World Health Organization

Draft Evidence Brief No. 5

The Role of Social Partners in Promoting Fair Recruitment Practices and Safeguarding Decent Working Conditions

Simone Mohrs (HOSPEEM) and Mathias Maucher (EPSU)

Prepared for the 2nd Review of Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel

The role of social partners in promoting fair recruitment practices and safeguarding decent working conditions

Co-authors: Simone Mohrs, European Hospital and Healthcare Employers' Association (HOSPEEM), Brussels, Belgium; Mathias Maucher, European Federation of Public Service Unions (EPSU), Brussels, Belgium;

Contributions by John Delamere, Corporate Employee Relations, Health Service Executive (HSE), Dublin, Ireland; Herbert Beck, Deputy Head of Staff Council, University Hospital Heidelberg, Heidelberg and ver.di, Germany.

Word count:

Abstract

Less than 250 words XXX To be done XXX

Introduction and outline of methods

In the European Union, more than 23 million people are employed in the human health and social work sector (1) of which more than 13 million in healthcare, accounting for an estimate of 10% of all jobs in the EU (2). By 2025, this number is anticipated to have grown further by 7.8 % accounting for 1.8 million new jobs (3). However, workforce shortages in the health sector across the EU hinder the full development of these opportunities among others due to the retirement of the baby boomer generation, shortages of specialist skills and inadequate distribution of health workforce in many EU countries and regions (4,5).

According to Regulation (EU) No 492/2011, European citizens and hence workers are free to move across the EU without any restrictions or discrimination (6). In addition, Directive 2005/36/EC and Directive 2013/55/EU on the recognition of professional qualifications foresee a special provision for citizens practising a regulated profession among them five health professions[1] as well as harmonised minimum training requirements and a European Professional Card (7,8). The automatic recognition of professional qualifications systems allows them to practice in a host Member State[2] other than their home Member State[3]. Further to the provisions for EU citizens, Directive 2013/55/EU also addresses the equal treatment of third-country nationals with regard to recognition of diplomas, certificates and other professional qualifications. A succinct overview of the relevant legislative texts is displayed in **Box 1**.

[1] Nurses, midwives, doctors, dentists, pharmacists

[2] "Member State which makes access to or pursuit of a regulated profession in its territory contingent upon possession of specific professional qualifications" Article 1 of Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance)

[3] Member State(s) in which the professional obtained his or her professional qualification. Article 1 of Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance)

The legal framework of the movement of workers in the European Union

1. **Regulation (EU) No 492/2011 on freedom of movement for workers**

   Any national of a Member State shall, irrespective of his place of residence, have the right to take up an activity as an employed person, and to pursue such activity, within the territory of another Member State in accordance with the provisions laid down by law, regulation or administrative action governing the employment of nationals of that State (6).

2. **Directive 2005/36/EC on the recognition of professional qualifications**

   The Directive enables the free movement of professionals such as nurses, midwives, doctors (general practitioners and specialists), dental practitioners and pharmacists. It sets out rules for temporary mobility, the establishment in another EU MS, systems of recognition of qualifications and knowledge of languages and professional academic titles (9).

3. **Directive 2013/55/EU on the modernisation of Directive 2005/36/EC**

   In addition to the provisions laid out in Directive 2005/26/EC, this Directive introduces a European Professional Card (EPC), modernises the harmonisation of minimum training requirements, an alert mechanism for professions with patient safety implications, common training [frameworks and] principles, mutual evaluation exercises on regulated professions and continuing professional development. Third-country nationals may also benefit from equal treatment with regard to recognition of diplomas, certificates and other professional qualifications, in accordance with the relevant national procedures, under specific Union legal acts such as those on a long-term residence, refugees, 'blue cardholders' and scientific researchers (10).

Source: EUR-Lex (11)

Box 1 European legal framework of movement of workers and health workforce

Description of the policy concern

Out of 5,798 regulated professions in the EU, 39.1% are associated with health and social services professions, making it the largest regulated sector in the EU (12). Further, they are also one of the most mobile professions in the European Union since 1997[4] (13) (see **Figure 1**). In total, 86,752 doctors of medicine and 94,424 nurses from the EU Member States applied to work elsewhere in the EU between 1997 and 2016[4] with a tendency to migrate from Eastern and Southern Europe to Western and Northern Europe or between neighbouring countries (14,15).

Taking into consideration changes over the years, a steady increase from 2005 to 2012 and a steep increase between 2013 and 2016 can be observed (13) (see **Figure 2**). This is linked to the entry of thirteen countries in the EU[5] between 2004 and 2013 and the transposition of Directive 2005/35/EC and Directive 2013/55/EU into national law in October 2007 and January 2016 respectively.

