

Czech Republic: The representativeness of trade unions and employer associations in the hospital sector’.

[Correspondent:] Please change the title to: ‘<Country>: The representativeness of trade unions and employer associations in the hospital sector’.

[Correspondent:] Length and format

The responses of the national centres should be no longer than 2,500 words.

Important: Please use this EIRO template questionnaire to respond, filling in the answer to each question underneath that question. Please also be reminded to fill in the metadata.

Please retain all headings in the document. Do not change the text of the headings. You may add sub-headings if necessary. Please retain any text appearing in blue, which uses the ‘Comment Text’ paragraph style, as this will be automatically removed prior to publication. All other text (not in headings or in comments) will be retained and published online, so please ensure that it is suitable for publication.

If you have any queries on administrative issues (deadlines, submission etc), please contact Alexandra Gryparis in the first instance. If you have any queries on the content of the information requested, please contact Franz Traxler (franz.traxler@univie.ac.at) and Georg Adam (georg.adam@univie.ac.at) who are coordinating the study.

[Correspondent:] Timing

The deadline for the submission of responses by national centres is **4 December 2007**.

In order to fill in this questionnaire it is absolutely necessary to carefully read the accompanying guidelines (i.e. briefing note).

There are three trade unions active in the monitored sector: Trade Union of the Health Service and Social Care of the Czech Republic; Trade Union of Doctors in the Czech Republic; and Professional and Trade Union of Medical Workers of Bohemia, Moravia and Silesia. The Czech Medical Chamber (Česká lékařská komora), a professional association of physicians, also plays an active role in the sector but is not involved in collective bargaining.

It is characteristic of the sector that no collective agreement of higher degree exists due to the fact that there is no partner on the employers’ side.

[Correspondent:] In the abstract, summarise the quantitative relevance of the hospital sector in your country’s economy and the sector’s characteristics with respect to collective bargaining and the national actors’ representativeness. The length should be no more than **100 words**.

1. Sectoral properties

Please provide the following data:

	1994	2006
Number of employers (Note: if the number of employers is not available, please indicate the form of the unit (e.g. companies, establishments, etc.) the number refers to	225*	391

Aggregate employment*	134,950	145,827
Male employment*	28,554	27,659
Female employment*	106,396	118,170
Aggregate employees	133,158	143,309
Male employees	27,576	26,662
Female employees	105,582	116,647
Aggregate sectoral employment as a % of total employment in the economy	2.74	3.02
Aggregate sectoral employees as a % of the total number of employees in the economy	3.11	3.55

*Estimate

Source: Czech Statistical Office (A)

2. The sector's unions and employer associations

This section includes the following unions and employer associations:

1. unions which are party to sector-related collective bargaining ([In line with the conceptual remarks outlined in the accompanying briefing note, we understand sector-related collective bargaining as any kind of collective bargaining within the sector, i.e. single-employer bargaining as well as multi-employer bargaining. For the definition of single- and multi-employer bargaining, see 4.2](#))

a) [Trade Union of the Health Service and Social Care of the Czech Republic \(Odborový svaz zdravotnictví a sociální péče České republiky, OSZSP ČR\)](#)

b) [Trade Union of Doctors in the Czech Republic \(Lékařský odborový klub – Svaz českých lékařů, LOK-SČL\)](#)

c) [Professional and Trade Union of Medical Workers of Bohemia, Moravia and Silesia \(Profesní odborová organizace zdravotnických pracovníků Čech, Moravy a Slezka, POUZPČMS\)](#)

2. unions which are a member of the sector-related European Union Federation (i.e. EPSU – European Federation of Public Service Unions)

a) [Trade Union of the Health Service and Social Care of the Czech Republic](#) – member of [European Federation of Public Service Union \(EPSU\)](#) and [European Trade Union Confederation \(ETUC\)](#)

b) [Trade Union of Doctors in the Czech Republic](#) – member of [European Federation of Salaried Doctors \(FEMS\)](#)

c) Not member of any association.

3. employer associations which are a party to sector-related collective bargaining

In the Czech Republic, no employer association exists in the sector to allow for collective bargaining to take place.

4. employer associations which are a member of the sector-related European Employer Federation (i.e. HOSPEEM – Hospital and Healthcare European Employers' Association)

[Association of Czech and Moravian Hospitals \(Asociace českých a moravských nemocnic\)](#) is a member of HOSPEEM; however, this association does not take part in collective bargaining.

