

**Inaugural meeting of the launch
of the sectoral social dialogue committee
in the hospital sector**

20 September 2006

Bedford Hotel, Rue du midi, 135
(Galileo – 8th floor)

14:30

Brussels

Speech by
Mr Nikolaus G. van der Pas,
Director-General
Employment, Social Affairs and Equal Opportunities DG
European Commission

Ladies and Gentlemen,

I have great pleasure in inaugurating the launch of the **33rd sectoral social dialogue committee** which your European organisations of social partners, EPSU and HOSPEEM, have decided to establish in the **hospital** sector in Europe.

Today, you are achieving an **important qualitative milestone** in your relations, since the role of your social dialogue committee – beyond concerted action and consultation – is to open up to you a true contractual area, with full autonomy.

The step you have taken implies a **will to contribute** in full to the major dimension of our European social model which the social dialogue is. The social dialogue is the **tool** of the social partners to construct social Europe.

Partnership is recognised as a shared asset in Europe. In the conclusions of the European Council of Barcelona in 2002, the European social model was defined as based on 4 pillars, including the social dialogue. More recently, at Hampton Court, the Partnership dimension was emphasised. In our discussions with the candidate countries, the social dialogue is considered as a component of the **acquis communautaire**.

The Treaty reserves a **pivotal position** for the social partnership. Articles **138** and **139** require the Commission to promote the social dialogue. The social partners have a right to be consulted, at the preparatory stage, on any initiative in the social field. At their request, an agreement by the social partners may be implemented by Council Decision.

Committing to a social dialogue is therefore a matter of availing oneself of the contractual area opened up by the Treaty and of using this instrument to make a concrete contribution to European integration. Participating in the European dialogue means benefiting from a unique forum to compare ideas. It also represents the possibility to intervene in the European decision-making process through the adoption of joint texts.

From the point of view of the **challenges** awaiting it, establishing a social dialogue in the hospital sector was essential. It will allow you to talk to one another, put forward ideas and take initiatives at your level.

The social partners are in the best position to take account of the realities on the ground and to respond to the concerns expressed at the workplace, by proposing **original, adapted solutions**.

The European social partners are at the origin of a very large number of a **wide variety of** texts and commitments, ranging from agreements transformed into European directives to “autonomous” agreements – which the social partners are responsible for implementing in the Member States – passing via recommendations, guidelines, good practice guides, opinions and joint declarations.

Recently, the social partners were at the origin, at interprofessional level, of **autonomous agreements** on **teleworking** and **stress at work**, and at sectoral level, in agriculture, on protection against **repetitive strain injury** (RSI). Negotiations under way should shortly come to a conclusion on the subject of **violence at work**.

On 25 April 2006, we attended the signature of the first “**multisectoral**” autonomous agreement negotiated in industry by 4 European social partners and 13 professional organisations representing their sector. The aim of this agreement is to reduce exposure of workers to crystalline silica dust, which causes asbestosis.

These few examples illustrate the size of the range of instruments offered to you by the European social dialogue, which is recognised as a tool of **good governance**.

Your sector stands out from the others.

It concerns **health** directly, which is a basic human right, as stated in the **Charter of fundamental rights**: *"Everyone has the right of access to preventive health care and the right to benefit from medical treatment"*.

In this capacity and according to Article 152 of the Treaty, the Commission has the duty to ensure a high level of health protection in the definition and implementation of all its policies.

The European social dialogue in the hospital sector must obviously contribute to achieving these objectives.

European hospitals will be faced with major **challenges** in the coming years. They will make lasting changes to working conditions and the organisation of all medical personnel: doctors, nurses, health care assistants, surgeons and specialists. They will unavoidably require reflection on **job** management, **recruitment** policies, **ongoing training** schemes and the pace of work.

Your sector is confronted first of all with the **ageing** of the population of Europe on account of the fall in the birth rate and the lengthening of life expectancy. In 2020, the number of people of 75 years of age and over will have risen by 40% compared to 1990. This trend will have the effect of increasing **demand for health care services** considerably and will necessitate a change in hospital organisation.

This trend will require the recruitment of more specialised medical staff, in the current context of skills shortages.

In correlation, the Commission stressed, in the context of the **Lisbon strategy**, that it was essential to increase the number of years of good health to encourage citizens to work longer. It is therefore essential for the health care services to participate in a concerted policy of **active ageing**.

The development of medical technologies, such as the use of information technology, robotics, new diagnostic techniques, genetic engineering, nanotechnologies, telemedicine, the production of new types of pharmaceutical products, tissue culture and replacement organs give rise to the challenge of recruiting **increasingly qualified staff** and of their **lifelong training**.

This situation poses a major challenge, especially for the hospitals of certain new Member States.

In parallel, the appearance of services at home will pose the question of the emergence in your sector **of new actors**, possibly with a different culture of "service of general interest". It is for you to ensure that the values of **accessibility, quality** and **durability** of care are preserved.

The hospital sector is certainly one of the sectors where **worker mobility** is increasing the most rapidly.

Worker mobility implies **reflection on the part of all the actors** on the forward management of jobs, cross-border recruitments, fluidity of the transitions on the labour market, lifelong training, the concept of **flexibility and security**, etc.

Beyond the needs for skills and staff, this mobility **responds** to the phenomenon of "**patient mobility**", on which the European Commission has just launched **public consultation**, on 5 September 2006, with a view to the creation of a Community framework for health care services.

The Court of Justice considers in fact that patients are entitled to **cross-border health care** under Community law.

The health and safety of workers within hospitals must remain a priority at all times on account of their permanent exposure to all forms of contamination. In this respect, the European Commission will be launching a consultation of the social partners (Article 138) on the question of the safety of syringes. We expect your contributions on this subject.

Finally, more than in any other sector, **the working atmosphere** between employers and employees is of the utmost importance. Hospitals can only care for patients well if a **climate of confidence** reigns. The social dialogue must contribute to the development of working relations based on **mutual confidence** of the partners.

Your European organisations are currently in a **position** to deal with all these problems. The European Commission was able to check both your **representativeness** and your **capacity to negotiate and sign** agreements at European level.

During this meeting, you will be adopting **your first work programme**, which tackles the majority of the questions I have mentioned, but the list of which is not exhaustive. This first "road map" already gives an idea of the importance of the work awaiting you.

I can therefore only invite you, in the context of your committee, to make full use of the social dialogue, which is a first-class instrument, to accompany the developments and changes in your sector.

I congratulate you on your commitment and wish you all the very best for success in your future work.

Ea/SD HSS/20 Septembre 2006/EN SPEECH 20 SEPT2006 Van der Pas or jansen norma format