Latest available research confirmed various push and pull factors for the health workforce to either move or stay. These are among other wages, working conditions, professional

[4] Calculated by number of decisions taken on recognition of professional qualifications for the purpose of permanent establishment within the EU Member States.
[5] In 2004: Cyprus, Czechia, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia; in 2007: Bulgaria and Romania; in 2013: Croatia

development opportunities, availability of jobs and other factors such as language barrier and peer pressure[6] (14,16).

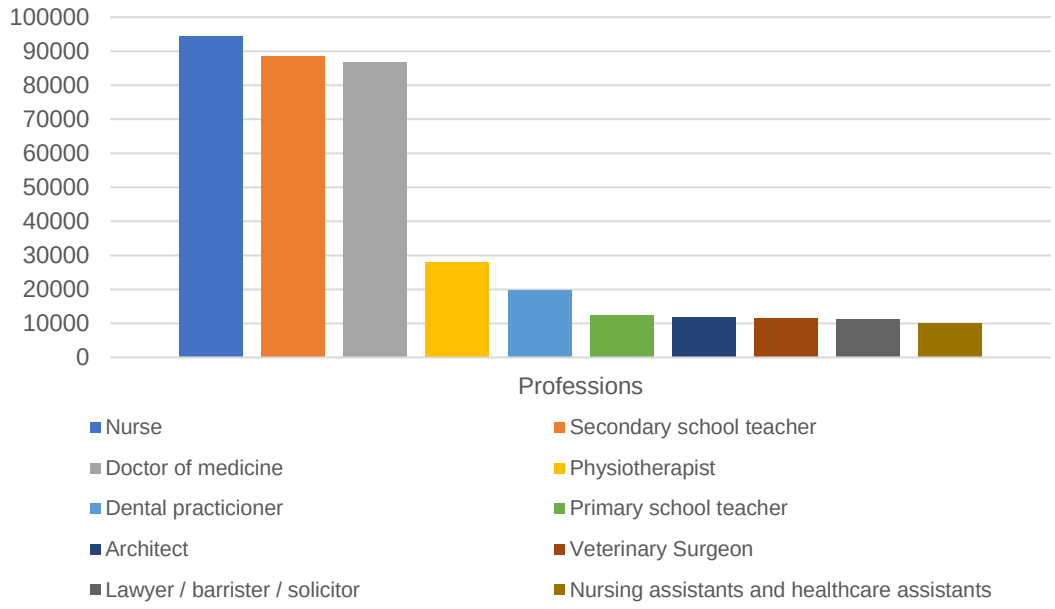

Figure 1 Ranking for the establishment of professionals moving within the EU 1997 – 2016 (13)

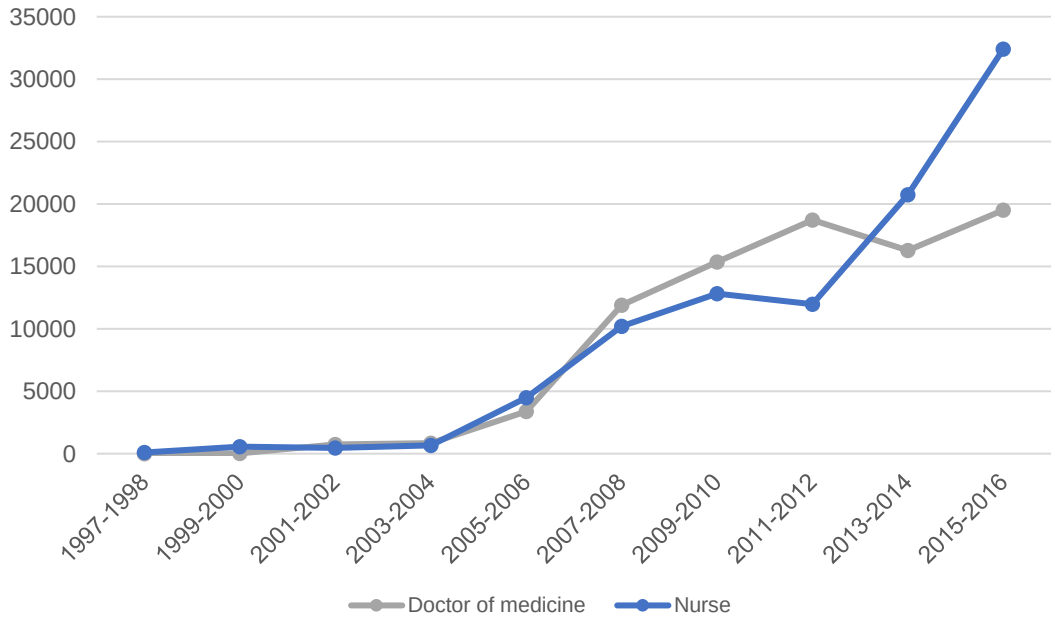

Figure 2 Number of established professionals moving within the EU 1997 – 2016 (13)

On the national level, policy responses can be observed from host Member States that stimulate the mobility of EU healthcare professionals to their country to measures of home Member States. On European level, stakeholders, such as the European social partners – the Hospital and Healthcare Employers' Association (HOSPEEM) and the European Federation of Public Service Unions (EPSU) – have been responding with policy tools and recommendations in the

[6] Doctors were more likely to immigrate if a colleague from the same workplace recently immigrated (16)

framework of the European Sectoral Social Dialogue to address mobility of healthcare professional and ethical cross-border recruitment processes from within the European Union and third-country nationals.