For the notion of 'sector-related', see the conceptual remarks in the accompanying background briefing note. Please be reminded that trade unions and employer associations should be excluded where their domain covers, for instance, only medical practice activities according to NACE 85.12, but not any part of hospital activities according to NACE 85.11!

2a Data on the unions

2a.1 Type of membership (voluntary vs. compulsory)

- a) voluntary
- b) voluntary
- c) voluntary

2a.2 Formal demarcation of membership domain (e.g. blue-collar workers, private-sector workers, service sector employees, etc.)

- a) healthcare (medical) workers
- b) physicians, exceptionally other university educated healthcare (medical) workers
- c) healthcare (medical) workers

2a.3 Number of union members (i.e. the total number of members of the union as a whole)

- a) 42,236 (E of Chairman of [Trade Union of the Health Service and Social Care of the Czech Republic](#))
- b) 5,150 (E of Chairman [Trade Union of Doctors in the Czech Republic](#))
- c) 12,600 (E – see <http://www.xpdnc.com/links/lonatcz.html>)

2a.4 Number of union members in the sector

- a) 32,062 (E of Vice Chairwoman of [Trade Union of Doctors in the Czech Republic](#))
- b) They do not keep track; nevertheless, according to the estimates of the Chairman of the [Trade Union of Doctors in the Czech Republic](#), the majority.
- c) Not ascertained.

2a.5 Female union members as a percentage of total union membership

- a) 64.9 %
- b) They do not keep track.
- c) Not ascertained.

2a.6 Density with regard to the union domain (see 2a.2)

Not relevant.

2a.7 Density of the union with regard to the sector

- a) 22.37%
- b) 3.6% (E, see answer 2a.4 b).
- c) Not ascertained.

2a.8 Does the union conclude collective agreements?

a–c) Yes, but only company-level collective agreements – collective agreements of higher degree cannot be concluded in the sector because a contractual partner is missing (employer association) with whom it would be possible to negotiate.

2a.9 For each association, list their affiliation to higher-level national, European and international interest associations (including cross-sectoral associations)

- a) national level: [Czech-Moravian Confederation of Trade Unions \(Českomoravská konfederace odborových svazů, ČMKOS\)](#), european level: [European Federation of Public Service Union \(EPSU\)](#), [European Trade Union Confederation \(ETUC\)](#), international level: [Public Services International \(PSI\)](#), [International Confederation of Free Trade Unions \(ICFTU\)](#)
- b) national level: [Association of Independent Trade Unions \(Asociace samostatných odborů, ASO\)](#), european level: [European Federation of Salaried Doctors \(FEMS\)](#)
- c) Not member of any association.

Please document these data union by union.

Union density is defined as the ratio of union members to potential union members, as demarcated by the union's domain and by the sector.

If the domain of a union embraces only part of the sector, then the data on density should refer to this part.

2b Data on the employer associations

2b.1 Type of membership (voluntary vs. compulsory)

Voluntary.

2b.2 Formal demarcation of membership domain (e.g. SMEs, small-scale crafts/industry, health services, etc.)

Hospitals.

2b.3 Number of member companies (i.e. the total number of members of the association as a whole)

147 (E of . [the Association of Czech and Moravian Hospitals](#))

2b.4 Number of member companies in the sector

147. (E of . [the Association of Czech and Moravian Hospitals](#))

2b.5 Number of employees working in member companies (i.e. the total number of the association as a whole)

Not ascertained.

2b.6 Number of employees working in member companies in the sector

Not ascertained.

2b.7 Density of the association in terms of companies with regard to their domain (see 2b.2)

Not relevant.

2b.8 Density of the association in terms of companies with regard to the sector

37.6%

2b.9 Density in terms of employees represented with regard to their domain (see 2b.2)

Not ascertained.

2b.10 Density in terms of employees represented with regard to the sector

Not ascertained.

2b.11 Does the employer association conclude collective agreements?

No.

2b.12 For each association, list their affiliation to higher-level national, European and international interest associations (including the cross-sectoral associations).

Association of Czech and Moravian Hospitals ([Asociace českých a moravských nemocnic](#)) is a member of [European hospital and healthcare employers' association](#) (HOSPEEM).

Please document these data employer association by employer association.

Employer density in terms of companies is defined as the ratio of member companies to the potential member companies, as demarcated by the employer associations' domain and by the sector.

Employer density in terms of employees is defined as the ratio of the number of employees working in the member companies to the number of employees working in the potential member companies, as demarcated by the employer associations' domain and by the sector.

