

Sectoral Social Dialogue Committee for the Hospital Sector
Working Group 2/2017
Brussels, 8 September 2017
Draft Notes

MORNING SESSION

08.45 – 09.15 HOSPEEM–EPSU Steering Committee

09.15 – 10.30 Separate trade unions' and employers' group meetings

10.30 – 12.30 Plenary

1. Points for information

- Update on DG SANTE Report Feasibility Study Common Training Framework Health Care Assistants (CC4HCA Study)
- Follow-Up to HOSPEEM-EPSU Conference "Working together, learning together - Switching to the learning mode", 19 and 20 June 2017, Amsterdam
- Information on legislative process on the proposal for a directive on a proportionality test before the adoption of new regulation of professions, COM (2016)822, 10 January 2017 [2016/0404 (COD)]
- Short report on meeting of HOSPEEM and EPSU with Commissioner Andriukaitis, 26 April 2017, Brussels
- Short report on meeting of HOSPEEM and EPSU with Bulgarian Health Minister Petrov, 1 June 2017, Sofia

Mathias Maucher, EPSU Policy Officer Health and Social Services, gave updates on bullet points 1 and 3:

- He informed the participants that EPSU had received from DG SANTE in August 2017 the final version of the DG SANTE Report "Feasibility Study Common Training Framework Health Care Assistants" (CC4HCA Study). The EPSU Secretariat made the first assessment of this version compared to the version presented and discussed at the European Expert Group Health Workforce on 22 November 2016. A first reading showed changes that would take up comments made by EPSU and HOSPEEM. Other points critically assessed by both organisations and highlighted in the joint letter of 12 August 2016 are still in or have not substantially changed. It was agreed that in line with the Work Programme 2017-2019 for the SSDC HS EPSU and HOSPEEM would share their observations in a letter to DG SANTE. One of the key points there will be that EPSU and HOSPEEM support one of the major recommendations not to pursue – for the time being – any action towards elaborating a Common Training Framework (CTF) for Health Care Assistants (HCA) and otherwise to recall key points already contained in the joint letter of 12 August 2016.
- Mathias Maucher informed about the state of play in relation to a proposal for a directive on a proportionality test before the adoption of the new regulation of professions, COM (2016)822, issued on 10 January 2017 in the broader context of the so-called "Services Package". He referred to a number of points contained in an EPSU Briefing used to lobby the MEPs (in particular those of the IMCO Committee) and shared with EPSU members and the HOSPEEM Secretariat. In coordination with other professional organisations – such as doctors, dentists, pharmacists, midwives – EPSU and the ETUC have been lobbying to get an exclusion for the professions in health and social care from the planned directive. In its opinion, the ENVI Committee had asked for such a sectoral exclusion, too. The EMPL Committee in its opinion even had suggested to completely reject the draft directive. A vote in the IMCO Committee is not expected until mid-October 2017.

Tjitte Alkema, HOSPEEM General Secretary, shared information on bullet points 2, 4 and 5:

- The feedback received so far on the HOSPEEM-EPSU Conference "Working together, learning together – Switching to the learning mode", 19 and 20 June 2017, Amsterdam that brought together more than 100 participants was mainly positive. This holds for the organisational aspects and (more importantly) also for the contents. All presentations, the videos by Dutch and French colleagues produced in advance for the event, the graphic recording of the various sessions, a photo gallery and the joint media release can be accessed on the HOSPEEM (cf. this [article](#)) and EPSU webpage (cf. this [article](#)). A video with extracts from interviews with a number of speakers has been produced (in a long and a short version). The conference report is being drafted by the project consultant Nico Knibbe and will be first discussed at the meeting of the Steering Group 1 on CPD on 10 October 2017. A second version, taking into account the feedback by the Steering Group members and both secretariats, will be presented and discussed at the SSDC HS PM 2017 on 30 November 2017. This will also be the moment to propose and assess common action points on CDP building on the Joint Declaration and on main outcomes (take home messages; conclusions) of the conference.
- Tjitte Alkema also reported back from the meeting HOSPEEM and EPSU had on 26 April 2016 with Commissioner Andriukaitis (DG SANTE). The Commissioner expressed his support for the Joint Declaration of HOSPEEM and EPSU on CPD and LLL for All Health Workers in Europe – reiterating what he wrote in a letter addressed to HOSPEEM and EPSU on 14 February 2017 – and more generally also for the work of the SSDC HS in the fields of CPD and recruitment and retention. A more detailed coverage of the topics raised is contained in articles on the [EPSU](#) and [HOSPEEM](#) webpage.
- With the support of EPSU's Bulgarian Member CITUB HTU, on 1 June 2017 Tjitte Alkema and Mathias Maucher met the Bulgarian Minister of Health, Prof Nikolai Petrov in Sofia in the context of the upcoming Bulgarian EU Presidency. The first aim of this meeting was to allow for an exchange on the planned priorities of Bulgaria in the field of health (workforce) policies in the context of the Trio Work Programme (put together by Estonia, Bulgaria and Austria), the second to identify possible fields of common interest with the European social partners in the hospital/healthcare sector (more details are contained in the [EPSU](#) and [HOSPEEM](#) articles.) for the next year to come, but also to install more regular working relations with the EU Council Presidencies. HOSPEEM and EPSU had an exchange over the Summer with the Bulgarian Permanent Representation to the EU and a meeting took place on August 29. During the meeting it was agreed to consider option for HOSPEEM and EPSU to contribute to a thematic event in the context of the Bulgarian EU Council. HOSPEEM and EPSU are now waiting for a feedback from the Bulgarian government.

N.B.: Info added on 16 October 2017, following the feedback by the Bulgarian government: The topics jointly proposed for such a contribution are: 1) Cross-border mobility of health workers (especially doctors and nurses); 2) R&R policies/ethical cross-border recruitment; 3) Improving/promoting self-sufficiency of national health systems; 4) Investment in health care and investing in continuous professional development (CPD) and in access to CPD for all workers.

- 2. Joint HOSPEEM-EPSU Project** *"Promoting effective recruitment and retention policies for all health workers in the EU by ensuring access to continuing professional development and healthy and safe workplaces supportive of patient safety and quality care" (2017-2018)*
 - Recall of outcomes of joint project "Addressing musculoskeletal disorders and psycho-social risks and stress at work in the hospital sector" (2014-2016)
 - First exchange on key topics for the second conference on muscular-skeletal disorders and psycho-social risks at the workplace, 23 and 24 May 2018, Vilnius
 - Preparation of the Steering Group Meeting on OSH (MSD + PSRS@W), 11 October 2017, Brussels

In order to frame a first exchange on thematic priorities for the second conference on muscular-skeletal disorders (MSD) and psycho-social risks at the workplace (PSRS@W) in the context of the ongoing project (cf. [EPSU](#) and [HOSPEEM](#) article) to be held on 23 and 24 May 2018 in Vilnius, Mathias Maucher recalled the main outcomes and conclusions of the last project on these two joint thematic priorities. In doing so he referred to the key messages on MSD and PSRS@W and to the list of possible follow-up actions for both topics contained in the “Summary Document” (in the meantime available in EN, FR, DE, ES and SV). He explained the exchange should help to frame and to orient the work of the HOSPEEM and EPSU delegates in Steering Group 2 on OSH (MSD + PSRS@W) for their meeting on 11 October 2017.