The European social partners form the Sectoral Social Dialogue Committee for the Hospital and Healthcare Sector (SSDC HS), which represents the interest of workers and employers covering hospitals and human health activities as defined by the NACE (Rev.2) code 86[7] (17,18). **Box 2** describes the social partners' focus areas, aiming to address various challenges, among them (cross-border) recruitment and retaining of workers, as well as an ageing workforce and the development of new care patterns.

The Sectoral Social Dialogue Committee for the Hospital and Healthcare Sector (SSDC HS)

The social partners are currently focusing on:

- Occupational health and safety;
- Recruitment and retention of the healthcare workforce;
- Continuing professional development and life-long learning for all healthcare staff;
- Strengthening the capacity of the hospital and healthcare social dialogue structures across all EU countries;
- Promoting the exchange of knowledge and experience among the social partners' organisations and their representatives;
- Influencing policies at EU level by monitoring and getting involved in EU consultation and legislative processes.

Source: European Commission (17)

Box 2 Core activities of the Sectoral Social Dialogue Committee for the Hospital and Healthcare Sector

In order to address the current challenges in (cross-border) recruitment and retention of the healthcare workforce, the European social partners have elaborated and committed to a Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector with the aim to promote ethical and stop unethical practice in cross-border recruitment in the sector, hereinafter referred to as CoC (19)[8].

The EPSU-HOSPEEM Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector (2008)

On 7 April 2008, the signatories of the CoC highlighted the need to co-operate and work with governments, regulatory and professional bodies at the local, regional and national level to protect the rights of workers and ensure that employers get highly qualified staff. The European social partners acknowledge the mutual benefits of migration for workers and employers in home and host Member States, deriving from the exchange of practices, knowledge and experience between various actors. Further, it is important to note that the CoC needs to be seen on the backdrop of Convention 97 of the International Labour Organization (20) and existing European and national legislation as well as collective bargaining agreements and subjects such as registration, recognition and migration procedures (6–8,21). Therefore, the

[7] Statistical classification of economic activities in the European Community
[8] The CoC is available in 12 official EU languages – Bulgarian, Czech, Dutch, English, Finnish, French, German, Hungarian, Polish, Romanian, Spanish and Swedish – and Russian.

social partners commit to working in partnership with the above-mentioned stakeholders, within their respective competencies, in order to facilitate a socially responsible and effective process by committing to the 12 key principles as described in **Box 3** (19).

The EPSU-HOSPEEM Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector is based upon 12 key principles and commitments:

1. **High-quality healthcare, accessible to all people in the EU**

   The EU Member States must be able to maintain a financially sustainable and effective healthcare system, which also depends on an adequate supply of well-trained and committed health workers

2. **Registration and data collection**

   Employers and trade unions need to have access to reliable and comparable data and information on migration and migrant health workers to assess policy on ethical recruitment. The collection and analyses of these data is a shared responsibility of the national governments and social partners.

3. **Workforce planning**

   Effective planning and human resources development strategies at the local, regional and national level are necessary to ensure a balance between supply and demand of health care personnel while offering long-term prospects for employment to healthcare workers.

4. **Equal access to training and career development**

   Employers and workers should cooperate to facilitate skills and career development, based on qualifications, training, experiences, and skills requirements. Where appropriate, specific competence development such as necessary language training needs to be put in place to enable new employees to discharge their duties.

5. **Open and transparent information about hospital vacancies across the EU**

   Information on hospital vacancies and recruitment procedures should be available and accessible for instance by publication through internet channels, e.g. via EURES[9].

6. **Fair and transparent contracting**

   Workers and employers need to be protected from false information and exploitation. Prior to appointment, employers need to provide accurate information on working conditions and workers' rights and obligations. Workers need to provide to employers correct information on their formal training and education, qualifications and experience, language skills, and provide references upon request.

7. **Registration, permits and recognition of qualifications**

   Information should be made available to the migrant health workers about the formal requirements to live and work in the host Member State prior to their arrival. Cooperation between social partners and regulatory bodies will be encouraged.

8. **Proper Induction, housing and standards of living**

[9] The EURES platform helps jobseekers to move abroad by finding a job in Europe; https://ec.europa.eu/eures/public

A comprehensive induction policy developed by employers and workers must be in place for all internationally recruited workers to ensure that the staff is able to settle into their new environment. Policies should take into account the national,` regional and local circumstances, and the specific background of recruited staff. The induction itself should at least include an in-house training on the work practices and relevant regulatory framework, but also information on local housing and community facilities.

