South-Eastern European Conference

Workforce Migration in the Health Care Sector

Bucharest

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Recent and planned work and activities of PSI and EPSU in the field of health and social services

EPSU Policy for the Health Care Sector

Mathias Maucher
Policy Officer “Health and Social Services”
European Federation of Public Service Unions (EPSU)
EPSU HEALTH & SOCIAL SERVICES (I)
MAIN TOPICS/PRIORITIES

- **EU legislation**: working time; recognition of professional qualifications; patients’ rights in trans-border provision of health care; public procurement, service concessions and PPP in HSS

- **Policies**: social services (elderly & child care); EU-legislation; service quality; employment conditions; social dialogue; PHS

- **European sectoral social dialogue in the hospital sector**: recruitment and retention; ageing workforce; (code of conduct on) ethical cross-border recruitment; prevention from sharps injuries; prevention of third-party violence and harassment; recognition of professional qualifications; OSH

- **Projects**: Europeanisation of health care; cross-border mobility and migration of health workers; European Sector Councils on Employment and Skills for Nursing and the Care Workforce; social dialogue in the field of social services/care (PESSIS)

- **Publications**: Care Services for Older People (2011); Report EPSU European Health Conference (2012); Cross-border health worker mobility/migration & TU initiatives (2012); eligibility for European Works Councils (EWC) in HSS
EPSU HEALTH & SOCIAL SERVICES (II)
PUBLICATIONS + PROJECTS (I)

• Contributions to consultations launched by the European Commission or to report of the European Parliament:
  o European Innovation Partnership “Active and Healthy Ageing” (January 2012: http://www.epsu.org/a/7304)
  o Personal and household services (July 2012: http://www.epsu.org/a/8908)

• EPSU position papers:
  o Social services of general interest in the EU context: Reflections, requests and recommendations (March 2011: http://www.epsu.org/a/7452)
  o Challenges related to an ageing health care workforce (May 2012)

• Reports:
  o Care Services for Older People (October 2010/February 2011: http://www.epsu.org/a/7431)
  o EWC in the health care services (September 2012/January 2013: to be published in March 2013: http://www.epsu.org/a/9288)
  o EWC in social care (September 2012: http://www.epsu.org/a/8992)
  o Migration of health and social care workers (September 2012: http://www.epsu.org/a/8920)
Projects:

- Promotion of social dialogue in the hospital sector in the Baltic States (2010/2011: [www.epsu.org/r/577](http://www.epsu.org/r/577); [http://www.epsu.org/a/7724](http://www.epsu.org/a/7724)), project run by HOSPEEM and supported by EPSU
- Europeanisation of health care (2011/2012: National impact and EU codification of the patient mobility case law: [http://www.epsu.org/a/8893](http://www.epsu.org/a/8893); EU-level instruments for soft governance with regard to health systems: [http://www.epsu.org/a/8898](http://www.epsu.org/a/8898))
- Health and social care in A, CZ, D, PL and SK and European border regions (2011/2012: [http://sat.verdi.de/eu-projekt_wem_gehoert_europa](http://sat.verdi.de/eu-projekt_wem_gehoert_europa))
- (Towards a European sectoral) social dialogue in the field of social services (PESSIS) (2012: [http://www.epsu.org/a/9070](http://www.epsu.org/a/9070))
- Promoting the awareness and implementation of Directive 2010/32/EU on the prevention from sharps injuries in hospitals and in health care (2012/2013; jointly with HOSPEEM: [http://www.epsu.org/r/629](http://www.epsu.org/r/629)), with a focus on the role of social partners (in OSH), on difficulties with the transposition and on guidance needed/available: a) 3 regional seminars (i.a. 3rd event: 16 April 2013, Vienna, also for countries from SEE: [http://www.epsu.org/a/9116](http://www.epsu.org/a/9116) + final conference); b) survey for EPSU affiliates/HOSPEEM members (2012/2013: [http://www.epsu.org/a/9154](http://www.epsu.org/a/9154))
EPSU HEALTH & SOCIAL SERVICES (III)
STUDY MIGRATION HEALTH WORKERS

• Factors driving or inhibiting cross-border migration of health workers: 1) poor salaries; 2) poor working conditions; 3) low-spending and underinvestment in the health care sector; 4) privatisation and chaotic restructuration having led to a deteriorisation of working conditions; 5) no evidence of the large-scale systematic recruitment strategies (except for UK); 6) migration of doctors and highly specialised staff between high(er) wages countries in order to take advantage of better pay, working conditions and work-life-balance; 7) employers, employment agencies and individual’s initiative equally important facilitators of migration; 8) barriers: lack of language skills; difficulties with recognition of qualifications; deteriorisation of economic situation

• Recommendations (selection focusing on action points for TU): 1) improve training for shop stewards and their awareness on questions and challenges related to ethical recruitment practices, to the employment, contractual issues, working and pay conditions as well as to the induction of migration workers; 2) review range of TU services offered for migrant care workers; 3) explore strategies for organising, recruiting and integrating migrant workers; 4) explore the possibility of reciprocal agreements for temporary membership in TU; 5) encourage and push governments to invest in health care in order to improve the sustainable financing of health care systems, the quality of health services, the attractiveness of health professions; 6) review any existing compensatory arrangements between sender and receiver countries and consider the elaboration of compensation mechanisms or agreements
SAMPLE OUTCOMES OF SECTORAL
SOCIAL DIALOGUE IN HOSPITAL SECTOR

• Directive 2010/32/EU on the prevention of sharps injuries in the hospital and health sector (10 May 2010) [www.epsu.org/r/426]

