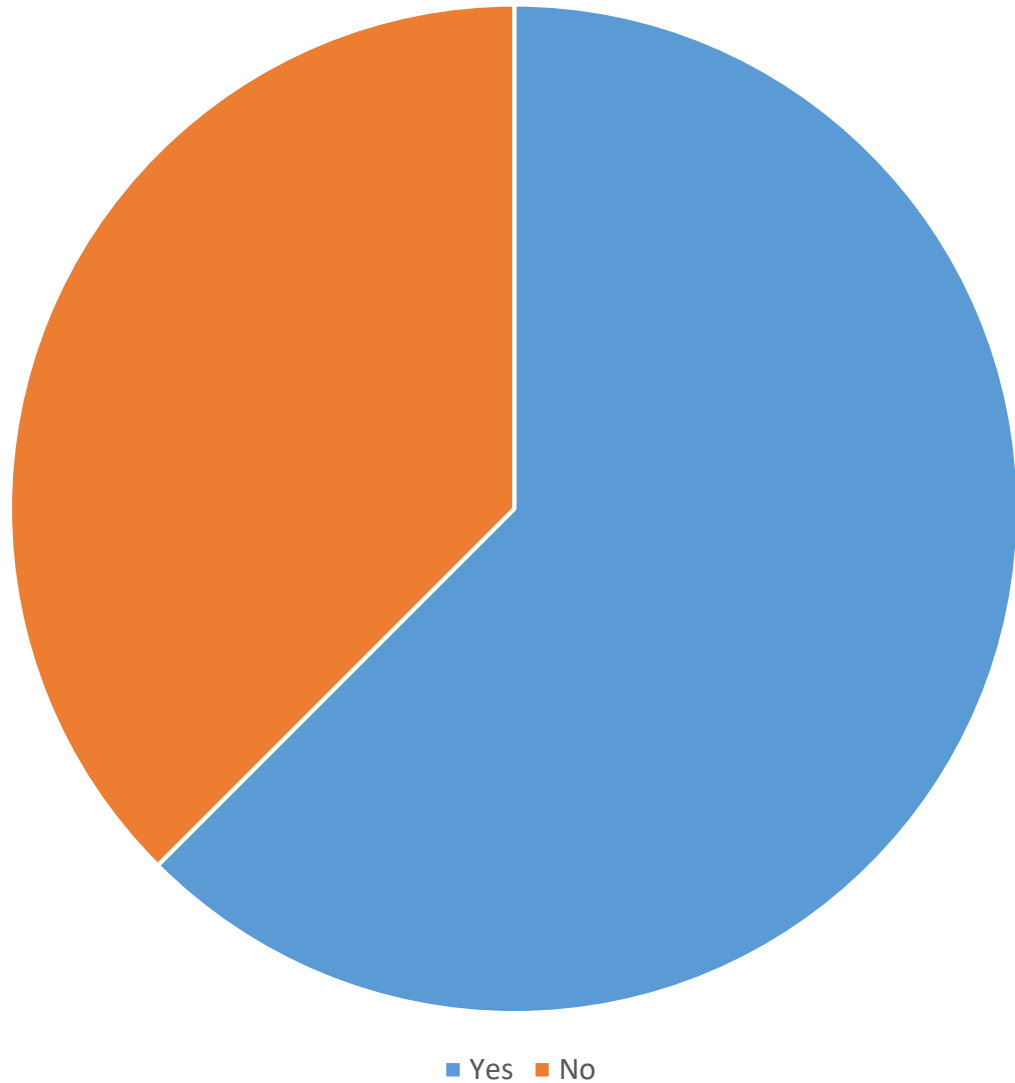
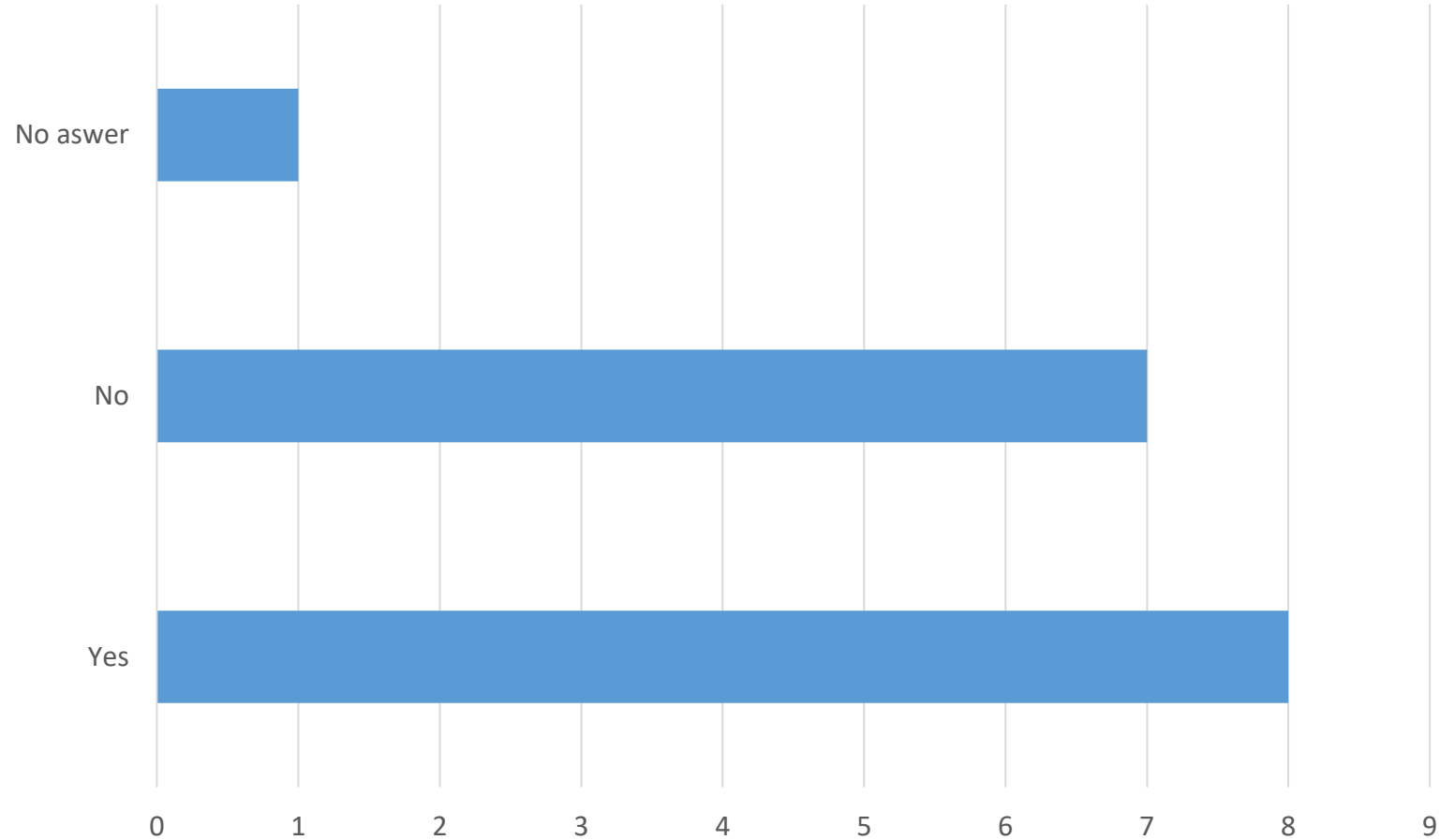


EWTD

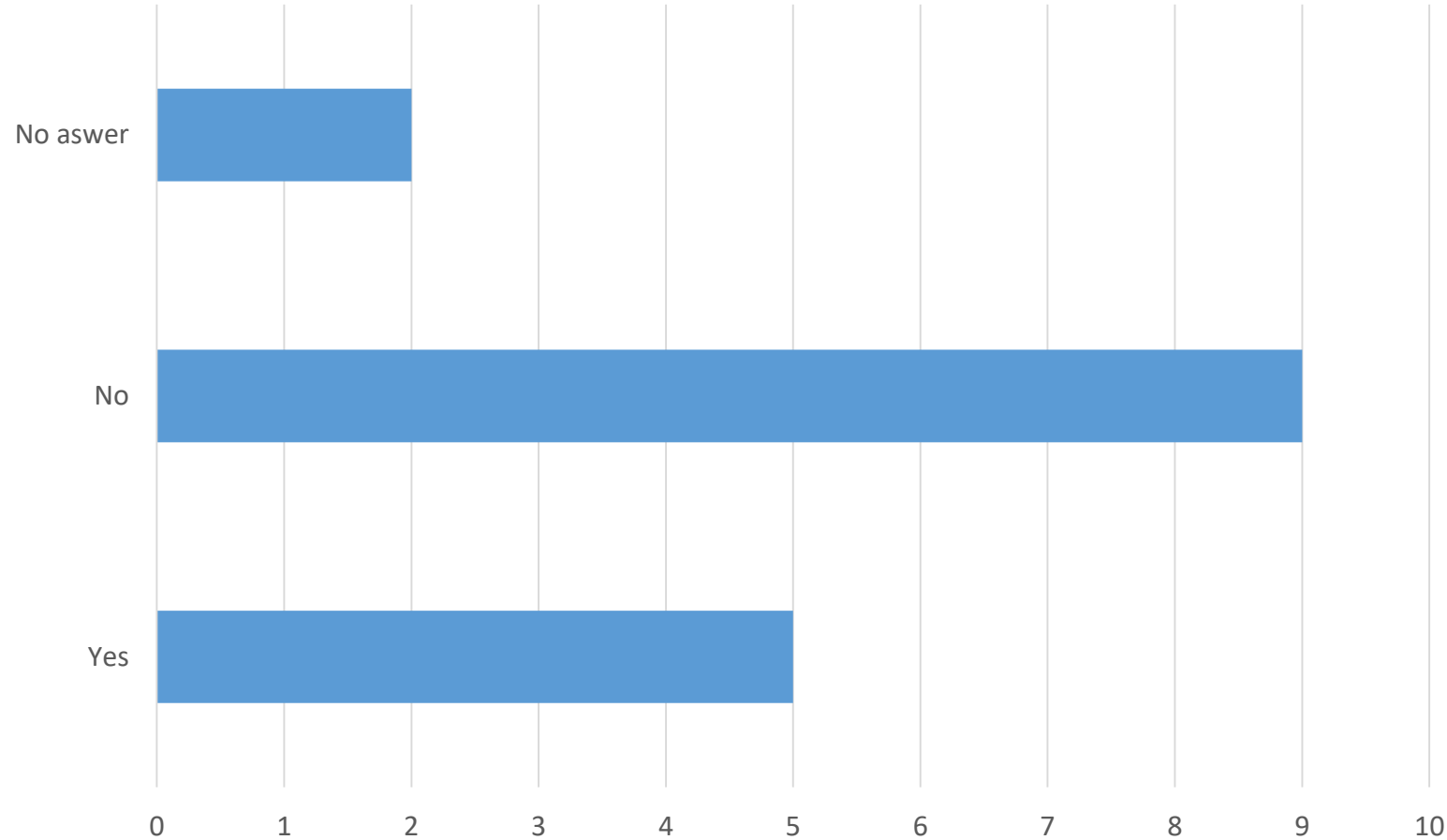
Is the individual opt-out used in your sector?



