

FEMS Conference
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Conference on inequalities in doctors' working conditions in the EU

**Position of some non-governmental
associations and research groups –
Role of trade unions in inequalities**

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Structure & Key Points

- Are trade unions (TU) contributing to (more) inequalities between different countries or health professions? => Probably “YES”, as supporting principles of free movement of workers and the freedom of establishment
- Do TU aim at addressing inequalities, in particular by promoting a regulation of working and pay conditions as well as supportive frameworks to defend decent working conditions also for migrant workers in the health sector? => “YES”, by means of 1) EPSU-HOSPEEM Code of Conduct (2008), 2) WHO Code of Practice (2010) and 3) (EU & national) anti-discrimination laws and principles
- Do TU endeavour reducing inequalities? => YES, by 1) advocating for public investments, sustainable funding and mechanisms of solidarity-based financing, to the benefit of the workforce (pay and working conditions; healthy and safe workplaces; access to CPD; save and effective staffing levels), too, 2) negotiating collective agreements, 3) defending or improving individual or collective labour rights (also by training of shop stewards) and 4) building up cross-country solidarity (legal advice and support; input in media campaigns)
- EU/Europa: Trade union cooperation in the form of **bilateral agreements**
- **Different regulatory frameworks** for **EU citizens/graduates from EU MS** and **third country nationals (TCN)** and diploma acquired in a country outside the EU => 1) Promotion of bilateral agreements between governments (e.g. D-PHI) and 2) Support for PSI campaign to abolish use fees for recruitment
- Some **data** (from selected countries and in cross-country comparison)
- **Addressing “contextual factors”** => 1) public investments & funding; 2) OSH; 3) Professional careers & access to CPD; 4) mandatory staffing levels

Sectoral Social Dialogue Committee Hospitals Code of Conduct on Ethical Cross-border Recruitment and Retention (2008)

HOSPEEM and EPSU on 7 April 2008 (World Health Day) signed the **Code of Conduct on Ethical Cross-Border Recruitment**

The document contains twelve key principles and commitments:

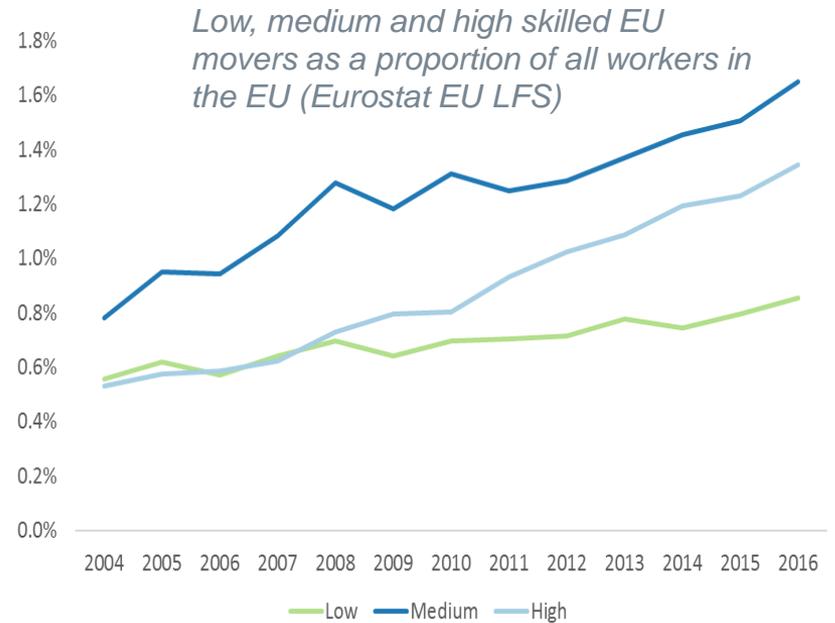
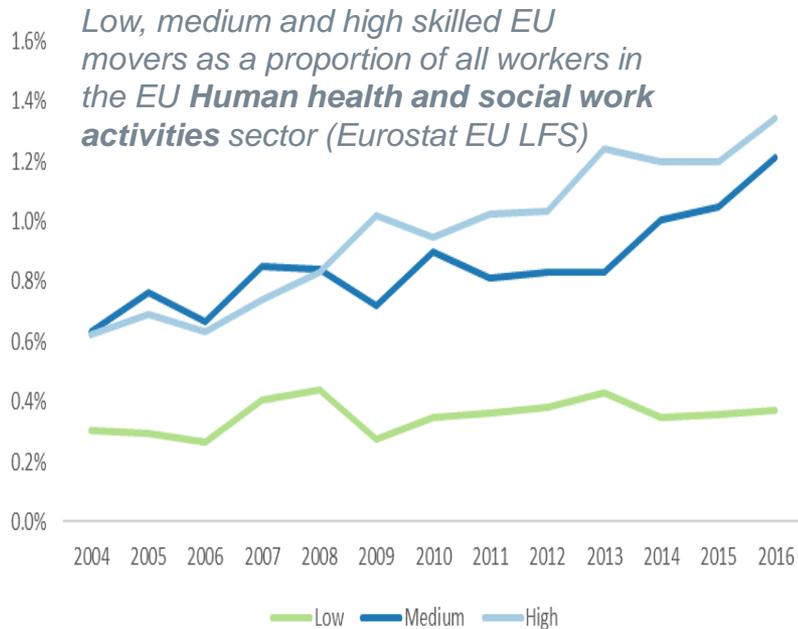
- High quality healthcare, accessible for all people in the EU
 - Registration and data collection
 - Workforce planning
 - **Equal access to training and career development**
 - Open and transparent information about hospital vacancies across the EU
 - **Fair and transparent contracting**
 - Registration, permits and recognition of qualifications
 - **Proper induction, housing and standards of living**
 - **Equal rights and non-discrimination**
 - **Promoting ethical recruitment practices (and placement agencies)**
 - **Freedom of association**
 - Implementation, monitoring (after 3 and after 4 years) and follow up
- ⇒ Joint evaluation report on use of instrument by social partners in EU27 MS , adopted on 5 September 2012
- ⇒ Parallel instrument: **WHO Global Code of Practice on the International Recruitment of Health Personnel**, adopted on 21 May 2010

