



**Social Dialogue Hospital Sector
Working Group Meeting 2/2011
21 March 2011, Brussels
Key Issues & Action Points for EPSU Affiliates and EPSU Secretariat**

Brussels, 12 May 2011

*N.B.: The document is structured by topics. The action points for EPSU Secretariat and EPSU affiliates as agreed during the meeting are added below each subject (see **TO DO**).*

HOSPEEM-EPSU Work Programme 2011-2013

- Taking on board the exchange on a first draft of a Work Programme for the Sectoral Social Dialogue Committee for the Hospital Sector (SSDC HS) as presented during the Working Group Meeting on 31 January 2011, the EPSU Secretariat had elaborated a second draft, obtained feedback from HOSPEEM on this document and then prepared a **third draft circulated to all EPSU and HOSPEEM affiliates for comments and feedback**
- The version proposed for discussion during the Working Group Meeting on 21 March 2011 consisted of an **overview (table) and two annexes**, still with comments from HOSPEEM to increase transparency for EPSU affiliates. These three documents uploaded on EPSU's website, <http://www.epsu.org/a/7311>, were discussed.
- Comments and suggestions made during the TU pre-meeting
 - EPSU members principally are fine with main topics proposed and their distribution along the timeline, with a sequence of different topics
 - Josie Irwin (RCN) in support of work on cross-border mobility/migration and related recruitment and retention policies, but warned against reinventing the wheel and clearly advised to use and re-analyse existing material and data first before engaging in a mapping exercise. One need to start with collecting this already available information and perhaps to close some gaps then. EPSU affiliates would also need to provide/share the information and material they have.
 - Herbert Beck (ver.di) underlining that EPSU affiliates would need a predefined grid to provide their input into the report on the implementation of the Code of Conduct on Ethical Cross-border Recruitment and Retention (2008) by EPSU and HOSPEEM members that is due for the first half of 2012 according to the HOSPEEM-EPSU Work Programme 2008-2010. Full support by EPSU Secretariat who promised to prepare such a structure (in close co-operation with HOSPEEM Secretariat) and to discuss it in one of the next two meetings.
 - Still on the migration/mobility topic, EPSU Secretariat to underline the need to address the double challenge of "brain drain" (leading to shortages of health care work force) and "care drain" (potential negative consequences for parents and children of carers "left behind" in the home countries)
 - Maria-Kaarina Koskinen (TEHY) wondering on the methodology used for the work on the different topics and to arrive to products and conclusions. TEHY recalling that the output of the Sectoral Social Dialogue Committee for the Hospital Sector (SSDC HS)