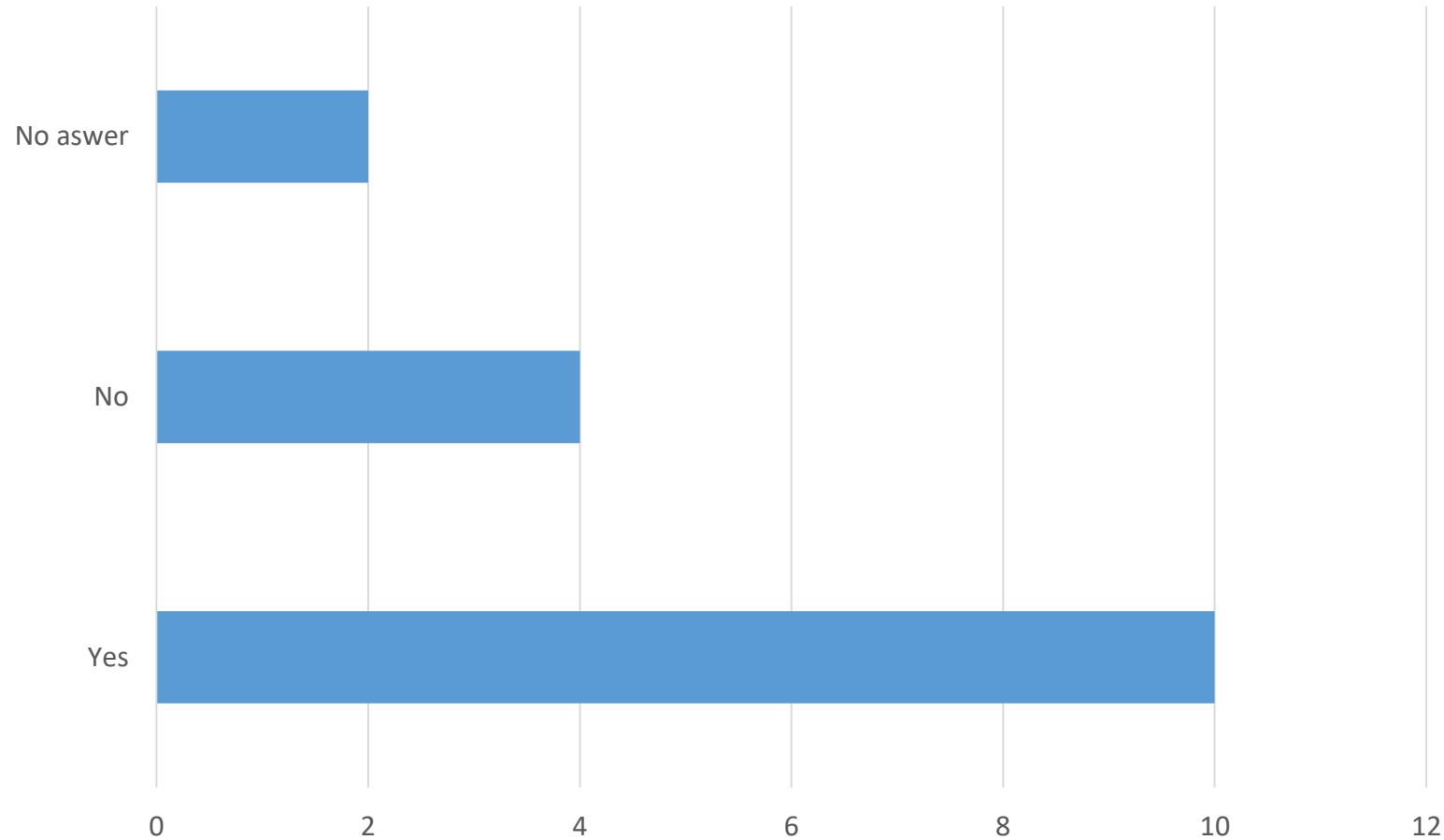
# Is use of the individual opt-out regulated by collective agreements in your sector?



Do you have any (estimated) data for the number of workers in your sector who have signed the opt-out?



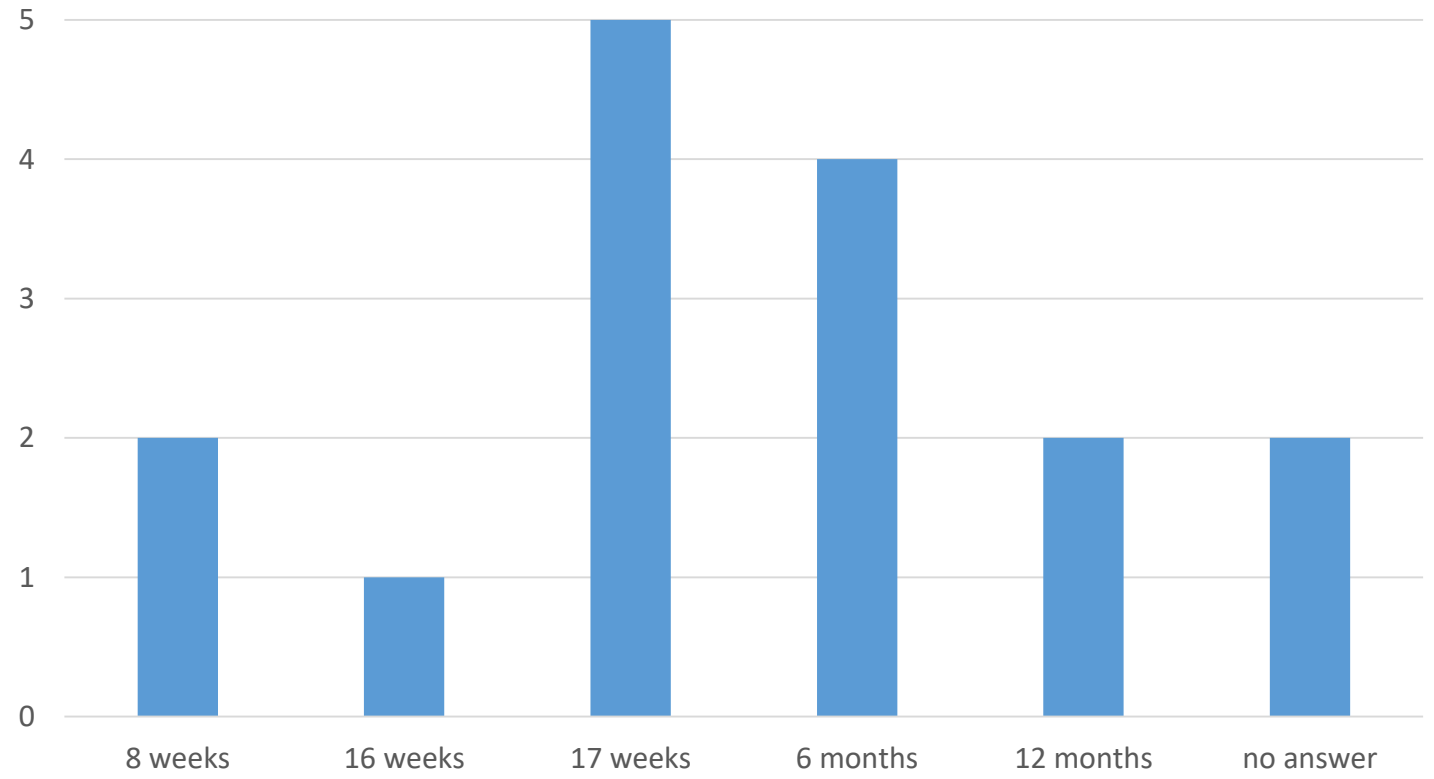
Is there any monitoring of use of the opt-out in your sector by labour inspectorates of other public bodies?



# Problems arising from the use of the individual opt-out:

- Romania: EWTD is not applied at all
- Slovakia: Workers are often forced to sign consent to opt-out different kind of pressures from the employer
- Spain: the opt-out clause allows to skip the limit 48 hours per week – it must be agreed between employer and employee (in contract) and – in general – it must be an expressed desire of the worker
- Portugal: although not required by law is practiced
- Austria: individual opt-outs only possible until the 30th of June 2021
- France: some (young) consultants are working too much (they want money)
- Italy: overtime is called 'Produttività aggiuntiva' but it must be authorised and funded by regions

# What is the reference period applied in your sector for the purposes of calculating working time?



Workers in your sector are required to be on-call on work, except in The Netherlands.

