

UPDATED FRAMEWORK OF ACTION ON RECRUITMENT AND RETENTION

2022



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1. PREAMBLE

1.1 Access to health services for all is a fundamental human right, an essential part of the European social model. Commitment to guaranteeing access to health was reiterated by the global community in the 3rd goal of the United Nations Sustainable Development Goals¹ and at the EU level in the 16th principle of the European Pillar of Social Rights². Furthermore, the COVID-19 pandemic underlines that patients' access to health should always be the overriding priority, that care cannot be treated as a commercial commodity and that continuing investment in improving services is important. There is an urgent need to strengthen public health services to deliver quality care, to ensure equal access and make these services more resilient towards future health emergencies. COVID-19 highlighted the strength and weaknesses of national health systems, such as the ability to swiftly adapt to the crisis including the organisation of work and healthcare workforce shortages, insufficient availability of personal protective equipment and increasing Psycho-social risks and Stress at Work (PSRS@W) , which impact the attractiveness of the health sector as a place to work.

The pandemic taught us that strong public health services are essential for delivering quality care. All relevant actors, public and private, must be committed to the functioning of these services. This implies a multi-faceted approach considering lessons learnt from the challenges of dealing with global public health threats. These challenges are multiple and complex and amongst others include:

1.2 The ageing population increases the demand for quality healthcare and social services coupled with an ageing, predominantly female workforce, increased cross-border mobility, migrant workers and difficulties in recruiting and retaining healthcare workers. An increase in investment in the health sector will make it more attractive.

1.3 Given the demanding nature of the work, ensuring an optimal working environment is particularly important for the well-being of the healthcare workforce to enable patients to receive timely quality care. Ensuring the efficient provision of healthcare services allows healthcare workers to focus on delivering high quality care.

1.4 The financial and economic crisis, and recently, the COVID-19 pandemic, strongly impacted the healthcare sector. Furthermore, in some Member States, the health sector was already suffering from ongoing insufficient funding. Cuts in healthcare resources applied in some countries have **had** detrimental consequences for public health, workforce availability and service infrastructure. Member States should develop their capacity to proactively plan services and organise resources at local, regional and national level and aim for strengthening and maintaining the sustainability, quality and resilience of health systems.

2. GENERAL CONSIDERATION

2.1 Member States are responsible for the organisation and delivery of healthcare systems as stipulated in Article 168 (7) of the Treaty of the Functioning of the European Union (TFEU)³. Social partners should work with national, regional, and local authorities when developing and implementing policies relating to the health workforce. EPSU and HOSPEEM encourage national

¹ United Nations. *Transforming our World: The 2030 Agenda for Sustainable Development*. (2015).

² European Commission, European Parliament & Council of the European Union. *European pillar of social rights*. (Publications Office of the European Union, 2017).

³ *Consolidated version of the Treaty on the Functioning of the European Union*. 115 vol. OJ C (2008).

social partners to contribute fully to developing and implementing policies to enhance workforce recruitment and retention.

2.2 Within the context of the hospitals and healthcare sector social dialogue and its collective bargaining, Member States and the European Union should support national sectoral social partners, whilst respecting their autonomy.

2.3 The social partners have already shown this in their reaffirmation to the EPSU-HOSPEEM Code of Conduct and Follow-up on Ethical Cross-border Recruitment and Retention⁴⁵. The social partners are committed to supporting the effective implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel⁶ and the ILO Fair Recruitment Migration Agenda⁷.

2.4 The social partners are committed to addressing occupational safety and health risk factors in the hospital sector by working together, negotiating and agreeing on appropriate instruments and agreements. In particular, the field of musculoskeletal disorders (MSD) and **Psycho-social risks and Stress at Work (PSRS@W)** is of great importance, taking into consideration that these two factors are the most prevalent work-related health problems.

2.5 EPSU and HOSPEEM believe that necessary measures should be taken to enhance the attractiveness of the healthcare sector as a place to work. The key to maintaining a healthy and sufficient workforce in the face of the impending retirement of the “baby boom”/post-war generation is to educate, recruit and retain young health workers while reinvesting in the experienced workforce by, among other things, promoting work-life balance and access to continuing professional development (CPD) .

2.6 All workers have a right to be treated fairly and equally and work in an environment free from all forms of discrimination. In particular, it is essential to ensure gender pay equality in the highly female-dominated sector and actively combat discrimination, including based on age, ethnic and migration background, sexual orientation, gender reassignment.

2.7 HOSPEEM and EPSU recognise the benefit of work-life balance, among others, to meet the need for its health workforce and are committed to promoting it in line with Directive 2019/1158 on work-life balance for parents and carers⁸.

