

## European Working Time Directive (EWTD)

The Royal College of Anaesthetists (RCoA) has recently completed a series of liaison visits with the Department of Health (England) to SHAs in England.

It is clear from the visits to SHAs that there will be areas of service where Trusts experience some difficulty in providing EWTD compliant rota cover in August 2009. A number of strategies will be employed to ensure a safe delivery of service and compliance with training guidelines. It is appropriate therefore to highlight the guidance produced by the College on the assessment process for individuals who are either new to the specialty, move between UK employers or come to the specialty from outside the UK.

- As a basic minimum satisfactory completion of the Initial Assessment of Competence[1] is regarded as the accepted standard before any anaesthetist, at any level of employment, is able to take part in a rota or work without direct supervision.[2]
- There must be protocols for induction of individuals new to a hospital before they have patient contact.

Hospitals may be planning to maintain rotas by recruiting more Specialty Doctors and therefore may wish to note the following RCoA extract from the Staff and Associate Specialist (Specialty Doctor) Working Party document approved by Council of the RCoA in October 2008:

Minimum time in the specialty.

Whilst the new generic entry requirements from the Department of Health for Specialty Doctor posts states '*...at least two (years) of which will be in a specialty training programme...*'. Council asserts that, in the interests of patient safety and maintenance of standards, the equivalent of three years training in anaesthesia is the appropriate minimum requirement. This is supported by recent expansion of the initial direction by NHS Employers, which states:

*'...in some specialties successful completion of two years of specialty or core training at levels one and two may not provide the employer with a doctor with the right skills to perform effectively in a specialty doctor post'. (Reference: [Employing and supporting specialty doctors A guide to good practice. April 2008, DH and NHS Employers](#)).*

1. CCT Part II Section 2
2. Direct Supervision. This means the trainee is working directly with a supervisor senior to themselves who is actually with the trainee or can be present within seconds. This proximity maintains the patient's safety but when appropriate allows a trainee to work with a degree of independence in order to develop confidence. (CCT Part I Section 5.2)