9. **Equal rights and non-discrimination**

   Migrant health workers have the right to the same employment and working conditions, social benefits and professional obligations their national peers in the host Member State. This comprises an equal application of national legislation, collective agreements, health and safety standards and the principles as stated in the Race Equality Directive 2000/43/EC[10], the Equality Framework Directive 2000/78/EC[11] and the Right to Equal Pay Directive 2006/54/EC[12]. Migrant health workers also should enjoy within the country the same legal protection of employment.

10. **Promoting ethical recruitment practices**

    Employers should commit to continuous promotion of ethical recruitment practices. When using the services of external agencies in this regard, only agencies with demonstrated ethical recruitment practices should be used for cross-border recruitment. In case exploitative practices occur, social partners need to offer the employed migrant health workers the necessary support and/or protection and take sanctions against these agencies such as removing them from agreed lists.

11. **Freedom of association**

    Migrant hospital workers as all workers should have the right to affiliate to a trade union and/or a professional association in order to safeguard their rights as workers and professionals.

12. **Implementation, Monitoring and Follow-up**

    HOSPEEM and EPSU agree to effectively implement, through their respective members the Code within a period of 3 years after adoption. By the end of the fourth year, a report will be issued on the overall implementation.

Source: EPSU-HOSPEEM (19)

Box 3 The 12 key principles and commitments of the EPSU-HOSPEEM Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector

As committed to in the 12th key principle in **Box 3**, it was agreed to follow-up on the implementation of the CoC over the years. The European social partners have continuously opened the floor for an exchange on good practices on the implementation of the CoC on the national level, as well as elaborated an overall implementation report in 2012. The implementation report highlights not only the national implementation strategies used by social

[10] Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin. 180, 32000L0043 Jul 19, 2000. Available from: http://data.europa.eu/eli/dir/2000/43/oj/eng

[11] Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation. 303, 32000L0078 Dec 2, 2000. Available from: http://data.europa.eu/eli/dir/2000/78/oj/eng

[12] Directive 2006/54/EC of the European Parliament and of the Council of 5 July 2006 on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation (recast). 204, 32006L0054 Jul 26, 2006. Available from: http://data.europa.eu/eli/dir/2006/54/oj/eng

partners – in some countries in cooperation with governments and other public authorities – but also provides insight about their knowledge about and the use of the WHO Global Code of Practice on International Recruitment of Health Personnel (2010).

Methods

A questionnaire agreed by the HOSPEEM and EPSU Secretariats and taking into consideration feedback by a number of member organisations was made available[13] to all HOSPEEM and EPSU members. Its aim was to gather information on the follow-up to and the use of the CoC by the national social partners and also to obtain feedback if any revisions were considered useful. In total, 15 replies from 14 countries[14] (see **Figure 3**) were received and presented in a report which was adopted in June 2012, following two rounds of exchanges in the SSDC HS (22).

Figure 3 Coutries replied to questionnaire on Use and implementation of the CoC

Additional activities

The signatory parties of the CoC did not contain their activities in the last years to the follow-up to and the promotion of their own text, also vis-à-vis the WHO and the ILO, but also actively looked into the recruitment and employment conditions of third-country nationals.

HOSPEEM and EPSU contributed to the conference "European Dialogue on Skills and Migration" on 28 January 2016 by the European Commission, DG HOME. The conference was built around the questions "*How can the EU be more attractive for third countries health sector professionals?*", "*Does the EU need specific policies in this regard at EU level?*" and "*Which role can the EU play in bridging programmes and on the job training for foreign health professionals?*" Further, the European social partners presented the CoC in a workshop on "health and care" and reflected on its use, in conjunction with the WHO Global Code of Practice on International Recruitment of Health Personnel, in order to promote ethical recruitment and employment conditions for workers without an EU passport or diploma obtained in one of the EU Member States. The case example below was presented and discussed as a "good practice" case for the EU.

Looking beyond the EU and to the recruitment of health workers from third countries, EPSU and its umbrella organisation Public Service International (PSI) consider the tool of bilateral agreements as the most appropriate instrument to ensure fair recruitment and decent employment conditions, not least as they allow for an institutionalised involvement of trade unions and the representatives of the staff on workplace level. This is illustrated with a case

[13] The survey was conducted in seven official EU languages: English, French, German, Italian, Russian, Spanish and Swedish

[14] Austria, Bulgaria, Czech Republic, Denmark, Estonia, Finland, Germany, Italy, Latvia, Lithuania, Norway, The Netherlands, Slovakia and Sweden

study in **Box 4**, provided by ver.di, Trade Union, Germany. It shows that from a trade union perspective a successful integration professional and social approach is indispensable for decent employment of migrant health professionals and workers. Additional resources need to be mobilised, by the employers who wish to recruit third-country nationals, by the staff in order to support and smoothen the inclusion of the new colleagues at the workplace, by the public employment services and by other support services or persons.

