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

Abstract

Employment in Ireland's hospital sector has expanded in the last decade, and constitutes over 6% of total employment as of December 2007. The main employer body, the Health Service Executive, is the largest single employer in Ireland. The sector has extremely high trade union density and collective bargaining coverage, and a number of tripartite bodies have been established specifically to improve industrial relations in the sector.

1. Sectoral properties

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		One single employer – the Health Service Executive (HSE) – is responsible for operating the Irish public hospital system. In addition, there are about 10 private hospitals.
Aggregate employment*	81,500 in 2000	Approximately, 130,000: 110,400 in Ireland's public health hospital system as of March 2007. Plus remainder in private hospitals.
Male employment*		No breakdown
Female employment*		-
Aggregate employees		130,000
Male employees		No breakdown
Female employees		-
Aggregate sectoral employment as a % of total employment in the economy		130,000/2095,400 = 6.2%

Aggregate sectoral employees as a % of the total number of employees in the economy		130,000/1738,300 = 7.5%

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

*** or most recent data*

Data above based on S = survey data provided by the Central Statistics Office (CSO) for the public hospital system. Plus, personal estimates for private hospitals.

Over the course of recent years, there has been a significant increase in the numbers employed in the Irish hospital system. This has corresponded with an increase in the general population and the numbers in employment overall in the Irish economy.

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

There are six main unions representing different grades of staff in the Irish hospital system, as follows:

The Services Industrial Professional Technical Union (SIPTU), IMPACT, the Irish Nurses Organisation (INO), the Psychiatric Nurses Association (PNA), the Irish Medical Organisation (IMO) and the Irish Hospital Consultants Association (IHCA).

Some other unions have a small number of blue-collar members in the hospital sector, including UNITE and the Technical Engineering and Electrical Union (TEEU). However, there are no details on how many members these unions have in the hospital sector.

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

Mixture of voluntary and compulsory. Generally speaking, there is an expectation that employees in the Irish public hospital system will be union members, so there is a large element of compulsion.

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

Taking each of the six main unions in turn – in relation to their representativeness in the hospital system specifically - SIPTU is a general union representing a wide range of mostly 'lower-level' manual grades in the Irish hospital system (including hospital porters, catering staff, and other support staff/healthcare assistants); IMPACT represents white-collar administrative, clerical and managerial grades in the hospital system; the INO and PNA represent nurses; the IMO represents all levels and types of doctor; the IHCA specifically represents hospital consultants. UNITE and TEEU represent a small number of blue-collar/craft workers in the health sector.

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

SIPTU: 225,000 members

IMPACT: 55,000

INO: 33,000

IMO: 5800

IHCA: 1800

PNA: 5000

UNITE: 50,000

TEEU: 40,000

2a.4 Number of union members in the sector

SIPTU: 38,000

IMPACT: 26,000

INO 33,000

IMO: 5,800

IHCA: 1,800

PNA: 5,000

UNITE: 2,000

TEEU: 200

Total = 111,800

E = based on union estimates.

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

Gender breakdown for IMPACT: 66% of IMPACT members are women. No gender breakdown for other unions.

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

The IHCA represents approximately 80% of hospital consultants in Ireland. No domain density details for other unions. Many of them would also represent members outside the hospital sector.

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

Total employment = 130,000

Total union membership in sector: 111,800, giving overall sectoral density of 86%. Density is higher in public health system than in private hospitals.

On this basis, density for each union with regard to the sector is as follows:

SIPTU: 29.2%

IMPACT: 20%

INO: 25%

IMO: 4.5%

IHCA: 1.4%

PNA: 3.8%

UNITE: 1.5%

TEEU: 0.15%

2a.8 Does the union conclude collective agreements?

Yes, all of the unions would conclude collective agreements, and engage in collective bargaining activities at national, sectoral and local level.

