

EPSU European Health Conference 2011  
Bucharest, 18 and 19 October 2011  
**“Questions, recommendations and action points”**  
**for discussion in the two working groups and the plenary sessions**

**Cover Note**

Dear participants of the EPSU European Health Conference 2011,

This document contains information on the conference format and follow-up foreseen and the structure for discussion. The EPSU Secretariat has suggested several **questions, recommendations and action points** for discussion in the two working groups (WG) and in the plenary sessions.

The document is structured along the **four broad conference topics**:

- **Europeanisation of National Health Care Systems and Services** (TOPIC 1)
- **Financing health care** on the backdrop of the crisis and of austerity policies (TOPIC 2)
- **Cross-border mobility and migration** of health care workers (TOPIC 3 + WG 2)
- **Effective recruitment and retention policies/Ageing health workforce** (WG 1)

Topic 3 is taken up in WG 2. WG 1 is conceived as the forum to inform about and discuss achievements of the European Social Dialogue, in particular from 2009 and 2010, as negotiated and adopted by EPSU members and the hospital employers organised in HOSPEEM.

This paragraph summarises **information on the main contents and planned functioning of the WG (of 4 hours)**, intended to serve as **fora for exchange and discussion amongst EPSU affiliates**

- **WG 1** is devoted to the dissemination of information on the outcomes of the European Sectoral Social Dialogue in the Hospital Sector since it was formalised in 2006. Participants are invited to assess how agreements, frameworks of action, codes of conduct, guidelines, etc. are being put into practice by social partners. It should be a forum to discuss a more effective use, but also difficulties or failures. WG 1 is build around the three topics “ageing health care workforce”, “effective recruitment and retention strategies and policies” (building on the EPSU-HOSPEEM Framework of Actions “Recruitment and Retention” of 17 December 2010) and “prevention of third party violence in health services”.
- **WG 2** has the same thematic focus as TOPIC 3. It first deals with the impact of cross-border mobility and migration of health workers, 1) on their working and pay conditions and social protection, 2) on patients, 3) on the service quality and 4) on health and long-term care systems. Second topic: the ongoing consultation and Green Paper processes aiming at the revision of the European legislation on the recognition of professional qualifications in 2012.
- The **chairpersons** of WG 1 and 2 will be asked to agree with the participants on which of the questions, recommendations and actions points the working group would like to focus on and to see if participants consider appropriate to add others.
- **Participants** in WG 1 and 2 will be asked in the last part of the WG to elaborate a set of recommendations and actions points, for EPSU affiliates, for the EPSU Secretariat and for possible joint/coordinated activities. The EPSU Secretariat encourages the participants – where appropriate – to also come up with priority issues, recommendations and action points relevant for specific regions or groups of countries.
- The **rapporteurs** for WG 1 and 2 will be asked to report back to the plenary session of late morning on 19 October the key issues that have been discussed, the points of consensus and dissent and the recommendations and action points broadly agreed upon by the participants of their working group.

**Next steps and outlook**

- We plan to have the conference report by the end of 2011.
- Due to time constraints in the preparation phase of the EPSU European Health Conference, we did not prepare a declaration or resolution to be discussed at the conference. We aim to do so, however, by mid 2012. This document will then be discussed and approved in our Standing Committee Health and Social Services and the EPSU Executive Committee.
- By June 2012 the project for which we receive financial support from the EC’s social dialogue budget line comes to an end. By then we will also have two research papers,
  - one on “Europeanisation of National Health Care Systems and the impact of internal market rule on the health workforce and social dialogue” (by Dr. Rita Baeten, OSE, B),
  - the other on “Cross-border mobility of the health care workforce: Challenges in view of recruitment, qualifications, working conditions and the guarantee of labour rights” (authors: Prof. Jane Hardy and colleagues, University of Hertfordshire, UK)

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**TOPIC 1: The Europeanisation of National Health Care Systems and Services: Effects on the health workforce, on patients, on the service quality and on health systems**

Priority issues/concerns for EPSU affiliates

- With cross-border mobility of patients/users of social services being/becoming a reality in most of the EU Member States,
  - How to safeguard the competency for governments and public authorities for health care planning according to nationally/regionally set objectives?
  - How to regulate and organise health care systems in a way that public authorities can still ensure accessibility for all, affordability, quality, continuity, financial sustainability and the principle of local/regional service provision?
  - How to strengthen/protect the rights of patients (e.g. for complaints, redress, data protection, professional liability, reimbursement of costs) and the quality of treatment when staying/going abroad without at the same time promoting “medical tourism” at the expense of the availability, equality of access and quality of services provided domestically and close to place of living?
- New opportunities and challenges for health care workers arising from cross-border cooperation between public authorities, health service providers, health insurances

