



*European Hospital & Healthcare
Employers' Association*

ACTIVITY REPORT

2015



I.	Introduction	p 4
II.	Organisational Developments	p 5
III.	Membership	p 6
IV.	Representing Members' views	p 8
V.	Influencing legislation and Policy	p 9
VI.	HOSPEEM successes	p 10
VII.	The HOSPEEM-EPSU Work Programme 2014-16	p 15
VIII.	Relationship with CEEP	p 17
IX.	Relationship with HOPE	p 17
X.	Conclusion	p 17
XI.	Annexes	p 18
	Contacts	p 19



Dear HOSPEEM members,

In this activity report you will find information about the creation of HOSPEEM, the membership structure, organisational developments and the main activities of HOSPEEM.

Let me begin by recalling that 2015 was a particularly busy and successful year for HOSPEEM with a number of achievements: the adoption of a report on the use and implementation of the Framework of Actions on Recruitment and Retention and the start of the drafting of a joint HOSPEEM-EPSU declaration on Continuous Professional Development and Life-Long Learning for all health workers in the EU.

HOSPEEM and EPSU have an ongoing programme of joint initiatives and projects on health workforce related issues on which most European countries face similar challenges and can share good practices. This year the focus was on musculoskeletal disorders and psycho-social risks and stress at work, with the organisation of two conferences in Paris and Helsinki gathering more than 90 participants. The latter was our contribution to the EU-OSHA “Healthy Workplaces Manage Stress” campaign as official campaign partner.

In addition, HOSPEEM participated in several initiatives and events initiated by the European Commission, including the Expert group on EU Health workforce, the consultation

on the Working Time Directive and the High-Level conference on a new start for social dialogue, intended to give a new impulse to social dialogue.

In 2015 HOSPEEM continued to promote a two-way communication flow with an up-to-date website, regular newsletters and several reports published to give members’ voice a broader diffusion across Europe.

In order to strengthen the cooperation within HOSPEEM membership, HOSPEEM successfully organised study visits to France and Finland. Moreover, HOSPEEM adopted a multiple membership per country plan in line with the objective of enlarging the HOSPEEM membership. In this context fruitful meetings took place with the Unicancer Federation (FR) and the Spanish Federation of Private Clinics (FNCP).

I would like to express my thanks to all those who have contributed to represent members’ interests in the social dialogue, to raise HOSPEEM’s profile towards the EU institutions and external stakeholders and to strengthen the HOSPEEM membership – as these are crucial elements of my mandate as Secretary General.

Enjoy your reading!

A handwritten signature in blue ink, appearing to read 'Tjitte Alkema', with a stylized flourish at the end.

Tjitte Alkema
Secretary General of HOSPEEM

> The European Hospital and Healthcare Employers' Association (HOSPEEM) was established in September 2005. HOSPEEM ensures that the views of hospital and healthcare employers are properly taken into account by the EU institutions when they launch policies in the European Union (EU) that have a direct impact on management and labour relations in the hospital and health care sector. HOSPEEM is recognised as a Social Partner since 2006 in the hospital sector by the European Commission and takes part in the hospital sector Social Dialogue Committee alongside the European Federation of Public Service Unions (EPSU).

> HOSPEEM was established following several years of work aimed at creating Social Dialogue in the European hospital sector that began after there was close contact between employers and trade unions in the late 1990's. The process began to gather pace in May 2000 when the Danish Social Partners organised a conference under the auspices of the European Union's Leonardo Da Vinci programme.



> In 2002, following a second conference of the European hospital sector Social Partners, a Joint Representative Taskforce was established with the aim of applying to the European Commission for a formal Social Dialogue Committee. Further momentum was added to the process in 2004 through a conference held by the Dutch Social Partners, which helped to identify the work areas that the hospital sector Social Dialogue could focus on.

> Up to this point, CEEP (European Centre of Employers and Enterprises providing Public Services) had been working alongside EPSU to establish a Hospital Sector Social Dialogue. However, CEEP's

remit, covering the entire public sector, led to serious issues in relation to the representation criteria set by the Commission for Social Dialogue. As a result, CEEP's hospital members established HOSPEEM as a new organisation. Since its creation HOSPEEM has maintained its close links with CEEP by becoming a member.

