

Denmark: The representativeness of trade unions and employer associations in the hospital sector

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Abstract

Since the implementation of the structural reform 1 January that changed the former 14 counties into 5 regions and also changed the division of tasks between the state, regions and municipalities, the hospital sector has been the responsibility of the regions. The hospital sector accounts for DKK 51.5 billion out of a total service budget of the regions/municipalities state of DKK 276 billion – or € 7 billion out of € 37. The sector is 100% covered by collective bargaining and does not represent any problems of recognition or representativeness.

1. Sectoral properties

Please provide the following data:

	1997	2005**
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	2	1
Aggregate employment*	103416	105764
Male employment*	20024	18837
Female employment*	83392	86927
Aggregate employees	103414	105762
Male employees	20023	18835
Female employees	83392	86927
Aggregate sectoral employment as a % of total employment in the economy	3.87	3.84
Aggregate sectoral employees as a % of the total number of employees in the economy	3.87	3.84

** employees plus self-employed persons and agency workers*

*** or most recent data*

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)

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

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

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

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

A list of the sector’s unions:

Danish Association of Junior Hospitals Doctors, Yngre Læger, YL

Danish Association of Medical Specialist, Foreningen af Speciallæger, FAS

The Danish Association of Lawyers and Economists, Danmarks Jurist- og Økonomforbund, DJØF

The Danish Society of Engineers, Ingeniørforeningen i Danmark, IDA

The Union of Commercial and Clerical Employees in Denmark, HK-Kommunal

The National Federation of Social Educators in Denmark, Social Pædagogernes Landsforbund, SL

Trade and Labour, Fag- og Arbejde, FOA

The Danish Nurses’ Organisation, Dansk Sygeplejeråd, DSR

The Danish Bio Analysts, Danske Bioanalytikere, dbio

Danish Diet and Nutrition Association, Kost & Ernæringsforbundet

Association of Danish Physiotherapists, Danske Fysioterapeuter

United Federation of Danish workers, Fagligt Fælles Forbund ,3F

Danish Association of Pharmaconomists, Farmakonomforeningen

The Danish Association of Occupational Therapists, Ergoterapeutforeningen

The Danish Association of Midwives, Jordemoderforeningen

Danish Association of Professional Technicians, Teknisk Landsforbund

Detailed:

Danish Association of Junior Hospital, ([Yngre Læger, YL](#))

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

Voluntary

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

Medical doctors mainly in the public sectors.

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

9,665 members

2a.4 Number of union members in the sector

7,967 members

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

59 % females

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

E: 100%

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

E: 100%

2a.8 Does the union conclude collective agreements?

Yes

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

Member of::

Association of Local Government Employees' Organisations ([Kommunale Tjenestemænd og Overskomstansatte, KTO](#)) – a bargaining cartel

The Danish Confederation of Professional Associations, ([Akademikernes Centralorganisation](#)), AC

European Federation of Public Service Unions, EPSU

Danish Association of Medical Specialists ([Foreningen af Speciallæger, FAS](#))

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

Voluntary

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

Medical doctors in the public sectors.

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

8,512 members

2a.4 Number of union members in the sector

4,892 members

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

28% females

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

E: 100%

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

E: 100%

2a.8 Does the union conclude collective agreements?

Yes

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

KTO and AC

EPSU

The Danish Association of Lawyers and Economists ([Danmarks Jurist- og Økonomforbund, DJØF](#))

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

Voluntary

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

Lawyers and economists in public- and private-sector.

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

50,877 members

2a.4 Number of union members in the sector

467 members

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

47% females

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

E: 100 %

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

E: 100 %

2a.8 Does the union conclude collective agreements?

Yes

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

KTO and AC

EPSU

The Danish Society of Engineers (Ingeniørforeningen i Danmark, IDA)

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

Voluntary

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

Engineers in public- and private-sector

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

46,650 members

2a.4 Number of union members in the sector

NA

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

17 %

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

NA

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

NA

2a.8 Does the union conclude collective agreements?