Questions

- Which are your experiences and concerns with regard to the cross-border mobility of patients/users of social services for EPSU affiliates?
  - Case 1: You come from a country where more patients leave to be treated abroad in your country than arrive into your health care/social services system (e.g. due to important waiting list, a lack of capacity for a specific type of treatment, etc.)
  - Case 2: You come from a country where there is a (considerable) inflow of patients (e.g. due to shorter/no waiting lists, better quality of treatment, specialist treatment facilities, cheaper prices)
- Do you experience or expect that cross-border treatment of patients
  - is likely to lead in your country to more inequality when it comes to the access to of health care services for all and their quality?
  - is/will be used by interested domestic actors to build in more competition in national health systems, e.g. as a consequence of more contracting with private health service providers?
- Has the cross-border treatment of patients become a topic on the agenda of the social partners in the health care sector? If yes, which issues are being covered?/monitored?

Recommendation

- See below under action points, this is also the action suggested to EPSU affiliates

Action points

- Does your TU monitor the transposition of the Directive on Patient Rights in Cross-Border Health Care (2011/24/EU) of 9 March 2011 into national legislation? Member States have leeway to decide on procedures, institutions to involve and the extent they will use new possibilities of cross-border co-operation in view of the following aspects:
  - Promotion of cross-border health care provision in border regions;
  - Approach towards safety and professional liability issues;
  - Setting up of reference centres for treatments needing specialist knowledge and rare diseases;
  - Reimbursement of costs (delay; procedures; exclusion of certain cost elements; calculation and reimbursement of costs in case of benefits in kind);
  - Pre-authorisation of treatments abroad;
  - Functioning of national coordination centres.

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**TOPIC 2: Financing health care on the backdrop of the crisis and of austerity policies across Europe**

Challenges/concerns for EPSU affiliates

- Common challenges: ageing population with new and changing needs, rise of chronic diseases, increasing patient expectations, technology innovation and diffusion, growing costs of health care
- Trend towards higher work density/load, but also new roles (in multi-functional teams)
- Higher incidence of diseases, invalidity and attrition/leaving the profession due to stress, physical and psychological strain
- Across the whole Europe we witness – also resulting from the economic and financial crisis and growing public deficits – important and continued pressures on public budgets and already implemented or planned cuts (in some MS on request of IMF/EU), including in solidarity-based schemes/measures of health and social care

Questions

- Which have been the policies implemented in or planned in your country to reduce spending on health care, both on the demand and on the supply side?
- Has this been one of the measures listed on p. 9 of the publication “OECD (2010): OECD Health Ministerial Meeting. Health System Priorities when Money is Tight”, <http://www.oecd.org/dataoecd/14/31/46098466.pdf>?
- Has it been one of the measures listed in Section 4 “Health system efficiency, effectiveness and sustainability issues or in Section 6 “Main challenges ahead to contain costs and make the health systems more efficient“ of publication “EC/EPC (AWG) (2010): Joint Report on Health Systems”, see [http://ec.europa.eu/economy\\_finance/publications/occasional\\_paper/2010/op74\\_en.htm](http://ec.europa.eu/economy_finance/publications/occasional_paper/2010/op74_en.htm)?
- How to ensure equitable and universal access to high quality and affordable health care services in circumstances of (often) scarce economic resources and/or lack of qualified health professionals?
- How to best safeguard funding for professional training and CPD with the aim of promoting the quality and safety of health care, by also using EU Structural Funds?
- How much weight on/money for health promotion and disease/disability prevention?
- What are TUs in your country doing/planning with regard to the action points below?

Recommendations/Action points

- To employers: Promote attractive working environments, working conditions and professional development opportunities to motivate the health workforce and to guarantee the quality and safety of the care provided
- To public authorities, health funds/NHS/sickness insurances: Improve efficiency of health spending (e.g. via pricing and reimbursement policies for pharmaceuticals, with stringent gate-keeping, based on a quality out-patient care sector to reduce costly hospital admissions or on re-organised internal processes) and combined this objective with the aim of reduced health inequalities (as this as a rule linked to a higher on-average health status)
- To governments: Invest in health and social care services – also by using revenues from a FTT as additional source of financing – as these sectors contribute in an important manner to both economic and employment growth as well as to social cohesion and inclusion
- To all: Defend solidarity-based systems (taxes; social contributions) of health and social care as public services, pursuing a mission of general interest and public policy objectives
- To all: Reduce the gender pay gap and low pay through collective agreements, e.g. with specific equality-pay rises and measures to address pay inequalities at the workplace