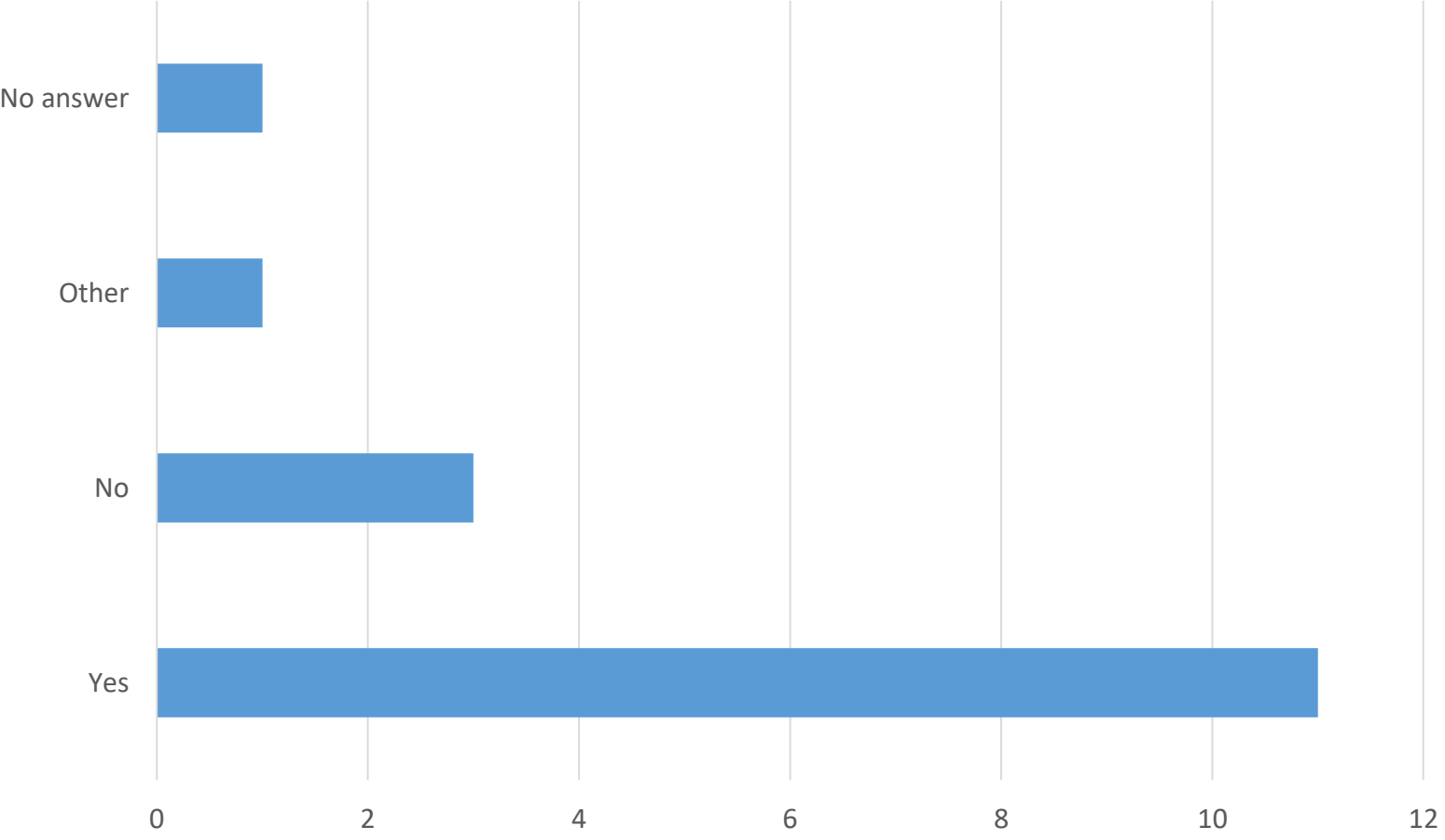
For the purposes of calculating working time in respect of the Working Time Directive, all on-call time at work regarded 100% as working time, except for some in Sweden and France.



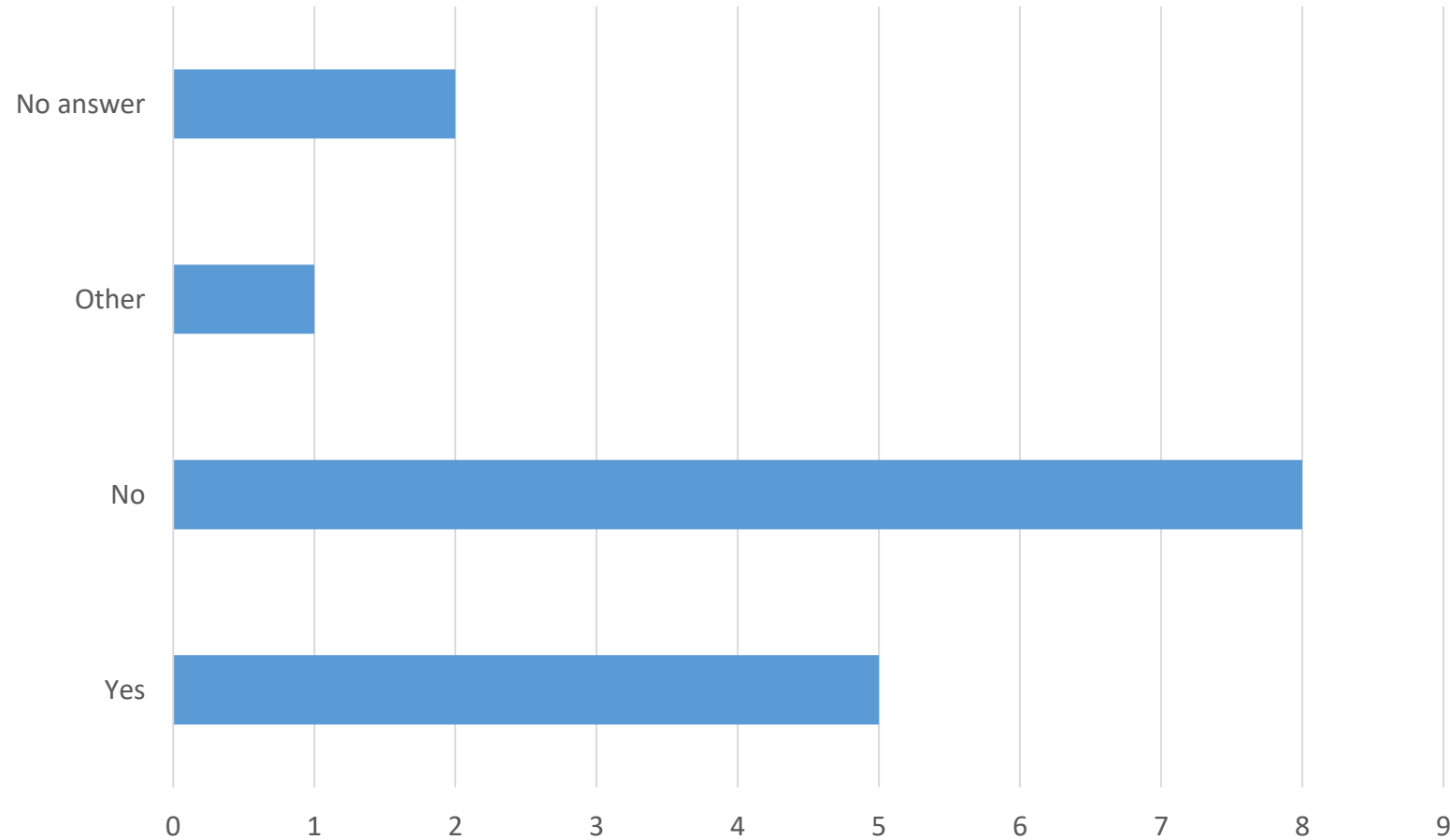
# Problems relating to on-call work:

- Slovakia: This period is divided into active and so called "inactive part" but every time spent at the workplace should be counted as full / and paid at minimum 100% / working time. We do not agree with the term "inactive" part of on call at the work place.
- Sweden: According the central agreement on call time at the hospital is compensated by 0,5 hours during weekends and at night between 24.00-07.00. 21.00-24.00 with 0.25 hours. If the doctor is working the compensation is 2 hours for each hour worked during weekends and 24.00-07.00. 1.5 hours between 21.00-24.00. Other time is compensated by hour of hour. If on call at home the corresponding figures for work performed is the same as above. For passive time is 0.2 hours during weekend and from 24.00-07.00 and 0.1 during other time. Physicians on call at the hospital will leave the hospital in the morning for compensatory rest. For doctors on call a home, mostly more experienced colleagues are supposed to work. Most county councils have local agreements regulating that if you have been phoned twice, irrespective of the length of the phone call you should have next afternoon free even though you didn't earn enough hours for the compensatory rest. This has to be compensated for by the employer.
- Portugal: Only hours actually worked.

# Are workers in your sector required to be on standby at home?



Do workers in your sector face any problems with standby arrangements, such as the requirement to be at the workplace at very short notice?



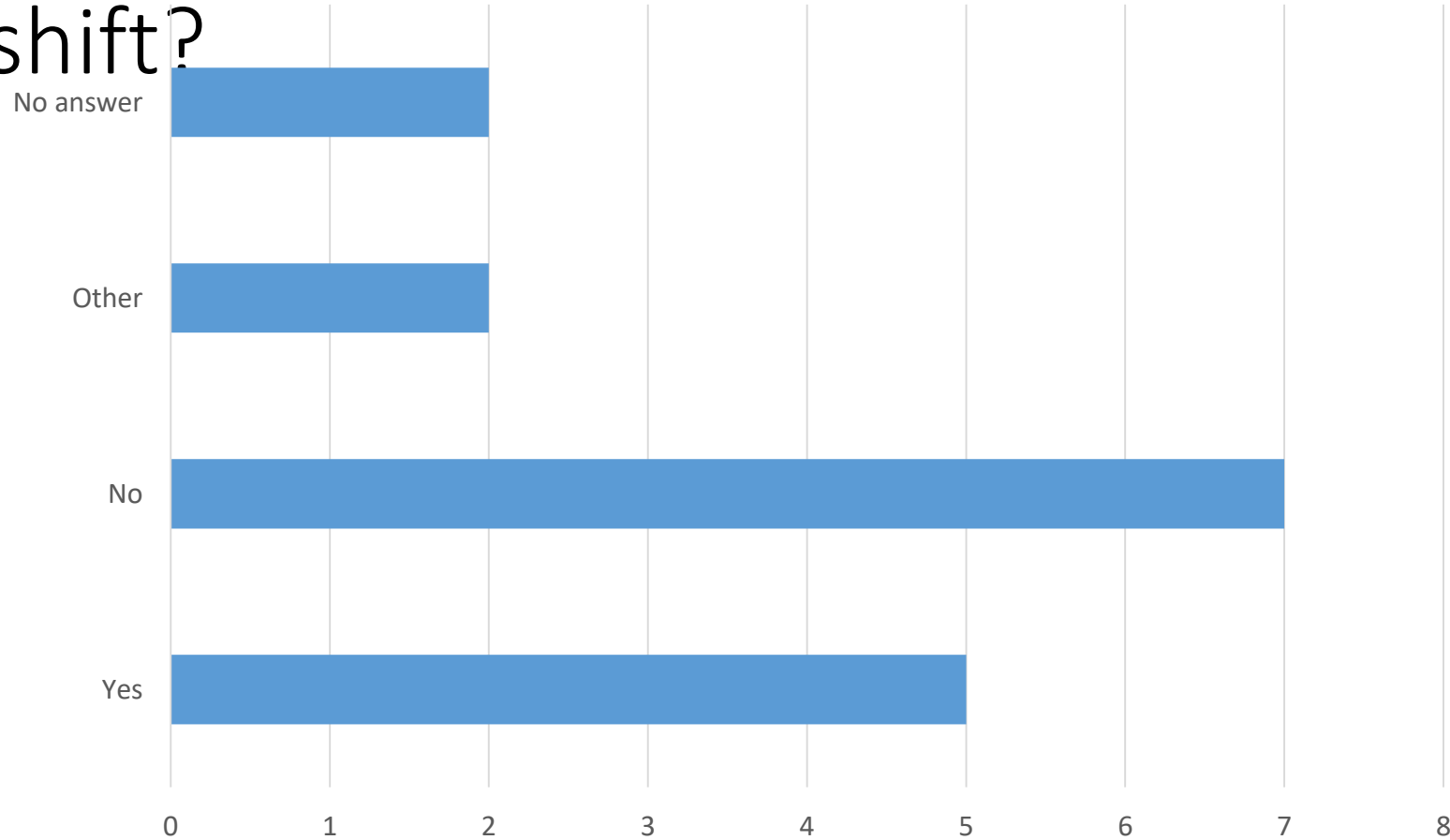
# Problems relating to on-call work in your sector (1/2):