A bilateral agreement on the recruitment and employment of Philippine nurses in Germany

Germany and the Philippines in March 2013 have concluded an intergovernmental agreement, which describes the framework, rights and obligations for German hospital employers and the nurses recruited from the Philippines. It is in line with the WHO Global Code of Practice, relevant ILO Conventions, international human rights and anti-discrimination provisions. The bilateral agreement foresees the same employment and social rights and the same remuneration as for the colleagues in Germany once they have passed the exam. The employment contract is based on the collectively agreed average wage, all relevant collective agreements apply to the migrant workers, too. The German employer must provide housing facilities and has to pay for the costs of the flight and the language courses (to arrive at level B2[15]) needed. The Philippine nurses work (that undergo a process of pre-selection in their home country and already attend languages courses there) in a defined field of practice, taking account of their professional experience, get three to four months of training to prepare for the exam for the recognition of professional qualifications and obtain multifaceted professional and social support, including with interpretation and for administrative tasks. The bilateral agreement is the basis for the Triple Win Project[16] that offers comprehensive support with a transparent and safe procedure which benefits the employers, the migrant nurses and the home countries. As an up-to-date unique "feature" a Joint Monitoring Committee (JMC) was set up in which both the relevant German (ver.di.) and Philippine (PSLINK) trade unions are represented and which among others identifies potential problems at each stage, to follow up on them and to propose improvements.

Source: Triple Win Project (24,25) and information directly provided by Herbert Beck, Verdi, Trade Union, Germany

Box 4 Bilateral agreement on the recruitment and employment of Philippine nurses in Germany

As one of the EU Member States with one of the highest numbers of foreign trained healthcare professionals, HOSPEEM's member NHS Confederation have developed their own Code of Practice for international recruitment (CoP) (26). It is based on the EPSU-HOSPEEM Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector and the WHO Global Code of Practice on the International Recruitment of Health Personnel. The key aspects of the UK CoP are that healthcare professionals should not be actively recruited from developing countries, unless there is a bilateral agreement between governments to support recruitment activities. Further, employers are strongly advised to adhere to the CoP in all matters concerning the international recruitment of healthcare professionals. In regard to recruitment agencies, the CoP foresees that if a recruitment agency wishes to supply the NHS must need to comply with the code. **Box 5** presents a case study supporting skilled refugees into clinical practice to help workforce supply.

[15] According to the Common European Framework of Reference for Languages: learning, teaching, assessment (23)

[16] A project in cooperation with GIZ and the Central Foreign and Specialised Placement Service (ZAV) of the Federal Employment Agency for the sustainable recruitment of nursing staff from abroad.

North Tees and Hartlepool NHS Trust: Supporting skilled refugees into clinical practice to help workforce supply

In order to tackle skills shortages and overall workforce shortages, the North Tees and Hartlepool NHS Foundation Trust (NTHFT) of the United Kingdom made use of the skills of the increasing numbers of refugees and asylum seekers in their community and developed a resettlement programme for qualified overseas doctors and healthcare professionals, called REPOD. The programme consisted of three phases where 1.) with the help of a local charity the trust identified local refugees and asylum seekers wishing to return to practice and provided them with access to clinical mentors, such as the General Medical Council (GMC). 2.) the individuals received tailored open-ended clinical attachments with enhanced supervision which was supported by a clinical education programme. 3) Those of the individuals that gained the GMC registration are given career advice and support in applying for jobs. The key elements for success include the individuals' motivation, a supportive organisational culture and the correct training programme with clear goals and ongoing user support. Further, the Trust reported that the success is also due to strong partnership with external organisations, creating a compassionate environment and by using a strong evaluation model.

Source: NHS Employers (27)

Box 5 Supporting skilled refugees into clinical practice to help workforce supply

Finally, EPSU in the last years has contributed to projects, campaigns and initiatives of civil society organisations, building on the thematic work with HOSPEEM, but also on a report published in 2012 (28) and which had involved EPSU affiliates from about 25 countries. These activities could be well illustrated by EPSU's involvement in a conference organised on 05 May 2015 in the European Parliament, Brussels, Belgium (29) that also promoted the use of the CoC.

Findings

This section will showcase various examples from the joint report prepared in 2012 to assess the implementation and use of the EPSU-HOSPEEM Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector (22). In 2001, seven years before the signing of the CoC the United Kingdom had already adopted a Code of Practice (CoP) (revised in 2004) (26). It provides social partners with seven guiding principles and best practice benchmarks for recruitment agencies. All healthcare organisations (including recruitment agencies) can adhere to the Code. The Dutch social partners informed about the activities and steps undertaken by them and how existing arrangements in the form of laws or collective agreements already had covered the principles contained in the CoC (see **Box 6**).

