

**Sectoral Social Dialogue Committee for the Hospital Sector
Plenary Meeting
Brussels, 10 December 2015
Draft Minutes**

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

Tjitte Alkema, NVZ (The Netherlands), Secretary General of HOSPEEM, chaired the morning session of the working group meeting.

To start the meeting, he informed the participants about the meeting dates granted by DG EMPL for 2016, namely 2 March 2016 (Working Group 1), 2 June 2016 (Working Group 2) and 2 December 2016 (Plenary Meeting).

- 1. Follow-up to the Framework of Actions on Recruitment and Retention five years after its adoption**
 - Presentation and adoption of the final version of the joint follow-up report on the use and implementation of the Framework of Actions
 - Exchange amongst HOSPEEM and EPSU members on how to maximise the use the report
 - Next steps

Mathias Maucher, EPSU Secretariat, provided an overview of the main highlights of the HOSPEEM-EPSU follow-up report on the use and implementation of the Framework of Actions on Recruitment and Retention, whose drafting process started in autumn 2014.

He presented the most recent changes made to the report since the last discussion held on this issue during the June meeting and focused in particular on the emphasis put on the key role of social partners in the field of R&R, on the conclusions and recommendations included and on the clear references made to the final report of DG SANTE. He stressed the complementary of both reports. He added that text elements still in French in the Annex would be translated into English.

Mathias Maucher said that the way of best promoting and disseminating the report, in cooperation with DG SANTE, had to be discussed. He introduced the idea of conducting a joint project and organising regional seminars to support the dissemination of the findings of the HOSPEEM-EPSU report. The Chairman underlined that HOSPEEM was supportive of the idea of working with DG SANTE in disseminating the results. He specified that the exact timeframe had to be discussed and added that the meeting planned with the EU Commissioner for Health on 11 January 2016 might be an opportunity to address the issue and request some political support.

Ulrike Neuhauser, The Austrian Hospital and Health Services Platform (Austria), expressed her satisfaction with the report presented and the work achieved and stressed that it was good to bring

to the attention of the European Commission such successful joint initiatives carried out by social partners.

Caroline Hager, DG SANTE, underlined that the report delivered reflected the good cooperation between HOSPEEM and EPSU and was providing evidence of how investments in R&R could pay off. She reminded that a first exchange had been held with social partners in June 2015 on the occasion of the European Commission Expert Group on European Health Workforce. She said that the Commission wanted to invite HOSPEEM and EPSU to present the outcome of their work.

The Chairman put the emphasis on the importance of finalising and adopting the document in order to be able to move ahead, specifying that there was still room for textual changes if needed, in particular in the annex. The report was unanimously adopted by the participants.

2. Information point on the European Commission Study “Support for the definition of core competences for healthcare assistants (CC4HCA)”

- Presentation of the aims, methodology and outcomes of the study
Caroline Hager, DG SANTE, European Commission, and Ronald Batenburg, NIVEL
- Discussion with HOSPEEM and EPSU members

Caroline Hager presented the rationale behind the funding of the study on core competences of Health Care Assistants (CC4HCA). She referred in particular to the high mobility of health professionals in the EU and mentioned HCA as being the 6th most mobile of all professionals. She explained that this study was building on the findings of a pilot study published in 2014, already providing a comparative overview of the profession of HCA in 14 Member States.

She specified that the study was aimed at getting a comparative overview of the competences of HCA across the EU and at exploring the level of consensus among all Member States about the desirability and contents of a potential Common Training Framework (CTF). She assured the participants that a CTF could only be envisaged if there was a consensus amongst a number of MS (at least 10 EU MS) and relevant stakeholders and that it was a long term approach.

Ronald Batenburg, NIVEL, presented the main goal and approach of the CC4HCA study, the study design and an overview of the process. He specified that scientific methods were used to ensure an open and independent research. He explained that no results had been presented yet.

He presented the main requirements for a CTF (as laid down in Art. 49a of Directive 2013/55/EU), explored in the study, and provided an insight of the 3 main steps of the study, namely:

- First step: Mapping of the role of HCA in all Member States (complement the work summarised in the study published in 2014). The consortium used a lot of inputs for the first part of the study. First step completed (04-09/2015).
- Middle of the second step: online Delphi consultation. All Member States have been involved (2 have decided not to participate). Mostly involvement of competent authorities and professional organisations. This will give input to the final step. (10-12/2015)
- Third part: 2-day workshop. Delphi participants will be invited as well as other relevant EU stakeholders who will discuss further on the desirability and contents of a possible CTF for HCA (04/2016).

During the discussion, participants from Finland, France, Germany, Italy, Latvia, Norway, the Netherlands and the United Kingdom raised the following points:

- Involvement and transparency: Lack of transparency of the process. Why are social partners not involved in the study? Requests for participation in the process and in the 2-day workshop.
- Question about the initiators of the CC4HCA feasibility study and the mandate to conduct it
- Concerns about the definition used for HCA. There are many different types of HCA, who range from the practical nurses in the Nordic countries to people at the very entry level. The professions covered by the term HCA and the tasks that are performed show a large variety.

