Green Paper On the European Workforce for Health, COM (2008) 725/3

Reply to the Consultation

By the European Federation of Public Service Unions (EPSU)

Introduction

1. The European Commission has published on 10 December 2008 a Green Paper on the European Workforce for Health. It calls on all interested organisations to submit responses to the issues raised in the Paper. As European Trade union Federation representing health and social services workers in Europe and formally recognized social partner in the Hospital Sector Social Dialogue, the EPSU is self-evidently a key player when it comes to developing European policies on health workforce. We have actively been defending the interest of European health workers for decades now and developed over the years sector-specific and more general policies in many of the areas that are mentioned in the Green Paper. Our website (www.epsu.org) provides an overview of the different documents we have adopted and our main areas of action. Since the launch of the European Social Dialogue Committee for the Hospital Sector on 20 September 2006, we also work closely together with HOSPEEM, the European healthcare and hospital sector employers association, to address the social and workforce issues in the hospital sector.

   A further general comment which we would like to make by way of introduction relates to graph 1: A Greenpaper dedicated especially to the European workforce for health should address exactly these workforce issues and not suggest in any way that solutions could be found through 'informal carers' or 'complementary and alternative' forms of health care.

2. As European social partners, we have identified in our Work-Programme 2008-2010 five priority areas
   a. New Skill Needs
   b. Strengthening Social Dialogue
   c. Recruitment and Retention
   d. The Ageing workforce
   e. Third Party violence at work

   We organise activities in these fields according to a common set of goals and principles, as outlined in the Programme; these include equality, partnership, sustainable and social workforce management. We also want to draw attention to the EPSU-HOSPEEM Joint Declaration on Health Services of 7 December 2007 in which we present our common position on healthcare policies in Europe. We call on the European Commission to cooperate with us in the development of health workforce policies.

Work in Partnership

3. The Green Paper does not go into much detail on the processes, structures and procedures in European and national policy-making on health workforce issues. We, however, are of the opinion that this needs more recognition and support by European Union Institutions. The involvement of employers and workers at European, national,

regional, local and workplace level is essential for a successful establishment and implementation of workforce policies. We want to emphasize that all EU-member states have specific social dialogue structures for social partner activities in the health care sector. These include collective bargaining, and consultation by governments. An overview of these structures can be found in the report "Strengthening Social Dialogue in the hospital sector in the new Member States and the Candidate countries" by GHK. These social partner structures constitute with workers' consultation and information rights one of the main pillars of the European Social Model. We therefore call on the Commission and other EU-Institutions to build on these structures when developing health workforce policies. We specifically would like to highlight in the European context the obligation of the Commission to consult European Social partners on (sectoral) social policies in accordance with article 138 of the EC Treaty.

4. There seems to be also a more general lack of recognition by the Commission of the responsibilities and tasks of many different health organisations and institutions with regard to health workforce issues. In addition to social partners, there are also many professional organisations and regulatory bodies that fulfil a specific role in health workforce policymaking and implementation, e.g. in relation to qualifications and licensing structures and/or disciplinary procedures. EU policies on health workers can only be developed with the support of social partners, professional organisations and other relevant organisations such as health ngos and social insurers, recognizing their respective responsibilities and competences.

5. Many of the issues that are raised in the paper, such as training, working conditions, mobility and diversity management, are already being addressed by trade unions and employers in their national, regional and/or local social dialogue. Collective bargaining and collective agreements cover a range of different issues with regard to the health workforce and provide answers to some of the main challenges as faced by workers and employers across Europe. EU-policies need to recognize and respect this work and support the implementation of collective agreements. We are, however, very much worried about certain EU developments that seem to undermine these social policies and social partner agreements. We want to refer for instance to the Rüffert, Viking and Laval judgements by the European Court of Justice. Application of the internal market principles, as identified by the Court, in the health sector could have a detrimental effect to the development of social dialogue and to the working conditions.

Working Conditions - Pay

6. As trade unions, we consider the improvement of working conditions in the health sector a key requirement in the development of social and workforce policies. The Commission addresses this issue to our opinion only very superficially in its Green Paper. We therefore ask the European Union Institutions to give higher priority to this topic. It is obviously important to achieve a high level of staff motivation and morale, but the development of better working conditions and pay also needs to be seen within the framework of a Social Europe.