3. SPECIFIC AREAS OF ACTIONS

3.1 Support the recruitment and retention of workers in the hospital sector

EPSU and HOSPEEM recognise the need to meet current and future staff needs. To deliver the highest quality care, healthcare services need to be well-equipped and accessible to all, adequately staffed by a continuously well-trained and motivated workforce to ensure efficient provision of services. These conditions should be achieved whilst respecting national competences. Investments

⁴European Federation of Public Service Unions & European Hospital and Healthcare Employers’ Association. EPSU-HOSPEEM Code of Conduct and follow up on Ethical Cross-Border Recruitment and Retention in the Hospital Sector. (2008).

⁵ European Federation of Public Service Unions & European Hospital and Healthcare Employers’ Association. 10-year anniversary of the EPSU-HOSPEEM Code of Conduct on Ethical Cross-Border Recruitment and Retention. (2018).

⁶ World Health Organization. WHO Global Code of Practice on the International Recruitment of Health Personnel. (2010).

⁷ International Labour Conference. *Fair migration setting an ILO agenda*. (International Labour Office, 2014).

⁸ *Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU*. 188 vol. OJ L (2019).

in training and working conditions are therefore a necessity. This means that the health workforce needs to be valued and receive recognition in their terms and conditions to be competitive with other sectors.

Recruitment of workers

In cooperation with the relevant Member States' authorities, social partners will **continue** to promote the health sector and attract young people into employment in health services. Concerning migrant workers, social partners are committed to supporting a holistic rights-based approach in line with the key principles and commitments of the EPSU-HOSPEEM Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector⁴, the ILO Fair Recruitment agenda⁷ and the WHO Global Code of Practice⁶⁹.

Supporting retention of experienced workers

Valuing and retaining experienced workers' skills and expertise, for example, by coaching and mentoring less experienced staff to transfer knowledge. It is important to have an active ageing policy in place, reflecting the EPSU-HOSPEEM Guidelines and examples of good practice to address an ageing workforce's challenges¹⁰. For example, this can allow for a better work-life balance, such as reducing the working time before retirement without adversely affecting pension entitlements. Social partners at all levels are calling on Member States to develop supporting infrastructures to facilitate work-life balance in a 24/7 service delivery context.

3.2 Improve work organisation

Hospital organisations have to respond to the requirements of a 24/7 service delivery. This will always remain a feature in the healthcare sector and has to be based on a workforce that can render the necessary range of services in various shifts and work patterns. Work organisation needs to consider patients, workers and employers' needs and preferences, including work-life balance. Workers, through their trade unions, should have the opportunity to be involved in determining work organisation. Better work-life balance will lead to improved quality of work and job motivation and reduce occupational health hazards.

HOSPEEM and EPSU acknowledge the benefits gained from staff having planned and agreed hours of work and rest periods. Social partners will cooperate to promote the best way of delivering quality healthcare and safeguarding staff and patient health and safety. Social partners should consider implementing innovative workplace designs, actively involving the health workforce and their representative, trade unions for instance, by involving the healthcare workers at an early rostering stage to ensure safe staffing level.

3.3 Develop and implement workforce planning mechanisms

Workforce planning mechanisms⁶ need to take account of present and future needs to ensure that an adequate number of staff with the requisite skills are available in the right place at the right time. Such measures need to adhere to ethical recruitment principles and respond to the changing demographic profile. Workforce planning needs to involve the participation of social partners on all

⁹ As stipulated in the EPSU-HOSPEEM Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector, this could include organising pre-departure orientation training in their country of origin to fully inform them about their rights and support their inclusion in the sector. To ensure the same rights, benefits, and social protection for migrant workers were comparable to the receiving country's local workers. Furthermore, Social partners are committed to supporting migrants at the workplace and beyond.

¹⁰ European Federation of Public Service Unions & European Hospital and Healthcare Employers' Association. EPSU-HOSPEEM Guidelines and examples of good practice to address the challenges of an ageing workforce in the healthcare sector. (2013).

levels, focused, among other things, on workers needs and professional development to improve the quality of care. This may involve examining the current and future skill needs of the sector, adjusting skills mix and task shifting to the most appropriate level, provided that skills mix contributes to the improvement of care and working conditions. HOSPEEM and EPSU agree that staffing the service may require various working patterns, ensuring quality health services, improvement of work-life balance and workers' standard of living. HOSPEEM and EPSU believe that providing a wide range of work patterns will help recruit and retain staff and alleviate staff shortages, for example where the number of permanent staff is inadequate to deliver quality service, agency staff can be used temporarily to ensure the continued maintenance of high-quality care.

All workers in the health sector must have decent working conditions and be treated equally, irrespective of their employment status.