Emphasis put on the very different levels of training (training from 4 weeks to 3 years) and regulations for HCA depending on the Member States. How is the Commission going to reconcile all these different professions in one Common Training Framework?

- Where do the mobility data about HCA come from considering that these professions are not regulated in a lot of Member States? Many doubts as to the accuracy of the figures presented by the Commission. Was there a study conducted on the mobility of HCA? How to measure mobility of a not well defined workforce?
- How have competent authorities been identified in the 28 MS given that in some MS there is no competent authority?
- Concerns about the direction that the study might take. What is the link between the first study entitled pilot network for nurse regulators and what the Commission plans to do now? Fears that DG SANTE might already have an idea of where to go.
- Role of professional organisations, competent authorities and social partners: What is meant by “professional organisation” and “competent authority”? National social partners did not receive the Delphi questionnaire whereas their involvement is essential. Social partners are relevant stakeholders. An involvement and an active role of social partners in discussions about mobility is therefore fundamental.
- Which organisations have been contacted? The right partners need to be involved in order to obtain reliable information.
- How to check the accuracy and quality of replies given by national competent authorities?

When reacting to the questions and comments of HOSPEEM and EPSU members, Ronald Batenburg stated that the purpose of the study was not to define HCA, what they should do and what was under this label but to describe for every European country what the different job definitions and job titles were and what the main tasks were. He underlined that the goal of the study was to realise a mapping exercise on the level of knowledge, skills and competences of HCA not to provide definitions.

He mentioned that the consortium was aware of work-based learning for HCA and of the recognition based on already existing bilateral or multilateral agreements between some countries, e.g. between the Nordic Countries. He also said that the consortium was fully aware of the fact that mobility numbers were hard to collect and to interpret. He added that the CC4HCA feasibility study might also conclude that it would be preferable to have two or more CTF for different categories of HCA professions/workers.

Ronald Batenburg informed the participants that the 2-day workshop would take place on 6th and 7th April 2016 in Brussels. A draft report, synthesis and conclusion will be available in June 2016. The final report, synthesis and conclusion will be published in September 2016 after a review round by workshop participants. He stressed the intention of the consortium to involve HOSPEEM and EPSU in the workshop and invite them to review the report.

Marieke Kroezen, KU Leuven, specified that the consortium stuck to the text of the Directive 2013/55/EU on the recognition of professional qualifications in order to identify what is understood by “competent authorities” and “professional organisations”.

Caroline Hager stressed the fact that this study was an inventory of training requirements for the HCA group and not part of a formal process that could lead to the adoption of a CTF. She stated that there would be a formal consultation at the end of the study if there was a consensus. She informed the participants that DG SANTE would share with the EPSU and HOSPEEM Secretariats the name of the competent authorities consulted.

For further information on the study: www.nivel.nl/en/cc4hca

3. Project *“Ageing workforce in hospitals – a European exchange of experiences on solution strategies and models of good practice in handling the demographic challenge at the enterprise and regional level (ABiK)”*

- Presentation of the initiative, main project results and a good practice example
Lars Stubbe, Ver.di, and Marco Borsboom, FNV
- Discussion with HOSPEEM and EPSU members

Lars Stubbe, Ver.di (Germany), presented a summary of the main findings of the ABiK project. He underlined that the HOSPEEM-EPSU guidelines on ageing workforce in the healthcare sector had served as a source of inspiration for the project. He informed the participants that the finalised results would be shared.

He highlighted the recommendations made in the context of the project, in particular those concerning the European social partners of the hospital sector.

Marco Borsboom, FNV (The Netherlands), then presented a Dutch good practice example on sustainable employability in place at the ZGT hospital. Sustainable employability is defined as the *“willingness of an employee to deliver value now and in the future for an organisation and thereby also experience added value for himself/herself”*. He focused on the toolboxes and instruments developed by the hospital to implement a coherent human resources policy.

Mathias Maucher reminded that in 2016-2017, active ageing would be the topic of the EU-OSHA Healthy Workforce Campaign and stated that HOSPEEM and EPSU should use their work to feed in the work of EU-OSHA. He also mentioned that the cross-sectoral social partners, amongst them the ETUC and CEEP, would currently agree on their mandates respectively to start – in the course of 2016 – negotiations on a social partner-based agreement in the field of “active ageing” and that the above-mentioned document could also be fed in into this process.

12.30 – 14.00 Lunch break

AFTERNOON SESSION

14.00 – 16.15 Plenary (cont.)

Christina McAnea, UNISON (United Kingdom), Vice-President of the EPSU Standing Committee for Health and Social Services, chaired the afternoon session of the working group meeting.

4. 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”*

- Reporting back from the second conference on the issue of psycho-social risks and stress at work, 10 November 2015, Helsinki
- Presentation of the final report of the Paris conference on musculoskeletal disorders, 25 March 2015
- Information on the next steps

Sari Bäcklund, JHL (Finland), reported back from the Helsinki conference and stressed the good cooperation with HOSPEEM. She expressed the satisfaction of the Finnish EPSU affiliates with the contents of the programme, the running of the conference and the functioning of the message wall.

