

## **Slovenia: 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](mailto:franz.traxler@univie.ac.at)) and Georg Adam ([georg.adam@univie.ac.at](mailto: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).**

### ***Abstract – Required***

*[Correspondent: The hospital sector in Slovenia is publicly owned and as the result social partners are trade unions, the government and numerous organizations and associations including the Health Insurance Institute of Slovenia as responsible for the effective collection and distribution of public funds for healthcare. As a result Slovenia is not the member of HOSPEEM however through its membership in HOPE it has a status of observer. All trade unions are representative and conclude CA on sectoral level. The limited resources and keeping the rights form the compulsory health insurance on constant level caused difficult situation in hospital sector with all worker, especially doctors, demanding the wage increase and the improvement of work conditions.*

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**

The hospital sector in Slovenia is still publicly-owned and there are in fact no private hospitals. Most hospital works within the public network of healthcare services. These hospitals also organise outpatient consultations for self-paying patients under regulations certified by the Ministry of Health. There are also a few purely private healthcare providers of secondary specialist care and diagnostic services, but most work under contract with the HIIS. Slovenia has

no combined public-private hospitals yet, but the medical and dental professions aspire to move in that direction.

There are 29 hospitals, including nine regional and three local general hospitals and the main tertiary and teaching hospital, the University Clinical Centre in Ljubljana. In addition, there are 12 specialised hospitals, which provide orthopaedic, pulmonary, gynaecological and psychiatric care as well as care for children and youth with serious chronic diseases and disorders. Apart from the Clinical Centre in Ljubljana, there are two other national tertiary institutions, the Institute of Oncology and the Institute for Rehabilitation. 26 hospitals are state-owned and three hospitals are private care providers although they are concessionaires and financed from the HIIS fund (offering self-payers faster access to the services ). There is also no private investment in new hospitals.

All hospitals in Slovenia are obliged to send aggregated reports on their services to the regional public health institutes which then forward them to the Institute of Public Health of the Republic of Slovenia which prepares the Health Statistical Annual. These reports provide information about organisational units, healthcare and other staff. Employment in the hospital sector has grown within the last 10 years in numbers staying on the same level as a share of total employment..

A prospective analysis of demographic data for physicians and that of the general population indicates potential shortages of physicians in certain regions. In order to meet the EU working time directives for physicians, as is the case with all EU countries Slovenia will have to introduce a maximum of 60 (or 65) working hours per week. Working hours often exceed this maximum and it is thus projected that the number of physicians will have to rise from 4,500 to 4,800 by 2010. It is planned to hire an additional 400 physicians in order to improve accessibility to health-care services.

Physicians and dentists who work in healthcare and practice their profession with patients have to become members of the Medical Chamber of Slovenia (Zdravniška Zbornica Slovenije, [ZZS](#)) and need to be licensed. Every physician and dentist must undergo an examination every seven years to renew his or her licence. The ZZS acts as a representative employer in the CA.

Please provide the following data:

	1994	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	24	29
Aggregate employment*	16,757	21,208
Male employment*		
Female employment*		
Aggregate employees	16,757	21,208
Male employees		

Female employees		
Aggregate sectoral employment as a % of total employment in the economy	2,6	2,6
Aggregate sectoral employees as a % of the total number of employees in the economy	2,6	2,6

\* 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)

The Trade Union of Health and Social Security of Slovenia ([Sindikat Zdravstva in Socialnega Varstva Slovenije, SZSVS](#)) was set up on 7 December 1990 as a non-partisan organisation independent of the ZSSS. It has 20,000 members in the health and social services sectors of whom approximately 6,000 are working in the hospital sector. The union is a member of [Public Services International \(PSI\)](#) and the [EPSU](#).

The Healthcare Trade Union ([Sindikat Delavcev Zdravstvene Nege Slovenije, SDZNS](#)) was founded on 19 April 1994. It represents nurses, healthcare technicians; senior nurses and graduate nurses, and has 8,500 members in total of whom approximately 5,000 are working in the hospital sector.

The Association of Trade Unions in Health – Pergam ([Sindikati v zdravstvu Slovenije, SZS – Pergam](#)) has trade unions of laboratory workers, biochemical workers and radiology workers as members and the trade union of the biggest Slovenian hospital - Clinical Centre in Ljubljana ([UKC](#)). The SZS Pergam has around 4,500 members, 4,000 of whom are working in the hospital sector. The University Medical Centre Trade Union from the biggest Slovenian hospital is a member of this association.

The Trade Union of Physicians and Dentists of Slovenia ([Sindikat zdravnikov in zobozdravnikov Slovenije, FIDES](#)) brings together these two professions only and has approximately 2,000 members, of whom 1,600 work in the hospital sector. [FIDES](#) is a member of the [FEMS](#), the European Federation of Salaried Doctors. The [FIDES](#) was established in 1991 and is a representative trade union for doctors and dentists.