Main contributions by EPSU or HOSPEEM colleagues are summarised below:

- When deciding on joint actions in the field of MSD the EU-level regulatory framework needs to be assessed on its effectiveness and completeness and this in particular on the backdrop of changes when it comes to the work organisation, to modes/forms of the provision of healthcare services, to technological innovations, etc.
- HOSPEEM and EPSU should focus on obtaining the highest positive impact on the level of the workplace for the workers (and managers) concerned. This means in the next step the focus should be on practical tools and/or proposals to improve concrete features of the health and safety situation at the workplace (e.g. training; equipment; risk assessments). HOSPEEM and EPSU should set out a framework (of actions) for the social partners at sectoral and enterprise level, building on the available structures or institutions of social partnership (such as agreements or negotiations).
- EPSU and HOSPEEM to both assess appropriateness of the regulatory frameworks at different levels and to focus on the availability and use of risks assessments at the level of each health care/hospital institution as well as actions to effectively reduce or even better to prevent/avoid them (primary prevention)
- PSRS@W need a particular approach as they are systematically linked to high workloads, lack of personnel and tasks shifted to lower qualified workers
- HOSPEEM and EPSU to consider the elaboration of guide of good practice for both MSD and PSRS@W, in the latter case using input from on a guide agreed by the SSDC Central Government Administration in May 2017
- Work of SSDC HS to focus on the links between MSD and PSRS@W and on related (social partner and other) activities to prevent and/or reduce both risks
- Work of EPSU and HOSPEEM to support a “cycle of continuous improvement” (cf. “Summary Document”, starting with the collection and analysis of data, with risk assessments, the definition of procedures to effectively address OSH risks and also comprising an evaluation of the effectiveness of the results obtained. EPSU and HOSPEEM to focus on the third point listed above, i.e. agreements on/the definition of procedures and tools to effectively prevent, manage and reduce OSH risks (not least as they are not conditioned/restricted by existing differences between countries)
- Three levels of analysis and action: 1) Assessment where regulatory framework may not fit for purpose (any more); 2) Creation of policy framework and organisational conditions to deliver safe patient care – which should be the starting point of all interventions, including by the social partners; 3) Having best possible staff provision with good qualifications as basis to improve patient care and safety
- Work of HOSPEEM and EPSU should be linked to/embedded in ongoing process of the revision of the EU OSH directives
- Interest to continue exchanging on good practice, e.g. on models for the rostering for nurses that can help to reduce PSRS@W as experimented upon/used in the NL or examples of strengthened work autonomy of teams with the aim to improve their functioning, effectiveness and atmosphere (again in the NL)
- Exchange on “welfare at work” plans

3. Revision of the EU directives in the field of health and safety at the workplace

- Update on planned consultations and initiatives by DG EMPL relevant for the social partners in the hospital/health care sector, with input by a representative of DG EMPL Health and Safety Unit [Valeria D'Agostini, DG EMPL, Unit B.3 "Health and Safety"]
- Information on planned initiatives by the European Agency for Health and Safety at Work (EU OSHA) on musculoskeletal disorders and psycho-social risks and stress at work [N.N., EU-OSHA]

Mathias Maucher informed the participants that EU-OSHA could not participate in the meeting. Both secretariats would afterwards try to obtain relevant information on planned initiatives and/or publications on PSRS@W directly from them. He also recalled that on 10 January 2017 the EC issued a "package" related to EU OSH legislation and policy initiatives. It comprises 1) the Communication COM(2017)12, 2) the Staff Working Document SWD(2017)10 – containing the ex-post evaluation of the OSH directives commissioned by the EC – and 3) the EC Practical Guide for Employers. This package sets out the political and legislative framework for the ongoing joint work of HOSPEEM and EPSU on MSD and PSRS@W.

Valeria D'Agostini, DG EMPL, recalled that EC has the obligation to evaluate the implementation of the [Framework Directive 89/391/EEC](#) and its individual Directives every five years.

She provided an overview of the Commission Communication "[Safer and Healthier Work for all](#)" of January 2017 reminding its three key objectives: 1) Fighting Occupational Cancer, including the revision and/or setting of exposure values for carcinogens, 2) helping Businesses comply with occupational safety and health Rules 3) the cooperation between the EC, the EU MS and social partners to remove or update outdated rules and to refocus efforts on ensuring better and broader protection, compliance and enforcement on the ground. She underlined that in the said Communication, the Commission has identified six Directives ([Display Screen Equipment Directive \(90/270\)](#); [OSH Signs Directive \(92/58\)](#); [Biological Agents Directive \(2000/54\)](#); [Medical assistance on Board Vessels Directive \(92/29\)](#); [Workplaces Directive \(89/654\)](#); [Personal Protective Equipment \(89/656\)](#)) for which a work programme has been launched and will continue until the end 2018 in order to remove or update the outdated provisions. The bottom line is that the revision of the OSH directives should not lead to a reduction in the protection of workers' health and safety. Looking at the six directives selected for the review process Valeria D'Agostini mentioned that the directive on personal protective equipment and the directive on biological agents are of particular relevance for the hospital and healthcare sector.