If the domain of an employer association embraces only part of the sector, then the data on density should refer to this part.

3. Inter-associational relationships

3.1. Please list all unions covered by this study whose domains overlap.

All mentioned trade unions.

3.2. Do rivalries and competition exist among the unions, concerning the right to conclude collective agreements and to be consulted in public policy formulation and implementation?

According to the Vice Chairwoman of the [Trade Union of the Health Service and Social Care of the Czech Republic](#), it is not possible describe the negotiations between the unions as rivalry, but as competition. They do not cooperate with the smallest trade union organisation [Professional and Trade Union of Medical Workers of Bohemia, Moravia and Silesia](#) because, according to their criteria, it is ineffective save for a few exceptions.

[The Trade Union of the Health Service and Social Care of the Czech Republic](#) and the [Trade Union of Doctors in the Czech Republic](#) work together to resolve certain issues.

3.3. If yes, are certain unions excluded from these rights?

No.

3.4. Same question for employer associations as 3.1.

Not relevant.

3.5. Same question for employer associations as 3.2.

Not relevant.

3.6. Same question for employer associations as 3.3.

Not relevant.

4. The system of collective bargaining

Collective agreements are defined in line with national labour law regardless of whether they are negotiated under a peace obligation.

None of the aforementioned trade union organisations can conclude collective agreements of higher degree because, as with the other trade union organisations representing public administration and services employees, there is no contractual partner (employers association). This is why these trade union organisations concluded company-level collective agreement only.

4.1. Estimate the sector's rate of collective bargaining coverage (i.e. the ratio of the number of employees covered by any kind of collective agreement to the total number of employees in the sector).

74%

This is a rough estimate calculated on the basis of data provided by the [Trade Union of the Health Service and Social Care of the Czech Republic](#) on the number of employees to which the

company-level collective agreements. This data does not differentiate, however, between workers according to NACE, i. e., it contains healthcare (medical) workers from other NACEs and not just NACE 85.11.

The other mentioned organisations do not keep track of data on company-level collective agreements.

4.2. Estimate the relative importance of multi-employer agreements and of single-employer agreements as a percentage of the total number of employees covered. (Multi-employer bargaining is defined as being conducted by an employer association on behalf of the employer side. In the case of single-employer bargaining, it is the company or its subunit(s) which is the party to the agreement. This includes the cases where two or more companies jointly negotiate an agreement.)

In the Czech Republic, multi-employer collective agreements correspond to collective agreement of higher degree which are not concluded in this sector.

4.2.1. Is there a practice of extending multi-employer agreements to employers who are not affiliated to the signatory employer associations?

Not relevant, see above.

4.2.2. If there is a practice of extending collective agreements, is this practice pervasive or rather limited and exceptional?

Not relevant, see above.

4.3. List all sector-related multi-employer wage agreements* valid in 2005 (or most recent data), including for each agreement information on the signatory parties and the purview of the agreement in terms of branches, types of employees and territory covered

* Only wage agreements which are (re)negotiated on a reiterated basis. For the notion of ‘sector-related’, see the conceptual remarks in the accompanying briefing note. Please be reminded that agreements should be excluded where their purview covers, for instance, only medical practice activities according to NACE 85.12, but not any part of hospital activities according to NACE 85.11. In case of regionally differentiated, parallel agreements, an aggregate answer explaining the pattern may be given.

Sector-related multi employer wage agreements

Bargaining parties	Purview of the sector-related multi-employer wage agreements		
	Sectoral	Type of employees	Territorial

Not relevant, see above.

5. Formulation and implementation of sector-specific public policies

5.1. Are the sector's employer associations and unions usually consulted by the authorities in sector-specific matters? If yes, which associations?

Experts agree that Czech healthcare needs to be reformed, as the current system is not financially sustainable over the long-term. Any and all reform efforts over the past ten years have all been unsuccessful due to the critical stance of healthcare (medical) workers. The relationship between healthcare (medical) workers and the government became even worse after the accession of the right-wing government in 2006. The addressed trade union organisations are complaining about relations and communication with the public administration bodies, namely the [Ministry of Health of the Czech Republic \(Ministerstvo zdravotnictví České republiky, MZ ČR\)](#). According to both trade union organisations addressed, a significant deterioration in relations has occurred in the last year. If the trade unions are presented amendments to laws etc. for comment, these comments are not taken into consideration.

