

DOI: 10.1308/147363509X419981

Seize the day and take heed of tomorrow
John Black President

Carpe diem quam minimum credula postero
Horace

My newsletter in the February *Bulletin* about College strategy to alleviate the effects of the European Working Time Directive (EWTD) has certainly 'seized the day'. Support for an opt-out for surgery has been expressed across the board and I cannot recall an issue on which surgeons of all grades, across every specialty and from all parts of the country, have been so united. I thank all of you who have emailed your support, written to me and spoken out at meetings locally and nationally.

I am immensely grateful to the Association of Surgeons in Training (ASiT) and the British Orthopaedic Trainees Association (BOTA) for their recent surveys and reports that have shown clearly the scale of the problem faced by trusts as they struggle to meet the impending crisis. Their definition of 65 hours as the ideal maximum working week to ensure good training and a sustainable lifestyle has allowed the College to offer to government a workable long-term solution. Mind you, as a former president of ASiT I expected no less...

One of the first messages of support came from Frank Keane, president of the Royal College of Surgeons in Ireland. The problems in his country are similar to ours and he will be following an identical approach, asking his government for a specialty opt-out to 65 hours, using the ASiT and BOTA evidence. At the January meeting of the surgical royal colleges and specialty associations our strategy was endorsed unanimously. This means that it has support from all the surgical professional bodies and both trainee organisations. Last and by no means least, because the main issue is to safeguard patient care we have the backing of the Patient Liaison Group.

We must now 'take heed of tomorrow'. I stated that the necessary circumvention of European law to enable a specialty opt-out is a matter of political will and there followed a fortuitous appearance before the commons health select committee, currently inquiring into patient safety. Because of reports in the media of our initiative there was a full discussion of the adverse effects of the EWTD on patient care and this appears to have helped to open ministerial and other doors in Whitehall. Having already met David Nicholson, chief executive of the NHS, I had a meeting with Alan Johnson, secretary of state for health, on 10 February.

My meeting with the secretary of state was cordial; I pointed out the seriousness of the problem, which many of his departmental civil servants seem not to appreciate, and offered him a permanent solution. I was accompanied by Professor Mike Horrocks, Council lead for EWTD, Ben

Cresswell and Sebastian Dawson-Bowling, presidents of ASiT and BOTA, and three senior members of College staff. I formally requested an opt-out to 65 hours and explained why this was necessary to maintain universal access to safe and effective surgical services and to ensure adequate training. He at first responded by describing this request as 'mission impossible' and stated that the European Commission would not allow this and indeed that the government would not support it. I replied by quoting the title of Barack Obama's book, *The Audacity of Hope*! We presented our evidence, which he and his special advisor listened to intently.

I explained that a general reduction to a 48-hour week would in our view have profound consequences for the provision of local services and training. Many medium-sized and small hospitals would not have sufficient staffing levels to maintain rotas. Surgical services would become unsustainable and of course without surgical cover accident and emergency departments would have to close. The increasing demands on consultants to keep emergency services going would inevitably have a serious impact on elective surgery, with little hope of meeting government targets on waiting times.

Reference was made to the derogation that is being sought by the government to allow a 52-hour week until 2012 and to the SiMap and Jaeger rulings that it was hoped could be overturned. These measures in our view will not nearly solve the problem, which requires a radical permanent solution. During our discussion it was made clear to the secretary of state that apparently longer hours on duty were not necessarily a bad thing. Work-life balance was improved and standards of patient care and safety were higher with traditional work patterns and on-call arrangements than with shift working.

We gave the secretary of state much to ponder and he seemed genuinely grateful to hear first-hand the effect that a 48-hour working week is having in pilot areas and our professional opinion on the grim future for the NHS if they continue on this course of action. He now has to make a choice: many would call it a 'no-brainer'. I will be seeing Greg Beales, the prime minister's senior adviser for health and social care, shortly. It looks as though the decision will have to come from the very top.

11 February 2009