- needs to be elaborated in a manner to be of practical use. EPSU Secretariat sharing this demand and encouraging EPSU affiliates to assess the intended outcome and working methodology for a specific topic one it will be focused on, i.e. e.g. on skills development and professional qualifications in the work of the first semester 2011.
- Kim Øst-Jacobsen (DNO) wondering if the European sectoral social dialogue is the right place to deal with the evaluation, consultation and revision of the Directive 2005/36/EC on the recognition of professional qualifications; EPSU Secretariat seeing good reasons to put it on the agenda there, a view also supported by the clear majority of EPSU members present
 - Guy Crijns (CSC) highlighting link between discussions on revision of Directive 2005/36/EC and cross-border mobility/migration and warning against limits of cross-country comparability of contents of and actual skills/competencies acquired through professional training
 - Guy Crijns (CSC) supported, as many other EPSU affiliates, work on the ageing workforce, but with a broader focus on working towards a balanced/diverse workforce; agreement that we need to prevent a shift of work on this topics towards an increase of retirement age
 - Marina Irimie (EPSU Bucharest Office) recalling link between the trends towards an ageing workforce and the funding/financing of health care by pointing to the situation in many countries of CEE characterised by low pay levels; in CEE even higher risk than e.g. in EU15 that older workers have to take over more work, more stressful, more physically demanding work, etc.
 - Rudy Janssens (CGSP-ACOD) highlighting the need to prevent from losses in purchasing power of public service workers and pointing to insufficient pay in Belgium, even more so given demanding working conditions, that in turn would not attract workers to health professions and/or to stay in the sector for many years. Also supporting the work on the topic on cross-border mobility/migration and explaining the systematic use of Belgian employers by employment agencies to recruit staff abroad or them doing the recruitment themselves “*sur place*”.
 - EPSU Secretariat mentioning that HOSPEEM (for the time being) rejected a proposed one page statement on the need of sufficient and sustainable financing of health care as developed and agreed in the Sectoral Social Dialogue Committee for Local and Regional Government. Our main objective is to redirect the perspective by considering health care expenditure as investment – paying off due to better returns on the health of the population and the quality of services – not first and foremost as cost
- Comments by HOSPEEM Secretariat and affiliates in the joint meeting
 - HOSPEEM basically fine with structure of workplan (overview; annex 1; annex 2)
 - HOSPEEM comfortable with all issues except for the one on the European Voluntary Quality Framework on Social Services of General Interest (SSGI) as long-term care and other personal social services would not fall into the remit of HOSPEEM and their membership; this topic should be taken out
 - HOSPEEM would like to work on the topic of well-being of the health care workforce in the framework of the DG SANCO Action Programme on the European Healthcare Workforce (currently planned and prepared)
 - HOSPEEM here suggests to work towards an agreement on the ageing health care workforce (of which type ever), to be negotiated in the second half of 2011 and further into 2012
 - NHS also warning against the risk of starting something new on the topic of cross-border mobility/migration instead of using existing material and recalling that DG SANCO is currently building up an Observatory on Migration Flows in the EU where we should aim at cooperation and exchange
 - HOSPEEM agreeing with the three reference frameworks as presented in Annex 1. HOSPEEM supporting suggestion that basically all work should be linked back either to the HOSPEEM-EPSU Framework of Actions “Recruitment and Retention” of 17

- December 2010, <http://www.epsu.org/a/7158> or tied in into the activities planned by DG SANCO in the context of an action Programme for a European Health Care Workforce.
- HOSPEEM fairly cautious on the “policy monitoring” and “policy action” parts of the workplan when it comes to ongoing legislative initiatives and would prefer a focus on the implementation of existing directives; EPSU Secretariat recalling the usefulness of joint policy and advocacy work, where possible, by referring to the example of fruitful joint EPSU-HOSPEEM monitoring and policy work on the directive on patients’ rights in the cross-border health care
- Comments by EPSU Secretariat and EPSU affiliates in the joint meeting
 - Focus on ageing health care workforce makes sense, but only if done with the objective of achieving a balanced workforce (improve well-being, encourage diversity) through recruitment and retention
 - Work should be built on HOSPEEM-EPSU study (2006) “Promoting realistic active ageing policies in the hospital sector”
 - A mandate for a working group on the ageing health care workforce needs to be prepared for the Plenary Meeting on 1 July 2011
 - Strong interest in pushing topic “mobility and migration of health care workforce”, tied into follow-up on implementation and possibly further development of EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention (07.04.2008) (<http://www.epsu.org/a/3715>)

The HOSPEEM-EPSU Work Programme 2011-2013 (version as of 5 May 2011) is to be finally adopted during the Plenary Meeting on 01.07.2011.

TO DO

- EPSU affiliates to give a final check to workplan-related documents
- Final comments need to be made in writing to Mathias by 14 June 2011.

