment to support the NHS in achieving compliance with the WTD by August 1st 2009. The expectation is that all services will strive to be fully compliant and all but a very few services with special difficulties will be compliant by 1 August. Our over-riding objective is quality and safety of patient care. We want to provide doctors in training with a good work-life balance and good training. Many parts of the NHS are to be congratulated on making good progress and successfully implementing sustainable solutions providing good quality training and ensuring patient safety.

### **Derogations**

SHAs have submitted a small number of applications for derogation. These applications will be rigorously scrutinised and cases that do not have sufficient grounds to delay compliance will be referred back.

The Government will write to the European Commission to seek a limited derogation that could be applied to doctors in training working in hospital services delivering 24-hour, immediate patient care, that have special difficulties in achieving compliance with a maximum 48 hr week, averaged over 26 weeks by 1 August 2008. The European Commission will respond by 1 May.

By June 2009 local services where there remain special difficulties will be identified. These services will then be listed by Trust, service and rota and appended as a schedule to the Working Time regulations. Services listed in the schedule would then be able to plan for a maximum working week of 52 hrs, averaged over 26 weeks until they could achieve full compliance with a 48 hour working week for doctors in training.

Our overall aim is to ensure that, consistent with patient safety, the maximum number of services are supported to achieve compliance and that the minimum number of services are listed in the schedule to the Working Time regulations.

There will be a stringent process to assess those services to be included in the Working Time regulations schedule. The preferred outcome is for services not to be scheduled, consistent with patient safety.

### **Funding**

The Department has made a total of £310 million available to support EWTD implementation. In 2009/10 the tariff uplift will reflect £150 million funding for implementation, while SHAs will be able to target £50 million to support change, particularly in specialties with immediate acute responsibilities.

We are asking SHAs to be clear about the availability of this funding with PCTs and Trust Boards, and that it is clearly identified within their allocations. This funding should go only to local services that are planning to be compliant by 1st August, to services that have a sustainable plan to meet compliance after 1 August and where it has been agreed their special difficulties warrant inclusion in the Working Time regulation schedule, and to services that are already compliant but require support for this to continue.

## **Readiness**

SHAs are providing a comprehensive position statement on WTD readiness by specialty for each trust by 28<sup>th</sup> January. Quality assurance monitoring will provide a risk (RAG) assessment for each specialty and trust and details of action being taken to achieve compliance. Progress will be monitored and inform the identification of those services with special difficulties that would need to be scheduled in the Working Time regulations.

## **Stakeholders**

A WTD reference group of stakeholders, drawn from the existing MMC England Programme Board and including representatives of the BMA, the Royal Colleges and SHAs will meet to advise on implementation of WTD. The WTD reference group will support the MMC Programme Board in developing solutions to ensure that all doctors in training can achieve a good training experience, consistent with WTD compliance, and will highlight areas of risk.

*For further information, please contact the EWTD lead in your SHA.*