



Use and implementation of the EPSU-HOSPEEM Code of Conduct on Ethical Cross-Border Recruitment and Retention in the Hospital Sector

Joint Final Report by EPSU and HOSPEEM

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Introduction

On 7 April 2008 EPSU, the European Federation of Public Service Union, and HOSPEEM, the European Hospital and Healthcare Employers' Association, the European social partners for the hospital and health care sector, adopted a [Code of Conduct on Ethical Cross-border Recruitment and Retention](#). It has been made available in the meantime in 13 official languages of the EU, namely in EN, FR, DE, BG, CZ, ES, FIN, HU, NL, PL, ROM, RU and SV. With their joint commitment, HOSPEEM, EPSU and their respective members underlined their firm intention to address inequalities and unnecessary burdens on healthcare caused by unethical recruitment practices related to the mobility and migration of health workers. They elaborated 12 principles to guide health care employers and the health workers in the sector in their joint efforts to develop appropriate solutions to a broad range of challenges of practical and ethical nature related to cross-border mobility and migration.

About four years have been passed since the Code of Conduct (CoC) was adopted. Being a process-oriented tool of the European sectoral social dialogue a provision (clause 11) had been inserted to evaluate its diffusion and use by the sectoral social partners across Europe.

In the past months, a questionnaire – made available in 7 languages, EN, FR, DE, ES, IT, RU and SV – was circulated to all HOSPEEM members and the EPSU affiliates in the EU 27 Member States to gather information on the follow-up to and on the use of the EPSU-HOSPEEM Code of Conduct by national social partners. This included one question to also learn about possible recommendations for revisions, etc.

15 members of HOSPEEM or EPSU from 14 countries (Austria, Bulgaria, Czech Republic, Denmark, Estonia, Finland, Germany, Italy, Latvia, Lithuania, The Netherlands, Norway, Slovakia and Sweden) replied to the enquiry. Both secretariats would like to thank their members for the involvement, the efforts made and the time they spent on this enquiry.

This report is of mostly descriptive nature to summarise the answers received. It is basically structured along the questions asked. A last section devoted for an outlook and possible recommendations and conclusions will be drafted after this meeting.

It is finally interesting to note a similar initiative launched at the global level. On 21 May 2010 the World Health Organisation (WHO) endorsed the [WHO Global Code of Practice on the International Recruitment of Health Personnel](#), also inspired by the EPSU-HOSPEEM Code of Conduct signed two years earlier. It is ever since actively promoted by the WHO and the European Commission (cf. e.g. section 4.4 SWD(2012)93, Action Plan for the EU Health Workforce, issued on 18 April 2012 as part of the "Employment Package") accompanied by a [User's Guide](#) and a [National Reporting Instrument](#) (available in EN, FR and ES).

1) General comments about replies received by the EPSU and HOSPEEM secretariats

How many replies to the questionnaire did we receive?

As of end of May 2012 15 replies from 14 countries, i.e. half of all EU MS, have been received, including from Austria that reports knowing about the CoC but not having used it.

How many questionnaires were filled in by both employers and trade unions?

5 replies have been completed and sent in after co-ordination between the sectoral social partners (employers and trade unions):

- Denmark, Estonia, Latvia, The Netherlands, Sweden

10 replies have been filled in either by employers or trade unions, 5 from HOSPEEM members and 5 from EPSU affiliates:

- EPSU: Austria, Bulgaria, Czech Republic, Finland, Slovakia
- HOSPEEM: Finland, Germany, Italy, Lithuania, Norway

Which countries have taken part in the assessment process?

There is more or less full coverage from countries from Northern and North Eastern Europe, with replies received from the four Nordic and the three Baltic countries. The Netherlands are the only country having replied from Western Europe as this is the case for Italy from Southern Europe. Bulgaria represent South Eastern Europe, and finally Austria, the Czech Republic, Germany and Slovakia Central Europe.

The Dutch reply is a good example of a full assessment of the CoC. A letter to EPSU and HOSPEEM by the Dutch social partners and a [detailed table](#) elaborated by them (both documents are available in NL and EN), as [presented at the first Plenary Meeting 2011 of the Sectoral Social Dialogue Committee for the Hospital Sector on 1 July 2011](#), inform well about the steps undertaken to take up elements of the CoC and explain how existing arrangements (laws, collective agreements, etc.) already had covered different clauses of the CoC.