Cross-border recognition of professional qualifications

- EPSU had drafted our reply based on contributions and written input by about 10 affiliates (Confédération des syndicats chrétiens de Belgique [CSC] (B); Pancyprian Civil Servants Trade Union (PASYDY) (CY); Vereinigte Dienstleistungsgewerkschaft [ver.di] (D); Danish Nurses’ Organization [Dansk Sygeplejeråd] (DK); Confédération française démocratique du travail (CFDT)/Services de santé et services sociaux (F); Union of Health and Social Care Professionals [TEHY] (FIN); Royal College of Nursing [RCN] (GB); Norwegian Nurses Organisation [Norsk Sykepleierforbundet] (N); Swedish Association of Health Professionals [Vårdförbundet] (S))
- Mathias gives an overview on the evaluation, consultation and revision processes related to the Directive 2005/36/EC done up to date or planned until early 2012 (see http://www.epsu.org/IMG/pdf/11.03.21_DRPQ_Evaluation_Consultation_Revision_Process_Maucher_EPSU.pdf)
 - The evaluation, consultation and revision process started in 2010 and should be closed in 2012.
 - Public consultation launched by DG MARKT, 07.01.2011. Reference document: http://ec.europa.eu/internal_market/consultations/docs/2011/professional_qualifications/consultation_paper_en.pdf. Deadline: 15.03.2011.
 - The consultation document relating to the evaluation of the Professional Qualifications Directive is also available in FR, DE, ES and IT. http://ec.europa.eu/internal_market/consultations/2011/professional_qualifications_en.htm

- For more info see the “Summary info for the evaluation, consultation and revision processes linked to the Directive on the Recognition of Professional Qualifications (2005/36/EC)”, <http://www.epsu.org/a/7311>, documents uploaded under “Annex”).
- Mathias highlights the main topics, key steps in the process and report back from a hearing DG MARKET had organised on 21 February 2011 Secretariat [http://ec.europa.eu/internal_market/qualifications/news_en.htm]. He points out the main lines of disagreement between stakeholders as well as open questions, e.g. concerning a/the European Professional Card.
- In the TU pre-meeting Mathias had explained the main elements of the joint EPSU-HOSPEEM contribution (<http://www.epsu.org/a/7308>, agenda item 10. c/ or for direct access: <http://www.epsu.org/IMG/pdf/HOSPEEM-EPSU-reply-consultation-DRPQ-24.03.11.pdf>) to the consultation and how it was elaborated by mainly cutting out text elements from the EPSU reply (<http://www.epsu.org/a/7448>).
- The joint contribution contains basically the same preface as EPSU’s response. This means that employers also have committed themselves to main principles and objectives for the revision as put there.
- Both documents reflect different positions also amongst EPSU affiliates. The EPSU response tries to mention “minority” or diverging positions while nevertheless formulating a (majority) position.
- Reservations were made as to specific points (e.g. European Professional Card; partial access; language testing), both concerning the EPSU response and the joint EPSU-HOSPEEM reply, but both were eventually approved.
- Mathias also reminded of the fact that diverging positions are expressed in the individual replies of the EPSU members and insofar have been communicated to the European Commission.
- Kate Ling, NHS Office Brussels, introduces the key demands and recommendations of the joint EPSU-HOSPEEM reply, highlighting some concerns by employers (see http://www.epsu.org/IMG/pdf/11.03.21_DRPQ_Key_Messages_Joint_Contribution_EPSU_HOSPEEM_Ling_NHS.pdf)
- Issues raised in the exchange
 - We (would) need more transparency on what the contents of a given professional qualification are to be able to continue with and fully support automatic recognition – who to achieve this? And then who to judge on adequacy of competencies, etc.?
 - How to organise mutual recognition in countries where a specific professional profile does not exist?
 - How to strengthen the role of language skills as mandatory element in the recognition process?
 - We need a second reflection on the topic of partial access; What does it mean? Could it be an advantage
 - Feasibility and usefulness of an European curriculum
- Agreement that the European social partners should stay involved in the revision process going on during 2011 and 2012

TO DO

- EPSU affiliates are invited to discuss the topic internally before the summer break
- EPSU affiliates are invited to read through EPSU reply and to make comments in writing to Mathias prior to the Plenary Meeting on 1 July 2011
- Based on these comments and a short exchange during the TU pre-meeting on 1 July 2011 adaptations of EPSU positions for the advocacy work towards European institutions during the second half 2011 can be made if endorsed by a majority of EPSU affiliates

UPDATE

The EPSU Secretariat has made contact with MEP Bernadette Vergnaud in order to get involved into the EP work process, i.e. drafting of own-initiative report; possibly EP hearing (see <http://www.europarl.europa.eu/oeil/file.jsp?id=5894522¬iceType=null&language=en>).

