



**Sectoral Social Dialogue Committee for the Hospital Sector
Working Group 1/2016
Brussels, 2 March 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 Margret Steffen, ver.di (Germany).

It was agreed to use the Plenary Meeting of December 2016 as an opportunity to celebrate the 10th anniversary of the SSDC HS and to issue a statement/press release on this occasion, stressing the main achievements of the last 10 years. The final decision on the exact target audience and the contents of the document are to be taken in the second half of 2016.

In preparation for a meeting with Commissioner Andriukaitis (*see agenda item 1. below*) the two Secretariats elaborated a 1-page document presenting the core activities and the main outcomes of the SSDC HS in 2014 and 2015. It is uploaded to the EPSU (<http://www.epsu.org/a/11943>) and HOSPEEM (<http://hospeem.org/?p=3830>) webpages. The document has also been translated from EN into FR, DE, ES, RU and SV.

1. Points for information

- Meeting of HOSPEEM and EPSU with Vytenis Andriukaitis, EU Commissioner for Health and Food Safety, 11 January 2016: Main issues discussed and main outcomes

Tjitte Alkema, NVZ (The Netherlands), reported back from the high-level meeting HOSPEEM and EPSU had with Commissioner Andriukaitis (DG SANTE) on 11 January 2016 by focusing on the positive and forward-looking results. Amongst them are the support expressed by Mr. Andriukaitis for social partnership and effective social dialogue in the health/hospital sector at all levels, his announcement to consider co-signing the joint declaration of HOSPEEM and EPSU on CPD and LLL for all health workers in the EU, the full support of DG SANTE for a follow-up project on R&R issues and the mutual recognition of the importance of healthcare for a good development of the economy and the society. More detailed information on the main topics raised and discussed at the meeting is contained in the two articles on the EPSU (<http://www.epsu.org/a/11925>) and HOSPEEM (<http://hospeem.org/?p=3843>) webpages. On 5 February 2016 EPSU and HOSPEEM sent a letter (*distributed to the HOSPEEM and EPSU members respectively*) to follow up on some specific issues addressed during the meeting. The Commission services replied to this follow-up letter on behalf of Commissioner Andriukaitis on 4 March 2016.

- DG SANTE Study “*Support for the definition of core competences for healthcare assistants (CC4HCA)*”: Update on recent developments

Mathias Maucher, EPSU, informed about the forthcoming workshop organised on 6 and 7 April 2016 in Brussels in the context of the feasibility study on a Common Training Framework for Health Care Assistants (CC4HCA) run by NIVEL (The Netherlands) and funded by DG SANTE (*webpage <https://www.nivel.nl/en/cc4hca> contains more project-related information and gives access to a newsletter*). Following the meeting with Commissioner Andriukaitis and a request of EPSU and HOSPEEM to be well represented, DG SANTE agreed to delegations of 3 representatives each. Compared to the project-related presentations made during the SSDC HS on 10 December 2015 the HOSPEEM and EPSU Secretariats did not receive any additional or updated information. The EPSU Secretariat suggested drafting a joint letter to DG SANTE and NIVEL prior to the workshop to indicate the assessment and expectations of the EU-level social partners and to set out main lines for the exchanges at the workshop for themselves. A discussion paper summarising the outcomes of the Delphi study done in the context of the project was shared with the workshop participants on 18 March 2016.

- EPSU-HOSPEEM Report on the use and implementation of the Framework of Actions on Recruitment and Retention: Dissemination of insights and good practices: Final version (EN)

A short reference to the final version of the document (of 15 February 2016) was made. Compared to the version of December 2015 1) it now contains a table of content, 2) all good practice examples in the Annex have been attributed to one main heading, 3) text in FR has been replaced by text in EN and 4) one paragraph in chapter 3 “Conclusions and recommendations” has been taken out. The report (in EN only) can be accessed from both the HOSPEEM (<http://hospeem.org/?p=3966>) and EPSU (<http://www.epsu.org/a/11944>) websites.

- Summary report and recommendations of 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*”: Final version (EN & DE)

Mathias Maucher referred to the final version of the project report – also including good practice examples from D, GB and NL and recommendations – available in EN and DE. He informed the participants that it was agreed between the HOSPEEM and the EPSU Secretariats to prepare an input from the hospital social partners for the next Expert Group on European Health Workforce organised by DG SANTE on 17 March 2016 that would take up one of the examples covered in the project report (either from D or GB) and refer to the joint EPSU-HOSPEEM guidelines on addressing the challenges of an ageing workforce adopted in December 2013.

- Ideas for a joint project proposal for co-funding by DG EMPL

The current joint HOSPEEM-EPSU project on OSH related issues (*see below agenda item 3*) still runs until September 2016.