Several actions have been implemented in Germany in addition to the implementation of the CoC, for instance in 2011 a [ver.di campaign](#) to fight social dumping for health care workers. Its aim was to promote the concept of and compliance with ethical cross-border recruitment and the idea of equal pay for equal work in a given territory. Key principles of the concept as highlighted by the campaign were equal access to training and career development, equal rights, non-discrimination and freedom of association/affiliation to a trade union.

To note that affiliates in selected countries did not return a questionnaire due to their specific situations: The United Kingdom already in 2004 adopted a [Code of Practice for the International Recruitment of Health Professions](#). It provides social partners with seven guiding principles and contains best practice benchmarks for recruitment agencies. All healthcare organisations (including recruitment agencies) can adhere to the Code of Practice.

2) Overview of issues related to the knowledge about and the use of the EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention

How many affiliates know about the EPSU-HOSPEEM Code of Conduct?

All social partners who replied to the questionnaire know about the EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention.

How many affiliates declare having used and/or using the EPSU-HOSPEEM Code of Conduct? How was it used?

Bulgaria, Denmark, Finland, Germany, The Netherlands, Norway, Slovakia and Sweden have made use of the Code of Conduct, that is a total of 8 positive replies.

The CoC has been spread and implemented thanks to:

- Translation (except for Slovakia, but the document exists in Czech which can be used without any problem in Slovakia)
- Seminars or meetings with members of trade unions and employers organisations and public authorities at regional and/or local level (except for The Netherlands)
- A steering committee made up of employer and trade union representatives: The Netherlands, Sweden
- Meetings with central government (health ministry): Slovakia, Sweden
- Other form of use (internet, user guide): Germany (e.g. via the provision of information of German hospitals channelled via the International Personnel Service (*Zentralstelle für Arbeitsvermittlung*) of the Federal Employment Agency (*Bundesanstalt für Arbeit*) or information to job candidates about the conditions of employment, including collective agreements on sector and company level, with detailed description of the modalities of a sample work contract), The Netherlands, Sweden
- Other form of assistance: Germany. The German HOSPEEM member replies that nearly all the hospitals that answered to the enquiry provide further assistance for employees from foreign countries, such as 1) in-house-seminars about the work situation and operational sequences; 2) language training; 3) assistance with public authorities and urban administration, 4) assistance with finding an apartment and 5) assistance with local and cultural integration

The German HOSPEEM member reported that the German hospitals that did make use of the services of agencies made mostly good experiences with their services. Some hospitals consider using them in the future. Negative practices with employment agencies have only been reported by one hospital that then immediately stopped its contractual relationship with the agency. In the concrete example the employment agency only provided the name of the applicant and the hospital had to assist the applicants with all other parts of the procedure.

To note that the use of the CoC does not depend on the fact if it is a country of outward or inward migration. E.g. Slovakia and Bulgaria, which are countries of emigration, have used it, too, which means that the CoC can be a useful tool for both sender and receiver countries.

How many affiliates have not used the EPSU-HOSPEEM Code of Conduct?

Austria, Czech Republic, Estonia, Italy, Latvia and Lithuania did not make use of the CoC, that is 6 negative replies. It is known in Austria, but no particular action has been taken up to date to make use of it there.

Why did employers and/or trade unions not use the CoC in these countries?

- Other priorities: Czech Republic, Italy
- In general, codes of conduct are implemented via collective agreements. However, because of cuts in public spending, collective agreements are frozen. For this reason, it has not been possible to spread the CoC in Italy
- No cross-border recruitment in the country, i.e. no immigration (of any quantitative importance at least) to: Estonia, Latvia, Lithuania
- Translation not (yet) available: Lithuania

3) Overview and trends related to the implementation of the EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention

Here we focus on the 8 countries which have used the Code of Conduct, i.e. Bulgaria, Denmark, Finland, Germany, The Netherlands, Norway, Slovakia and Sweden.

