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Commission of the European Communities

Comments from FiPSU ry (Finnish Public Services Unions' EU Working Party) on the Green Paper on the European Workforce for Health

The main responsibility for organising and providing healthcare services lies with the Member States, each in its own manner. Community action is intended only to supplement such national policy. With its consultation, the Commission wished to launch a debate about possible further action.

Taking care of the workforce is not only a matter of pay and working conditions, but also of ensuring that work-life balance is possible. This is supported by a more even division of family responsibilities, as well as a properly operating childcare system and, for example, care for the elderly. In Finland services funded publicly from taxation, such as childcare and school catering, have made a high rate of female employment possible.

Particular attention must be paid to in-service training. Healthcare is a rapidly developing field and it is essential for people working in it to keep their knowledge constantly up to date in order to be productive, feel in control of their work and be happy in their job. Proper provision of lifelong learning by employers creates the best chances of attracting staff and keeping them in the field.

With immigration on the rise, provision needs to be made for appropriate language training for workers. Employers recruiting healthcare workers in the Member States should provide language training using all possible language-teaching expertise. In particular, for regulated healthcare professions, it should be specified what constitutes a sufficient level of language knowledge. The sufficient level of language knowledge for trained nursing staff should be at least B2, so as not to jeopardise patient safety or occupational safety. After level B2 has been attained, language training must continue, in order to allow vocational know-how to develop. At present, language training is too much a matter for workers' own initiative and employers do not take their responsibility for it.

The active recruitment of healthcare workers from both within and outside the EU increases the need to regulate and monitor recruitment agencies. Such monitoring is insufficient or completely absent for some countries. In terms of patient safety, ex-post checks are not sufficient.

EU-level monitoring could be a good idea for flows of healthcare workers and other issues such as the activities of recruitment agencies. In terms of patient safety and occupational safety, the ethical guidelines established by the social partners concerning, for example, recruitment are inadequate.

The recognition of studies needs to be further cleared up. With the rise in freedom of movement, educational institutions and workplaces should place more emphasis on multicultural know-how.

Some terms need to be clarified. For example, in Graph 1 on p. 4, informal carers or complementary and alternative care should not be included in the health management workforce. The terms in the Finnish translation differ from the English-language version. For example, 'työtyytyväisyys' [*literally 'job satisfaction'*] on p. 7 is 'morale' in the English text.

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FIPSU RY – FINNISH PUBLIC SERVICES UNIONS' EU WORKING PARTY www.fipsu.com

FIPSU ry, the Finnish Public Services Unions' EU Working Party, was founded in 1996 to carry out its member unions' international lobbying. FIPSU represents almost 500 000 Finnish public service workers. FIPSU's member organisations represent all three employee confederations: SAK, STTK and AKAVA.

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[JYTY - The Federation of Public and Private Sector Employees](#)

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[SuPer - Finnish Union of Practical Nurses](#)

[TEHY - The Union of Health and Social Care Professionals](#)

[KTN - Confederation of Employees in Technical and Basic Service Professions](#)

[Akavan Erityisalat \(Special Branches of AKAVA - Confederation of Unions for Professional and Managerial Staff\)](#)

[OAJ - Trade Union of Education in Finland](#)

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