

**Sectoral Social Dialogue Committee for the Hospital Sector
Working Group 2/2016
Brussels, 2 June 2016
Draft Notes**

MORNING SESSION

08.45 – 09.15 HOSPEEM–EPSU Steering Committee

09.15 – 10.15 Separate trade unions' and employers' group meetings

10.15– 12.30 Plenary

The morning session was chaired by Arja Niittynen, Superliitto (Finland). She informed the participants about the changes made to the agenda.

1. Joint HOSPEEM-EPSU working group on Continuous Professional Development (CPD) and Life-Long Learning (LLL)

- **CEDEFOP (European Centre for the Development of Vocational Training) activities and publications on CPD and LLL relevant for the HOSPEEM-EPSU joint work**
 - **Presentation by Cosmin Roman, Liaison Officer, CEDEFOP**
 - **Exchange with HOSPEEM and EPSU members**

Cosmin Roman, Liaison Officer at CEDEFOP¹, was invited to present the activities of CEDEFOP relevant for the work of HOSPEEM and EPSU in the field of CPD and LLL.

He pointed out that CEDEFOP had some data on the health sector and highlighted some key figures of their skills panorama² on employment and skills in the health sector. He underlined that the health sector was expected to increase faster (+8.1%) than overall EU employment (+3.3%) until 2025 and that this trend had been visible during the last decade despite the economic downturn.

He also stressed that in the next decade the highest number of job openings was expected in the health sector (11.6 million) and that a substantial need for replacement was forecasted (9.7 million jobs) until 2025, as well as widespread recruitment difficulties, likely to increase until 2025.

Cosmin Roman then presented some CEDEFOP publications on continuous vocational education and training (CVET):

- Policy Handbook: Access to and participation in continuous vocational education and training in Europe
- CVET in Europe: the way ahead
- Job-related adult learning and continuing vocational training in Europe: a statistical picture.
- Contribution of collective bargaining to continuing vocational training

¹ CEDEFOP, EU decentralised agency established in 1975, deals with the development of vocational education and training and in-service training and encourages the exchange of information and experiences between countries. The three focus areas of CEDEFOP are VET systems, learning and employability and skills and labour market.

² <http://skillspanorama.cedefop.europa.eu/en>

He presented CEDEFOP's database on financing adult learning³ and mentioned their joint study with UNESCO aiming at comparing the profile and content of VET qualifications. In the framework of this study the profile of HCA will be analysed.

Participants from Finland, France, Germany, Ireland and the Netherlands asked questions following Cosmin Roman's presentation. The main points raised were about:

- The way CEDEFOP has gathered and compiled statistical data and the availability of data per age group
- The way CEDEFOP plans to analyse the profile of HCA
- The ambitions of CEDEFOP to reach out towards EU-level sectoral social partners
- The way data collected are used by public authorities and fed into the policy making process
- The thematic cooperation between CEDEFOP and Commission services

Stefano Martinelli (DG EMPL) specified that social partners were represented in the Board of CEDEFOP at cross-industry level and that HOSPEEM and EPSU should therefore contact the cross-industry social partners in case they were interested in influencing CEDEFOP's work programme.

- **Presentation of a revised version of the joint declaration on CPD and LLL for all health workers in the EU**
- **Finalisation of the joint HOSPEEM-EPSU declaration**

The Chairwoman reminded that the work of HOSPEEM and EPSU on the joint declaration on Continuous Professional Development (CPD) and Life-Long Learning (LLL) had started in March 2015 and stressed the importance of concluding it in the near future. She reminded that adopting this joint declaration was a central aim of the joint HOSPEEM-EPSU work programme 2014-2016. She specified that a EPSU Standing Committee would take place in September, allowing affiliates to endorse the declaration.

Tjitte Alkema, HOSPEEM Secretary General (NVZ, the Netherlands), expressed his hope that the joint declaration would have an influence at EU, national and local level and said that HOSPEEM's goal was to finalise the political discussions during the meeting.

He clarified that the declaration was a joint statement and therefore not a binding agreement. He stressed that with this joint declaration employers and trade unions of the hospital sector were taking their responsibilities and thus sending a clear signal to the European institutions, including DG SANTE and DG EMPL, and other relevant stakeholders such as professional organisations.

He underlined that the conference "*Professional Qualifications safe in motion*" organised in the framework of the Dutch EU council presidency in Amsterdam on 28 June would be a good opportunity to present the work of the EU sectoral social partners on CPD.

He also pointed out that the EU Commissioners for Health and Food Safety and for Employment, Social Affairs and Inclusion were interested in supporting and endorsing the work of HOSPEEM and EPSU. DG SANTE is supposed to get back to HOSPEEM on the possibility for EU Commissioners to co-sign the joint declaration in the next weeks.