3.4 Encourage diversity and gender equality in the healthcare workforce

The healthcare workforce should reflect the diversity of the society it cares for. To provide diversity and gender equality in the health care workforce, it is important that existing and future policies offer equal access to work-life balance, career development, and training facilities. The majority of the health workforce are women and, a significant number of both male and female staff also currently have caring responsibilities. To facilitate the full participation of men and women in the labour market, healthcare employers and social partners should take measures and develop policies that will improve workers' work-life balance. Action is necessary to attract more men to take up employment in the healthcare sector. Social partners are committed to develop, promote and share policies and good practices to encourage participation and inclusion of under-represented groups such as ethnic minorities, migrants and refugees at all levels of the health sector.

To that end, employers with the support of trade unions and national bodies should regularly use existing information on remuneration and working conditions to identify and monitor discrimination based on gender, migration, ethnic background, or other characteristics such as age or disability and, if necessary, take appropriate action.

3.5 Initial training, life-long-learning (LLL) and continuing professional development (CPD) for all workers in the sector

A well-trained and motivated workforce will produce better health outcomes and services. The organisation has to include measures to protect time for CPD (and where agreed also LLL), within working time where relevant and required, and to create safe and adequate staffing levels so that staff can be replaced to participate in training activities. Social partners should envisage a range of options, including secondments, on-the-job training, including peer-to-peer learning, mentorship, e-learning (while provided with appropriate equipment) and other innovative career policies and training methods. Extending the available career opportunities for workers, including that of under-represented groups, is critical in retaining healthcare staff as it can help offer a long-term career prospectus. Further, investing in LLL and CPD supports the Member States to aim for self-sufficiency of their health workforce, reducing the brain drain of health professionals to the other Member States.

It is important to have close cooperation between both publicly and privately organised training and national social partners to have a good quality of training.

HOSPEEM and EPSU acknowledge the connection between the investment and availability of training opportunities and the health of the workforce's health.

Social partners should encourage the uptake of, in particular, training to prevent or minimise risks related to musculoskeletal disorders and psychosocial stress and risk at work. CPD needs to reflect

new forms of care, such as the hospital's transition to home care and patient-centred care. Together with the relevant stakeholders, social partners should encourage that training at all stages is up-to-date and delivered most effectively and efficiently and contributes to higher quality of care and patient safety.

EPSU – HOSPEEM Joint Declaration on Continuing Professional Development and Life-Long-Learning for All Health Workers in the EU

EPSU and HOSPEEM encourage initiatives by national social partners in the CPD and LLL and encourage the Member States and employers to increase dedicated investment in CPD and LLL¹¹. In particular, HOSPEEM and EPSU will support their national member organisations in promoting and supporting initial training, life-long learning programmes and continuing professional development with a view of improving the quality of training, up to date knowledge, and staff competences. Social partners should support programmes that assist workers who have undergone training to find jobs corresponding to their newly acquired competences. Social partners should support the development of programmes and initiatives helping workers manage their professional lives and make informed decisions about their future career pathway and training.

3.6 Achieve the safest possible working environment

A healthy and safe work **environment** is essential for patients' health and safety and quality of care delivery. It also contributes to improving the recruitment and retention of health workers. The Framework Directive on Occupational Health and Safety (89/391/EEC) from 1989 paved the way for workers' protection. It reiterated the obligation of employers for ensuring healthy and safe working condition. Workforce organization policies at all levels should thus aim to pre-empt and reduce risks affecting the health and safety of the healthcare workers to enable them to perform their jobs in the safest possible working environment.

Investments in occupational health and safety have overall positive economic and social benefits, as underlined by the social partners and organised civil society¹², and European Agency of Safety and Health at Work¹³. The COVID-19 pandemic underscores the importance of personal protective equipment, adequate workforce level, access to vaccination and promotion of good mental health and tackling burnout¹⁴.

Considering the above, the social partners highlight the following aspects as essential elements moving forward.

Directive on prevention from sharp injuries in the hospital and healthcare sector

Member States have the legal responsibility to implement Directive 2010/32/EU on preventing sharp injuries in the hospital and healthcare sector¹⁵. Social partners will play a full role in ensuring the proper implementation of this Directive and reviewing the effectiveness of policies introduced,

¹¹ European Hospital and Healthcare Employers' Association & European Federation of Public Service Unions. HOSPEEM-EPSU Joint Declaration on CPD and LLL for all Health Workers in the EU. (2016).

¹² Rogalewski, A. & Bontea, A. Summary of the costs and benefits of Investments in occupational safety and health (OSH) (Exploratory opinion at the request of the Finnish Presidency). (2019).

¹³ European Agency for Safety and Health at Work. *The value of occupational safety and health and the societal costs of work-related injuries and diseases*. (Publications Office of the European Union, 2019).