7. Especially now with the economic crisis, it is essential to ensure people's, including health workers' purchasing power and prevent poverty. Governments therefore need to take action to promote real wage growth. In addition, we want to point out that there are huge differences in salaries of healthcare workers between and within countries of the European Union. In countries like Poland, and Romania, health workers wages are lower than average salaries, even though the educational levels and the professional requirements are often higher. Budget caps and restraints have put unacceptable

pressures on the wages in the sector. We are concerned that the economic crisis might have a negative effect on wage developments in the sector. Governments in the European Union therefore need to take action and ensure that health workers are sufficiently paid by making the necessary investments in the health sector and its workforce.

Work-life balance

8. We also want to raise awareness about the fact that many health workers face difficulties in achieving a work-life balance. The specific nature of the health care sector requires in many areas a 24/7-service delivery that necessitates workers to take on night shifts, weekend work, on-call duties, and overtime work. Employers and public authorities should however ensure that workers are able to reconcile their private, family and working life. The negative impact of irregular working patterns on the health and safety of workers should also be recognized and tackled. The health work organisation should accommodate as much as possible workers' family, private and health needs. Flexibility in working patterns could help to match organisational requirements and workers' choices, needs and preferences. Flexibility should, however, not be introduced at the expense of individual and collective workers' rights.

Working-Time

9. Work-life balance can only be achieved if workers have sufficient periods of time during the course of the day, week, month and year in which they are not obliged to work. Rules on maximum working-time are therefore of the utmost importance to protect workers' health. We are in this respect very worried about the developments with regard to the revision of the Working-Time Directive. It seems that several EU Member States and the Commission give priority to the economic dimension of labour, instead of the need to protect workers against the negative consequences of long working hours for health, private and family life. Improvement of working conditions requires clear and social rules on the maximum number of working hours. An overview of the EPSU policies on working time is published on our website.

Health and Safety

10. The Green Paper addresses the need to develop occupational health policies. It, however, does not pay much attention to the numerous health and safety risks for health sector workers themselves. Health workers face during their working life many different risks to their health. These can cause disabilities, chronic illnesses, involuntary retirement and even death. Health workers for instance run a serious risk to become infected with deadly diseases through sharps' injuries. Several European politicians, notably in the European Parliament, have raised awareness about the risks of needle sticks injuries for health care workers. After several consultation procedures by the European Commission, EPSU and HOSPEEM decided to launch in January 2009 negotiations on a Framework Agreement on the prevention of and protection against sharps' injuries. The aim is to transpose the agreement into a Directive.

11. Health staff also faces a substantial risk to suffer from musculo-skeletal disorders. Work in the healthcare sector is often physically demanding, and involves amongst others heavy lifting and carrying. There are also a number of psychosocial risks for health workers; stress, harassment and violence are unfortunately widespread. EPSU and HOSPEEM as social partners are aware of this and set up with European Commission support a multi-sectoral project on third-party violence with the social partners of the local and regional government sector, the commerce and the private security sectors. It is our

aim to collect good practices in the protection of workers against third party violence and identify opportunities for Social Partner action in this field.

Employment relations

12. Finally, we would like to raise awareness about some changes in the employment relations. The health sector employs many workers with part-time, on-call, fixed-term and agency contracts. The number of precarious jobs in the sector is unfortunately growing. This endangers job security. Even though there are in some countries large staff shortages, there are also many health professionals who lose their job because of economic reasons. The financial crisis and the reductions on public spending could worsen the situation. Considering the demographic challenges, the European Community and its Member States have a responsibility to improve job security for health workers.

Gender dimension

13. The situation regarding precarious work, low pay and poor working conditions especially worries us, as the health care sector employs a high number of women, and can be considered one of the most female-dominated sectors in the economy. More or less 75% of the European health workforce consists of women. The high share of women in comparison to men seems in particular to be concentrated in the lower-paid jobs in the sector. It is therefore important to adopt at European and national levels policies to reduce gender inequalities. These policies need to address the gender pay gap within the sector, but also the pay gaps between the health sector and other public and private sectors. It is necessary in this context to address gender stereotypes in relation to care and nursing jobs. Many policy-makers still assume that women (contrary to men) are natural carers and that they are best suited for nursing and care jobs. They see work in these professions as an extension of the traditional role of women in the family, and therewith deny the high level of professional skills and training that is required for this type of work. To achieve gender equality in the sector it is therefore important to recruit and retain male workers for all different jobs across the spectrum of the healthcare sector including assistance and nursing professions. It will be in that respect necessary to address the reasons why men choose not to work in these professions,