It was agreed that during the meeting the focus would be on the topics on which HOSPEEM members and EPSU affiliates may still have different positions.

Mathias Maucher then went through the declaration page by page.

According to Herbert Beck (ver.di, Germany) the distinction between CPD and LLL is still not clear enough. He said that there were separate definitions in the introduction but that CPD and LLL were addressed jointly in the text. He added that demanding working conditions were not reflected in the introduction. It was agreed to make a reference in the introduction to "increasing workload". He also commented on the structure of the Joint Declaration, being strongly oriented towards patient safety and quality of care. As the staff is the main target audience of the declaration he asked for putting greater emphasis on the impact of CPD and LLL on the quality of work and the working conditions of the staff. Margret Steffen (ver.di, Germany) supported the statement of Herbert Beck and asserted that the increasing workload and its impact on the quality

³ <http://www.cedefop.europa.eu/FinancingAdultLearning/>

of care delivered should be stressed more. She said that the need to have the best possible conditions for the employees was not emerging sufficiently from the current version of the text.

Tjitte Alkema stressed that the aim of CPD and LLL was indeed to have a health workforce fit for purpose so that good quality care could be delivered and said the Secretariats would assess how to incorporate this idea in the joint declaration.

Margret Steffen also advised not going into too much detail in the text of the declaration given the different situations in the Member States as to CPD and LLL. Gill Coverdale's (RCN, UK) suggestion to add a sentence related to reregistration in the definition of CPD was not generally supported. EPSU colleagues from the UK and Ireland nevertheless asked to have a reference to the role of CPD to help maintaining the qualifications of health professionals/workers according to the need to re-register and to prove to be "fit for practice" as a responsibility for employers.

Tjitte Alkema raised the concern of SALAR (HOSPEEM Swedish member) regarding the reference to regulatory frameworks under the section on the role of social partners. It was agreed to rephrase the sentence and move it to the section on roles and responsibilities according to a suggestion of Kate Ling (NHS, UK) for which the wording was read out. To delete: "*Public authorities in the Member States are responsible for providing an appropriate regulatory framework, and (where relevant) adequate resources, to support CPD and LLL initiatives. This regulatory framework provides the formal context within which CPD and LLL initiatives are organised.*" And instead having a 3rd bullet point under the section on roles and responsibilities with: "*Member States are responsible for encouraging CPD in their countries, in accordance with their specific national procedures and through the appropriate public authorities.*"

Maryvonne Nicolle referred to the barriers to access to CPD and LLL and said that one major barrier was not mentioned in the text, i.e. additional costs for workers when going on training, such as travel expenses and childcare costs. After a short exchange on the issue amongst the delegations, Christina McAnea's suggestion to add the following sentence "*this could cover related cost of individuals*" was accepted by the participants. It was agreed that the declaration would not include an exhaustive list of barriers.

Marie-Agnès Gilot (CNE Non Marchand, Belgium) suggested that the term "*should*" should be replaced by "*has to*" in the second phrase of bullet point 3 – "*This should include measures to protect time for CPD...*" – under the heading "Equality of access".

With regard to the section on modes of delivery, more specifically on the evaluation of CPD activities, Maryvonne Nicolle expressed her wish that a reference to an annual meeting between employers and employees would be included. As this suggestion was considered too specific the participants supported the suggestion of Kate Ling to mention a "*regular evaluation moment*".

AFTERNOON SESSION

14.00 – 16.15 Plenary (cont.)

The afternoon session was chaired by Tjitte Alkema, NVZ (the Netherlands).

- **Information regarding the next steps**

The Chairman said that the Secretariats would come up with a revised version of the joint declaration on the basis of the discussions held, that would then be shared with the CPD/LLL working group and sent to all the members. The EPSU Standing Committee will be able to endorse the text in September.

It was agreed that any conflictual text to appear after this last round of consultation on revisions would be left out of the joint declaration.

2. Reporting back from the workshop of the DG SANTE Study "*Support for the definition of core competences for healthcare assistants (CC4HCA)*"

Mathias Maucher (EPSU Secretariat) reported back from the workshop organised by DG SANTE on 6 and 7 April in the framework of the feasibility study on Health Care Assistants (HCA) [see slide set]. He highlighted the concerns of HOSPEEM and EPSU towards this study. He said that

HOSPEEM and EPSU were not against the mapping exercise but were critical about several elements of the initiative, amongst others, the absence of EU professional organisation for HCA, the lack of evidence regarding the mobility of HCA and the high diversity of the HCA professional group across Europe. He then presented the strategic options that could be taken to react to the study and the report, i.e.:

- Share evaluation of the project results and comment on the report from the workshop (A)
- Ask national members of HOSPEEM and EPSU to in addition lobby their national ministries and competent authorities (B)
- Consider a joint initiative of the social partners in view of a specific “level” of HCA professions (C)

Maryvonne Nicolle suggested a joint reaction of EPSU and HOSPEEM in two stages, now and after the publication of the final report. She pointed out that France was against the adoption of a common training framework for HCA.