- France: all French Hospital Consultants are living in a correct distance from the hospital, able to be on scene in 15 minutes. It was mandatory by law from 1984 until 2005 to leave close to the hospital, it was withdraw but a large majority of Hospital doctors are spontaneously following this rule. SNPHARe trade union asked the European Commission to force the French government to implement better the EWTD and including the travel time from home to the hospital in the working time.
- Portugal: for this arrangement it's suppose to be at workplace until 30 after a call.

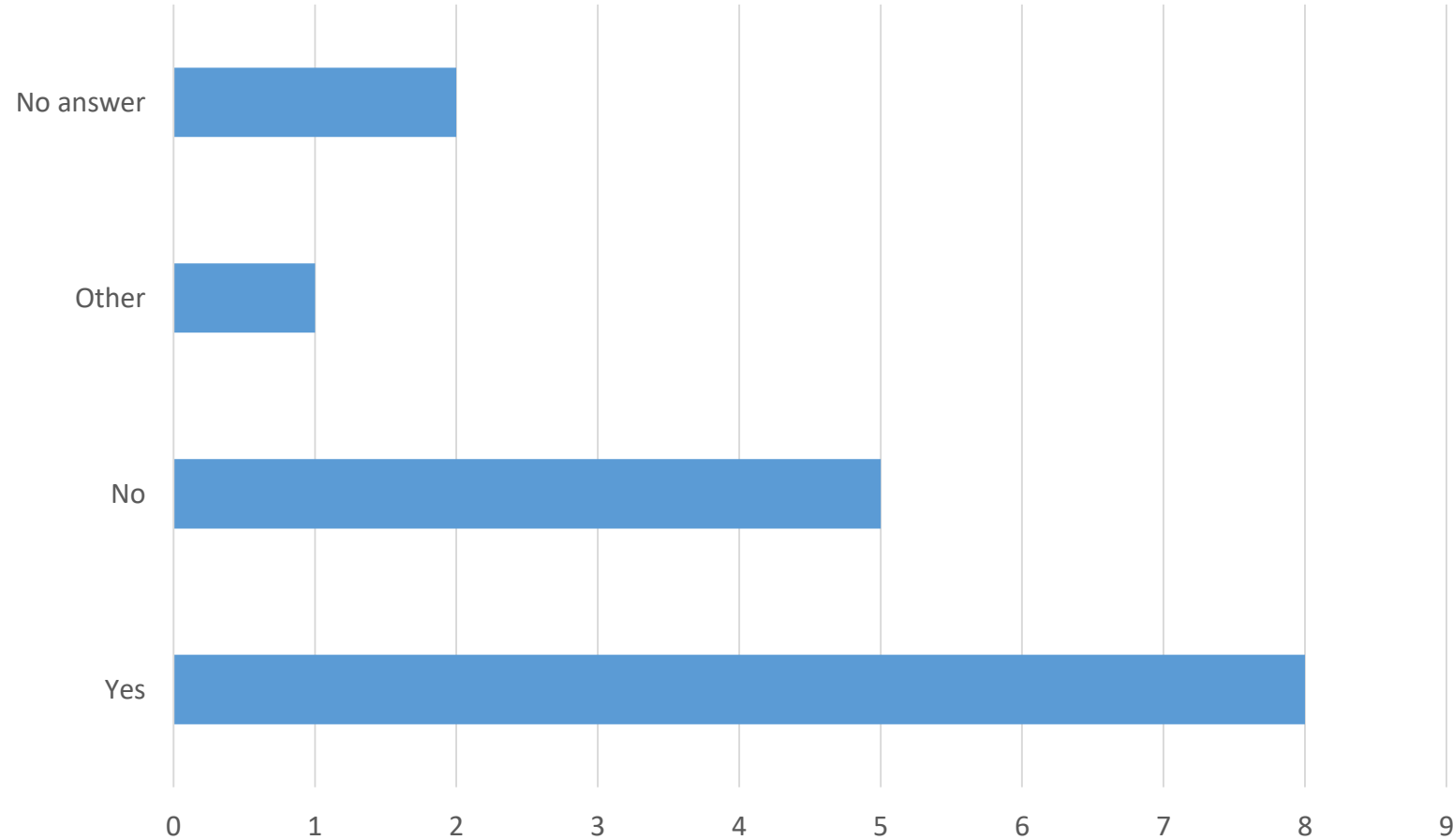
# Problems relating to on-call work in your sector (2/2):

- Romania: In some cases, though, because of personnel shortage (especially for the on-duty / nightshifts), physicians might be on-call at home and expected to come on a very short notice at work.
- Slovakia: Payment for this part of the on call is very low, often misused in the sense that it is only saving employers money and replacement the services should be made in the workplace and paid in full price.
- Slovenia: 30 minutes is required time to be at workplace
- Sweden: The introduction of the cell phone has made life much easier for colleagues oncall. Some physicians however wants to have the possibility to escape from on call work at hospitals during nights after fifty. This has never been accepted by the employers. Could be an issue for the updated WTD. There can be problems but the regulation is clear. Stand by A: 30 minutes and Stand by B: two hours, the compensation in salary is a bit better for Stand by A

Are there any problems in your sector in relation to employees taking compensatory rest for extra hours worked immediately after the prolonged shift?