The Trade Union of Health and Social Welfare of Slovenia ([Sindikat zdravstva in socialnega skrbstva Slovenije, SZSSS](#)) – a member of ZSSS, the biggest trade union association, was established in 1990 and gathers about 4,000 members, of whom 3,000 work in the hospital sector.

The number of women is high in all unions and ranges from about 50% in the [FIDES](#) to 90% in the [SDZNS](#).

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

Only the [SZSVS](#) is a member of the [EPSU](#).

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

As the whole sector is publicly-owned, in fact the employers' side is only represented by the Ministry of Health ([Ministrstvo za zdravje, MZ](#)). The ZZS is also the signatory of the CA on the employers' side but its role is more in the field of ensuring the quality of services and the procedures connected with regulation of the profession.

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

None

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)*

Voluntary. In Slovenia all unions have voluntary membership.

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

SZSVS, SZS – Pergam, SZSSS represent all health, healthcare and social security workers.

FIDES represents only doctors and dentists and SDZNS represents only nurses and healthcare technicians.

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

SZSVS - 20,000;SZS – Pergam – 4,500;FIDES – 2,000; SZSSS-4,000;SDZNS – 8,500

### *2a.4 Number of union members in the sector (E)*

SZSVS - 6,000;SZS – Pergam – 4,000;FIDES – 1,600; SZSSS-3,000;SDZNS – 5,000

### *2a.5 Female union members as a percentage of total union membership.(E)*

SZSVS – 85%;SZS – Pergam – 80%;FIDES – 50%; SZSSS-80%;SDZNS – 90%

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

SZSVS – 40,2%;SZS – Pergam – 9%;FIDES – 25%; SZSSS-8%;SDZNS – 17,1%

### *2a.7 Density of the union with regard to the sector (E)*

SZSVS – 28,3%;SZS – Pergam – 18,9%;FIDES – 7,5%; SZSSS-14%;SDZNS – 23,6%

### *2a.8 Does the union conclude collective agreements?*

Yes, all listed unions conclude CA.

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

The [SZSVS](#) is a member of [Public Services International \(PSI\)](#) and the [EPSU](#).

The [FIDES](#) is the member of [FEMS](#), the European Federation of Salaried Doctors.

The [SZSSS](#) is a member of the [Association of Free Trade Unions of Slovenia](#). On 1 February

The [SZSVS](#) and [SDZNS](#) are the members of Confederation of Public Sector Trade Unions (Konfederacija sindikatov javnega sektorja, KSJS).

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)*

Compulsory. All doctors are members of the [ZZS](#).

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

Physicians and dentists working in the territory of Slovenia.

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

It brings together individuals, doctors and dentists, not companies.

### *2b.4 Number of member companies in the sector*

It gathers individuals, doctors and dentists, not companies.

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

The total number of all doctors and dentists who are members of the [ZZS](#) is 8,018 (May, 2007).

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

The total number of all doctors and dentists who are members of the [ZZS](#) is 8,018 (May, 2007).

### *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*

Not relevant

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

Not relevant

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

Not relevant

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

Not relevant

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

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 Trade Union of Health and Social Security of Slovenia, the Healthcare Trade Union, the Association of Trade Unions in Health – Pergam, the Trade Union of Physicians and Dentists of Slovenia and the Trade Union of Health and Social Welfare of Slovenia, the domains of all unions overlap to some extent as they all cover the healthcare sector.

#### **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?**

Yes, some rivalries exist among the unions concerning the right to be consulted in public policy formulation and implementation and partly in concluding the CA. For example, FIDES represents the view that the doctors profession is so specific that it is hard to represent their interests through other unions that also gather other professions which do not require that type of higher education and specialisation and is strongly opposing to the participation of other unions.

SZSVS was excluded from the procedure of consulting the Decree on the increased dimension of work or above-average burdening of employees in the health services (2006) and the Decree on

the criteria for specifying and determining the volume of inactive and active parts of the on-call time of health workers and co-workers (2006) as it was neither informed about nor invited to the social debate concerning changes to the mentioned decrees which were acts implementing the General Practitioners Services Act (2006) regulating payments for overtime work. The Ministry of Health only invited FIDES to the consultation which, according to the SZSVS, does not represent all health occupations.

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

No unions are excluded from these rights. However, minor incidents concerning consultation do occur (see above).

### **3.4. Same question for employer associations as 3.1.**

No rivalries and competition exist among the employer associations concerning the right to conclude collective agreements and to be consulted in public policy formulation and implementation.