She stressed that in this process, the Commission's services are seeking the support of both the tripartite Advisory Committee on Safety and Health at Work (ACSH) and expert groups appointed by Member States. In particular, in its last Plenary meeting of 31st May 2017, the ACSH adopted a first opinion on the above Communication endorsing, inter alia, the Commission's choice of these six Directives. First meetings with experts from Member States in order to obtain support for four specific Directives raising issues of more technical nature (Display screen equipment; Biological agents; Medical assistance on board and Personal protective equipment) took place end of June/beginning of July 2017. The adoption of a second opinion by the ACSH is foreseen in the Plenary meeting of December 2017 addressing the possible policy approaches for all six Directives. At the end of the revision process possible outcomes could be 1) an issuing of guidance, 2) technical adaptations based on a regulatory procedure with scrutiny and/or 3) proposed substantial changes to be adopted by an ordinary legal procedure involving social partner consultations and impact assessments.

Referring to the [Biological Agents Directive \(2000/54/EC\)](#) Valeria D'Agostini explained the technical procedure currently operated, which is based on recommendations included in the Commission Staff Working Document "Ex-post evaluation of the European Union occupational safety and health Directives (REFIT evaluation)", (pp. 260), – and in which

experts nominated by MSs and the ACSH are involved. Questions addressed e.g. are the need to update the annex of the directive (community classification) or the need (or not) to include new risks/biological agents, taking into consideration National Implementation Reports and studies. Annex 3 is of relevance for the social partners in the hospital/healthcare sector as it deals with biological agents to which workers in this sector are exposed.

More generally, MSD and PSRS@W, Valeria D'Agostini referred to forthcoming initiatives or publications including the cooperation with the European Agency for Safety and Health at Work (EU OSHA) and the Advisory Committee for Safety and Health at Work in order to identify good practice for promotion and dissemination and as well as a guidance on the enforcement of the legal obligations with regard to MSD and PSRS@W (expected for early 2018 and produced in cooperation with the Committee of Senior Labour Inspectors (SLIC).

The question and answer session focused on 1) the possibility to share relevant documents with HOSPEEM and EPSU; 2) how HOSPEEM members and EPSU affiliates could get involved in the revision processes (both at national and at EU-level); 3) whether the revision of the Biological Agents Directive could or should be used to work towards an extension of the sectoral scope of the Sharps Injuries Directive (2010/32/EU), e.g. to the waste disposal sector or to elderly care facilities, and 4) how social partners could share evidence they make available to EU-level OSH committees in charge or directly with the EC. Valeria D'Agostini offered to share the minutes of the relevant technical committee(s) – and names of the TU or employers' contact person/delegates – with the HOSPEEM and EPSU Secretariats.

4. Follow-Up on Implementation of Directive 2010/32/EU on the prevention from sharps injuries in the hospital and health care sector

- Summary info on past activities of HOSPEEM and EPSU (mainly in 2012 and 2013)
- Information on state of play of conformity assessment at national level by Commission Services, with input by a representative of DG EMPL Health and Safety Unit [Valeria D'Agostini, DG EMPL, Unit B.3 "Health and Safety"]
- Updates on implementation of directive, positive effects, problems, etc.: Tour de table with HOSPEEM and EPSU affiliates present to gather a maximum of information
- Exchange and decision on activities by EPSU and HOSPEEM members and of the secretariats => SSDC HS Work Programme 2017-2019 (e.g. survey; report; etc.)