Social partners from a number of EU Member States informed that they had organised internal seminars with members of trade unions or employers organisations respectively, but also met public authorities ranging from local to national level. In the Netherlands and Sweden, Joint Steering Committees were set up. The Finnish social partners in the hospital sector reported that they did not use the CoC because most of its content had already been implemented by national legislation. Finally, member organisations from Bulgaria, Denmark, Finland, the Netherlands and Norway informed that both the CoC and the WHO Global Code of Practice on the International Recruitment of Health Personnel (30) are being used in their country in parallel.

The three key challenges reported by HOSPEEM and EPSU members were related to:

I. sufficient language skills and adequate professional qualifications in order to facilitate a swift integration of migrant healthcare workers as well as to the availability of measures to overcome deficits identified;
II. insufficient use of the qualified workforce that already lives in a country of destination but currently are not working in the health care sector; and
III. the need for countries affected by an outflow of health workers to enact policies and measures to make employment in their hospital/health care sector more attractive.

It was suggested to continue the spreading of good practices of ethical recruitment and to influence the revision of Directive 2005/36/EU back then on the agenda. The second recommendation was realised with the elaboration of joint consultation papers and partially also by joint lobbying work toward the European Commission and the European Parliament. The first proposal was most recently taken up with a ceremony and joint media release to celebrate the 10th anniversary of the signing of the CoC around World Health Day 2008 (31).

Case studies of the Netherlands on the work of the national sectoral social partners following the CoC

The Dutch sectoral social partners in the hospital sector undertook several steps to promote the use of the CoC, but also the realisation of its principles. The issue was given priority and dealt with by the Working Group "Europe" of the Labour Market Foundation for Social Partners in Hospitals in the Netherlands (StAZ). Following the translation of the CoC into Dutch, it was assessed in light of the applicable legislation, agreements between special partners and initiatives by Dutch authorities and social partners. This evaluation – summarised in a detailed overview in Dutch and English – helped to indicate both the existing measures to safeguard ethical recruitment, but also gaps in relation to the implementation of the CoC. There is also an agreement to blacklist recruitment agencies which are not complying to ethical recruitment practices and to publish this list on the StAZ website.

Source: HOSPEEM-EPSU (22)

Box 6 Case studies of the Netherlands on their work following the CoC

In the context of all activities since about 2012, both HOSPEEM and EPSU have aimed to promote their CoC as a complementary tool (with a geographical scoped limited to the EU) to the WHO Global Code of Practice on the International Recruitment of Health Personnel. The CoC focuses on and only commits the national and EU-level social partners in the hospital and health care sector, whereas the latter instrument is targeted at national governments (which also have the reporting obligations), but both instruments pursue the same (or at least very similar) objectives and include the same (or very similar) principles. They are strongly interested in continuing – EPSU jointly with PSI – the cooperation with the WHO (and the ILO and the OECD) on the topic of ethical cross-border recruitment and retention, not least in the context of the International Platform on Health Worker Mobility.

Discussion

Lessons learned for EPSU-HOSPEEM in light of the Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector

Lesson 1

By addressing ethical cross-border recruitment and the retention of health professionals and signing the 'EPSU-HOSPEEM Code of Conduct on Ethical Cross-Border Recruitment and Retention in the Hospital Sector' EPSU and HOSPEEM supported the creation of a level playing field across all EU Member States and Norway as well as fair and decent employment and working conditions. This can be considered as one of the major achievements of the Sectoral Social Dialogue Committee for the Hospital Sector by contributing to equal opportunity for the health workforce and minimising unnecessary burdens on healthcare systems caused by unethical recruitment practices.

Lesson 2

The CoC can be considered as an important instrument to support the free movement of workers within the EU while preventing unethical competition between the Member States and employers in terms of the whole cross-country recruitment process, fair and transparent contracting and the induction of migrant workers at the new workplace. This also holds for their equal and non-discriminatory treatment with regard to labour law, social protection provisions and the access to training and career progression and the freedom of association.

Lesson 3

The CoC is a success story not least as was elaborated through a bottom-up approach, by equally involving the relevant sectoral trade unions and employers' associations throughout the process and creating a sense of joint ownership, including in the promoting of the CoC in their national contexts and in the monitoring of its use and possible adaptations needed.

Recommendations

For EPSU-HOSPEEM in light of the Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector

Recommendation 1

The promotion and safeguarding of decent employment and working conditions, fair and transparent contracting and the induction of migrant workers at the new workplace are of mutual benefits for employers and (both domestic and migrant) workers. National social employers in the hospital/health care sector should on a regular basis assess the situation in their country, identify possible problems and aim at jointly tackling them, including vis-à-vis governments (at different levels) and other relevant public authorities.