# Can they be sure to take compensatory rest immediately?

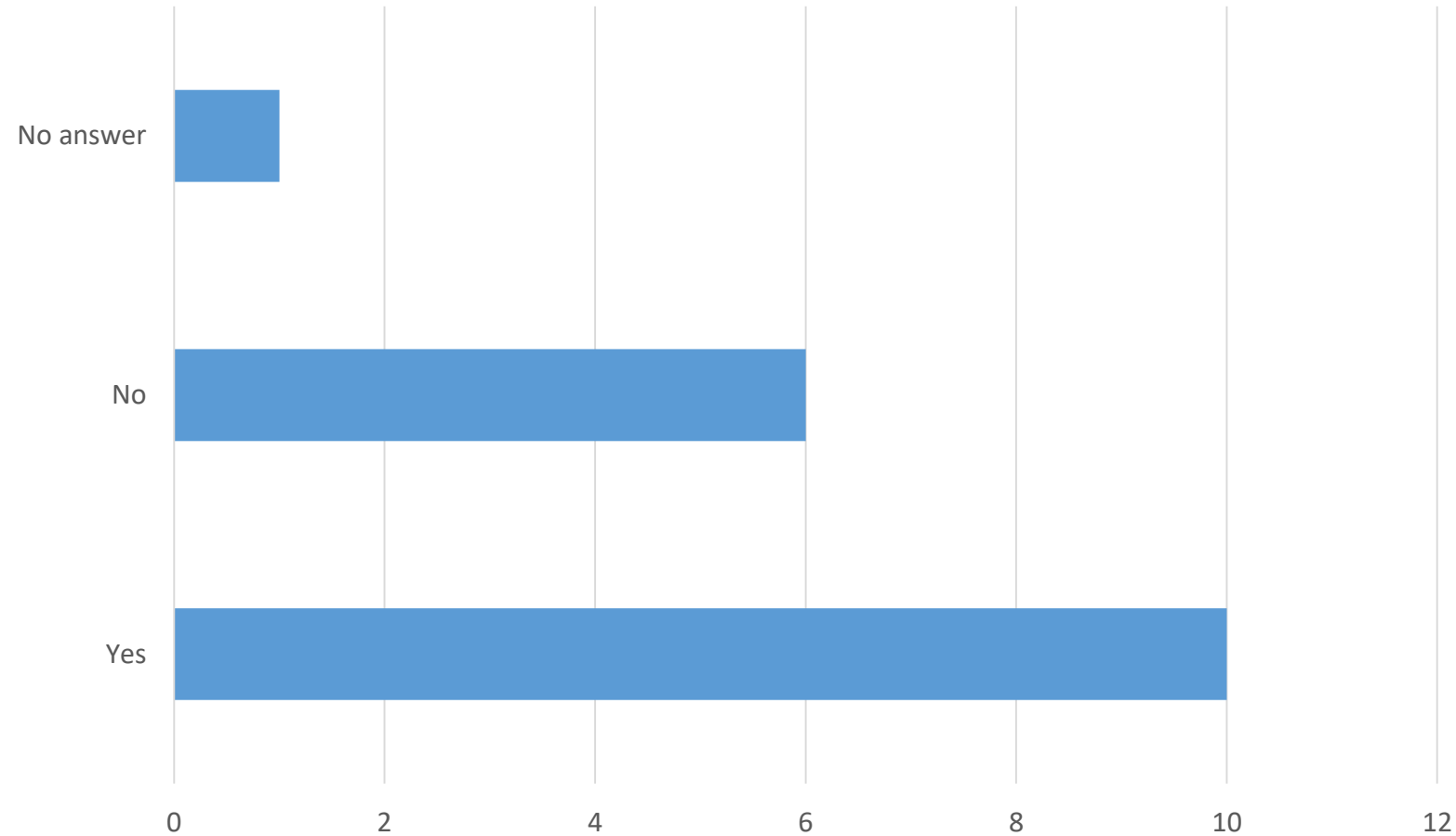


# Problems arising from the taking of compensatory rest:

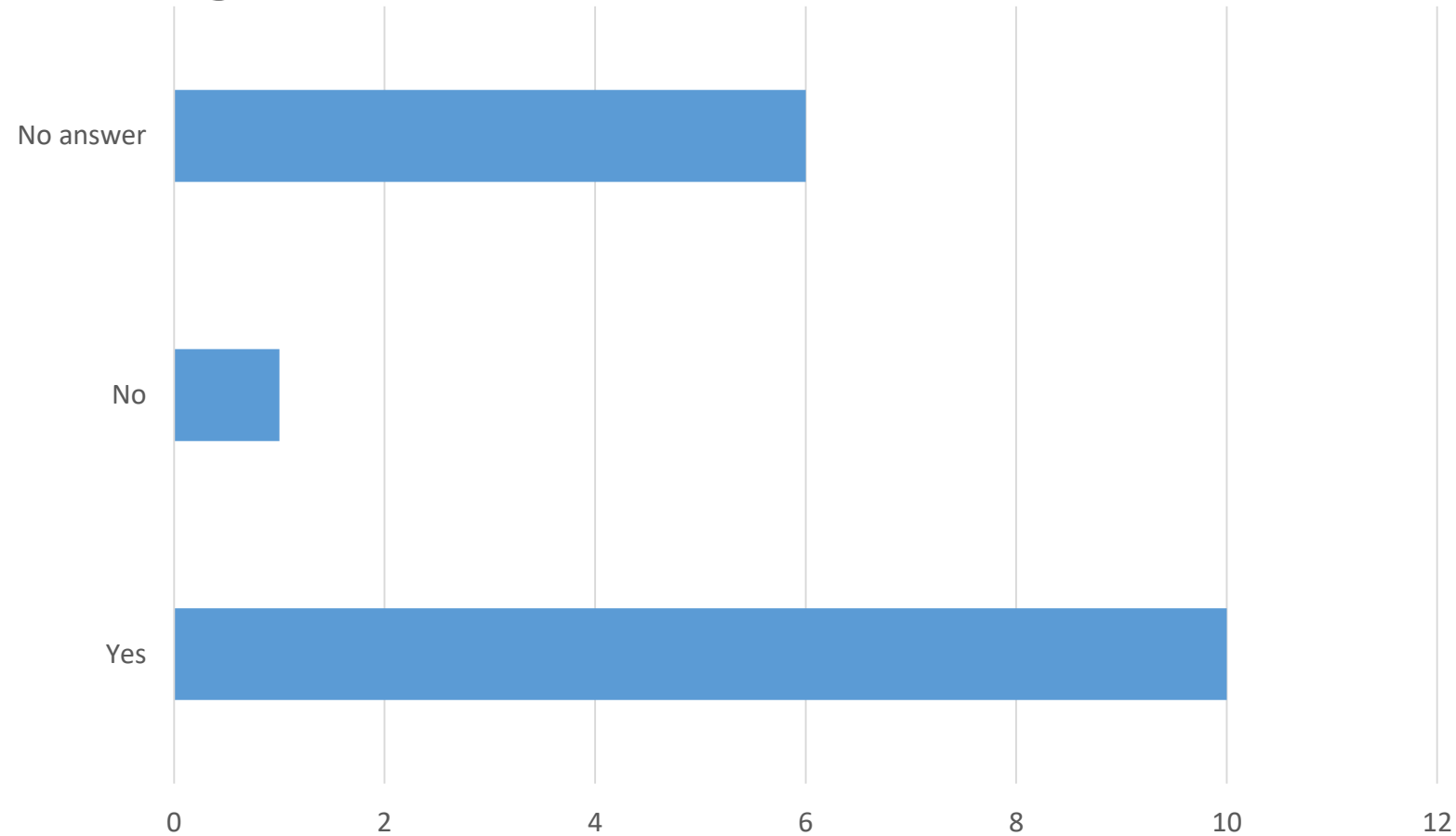
- Romania: no compensatory rest, as no compliance with the EWTD.
- France: The hospital managers are trying to extend the working time in prolonged shifts (local individual pressure).
- Italy: Sometimes, in hospital with medical shortage, doctors can't take any compensatory rest. Workers are not fully aware of their right (and of the need related to patient safety ....) to a compensatory rest.
- Portugal: Although there was agreement between the unions and the ministry of health, there is hospitals that are opposed to its application



# Do workers in your sector have a right to ask for more flexible working hours?



# Do workers in your sector have a right to be informed about changes to working time arrangements?



# How to improve the reconciliation of work and family life and/or workers rights to information on working time:

- Portugal: Institutions do not fulfill with this information to change timetables. It can ask for reduction in working time: assistance to minor children or disabled: pregnant: continuous journey: and others.
- Slovakia: Although workers have the right to information, the employers often do not provide it by itself or require various concessions from the employee in order not to adhere to all the principles of EWTD.

How would your union respond to the idea that working time flexibility might be achieved through workers interrupting their rest period?

All respondents are against this idea.

## Other comments on the main working time issues affecting your sector (1/2):

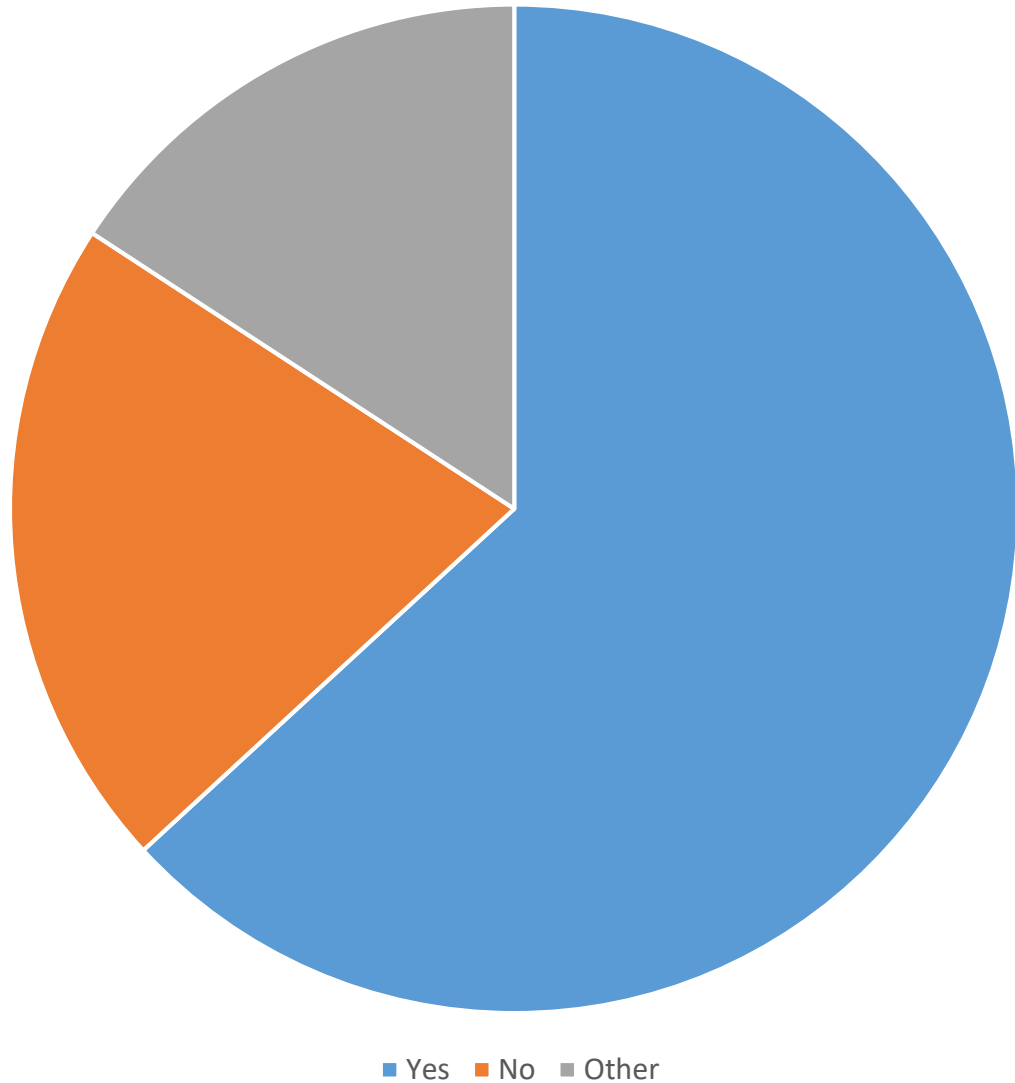
- France: The problem is a developing trend by the managers to extend the working time in surgical operating rooms to 10 or 12 hours/day and to consider 48 hours/week as the normal working time and not a maximum.
- Italy: Health workers are not enough aware about laws they are entitled to even those related to working time.
- Portugal: There is an excess of work, in the emergency, for the doctors.

## Other comments on the main working time issues affecting your sector (2/2):

- Slovakia: Due to lack of staff and efforts to save finance, employers often violate EWTD or make pressure on staff in order not to demand to respect their rights under EWTD. We need more controls and real penalties for violations of workers rights and EWTD by employers and also protection mechanisms for employees who alert to violation of their rights .....