### **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 the 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).**

In Slovenia all workers in the hospital services sector are covered by the CA so the rate of collective bargaining coverage is 100%. Every CA (see below) stipulates that it applies to the whole territory of Slovenia and for all employers in the specified sectors.

Employed physicians are salaried under the conditions of the collective agreement for physicians. This is a sub-law to a more general contract, a collective agreement for public sector employees. The salaries of physicians may vary by between 15% and 20% due to performance incentive payments as determined by the management of the hospital or healthcare centre. They can further vary according to the physician's post and length of career and due to out-of-hours work and bonuses such as for increased responsibility, academic achievements and specific working conditions. The physicians' trade union negotiates salaries directly with the government.

Nurses also have a specific contract (collective agreement for nursing), whereas other healthcare staff (such as pharmacists and physiotherapists) are salaried via a collective contract for healthcare and social care activity, another sub-law to the collective agreement for public sector

employees. A nurse's average salary was about 20% higher than the average salary for all professions in Slovenia.

**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 are no multi-employer agreements as there is only one employer – the state.

**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?**

The new Collective Agreements Act stipulates that only signatories to the collective agreements are covered by the collective agreements, but it also envisages general validity. This means that a collective agreement covers all workers employed by the employer or employers for whom a collective agreement is valid if the collective agreement has been concluded by one or more representative trade unions.

A collective agreement for one or more branches – signed by one or more representative associations of trade unions and one or more representative associations of employers – could be extended by the minister responsible for labour on the request of one of the parties to the collective agreement. The Minister decides on the extension of the collective agreement or some parts of it if the collective agreement was signed by one or more representative associations of trade unions and one or more representative associations of employers – which represent more than half the workers employed in companies that would be affected by the extension of the collective agreement. It has to be seen how the new legislation will be implemented in practice.

**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**

The Agreement on Pay Policy in the Private Sector (Dogovor o politiki plač v zasebnem sektorju) (**SI0405103F**) at the national level is taken into account in the collective agreements in sectoral-level collective bargaining.

There are three CAs regulating the hospital sector : CA for physicians, collective agreement for nursing and other care staff such as pharmacists and physiotherapists are salaried under a collective contract for health-care and social care activity.

The Collective Agreement for the Health and Social Services of Slovenia ([Kolektivna pogodba za dejavnost zdravstva in socialnega varstva Slovenije](#)) has been in force since 1994 with several

amendments concluded by the Ministry of Health and the Ministry of Labour, Family and Social Affairs, the Medical Chamber of Slovenia on the employers' side and the representative trade unions the Trade Union of Health and Social Security of Slovenia (Sindikat Zdravstva in Socialnega Varstva Slovenije, SZSVS), the Trade Union of Health and Social Welfare of Slovenia (Sindikat zdravstva in socialnega skrbstva Slovenije, SZSSS), the Association of Trade Unions in Health – Pergam (Sindikati v zdravstvu Slovenije SZS – Pergam; it entered the CA in 2007) on the employees' side.

The Collective Agreement for Employees in Healthcare ([Kolektivna pogodba za zaposlene v zdravstveni negi](#)) has been in force since 1998 with several amendments concluded by the Ministry of Health and the Ministry of Labour, Family and Social Affairs, the Medical Chamber of Slovenia on the employers' side and representative trade unions the Trade Union of Health and Social Security of Slovenia (Sindikat Zdravstva in Socialnega Varstva Slovenije, SZSVS), the Trade Union of Health and Social Welfare of Slovenia (Sindikat zdravstva in socialnega skrbstva Slovenije, SZSSS), the Healthcare Trade Union (Sindikat Delavcev SDZNS, the Association of Trade Unions in Health – Pergam (Sindikati v zdravstvu Slovenije SZS – Pergam; it entered the CA in 2007) on the employees' side.

The Collective Agreement for Doctors and Dentists in the Republic of Slovenia ([Kolektivna pogodba za zdravnike in zobozdravnike v Republiki Sloveniji](#)) has been in force since 1994 with several amendments concluded by the Ministry of Health and the Medical Chamber of Slovenia on the employers' side and representative trade unions the Trade Union of Physicians and Dentists of Slovenia (FIDES Sindikat zdravnikov in zobozdravnikov Slovenije), the Trade Union of Health and Social Security of Slovenia (Sindikat Zdravstva in Socialnega Varstva Slovenije, SZSVS), the Trade Union of Health and Social Welfare of Slovenia (Sindikat zdravstva in socialnega skrbstva Slovenije, SZSSS) on the employees' side.