5.2. Do tripartite bodies dealing with sector-specific issues exist? If yes, please indicate their domain of activity (for instance, health and safety, equal opportunities, labour market, social security and pensions etc.), their origin (agreement/statutory) and the interest organisations having representatives in them:

Sector-specific public policies*

Name of the body and scope of activity	Bipartite/tripartite	Origin: agreement/statutory	Unions having representatives (reps)	Employer associations having reps.

* Sector-specific policies specifically target and affect the sector under consideration.

The tripartite bodies have recently been concerned with the efforts of the Minister of Health, Mr. Tomáš Julínek, to increase the basic working hours of healthcare personnel from 42.5 hours per week to 48 hours. The results are, however, being discussed (see CZ0711019I).

6. Statutory regulations of representativeness

6.1. In the case of the unions, do statutory regulations exist which establish criteria of representativeness which a union must meet, so as to be entitled to conclude collective agreements? If yes, please briefly illustrate these rules and list the organisations which meet them.

No.

6.2. In the case of the unions, do statutory regulations exist which establish criteria of representativeness which a union must meet, so as to be entitled to be consulted in matters of public policy and to participate in tripartite

bodies? If yes, please briefly illustrate these rules and list the organisations which meet them.

In order for unions to take part in tri-partite negotiations within the framework of the [Council of Business and Social Agreement of the Czech Republic \(Rada hospodářské a sociální dohody České republiky, RHSD ČR\)](#) they have to fulfil the representativeness criteria set in appendix no. 2 of the Statute of the RHSD ČR (organisations have to be independent of the government and employers, and have to show at least 150,000 union members etc.)¹.

[Trade Union of the Health Service and Social Care of the Czech Republic](#) will participate in the tripartite negotiations through its membership in the [Czech-Moravian Confederation of Trade Unions \(Českomoravská konfederace odborových svazů, ČMKOS\)](#), which does fulfil the above criteria. The chairman of the [Trade Union of Health Service of Social Care of the Czech Republic](#), Mr. Jiří Schlanger, is a member of CMCTU's permanent the delegation to the seven-member trade union representation in the RSHD.

The RHSD ČR working group for healthcare, whose chairman is also the chairman of the [Trade Union of the Health Service and Social Care of the Czech Republic](#), is also active in the RHSD.

[Trade Union of Doctors in the Czech Republic](#) will participate in the tripartite through their membership in the [Association of Independent Trade Unions \(Asociace samostatných odborů, ASO ČR\)](#).

6.3. Are elections for a certain representational body (e.g. works councils) established as criteria for union representativeness? If yes, please report the most recent electoral outcome for the sector.

No.

6.4. Same question for employer associations as 6.1.

No.

6.5. Same question for employer associations as 6.2.

In general, employer associations have to meet the criteria of representativeness in the [Council of Business and Social Agreement of the Czech Republic](#) according to appendix no. 1 of the Statute of the RHSD ČR (organisations cannot pursue political activities, they have to be legally registered, they must demonstrate at least 400,000 employees etc.)². However, this question is not relevant in this sector.

6.6. Are elections for a certain representational body established as criteria for the representativeness of employer associations? If yes, please report the most recent outcome for the sector.

No.

¹ More information: <http://wtd.vlada.cz/eng/rhsd.htm>

² More information: <http://wtd.vlada.cz/eng/rhsd.htm>

7. Commentary

Please give your views on the issue of representativeness in the sector, especially on jurisdictional disputes and recognition problems, and indicate any specificities or other problems which refer to representativeness in this sector in your country.

It was not possible to obtain information about [Professional and Trade Union of Medical Workers of Bohemia, Moravia and Silesia](#) (Profesní odborová organizace zdravotnických pracovníků Čech, Moravy a Slezka, POUZPČMS).

As already mentioned in the abstract, events in healthcare, including work and wage conditions, is also significantly influenced by the [Czech Medical Chamber \(Česká lékařská komora, ČLK\)](#), the professional association of physicians with obligatory membership. Although this organisation is not involved in collective bargaining, according to Section 10a of Act No. 20/1966 Coll., on Public Health Care, the [Ministry of Health of the Czech Republic](#) is obliged to cooperation with it (as it is with other professional civic associations, i.e., trade unions), especially when ensuring the qualifications of its members to practice the profession, creating the rate schedule related to the healthcare operations, setting the prices of pharmaceuticals and medical equipment, creating generally binding legal regulations in healthcare, granting permission to operate non-government healthcare institutions, and organising tenders for management positions in healthcare.

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