How the CoC has been implemented and used within these countries?

In 3 countries the Code of Conduct was used during collective bargaining:

- At regional level: Bulgaria, Denmark, The Netherlands
- At national level: Bulgaria and The Netherlands

In Finland, local government employers drafted a letter to inform the Finnish local and regional authorities about the existence of the EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention and its adoption the Finnish sectoral social partners for the hospital sector had also signed up to.

Although in some countries the CoC was disseminated, it has not been made use of. For what reasons?

Replies were received to this issue from Slovakia, Norway and by Finnish EPSU members, with the following reasons given:

- No evaluation: Slovakia
- Translation is not achieved: Norway
- Most of the content has already been implemented in the national legislation: Finland

Which difficulties were encountered when using the CoC?

Difficulties encountered:

- Finland reported that most of the content was already in the national legislation.
- Bulgaria put forward difficulties to disseminate it (without giving more details why).

Which countries monitored the process of implementation of the CoC?

Monitoring:

- This was done in Bulgaria, Denmark, Finland (according to HOSPEEM member) and The Netherlands.
- According to the reply from the Finnish EPSU members, from Norway and from Slovakia there was no monitoring of the use of the CoC.

4) Overview of issues related to the knowledge about and the use of the WHO Global Code of Practice on International Recruitment of Health Personnel (2010)

How many social partners know about the WHO Global Code of Practice?

- Colleagues in 9 countries – Bulgaria, Denmark, Finland, Italy, Latvia, Lithuania, The Netherlands, Norway and Sweden – told us they know about the WHO Global Code of Practice on International Recruitment of Health Personnel.
- Colleagues in 2 countries – in the Czech Republic and in Estonia – reported back not to know about this document.
- No answer to this question was obtained from the remaining 3 countries.

Which countries used the WHO Global Code of Practice? Do HOSPEEM members and EPSU affiliates see any relationship between both instruments?

Bulgaria, Denmark, Finland, The Netherlands and Norway replied in the affirmative. In these countries both instruments have been used in parallel, without any formal(ised) links (i.e. e.g. “picking” some elements from the EPSU-HOSPEEM Code of Conduct and others from the WHO Global Code of Practice to underpin ethical recruitment practices)

Which countries did not use the WHO Global Code of Practice? Why so?

HOSPEEM and EPSU colleagues from the Czech Republic, Estonia, Italy, Latvia and Lithuania reported back not having used the WHO Global Code of Practice. Except for Italy in the other countries inward cross-border recruitment does not represent a quantitatively important phenomenon. There, the State and the Regions are responsible for international recruitment of health workers. The Italian HOSPEEM member hasn't made use of the WHO Global Code of Practice because they are not involved themselves in such procedures.

5) Key issues and main challenges for cross-border recruitments identified

By social partners from countries that have already used the CoC

Issues:

- Need of healthcare workers. Wish not to remain that dependant on migrants workers
- Improved and easier cross-border recognition of professional qualifications
- For emigration countries (Bulgaria and Slovakia): Urgent need to improve working conditions, lift up the low wages and improve the quality of public services

Challenges:

- Induction and efficient use of migrant health workers (language skills, training). The need of language training as a precondition for migrant healthcare workers to start working is e.g. emphasised in the answer of the German HOSPEEM member and seen as the main challenge by those HOSPEEM members and EPSU affiliates that gave specific answers to this question.
- Better tapping and use of national workforce resources
- For emigration countries: Improving the attractiveness for their labour markets

By social partners from countries which have not yet used the CoC

Issues:

- How to best address possible deficits in view of qualifications and language skills
- Working conditions, low wages, working time
- For countries with outward migration: Retaining the workers in health care system

Challenges:

- Increasing the trade union membership of migrant workers

6) Suggestions made by national affiliates of HOSPEEM and EPSU how to possibly improve the Code of Conduct and related activities at European level

Suggestions:

- EPSU and HOSPEEM should spread good practices among their affiliates, amongst others by using experiences from the Nordic countries with regard to the free mobility in the hospital sector from the 70ties until today
- To advocate for an improved European regulation on recognition of qualifications

Limits:

- A EU-level code of conduct cannot take account of all national specificities