The follow up with DG MARKT is mainly done by EFN, with regular updates to EPSU.

Ageing health care workforce

- Ulrike Neuhauser (CEEP/VHA) and Herbert (ver.di) summarised the work and outcomes of the former HOSPEEM-EPSU working group on the ageing workforce
- Ulrike highlighted the following points: 1) growing share of workforce aged 50+; 2) shortage of skilled staff; 3) risk of loss of organisational memory with a larger share of the workforce 50+ leaving in the years to come; 4) examples from NHS: flexible retirement age; healthier workplace campaign; adaptation of training and continued professional development; workforce planning with a mix of physically strenuous and less strenuous tasks; 5) example from Austria: experienced and elder nurses retained and taking care of interface management/of organisation the process of leaving the hospital and entering another institution, e.g. elderly care home, or moving back to own place
- Herbert recalled that the working group collected a number of examples/potential good practice cases. He highlighted the need to develop/offer models of staff retention taking into account specific needs and competencies of the health care workforce 50+. Herbert also mentioned a pilot initiative in Heidelberg (university clinics, with the support of foundations and enterprises) to support “healthy ageing” and to improve the well-being at the workplace
- Josie (RCN) gives a presentation on policies to address the challenges of an ageing nursing workforce by referring to research and work done by the RCN and the NHS in the UK. She explains the aspects of guidance RCN developed in this regard http://www.epsu.org/IMG/pdf/11.03.21_Ageing_Nursing_Workforce_UK_Irwin_RCN-2.pdf to give an impulse on how to approach the topic of the ageing health care workforce by HOSPEEM and EPSU and their members
- In the debate the following issues were highlighted: 1) Recruitment from outside the EU helps lowering the average age of the health care workforce, but there are risks and problems of shifting the problem to third-party nationals instead of putting more emphasis on improving working and pay conditions within the EU for those residing and already working there; 2) With a high share of nurses going to retire, those that stay will very probably will have to work longer hours and more years; 3) Guidance or recommendations on the employment of older nurses could be useful (see also presentation Josie)
- The idea launched by HOSPEEM to re-launch a working group on the ageing health care workforce was not contested. HOSPEEM suggests to work towards an agreement (in the months after summer 2011)
- EPSU Secretariat again underlined the need and our request to put work on the ageing health care workforce in the context of policies to achieve a balanced health and social care workforce, which implies that the social partners work would need to address a broader range of topics and challenges
- Agreement to build on work done in former WG and to take on board insights from the study commissioned in 2006 (<http://www.epsu.org/a/7410>)* when developing and implementing initiatives and models

** Summary info taken from report “Promoting realistic active ageing policies in the hospital sector” jointly commissioned by EPSU and HOSPEEM in 2006, see <http://www.epsu.org/a/7410> and <http://www.epsu.org/r/586> (for the other two reports prepared for the launch of the Sectoral Social Dialogue Committee “Hospital Sector”)*

The study concludes that the pursuit of a comprehensive policy approach, based on an explicit strategy, with personal and institutional commitments is critical to success.

List of key initiatives implemented by various NHS Trusts (UK) on a pilot or regular basis.