The exchange should help generate ideas and identify topics that are broadly shared for a next project accompanying and providing for additional resources to support the “regular” work of the SSDC HS in the years 2017 and 2018. Following a “rotating system”, it will be EPSU’s task and responsibility this time to submit a project proposal under one of DG EMPL calls for proposals. The deadline is expected for June 2016. If financially supported by DG EMPL the project could start in November or December 2016 at the earliest.

Margret Steffen pointed out that it was not necessary to look at new topics but that it could be possible to explore more in-depth topics already addressed previously. Tjitte Alkema

underlined that there was broad support for a follow-up project on Recruitment and Retention.

The following topics were mentioned, shortly explained and “advocated” for by different HOSPEEM members and EPSU affiliates:

- Improving the attractiveness of the sector and the effectiveness of workforce retention (e.g. due to safe and healthy workplaces, good working conditions, better availability and access to CPD, recognition of professional qualifications, adequate remuneration).
- Health and safety at the workplace: Building further work on the insights and conclusions from the two conferences in Paris (MSD) and Helsinki (PSRS@W) by defining aspects to be looked in more in detail with the aim of identifying and implementing joint measures by the social partners to address them, based on the step-by-step model (*see report on Helsinki conference*) of continuous improvement. Suggestion to follow-up on the OSH topic in the context of retaining health staff.
- Addressing the challenges of an ageing workforce: 1) Better management of “end of professional career phase” (in the backdrop of a situation with prolonged working careers in many EU countries) when the effects of physical demands over the work lifespan and of psychologically demanding jobs and tasks accumulate; 2) Strengthening of initiatives and efforts to recruit young workers, not least to allow older workers to shift tasks, to assume other roles (e.g. tutoring; mentoring); 3) Making end of careers more flexible.
- Continuing professional development (CPD) and life-long learning (LLL) (1): Organise a structured exchange and mutual learning exercise on models and key features (such as e.g. funding mechanisms) of CPD policies, strategies and initiatives.
- Continuing professional development (CPD) and life-long learning (LLL) (2): Focus on CPD as a tool 1) to implement a “learning workplace” and “learning workplace culture”, 2) to help addressing the challenges of an ageing workforce and 3) to “recognise” and to (in a way) “re-compensate” for often demanding working conditions, high levels of work-related stress etc. often also due to staff shortages.
- Professional qualifications: Addressing the challenges stemming from a trend towards highly specialised professions and/or jobs that make a replacement of workers (e.g. due to sickness or mid-/long-term sickness leave) increasingly difficult.
- Staffing levels: Building in the “logic” of safe and effective staffing levels for good and healthy work into other topics to be covered (e.g. ageing workforce; health and safety, in particular in view of PSRS@W and MSD).
- Addressing and managing workforce diversity: Diversity management (can be co-funded from the ESF) as a tool for organisational and staff development – not least in view of migrant workers or refugees and in order to favour the recruitment and retention of under-represented groups of workers in the health sector (including more men in the health/hospital workforce) – to better reflect various diversities in our societies. Key challenges are linked to the induction at the workplace and to the transition from the training system to the labour market.
- Improving the work-life balance: Responsibility of employers to create opportunities for an improved work-life balance, but also responsibility of workers to adapt working time models that allow for more flexibility and that reflect the requirements of the functioning of the health sector, e.g. with 24/7 care in the emergency departments.
- Joint employers’ and trade union initiatives to promote – both from/at national and from EU-level – higher levels/amounts of investments in the public health systems.

No formal conclusion was taken about the topics that should be prioritised. However there seemed to be a first consensus around the fact that the CPD topic should prominently feature amongst one of the two (or three) core issues to be covered by the project. This would be the “recruitment and retention part”. The other topic could/should be taken from the thematic area of health and safety at the workplace.

- Proposal for procedure to elaborate the Joint Work Programme 2017-2019

It was recalled that the current joint work programme covers the years 2014 to 2016 and that a new one needs to be adopted by the end of 2016. Colleagues were asked to check the current programme (see <http://www.epsu.org/a/10361> on the EPSU website and <http://hospeem.org/?p=2117> on the HOSPEEM website) to see which of the issues covered in the current period should be continued or deepened in the next 3-year period. They were also asked to come up – for a first exchange in the WG 2/2016 on 2 June 2016 – with suggestions on concrete activities or joint work priorities for the years 2017 to 2019, to be shared with the EPSU and HOSPEEM Secretariats. Based on this input the HOSPEEM and EPSU Secretariats will elaborate a first draft proposal to be discussed during the next social dialogue meeting on 2 June. The final joint work programme 2017-2019 should be adopted during the SSDC HS Plenary Meeting on 2 December 2016.