Recruitment and Retention

14. As outlined in the Green Paper, the healthcare sector has to face several demographic challenges. First, we expect that the demand for health care will grow because of an ageing population and changing family patterns. Second, many health workers will retire in the coming years and there is only a limited number of young workers available to replace these retirees. It is thus essential for health employers and public authorities to correct some of the mistakes in past and current recruitment policies and to develop a forward-looking personnel strategy. A serious and concerted effort is necessary to recruit and retain workers for the health care sector. Recruitment and retention policies should be developed on the basis of non-discrimination, also in order to reflect the diversity in society and to meet the different needs of the population. Recruitment policies should therefore not focus specifically on older workers or women, but aim to attract workers to the health care sector from all age groups, different cultural and social backgrounds and both genders. Training and retraining programmes are necessary to ensure that these workers will be sufficiently qualified and equipped for their tasks.

Training, qualifications and Career Development

15. Workers in the health care sector need a lot of knowledge, skills and experience to perform the various tasks. As hospital sector social partners HOSPEEM and EPSU have recognized this, and included this point as one of the main areas of work. We, for

instance, cooperated with Cedefop in the organisation of a skill needs workshop. Participants at this workshop looked in particular at the interaction between technology, ICT and skills needs, management of health care and education and training needs in the sector. Training programmes and qualification structures have to meet the needs of the health care sector. Due to the many technological and organisational changes in the sector, these structures need regular updating and adjustments. The qualification and training requirements and facilities have to respond to changes in the organisation of health care and cover all different areas of the health sector such as preventive, community and long-term care. New types of jobs such as nurse practitioner or case-manager have to be integrated in the existing framework. Life-long-learning programmes, free of charge to the worker, should aim to cover all employees and individual professionals in the health care sector, so to enable every health worker to update and refresh his/her skills and knowledge.

16. Training programmes should be set up in conjunction with career development policies. To support job mobility and improve workers' motivation and morale, the health care sector has to develop horizontal, vertical and diagonal career paths for health workers and facilitate career shifts between different types of health services, such as long-term care, hospital services, mental health care, home care and community care. These career paths also need to take account of the fact that health workers might develop different ambitions and interests over the course of their life. New developments in skills mixes and work in multi-disciplinary teams can support the development of new job roles, improve quality of service delivery and create additional career opportunities. However, skills mix policies should not be used as a pretext to replace high-qualified staff with "cheap labour". In addition to that, it is important to achieve a balance between generalists and specialists in the workforce and be aware of the risks of overspecialization for the job mobility of individual workers.

17. EU policies on training and qualifications in the health care sector have to be embedded in the more general framework of EU educational and training policies. We are somewhat surprised that we could not see a connection of the proposals, presented by the Commission in the Green Paper and the European Qualifications Framework and the European Credit Transfer System for Vocational Education and Training (ECVET). We also fail to spot any reference to the Commission initiative "New skills for new jobs" or the Comprehensive sectoral analysis of emerging competences and economic activities in the European Union. All these different policies need to be integrated in European Commission healthcare policies, in order to support the development of tools for skills development and job mobility in the health sector.

Changes in the organisation of the health care sector

18. The health care sector is undergoing in many EU Member States some kind of reform processes, both in the organisation and in the financing of the services. These reforms and changes would have an impact on the health workforce as well. We have already mentioned our concerns about the budgetary constraints and the pressures to reduce labour costs in the health care sector. This development could be exacerbated by marketization and commercialization policies at both European and national levels. Marketization of health care might encourage health service providers to compete on wages and working conditions. Procurement and outsourcing of tasks could lead to a further stratification of the workforce and the application of Taylorist principles. The Pigue studies have shown that privatization of health care could lead to a two-tier workforce. The organisation and delivery of health care is, to our opinion, a public responsibility and should remain under the control of public authorities.

19. Changes in the organisation of health care also affect the interface between the different types of health care services. The Commission supports the development of integrated care concepts, and specifically mentions in this context health promotion, disease prevention and occupational health. As EPSU, we welcome the attention for these preventive services, but we want to ensure that long-term care and community care also receive the proper attention and should be part of an integrative and inclusive health strategy. The guiding principle in the development of all these public health services should be to ensure universal and accessible healthcare to all.

