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Flexible Working in Europe – Results from a European Survey

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1. Background

In early 2018, the European Junior Doctors' Association (EJD) undertook a survey of differences in Postgraduate Training across Europe. At that time, 73% of countries surveyed (16/22) reported that junior doctors were allowed to undertake their residency working less than fulltime or 'flexibly'¹. Less than full time working was reported to not be possible in Turkey, Lithuania, Latvia, Italy and Estonia.

It has been reported that new generations of physicians increasingly value flexibility in their scheduling and working arrangements². However, other research has also shown that flexible working within healthcare can prove more challenging than in other employment fields due to the nature of shift-work and necessity to be constantly responsive to patient needs³.

To better understand what frameworks are in place for flexible working amongst doctors in different European countries, the European Junior Doctors' Association (EJD) carried out a survey on this topic from August to September 2018. Interim results were presented to EJD delegations in October 2018 and the data collected was verified with EJD delegations prior to this final report being published. This report presents some of the key findings from the survey.

21 EJD member countries participated in this study: Austria, Croatia, Czech Republic, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Portugal, Slovenia, Spain, Sweden, Turkey, and the United Kingdom.

2. Key findings

2.1 Number of hours that constituted 'full-time' postgraduate training

- In 71% (15/21) of the countries, 40 hours per week or around 40 hours per week, constituted 'full-time work'.
- In 10% (2/21- Greece and the Netherlands) of the countries, more than 40 hours per week constituted 'full-time work', whilst, in 19% (4/21 – Italy, Lithuania, Finland and Ireland), less than 40 hours per week constituted 'full-time work'. The country with the highest number of

hours constituting 'full-time work' was Greece, which reported 72 to 96 hours, depending on the needs of the department.

2.2 Frameworks for working less than full-time

- In 12 of the countries (Austria, Croatia, Czech Republic, Finland, Germany, the Netherlands, Norway, Malta, Portugal, Spain, Slovenia, Sweden), there was a legal framework in place allowing doctors the right to work less than full-time, whilst in 7 of the countries (Estonia, Greece, Ireland, Italy, Latvia, Lithuania, Turkey), there was no such legal framework in place. In the United Kingdom, the only regulation laid down in law was a right to apply for flexible working arrangements. In France, there was generally not a legal framework, but there were exceptions.
- Of the countries without a legal framework, Turkey, Lithuania, Estonia, Latvia and Italy all reported that it was not possible to work less than full-time, whilst Ireland and the United Kingdom answered that, although there was not a legal framework in place, junior doctors could work less than full-time.

2.3 Data for doctors working less than full-time:

- Of the countries allowing junior doctors to work less than full time, data was only available for 14 countries. A wide range in the proportion of junior doctors working less than full time was reported across countries, from 1% in Slovenia and Ireland, to 19% in Germany and 40% in the Netherlands.
- In all countries where working less than full time was possible, this prolonged the length of postgraduate training.

2.4 Criteria for working less than full-time:

- Of the countries that allowed less than full time working, in eight countries, there was a set minimum number of hours for working part-time, ranging from 12 hours per week in Austria to 70% of full time working in the Netherlands. In six countries, there was no such minimum hours for working part-time reported. Germany, Sweden and Finland noted that there was not a minimum number of hours required, however, to be in specialty training, the doctor needed to be working at least 50% of full-time hours. The United Kingdom reported that working part-time generally meant working at least 50% of full-time hours, but, in certain circumstances, exceptions were made.
- Ten countries reported that there were eligibility criteria that needed to be met in order to apply to work less than full-time, whereas, in four of the countries (Czech Republic, Germany, the Netherlands, and Norway), no such eligibility criteria were reported. In Sweden, eligibility

for working less than full-time depended on the employer, but, officially, no such criteria existed. In Finland, legally, one could be eligible for working less than full-time for sickness or parental reasons.

- In a third of the countries, it was necessary to reapply to continue working less than full-time during training, whilst in another third of the countries it was unnecessary to reapply. In Austria, the length of less than full-time training was regulated in an individual's contract. In Germany and the Netherlands, individuals only needed to reapply for less than full-time training if receiving a new contract. In the UK, less than full-time posts were approved for a pre-determined period, which was usually one year.

2.5 Possibility for pausing a residency:

- All 21 countries noted it to be possible to pause residency programmes, however 29% (6/21) of countries reported that it was possible to pause a residency programme only under certain circumstances, for example, illness, academic work, or maternity or paternity leave.

3. Conclusions:

This was one of the first surveys of its kind to compare the current prevalence of less than full-time working and the frameworks available for doctors to have flexible working in European countries. The results indicate great heterogeneity between countries. It is of note that, since the time of this survey, plans have been made to introduce less than full time working for junior doctors in Estonia from 2020.

Despite the introduction of the European Working Time Directive (EWTD) in 1993, some countries in this survey still reported 'full-time' as constituting more than 48 hours in their country. Most countries in Europe have enacted, or plan to enact, the directive into their national law, however further data is needed to understand how the EWTD is being implemented in practice. In some countries, such as the UK⁴, there has been an increase in the number of junior doctors choosing to take a year, or multiple years, out of postgraduate training. Therefore, it is important to review reasons for wishing to work less than full-time or take time out of training, how this affects our European medical workforce, and what measures can be taken to better support junior doctors to remain within the medical workforce. The ability to work flexibly may be one such measure important for decision makers to consider in order to improve the retention of junior doctors within our health systems across Europe.

Further information regarding this data can be obtained by emailing office@juniorDoctors.eu.

References:

1. European Junior Doctors' Association. (2018). 'Postgraduate training in Europe – Results of a European Survey'. Available online at:
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2. Snadden and Kunzli. (2017). 'Working hard but working differently: a qualitative study of the impact of generational change on rural health care'. *CMAJ Open*, 5: E710–E716.
3. Mercer D, Russell E and Arnold K. (2014). 'Flexible working arrangements in healthcare'. *The Journal of Nursing Administration*, 44: 411-416.
4. Hallett S. (2019). 'The F3 year: an exodus from training, or increasing desire for flexibility?' *British Medical Association blog – My working life*. Available online at:
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Disclaimer

This report is a collection of information and only reflects the answers provided by National Member Organizations members of EJD from August to September 2018. This report does not reflect the position or view of EJD on any of the topics covered nor does EJD hold responsibility for the accuracy of the information collected.