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

Apart from the PNA and IHCA, the other unions above are affiliated at national level to the Irish Congress of Trade Unions (ICTU) and to the European Trade Union Confederation (ETUC).

IMPACT, SIPTU, INO and IMO are affiliated to a number of international trade union bodies, including Public Services International (PSI) and the European Federation of Public Service Unions (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

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

A single employer, the Health Service Executive (HSE) took over full operational responsibility for running Ireland's public hospital and social services on January 1, 2005, following the Government's disbandment of the old health boards that previously existed. Accordingly, it is compulsory for public hospitals to be 'members' of the HSE. However, there are a number of private hospitals who are separate entities from the HSE and so are not members. The Health Service Executive-Employers Agency (HSEEA) is the representative arm of the HSE, and is responsible for representing health employers on industrial relations and collective bargaining matters.

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

Health Services.

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

No data on exactly how many hospitals come under the auspices of the Health Service Executive (HSE).

2b.4 Number of member companies in the sector

No data

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

The largest employer in Ireland, the HSE employs more than 65,000 staff in direct employment and a further 35,000 plus staff are funded by the HSE – for instance in voluntary hospitals. Therefore, 100,000 in total employed under auspices of HSE.

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

As above – the HSE has 65,000 employees in direct employment and 35,000 indirectly: 100,000 in total.

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

Not applicable.

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

Not applicable.

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

76.9%

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

76.9%

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

Yes. The representative arm of the HSE, the HSE-Employers Agency (HSEEA) represents health service employers in national negotiations on pay and conditions of employment for all categories of staff. It also supports and, where appropriate, represents health service employers on local collective bargaining issues.

Further, the HSEEA is represented on the Health Service National Partnership Forum (HSNPF) which leads, develops and facilitates the partnership process within the health service. Also, the HSEEA is responsible for engaging with the health service unions in the Health Service National Joint Council (HSNJC) which is a forum where matters of common concern to all health service employers and employees are discussed and progressed.

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

At European level, the HSE/HSEEA is affiliated to the representative sectoral employer organisation known as the Hospital and Healthcare European Employers' Association (HOSPEEM). HOSPEEM is a sectoral member of CEEP, and is the EU sectoral level equivalent of EPSU on the union side.

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 most noticeable union domain overlap is that the Irish Medical Organisation (IMO) competes with the Irish Hospital Consultants Association (IHCA) (which is the main consultant representative body) for members.

Also, while the Irish Nurses Organisation is by far Ireland's largest nursing union, the PNA, SIPTU and IMPACT also represent nurses. Accordingly, the INO's domain overlaps with these other 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?

Yes. Rivalries have periodically emerged between health unions over various collective bargaining issues. For example, tensions emerged between the INO and other health service unions (notably IMPACT) earlier in 2007, after the INO pursued a pay claim outside the established public service pay determination mechanisms: national agreements and public sector pay benchmarking - which the other unions had abided by and did not want to see damaged. However, following a deal on pay and working hours, the INO agreed to return to the established public service pay machinery, but it still expects delivery of a significant pay increase for nurses under a forthcoming public service pay benchmarking report (there is a view in the INO that nurses pay has fallen behind comparable grades).

A row also emerged between the INO and SIPTU over the future role of healthcare assistants: SIPTU wants healthcare assistants to take on an expanded role, but the INO was concerned that this would encroach on the terrain/role of nursing. However, this looks to have been resolved.

To a large extent, such periodical rivalries between respective health unions stem from a perceived need to boost the status of their respective memberships.

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

3.4. Same question for employer associations as 3.1.

No domain overlap – the HSE/HSEEA is the sole employer representative for Ireland's public hospital system.

3.5. Same question for employer associations as 3.2.

As above.

3.6. Same question for employer associations as 3.3.

As above.

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.

Unions and health employers engage in collective bargaining at national, sectoral and local hospital level.

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).

100% in the public hospital system.

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.)