The Work Programme 2017-2019 for the SSDC HS contains as third OSH priority the monitoring of the implementation and effects of Directive 2010/32/EU on the prevention from sharps injuries in the hospital and healthcare sector, including the impacts on the workforce. When adopting the Work Programme EPSU and HOSPEEM had assumed that DG EMPL would issue a full-fledged report on the state of the art of the implementation of the directive and still existing problems. This should have been the basis for concise survey of their members, to update the situation compared to the country reports contained in the final report (2013) of a joint project run in 2012 and 2013. This report can be accessed on this [page](#) at the EPSU website and contains nearly 30 country reports. Similarly the report can be accessed on this [page](#) at the HOSPEEM [website](#). All presentations given at the three regional seminars (Dublin; Rome; Vienna) and at the [final conference](#) in Barcelona could also be used as reference point for the follow-up work of EPSU and [HOSPEEM](#).

Referring to clause 11 "Implementation" of the Framework Agreement between EPSU and HOSPEEM as transposed in [Directive 2010/32/EU](#), Valeria D'Agostini informed the participants that the EC has no legal obligation to do an implementation report or another own-initiative follow-up activity and lacks investigative power vis-à-vis the EU MS. She also stressed that Clause 11 of the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU, implemented by Directive 2010/32/EU, mentions that "The signatory parties shall review the application of this agreement five years after the date of the Council decision if requested by one of the parties to the agreement". What, however, has been done by the Commission Services is a conformity assessment of the national legislation of MSs transposing the Sharp Injuries

Directive and that all the issues of conformity identified during this assessment have been clarified in the framework of the EU Pilot Procedure with MSs authorities.

Valeria D'Agostini underlined that DG EMPL would be receptive to information by the signatory parties to the Framework Agreement on assessment of the positive effects of the directive, but also about still existing problems and the sharing of any relevant evidence obtained. Social partners could also reach out to labour inspectorates. On this basis, any further action could be envisaged. Participants wondered why obligations of the EC in the case of a directive that transposes a (cross-sectoral or sectoral) social partner agreement based on Art. 154 and 155 TFEU should entail different effects or obligations compared to directives initiated by the EC itself and issued at the end of a regular legislative process. Valeria D'Agostini recalled that the EC has the obligation to evaluate the implementation in the Member States of the Framework Directive 89/391/EEC and its individual Directives on the basis of Article 17a of the Framework Directive 89/391/EEC,

A more comprehensive tour de table on the actual state of the art as to the implementation of the directive across the EU was postponed. Participants suggested the HOSPEEM and EPSU colleagues should get in touch with competent national authorities to find out about available data (e.g. on the evolution on accidents reported), studies and reports (including from research). HOSPEEM and EPSU should ask DG EMPL and EU OSHA to share the data and other relevant material they have. Points mentioned that would need particular scrutiny were the issue of underreporting, the need to support the elaboration of databases or data collections within the EU MS and on EU-level focusing on specific provisions of Directive 2010/32/EU, the role of labour inspectorates can or should have in case of an improper implementation of the provisions of the directive on the level of the hospital/health care institutions and the possibility to cooperate with EU OSHA with regard to improving the data basis, on practical guidance, on awareness raising, etc.

Participants asked both secretariats to come up with a concrete proposal for a survey/questionnaire to be addressed to all EPSU affiliates and HOSPEEM members. The survey aims to obtain information on positive effects, on still existing problems and/or on other challenges faces by specific countries where HOSPEEM and EPSU can be of support, where relevant, for example on capacity building.

AFTERNOON SESSION

14.00 – 16.30 Plenary (cont.)

