

**Sectoral Social Dialogue Committee for the Hospital Sector  
Working Group 1/2021  
Online, 05 March 2021  
DRAFT NOTES**

Marta Branca (ARAN, Employers, Italy) opened the meeting and chaired the first session.

Congratulations were extended to Marta Branca (ARAN, Employers, Italy) on her appointment as HOSPEEM Secretary General.

#### **1. Points for information and update**

##### **Simone Mohrs (HOSPEEM) reported on the HOSPEEM-EPSU webinar on MSD 25 February 2021**

Several experts participated from HOSPEEM and EPSU, who provided information and experiences to over 70 participants. Kate Ling (NHS Confederation, Employers, UK) noted that this seminar should be repeated, as it enabled a good exchange of information. Among the speakers, Lorenzo Munar (EU-OSHA) gave an overview of their MSD campaign. All interventions and a recording are available on HOSPEEM and EPSU websites. The impact of the webinar is being evaluated with a view to future activities. The topic feeds into the Update on FoA on R&R and relates to the SSDC HS work programme concerning MSD.

##### **Adam Rogalewski (EPSU) provided the meeting with an update on the HOSPEEM-EPSU project on strengthening the social dialogue in the hospital sector (2019-2020) – project extension and next steps.**

Due to COVID-19, the project was extended, and the regional workshop will now take place on 20 April in the online format with interpretation. The dissemination seminar is scheduled for 16 June will also be online.

##### **Adam Rogalewski (EPSU) also gave an update on the Carcinogens and Mutagens Directive / Hazardous Medicinal Products – and reported on the meeting with the Cabinet of the European Commission and MEP Johan Danielsson.**

At a meeting with the European Commission on 11 December 2020, the Secretariats enquired when the study report would be available. The report was published on 29 March.

MEP Zambelli, the rapporteur on the CMD 4, published her report, which included amendments supporting the EPSU and HOSPEEM positions:

1. Include HMP's in Annex I of CMD.
2. Include the introduction of non-legislative guidance.
3. Define and create a list of HMP's.
4. Include reprotoxins.

The amendments proposed by other major political groups are also in line with the EPSU and HOSPEEM position. The vote in the European Parliament Employment Committee is foreseen

on 25 March. The Secretariats expect that HMPs, including reprotoxins, will be adopted with a majority by the MEPs.

Additionally, the European Commission published its EU Beating Cancer Plan on 03 February 2021. Adam Rogalewski (EPSU) expressed his regret that the Plan does not pay more attention to workers, particularly the health professionals who deliver cancer treatment.

### **Update on the public consultation of the EU Strategic Framework on OSH (2021 – 2027).**

HOSPEEM and EPSU included their proposals for the Framework separately.

### **Simone Mohrs (HOSPEEM) shared information on the upcoming EU-OSHA project on Human health and social work activities – evidence from the European Survey of Enterprises on New and Emerging Risks (ESENER).**

EU-OSHA approached both HOSPEEM and EPSU regarding their study.

As a general objective, the project will provide EU-OSHA with information to properly capture the factors that influence the management of health and safety among European workplaces in the health sector, looking at indicators such as management commitment, worker involvement, the existence of procedures, availability of expertise and support, among others. The study will examine differences by business size and country to identify different types of enterprises in managing OSH in the sector.

The study will also examine how recent trends in the sector may have influenced the management of OSH. These include the privatisation of health services, the shortage of health professionals in some countries and the degree of unionisation.

More specifically, this study aims to:

- provide an overview of the OSH risk factors faced by the sector.
- Investigate how OSH is managed in the sector, and
- examine how various factors affect OSH management.

The study is planned to be finalised in September 2021.

### **Adam Rogalewski (EPSU) discussed the project on the Multi-sectoral guidelines to tackle third-party violence.**

The project aims to assess the effectiveness at the national level of the EU Multi-sectoral social partners' guidelines to tackle and prevent third-party violence and harassment related to work (2010). It runs until March 2023 and is coordinated by EPSU. Also involved are HOSPEEM, CEMR - Council of European Municipalities and Regions, CESI – (European Confederation of Independent Trade Union) as co-applicants and ETF, ETNO- European Telecommunications Network Operators' Association, ETUCE, EUPAE - the central government, UITP- an international association for public transport authorities as associated organisations.