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**TOPIC 3 + WG 2: Cross-border mobility and migration: opportunities and risks – policy and legal frameworks needed – the role of social partners and social dialogue to address challenges and develop solutions**

Challenges

- Brain drain – and (social consequences of) “care drain” on the backdrop of worsened asymmetries since the EU enlargement rounds of 2004 and 2007
  - No or low return on investment for professional training or CPD due to cross-border mobility of health professionals
  - Shortages in particular of specialist health professionals and in rural areas due to mobility of health care workers (of temporary/seasonal/permanent nature)
- Pay and working conditions, social protection and legal status of (often female migrant) care workers in private households, in particular in 24h care; employed and self-employed carers; non-coverage by social dialogue/collective agreements
- Recognition of professional qualifications acquired in another EU MS/in a third country, most recently or already many years ago (how to become “fit for practice” then?); language knowledge of migrant workers; induction at the workplace; pay and working conditions
- Safeguarding quality and guaranteeing comparability of professional qualifications under the automatic recognition regime or the general scheme (specialist health professionals) in a perspective of improving qualifications, pay conditions and status

Questions

- What is the importance of this issue in your TU work/in your country?
- What does your TU demand from your governments/public authorities to address and reduce the risks of precarious working conditions, low pay and status of (female; migrant) care workers in institutions and in extramural care/in private households?
- What are TUs in your country doing/planning with regard to address the challenges as listed above and other problems linked to cross-border mobility or migration, at national, regional, sectoral or local level?
- Is there exchange and cooperation with employers? Are working and pay conditions and the social situation of migrant workers on the agenda of sectoral social dialogue?
- Do you know about and/or have you made use of the 2008 Code of Conduct (see below)?
- Do you know about and/or have made use of and/or did you give feedback to the WHO on the WHO Global Code of Practice on the International Recruitment of Health Personnel (2010), cf. <http://www.who.int/hrh/migration/code/practice/en/index.html>? If yes, how do you see the interplay of the WHO and EPSU-HOSPEEM codes (complementarity; substitution; etc.)?

Action points

- Do follow-up work to past implementation of the 2008 Code of Conduct with the view of broadly disseminating, improving adherence to and compliance with the instrument
- Disseminate results of expertise under way on TU options for action (alone; with partner organisations) to improve the actual economic situation, the societal inclusion and legal protection of migrant workers in the long-term/elderly care sector

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**WG 1: Addressing challenges related to the ageing health care work force and promoting effective strategies and measures of recruitment and retention**

Challenges

- Improving/defending good working and pay conditions, good working environments and up-to-date work organisation taking into account the need to better reconcile work and family obligations and the provision of sufficient and tailor-made training opportunities and an adapted
- Data- and evidence-based health workforce planning (by adhering to ethical recruitment principles), forecasting of qualifications, adaptation of the skill mix
- Work towards diversity and better gender equality in the health care workforce

Questions

- Are the three topics dealt with in this WG – i.e. “ageing health care workforce”; “effective recruitment and retention strategies and policies”; “prevention of third party violence in health services” – of priority concern for EPSU affiliates? If no, why?
- What have EPSU affiliates been doing in recent years or what do they plan for the near future to promote/defend effective recruitment and retention policies?
  - Collecting of existing practice, designing and implementing of measures, production of toolkits/handbooks, etc.? Can you give examples of instruments used?
  - Discussions and negotiations in the framework of the social dialogue?
  - Inclusion of good practice into collective agreements or work-place agreements? If yes, which aspects have been covered there?
  - Other activities, please specify!
- In order to address the challenges of the ageing health workforce,
  - do similar initiatives as identified in the study (e.g. slow step-down option; wind down/longer phasing out; managing knowledge transfer; better provision of CPD; change in working hours/part-time work; reduced shift-work; definition of individual adaptation needs; see below) exist in your country? Which other initiatives exist? (also cf. document “Background information on EPSU-HOSPEEM Work on the Ageing Workforce”, at webpage <http://www.epsu.org/a/7283>, there under “Follow-up section”, <http://www.epsu.org/IMG/pdf/SSDC-HS-16.09.11-Background-Info-WG-Ageing-Workforce-ALL-2.pdf>)
  - are they being developed, negotiated and implemented jointly with employers?
  - which issues should be taken into account/focused on by the EPSU-HOSPEEM Drafting Group (operating as of November 2011 for a maximum period of 9 month)?
- Which progress could be achieved on the prevention of third party violence, and how?

