Sectoral Social Dialogue Committee for the Hospital Sector
Plenary Meeting 2/2012
Brussels, 10 December 2012
DRAFT Notes (prepared by Mathias Maucher, EPSU, 22 February 2013)

MORNING SESSION

10.00 – 11.00 Separate trade unions' and employers' group meetings

11.00 – 13.00 Plenary

1. **Ageing Healthcare Workforce**
   - Update on good practice examples
   - Discussion and approval the final draft "Guidelines and existing good practice examples" on the ageing workforce
   - Next steps

The discussion of the document in the version of 22 November 2012, containing the amendments suggested by EPSU (following internal consultations and debates at EPSU's Standing Committee "Health and Social Services" on 23 October 2012) compared to the version of the document of 5 September 2012 (following the last meeting of the Drafting Group "Ageing Workforce" on 4 September 2012) was started off by Godfrey Perera.

Godfrey Perera, HOSPEEM, showed his astonishment about the "significant changes made by EPSU" as the draft version of 5 September was supposed by HOSPEEM colleagues to be near to final. This has put HOSPEEM in a difficult position. HOSPEEM members had consulted and several already had the approval of their boards on this version. He underlined that in HOSPEEM's view "a good result had been achieved on 4 September 2012" and that he was of the understanding that it would not be possible to make further substantial changes. Some of the revisions proposed by EPSU HOSPEEM, however, considers being of a more substantial nature.

HOSPEEM colleagues had nevertheless consulted on the version of 22 November 2012 and now would come up with the following counterproposals, "thereby taking on board what is important for you":

- Title: We need to **stick to "Guidelines"** instead of "guidance" and should **keep "good practice examples"** instead of "existing practice"
- Section 1.1.: "The social partners in the hospital and health care sector, EPSU and HOSPEEM[3], know that investment into the health care personnel and occupational safety and health pays off, but also acknowledge that there are financial constraints on health systems in the current financial climate" **=>** "The social partners in the hospital and health care sector, EPSU and HOSPEEM[3], know that investment into the health care personnel and occupational safety and health pays off. ~~but also acknowledge that~~ There are financial constraints on health systems in the current financial climate"
- Section 2.5: "This could include paying attention to the general wellbeing of staff, prolonging the working careers and calling back to work the retired employees asking retired staff if they wish to return to work on a voluntary basis under locally agreed

terms in the framework of existing collective agreements and national legislation." **=>** This could include paying attention to the general wellbeing of staff~~, prolonging the working careers and calling back to work the retired employees asking retired staff if they wish~~ creating possibilities for them to maintain working and thereby prolonging their working careers and to return to work after retirement on a voluntary basis under locally agreed terms in the framework of existing collective agreements and national legislation.

- Section 2.6 (I): ~~A good number of people nearing retirement age will keep working past their statutory retirement age either because that is what they want to do or because of financial necessity~~. **=>** A growing number of people nearing retirement age will keep working beyond retirement age.
- Section 2.6 (II): Employers can be supportive of their older workers by ~~including~~ encouraging discussions about retirement aspirations, for instance during regular reviews. **=>** Change that had been suggested by EPSU, i.e. to replace "including" by "encouraging" O.K.
- Section 2.6 (III): Legal and contractual issues ~~e.g. the availability of flexible working and any consequences on pension~~; **=>** Change that had been suggested by EPSU, i.e. cutting out second part of sentence, O.K.
- Section 2.6 (IV): ~~Options for flexible working and/or flexible retirement~~; **=>** Opportunities for flexible working and/or flexible retirement, i.e. keep sentence, but replace "options" by "opportunities"
- Section 2.6 (IV): "When workers continue working past the retirement age according to national legislation and/or collective agreements it may be necessary to reconsider the terms and conditions of continued employment which will be agreed locally in accordance with local practice, existing collective agreements and national legislation". **=>** Change that had been suggested by EPSU, i.e. adding a half-sentence, O.K.

Godfrey Perera underlined that these would be all changes HOSPEEM could accept when looking at the version of 22 November 2012, the others not listed above are to be rejected.