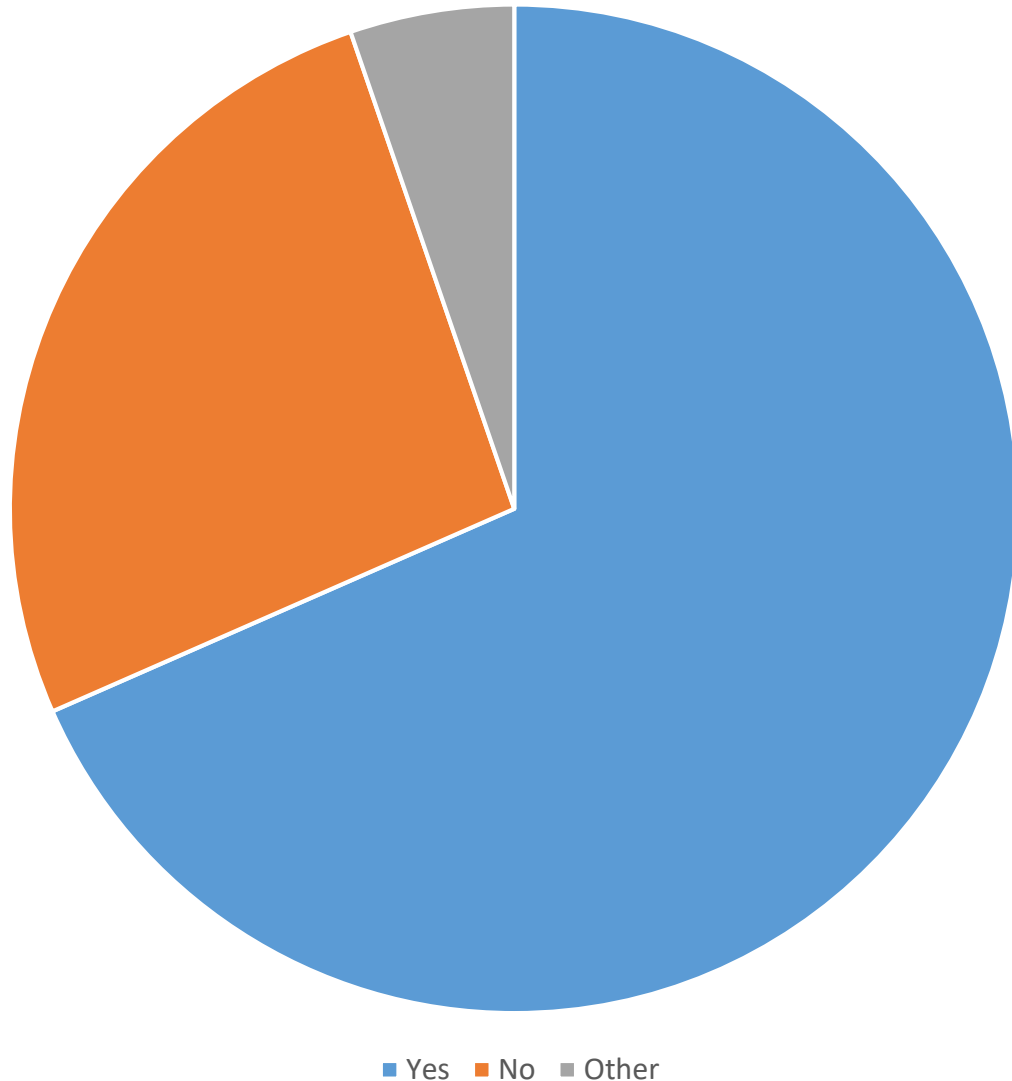
Professional career

Your country pays a supplementary salary to reward your Professional Career?





Is there a system to evaluate and recognize the experience and competence of professionals?



# Is there any type of evaluation done individually?



## Some explanation:

- most employees have appraisals
- performance appraisals
- a committee of evaluation, with members of the same hospital, assesses professional careers development, goals and skills. Most of the time it is a formal judgement.
- yearly decisions with leadership
- CME/CPD credits when participating in scientific educational events but this is not mandatory

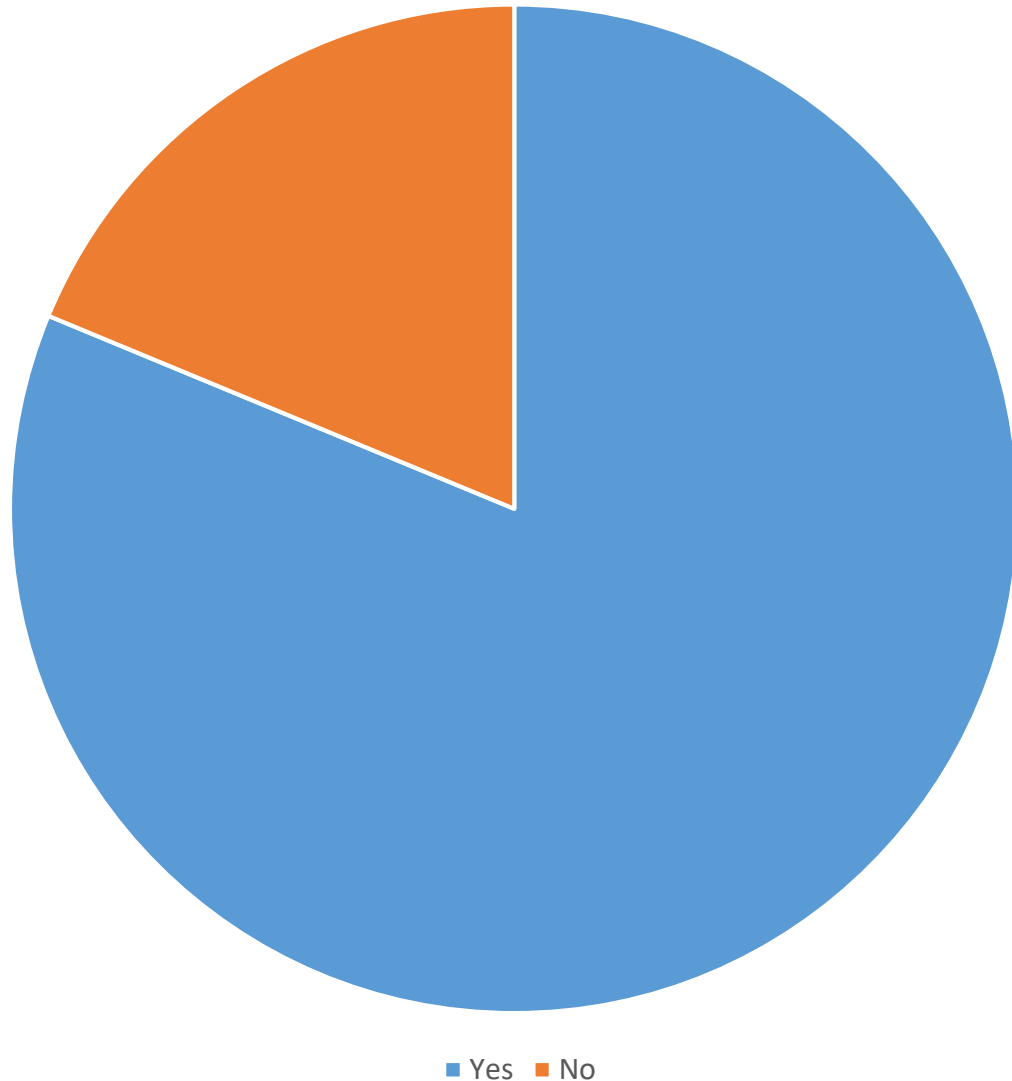
# Is there a Model of Professional Career or is it just an extra remuneration?



Some explanation:

- medical career / professional career defined by deeree law
- by exams a resident become specialist, and a specialist become "primar"
- Hospital physcian chief statuut
- Model + remuneration depends on the territory (19 autonomous communities)

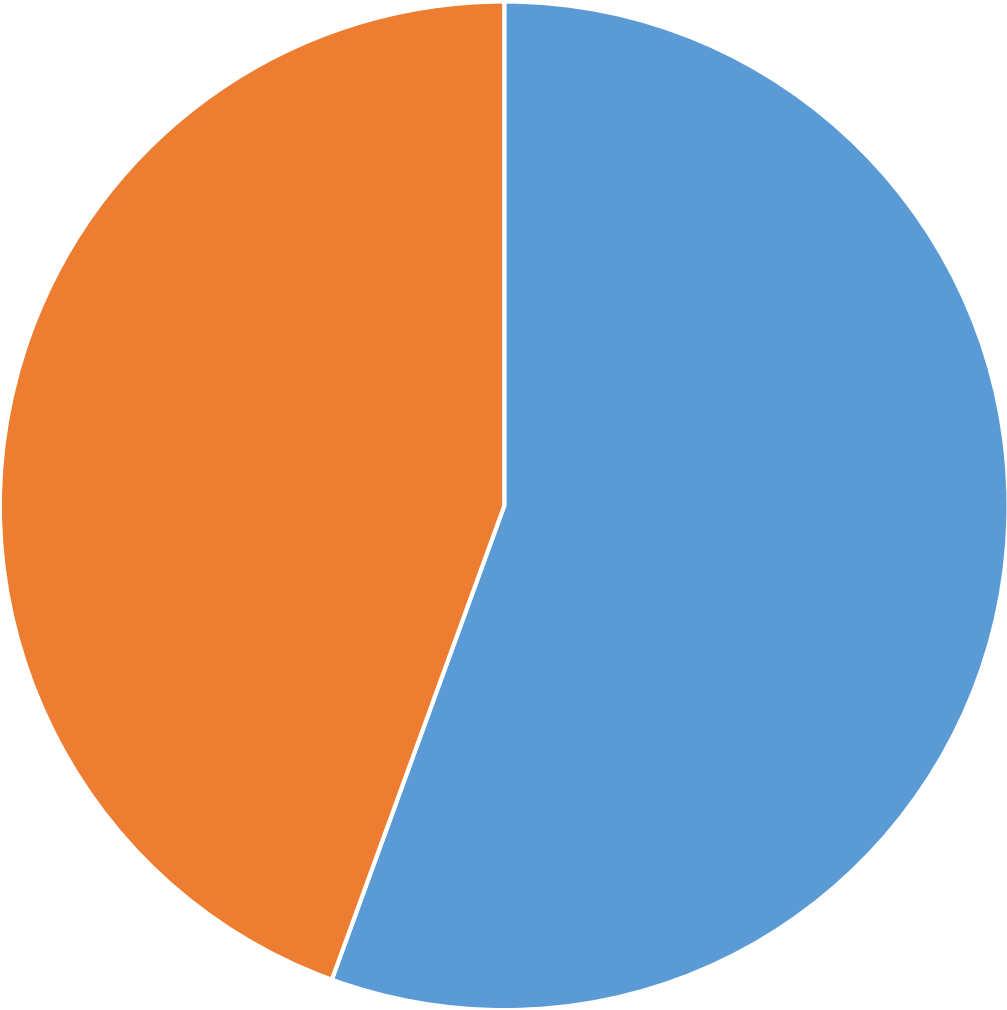
# Which provisions in your country develops your Professional Career?