> The process of establishment was completed in July 2006, when HOSPEEM was officially recognised by the European Commission as a Social Partner in the Hospital Sector Social Dialogue.

II. ORGANISATIONAL DEVELOPMENTS

> HOSPEEM has two bodies that govern the organisation and set its future direction. These are the General Assembly and the HOSPEEM Steering Committee.

> The HOSPEEM General Assembly has the power to modify the organisation's statutes and accept applications by potential members and observers. It also has the power to appoint and dismiss the HOSPEEM Secretary General, the two vice Secretary Generals and the HOSPEEM Steering Committee.

> The HOSPEEM Steering Committee sets the strategic direction of the organisation. It also manages and administers the association and drafts the mandates on behalf of HOSPEEM, subject to final approval by the General Assembly, for negotiations on European Social Partners' agreements. The HOSPEEM Steering Committee consists of the Secretary General, the two vice Secretary Generals plus four other members elected from the HOSPEEM membership.

> HOSPEEM also has a Board that consists of the Secretary General and the two vice Secretary Generals. The Board is involved in the day-to-day management of HOSPEEM.

> Since December 2011 HOSPEEM has had a separate body responsible for advice on its financial matters, i.e. the Financial Advisory Committee.

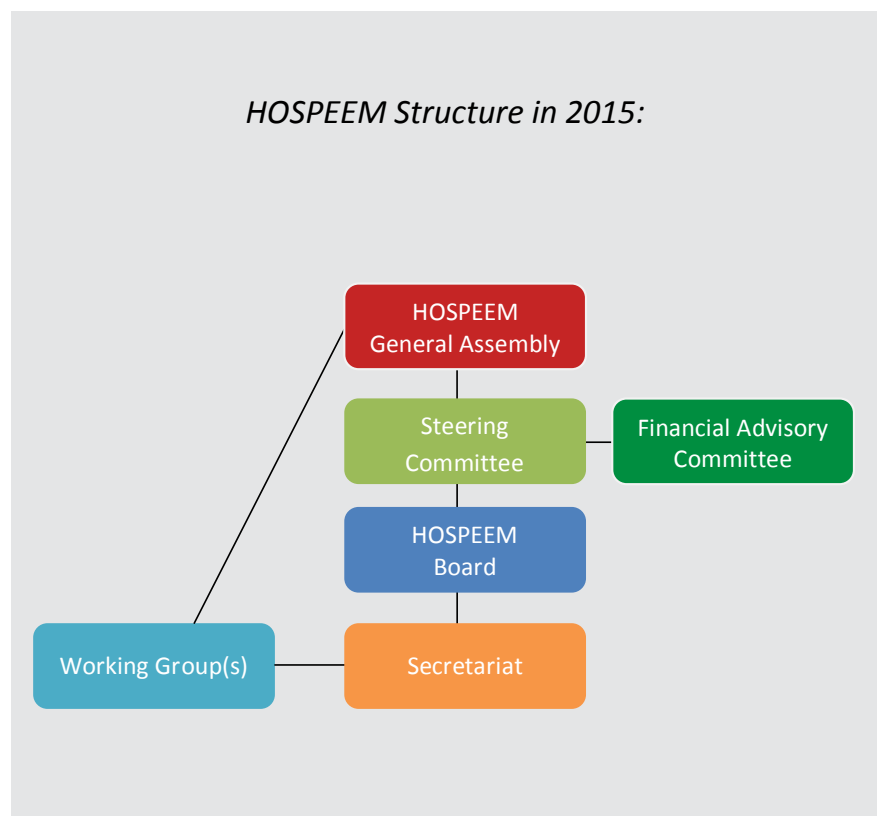
> HOSPEEM also establishes working groups on topics that merit a specific approach.