Recommendations

- Identify, disseminate, promote good practice concepts, measures and programmes of effective recruitment and retention, where possible together with the employers
- Implement worker-centred policies that value qualifications and build careers and that are adapted to the life course and age and to work organisation and process

Action points

- See above, issues under “Questions” and “Recommendations”, to be turned into action (points)

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EPSU + EPSU-HOSPEEM reference documents

TOPIC 1

- EPSU analysis and assessment of Directive on Patient Rights in Cross-Border Health Care (2011/24/EU), 28 February 2011, <http://www.epsu.org/a/7308>

TOPIC 2

- Joint Declaration on Health Services, 7 December 2007, <http://www.epsu.org/a/3615>
- Riga Declaration on Strengthening Social Dialogue in the Health Care Sector in the Baltic States, 26 May 2011, <http://www.epsu.org/a/7724>

TOPIC 3/WG 2

- EPSU-HOSPEEM Code of Conduct on Ethical Cross-Border Recruitment and Follow-up of Health Care Professionals of 7 April 2008, <http://www.epsu.org/a/3715>
- EPSU responses to a EC consultation/Green Paper aiming at the revision of Directive 2005/36/EC on the recognition of professional qualifications, of 24 March 2011 for first round consultation, <http://www.epsu.org/a/7448>, and of 20 September 2011 for second round consultation, <http://www.epsu.org/a/7993>

WG 1

- EPSU-HOSPEEM (2006): Study “Promoting realistic active ageing policies in the hospital sector”, <http://www.epsu.org/a/7410> + <http://www.epsu.org/a/7283>, document “Background information on EPSU-HOSPEEM Work on the Ageing Workforce (in “Follow-up section””, <http://www.epsu.org/IMG/pdf/SSDC-HS-16.09.11-Background-Info-WG-Ageing-Workforce-ALL-2.pdf>
- EPSU (2010): Pay and the gender wage gap in health and social care, <http://www.epsu.org/a/6271> (February 2010) [author: Jane Lethbridge]
- Multi-sector guidelines to tackle third party violence and harassment related to work, 16 July 2010, <http://www.epsu.org/a/6782>
- EPSU-HOSPEEM Framework of Actions “Recruitment and Retention”, 17 December 2010, <http://www.epsu.org/a/7158>
- EPSU (2011) Care Services for Older People in Europe - Challenges for Labour, <http://www.epsu.org/a/7431> (February 2011) [author: Jane Lethbridge]

Other reference documents (including of OSE, EOHSP, OECD and European Foundation)

TOPIC 1

- Rita Baeten (2011): “Europeanisation of national healthcare systems”, slide set presented at EPSU Working Group Social Services, 15 September 2011, <http://www.epsu.org/a/7761>

TOPIC 2

- Council Conclusions “Investing in Europe’s health workforce of tomorrow: Scope for innovation and collaboration”, 7 December 2010 (3053<sup>rd</sup> EPSCO Council Meeting)
- Council Conclusions “Towards modern, responsive and sustainable health systems”, 6 June 2011 (3095<sup>th</sup> EPSCO Council Meeting – Health Issues)
- EC/EPC (AWG) (2010): Joint Report on Health Systems (Occasional Papers No. 74, 12/2010)
- OECD (2010): Health Care Systems: Getting More Value for Money (OECD EDPN No. 2)
- OECD (2010): OECD Health Ministerial Meeting. Health System Priorities when Money is Tight

TOPIC 3/WG 2

- European Observatory on Health Systems and Policies (2011): Health professional mobility and health systems: evidence from 17 European countries (Euro Observer Vol. 13 Number 2) [authors: Matthias Wismar, Irene A Glinos, Claudia B Maier, Gilles Dussault, Willy Palm, Jeni Bremner and Josep Figueras]
- Annamaria Simonazzi (2008): Care regimes and national employment models (Cambridge Journal of Economics, 10 November 2008)
- Fiona Williams (2010): Migration and Care Work in Europe: making connections across the transnational political economy of care

WG 1

- European Foundation for the Improvement of Living and Working Conditions (2006): Employment in social care in Europe. Summary
- European Foundation for the Improvement of Living and Working Conditions (2011): Employment and industrial relations in the health care sector
- OECD (2011): Help Wanted? Providing and Paying for Long-Term Care. Chapter 6: How to Prepare for the Future Long-term care Workforce? (pp. 189-212)
- OECD (2011): New Skills for New Jobs in Health: Health Workforce Planning and Management in OECD Countries (DELSA/HEA(2011)9)