## Some specifications:

- Ministry of health
- Medical Association
- Clarifications needed compulsory CME/CPD activities
- Employers of professional association
- National collective
- Law and models
- The career develops by salary scale
- Possibility of negotiations for supplement between head of department and single doctor
- Years of experience

# The Professional Career negotiated by unions?

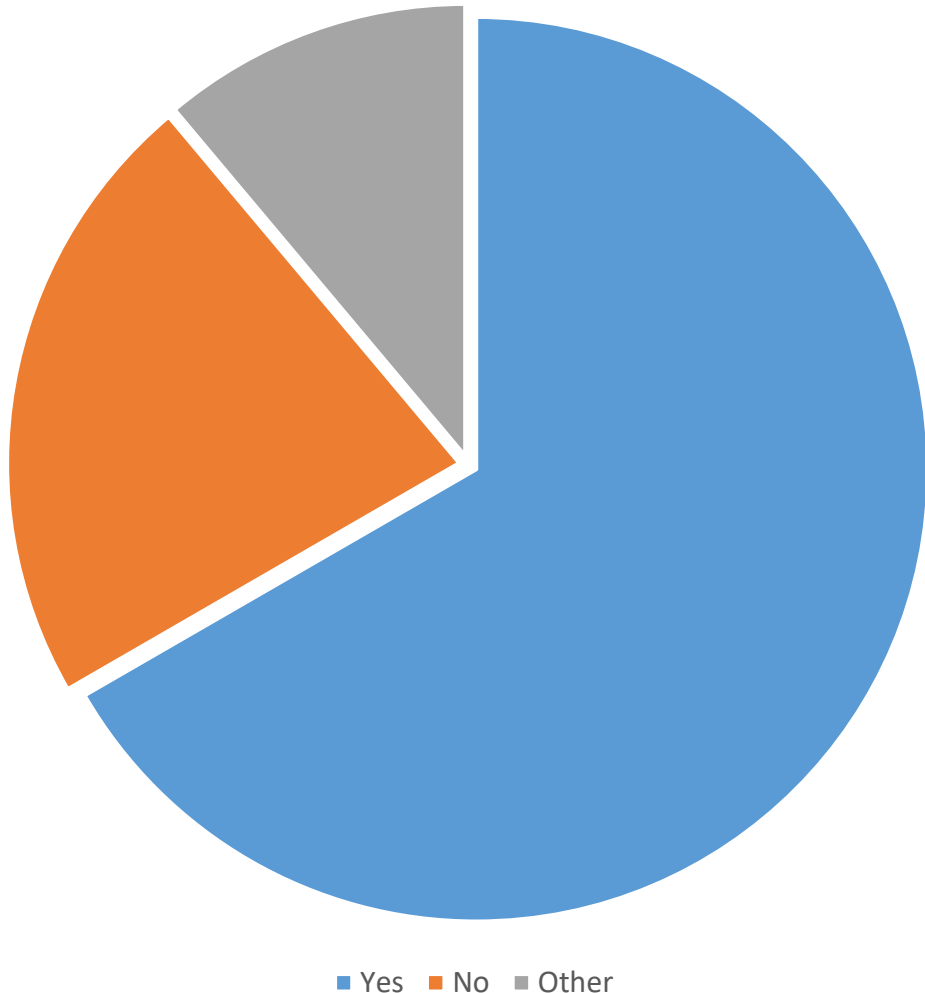


■ Yes ■ No

Is Professional Career in your country confused with internal promotion, or incentives for productivity or activity?



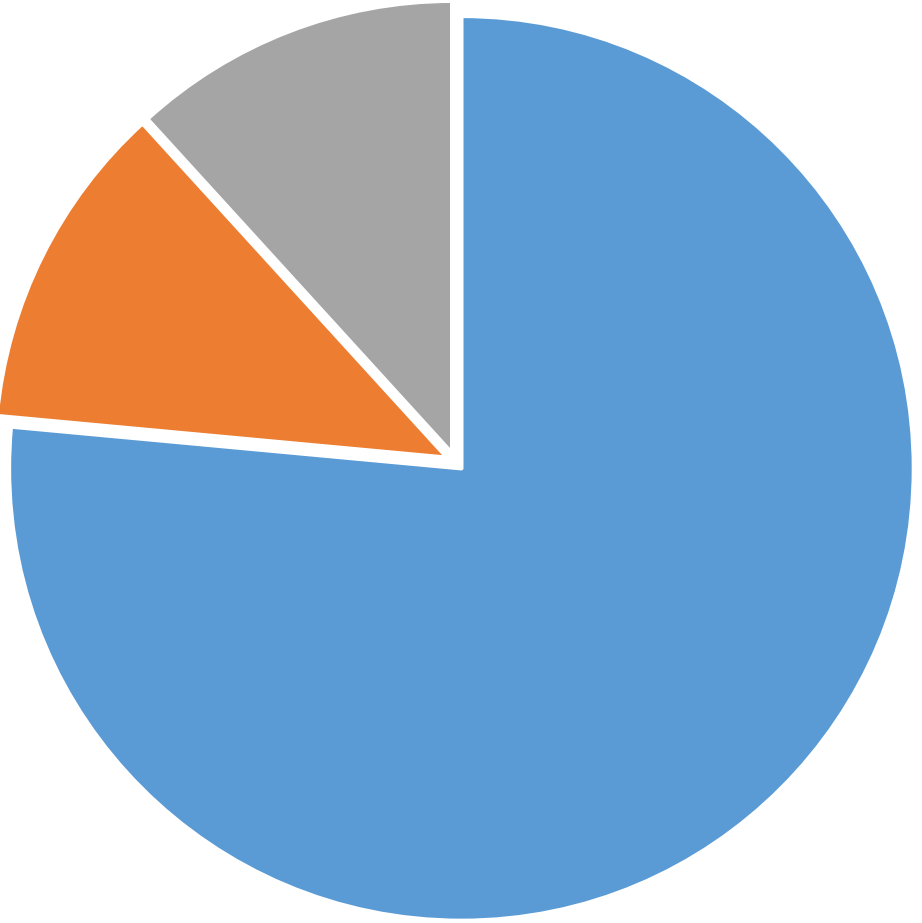
# Is voluntary to access to Professional Career?



## Some explanation:

- Examination for senior (consultant) status as well for PHD
- Yes, but the employer has to agree with
- To have the right to practice, you have to overpass a though exam, to become resident, after that is up to you if you want to continue. Usualy, over 95% of residents become specialists. After becoming specialist its up to you if you want to become "primar. Usualy, 75% of specialist become "primary doctor".
- There is a national tender for the medical internship with places that are occupied by tender by the candidates, according tot the classification obtained
- There are no fixed demands to educate after being a specialist (so far)
- Entrance in medical specialty
- There is a national tender for the medical internship with places that are occupied by tender by the candidates, according to the classification obtained

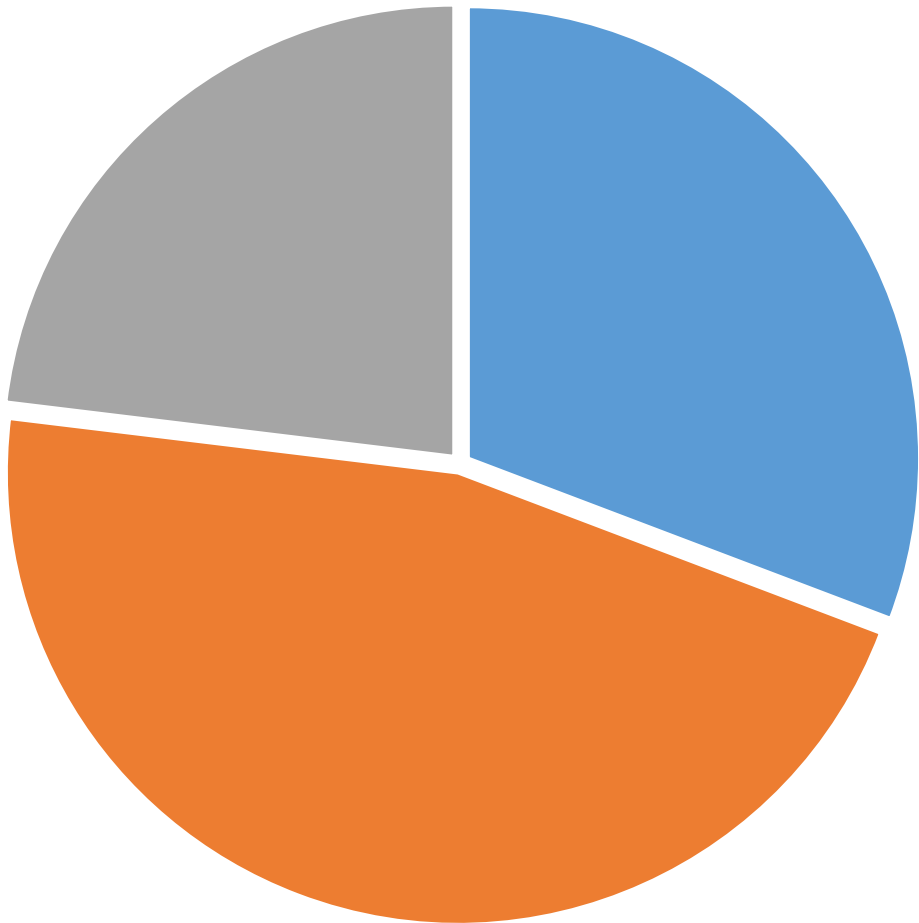
Is it directly recognized by your employer/organization?