¹⁴ European Centre for Disease Prevention and Control. *Infection prevention and control and preparedness for COVID-19 in healthcare settings - sixth update*. 27 (2021).

¹⁵ European Council. *Council Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU (Text with EEA relevance)*. 134 vol. OJ L (2010).

as carried out in 2012 – 2013 and 2019¹⁶. The survey's recommendations are directed towards national and European level social partners and national bodies within the EU Member States and European institutions linked to the Directive's principles. HOSPEEM and EPSU will commit to supporting national social partners in their actions to address further, implement and evaluate the possible actions and recommendations while respecting the autonomy and competences of the Member States. Acknowledging the limitations of the European Sectoral Social Dialogue regarding the implementation of the Directive in all EU Member States, an EU-wide evaluation on its transposition is vital to ensure equal level workers' protection in line with European legislation. Furthermore, HOSPEEM and EPSU call on the European Commission to evaluate the Directive's transposition to Member State's legal systems.

Psycho-social risks and Stress at Work (PSRS@W)

The presence of PSRS@W affects all levels of the health system and society as a whole: It impacts the health workers and managers (poor well-being and job satisfaction, lower motivation), the organisation (increased absenteeism, presenteeism, increased accident and injury rates), as well as society (costs and burden on individuals and society as a whole). Therefore, trade unions and the Member States should support employers in preventing and managing those risks. EPSU and HOSPEEM acknowledge the keys for reducing and preventing PSRS@W is a comprehensive risk assessment. This assessment should take place at the organisational, team and individual levels. EPSU and HOSPEEM are committed to support the development of measures aiming improve the protection from PSRS@W including through the current Strategic Framework on Occupational Safety and Health 2021 – 2027.

Multi-Sectoral Guidelines to tackle third-party violence and harassment related to work¹⁷

EPSU and HOSPEEM will commit to supporting national social partners in their actions in the field of third-party violence and harassment related to work and commit to the implementation of the guidelines. The social partners organize the negative impact that third-party violence and harassment can have on health workers. It undermines an individual's health, dignity, and safety and has a very real economic impact in terms of absence from the workplace, morale, and staff turnover. Third-party violence can also create an environment that is unsafe and even frightening to the public, workers and service users and therefore has a wide negative social impact. It can also undermine the reputation of an organization both as an employer and provider of services. As a result, social partners agree to work in partnership throughout the implementation of the guidelines and identify, develop, and share best practice models. Furthermore, EPSU and HOSPEEM are calling on Member States to ratify the ILO Convention 190 on Violence and Harassment along with accompanied Recommendation.

Musculoskeletal disorders (MSD)

MSD in the health sector is a growing concern. Therefore, employers and trade unions' cooperation with the national health and safety authorities play a vital role in preventing and managing MSD like other occupational health hazards. With the available assessment instruments, guidelines, and best practices, each healthcare organisation should be committed to developing its tailor-made prevention and management programmes. Moreover, the social partners will continue to exchange and investigate on the relevance of the current regulatory framework on MSD, assessing gaps and potential loopholes to improve the existing legislation.

¹⁶ European Federation of Public Service Unions & European Hospital and Healthcare Employers' Association. *Follow-up on the Directive 2010/32/EU on the prevention from sharps injuries in the hospital and healthcare sector.* (2019).

¹⁷ European Federation of Public Service Unions *et al.* Multi-sectoral Guidelines to tackle third-party violence and harassment related to work. (2010).

Cancer at the workplace

Social partners will promote EU level legislative and non-legislative actions to protect health workers from carcinogenic, mutagenic and reprotoxic hazardous substances. EPSU and HOSPEEM will be involved in the European Commission's five-year plan to tackle cancer¹⁸ (Europe's Beating Cancer Plan) to underline workers' importance and health.

Digitalisation

Digitalisation plays a vital role in the healthcare sector, its attractiveness and resilience. It could help ease the administrative burdens, reduce exposure to harmful working conditions, support training and professional development and broaden access to health for the population. HOSPEEM and EPSU are supportive of the cross-sectoral European social partner agreement on digitalization.

4. IMPLEMENTATION

EPSU, HOSPEEM and their members are committed to implementing the Framework of Actions on Recruitment and Retention.

To that end:

- EPSU and HOSPEEM will assess the implementation of the framework of actions by their members in three years;
- Collate case studies and consider joint EPSU/HOSPEEM model initiatives in line with chapter 3; Monitor European legislation and other pertinent policies which may impact on recruitment and retention fully.

Signed in Brussels on:

MAY 31 2022,



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¹⁸ European Commission. Communication from the Commission to the European Parliament and the Council on the Europe's Beating Cancer Plan. (2021).