The project focuses on the public services sector, i.e., government, hospitals, education, public transport, supported by examples drawn from the private sector, allowing to compare sectoral specificities and produce general policy recommendations. It will also look at implementing the ILO 190 convention on eliminating violence and harassment at work. The first webinar will take place in early June.

**Additional update:** EPSU submitted a joint response with HOSPEEM on the potential revision of the Cross-border healthcare – evaluation of patients' rights (Directive 2011/24/EU). No feedback from the EPSU and HOSPEEM members was received.

## 2. Consequences of Brexit for the hospital sector and health care workers

**Presentation by Bernhard Zaglmayer, Legal desk officer, policy, Unit for Regulation of Professions, DG for Internal Market, Industry, Entrepreneurship and SMEs, European Commission; Comments by a Patricia de Gray, Policy officer DG for Employment, Social Affairs, and Inclusion**

The presentation discussed the aspect of recognition of professional qualifications for the healthcare sector. HOSPEEM and EPSU Secretariat and members stressed the importance of participation of British trade unions and employers' organisations in the sectoral social dialogue committee after Brexit.

Herbert Beck (Ver.di, Trade Union, Germany) asked what impact Brexit has on the EU Member States and the UK in social dialogue.

Patricia de Gray (DG EMPL) presented the new EU-UK relationship (see attached PPT)

Kate Ling (NHS Confederation, Employers, UK) commented from the point of view of the impact on people from the EU Member States that there will be little difference for the next two years if they are coming into the UK. UK professional regulators will continue to recognise EU qualifications until January 2023. But if the individual is leaving the UK, it is up to the EU Member State to decide. This will also impact students studying in the UK at present as they will be considered third-country nationals since they obtained their qualifications in the UK. In addition, if an individual goes back to the country of origin, it is for that country to decide if they accept the UK qualification.

Patricia de Gray (DG EMPL) clarified that as a result of Brexit there is no longer free movement between the UK and EU.

David Hughes (INMO, Trade Union, Ireland) inquired about the position of Irish nurses trained in the UK under the mutual recognition agreement that predates EU membership. There is great sensitivity around the Northern Ireland protocols.

Bernhard Zaglmayer (DG GROW) stressed that it is up to the Member States to recognise qualifications obtained in the UK.

Maryvonne Nicolle (FSS CFDT, Trade Union, France) asked how many foreign carers are currently practising in the UK and noticed if those professionals are returning to their countries of origin because of Brexit? If people are leaving, that could cause problems.

Kate Ling (NHS Confederation, Employers, UK) answered that there is no reduction in doctors. Still, a big decrease in nurses coming from the EU to the UK has been compensated in a big rise in nurses coming from other areas of the world, just fewer from the EU.

Bernhard Zaglmayer (DG GROW) added that many people leaving the UK are moving to Australia, Canada, or the US. Statistical information can be found on the European Commission website<sup>1</sup> and on the OECD website<sup>2</sup>.

The participants were informed that the Ireland /Northern Ireland protocol only covers the flow of goods, not social dialogue.

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<sup>1</sup> <https://ec.europa.eu/growth/tools-databases/regprof/>

<sup>2</sup> See the Health Workforce Migration section on [https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH\\_REAC](https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_REAC)

### **3. Discussion on updating the Framework of Actions on Recruitment and Retention within EU4Health's objective to strengthen the healthcare workforce.**

#### **Presentation by Maya Matthews, Head of Unit for Performance of national health systems, DG for Health and Food Safety, European Commission**

Maya Matthews (DG SANTE) underlined that the pandemic highlighted existing and new weaknesses, and it showed how integrated care was negatively affected during the crisis. Across the EU, lack of preparedness, skills mix and mismatch, and access to healthcare are necessary to improve. It is time to evaluate what can be done in the future to create a more resilient health system.

Herbert Beck (Ver.di, Trade Union, Germany) commented on renewing the Framework of Actions on recruitment and retention, highlighting how can we make the profession more attractive. Work conditions need to be improved, pressure must be eased, more people must be recruited, and salaries increased.