Recommendation 2

The Sectoral Social Dialogue Committee for the Hospital and Healthcare Sector should consider a similar follow-up exercise as in 2011 and 2012 in the years following the forthcoming assessment of WHO Global Code of Practice on the International Recruitment of Health Personnel and the after the thematic WHO conference in 2020.

Recommendation 3

There is a need to strive for national self-sufficiency, in parallel to cross-country recruitment initiatives, which implies a joint effort of national stakeholders, public investment and sustainable funding of and into health care systems and the health workforce.

For WHO in light of the WHO Global Code of Practice on the International Recruitment of Health Personnel

The social partner-oriented CoC should be promoted by governments (at different levels), other relevant public authorities, but also the WHO, ILO and OECD in all European countries as a complementary tool to the WHO Global Code of Practice on the International Recruitment of Health Personnel.

Implementation considerations

For WHO in light of the WHO Global Code of Practice on the International Recruitment of Health Personnel

With the EPSU-HOSPEEM Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector, the EU social partners were able to bring national employers' organisation and Trade Union together and to agree on the principles laid down in the CoC which were formulated during the Sectoral Social Dialogue Committee of the Hospital and Healthcare Sector. Since then, the national and EU level social partners alike have shared the history of its creation and the various national case studies on the implementation of the CoC with representatives from national government, European and international stakeholders, such as the Public Service International, the International Platform on Health Worker Mobility (32) of the World Health Organization and "Working for Health" (33) of the World Health Organization, International Labour Organisation and the Organisation for Economic Co-operation and Development. Being able to present the CoC to the various audiences enabled the EU level social partners to maximise the dissemination and visibility opportunities of the CoC. It could therefore be considered, if the WHO Code and other relevant documents could be further disseminated and presented at e.g. the Sectoral Social Dialogue Committee for the Hospital Sector or any European projects focusing on health workforce migration.

References

1. European Semester Thematic Fiche Health and Health Systems. European Commission; 2015.

2. Commission Staff Working Document: Analytical underpinning for a New Skills Agenda for Europe. A New skills agenda for Europe: Working together to strengthen human capital, employability and competitiveness [Internet]. European Commission; 2016 [cited 2019 May 22]. Available from: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52016SC0195#footnote198

3. Skills Forecast [Internet]. Cedefop. 2016 [cited 2019 May 22]. Available from: http://www.cedefop.europa.eu/en/publications-and-resources/data-visualisations/skills-forecast

4. Commission Staff Working Document: Action Plan for the EU Health Workforce. Towards a job-rich recovery [Internet]. European Commission; 2012 [cited 2019 May 22]. Available from: https://ec.europa.eu/health/sites/health/files/workforce/docs/staff_working_doc_healthcare_workforce_en.pdf

5. 2019 European Semester: Country Reports [Internet]. European Commission. [cited 2019 Mar 11]. Available from: https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en

6. Regulation (EU) No 492/2011 of the European Parliament and of the Council of 5 April 2011 on freedom of movement for workers within the Union Text with EEA relevance [Internet]. OJ L, 32011R0492 May 27, 2011. Available from: http://data.europa.eu/eli/reg/2011/492/oj/eng

7. Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance) [Internet]. 255, 32005L0036 Sep 30, 2005. Available from: http://data.europa.eu/eli/dir/2005/36/oj/eng

8. Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation') Text with EEA relevance [Internet]. 354, 32013L0055 Dec 28, 2013. Available from: http://data.europa.eu/eli/dir/2013/55/oj/eng

9. Recognition of professional qualifications in practice [Internet]. European Commission. 2016 [cited 2019 May 22]. Available from: https://ec.europa.eu/growth/single-market/services/free-movement-professionals/qualifications-recognition_en

10. Modernisation of the Professional Qualifications Directive – frequently asked questions [Internet]. European Commission. 2013 [cited 2019 May 22]. Available from: http://europa.eu/rapid/press-release_MEMO-13-867_en.htm

11. EU law - EUR-Lex [Internet]. European Union. [cited 2019 May 24]. Available from: https://eur-lex.europa.eu/homepage.html

12. Number of regulated professions and distribution by economic sector - interactive map [Internet]. European Commission. 2019 [cited 2019 May 23]. Available from: http://ec.europa.eu/growth/tools-databases/regprof/index.cfm?action=map&b_services=true

13. Regulated Profession Database - Ranking for establishment [Internet]. European Commission. 2019 [cited 2019 May 23]. Available from: http://ec.europa.eu/growth/tools-databases/regprof/index.cfm?action=stat_ranking&b_services=false

14. Study on the movement of skilled labour - Final report. Brussels: European Commission; 2018 Jun.

15. International Labour Organization. Health worker migration flows in Europe: Overview and case studies in selected CEE countries – Romania, Czech Republic, Serbia and Croatia [Internet]. Geneva: International Labour Organization; 2006 [cited 2019 May 24]. 112 p. (Sectoral Activities Programme). Available from: https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/publication/wcms_161162.pdf

16. Varga J. Out-migration and attrition of physicians and dentists before and after EU accession (2003 and 2011): the case of Hungary. Eur J Health Econ. 2017;18(9):1079–93.