- *Improving attractiveness of working environment by taking into account specific needs and wishes of older employees, e.g. better provision of continued education and training, change in working hours; preventive: setting up well-being centres to monitor stress, burdens, individual adaptation needs*
- *Slow step-down option, i.e. into a less demanding job but which corresponds to professional qualifications and experiences*
- *Wind down, i.e. longer phasing out, reduced working hours at an earlier state, but then later no early retirement; work on negotiated basis, with chosen number of hours and their position during the day and week*
- *Part-time work to reduce working time and to reduce shift work for older employees*
- *Managing knowledge transfer (including tacit knowledge and experience)*
- *Ongoing participation in life-long learning, retraining of older workers to facilitate adaptation to new technologies, administrative procedures, management techniques, etc.*
- *Workforce planning including age profiling*
- *Measures to remove discrimination based on age (e.g. in recruitment and retention procedures)*

DG SANCO Action Plan on European Health Care Workforce

- The forthcoming Action Plan of DG SANCO on the European Health Care Workforce has become one of the three reference frames for the HOSPEEM-EPSU Work Programme 2011-2013 (see there: Annex 1).
- A representative of DG SANCO presented the outlines of this Action Plan currently drafted by sketching out main objectives and instruments under consideration (see http://www.epsu.org/IMG/pdf/11.03.21_DG_SANCO_European_Action_Plan_Healthcare_Workforce.pdf)
- EPSU affiliates and HOSPEEM members showed interest of being associated to further work and the next steps of elaborating this Action Plan and were open to become partners when implementing it
- A follow up presentation and in-depth discussion could make sense during the Plenary Meeting on 2 December 2011
- EPSU and HOSPEEM Secretariats to follow up with DG SANCO in view of organising a meeting prior to the next meeting of the Task Force/High Level Group on this Action Plan on the European Health Care Workforce foreseen for June 2011

EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention

- It has been suggested and principally agreed to focus on mobility and migration of health care workforce during the December 2011 Plenary Meeting and then (in the first half of) 2012.
- To prepare this thematic focus and to introduce to the debate it would be important that EPSU members inform to EPSU Secretariat prior to or the latest during the Plenary Meeting on 1 July 2011 about what they have already done to date or what is being planned in order to implement the EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention (07.04.2008) (<http://www.epsu.org/a/3715>).
- We currently only have a report from ABVAKABO (NL) and information on a recent initiative by ver.di (<http://www.epsu.org/a/7606>)
- EPSU members are also asked to share relevant material dealing with the cross-border mobility and migration of health care workforce as mentioned by several EPSU affiliates when discussing the HOSPEEM-EPSU Work Programme 2011-2013

TO DO

- EPSU members to inform the EPSU Secretariat what they have already done to date or what is being planned in order to implement the EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention
- EPSU members to share with the EPSU Secretariat relevant material dealing with the cross-border mobility and migration of health care workforce

Project on strengthening social dialogue in the hospital sector in the Baltic states

- HOSPEEM and EPSU affiliates were invited to the final conference of the project on strengthening social dialogue in the hospital sector in the Baltic states that will be held on 26 May 2011 in Riga. Invitations to be circulated in due time (N.B. done on 21 April 2010)
- Info on final conference: <http://www.epsu.org/r/577>
- Info on project: <http://www.epsu.org/a/7555>

Multi Sector Guidelines to tackle third party violence and harassment related to work

- Transnational and cross-sector seminars during 2011 to promote the dissemination, awareness raising and monitoring of implementation: <http://www.epsu.org/a/7573>
- Document (16.07.2010) in EN, FR, DE, ES, RU and SV: <http://www.epsu.org/a/6782>

Studies on three topics commissioned in 2006 made available for consultation and download