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

- Presentation of the revised version of the joint declaration on CPD and LLL for health workers in the EU elaborated by the “drafting committee”
- Information on the good practice examples collected and to be included in the annex
- Discussion with HOSPEEM and EPSU members
- Agreement on next steps

Tjitte Alkema made some introductory remarks on the procedure to elaborate the joint declaration, its objectives and its intended use and explained that HOSPEEM had worked on a revised version of the document. He then highlighted the shift in the way training is taking place and referred to the “70-20-10 model”, suggesting that 70% of training of the health staff nowadays takes place at the workplace, 20% in formal training settings outside the workplace and 10% in informal settings. He reaffirmed that training was an investment in the health staff and underlined that the commonly agreed objectives of high level of patient safety and a good quality of health care would “justify” the need to invest in CPD and LLL for all health workers. He shortly referred to a presentation given by Marjolein Schouten (Jeroen Bosch Hospital Den Bosch, The Netherlands) on behalf of the hospital sector social partners at a workshop organised by DG SANTE on 11 February 2016 in Brussels on the interfaces between patient safety and the contents of CPD and from which a few principles should be kept in mind.

For HOSPEEM the joint declaration should put/keep a strong focus on the need to stimulate and sustain an involvement of health workers in CPD and LLL and on the responsibility of workers to participate in CPD and LLL that often can no longer be considered as “voluntary”, not least due to the needs of and the “innovation” in the health sector and health labour market and for the sake of patient safety and quality of care. Tjitte Alkema stated that financing and making CPD available was the core responsibility of employers. He underlined that it was different for LLL, where it is in principle the responsibility of the individual worker to participate in LLL, and therefore stressed the need to make a clear distinction between CPD and LLL in the document.

Looking at the planned joint declaration on CPD and LLL for all health workers in the EU, EPSU came up with several points discussed and agreed in the trade union preparatory meeting. They refer to changes in a version of the draft joint declaration on CPD and LLL proposed by HOSPEEM in February 2016 compared to the version presented at the SSDC HS Plenary meeting on 10 December 2015. The points raised are listed below:

- In the “Statement of principles” under the heading “Core business” the term “*upskilling*” was replaced by “*upgrading*”. Colleagues thought this could also mean a retrograde change, replacing better qualified workers by lower qualified workers. *[The revised version 02/2016 suggested by HOSPEEM reads: “Patient care should be evidence-based in line with the most up to date research and good practice, and therefore requires constant upgrading of the workforce”].*
- Under the same heading of the document, “*practice*” was changed into “*functioning*” *[The revised version 02/2016 suggested by HOSPEEM reads: “CPD should ... form*

part of a learning environment in which staff give and receive feedback on performance and reflect, individually and collectively, on their functioning”]

- In the “Introduction” under the heading “Role of social partners”, the bullet point “*Negotiating workplace and sectoral agreements*” was removed
- In the same section of the document, a bullet point dealing with the “*participation of workforce representatives*” was removed. [The version 12/2015 reads: “*Ensuring health staff have access to support in the workplace for example through learning representatives*”]

Regarding bullet point 1 it was agreed that the two Secretariats and (in particular the English native speakers) members of the joint WG should again look into the terms “*upskilling*” and “*upgrading*”. Some colleagues said they could not see any difference between the terms. It was suggested that the term “upgrading” could also have been included in the revised version of the document simply to avoid the same word from being used twice in one sentence. It was suggested to mention both terms in the joint declaration. The final decision would be taken based on a proposal of the English native speakers in the joint CPD/LLL working group. The same goes for the rewording mentioned under bullet point 2. Colleagues from the HOSPEEM delegation said that the sentence mentioned under bullet point 3 should not have been deleted and could be put back into the document. It was also agreed that the members of the WG CPD/LLL should re-discuss and come up with a proposal for the final wording of bullet point 4.

EPSU colleagues also pointed out the key importance of the “*employers’ responsibility*”. If employers don’t organise or enable training possibilities in the sufficient quantity and quality, workers might in turn also lack motivation to engage in CPD. It was underlined that a more precise joint “understanding” of the concept “*employers’ responsibility*” should be aimed at and if possible be included in the document and that further clarity was needed with regard to “*joint responsibility*”. Helga Pile (Unison, UK) stated that the prime responsibility for the access to CPD was on the employer. Guy Crijns, CSC Services Publics (Belgium) underlined that in the current form his and other Belgian trade unions could not accept parts of the documents or even the whole document. Before concluding the discussion, EPSU colleagues also referred to “real life” barriers to access to CPD, e.g. due to staff shortages or high workloads.

Mathias Maucher said that the relative underrepresentation of groups of staff doing the “frontline/bedside care” when looking to those workers/health professionals having access and actually involved in CPD courses/programmes should be more highlighted in the joint declaration.