  => Making legally binding the EPSU-HOSPEEM Framework Agreement of 17 July 2009, to be transposed into national law and/or procedures within 3 years

  => Actions to support implementation: cooperation with WHO, OSHA, EFN; joint EPSU-HOSPEEM project (http://www.epsu.org/r/629; 10/2012-09/2013) to support and monitor implementation and role of trade unions in OSHA

• Multi-Sector Guidelines to tackle Third-party Violence and Harassment related to work (16 July 2010) [www.epsu.org/a/6782]

• EPSU-HOSPEEM Framework of Actions „Recruitment and Retention“ (17 December 2010) [www.epsu.org/a/7410]

• „Riga Declaration“ (26 May 2011) [www.epsu.org/a/7724]

• EPSU-HOSPEEM Report on use and implementation of Code on Conduct on Ethical Cross-Border Recruitment (5 September 2012) [www.epsu.org/a/3715 + www.epsu.org/a/8893]

• EPSU-HOSPEEM Joint Declaration on Action Plan for the EU Health Workforce (5/26 September 2012) [www.epsu.org/a/8994]

• EPSU-HOSPEEM Guidance on addressing challenges of an ageing workforce in the health sector (adopted expected for first half of 2013)
EUROPEAN SOCIAL DIALOGUE (I)
PREVENTION OF SHARPS INJURIES (2009ff)

- Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement concluded by HOSPEEM and EPSU on 17 July 2009 and making it legally binding across the European Union; to be transposed into national law/procedures; medical sharps (needles; blades; syringes; scalpels; scissors; etc.) defined as work equipment

- Key features of this occupational health & safety (OSH) legislation:
  1) Risk assessment (technology, work organisation, working conditions, level of qualifications, work-related psycho-social factors; working environment);
  2) Elimination, prevention, protection (safe procedures; medical devices with safety-engineered protection mechanisms; ban of recapping; safe disposal);
  3) Information, awareness raising; 4) Training of staff; 5) Reporting (systems)

- Action to support implementation: cooperation with WHO, OSHA and others; films (EC; PSI); guidance for health workers; EC project (10/2012-09/2013) to raise awareness of legislation and its key features, to monitor its implementation in EU27 and to promote the role of TU in occupational safety and health (OSH) (survey with EPSU and HOSPEEM members (end 2012/early 2013) + 3 regional seminars, with the one in Dublin, 31 January 2013, for colleagues from Baltic countries + final conference, Barcelona, 20 June 2013)
EUROPEAN SOCIAL DIALOGUE (II)
FIGHTING THIRD PARTY VIOLENCE (2010ff)

• Cross-Sector Framework Agreement on Harassment and Violence at Work (26 April 2007) [3 signatory parties = cross-industry European social partners: Business Europe, UEAPME, CEEP)

• Project “RESPECT: Effective approaches to tackle third party violence in the workplace”, 2008-2009, including a Technical Seminar (14 March 2008) and a final conference (26 October 2009) + Joint Declaration

• Multi-Sector Guidelines to tackle Third-party Violence and Harassment related to work (16 July 2010) [8 signatories, of which 5 employers’ federations: HOSPEEM, EUROCOMMERCE, COESS, EFEE, CEMR and 3 trade union federations: EPSU, UNI EUROPA, ETUCE] + 3 regional seminars and 1 final conference, 2011

• Objective: Make sure that each workplace has/puts in place a proactive, joint-up and successful strategy to tackle TPV

• Main elements: 1) increase awareness and understanding; 2) demonstrate commitment; 3) partnership approach; 4) provide guidelines to identify, prevent, manage and tackle problems linked to TPV and harassment; 5) prevention through risk assessment, awareness raising, training; 6) reporting, follow-up and evaluation
EUROPEAN SOCIAL DIALOGUE (III)  
FRAMEWORK OF ACTIONS 
“RECRUITMENT & RETENTION” (2011ff) 

• EPSU-HOSPEEM FoA R&R, signed on 17 December 2010, after nearly 1 year of intensive negotiations 

• Context: Council Conclusions on “Investing in Europe’s Health Workforce of Tomorrow” of 7 December 2010 – inviting MS to raise the awareness of the importance of attractive working environments, working conditions and professional development opportunities as well as to stimulate training and education of the health workforce, also by making use of EU financial instruments (Structural Funds)  

• Main points: 1) Support R&R (i.a. thanks to well-equipped health services and to a well trained and motivated workforce); 2) Improve work organisation; 3) Develop and implement workforce planning mechanisms; 4) Encourage diversity and gender equality; 5) Invest in initial training, life-long learning and continued professional development; 6) Achieve safest possible working environment 

• Agreement sets frame for ongoing and future priorities of the work of European social partners, e.g. on the ageing workforce (since December 2011 negotiations towards elaborating guidelines and good practice examples) or on the diversity of the health workforce
Thank you for your attention! / Vă mulțumesc pentru atenție / Благодаря ви за вниманието

More info on health and social services at the website of the European Federation of Public Service Unions (EPSU):

Sector “health and social services”: [www.epsu.org/r/2/](http://www.epsu.org/r/2/)


European sectoral social dialogue “hospital sector”: [www.epsu.org/r/20/](http://www.epsu.org/r/20/)

Social services (long-term care; child care; services for persons with disabilities; services provided by social economy organisations): [www.epsu.org/r/218/](http://www.epsu.org/r/218/)


Contact:

Mathias Maucher, Policy Officer “Health and Social Services”,
European Federation of Public Service Unions (EPSU): [mmaucher@epsu.org](mailto:mmaucher@epsu.org)