Yes

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

KTO and AC

The European Federation of National Engineering Associations, FEANI

The Union of Commercial and Clerical Employees in Denmark/Municipal (HK-Kommunal)

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

Voluntary

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

Commercial and clerical employees, It-workers, medical secretaries

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

68,949 members

DK0802019Q

Pernille Westh and Carsten Jørgensen

5/23

2a.4 Number of union members in the sector

NA

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

81% females

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

E: 45 %

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

NA

2a.8 Does the union conclude collective agreements?

Yes.

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

KTO

Danish Confederations of Trade Unions, [Landsorganisationen i Danmark](#), LO

EPSU.

The National Federation of Social Educators in Denmark ([Socialpædagogernes Landsforbund](#), SL)

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

Voluntary

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

Social educators - foster carers, directors, assistants and artisans

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

34,216 members

2a.4 Number of union members in the sector

572 members

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

75% females

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

A: 86.8%

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

NA

2a.8 Does the union conclude collective agreements?

Yes.

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

KTO and LO

EPSU.

Trade and Labour ([Fag- og Arbejde](#), **FOA**)

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

Voluntary

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

Health care workers, hospital orderlies, public sector

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

200,644 members

2a.4 Number of union members in the sector

16,000 members

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

88 % females

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

E: 90%

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

E: 90%

2a.8 Does the union conclude collective agreements?

Yes.

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

KTO and LO

EPSU

Danish Nurses' Organisation ([Dansk Sygeplejeråd](#), **DSR**)

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

Voluntary

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

Nurses mainly in public-sector.

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

55,174 members

2a.4 Number of union members in the sector

34,193 members

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

96,5 % females

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

E: 90%

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

E: 100%

2a.8 Does the union conclude collective agreements?

Yes.

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

The Health Confederation ([Sundhedskartellet](#))

The confederation of salaried employees and civil servants ([FTF](#))

EPSU

Danish Association of Biomedical Laboratory Scientists ([Danske bioanalytikere, DBIO](#))

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

Voluntary

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

Biomedical laboratory scientists in public and private sector.

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

6,258 members

2a.4 Number of union members in the sector

5,058 members

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

94% females

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

E: 91%

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

E: 91%

2a.8 Does the union conclude collective agreements?

Yes.

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

Sundhedskartellet and FTF

EPSU

Danish Diet and Nutrition Association ([Kost & Ernæringsforbundet](#))

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

Voluntary

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

Food assistants, cooks, catering managers and chefs, nutritionists and health and clinical dieticians in public and private sector.

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

7,700 members

2a.4 Number of union members in the sector

1,161 members

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

98% females

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

NA The union informs that the density can't be calculated as the members generally are part-time employees.

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

NA - The union informs that the density cannot be calculated as the members generally are part-time employees.

2a.8 Does the union conclude collective agreements?

Yes.

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

Sundhedskartellet and FTF

European Federation of the Association of Dietitians, EFAD

Association of Danish Physiotherapists ([Danske Fysioterapeuter](#))

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

Voluntary

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

Physiotherapists in public and private sector.

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

5,705 members

2a.4 Number of union members in the sector

2,163 members

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

86% females

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

E: 95%

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

E: 95%

2a.8 Does the union conclude collective agreements?

Yes.

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

Sundhedskartellet and FTF

WCPT/ Europe (the European Region of the World Confederation for Physical Therapy)

WCPT/Canada (the Canadian Region of the World Confederation for Physical Therapy)

United Federation of Danish Workers (Fagligt Fælles Forbund, 3F)

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

Voluntary

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

Blue-collar workers in public and private sector. Service assistants at hospitals (previously called cleaning assistants and hospital orderlies)

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

352,451 members

2a.4 Number of union members in the sector

1,600 members

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

34% females

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

E: 70%

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

E: 80%

2a.8 Does the union conclude collective agreements?

Yes.

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

KTO and LO

EPSU

The Danish Association of Occupational Therapists ([Ergoterapeutforeningen](#))

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

Voluntary

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

Occupational therapists in the public and private sector

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

5,722 members

2a.4 Number of union members in the sector

1,023 members

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

95% females

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

E: 95%

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

E: 95%

2a.8 Does the union conclude collective agreements?

Yes.