- 5. The relevance and impact of the European Semester on health care services and the role of national and European sectoral social partners**
 - Presentation Ana Xavier, DG EMPL A.1, Deputy Head of Unit “Employment and social aspects of European Semester”
 - Questions and exchange with participants
 - Conclusions for future work in the context of the SSDC HS

Ana Xavier, DG EMPL, gave a presentation on the relevance and impact of the European Semester on health care services and the role of national and European sectoral social partners. The presentation aimed at 1) to sensitise national members about the relevance of this exercise; 2) to inform them about the possibilities, channels, etc. but also about the limits of this procedure and of related policy tool initially developed for the coordination of budgetary and macroeconomic policies across EU MS, in particular the €-zone countries and 3) possibly to “motivate” them to get involved, depending on decisions and capacities of their national TU or employers’ confederations/federations.

After a general introduction focusing on the European Semester cycle and the role of health care policies in this exercise, Ana Xavier elaborated on the role of the European semester to shape and transform national health policies. Effects are most likely on the health care

budgets, on healthcare planning mechanisms, on systems of purchasing by hospitals or on the digitalisation of health care services.

She then illustrated which typical country-specific recommendations on health care/policies/systems were given in 2017 (e.g. focusing on cost-effectiveness, on the quality of healthcare and on the reduction of informal payments) and in recent years. The final part of Ana Xavier's presentation was devoted to the question how and at which key moments national and EU-level social partners can actively contribute to the Semester. She referred to country visits of Commission staff and meetings with relevant stakeholders there, including cross-sectoral and sectoral social partners. Ana Xavier encouraged the EPSU affiliates and the HOSPEEM members to seek an active role via the national channels they are part of and offered to look into any relevant data, documents, etc. they would have and that can be shared with the Commission Services before entering in a new annual cycle of the European Semester to eventually have an impact on the documents produced by the EC and eventually also on the country-specific recommendations.

In the question and answer session the following points were raised or asked about:

- Negative effects of the austerity measures also in the healthcare sector and the role of the European Semester to promote policies focusing primarily/exclusively on fiscal consolidation to the detriment of pay and working conditions, investments in infrastructure (including health and safety measures) and the health workforce (including professional training and CPD)
- What is the role of the European Semester in pushing privatisation, commercialisation or also outsourcing of healthcare services
- Can the EC “force” national governments to involve national social partners from the start of the national processes in the European semester and what is, in general, the leeway for national governments, social partners, etc. to influence national policy priorities/programmes that would finally also be reflected or included in the country-specific recommendations?
- To which extent are DG EMPL and DG SANTE involved in drafting relevant reports and in contributing to the elaboration of country-specific recommendations? Is there consistency between their priorities and policy priorities of DG ECOFIN?

6. AOB

- Preparation of Plenary Meeting 2017 SSDC HS, 30 November 2017, Brussels
=> Suggested main topics
 - Continuing Professional Development
 - Report and Take Home Messages from HOSPEEM-EPSU Conference "Working together, learning together – Switching to the learning mode", 19 and 20 June 2017, Amsterdam
 - Priorities of future joint work by HOSPEEM and EPSU on CPD and LLL
 - Presentations from Italy, Spain on CPD/ LLL good practice examples, etc.
 - Successful integration of refugees/asylum seekers with a professional background in health or social care into the labour market: practice about fast track programmes and issues such as the validation of professional qualifications/skills/competences

Tjitte Alkema explained that both Secretariats propose to focus on two thematic blocks for the SSDC HS 2017 on 30 November 2017.

1. “CPD”: additional presentations by colleagues from Italy and Spain are planned (and a third input possible) and report of the joint conference on CPD in Amsterdam – including on the joint take home messages. Possible priorities for the future joint work and action points will then also be discussed.
2. Exchange on “models and instruments of labour market integration of refugees/asylum seekers with a professional background in health or social care” used in different EU MS and the role social partners have in this regard. HOSPEEM members and EPSU affiliates are asked to inform the Secretariats about their interest in contributing to this agenda item.

The HOSPEEM Secretariat would approach DG HOME to find out about follow-up initiatives to the European Dialogue on Skills and Migration organised on 28 January 2016 by DG HOME in which HOSPEEM and EPSU had participated. In a workshop on the health sector they addressed the question “What can be the role of recruitment from third-countries to fill the future needs in the health and care sector?”.

No other point was raised under this agenda item.