> HOSPEEM Steering Committee's composition in 2015 was as follows:

- Tjitte ALKEMA
Secretary General
- Ulrike NEUHAUSER
Vice Secretary General
- Bjørn HENRIKSEN
Vice Secretary General
- Jevgenijs KALEJS
- Marta BRANCA
- Dirk REIDELBACH
- Elisabetta ZANON

> HOSPEEM Financial Advisory Committee in 2015 is composed of:

- John DELAMERE
- Malene VESTERGAARD SØRENSEN
- Sigitas GRISKONIS



III. MEMBERSHIP

> One of HOSPEEM's key objectives over the coming years will be to increase its membership in order that the organisation can become even more representative in the European hospital sector Social Dialogue.

> Becoming a Member of HOSPEEM allows organisations to have their voice heard at European level, as well as the opportunity to learn from and make connections with employers' organisations from other European Member States.

> The Hospital Sector Social Dialogue also gives national employers the opportunity to take part in European level discussions and increase their influence at European level.



HOSPEEM General Assembly - 2015

> The HOSPEEM members are divided into two categories:

- full members
- observer members



> HOSPEEM full members have the possibility to propose subjects for discussions on the HOSPEEM meetings and possess voting rights. They can be also elected to the HOSPEEM statutory bodies

> Becoming a HOSPEEM observer allows to participate in the work of HOSPEEM as an associate member without the possibility to propose subjects for dis-

“Becoming a Member ... allows organisations to have their voice heard at European level”

cussions on the HOSPEEM meetings and without voting rights. Observers cannot also be elected to the HOSPEEM statutory bodies.

The full members of HOSPEEM in 2015:

- The Austrian Hospital and Health Services Platform – Austria
- Danish Regions – Denmark
- Estonian Hospitals Association – Estonia
- CLAE – Commission of Local Authority Employers – Finland
- FEHAP - Fédération des Etablissements Hospitaliers et d'Aide à la Personne Privés Non Lucratifs - France
- VKA - Die Vereinigung der kommunalen Arbeitgeberverbände - Germany
- HSE - Health Service Executive - Ireland
- ARAN - Agenzia per la Rappresentanza Negoziabile delle Pubbliche Amministrazioni - Italy
- Latvian Hospitals Association – Latvia
- Lithuanian National Association of Healthcare organizations – Lithuania
- SPEKTER – Norway
- SALAR - The Swedish Association of Local Authorities and Regions – Sweden
- NVZ - Nederlandse Vereniging van Ziekenhuizen - The Netherlands
- NHS European Office – UK

The HOSPEEM observers in 2015 :

- AGE.NA.S Agenzia Nazionale per i Servizi Sanitari Regionali – Italy
- NFU - The Dutch Federation of University Medical Centers - The Netherlands

> One of HOSPEEM's key objectives is to represent the views of its members towards the European institutions, including the European Commission. As a Social Partner, HOSPEEM represents its members' views by responding formally in writing to European Commission consultations and through its networking activities with key individuals from the European Institutions. Both these methods have been successful in ensuring that the views of employers have been heard at the highest level.



> As HOSPEEM is a recognised Social Partner in the hospital sector, the European Commission (in particular the Directorate General on Employment, Social Affairs and Equal Opportunities – DG EMPL) has an obligation, following Article 154 of the TFEU (Treaty on the Functioning of the European Union) to consult HOSPEEM on any draft proposals concerning social policies in the hospital sector. Moreover, HOSPEEM has the opportunity to give its views on open consultations relevant to the healthcare sector, such as those launched by the Directorate General and Health and Food Safety - DG SANTE.