Emilie Sourdoire, HOSPEEM Secretariat, presented the final version of Paris report. She focused in particular on the work done by the contracted expert and the HOSPEEM and EPSU Secretariats since a first version of the report was presented in June 2015 during the second Steering Group meeting. She pointed out that the report had been amended several times on the basis of the comments and input provided by HOSPEEM and EPSU members and by both Secretariats. She stressed that Nico

Knibbe had paid careful attention to the take home messages section and had developed it further, putting great emphasis on the key role of social partners in preventing and managing musculoskeletal disorders.

Ulrike Neuhauser underlined that both conferences undertaken in the framework of the joint OSH project were excellent. She stated that having good practice examples at hand was really making the difference. She said that the round table discussions were a very useful exercise, allowing for in depth exchanges, and expressed her satisfaction with having the outcomes of the round tables reflected in the report.

HOSPEEM and EPSU members expressed their support for the form and contents of this version of the Paris report and gave their positive advice for its adoption by the members of the Steering Group on 3rd March 2016 on the occasion of the next and final meeting of the Steering Group of the OSH project.

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

- Update on the working process and methods of the working group
- Presentation of the first version of the joint declaration on CPD and LLL for health workers in the EU elaborated by the “drafting committee”
- Presentation of additional input provided by the broad working group
- Discussion with HOSPEEM and EPSU members
- Agreement on next steps

Mathias Maucher informed the participants that it had been agreed during the HOSPEEM-EPSU Steering Committee that further work on the joint declaration on CPD and LLL was needed.

Emilie Sourdoire explained the whole process of drafting of the first version of the joint declaration since the first discussions held on the issue in March 2015.

Tjitte Alkema highlighted the importance of CPD and LLL, an issue that is to become prominent in the hospital/health care sector in the next years. He stated that the EU level, and more particularly the SSDC HS, should set the pace in this field with the adoption of an inspirational document that could be used by hospital/health care sector social partners at national level.

Kate Ling, NHS (United Kingdom), highlighted the really good start made and welcomed the overall agreement on the objectives and underlying principles.

Maryvonne Nicolle, CFDT Santé Sociaux (France), said that the main headings and the core principles could be considered as agreed and that it was now necessary to go deeper. She stated that this declaration should serve as a supporting document for social partners to influence decisions taken in this field at national level. She expressed her wish to see the idea of training as an investment and a wealth for the organisation, the employee and the patient further developed. She would also like the respective role and responsibility of the employer and the employee regarding training to be addressed more extensively.

Tjitte Alkema pointed out that the differentiation between CPD and LLL was so far not clearly enough phrased in the document and that a change in the text was therefore necessary, a point also supported by Herbert Beck, ver.di (Germany). He reaffirmed that social partners should look at training from the perspective of investment and not of cost. He also stressed the need to recognise CPD and LLL as a joint responsibility of employers and employees and to grant access to training to all types of professions and all age groups. He particularly put the emphasis on older workers and up to now often neglected further training needs and offers for this group of workers as a rule facing longer work careers.

A participant suggested referring to night shift workers and their particular problems in accessing CPD or LLL in the document, the latter often being a forgotten group.

Some thorny issues for which final formulations are still to be found were raised by the participants, such as the financing of CPD and LLL activities and the time made available to take part in such activities. It was agreed that having further discussion on those issues was needed.

The Chairwoman stated that the topic of CPD and LLL should not be left to the professional organisations as they would exclude a large share of professionals. Social partners should therefore be the leaders of any initiative in this field. The document should also underline the organisational added value of investment in CPD and of having a strategic plan for access of the personnel to CPD and LLL.

The link between an investment in CPD and LLL and the provision of quality care and patient safety, the need to consider changes in ICT when designing CPD policies or programmes as well as the increase of obesity amongst patients, of multi-morbidity, of cardo-vascular diseases and of cancer were other aspects mentioned as relevant for social partner-based initiatives in the field of CPD and LLL during the exchange.

With regard to the time frame for finalising and adopting the joint declaration, it was said that there was no formal deadline but that EU social partners should not wait too much to provide inspiring guidelines for employers' organisations at national level as they were currently in the forefront. It was said that the text could potentially be adopted in June 2016.

It was agreed that it should be the task of the working group on CPD and LLL to add or delete some parts of the text and – where appropriate and agreed – to change the order of key points.

The Chairwoman reminded the participants that they could send their comments on the text of the joint declaration to their respective Secretariat.

Mathias Maucher kindly invited HOSPEEM members and EPSU affiliates to share examples of good practice that could be included in the annex in the run-up to the 2 March 2016 meeting of the SSDC HS with the two secretariats. He also announced that EPSU would translate the document to allow now in a second round for a smooth bottom-up process and for discussions of the draft document by EPSU affiliates in a larger number of countries.

It was agreed that during the next meeting of the SSDC HS, on March 2nd 2016, the participants would discuss a revised version of the joint declaration and that good practice examples should be prepared in a way to allow an exchange on how the examples or “cases” should finally be best presented in the annex to give incentives to look into these examples from other countries.