Kate Ling supported proposals A and B and suggested writing to DG SANTE. She said that she was not sure whether it would be best to write before or after the publication of the draft report. She said that she had some doubt regarding proposal C as she did not know if it could be supported by NHS England and Health Education England.

Paul Bell (SIPTU, Ireland) expressed his great suspicion towards the HCA study as the Commission had started the process without consulting anyone. He stated that social partners had to be firm regarding what they expected about these workers and recommended taking a robust position vis-à-vis the European Commission. He was also advocating in favour of a social partner-based initiative in the field of health care support staff. In this he was supported by Christina McAnea (UNISON, UK) highlighting the challenges trade unions in the UK and Ireland see due to a lack of regulation for this group of health workers, highlighting that it should be in the interest of social partners to address them – not least to improve the situation and professional perspectives of the workers concerned – and referring to the related national discussions, also with governments and other stakeholders and initiatives.

Participants also enquired about the procedure and content of the consultation of those stakeholders who could not attend the workshop in April. Colleagues involved in the meeting said that there were informed that these stakeholders would be contacted by NIVEL and DG SANTE separately after the seminar to collect their feedback and views on the findings and first conclusions and recommendations from the Feasibility Study on a CTF for HCA.

Margret Steffen recommended doing proposals A and B quickly, expressing clearly the position of social partners and then seeing how the Commission would react. She stressed the importance for EPSU affiliates and HOSPEEM members to also take action at national level.

The Chairman summarised the discussions and underlined the support of the participants for strategic options A and B, namely writing a joint HOSPEEM-EPSU letter to the Commission and commenting on the draft report as well as lobbying where possible ministries and competent authorities at national level.

In addition, he proposed that HOSPEEM and EPSU gather information among themselves on minimum set of skills, competences and knowledge and then see if there is a possibility to come up with an additional suggestion or an own initiative.

3. Joint HOSPEEM-EPSU project “Assessing health and safety risks in the hospital sector and the role of the social partners in addressing them: the case of musculoskeletal disorders and psycho-social risks and stress at work”

- **Conference on approaches to the issue of psycho-social risks and stress at work in the hospital/healthcare sector, 10 November 2015, Helsinki**
 - **Presentation by the contracted expert Nico Knibbe**
- **Discussion about the use and dissemination of the project results at national and EU level**

The contracted expert Nico Knibbe (LOCOMotion, the Netherlands) was invited to make a final presentation during the meeting, as a way to conclude the two-year HOSPEEM-EPSU project on health and safety risks in the hospital sector. He provided the participants with an overview of the

project and its objectives, focused on the two conferences organised in Paris and Helsinki in March and November 2015 respectively on the issue of musculoskeletal disorders and psychosocial risks and stress at work, highlighted some key take-home messages formulated from each conference and presented the deliverables produced, i.e. the reports drafted from each conference and the dedicated webpage containing European and country specific documents related to MSD and PSRS@W prevention.

He also underlined the amount of knowledge and good practice examples available and stressed the need for social partners to take actions. He provided examples of simple things that could be done, i.e.:

- Conferences to exchange knowledge
- Newsletter to exchange knowledge
- Ergo coaches, préventeur interne, lifting champions
- Patient handling videos
- E-learning (blended learning)
- "Propaganda" (robust campaigning to show what movements are wrong)

Nico Knibbe stated that social partners should support all this. He stressed that social partners now knew how to take care of the care givers, had sufficient knowledge and that it was therefore their responsibility to act to provide support for both workers and managers to better prevent, manage and reduce the risks.

- **Presentation of the policy brief/summary document drafted by the HOSPEEM and EPSU Secretariats from the two conferences**

Emilie Sourdoire (HOSPEEM Secretariat) presented the draft summary document from the two conferences prepared at Secretariat level. She explained that this summary document was one of the expected deliverables of the project and specified that on the basis of the Steering group's advice it had been decided to draft one summary document for both conferences instead of one for each conference as mentioned in the project proposal.

She provided an overview of the content of the 4-page summary document, including background information on the project, taking up the take home messages of the Paris and Helsinki reports and presenting some suggestions of possible follow-up activities.

HOSPEEM members and EPSU affiliates approved the summary document in its current form.