> HOSPEEM responded to several European Commission consultations on behalf of its members. HOSPEEM's responses have been formed from a consensus view of all the members on issues that are relevant to the hospital and healthcare sector. The issues were:

- DG SANCO consultation regarding Community action on health services
- DG EMPL consultation of the Social Partners on protecting European healthcare workers from blood-borne infections due to needlestick injuries
- DG EMPL questionnaire on the practical implementation of Directive 2003/88/EC concerning certain aspects of the organisation of working time.
- EC green paper consultation on the European workforce for health.
- DG EMPL first and second stage consultation of the European social partners on the protection of workers from the risks related to exposure to electromagnetic fields at work.
- DG EMPL first and second stage consultation of the European social partners on the reviewing of the Working Time Directive

- DG EMPL HOSPEEM-EPSU Joint response on the proposal for a directive on the modernisation of the Directive 2005/36/EC on the recognition of professional qualifications
- DG EMPL public consultation by the EC further to the results of the evaluation of the European Strategy on Safety and Health at Work 2007-2012
- DG EMPL Joint Statement of HOSPEEM and EPSU on the new EU Occupational Safety and Health Policy Framework

> As a Social Partner, HOSPEEM has access to senior figures within the European Institutions, other relevant European organisations and stakeholders for the European hospital and healthcare sector. This means that HOSPEEM has the opportunity to put forward the views of employers on employment and industrial relations issues directly to key individuals at the EU Commission, the European Parliament and the Council.

> HOSPEEM networks and lobbies on behalf of its members in order that the views of employers are taken into account when policy is being formed. HOSPEEM keeps members informed of the latest developments. HOSPEEM enables members to feed their own priorities, concerns and good practices to the European level. In the future HOSPEEM will also seek to recruit new members so that it can represent the views of healthcare employers across Europe.



> HOSPEEM members feel it is very important that the organisation is a Social Partner and takes part in European Sectoral Social Dialogue. Being a Social Partner has many benefits for HOSPEEM and this stems from the key role accorded to European Social Partner organisations as co-legislators and influencers of European policy by the TFEU (Articles 153-155).

Article 154 of the TFEU envisages the obligatory consultation of social partners on all matters of social policy laid down in Article 153. The consultation process has two stages:

- If the Commission considers EU action advisable, it must then consult workers and employers on the content of its planned proposal.
- Before submitting proposals for new social policy legislation, the Commission has to consult workers and employers on the possible direction of EU action.

After the second stage, the European social partners can inform the Commission that they wish to open negotiations and start the process laid down in Article 155.

Article 155 addresses the negotiations through which the European social partners can conclude agreements on social policy. In this way, employers and workers have the opportunity to conclude agreements at EU level. Any agreements concluded by the European social partners will be legally binding once implemented. The implementation can take one of the following forms:

Either the European social partners ask the Council to adopt a decision (in practice, this is a directive, proposed by the Commission). In this way, the agreement becomes

part of EU law; or the social partners make their national member organisations responsible for implementing the agreement in line with the relevant national procedures and practices. These are known as “autonomous agreements”.



> As well as being consulted by the European Commission on potential legislation, the other benefits to HOSPEEM of being a Social Partner include:

- The Hospital Sector Social Dialogue committee provides a structured and regular platform for the exchange of information, the opportunity to learn from European solutions and experiences and to agree joint positions, not solely under the form of framework agreements.
- Members of HOSPEEM have the right to take an active role in negotiations and discussions on issues that are important to the hospital sector.
- Members of HOSPEEM are seen as major players (and as a source of expertise and information) in the hospital and health sector by the main European institutions.
- The ability to exercise political pressure and to have the right to participate in negotiations at European level increases the lobbying pressure and the influence of HOSPEEM members at national level.

> HOSPEEM’s high profile enables it to represent its members’ views effectively. Being a Social Partner means that the European Commission seeks the views of HOSPEEM members and listens to their opinions. The status of Social Partner gives HOSPEEM and its members excellent access to the European Commission and its officials.

VI. HOSPEEM SUCCESSES

> As a Social Partner, HOSPEEM has jointly taken forward several strands of work with EPSU (The European Federation of Public Service Unions), its partner in the Sectoral Social Dialogue Committee for the Hospital Sector.

> The working groups, projects, joint statements and conferences have demonstrated to the European Commission the willingness and ability of employers and trade unions to work together effectively in the hospital sector.