Maryvonne Nicolle (FSS CFDT, Trade Union, France) added planning and forecasting are important. Still, there is a lack of integration between the three healthcare settings, impacting the patients' care. A more holistic approach to healthcare is needed along with the whole lifespan of the patient. Salaries are important, but work conditions mean young people do not want to work in healthcare, and a problem is there is no global approach to healthcare.

Kirsi Sillanpää (TEHY, Trade Union, Finland) pointed out the COVID-19 pandemic has demonstrated how our healthcare professional's work. A central, ethical question is healthcare professionals need care themselves. Their working conditions need to be improved. We need to ensure the job demands are rewarded properly and that management supports are working. LLL and CPD need to be available.

David Huges (INMO, Trade Union, Ireland) questioned the EU budget of 5.1bn for the EU4Health programme. He inquired for information regarding how the European Commission plans to engage with the social partners in the hospital sector in dealing with these proposals.

Maya Matthews (DG SANTE) noted that the European Commission had had a huge resurgence on the focus on health. New resources are called the Recovery and Resilience Facility to help the Member States recover from the crisis. Member States are currently preparing plans for where they want to invest. She agreed integration and the holistic approach on the way of working is important.

Kirsi Sillanpää (TEHY, Trade Union, Finland) informed that the first exchange of views on potentially updating the Work Programme would be postponed until 02 June 2021.

### **4. Recruitment and retention of the health workforce**

#### **Presentation of the early draft of the updated Framework prepared by the task force and discussion.**

The presentation of the work on updating the Framework was given by the members of the task force comprising of Herbert Beck (Ver.di, Trade Union, Germany), Jan Schriefer (FNV, Trade Union, Netherlands) from EPSU and Kate Ling (NHS Confederation, Employers, UK) and Paolo Michelutti (INMI, Employers, Italy) from HOSPEEM.

The members thanked EPSU and HOSPEEM members for submitting their proposals and comments on updating the Framework. The task force met on 22 February and 3 March. The next meeting is on 25 March.

Herbert Beck (Ver.di, Trade Union, Germany) underlined that recruitment and retention are two separate issues, and as such, they will be addressed separately in the updated document.

Kate Ling (NHS Confederation, Employers, UK) commented that a lot has changed in the world of work in that time, such as digitalisation, and the last year has accelerated these kinds of changes. In the coming weeks, the task force will focus on bringing it up to date with solutions and suggestions rather than problems and issues. It highlights the importance of investing in public healthcare services.

### **Assessment on the first round of replies on the “EPSU-HOSPEEM guidelines and examples of good practice to address the challenges of an ageing workforce.”**

Simone Mohrs (HOSPEEM) presented the first replies for the active ageing survey responses, which investigated the implementation of the active ageing guidelines issued by EPSU/HOSPEEM. So far, the Secretariats have only received limited responses. The deadline has been extended to 3 May. The questionnaire has been shortened to facilitate the completion by members.

## **5. Capacity building and strengthening sectoral social dialogue**

### **Presentation of the 2020 Eurofound Representativeness study – Hospitals and Healthcare by Peter Kerckhofs, Research Manager, Eurofound and Victoria Cojocariu, Eurofound**

The study confirmed that HOSPEEM and EPSU are the most representative sectoral social partners for the hospital sector.

Tjitte Alkema (HOSPEEM) inquired what definition was used to determine ‘employers’ organisation’ and whether there is a distinction in collective bargaining?

Peter Kerckhofs (Eurofound) answered there are two ways in the methodology – top-down and bottom-up. Top-down: All the European organisations’ affiliates are included, and the bottom up, any other organisations involved in collective bargaining are looked at.

Maryvonne Nicolle (FSS CFDT, Trade Union, France) considered the study’s outcome positive and inquired whether the study includes elderly care and care at home.

Peter Kerckhofs (Eurofound) noted that is part of another study done in 2020. All these activities are covered under social services, but in some countries, there is overlap. The forthcoming Landscape Report, of which a draft version was sent to EPSU and HOSPEEM for comments at the beginning of March, will further investigate this.

## **6. AOB**

Jan Behrens (DG EMPL) informed the participants of the European Pillar of Social Rights Action plan, which was published on 04 March 2021.

Kirsi Sillanpää (TEHY, Trade Union, Finland) closed the meeting.

**NEXT MEETING DATE 2 June 2021.**