Elisa Benedetti added that the HOSPEEM and EPSU Secretariats had agreed to add a sentence on planned follow-up, for content-reasons, but also to comply with the formal demands of DG EMPL for "process-oriented documents". She read out the suggested follow-up clause. [ELISA, PERHAPS YOU CAN ADD HERE, THEN WE ALREADY HAVE IT FOR THE FUTURE, I am not any more completely sure about the wording you suggested] Suggestion by HOSPEEM Secretariat, 7 December 2012: *HOSPEEM and EPSU will undertake an review of progress made by their members and consider whether the annex needs to be updated two years after adoption. By the end of the fourth year a report will be issued on the overall implementation of this Guidance. In this period, social partners in the hospital sector will report at least once a year back to the Social Dialogue Committee about the progress made.*

In the debate with EPSU colleagues the following remarks or suggestions were made:

- As we cannot decide today, couldn't we collect the amendments wishes, bring these back to the Advisory Group colleagues and then take a decision in the next meeting in March 2013? (Margret Steffen, ver.di)
- It is existing practice and possible to work beyond the statutory age of retirement, but in the health care sector this is organised as an individual option for highly qualified workers or managers, but does concern or work for those doing the actual health care. These colleagues, to the contrary and do to the high physical and psychological demands are leaving their job prior to retirement age as for reasons of health status, burn-out, partial disability or occupational diseases they are as a rule simply not able to work longer (Margret Steffen, ver.di)
- There is no way to weaken language around statutory retirement age which does not preclude to find solutions and ways on an individual basis, but this should not feature as "a common option" or "general tool" in the document, also not e.g. for service workers with lower qualifications (Margret Steffen, ver.di)

- The title "guidance"/"guidelines" might also be a matter of translation, in EN this is not that big a matter, that might be different in other languages where words can have other connotations (Gail Adams, UNISON)
- It is obvious that we need to arrive at balanced formulations knowing about the sensitivities on the TU side around "statutory retirement age". We also know that in some countries working beyond retirement age is a reality, for whatever reasons. We also know that retirement age went up in some countries. But different rules apply in different countries (Gail Adams, UNISON)
- She also suggests erasing the first paragraph under section 2.6 or at least the second sentence, as suggested by EPSU. The notion of "a good number of people nearing retirement age" could be read as "an increasing number of ..." (Gail Adams, UNISON)
- In the health sector the overwhelming number of workers is female. This is another reason why one can't prolong working careers. (Rudy Janssens, CGSP)
- Where are the good practice examples for those workers and those doing care work, not high rank management or administrative staff, for any work beyond retirement age – and where are they in the documents? (Rudy Janssens, CGSP)

Godfrey Perera took up some of those points. He insisted that what was contained in the document in the version of 5 September 2012 under section 2.6 is to be understood as purely voluntary arrangements, as opportunities to work, most probably also on a part-time basis, one or two days a week. HOSPEEM does not want to put into question the statutory retirement age rules or promote policies that would have this effect.

It was decided to postpone a decision on how to adopt a version of this document to 2013.

2. **Prevention of Sharps Injuries**
    - Joint EPSU-HOSPEEM Project "Promotion and support of Implementation of Directive 2010/32/EU on the prevention of sharps injuries in the hospital and health care sector" (October 2012- September 2013):
        - Regional seminars and final conference: dates and draft programme
        - Call for presentations from HOSPEEM and EPSU members for regional seminars: national transposition/good practice tool/guidance on the implementation of Directive 2010/32/EU
        - Survey with EPSU affiliates and HOSPEEM members

The main features (survey; events: three regional seminars and final conference) of the joint project were presented by Elisa Benedetti, HOSPEEM. In the meantime a web-section on the EPSU website dedicated to the common project (http://www.epsu.org/r/629) has been set up that is regularly updated. HOSPEEM members and EPSU affiliates were encouraged to fill in the questionnaire http://www.epsu.org/a/9154) that has been made available in 6 languages and can be answered online and "on paper" in more than 10 languages. A first deadline was set to 10 January 2013 to have input for the first regional seminar on 31 January 2013 (http://www.epsu.org/a/9118). EPSU colleagues from countries with more than one member are asked to coordinate their replies and their participation in the events.