Not least in order to take advantage of the currently strong interest of social partners in a number of EU MS to do something tangible around CPD/LLL and to use the political momentum at EU-level and parallel initiatives by DG SANTE and other relevant stakeholders, it was agreed that an agreement on the joint declaration should be concluded during the meeting of WG 2/2016 SSDC HS on 2 June 2016.

It was also decided that controversial points on which no agreement would eventually be found would be taken out of the joint declaration.

A revised version of the document will be worked on first by the EPSU and HOSPEEM Secretariats and by members of the joint working group and shared by the end of April/early May 2016 with all HOSPEEM members and EPSU affiliates.

It was reaffirmed that the annex to the joint declaration should include a number of existing good practice examples that would also illustrate the different aspects covered by the text of the declaration. Mathias Maucher invited members to share examples they would consider as instructive for other HOSPEEM and EPSU members, ideally following the structure of a template prepared by the two Secretariats in order to make the annex more accessible. He went through the list of already presented or submitted examples from D, FIN, GB, N and NL to illustrate the broad range of aspects relevant for the development of CPD

policies/programmes, etc. The members of the joint working group will – in addition to the general revisions of the document – be involved in the final selection of examples to be included in the annex.

AFTERNOON SESSION

14.00 – 16.15 Plenary (cont.)

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

N.B.: First agenda item 2 (see above) was continued before moving to agenda item 3.

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 musculoskeletal disorders, 25 March 2015, Paris: Update on latest developments – Final report

Emilie Sourdoire, HOSPEEM, informed the participants that the final version of the report of the Paris conference (25 March 2015) was available. She reminded that during the SSDC HS Plenary meeting on 10 December 2015 HOSPEEM members and EPSU affiliates had given their positive advice for the adoption of the report by the members of the Steering Group. She explained that the final report would be formally adopted on 3 March 2016 on the occasion of the final meeting of the Steering Group of the OSH project.

- Conference on approaches to the issue of psycho-social risks and stress at work in the hospital/healthcare sector, 10 November 2015, Helsinki

Emilie Sourdoire presented an overview of the first version of the report of the Helsinki conference (10 November 2015) drafted by the project consultant Nico Knibbe and made a general positive assessment about its contents and structure. The report largely follows the same logic as the one chosen for the Paris report. It is structured along 5 core themes. She referred to some of the written comments made by the HOSPEEM and EPSU Secretariats in a first revision of the report to be validated.

The idea to use a “Message Wall” was generally appreciated and supported.

In view of the finalisation of the report, Nina Bergman (Vårdförbundet, Sweden) wondered about the target audience and proposed to shorten the introduction and the last section.

It was agreed that the Steering Group of the joint OSH project on MSD and PSRS@W meeting on 3 March 2016 should propose further changes to the report and that the revised version could then be adopted at the 2 June 2016 SSDC meeting.

- Follow-up on outcomes from project work and events
- Exchange on recommendations for next steps in view of the final meeting of the Steering Group of the Project (3 March 2016, Brussels)

It was also agreed that in addition to the tasks set out above the Steering Group of the joint OSH project on MSD and PSRS@W should exchange on the main insights from the project work so far as well as ideas and suggestions for possible follow-up activities of the social partners or proposals to the European Commission or EU-OSHA in view of relevant action in the field of MSD and PSRS@W. These would then be presented and discussed at the WG 2/2016 of the SSDC on 2 June 2016.

Maryvonne Nicolle (FSS-CFDT, France) stressed the importance of reflecting on how to promote and disseminate the project results and the information collected and highlighted that communication was very important in that respect.

It was reaffirmed that the two conferences did not conclude the work carried out in the framework of the project and that the results would feed into the future work of the SSDC HS.

4. AOB

- EU-OSHA Healthy Workplaces Campaign 2016-2017 *“Healthy Workplaces for all Ages”*

Mathias Maucher provided information about the new [EU-OSHA Healthy Workplaces Campaign 2016-2017 “Healthy Workplaces for all Ages”](#) and said that both Secretariats would participate in the campaign partnership meeting on 16 March 2016 in Brussels. Tjitte Alkema informed about HOSPEEM’s intention to become official partner of the campaign. Mathias Maucher announced that EPSU would consider doing the same but that the Secretariat still needed to take a decision.

- EC Implementation Report for Directive 2010/32/EU (Sharps Injuries)

Mathias Maucher informed that a request to the competent DG EMPL Unit sent by EPSU and the DG EMPL Social Dialogue Unit had not yet brought about any clear information on when the “official” EC implementation report for Directive 2010/32/EU, legal duty of the Commission, would become available. He reminded that this implementation report was supposed to be published by the end of 2014.