Project to Strengthen Social Dialogue in the new Member States and candidate countries

> In 2007-2008 HOSPEEM and EPSU worked together on a project to strengthen domestic Social Dialogue in the new Member States and candidate countries. The project consisted of background research and capacity building. The underlying belief was that strengthening national Social Dialogue in these countries will improve representation from these countries in the European level Social Dialogue and help Social Partners to better influence the Social Dialogue process at both national and European level.

Code of conduct on ethical recruitment

> One of HOSPEEM's main achievements has been the [HOSPEEM-EPSU code of conduct on ethical cross-border recruitment and retention in the European hospital sector](#) signed in April 2008. These voluntary guidelines focus on healthcare professionals moving to work in another European Union State and highlight the responsibilities of both employers and healthcare professionals in this process. The guidelines were shared across the European Union and implemented by HOSPEEM and EPSU members. A joint report on the implementation of the Code of conduct was published by HOSPEEM and EPSU in 2012. HOSPEEM also cooperated on recruitment and retention issues with the World Health Organization that had issued a Code of practice on the international recruitment of health personnel in 2010.

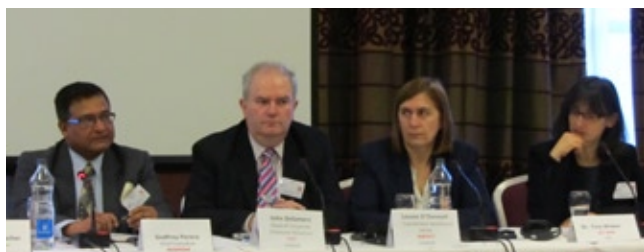
Joint declaration on health services

> In response to the European Commission's plans to publish a directive on cross-border healthcare, HOSPEEM and EPSU published a [joint declaration on health services](#) in December 2007. The declaration set out the joint view of the Social Partners on the principles upon which the management, financing and delivery of healthcare in the European Union should be based.

> HOSPEEM also responded to this draft Directive in a position statement that emphasised the importance of the principle of subsidiarity in healthcare, the need for effective prior authorisation procedures to be in place, the desire of healthcare employers to avoid unnecessary administrative burdens in relation to national contact points on cross border healthcare and data collection.

Prevention from sharp injuries in the hospital and health care sector: Framework agreement, Directive and Implementation

> HOSPEEM and EPSU agreed upon a framework agreement on the prevention from sharps injuries on 2 June 2009. The framework agreement was approved by the European Commission (EC) and was signed by representatives from HOSPEEM and EPSU in 2009 in the presence of Commissioner Spidla. The agreement was transposed into Directive 2010/32/EU on the prevention from sharp injuries in the hospital and healthcare sector. The deadline for the transposition of the Directive into national legislation was May 2013. HOSPEEM was concerned at the financial implications of such a directive as it would have required the use of safer needles in all situations - even where their use was not the best solution.



> In 2012, the signatory parties of the agreement, i.e. HOSPEEM and EPSU, jointly requested the European Commission to provide them with financial support for a project aimed at supporting and moni-

toring the implementation of Directive 2010/32/EU on the prevention of sharps injuries in the hospital and health care sector. The project was carried out throughout 2013 and has allowed HOSPEEM and EPSU to obtain first hand information on the implementation on the ground. It increased awareness among their national members (top and middle management, OSH representatives, shop-stewards), public authorities (Ministries, accident insurances, OSH institutions, etc) and other stakeholders on the possibilities and advantages of taking action to reduce risk exposure and accident rates with medical sharps.



> Three regional seminars and a final conference brought together about 365 participants from 25 countries to assess the transposition of the Directive into national legislation, to report on the role of social partners in this process and to identify challenges, open questions and good practice examples at workplace level. A EPSU-HOSPEEM Final Report comprising country reports for 24 EU Member States and a number of non-EU countries was elaborated as well as a dissemination document to highlight the results that social partners can achieve together to identify risks and to improve safety and health at the workplace and of the patients. You find more information on the [project webpage](#).