Recommendations for trade unions

Recommendations for trade unions (TU) from the University Hertfordshire/EPSU Report “Opportunities & Challenges Health Worker Migration in Europe” (2012)

- 1) Improve **training for shop stewards** and their awareness on questions and challenges related to ethical recruitment practices, to the employment, contractual issues, working and pay conditions as well as to the induction of migration workers;
- 2) Review range of **TU services offered for migrant (health and social) care workers**
- 3) Explore strategies for **organising, recruiting and integrating migrant workers**
- 4) Explore the possibility of **reciprocal agreements for temporary membership in TU**
- 5) Encourage and push governments to **invest in health care** in order to improve the sustainable financing of health care systems, the quality of health services, the attractiveness of health professions
- 6) Review any existing **compensatory arrangements** between sender and receiver countries and consider the elaboration of **compensation mechanisms or agreements**

Patterns - Qualifications



- The number of EU movers working in the health sector increased by 113%, from 302,614 in 2004 to 705,289 in 2016
- High-skilled EU movers followed by medium-skilled EU movers make up the largest proportion of all movers
- Highest increase in high-skilled (2.7 times more)

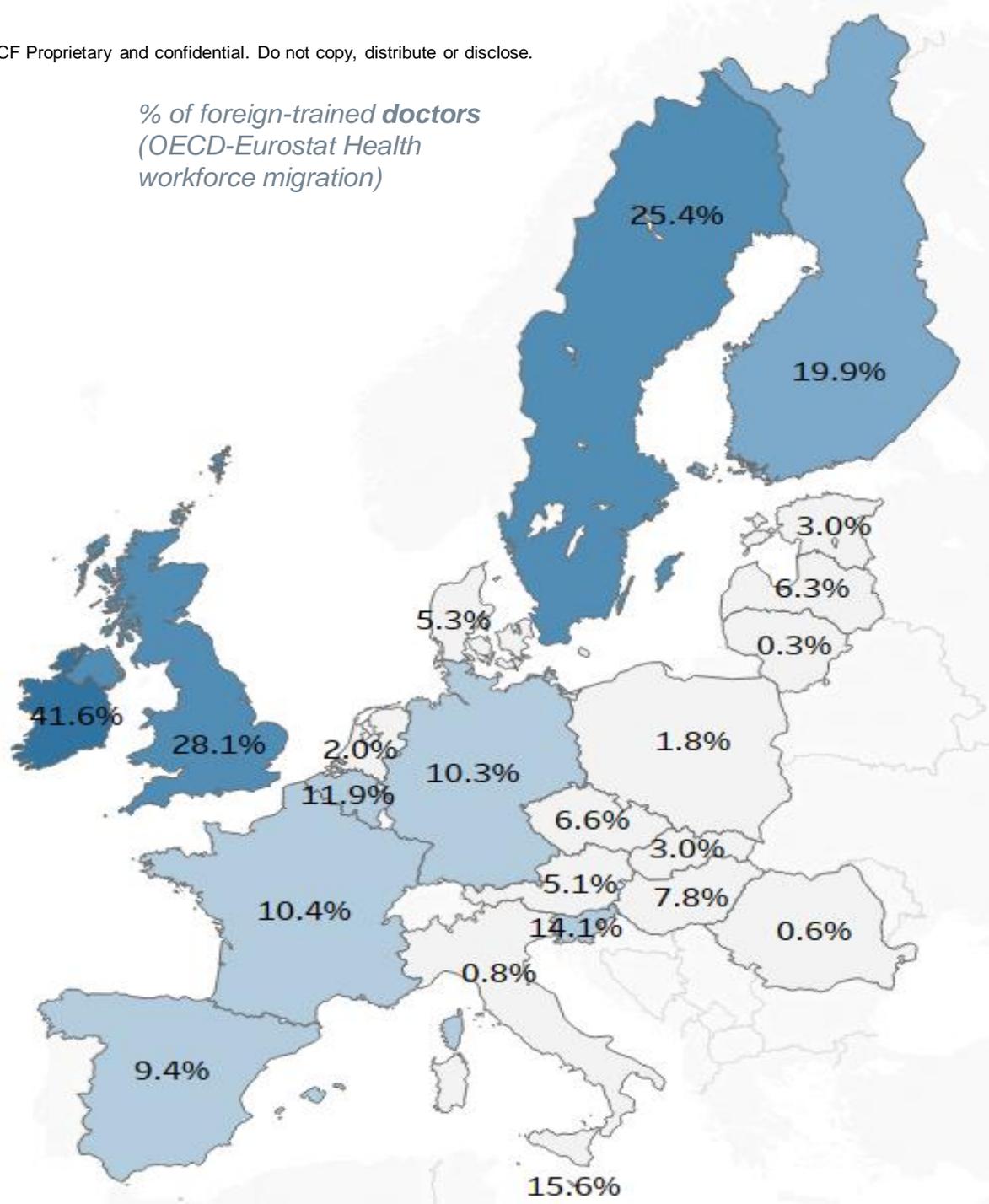
- The number of EU movers working across all sectors increased by 120%
- Medium-skilled EU movers make up the largest proportion of all movers
- Highest increase in high-skilled (also 2.7 times more)

Patterns – receiving countries (doctors)