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

Sundhedskartellet og FTF

COTEC - Council for Occupational Therapists of the European Countries

WFOT - World Federation of Occupational Therapists

ENOTHE - European Network of Occupational Therapy in Higher Education

Danish Association of Pharmaconomists ([Farmakonomforeningen](#))

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

Voluntary

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

Pharmaconomists in the public and private sector

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

4,448 members

2a.4 Number of union members in the sector

620 members

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

99% females

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

E: Close to 100%

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

E: Close to 100%

2a.8 Does the union conclude collective agreements?

Yes.

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

Sundhedskartellet and FTF

Committee of European Pharmacy Technicians – CEPT

The Danish Association of Midwives ([Jordemoderforeningen](#))

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

Voluntary

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

Midwives at hospitals.

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

1,433 members

2a.4 Number of union members in the sector

E: 1,425

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

99,7% females

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

E: Close to 100%

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

E: Close to 100%

2a.8 Does the union conclude collective agreements?

Yes.

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

European Midwives Association, EMA

International Confederation of Midwives, ICM

Danish Association of Professional Technicians (Teknisk Landsforbund, TL)

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

Voluntary

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

Audiology assistants at hospitals

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

28,894 members

2a.4 Number of union members in the sector

E: 100

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

43% females

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

NA

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

E: 85%

2a.8 Does the union conclude collective agreements?

Yes.

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

KTO and LO

EPSU

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

The Danish Regions ([Danske Regioner](#))

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.)

Public sector responsibilities in the 5 regions in Denmark: Hospitals and health care sector.

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

None

2b.4 Number of member companies in the sector

None

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

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

105,762 employees work in the hospital sector under the domain of Danish Regions

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

100%

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

100%

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

100%

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

100%

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

Yes

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

HOSPEEM, CEEP

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.

The structural reform implemented 1 January 2007 meant that the National University Hospital in Copenhagen was transferred to the domain of the Danish Regions. The regions has an agreement with FOA covering all other hospital orderlies, while the National University Hospital had a special agreement with 3F. After 1 January Danish Regions demanded that the 3F-hospital orderlies came under the FOA agreement, which they denied and went to strike. The conflict that is only partly between FOA and 3F but mainly between 3F and Danish Regions is still not completely solved ([DK0701039I](#)).

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?

SEE 3.1.

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

THE SOLUTION might well be that 3F keep their agreement and shop stewards at the National University Hospital.

3.4. Same question for employer associations as 3.1.

NONE

3.5. Same question for employer associations as 3.2.

NO

3.6. Same question for employer associations as 3.3.

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.

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).

E: 100%

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.)

THERE IS only one employer covering all employees? The multi-employer definitions does not seem to fit the public sector.

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

NO

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

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
Danish Regions and The Danish Nurses' Organisation, DSR	Hospitals	Nurses	National
Danish Regions and Danish Association of Biomedical Laboratory Scientists, dbio	Hospitals	Bio analysts	National
Danish Regions and Danish Diet and Nutrition Association	Hospitals	Catering officers	National
Danish Regions and Association of Danish Physiotherapists	Hospitals	Physiotherapists	National
Danish Regions and The National Federation of Social Educators in Denmark, SL	Hospitals	Service employees	National
Danish Regions and United federation of Danish workers, 3F	Hospitals	Cleaners, Hospital-porters, Caretakers, gardeners	National
Danish Regions and Trade and Labour, FOA	Hospitals	Social and health service aides, hospitals orderlies, hospitals assistants in neurophysiology	National
Danish Regions and Danish Association of Junior Hospital, YL	Hospitals	Doctors	National
Danish Regions and Danish Association of Medical Specialist, FAS	Hospitals	Consultants, Specialist	National
Danish Regions and The Danish Association of Occupational	Hospitals	Occupational therapists	National

Therapists			
Danish Regions and Danish Association of Pharmaconomists	Hospitals	Pharmacologists	National
Danish Regions and The Danish Association of Lawyers and Economists, DJØF	Hospitals	Lawyers and economists	National
Danish Regions and The Danish Society of Engineers, IDA	Hospitals	Engineers	National
Danish Regions and The Union of Commercial and Clerical Employees in Denmark	Hospitals	Medical secretaries, administration, IT-workers, Clerical workers, Hospitals assistants, Dental assistants	National
Danish Regions and Danish Association of Midwives	Hospitals	Midwives	National
Danish Regions and Danish Association of Professional Technicians	Hospitals	Audiology Assistants	National