■ Yes ■ No ■ Other

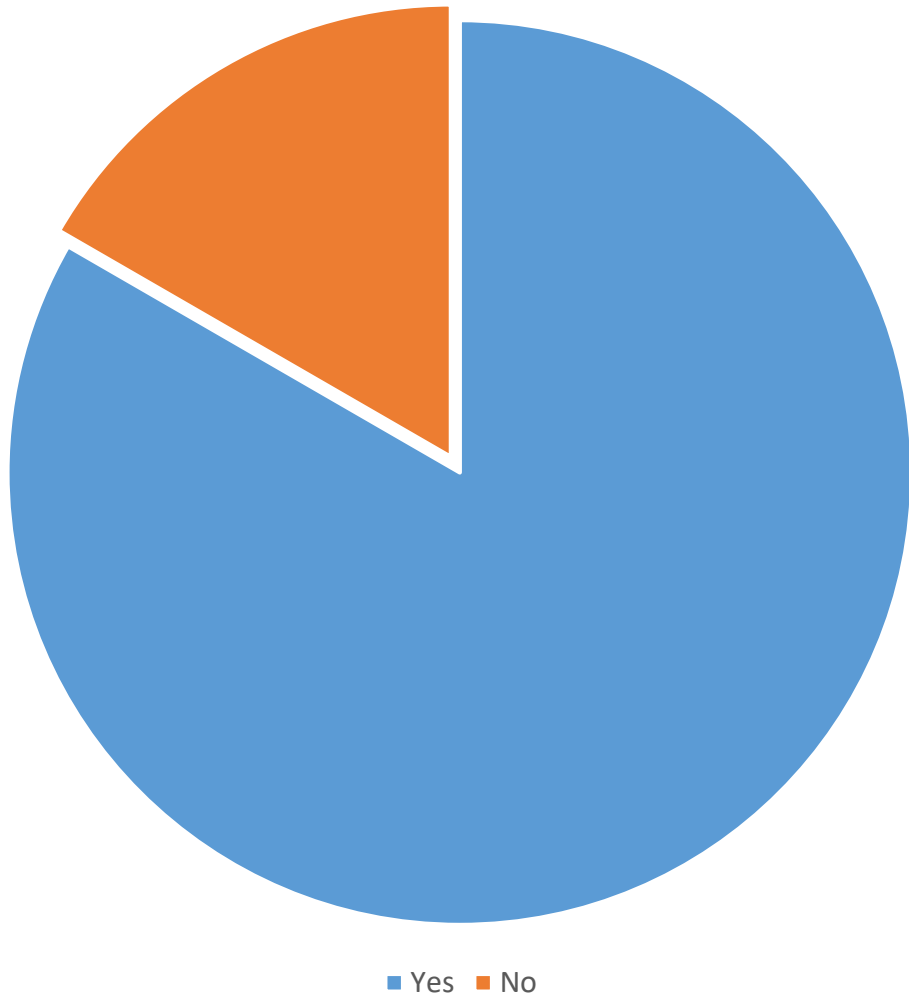


Is there "numerous clausus" to its access?



■ Yes ■ No ■ Other

# Are there different levels of Professional Career?



How Many years do you need to access to the first next level?

- Minimum 2 years
- 5-7 years
- 10 years

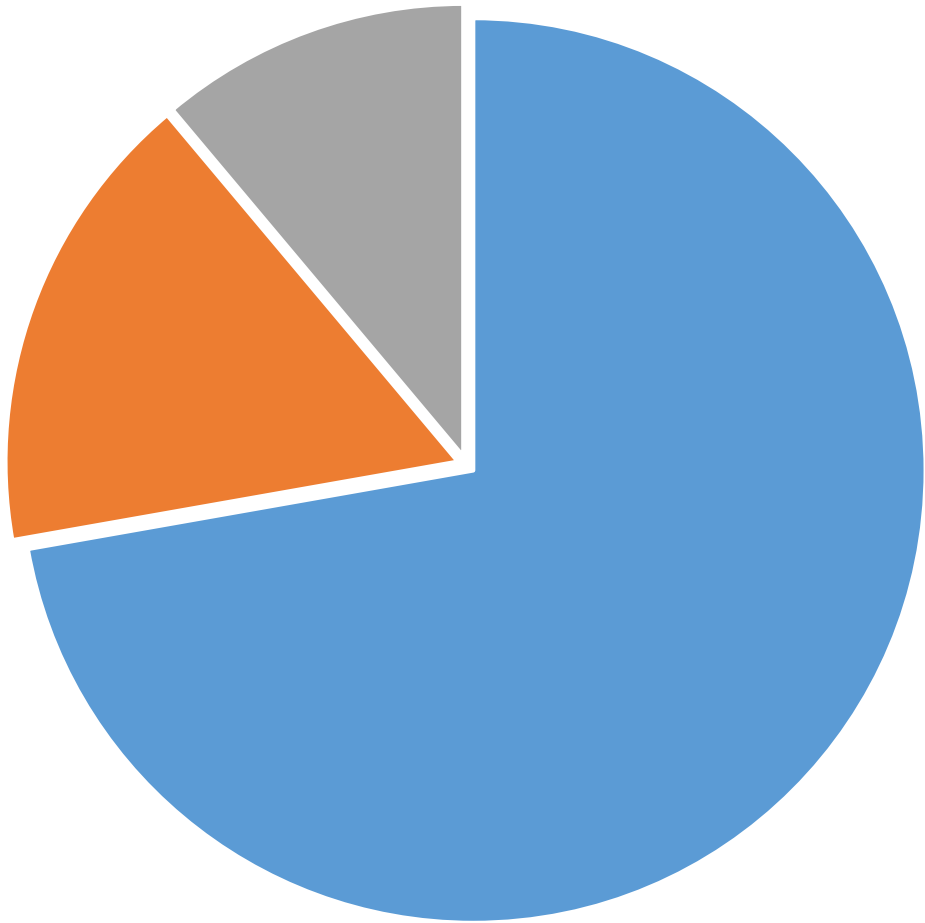
# How many years do you need to the next levels?

- 3-5 years
- 5-6 years to become a medical specialist
- 7 or 8 years after evaluations
- 15 years

## Some requirements to access:

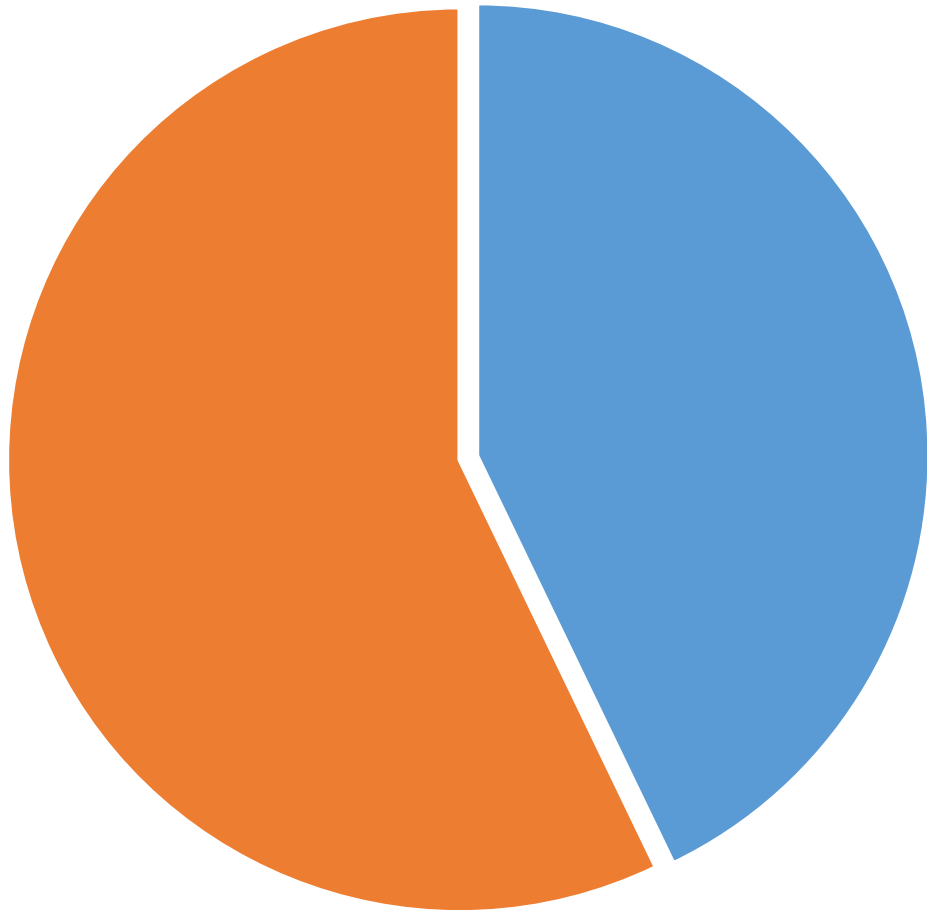
- Exam
- Length of service. As regards management positions, it could be a political decision
- Specified performances, their number, internships, circulation.
- The exams are organised by the Ministry of health and The Faculties of Medicine (14 in Romania).
- Government and ministry relationship
- Evaluation of clinical and scientific competence
- Scoring system

# Are there Committees of Evaluation to evaluate the access to Professional Career?



■ Yes ■ No ■ Other

# Are there grounds to suspend the access to Professional Career?



■ Yes ■ No

# Specialties

# Common specialties: >9

- Clinical oncology
- Clinical analyzes
- Medical microbiology and virology
- Immunology
- Child and adolescent psychiatry
- Clinical Pharmacology and therapeutics
- Oral and maxillo-facial surgery
- Medical oncology
- Hematology
- Paediatric surgery
- Haematology
- Endocrinology and diabetes mellitus
- Functional rehabilitation
- Renal medicine
- Occupational medicine
- Nuclear medicine
- Legal and forensic medicine
- Anaesthetics
- General Surgery
- Respiratory medicine
- Cardio-thoracic surgery
- Vascular surgery
- Gastro-enterology
- Rheumatology
- Dermatology
- Public health medicine
- Neurosurgery
- Obstetrics and gynaecology
- General (internal) medicine
- Ophthalmology
- Otolaryngology
- Paediatrics
- Urology
- Trauma and orthopaedic surgery
- Histopathology
- Neurology
- General psychiatric
- Clinical radiology
- Plastic surgery
- Cardiology

# Specialties: <4