\* 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
See above	Collective Agreement for Doctors and Dentists in the Republic of Slovenia	All	national level (whole of Slovenia)
See above	Collective Agreement for Employees in Healthcare	All	national level (whole of Slovenia)
See above	Collective Agreement for the Health and Social Services of Slovenia	All	national level (whole of Slovenia)

## 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?

The Government is currently acting as an employer in the public sector with regard to hospitals. There are two employer associations consulted on specific matters: the ZZS and the Association of Health Establishments of Slovenia (Zdruzenje Zdravstvenih Zavodov Slovenije, ZZS). Slovenia developed pro-active social dialogue and engaged social partners in the preparation of legislation. In this respect, the role of the Economic and Social Council, which is the Government's consulting body in the socio-economic area, is of the utmost importance. The representatives of employers' associations, trade unions and the Government are associated in the Economic and Social Council. Currently the most relevant economic and social issues on the national level are discussed in the ESC. A consultation of the social partners is also practiced in the second chamber of the Parliament (the National Council), sectoral advisory bodies of the Parliament and many other institutions.

### 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:

In Slovenia no tripartite body dealing with hospital-specific issues exists; however, Slovenia has a relatively long tradition of tripartite social dialogue. Representatives of employers' organisations, trade unions and the Government are associated in the Economic and Social Council (Ekonomsko Socialni Svet, ESS) ([SI0207103F](#)) established in 1994 as the highest level of social partnership in Slovenia. The ESS mostly engages in the areas of social and collective agreements, employment, social and labour relation issues, the economic system, international co-operation, trade union topics and related socio-economic matters.

Four main trade union associations in Slovenia are represented in the ESS: the Union of Free Trade Unions of Slovenia (Zveza svobodnih sindikatov Slovenije, ZSSS) with two representatives, KNSS-Independence, the Confederation of New Trade Unions of Slovenia (KNSS- Neodvisnost, Konfederacija novih sindikatov Slovenije, KNSS), the Confederation of Trade Unions of Slovenia Pergam (Konfederacija sindikatov Slovenije Pergam, Pergam), and the Confederation of Trade Unions '90 of Slovenia (Konfederacija sindikatov '90 Slovenije, Konfederacija '90). The Union of Free Trade Unions of Slovenia (ZSSS) is the largest trade union organisation. The sector trade unions are represented through the associations (ZSSS, Pergam).

In principle, all of the sector's employer associations and unions are consulted by the authorities in sector-specific matters.

#### 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.*

## **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.**

The Collective Agreements Act provides general rules for concluding collective agreements and does not limit the right to conclude collective agreements only to representative trade unions. However, parties which are representative would be seen as more serious partners in the bargaining procedures and be more respected. The representative trade unions would thus have a greater influence than those which do not meet the criteria of representativeness.

The Law on Representative Trade Unions (LRTU) ([SI0210102F](#)) stipulates that representative trade unions shall sign contracts with general validity. Further, it defines representative trade unions as those which are democratic, have open membership, ensure the functional freedom of the union, and put membership rights and obligations into effect; have been operating without interruption for at least the last six months; are independent of state organs and employers; finance themselves primarily through union dues and own sources; and have a certain number of members.

An association or confederation of trade unions – which covers the national territory and includes trade unions from different branches, activities or professions – has to represent at least 10% of the workers from individual branches, activities or professions. While those trade unions which are not members of an association or confederation shall also be representative, they should represent at least 15% of the workers in individual branches, activities, professions, municipalities or wider local communities. The same applies to a trade union in an organisation.

All the listed unions meet these criteria: the Trade Union of Health and Social Security of Slovenia, the Healthcare Trade Union, the Association of Trade Unions in Health – Pergam, the Trade Union of Physicians and Dentists of Slovenia and the Trade Union of Health and Social Welfare of Slovenia.

### **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.**

Bargaining concerning the public sector is going at the national level only, mainly regarding wages and working conditions. Smaller bargaining harmonising groups in the health sector have been formed according to the needs. Bargaining over wages in the public sector concluded in 2007, and sectoral negotiations are currently underway.

#### **6.5. Same question for employer associations as 6.2.**

Not relevant.

#### **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.**

Not relevant.

### **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.

In general the social dialog in the sector is going on well and all unions are included in the consultation on sector related matters however tensions on salaries, working time issues and privatisation are increasing. The level of services is relatively high and the Slovenian health care system was highly ranked by the Euro Health Consumer Index 2006 Report placing it the golden middle among EU countries, and the first in terms of its effective use of resources, however consensus on that is far to be reached. Most of medical workers, especially doctors, are unsatisfied with the wages (there was no increase since 2000) and require the increase. There were already strikes in 1996, 2002 and 2004 which caused upheavals within the public health system. Problems connected with the public tenders on building and equipping hospitals pushed the health workers to ask the explanations from the MH to the public and health employers in purpose to increase the confidence in the profession especially in the light of some critical events that took place in last years.

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