Health entrepreneurship

20. New ways and methods of health care delivery and organisation can indeed enhance quality levels and accessibility of health care. However, because of the public nature of health care, policy makers need to recognize that there are also certain limitations to the application of business principles. It is for instance essential to apply clear and transparent rules on the quality of the services, the qualifications and licensing, the establishment procedures, and the tariffs. As stated before, EPSU is opposed to the development of a health market. It is neither in the interest of individual health professionals nor that of the patient to allow for individual bargaining and negotiations about the prices of individual treatments. We also want to be cautious about the risks of competition between individual workers for limited financial resources. The delivery of healthcare requires a high level of planning and organisation to ensure that all geographical areas and social groups have access to the necessary services.

21. It is also important to make clear distinction between independent health professionals who choose to develop their own practice according to their professional views and bogus-self-employment where workers lose their social security benefits and the protection of collective agreements, just because agencies and employers are reluctant to pay decent wages. Health entrepreneurship needs to be regulated and publicly controlled in compliance with the overriding principles of universal healthcare.

Health technologies

22. We have noticed that the Commission has high expectations about the contributions of health technologies to the quality and efficiency of the health care sector. We recognize that the introduction of new health technologies could offer many benefits. We, however also want to point out that there are risks attached to the use of new technologies. First of all, there is obviously the element of privacy. The introduction of electronic patient files for instance stirred up in many countries debates on data protection. We also want to underline that health technologies cannot replace the interpersonal contacts between health professional and patient/user. The need to invest in workforce will thus remain.

23. We want to ask Member States and European Institutions to assess precisely what gains exactly can be made with the introduction of new technologies, before investing large sums of money to it. Health technology assessment can provide a useful tool to collect more information on the applicability of new inventions and the safety-provisions. In addition, it will be necessary to exchange on a structural basis knowledge and experiences about these technologies at European level. Some health technologies might also entail specific risks and/or benefits for the health and safety of workers. It is important to take those aspects specifically into account in the different assessment procedures. The new technologies must be developed for the patient and in close collaboration and consultation with the staff using these technologies.

Cross-border recruitment

24. We welcome the attention that the Green Paper gives to the issue of cross-border recruitment and migration of health care workers. This topic has also been on the top of the agenda of hospital sector social partners, and we have adopted in 2008 –as mentioned in the Green Paper- a Code of Conduct and follow-up on ethical cross-border recruitment and retention in the hospital sector. Our global federation, Public Services International has looked at the global dimension of health workers' migration, and set up a project in this area. We acknowledge that there are differences between EU- and non-EU countries, especially with regard to the free movement principles. The tools and instruments for policy-making have to be different and address other issues. We, however, want to stress that most foreign health care workers are often confronted with similar challenges when they arrive in the "host country"; for instance with regard to language barriers, living conditions and housing. It is important that governments, employers and other relevant institutions take their responsibilities in this respect and offer these workers practical support and training according to needs. It is especially important to combat discrimination, racism and exploitation. More transparency about employment conditions, qualification requirements and registration procedures could help prevent unethical employers and agencies taking advantage of the situation.

25. It is also necessary to prevent the brain drain of developing countries. Recruitment of health workers should take place as much as possible in an institutionalized context, where workers mobility will be supported with bilateral or multilateral cooperation programmes. This can be done through investments in health training infrastructures and improvements of working conditions. Without addressing the reasons for migration, i.e. huge inequalities in pay and working conditions, migration will continue and create further shortages in health staff in developing countries.

26. The Green Paper does not address the issue of information sharing on disciplinary and criminal proceedings against health professionals. We, however, note that this point has been raised several times in the debates on cross-border healthcare and patient mobility. It also was mentioned in relation to patient safety measures. There is no doubt that the public has to be protected against malpractice and unqualified professionals. These professionals should definitely not be allowed to offer health services in any of the countries of the European Unions (or outside). Further policies should therefore be developed by European Union Institutions in cooperation with the relevant stakeholders to ensure an effective exchange of information and registration data between Member States. It is, however, in this context essential to take account of the privacy of individual professionals and prevent unnecessary stigmatization. Member States in the EU have at the moment different policies in this area. A thorough debate therefore needs to take place about the level and type of information that needs to be exchanged, and the accessibility of this information (public, for employers or only for registration and accreditation bodies).

Data Collection

27. We share the Commission's conclusion that there is a lack of information on workforce statistics. Labour market information is an important tool for workforce planning and policy-making and should be collected for all health professions at regional, national and European level. The collection of data on health workforce indicators needs to be harmonized in order to compare data from different countries with each other. In addition, we would like the Member States to start monitoring migration and mobility flows. It is important to know how many professionals are actually entering and leaving the sector.