Marina Irimie, EPSU Office for the South-Eastern Constituency, Bucharest, asked if HOSPEEM couldn't consider "transferring" the places/invitations to EPSU in countries where they don't have any members. Godfrey Perera, HOSPEEM, answered that this could be possibly done in a second step, but first they would try to invite representatives of employers' organisations not (yet) members of HOSPEEM or of the responsible ministries

3. **Presentation of report "Functioning and outcomes of European sectoral social dialogue in the hospital sector"**, Emmanuelle Perin, Université Catholique de Louvain, Louvain-la-Neuve, Belgium

Emmanuelle Perin, Université Catholique de Louvain, Louvain-la-Neuve, Belgium, presented findings from her research on the "Functioning and outcomes of European sectoral social dialogue in the hospital sector" that she had summarised in a report (in EN) distributed to

EPSU affiliates and HOSPEEM members prior to the meeting. Her research had benefitted from a number of face-to-face or telephone interviews made in late 2011 and early 2012 with about 20 colleagues from both social partners.

The report was considered helpful and noted. Comments on how to improve the usefulness and impact of agreements negotiated or documents agreed on at EU-level were made and discussed.

AFTERNOON SESSION

14:30 – 16:30 Plenary

4. **Action Plan for the EU health workforce** (SWD(2012)93 final of 18 April 2012)
   - Presentation of the initiative and next steps from representative of Healthcare Systems Unit, DG SANCO (TBC)
   - Discussion on involvement of Sectoral Social Partners at national and European level in the final design of the Action Plan and its implementation

AND

5. **Joint Action European Health Workforce Planning and Forecasting**
   - Presentation of the initiative and involvement of HOSPEEM and EPSU

Caroline Hager, DG SANCO, based on a detailed slide set, presented the four elements/fields of action of the updated Action Plan for the EU health workforce and pointed out where she/DG SANCO would see a role for the sectoral social partners or an interest for them to get involved around specific activities or topics. Her presentation should help prioritising the work of EPSU and HOSPEEM in the SSDC HS. She underlined that the expertise of HOSPEEM and EPSU members on the ground would be needed and instrumental to help deliver certain actions.

As to the first element, the Joint Action on Health Workforce Planning, Caroline Hager thought the sectoral social partners could be most interested in Work Package 4, in particular on data and information on cross-border mobility and migration of health professionals/workers. In this context a workshop would be planned to look into the applicability of both the EPSU-HOSPEEM Code of Conduct on Ethical Cross-Border Recruitment and Retention (2008) and of the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010). It could be organised as follow-up to the joint EPSU-HOSPEEM report of September 2012 and if need be further research (cf. also the forth element of the Action Plan). A second field of interest could be Work Package 6 on Horizon Scanning, dealing with qualitative health workforce planning and as one facet of this on the skills and competencies needed in the health care sector in the future. Work (for about one year) would start here in February 2013.

Under the element “Anticipation of skills” Caroline Hager focused on three initiatives “Sector Skills Councils”, “Sector Skills Alliances” and “Skills Panorama”, shortly introducing them. The outcome of the Sector Skills Council should provide input into the Skills Panorama. She saw a link to the task “Horizon Scanning” under the Joint Action on Health Workforce Planning (see above). The Skills Panorama just was launched (in December 2012) by DG EMPL to improve the monitoring of employment and labour market trends in a number of sectors in the EU, including health and social care. Whereas Sector Skills Alliances should strengthen the link between training and education systems, employers and policy makers (and therefore would not be of that high relevance to the sectoral social partners, if, than mostly for HOSPEEM). A network of nurse educators and regulators to promote exchange of best practice for the qualifications below the level of the registered nurse/nurse for general care, i.e. starting with health care assistants. It consists of a mapping exercise and possibly will be concluded by a workshop, with a report expected for October 2013. Shortly referring to the forth elements here, the mapping exercise on continued professional development for

health workers based on a study, Caroline Hager asked if HOSPEEM and EPSU (ever or in recent years) had done work in the field of life-long learning.

Caroline Hager informed that under the third element, entitled “Recruitment and Retention”, DG SANCO intends to do a mapping exercise of good practice. Our input on how to focus this exercise would be highly welcomed and needed. This initiative could be seen/used as another follow-up to the EPSU-HOSPEEM Framework of Actions “Recruitment and Retention” (2010), following to our joint work on the ageing workforce in health care in 2012.

Regarding the forth element of the Action Plan for the EU health she informed about the intention to collect data on health professionals’ migration (see also above) and to develop a EU response to support Member States in their implementation of the WHO Global Code of Practice on International Recruitment (2010) by also building on the principles of the EPSU-HOSPEEM Code of Conduct on Ethical Cross Border Recruitment and Retention (2008).