Guidelines and examples of good practice to address the challenges of an ageing workforce” in the hospital and health care sector

The [“EPSU-HOSPEEM guidelines and examples of good practice to address the challenges of an ageing workforce”](#) in the hospital and health care sector were adopted on 23 October 2013 and signed on 11 December 2013. A number of good practice examples are annexed to the document. A thematic webpage collecting studies, reports and presentations and a joint press release have been made available. (see [HOSPEEM](#) website).

Multi-sectoral Guidelines on Third Party violence: initiative and implementation

> In 2007, the cross-industry Social Partners issued a framework agreement on harassment and violence at work. A meeting between a number of sectoral employers (HOSPEEM, CEMR, CoESS, EuroCommerce) was organised and followed by a joint meeting with the trade unions (EPSU and UNIEuropa). In 2009, HOSPEEM organised a conference as part of the 'RESPECT' project, in which the multi-sectoral employers and the trade unions agreed that negotiations would follow. In 2010, a final agreement was warmly welcomed by the European Commission/DG Employment that organised an official signing ceremony of the agreement for the press.

RESPECT

Effective approaches to tackling third party violence in the workplace



REPORT
by GHK - Consulting Ltd
Birmingham Office
50 St Paul's Square
Birmingham
B3 7RZ



> The organisations that were party to the multi-sectoral agreement decided to disseminate the Guidelines applying for funding from the European Commission for a project to translate the Guidelines into all EU languages, to organize workshops and a conference. HOSPEEM participated in the three workshops as well as in the final conference of this project in 2011.



> At the Sectoral Social Dialogue Committee for the Hospital Sector Plenary Meeting in 2013, HOSPEEM and EPSU members published and adopted the report on the use and implementation of the Multi-sectoral guidelines to tackle third-party violence and harassment related to work including recommendations. Data and information from HOSPEEM and EPSU were gathered through a survey addressed to HOSPEEM members and EPSU affiliates in the first half 2013. Download the report [here](#).

Support in elaboration and implementation of the Action Plan on EU Healthcare Workforce

> HOSPEEM and EPSU were invited by the European Commission to contribute to the elaboration of the Action Plan on EU Healthcare Workforce. The Action Plan is part of the so-called "Employment Package" issued by the European Commission to support the economic recovery across the EU. HOSPEEM has also become a collaborative partner in the Joint Action of Health Workforce Planning and Forecasting, one of the main pillars of the Action Plan, which enhanced its relations with DG SANCO and the other stakeholders involved. The Action Plan was adopted in 2012 and HOSPEEM together with EPSU adopted a [Joint Statement](#) aimed at highlighting key issues of the Action Plan and expressing their point of view on its critical aspects. EPSU and HOSPEEM members welcomed the strong focus on European employment and training policies in the healthcare sector.

Project to Strengthen Social Dialogue in the Baltic Countries

> In 2010/2011 HOSPEEM developed together with EPSU a project to strengthen Social Dialogue in the Baltic Countries: Estonia, Latvia and Lithuania. It was financed by the European Commission and supported by EPSU. The goal of this project was to disseminate the priorities and outcomes of European sectoral social dialogue and to help build capacity of the hospital sector social partners in the Baltic countries. The key result of the project was the [“Riga Declaration”](#) (in annex) signed by Baltic social partners, HOSPEEM and EPSU.



Participation in Project “Feasibility Study on the Establishment of a European Sector Council on Employment and Skills for Nursing and the Care Workforce”

> HOSPEEM contributed as a partner organisation to the Feasibility Study on the Establishment of a European Sector Council on Employment and Skills for Nursing and the Care Workforce. The study was run by European Health Management Association under the umbrella of the European Commission. The objective of the study was to analyse the feasibility of establishing a European Sector Council on Employment and Skills for Nursing and the associated Care Workforce. In December 2012 HOSPEEM together with EPSU proposed some criteria to assess the outcome of the study and possible next steps. Both organisations claim that the added value of creating the European Sector Council on Employment and Skills for Nursing and the Care Workforce has not been proven by the study. The [final report](#) was published in 2013.