Multi-employer bargaining is most relevant as a percentage of total employees covered given that all 110,000 employees in Ireland's public hospital system are covered by some form of multi-employer pay determination.

Single-employer bargaining takes place in individual hospitals over various aspects of pay and terms and conditions of employment. However, multi-employer bargaining sets the parameters for pay and conditions across the whole public hospital system.

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

Yes.

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

It would be limited given that almost all of the hospital system is covered by multi-employer collective bargaining arrangements of some sort. In some instances, private hospitals would 'shadow' and apply whatever is agreed under multi-employer collective bargaining.

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

There are a number of examples of national-level multi-employer collective bargaining arrangements covering hospital employees in Ireland. Separate specific sector level wage bargaining arrangements do not exist in the hospital sector. Rather pay is governed by national-level pay determination.

First of all, the national multi-employer wage agreement in place in 2007 was called Towards 2016 and it covers the whole unionised sector in Ireland, including employees across the hospital sector.

In addition, like the vast majority of Ireland's public servants, hospital employees are also covered by a separate national-level pay determination mechanism – known as benchmarking. Benchmarking originates from a perception that the pay of public servants had fallen behind private sector comparators. In view of this, the first benchmarking exercise delivered average pay increases of 8.9% for public servants – on top of whatever is agreed under national pay agreements above. The difference between the two mechanisms is that national pay agreements are a negotiated consensus, whereas, under benchmarking, unions and employers make their respective submissions but, ultimately, the final decision rests with an independent Public Service Benchmarking Body (PSBB).

Thirdly, senior public servants, including hospital consultants and senior hospital management, are not covered by 'normal' benchmarking. Rather, their pay is periodically reviewed by the Review Body on Higher Remuneration in the Public Sector. But, in essence, it operates in the same way as conventional benchmarking.

In practice, however, pay deals have from time to time been agreed for specific groups outside the national pay determination machinery – including radiographers, home helps, hospital managers. And, as of November 2007, negotiations were ongoing between the HSEEA and hospital consultants on a new contract, which include the issue of pay.

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?

Yes. All the unions and employer associations listed above would usually be consulted by the authorities in relation to sector specific matters.

However, as of November 2007, there was an ongoing dispute between health unions and the HSE over a perceived lack of consultation by employers over recent financial cutbacks and a jobs freeze. In essence, the unions are unhappy about the unilateral nature of the announcement, claiming that it constituted a breach of Ireland's social partnership. However, the HSE deny this.

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.
Health Service National Partnership Forum	Tripartite	Agreement	IMPACT, SIPTU, INO, IMO, IHCA, UNITE, TEEU	HSEEA

Health Service National Joint Council	Tripartite	Agreement	IMPACT, SIPTU, INO, IMO	HSEEA
Health Service Forum on work practices	Tripartite	Agreement	IMPACT, SIPTU, INO, IMO, IHCA, UNITE	HSEEA

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

Yes, tripartite bodies dealing with sector specific issues are present in the Irish hospitals sector. Their domain of activity is industrial relations. Firstly, the Health Service National Partnership Forum is aimed at developing and facilitating partnership between employers and trade unions throughout the public health services. The HSNPF is a joint management/trade union steering committee for workplace partnership in the Irish health service. The HSNPF was established in 1999 on foot of the provisions of Partnership 2000, the national agreement on social partnership then in place. It has continued to promote a partnership approach to change and problem solving in the health services under the subsequent national partnership agreements.

The role and purpose of the HSNPF is as follows:

- To provide leadership to the health service partnership process;

- To champion partnership within health services management and within the trade unions;

- To ensure that the interests and objectives of the HSNPF's constituent groups are discussed at the partnership table;

- To provide a national level forum within which health service management and trade unions can agree the broad parameters within which workplace partnership is advanced at national, regional and local level;

- To support the partnership process within agencies and, if appropriate, support initiatives with service wide application;

- To resource the partnership process as appropriate including the provision of suitable training and facilities

- To assist the development of best practice communications in the health services;

- To communicate the partnership message;

- To promote and develop measurement and evaluation with a view to learning and sharing information and to develop protocols based on this learning, e.g. a protocol on best partnership practice in the implementation of change;

- To continue to monitor relevant developments at national and international level in areas within and outside the health services and to develop strategic links;

- To formally verify progress in the health service context in relation to implementation of the modernisation programme as set out in all national agreements since Partnership 2000.