When talking about how to deliver the action Caroline Hager referred to the role of EU Structural and Cohesion Funds and other EU funding where DG SANCO would aim making eligible actions on the health workforce. Social partners at national level should see, in contact with their health and finance ministries, how best to influence the priority setting of the Structural and Cohesion Funds.

In the questions and answer section, the following issues were raised (=> and answered):

- Coordination of key actions under the Action Programme with MS’s governments?
  => There is a Working Group on the health workforce with national health ministries. On political level, the reference documents are the Employment Package and the conclusions (http://register.consilium.europa.eu/pdf/en/12/st14/st14426.en12.pdf) of the EPSCO Council of 5 October 2012 “Towards a job-rich recovery and giving a better chance to Europe's youth”
- How can we get health workforce planning right at EU-level right when this is already difficult and challenging and not always a successful endeavour at MS level?
  => An exchange of information and experience about methodologies and efforts undertaken between groups of countries could be tried out. DG SANCO has an interest in better forecasting of needs, e.g. there are no data on the age of nurses. In seeking to improve the data availability and quality, guidebooks and toolboxes could be an outcome. The Work Package “Sustainability” will look into the prospects of a long-term-oriented development of EU workforce planning in the internal market.
- Experiences with the collection of health workforce data in the UK (not in a systematic manner, not adequately taking into account the shift towards integrated services and the trends towards marketisation)
- Risk of bias of workforce planning methods and results, as currently in the UK 1) drop of nursing education places, 2) dominance of a short-term perspective, 3) and a focus of commercial and financial aspects of commissioning of training courses.
- Important role of social partners and of social dialogue to address projected and “known” gaps in staffing, giving current insufficient investment in training and lack of operation theater nurses e.g. in Norway
  => In additional to data on doctors and nurses need to have more data on midwives and dentists; DG SANCO would like to focus on the regulated health professions
- Given future scarcity of qualified staff, there is a strong need to focus on healthy ageing strategies and policies at the workplace to prevent from early disability or retirement
- Need to look at a wider workforce across the different health professions, not only in silos (i.e. for doctors, nurses, midwives, etc. separately)
- Critical assessment of and concerns expressed as to tthe role of MS in the Joint Action on Health Workforce Planning in which health systems are currently dismantled as a consequence of the crisis and where no health workforce planning is being done, e.g. in Spain

- Implications of EU-wide exchange on workforce planning, lacking staff and skills gaps in a situation when some MS are in serious trouble and when we witness negative dynamics as to health workforce planning
- Interest to see which health workforce planning measures help to make workforce retention more effective
  => Joint Action should bring about as deliverables tools for health workforce planning and e.g. guidance on how MS in CEE can benefit from an exchange on improving workforce retention mechanism
- Need of country-specific conclusions and recommendations in the context of the Action Plan and the Joint Action

6. **Feasibility Study on European Sector Councils on Employment and Skills "Nursing and the Care Workforce"**
   - Development and final outcomes of the project
   - (Provisional) assessment of project outcomes
   - Discussion on support of Sectoral Social Partners to a possible European Sector Skill Council for Nursing and the Care Workforce

Mathias Maucher, EPSU, gave an update on the progress made under the project. He informed the participants that the draft of the final report had only been circulated on 8 December 2012 to both secretariats and could therefore not yet be presented or considered at the meeting.

He also introduced a draft version of criteria to assess its outcomes and to give guidance as regards possible next steps from a European sectorial social partners' perspective. They are included in the Final Project Report (cf. pp. 39-41) that has been circulated to the project partners on 28 December 2012.

He finally asked in which of the countries represented such a or a similar institution would exist on national level – only answered by EPSU colleagues from the UK – and should this be the case what the experiences are, the role of the social partners, the results, etc – a question not really taken up by any of the participants.

Godfrey Perera, HOSPEEM, said HOSPEEM would be lukewarm around this initiative and could not (yet) see much interest and therefore also no added value. He rather identified a danger for the position of sectoral social partners that most probably would be weakened. Elisa Benedetti, HOSPEEM, added that they are still confused around many aspects and that they have asked to work towards more clarity as to the scope, the power, the composition, etc. of such an institution, should it be set up, and as to the role social partners should play.