*) NOTE: It should be mentioned that collective bargaining in the municipal and regional sectors basically takes place at two levels. At cartel level vis-a-vis the employer and at organisational level. The employees' organisations are united in two bargaining cartels - respectively the Association of Local Government Employees' Organisations ([Kommunale Tjenestemænd og Overskomstansatte](#), KTO) and the Health Confederation ([Sundhedskartellet](#)), which before the collective bargaining in 2005 left the KTO. KTO has 48 member unions and the Health Confederation has 11 member unions. The negotiations take place according to a specific plan changing between levels.

The regions, which are represented in the negotiations by the Wage and Rate Committee of Danish Regions (Regionernes Lønnings- og Takstnævn, RLTN) negotiates for the first time alone. Before the structural reform the municipalities and the counties negotiated together. The current negotiations between RLTN and KTO – Sundhedskartellet and the organisations (January 2008) must be finished 1 March in order to avoid a conflict.

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?

There are no institutionalized consultations between the government and the social partners in sector specific matters. However there is a long tradition for consultation on ad-hoc-basis and the partners are deeply involved in all committees and councils concerning the labour market.

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.
BAR SoSu (Branchemiljø-arbejdsråd i Social og Sundheds-sektoren) <i>Sectoral health and safety council in the health sector</i>	Bipartite	Statutory	DSR FOA Association of Danish Physiotherapists SL AC BUPL- The Danish Federation of Early Childhood Teachers and Youth Educators Further reps: HK, 3F, Danish Association of Occupational Therapists, Danish Association of Pharmaconomists, Danish Association of Midwives	KL - The Local Government Denmark (Kommunernes Landsforening) Danish Regions, Management side having reps Danish Diet and Nutrition Association Further reps.: AC DADL (i.e. YL and FAS)
Det Faglige Udvalg for	Bipartite	Statutory	HK/Denmark	KL

<p>Kontor-uddannelser</p> <p>- Sundhedsservice assistant, EUD-uddannelserne</p> <p><i>The industrial committee for the education of clerks</i></p> <p>- health service assistant</p> <p><i>part of the Vocational Training Programme – EUD</i></p>			<p>HK/State</p> <p>HK/Municipality</p> <p>HK/Private</p> <p>HK/Trade</p>	<p>Danish Regions</p> <p>The Confederation of Danish Industries, (Dansk Industri, DI)</p> <p>The Danish Chamber of Commerce (Dansk Erhverv, DE)</p> <p>The Confederation of Danish Commercial Transportation and Service Industries (Handel Transport og Service, HTS)</p> <p>Ministry of Finance</p>
<p>FUSS - Det faglige udvalg for Pædagogisk Assistentuddannelse og Social- og Sundhedsuddannelserne</p> <p><i>Industrial committee for the social and health care training programme</i></p> <p><i>Part of EUD</i></p>	Bipartite	Statutory	FOA, 3F	<p>Danish Regions</p> <p>KL</p> <p>Copenhagen and Frederiksberg municipalities – KL</p>
<p>Fagligt Udvalg for Ernæringsassistentuddannelsen</p> <p><i>Industrial committee for the diet and nutrition training programme</i></p> <p><i>Part of EUD</i></p>	Bipartite	Statutory	Danish Diet and Nutrition Association	<p>Danish Regions</p> <p>KL</p>
<p>FUHA - Fagligt Udvalg for Hospitalsteknisk</p>	Bipartite	Statutory	FOA TL	Danish Regions

Assistentuddan- nelse <i>Industrial committee for the audiologiassistant training programme Part of EUD</i>				
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* Sector-specific policies specifically target and affect the sector under consideration.

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.

NO

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.

NO

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

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.

AS IN OTHER parts of the public sector the hospital sector the employees' side is crowded with unions, while there is only one employer. The unions are collected in bargaining cartels that signs the significant parts of the collective agreement with the employer on behalf of the member unions. There are no problems concerning recognition and representativeness.

Franz Traxler and Georg Adam, Institute of Industrial Sociology, University of Vienna