

European Working Time Directive

Enforcement and Limits
in the Healthcare Systems





Chapter structure

- **Core Document**

data collected over the years

LIMITS: incomplete information

- **Annex 1**

Retirement Requirements

LIMITS: incomplete information

- **Annex 2**

WTD enforcement in PGT - EJD

European Directive 2003/88/EC1

Directive lays down **minimum** safety and health requirements for the organisation of working time

- minimum periods of daily rest, weekly rest and annual leave
- breaks and maximum weekly working time
- certain aspects of night work, shift work and patterns of work

EWTD adopts a broad meaning of the term HEALTH and it admits the effect of work on health status

NOTE: self-executing directive!!

EXCEPTIONS: 4 months period can be extended

OPT-OUT





FEMS members contribution

*Austria Croatia Czech Republic Northern Cyprus
Italy France Netherland Slovenia Spain Portugal
Romania*

KEY points

- ✓ **Heterogeneous application of the directive**
- ✓ **Rest is not always guaranteed and/or extension of working hours**
- ✓ **Full deregulation regarding stand by duty**
 - stand by duty *Follow the on call activity*
No limit to the number
If activated, no compensatory rest
 - the case of Matzak *What is the temporary range defining the limit
between rest time and working time?*
 - payment *Is there any financial
compensation?*



Directive doesn't apply to the medical setting

COMMENTS

- *Directive is perceived as a cause of income reduction*
- *Directive is meant as a limitation in working time organization, even in countries with a supposed good healthcare system*
- *Although unionists perceive the role and relevance of EWTD and fully support it, in their own country, they would derogate from the law for different reasons*



TABLES

- 1- Weekly minimum full working time, according to Collective Labour Agreement
- 2- Is on call time (at hospital) included in/counted as working time?
- 3- In your Country, is opt-out allowed?
- 4- How long is a working day?
- 5- How many hours can you maximally work in 24 hours?
- 6- Do you have any exceptions?
- 7- In your Country, is guaranteed a daily compensatory rest of minimum 11 hours?
- 8- How many days (minimum and maximum) for annual leave?
- 9- Do you have other kind of leaves, in addition?
- 10- If YES, what kind?
- 11- **Do you have sickness leave? Not in CROATIA**
- 12- **Is there any limit to the length of sickness leave? VERY SHORT IN ROMANIA**
- 13- is there a limit to the number of night shift you can work in a month?
- 14- Is there a limit to the number of on call shift, you can work in a month?
- 15- When you are on call, how many patients (or beds) do you monitor?
- 16- How many overtime can you work in a year?
- 17- How much is paid one hour of overtime
- 18- How much is paid standby time, when it becomes active working time (per hour)?
- 19- How many stand-by duties in a month?
- 20- Is EWTD implemented in your Country?
- 21- Is it implemented?
- 22- **If you answered NO or NOT FULLY, why? SHORTAGE OF PERSONNEL**
- 23- At the end of a shift work, is there an adequate (11 hours) compensatory rest
- 24- In your opinion, how long should it be an adequate compensatory rest?
- 25- **What happens if you can't enjoy your annual leave? ROMANIA AND NETHERLANDS**
- 26- Are you forced to live nearby your workplace?
- 27- Can you choose full time or part-time job freely? Please give an explanation
- 28- What's the age of retirement in public Healthcare Sector



RETIREMENT ELIGIBILITY REQUIREMENTS

Annex 1

	<u>Minimum Retirement Age</u>		<u>Maximum Retirement Age</u>		<u>Minimum Length of Service (years)</u>	
	Man	Woman	Man	Woman	Man	Woman
ITALY	Only on contribution base <u>42 years and 10 months of contribution</u>	Only on contribution base <u>41 years and 10 months of contribution</u>	67 (72 on a voluntary basis)	67 (72 on a voluntary basis))	15	15
FRANCE	64	64	DNR	DNR	172 quarter	172 quarter
The NETHERLANDS	Not required	Not required	67	67	Not required	Not required
SPAIN	65 (37 years and 9 months of contribution)	65 (37 years and 9 months of contribution)	70	70	15	15
BULGARIA	64 and 6 months (39 years and 4 months of contribution)	62 (36 years and 4 months of contribution	65	63	Determined by working conditions	Determined by working conditions
AUSTRIA	65	65	70	70	15	15
ROMANIA	60	57	65	65	15	15
SLOVENIA	60 (40 years of contribution)	60 (40 years of contribution)	65	65	15	15
CROAZIA	60 (35 years of contribution)	58 and 3 months (33 years and 3 months of contribution)	68	68	15	15
PORTUGAL	66 and 7 months	66 years e 7 months	70	70	40	40
TURKISH CYPRUS	55	55	60	60	15	15



RETIREMENT ELIGIBILITY REQUIREMENTS - Comments-

- working conditions in the various healthcare systems are not equal. Even at the same retirement age, doctors' health status could be different among Countries
- The kind of specialization (hence, workload) does not affect retirement requirements. The female gender is the only exception allowing an early retirement and/or a serious health problem.
- Salaries differs among european countries and this influences not only retirement pay but also the financial capacity to accumulate private retirement funds
- Countries in which post graduates training is considered as a work, there is an advantage (in term of lenght of service and retirement costs) compared to Countries, as Italy, where trainees have been classified as students (in past years) or their contribution fees are very low.