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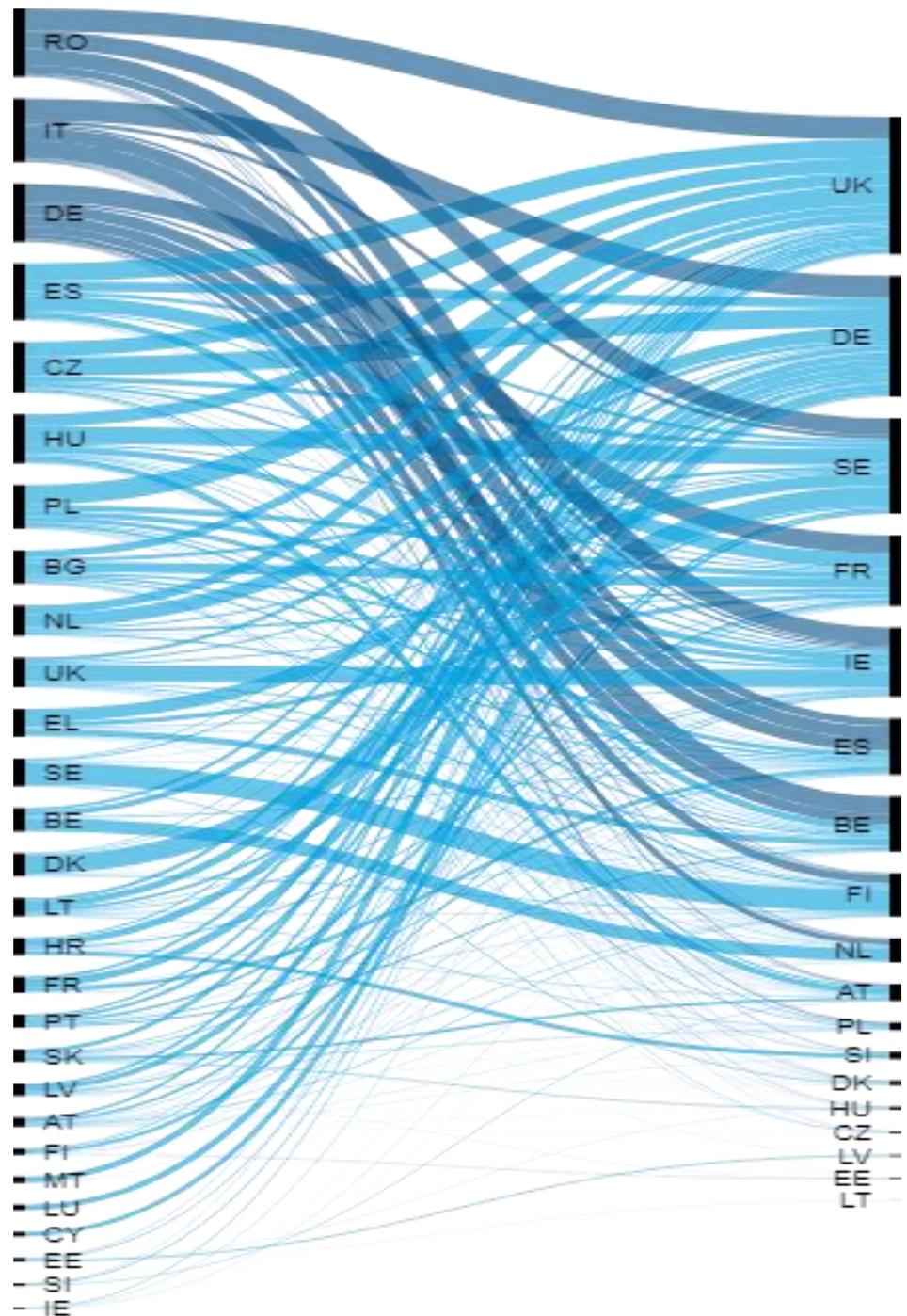
*% of foreign-trained doctors
(OECD-Eurostat Health
workforce migration)*

- **Proportion of foreign-trained doctors (i.e. global)**
- Register data
- 2016 or latest year available
- Ireland has the highest proportions of foreign-trained doctors
- Followed by the UK, Sweden and Finland
- Lower proportions in East and Central EU
- Low proportions in Denmark and the Netherlands
- In line with findings from broader study



Patterns – sending countries (doctors)

- **Stock of EU-trained doctors**
- *Figure: Stock of doctors trained in one country (left), practicing in another EU country (right) (OECD-Eurostat Health workforce migration)*
- Register data, 2016 or latest available
- No data for 10 countries (e.g. IT)
- Romania, Italy and Germany have the highest number of doctors move to work in other EU countries
- The UK, Germany and Sweden receive most doctors from other EU countries
- Other ‘hotspots’ (mainly regional):
 - Germany and Austria
 - UK and Ireland
 - France – Belgium – Netherlands
 - Slovakia to the Czech Republic
 - Greece to Germany and UK
 - Estonia to Finland
 - Poland to Sweden
 - Romania to France
 - Romania to Italy => No good data



Thank you for your interest and attention!

Links for further information

EPSU

<http://www.epsu.org/>

Health and Social Services

<http://www.epsu.org/sectors/health-and-social-services-0>

Social Services

<http://www.epsu.org/nl/search/sectors/health-and-social-services/policies/social-services>

European Social Dialogue Hospital/Health Care Sector

<http://www.epsu.org/nl/search/sectors/health-and-social-services/policies/social-dialogue>

EPSU Newsletter

<http://www.epsu.org/epsu/news-room/newsletter>

Collective Bargaining Newsletter

http://www.epsu.org/search/type/epsucob_article