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### Letter to the Editor

## The European working time directive has a negative impact on surgical training in the UK

Dear Editor,

BOTA and ASiT would like to respond to the recently published letter from Rusius et al.<sup>1</sup>

One-year on from the full implementation of the European Working Time Directive (EWTD) and we are yet to see any significant improvement in the training received by junior surgeons. The combined BOTA/ASiT survey of over 1600 trainees last autumn, after working hours were technically limited to an average 48 per week, showed more than two-thirds of trainees reported a deterioration in their training; only 1% saw any improvement. Indeed, to talk of trainees now working 48-hour average weeks is disingenuous given that 67% of respondents attended clinical work while officially off-duty to protect their training and gain further surgical experience, while 84% were working in excess of their rostered hours to maintain the quality of the service provided and ensure patient care was unaffected. Although the EWTD was designed to limit working hours, so protecting the health and safety of workers, 86% believed that there had been a deterioration in their work-life balance.<sup>2</sup>

Rusius et al suggest training efficiency will improve to a level that surgeons will train to a competent standard within the EWTD limits. BOTA and ASiT share grave concerns that there is no evidence that this is yet possible within the current limits of training and NHS service provision. Even if the initiatives outlined were to be funded and subsequently introduced, such changes would take time to implement and therefore be of little benefit to the current generation of trainees.

Our training opportunities face many pressures at a time when training is becoming ever more expensive to both individuals and their training providers. Yet poor training will result in inadequately prepared consultants, which ultimately impacts on future patient safety.

The recent report by Sir John Temple<sup>3</sup> recognised that although rotas may be 48-hour compliant on paper, there were frequent service gaps in the rotas, requiring cover by internal locums. This results in lost training opportunities. A general move towards full-shift rotas takes trainees away from their day-time consultant supervised activities, to cover emergency and out-of-hours duties with less educational value. A reconfiguration of services was recommended; in

his response Mr. John Black, President of the Royal College of Surgeons of England, states that the suggestions made to improve the situation were “unworkable”, and that the financial burden of such solutions was too great.<sup>4</sup>

Where does that leave the trainee? BOTA and ASiT continue to represent surgical trainees in discussions to improve the quality of their training. It is our position that the measures outlined by Rusius et al will not in themselves be sufficient or indeed realistic in the current NHS, nor does surgical training lend itself to such constrained working hours. We agree that there is an urgent need in the profession to address what trainees do in the hours they work and how training is delivered within these. Notwithstanding this, it is imperative we relax the constraints of the working hours specified by EWTD given that the majority of surgical trainees continue to work unofficially well in excess of these to maintain both service and training.

We would welcome further discussions with stakeholders to address these issues.

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