RETIREMENT ELIGIBILITY REQUIREMENTS - Comments-

- In many countries, there is the opportunity to work beyond retirement age on a voluntary basis. This emphasizes shortage of doctors, particularly in some specializations
- Retirement Eligibility requirements **could become an additional element of evaluation** in migration of healthcare professional across Europe.
- Despite scientific literature points out clearly the negative effects of nightshift and stress work-related on doctors, this job is not accepted as an **arduous work**.



Does medical profession affect doctors' life-expectancy?

An Anao Assomed study has pointed out a **reduction of life expectancy of Italian doctors** in the last 17 years, in comparison with general population



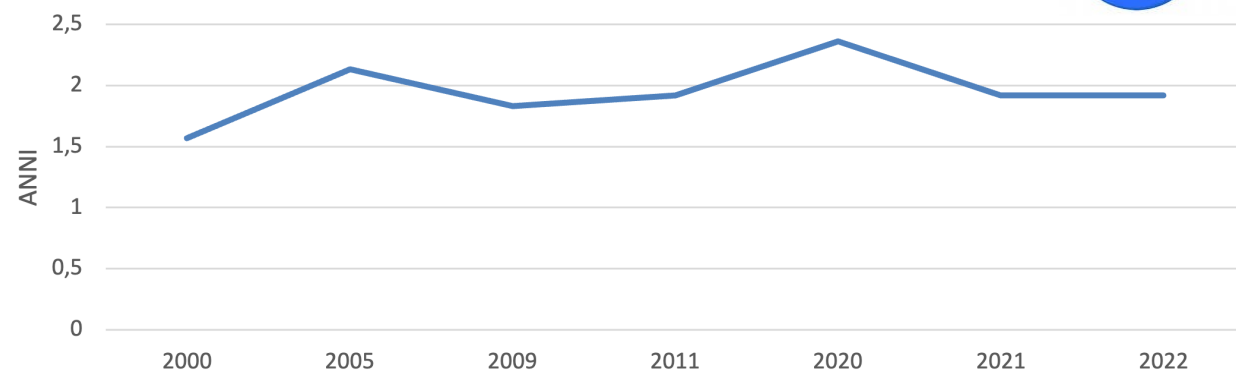
Differenza in anni tra l'aspettativa di vita dei medici e la popolazione generale - sesso femminile



Women doctors lost **2 years and 6 months** in life expectancy



Differenza in anni tra l'aspettativa di vita dei medici e la popolazione generale- sesso maschile

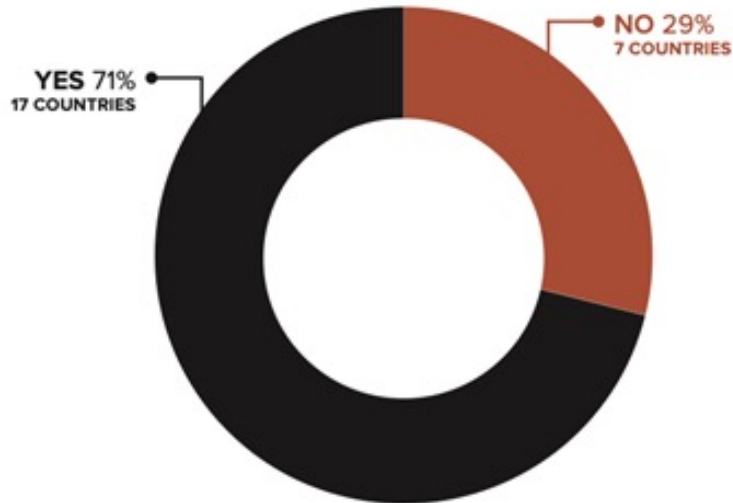


Men doctors lost **almost 6 months** in life expectancy

Ensuring Compliance with the European Working Time Directive: A Call to Protect Junior Doctors' Rights in Europe

ANNEX 2

- a significant majority of countries where the EWTD had been implemented reported not enforcing it for Junior Doctors (77%; 14 countries)
- several countries reported regular working hours exceeding 60-70 hours per week, far beyond the permitted limits
- Only four members reported effective enforcement of the 48-hour working week limit



Graphic 1. Is the EWTD fully implemented in national law?

EJD ADVOCATE FOR THE EXCLUSION OF THE OPT-OUT CLAUSE, WHICH PERMITS COUNTRIES TO DEVIATE FROM THE EWTD PROVISIONS



CONCLUSIONS

The **EWTD** is a valuable piece of legislation which can set common safety standards for doctors across Europe. There is an important degree of variability in compliance and enforcement across European countries. Some states or hospitals fail to ensure full compliance with the directive, which underscores the need for increased efforts to promote consistent adherence to the EWTD's provisions.

The compliance with the European Working Time Directive is a crucial step towards safeguarding basic rights of doctors and promoting high-quality patient care. By working together, European institutions, member states, and healthcare institutions can create an environment that upholds the principles of the EWTD, fostering the well-being of doctors and nurturing a **sustainable healthcare system for the future.**

THANKS FOR YOUR ATTENTION!!