Secondly, the HSEEA engages with the health service unions in the Health Service National Joint Council (HSJNC), which is a forum where industrial relations matters of common concern to all health service employers and employees are discussed and progressed. The Health Service NJC continues to play a significant role in managing industrial relations conflicts. In reflection of this, Section 4.2.2. of the current national social pact, Towards 2016, states that the National Joint Council (NJC) will continue to be the primary forum for managing industrial relations in the health service. It is remarked that its procedures have been revised to ensure the attendance and participation of senior managers across the health service including the HSE National Directors of HR, Finance, and so on, in addition to Department of Health representatives and senior representatives from the health service trade unions. However, the Irish Hospital Consultants Association and the Psychiatric Nurses Association are not part of the HSNJC as they are not affiliated to the Irish Congress of Trade Unions (ICTU).

Thirdly, the Irish Congress of Trade Unions (ICTU), with the backing of the Irish Government, are attempting to implements a new tripartite Health Forum, designed to tackle common problematic work practice issues across the health service. However, the Forum was embryonic as of November 2007, delayed by a number of industrial relations disputes involving nurses and consultants. The Forum has a remit to apply the problem-solving tools of social partnership to the complex work practice issues in the health sector. It will be chaired by the secretary-general, Department of the Taoiseach (Irish Prime Minister), and will address non-pay issues and new work practices concerning groups of workers across the health sector. It will involve health employers, and unions representing a diverse range of health workers, including doctors, nurses, clerical and administrative grades, therapists and laboratory staff, and various support grades.

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.

Yes, statutory regulations exist in Ireland establishing criteria for representativeness. Unions must have at least 1,000 members to act in a representative capacity and must register and apply for a negotiating license with the Office of the Registrar of Friendly Societies.

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.

As above, and, as a general rule, unions have to be affiliated to the Irish Congress of Trade Unions to be consulted in matters of public policy and to participate in tripartite bodies. As the umbrella body for Irish trade unions, the ICTU represents all affiliates at national level. Accordingly, because they are not ICTU affiliates, the Psychiatric Nurses Association (PNA) and the Irish Hospital Consultants Association (IHCA) are excluded from certain tripartite bodies, including the Health Service National Joint Council (HSNJC).

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.

Yes, unions in Ireland must hold elections for their executive council and senior positions.

6.4. Same question for employer associations as 6.1.

The Health Service Executive Employers Agency – the representative arm of the HSE – is a statutory employer representative agency entitled to conclude collective agreements on behalf of employers across the hospital sector.

6.5. Same question for employer associations as 6.2.

Yes. As above. As a statutory representative agency, the Health Service Executive Employers Agency is entitled to be consulted in matters of public policy and to participate in tripartite bodies in the hospital 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.

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.

Trade union density is extremely high in the Irish hospital sector, with a number of unions representing a substantial number of different grades, each with their own respective interests. In view of this, inter-union disputes have periodically surfaced. The sole employer in the public health service is the Health Service Executive, and its representative wing is the Health Service Executive Employers Association (HSEEA). Industrial relations between employers and unions have tended to be highly adversarial, traditional and defensive, with frequent disputes over any changes. Negotiations over change proposals usually take a lengthy period, with unions often on the defensive, and employers often adopting a ‘command and control’ management style – despite much talk of partnership between unions and employers. In recent years, conflict has become increasingly institutionalized, with the introduction of tripartite forums designed to tackle the many industrial relations problems that exist.

Tony Dobbins (IRN Publishing)