17. Sectoral social dialogue - Hospitals and healthcare [Internet]. Agencies and Partners. 2018 [cited 2018 Jul 26]. Available from: http://ec.europa.eu/social/main.jsp?catId=480&langId=en&intPageId=1838

18. EUROSTAT. NACE rev. 2. Luxembourg: Office for Official Publications of the European Communities; 2008.

19. European 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 [Internet]. 2008 [cited 2018 Jul 30]. Available from: https://www.epsu.org/sites/default/files/article/files/EPSU-HOSPEEM_Code_of_conduct_07-04-08_with_signatures-2.pdf

20. International Labour Organization. Convention concerning Migration for Employment (Revised 1949). CO97. Sect. Labour Standards Jul 1, 1949.

21. Anonymous. Automatic recognition [Internet]. European Commission. 2016 [cited 2019 May 24]. Available from: https://ec.europa.eu/growth/single-market/services/free-movement-professionals/qualifications-recognition/automatic_en

22. European Federation of Public Service Unions, European Hospital and Healthcare Employers' Association. Use and implementation of the EPSU-HOSPEEM Code of Conduct on Ethical Cross-Border Recruitment and Retention in the Hospital Sector Joint Final Report by EPSU and HOSPEEM [Internet]. Brussels; 2012 May [cited 2018 Jul 30]. Available from: https://www.epsu.org/sites/default/files/article/files/Report-Use_Implementation-EPSU-HOSPEEM-CoCECBR_R-adopted-05-09-12.pdf

23. Europarat, editor. Common European Framework of Reference for Languages: learning, teaching, assessment. 10. printing. Cambridge: Cambridge Univ. Press [u.a.]; 2009. 260 p.

24. Bundesagentur fur Arbeit, Zentrale Auslands- und Fachvermittlung. Projekt Triple Win [Internet]. [cited 2019 May 29]. Available from: https://www.arbeitsagentur.de/vor-ort/zav/Triple-Win-Pflegekraefte

25. Rieder LP. Pflegekräfteimport als Erfolgsmodell? 500 philippinische Krankenpflegekräfte für Deutschland. suedostasien [Internet]. 2013; Available from: https://www.asienhaus.de/fileadmin/uploads/soai/Zeitschrift_SOA/2013/2013-3/SOA_2013-03_Rieder_Pflegekraefteimport-Philippinen.pdf

26. Department of Health. Code of Practice for the International Recruitment of Healthcare Professionals [Internet]. 2004 [cited 2019 May 29]. Available from: http://www.nursingleadership.org.uk/publications/codeofpractice.pdf

27. NHS Employers. North Tees refugee programme [Internet]. 2018 [cited 2019 Jun 16]. Available from: http://www.nhsemployers.org/case studies and resources/2018/11/supporting skilled refugees into clinical practice

28. Hardy J, Calveley M, Shelley S, Zahn R. Opportunities and challenges related to cross border mobility and recruitment of the health sector workforce [Internet]. European Federation for Public Services Unions; 2012 [cited 2019 May 29]. Available from: https://www.epsu.org/article/epsuuni-hertfordshire-report-migration-health-elderly-care-workers-and-related-trade-union

29. EPHA. Event announcement | Mobility of Health Professionals in the EU – Ethical Recruitment and Policy Coherence (5 May, Brussels) - EPHA [Internet]. https://epha.org/. [cited 2019 May 29]. Available from: https://epha.org/event-announcement-mobility-of-health-professionals-in-the-eu-ethical-recruitment-and-policy-coherence-5-may-brussels/

30. World Health Organization. WHO Global Code of Practice on the International Recruitment of Health Personnel [Internet]. World Health Organization; 2010 [cited 2019 Apr 25]. Available from: https://www.who.int/hrh/migration/code/code_en.pdf?ua=1

31. 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 [Internet]. 2018 [cited 2018 Nov 22]. Available from: https://hospeem.org/activities/socialdialogue/10-year-anniversary-hospeem-epsu-code-conduct-ethical-cross-border-recruitment-retention-hospital-sector/

32. World Health Organization. International Platform on Health Worker Mobility [Internet]. Health workforce. 2018 [cited 2019 Apr 18]. Available from: http://www.who.int/hrh/migration/int-platform-hw-mobility/en/

33. World Health Organization. Five-Year Action Plan for Health Employment and Inclusive Economic Growth (2017–21) [Internet]. Geneva: World Health Organization; 2018 [cited 2019 Jun 16]. Available from: http://www.who.int/hrh/com-heeg/action-plan-annexes/en/