- In 2006 the European Public Service Unions (EPSU) and the European Hospital Employers' Association (HOSPEEM) formalised and started the EU-level social dialogue in the hospital sector. For this occasion they had commissioned three studies dealing with major challenges for the health care sector to be addressed by the social partners at local, sectoral, national and European level and dealing with qualifications/skills, the ageing health care workforce and cross-border mobility/migration.
- They can be used as reference documents to further develop the work under the SSDC HS.
- They have been put in a new section on EPSU's webpage, please click on <http://www.epsu.org/r/586>
 - Identifying Successful Training Initiatives in the Hospital Sector, <http://www.epsu.org/a/7580>
 - Promoting realistic active ageing policies in the hospital sector, <http://www.epsu.org/a/7410>
 - Cross-border recruitment of hospital professionals, <http://www.epsu.org/a/7579>

TO DO

EPSU Secretariat and EPSU affiliates to screen the reports in view of relevant issues and good practice examples to build further work on

SSDC HS Plenary Meeting 1 July 2011: Draft Agenda + Preparation

Please find below the proposed structure for the agenda of the Plenary Meeting on 1 July 2011 as discussed with HOSPEEM)

- Final exchange on and adoption of HOSPEEM-EPSU Work Programme 2011-2013
- Recognition of professional qualifications
 - Update on new developments at EU-level (DG MARKT; EP)
 - Discussion of next steps for/by European social partners in the hospital sector in the process of revision of Directive 2005/36/EC

- Ageing health care workforce
 - Discussion and endorsement of mandate for Working Group
 - Nomination of EPSU and HOSPEEM representatives (procedure, geographical coverage; first exchange on names, etc.)
 - Definition of calendar of meetings and timeline for work/negotiations. EPSU and HOSPEEM suggest to dedicate the working Group Meetings of 16 September 2011 and 26 October 2011 to this topic. If need be and in case of interest of EPSU and HOSPEEM representatives we will ask the Commission to financially support meetings of drafting groups
 - Exchange on outcome of process, i.e. products (material, etc.), agreement, etc.
- EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention
 - Collecting information on follow-up/implementation by EPSU affiliates and HOSPEEM members (see above: Discussion and endorsement of mandate for Working Group)
 - First exchange on structure of report to be produced by EPSU and HOSPEEM according to Work Programmes 2008-2010 and 2011-2013 and of methodology to do reporting/input by EPSU affiliates and HOSPEEM members
 - Taking stock of available relevant material dealing with the cross-border mobility and migration of health care workforce

TO DO

- Recognition of professional qualifications
 - EPSU affiliates to make comments in writing on the EPSU reply to the consultation on the revision of Directive 2005/36/EC to Mathias prior to the Plenary Meeting on 1 July 2011
 - EPSU affiliates to prepare for the discussion of next steps for/by European social partners in the hospital sector in the process of revision of Directive 2005/36/EC
- Ageing health care workforce
 - EPSU affiliates are asked to send in expressions of interest in view of their representative(s) at this Working Group on the Ageing Workforce, ideally by 14 June 2011.
 - EPSU Secretariat to circulate a mail in early June dealing in more detail with the issue of nominating representatives and with a first draft mandate for the Working Group
- EPSU-HOSPEEM Code of Conduct on Ethical Cross-border Recruitment and Retention
 - EPSU affiliates to assess what has been done as to concrete activities on follow-up and implementation of the Code of Conduct agreed in 2008
 - EPSU affiliates to put together the relevant material they have dealing with cross-border mobility and migration

The EPSU Secretariat is currently drafting a document with summary information on the functioning and organisation of the Sectoral Social Dialogue Committee for the Hospital/Health Care Sector and with ToR on organisational and financial rules. The document will be circulated after a meeting with DG EMPL (planned for early June) to obtain updated information on the procedures and rules they apply and to clarify open questions, also raised by several EPSU affiliates.

During the TU pre-meeting on 1 July 2011 the EPSU Secretariat suggests to assess what has been done on follow-up and action points by EPSU Secretariat and EPSU affiliates, for working Group Meetings on 31 January 2011 and 21 March 2011. We could also shortly exchange on how to organise internally follow-up on meetings (minutes; key points; action points)