4. Update on the joint project proposal to be submitted (co-funded by DG EMPL)

Mathias Maucher updated the participants on the project proposal EPSU and HOSPEEM will jointly submit by 30 June 2016. Recruitment and retention will be the overarching topic. He provided them with some information regarding the activities planned in the framework of this new project. HOSPEEM and EPSU plan to organise a first conference in the Netherlands in the course of 2017 with the support of NVZ and FNV, taking up the CPD topic (building on the joint declaration on CPD and LLL and the idea of collecting, presenting and sharing good practice examples) with a view to take more concrete implementation steps. With regard to the second activity, HOSPEEM and EPSU would like to organise it in Lithuania in 2018 on the topic of occupational safety and health in relation to patient safety, being a priority for DG SANTE. Mathias Maucher pointed out that the fact finding done during the OSH project and the summary document would serve as a basis. He stressed the importance of not dropping the project results. The possibility of taking up the suggestions listed in the summary document will be assessed.

The HOSPEEM and EPSU Secretariats will have to work on the project proposal in the next two weeks. The thematic priorities and the general set-up as presented were supported.

5. HOSPEEM and EPSU partnership in the EU-OSHA Healthy Workplaces Campaign 2016-2017 "Healthy Workplaces for All Ages"

Emilie Sourdoire informed the participants about the launch of the new EU-OSHA Europe-wide 2016-2017 campaign "Healthy Workplaces for All Ages", focusing on sustainable work, workplace safety and healthy ageing from the beginning of working life and highlighting the importance of risk prevention throughout the entire professional career. She specified that HOSPEEM had applied to the campaign and had been granted the status of official campaign partner, as for the previous EU-OSHA campaign on stress management. EPSU will most likely follow the same steps in early June.

Emilie Sourdoire explained that official campaign partners were expected, in addition to promoting the campaign and disseminating information on their website and among their members, to organise one campaign-related activity such as a conference or a seminar, which could be done jointly in the framework of the next project (or in the format of a thematic seminar in the context of the regular meetings of the SSDC HS).

6. Joint HOSPEEM-EPSU Work Programme 2017-2019

- **Presentation of a first draft proposal**
- **Discussion with HOSPEEM and EPSU members on possible topics and deliverables for the HOSPEEM-EPSU Work Programme 2017-2019**

The Chairman informed the members that the next joint HOSPEEM-EPSU work programme for the period 2017-2019 was under preparation and would be adopted by members during the Plenary meeting of the SSDC in December.

Emilie Sourdoire presented the first draft proposal for the future joint HOSPEEM-EPSU work programme prepared by the Secretariats on the basis of the brainstorming that took place during the SSDC meeting in March. She explained that this document was based on the same template as the one used for the current work programme.

She pointed out that members had expressed an interest in continuing to work on three major themes, i.e. recruitment and retention of health workforce, CPD and LLL, occupational safety and health and well-being at work and that several sub-themes had been listed for these three different themes. She underlined that the topics listed were only suggestions and could therefore be adapted.

She stressed the need to get guidance from HOSPEEM and EPSU members and receive their feedback on the relevance of the topics listed, on how to prioritise them and on how to address them. She invited members to send suggestions of concrete activities to deal with the different topics.

It was agreed that the deadline to gather information would be the end of September in order to be able to present and adopt a final proposal in December. The Secretariat will prepare a revised draft in early October, also already with feedback and input from EPSU's Standing Committee "Health and Social Services" on 21 September 2016.

Mathias Maucher specified that if EPSU and HOSPEEM were granted the project it would be reflected in the new work programme.

Stefano Martinelli raised the issue of the EU semester, saying that the Sectoral Social Dialogue Committee for the hospital sector could have a say on the country specific recommendations dealing with health related issues.

- **Evaluation of activities and results achieved in the framework of the HOSPEEM-EPSU Work Programme 2014-2016**

Members were invited to share their views regarding their assessment of the current work programme.

Margret Steffen said that it would be good to continue working on occupational health and safety related issues and expressed her wish to have further proposals and a follow-up project in this field. She said that the SSDC should work on a joint position to promote the results of the current project.

David Hughes (INMO, Ireland) said that it would be useful that HOSPEEM and EPSU look at the the participation of workers and their representatives in health and safety structures and look into the loopholes in the current legislation.

It was also suggested to continue working in the field of recruitment and retention of the health workforce. Mobility, migration of the workforce and qualifications were highlighted as important issues.

It was also stressed that sharing knowledge and exchanging good practice examples was very useful.

A question was asked regarding the meaning of the concept of “social innovation”. The Chairman explained that it was an overarching principle aimed at involving workers from the very start in making changes and said that it was often neglected.

7. AOB

Mathias Maucher informed the participants about an initiative run by DG EAC regarding sector skills alliances and specified that one of the sector skills alliances selected was for elderly home care. He said that EPSU would try to get more information on this initiative.