

sible, improve his medical training. Medical ethics requires this. As further assurance of the hospital doctor's possibility for this continuing training, it is indispensable:

- (1) To give the doctor the possibility to participate in educational seminars of his choice without this resulting in any reduction of his annual income or salary;
- (2) To give to the doctor the possibility of access to reference literature concerning his professional activity;
- (3) To permit a regular exchange of information among the doctors of a health establishment.

#### *Doctors' Appointment and Working Conditions*

An essential guarantee of the independence of the hospital doctor is in the conditions of appointment. The conditions of appointment must be open to negotiation either individually or collectively. Furthermore, the appointment procedure must include the publication of vacant posts. The choice of applicant must be based on competence, free of all prejudice of any sort. The applicant's medical qualifications must be judged by doctors of an appropriate level of professional competence, and selection must be by a committee, the majority of whose members are doctors.

The medical, scientific, and educational credentials, qualifications, and competence must be commensurate with the post to be filled.

The conditions of employment must guarantee the stability of the doctor's function as well as his economic independence and social protection.

Hospital doctors have a right to recompense corresponding to the services they render to the patients of the hospital concerned.

#### *Conclusion*

While it still has not been possible to harmonise the laws or conditions of all Member States of the European Communities, the Standing Committee of Doctors of the EC considers that the laws and conditions peculiar to each Member State must respect the minimum guarantees defined in this charter concerning the activities of hospital doctors.

## **7.2 CP Statement on organization of working time**

(CP 93/112, 94/51, 94/147)

Professor M. Machado Macedo  
Vice-President  
Standing Committee of Doctors of the EC  
(CP 93/112)

*Dear Professor Macedo,*

The CP will be aware that, in June 1993, the Council

of Ministers reached a common position on the proposed directive on the organisation of working time. The new text contains a clause exempting "doctors in training" from all provisions of the directive.

The PWG deplors this discrimination against a vulnerable group of employees. It believes that doctors in training should be treated in the same way as other health care workers, for whom special provision is made in a derogation.

Concern for the quality of junior doctors' training is sometimes put forward as an argument for long working hours. However, if doctors in training are to be asked to work 60-80 hours per week, there needs to be evidence that this assures the quality of their training. No such evidence has ever been provided. In fact, during the most vulnerable periods of extreme working hours, the junior doctor is most likely to be working in an unsupervised situation.

The work of a junior doctor must also always be carried out with extreme caution with regard to the safety of patients. This safety could be compromised by exhaustion caused by excessively long working hours.

Permanent working group of European junior hospital doctors  
Groupe de travail permanent des jeunes médecins hospitaliers européens

The arguments above demonstrate that junior doctors in Europe are one of the groups most in need of the protection afforded by this directive. The social Affairs Committee of the European Parliament has already supported amending the draft directive in this manner.

The CP has already adopted the PWG motion on working hours (CP 90/82I-Annex IV) and the PWG is grateful for this support. We now urge the CP to demonstrate its continuing support by endorsing the view of the PWG regretting the decision by the Council of Ministers to exclude doctors in training from its common position on the proposed directive concerning the organisation of working time and the PWG efforts to have doctors in training treated in the same way as other health care employees and to forward this endorsement to the appropriate sectors of the Commission, Council, and European Parliament.

This matter was discussed and agreed by the PWG at its meeting in Estoril on 16 October 1993.

Yours sincerely

*Hans Ueli Wursten, MD*  
Coordinating Secretary, PWG

The Heads of Delegation of the  
CP meeting in Curia, Portugal  
on the 16th April 1994  
(CP 94/51)

Welcome the initiative of the European Commission in setting up the Working Group, headed by Mr. Allman, into the working hours of doctors in training;

Strongly endorse the inclusion of Dr. J. Poulsen, President of PWG, as a member of the group; and

Look forward to a speedy conclusion to the study so that firm data will be available to the Commission during its further discussions of this issue.

### Motion relating to the working hours of European doctors in training

Adopted at the CP Plenary Assembly,  
25-26 November 1994  
(CP 94/147 – EN)

The Standing Committee of European Doctors (CP) finds the exclusion of doctors in training from the EU Directive on Certain Aspects of the Organisation of Working Time unacceptable.

The Standing Committee of European Doctors (CP) gives its full support to the Permanent Working Group of European Junior Hospital Doctors (PWG) in its work for inclusion of “doctors in training” in a new regulation concerning working time in order to safeguard the treatment of patients and improve the working conditions of doctors.

The Standing Committee of European Doctors (CP) urges the Council of Ministers to adopt an initiative which is binding for the member states and which will ensure that all doctors are covered by either the 1993 Directive or a new initiative which offers equivalent protection.

### 7.3 Declaration of Hamburg, 1972

#### Joint Declaration of the Standing Committee of Doctors of the EEC and the Hospital Committee of the EEC

Adopted at Hamburg, 1972

The Standing Committee of Doctors of the EEC and the Hospital Committee of the EEC think that the free movement of doctors should be encouraged and requires the establishment of a set of minimum regulations valid in each country.

Taking into consideration the differences in legislation and legal structures in the various countries, this document sets out certain minimum requirements on which both organizations have agreed. The document does not claim to deal with all the problems regarding the status of hospital doctors, and organizations are at liberty to extend these regulations.

1. In all hospitals there should be regular meetings between representatives of the management and administration and elected representatives of the medical staff of the institution to discuss all subjects which may have a direct or indirect impact on the running of the medical departments and on medical activity within the establishment. Either side may place on the agenda any subject relevant to these spheres.

2. The following points should be the object of information and discussion between the administration and medical staff, since not all procedures are formally regulated by any legal or statutory provisions (the ones which are, obviously not being subject to discussion).
  - 2.1 The creation or suspension of a medical department and any substantial modification to the distribution of the medical duties within the hospital.
  - 2.2 An increase or reduction in the size of the medical staff or in the number of and nature of branches of medicine which exist in the hospital.
  - 2.3 Nomination or appointment of members of the medical staff.
  - 2.4 Suspension or dismissal of a member of the medical staff or a change in the duties of any member.
  - 2.5 Nomination of a doctor to the management board.
  - 2.6 In so far as they affect the medical activities within the hospital: annual economic and financial reports, the annual accounts, the budget and the priorities to be given to different tasks to be undertaken.
  - 2.7 Agreements between the hospital and other hospitals or third party when these affect collaboration in or distribution of medical tasks and therefore have repercussions on medical activity.
  - 2.8 Any building plans which have serious implications for medical activities.
  - 2.9 Differences of opinion between the administration and the doctors concerning staff and equipment.
3. The medical staff should submit a regular report on medical activity within the hospital. They should inform the administration or its representatives of the methods used and the results obtained in the report, providing this does not violate the principle of professional medical confidence. The administration may request such a report if it considers it useful. This report, which is designed to guarantee a high standard of medical treatment may – at the request of either party – be the subject of discussion.

The administration, or its representatives, may not interfere in the treatment of a individual patient, in order that the doctor’s diagnostic, therapeutic, moral and ethical independence may be assured.
4. In cases where the administration or its representatives suspect a serious mistake or case of malpractice on the part of anyone working in the hospital, a procedure for dealing with it should be established without prejudice to existing legal provisions.
5. Medical confidence is guaranteed. The administration or its representatives shall not have access to medical reports without the consent of the doctor or doctors concerned, according to the legal, statu-