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Europæiske kommuners og regioners råd
Συμβουλιο των Ευρωπαικων Δημων και Περιφερειων
Consejo de municipios y regiones de Europa
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CONSEIL DES COMMUNES ET REGIONS D'EUROPE
Section européenne de Cités et Gouvernements Locaux Unis

M. François BILTGEN
Minister of Labour and Employment, Minister of Culture, Higher Education and Research

M. Mars DI BARTOLOMEO
Minister of Health,
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Luxembourg Presidency of the Council c/o
Council of the European Union
Rue de la Loi, 175 B
B-1048 Brussels

Brussels, 31 May 2005

Re: Impact of the European Parliament's amendments to the draft revised EC Working Time Directive (COM(2004)607)

Dear Sirs,

At the meeting of the Council (Employment, Social Policy, Health and Consumer Affairs) on 2-3 June, a public debate will be held under your joint presidency on the European Commission's proposal for a revised Directive on certain aspects of the organisation of working time (COM(2004)607), and on the resolution of the European Parliament amending this draft Directive in first reading[1].

The Council of European Municipalities and Regions and its Employers' Platform (CEMR-EP) wish to express concern over the consequences of the aforementioned European Parliament's amendments on European municipalities, in particular for their management of public safety and health and their ability to continue to deliver high quality health, social care and civil emergency services.

[1] T6-0175/2005 of 11th May 2005.

A particular issue of concern lies in the change made by the European Parliament in the definition of working time, with a view to have time spent resting or sleeping while on call (the "inactive part of on-call time") considered as working time. The CEMR fears that the application of this definition to professions such as fire fighters and ambulance personnel could dramatically alter the flexibility afforded to municipalities in managing public services, and would thus increase the required size of the workforce and the associated costs for local authorities charged with managing these services. This could ultimately lead to the quality and effectiveness of public service provision being undermined.

We therefore believes that, in terms of organisation and staff management, it will be very difficult to follow the Directive as amended by the Parliament while at the same time guaranteeing the required levels of public health and safety.

CEMR's member organisations have provided the following observations on the expected impact of a definition of working time as amended by the Parliament:

In *Finland* the active working time of physicians on-call on site varies from 10 to almost 100 percent. The Commission for Local Authority Employers estimates that if the above on-call work was to be handled by organising work in 24-hour shifts, an additional 500 physicians, at a minimum, would be needed. Even without a need for more physicians, there is already a shortage of about 9 percent. In other words, local and joint authorities together have almost 1,000 posts for physicians not filled permanently (the total number of posts for physicians is about 11,000). Even the provision of more medical education would not make the additional resources available until more than six years from now.

In *the Netherlands* the amendment would have a major impact on firefighters and ambulance services which utilise time on-call as a means of responding to the demands placed on them. More personnel will need to be hired in order to provide the same level of preparedness. This would require an additional 650 firefighters with associated additional cost at a time when fire departments already face difficulties in hiring adequate staff. The ambulance service would require an additional 150 workers.

In *the UK* the social care sector will be heavily affected as sleep-in duties are a reasonably common feature in the working patterns established for the provision of residential care for vulnerable children and adults. In an area where many local authorities already face difficulties in recruiting staff this would require the additional recruitment of over 6,000 workers. This estimate only relates to the direct provision of such services. The majority of residential care is now provided by the private sector where the impact may be even greater. Where care is procured by local authorities for their citizens these costs will simply be passed on to the local authority. There could also be further impact on the ability of fire services to implement staffing structures necessary to meet the requirements of their Integrated Risk Management Plans.

In *Sweden*, an additional number of approximately 3,000 medical doctors would have to be recruited to comply with the definition of working time as amended by the European Parliament. These figures should be viewed in the light of the 25,000 doctors presently working in the health care and hospital sectors. The costs associated with employing additional staff are estimated at around 1.5 billion Swedish crowns.

In *Denmark* the impact is not so intense although there will be a requirement to recruit around 100 additional doctors at local and regional levels, with related estimated additional costs of 60 million DKK.

In *Norway*, the effect of including the inactive part of on call time into working time calculations is expected to give rise to the need of approximately 300 new fire-fighters, with associated recruitment costs of around 12 million Euro per year. The impact would be even higher in the hospital sector and in the municipal health care services, where the total requirement for new doctors would be at around 1,400-1,500, with associated additional costs of 94 million Euro per year. At the same time, Norway, which employs close to 3,000 doctors originating from EU countries, would expect 30% of these to leave the country in order to meet increased demands for medical staff in their home countries. This would leave Norway with a shortage of around 750 doctors, in addition to those that would need to be recruited to meet the requirements of a new definition of working time as proposed by the European Parliament. There would also be significant effects in the sector of qualified nurses, which are not possible yet to quantify.

Finally, in *Germany*, the changes proposed by the European Parliament would require the hiring of up to 27,000 additional medical staff in the hospital sector. The costs associated with their recruitment are estimated at 1,7 billion Euro per year. However, this additional staff is not currently available. The expected impact would therefore be a decrease in adequate patient treatment and the possible closing of a number of hospitals. In fire-fighting services, the respective effect would be a shortage of trained staff in the short term, since the training of fire fighters is limited to the actual needs. There would therefore be a decrease in the level of public safety, in addition to higher costs to meet the need for recruitment and training of new staff.

In conclusion, while CEMR and its Employers' Platform fully support the health and safety aims of the Working Time Directive, we are concerned that the European Parliament's amendments go beyond the protection of an individual's health and safety. We believe that the impact of these amendments could be shortages of key personnel and increases in costs in many local services, at a time when there is even greater need for flexibility in the labour markets in order to meet the objectives of the European Employment Strategy.

Given the amendments by the European Parliament and the problems they cause for services in public health and safety, we kindly ask if you would recommend the Council to support the initial text proposed by the Commission particularly as regards the definition of working time.

On behalf of CEMR, its Employers' Platform and Chair, Aleksander Aagaard, Mayor of Skanderborg, Local Government Denmark, I remain,

Yours sincerely,

(signed)

Jeremy Smith
Secretary General