Karen Bjøro, NNO, highlighted that such a council is a new idea for the nurses and her organisation, that it was not yet clear what it is or could be about and that therefore more time and at least also the Final Project Report would be needed to be able to better assess such an initiative. Matthew Hamilton, RCN, added that indeed EPSU and HOSPEEM would need to say something about the social partners' role, drawing on the collective expertise from those around the table, and that such a council should not impinge on the role and functions of the social dialogue. Further clarifications on the resources needed to run such a council would be needed. He recommended keeping close to the initiative and underlined that social partners can not influence anything if they don't/can't articulate what they want.

7. **Mid-term evaluation and update of the EPSU-HOSPEEM Work Plan 2011-2013, discussion on priorities and adaptations for 2013 and outlook for 2014**

A first collection of possible topics for the year 2013 and beyond took place. The list below presents the topics mentioned and if appropriate the "author" and other remarks

- Focus on labour market access for young(er) workers and on making the health care sector more attractive to improve their recruitment and retention, on the backdrop of increasing youth unemployment on the one hand, but initiatives to address youth

unemployment on the other in a sector of job growth; and (Godfrey Perera, HOSPEEM; Elvira Gentile, ARAN; Ulrike Neuhauser, VHA)

- Building on the work of the cross-sectoral social partners, where three topics emerge (colleagues listed above + Kate Ling, NHS European Office): 1) employability of young(er) workers: skills must (better) correspond to qualifications, skills and competencies needed => focus on employers' and trade unions' role and the transition from professional training into the labour market; 2) identification of non-monetary incentives for the work in health professions; 3) supporting initiatives of entrepreneurship in the health care sector; 4) quality of work/jobs in the health sector
- Complement work already done on occupational safety and health (OSH) and well-being of the workforce and putting a focus on OSH by focusing on a) policies how to best stay healthy at work and b) policies to address the risks of musculoskeletal disorders, not least to improve the retention of staff (Gail Adams, UNISON)
- Further work on OSH, in addition to the agreement on addressing stress at the workplace, third party violence and harassment and injuries with medical sharps seen critically by HOSPEEM, added value would need to be well defined (Godfrey Perera, HOSPEEM)
- Following up on Work Plan 2011-2012 and the EPSU-HOSPEEM Framework of Actions "Recruitment and Retention": 1) Well-being at work; 2) Working-time arrangements supporting a better reconciliation of work and family life; 3) Measures to reduce work-related stress and overload to prevent drop-out/attrition (Nina Bergman, Vårdförbundet)
- Improvement of attractiveness of sector by strengthening workers' 1) rights to co-define their working time arrangements (e.g. as to shift work); 2) role in the organisation of their work and workplace (Kirsi Sillianpää, Tehy)
- Funding methods and sources of public services and strategies on how to ensure sufficient financing of health and social services (Pilar Navarro, FP-UGT)

EPSU affiliates and HOSPEEM members are asked to add further proposals until the next meeting of the SSDC HS on 20 March 2013, ideally with a description who tasks or projects should be tackled, what should be the outcome, how they are linked to work done so far, etc. as neither of the sectoral social partners already had a developed and/or coordinated list.

8. Any other business

- Revision of Directive 2005/36/EC on the recognition of professional qualifications: state of play at EP and in Council

Kate Ling, NHS Europe Office, gave a short overview on the state of the art concerning the EP report and informed about a planned vote of the report and compromise amendments in the IMCO Committee end of January 2013. She informed about the issues the NHS has put amendments in. Mathias Maucher, EPSU, explained the work done by EPSU towards to EP, in close cooperation with the ETUC and ETUCE, in particular, when drafting joint letters and preparing a list of common and coordinated amendments.

- Meetings of the SSDC HS in 2013

Already before the lunch break, the dates for the meetings of the SSDC HS were presented and confirmed, after a short exchange with participants and François Ziegler of DG EMPL. He underlined that other social dialogue budget lines could be used in case additional meetings would be needed or to support joint projects.

For 2013 four meetings are foreseen, three working groups and one plenary meeting, and this on the following days:

- Wednesday, 20 March 2013, Brussels (Working Group 1)
- Tuesday, 25 June 2013, Brussels (Working Group 2)
- Wednesday, 23 October 2013, Brussels (Working Group 3)

- Wednesday, 11 December 2013, Brussels (Plenary Meeting)