HOSPEEM-EPSU Framework of Actions “Recruitment and retention”

> Staff recruitment and retention are key issues in hospitals and healthcare. For this reason, HOSPEEM and EPSU agreed on 17 December 2010 a [framework of actions on recruitment and retention](#) (FoA) which constitutes an important basis for European and national social partners to develop concrete action to tackle staff shortages and qualification needs.

> On 10 December 2015 HOSPEEM and EPSU adopted [a follow-up report on the use and implementation of their Framework of Actions](#). It presents the main challenges faced by HOSPEEM and EPSU members with regard to recruitment and retention of health workers in their respective countries, gathers good practice examples for the five thematic areas covered by the FoA and focuses on social partners’ measures and activities. It also contains a set of recommendations.



OSH Project on musculoskeletal disorders and psycho-social risks and stress at work

> HOSPEEM and EPSU have been provided financial support from the European Commission for a joint project entitled [“Assessing health and safety risks in the hospital sector and the role of the social partners in addressing them: the case of musculo-skeletal disorders and psycho-social risks and stress at work”](#) and running until September 2016. This project aims to implement one main priority of the work programme 2014-2016 of the European Sectoral Social Dialogue Committee for the Hospital Sector, i.e. the promotion of occupational safety and health.

> Through this project, the social partners aim to identify how preventive actions can contribute to improved workers' health and safety, to more attractive retention conditions in the hospital sector and to improved efficiency in the management of healthcare institutions by reducing the costs linked to loss of productivity, sick leave and occupational diseases. HOSPEEM and EPSU aim to achieve these objectives through the exchange of knowledge and the identification of existing good practices. Two conferences have been organised in Paris and Helsinki in March and November 2015, focusing respectively on approaches to the issue of [musculoskeletal disorders \(MSD\)](#) and [psycho-social risks and stress at work \(PSRS@W\)](#) and bringing together around 90 participants from 20 Member States. A report from each conference is to be drafted by the contracted expert and a [webpage](#) presenting European and country specific documents related to MSD and PSRS@W prevention has been set up.



Joint HOSPEEM-EPSU Declaration on CPD/LLL

> In 2015 HOSPEEM and EPSU started drafting a joint declaration on Continuous Professional Development (CPD) and Life-Long Learning (LLL) for all health workers in the EU, intended to provide guidance and support to social partners as to their actions in this field. This joint declaration, providing general principles governing CPD and LLL and making available good practice examples from across the EU, should serve as an inspirational document for HOSPEEM and EPSU members to create new and innovative solutions in the field of CPD and LLL at national level to make them work more effectively. This document is addressed to all workers in the hospital and healthcare sector, irrespective of age, profession and employment contract.



Paris conference - March 2015

Theme: Occupational health and safety	
Sub-theme	Objectives
Follow-up to the project “Promotion and Support of Implementation of Directive 2010/32/EU on the prevention of sharps injuries in the hospital and health care sector”	Monitor the transposition and impact that Directive 2010/32/EU has on hospital staff in each member states.
Active and healthy ageing	Outline effective age management strategies, give guidance on key issues and give examples of existing good practice from across the European Union to keep staff productive and healthy
Third-party violence and harassment at work	Monitor how the third-party violence agreement is followed-up and implemented by HOSPEEM members and EPSU affiliates and consider healthcare specific issues, also based on the Joint Implementation Report.
Occupational health and safety issues with regard to patient safety and the quality of services	Provide policy momentum for a new EU health and safety in the workplace strategy, with particular focus on the challenges facing healthcare workers and the healthcare sector.
Identify how actions on occupational health and wellbeing contribute to improved health as well as retention within the healthcare sector	Keep staff both physically and mentally fit in their roles.



Theme: Recruitment and retention of healthcare workforce

sub-theme	objectives
Migration of healthcare workers within the EU	Develop concrete action to tackle staff shortages and qualification needs now and in the future.
Shortage of healthcare professionals/workers	
Follow-up to the Code of Conduct on Ethical Recruitment and Retention (2008) and to Framework of Actions (2010) ¹	
Stating the importance of the role that Life-long Learning (LLL)/Continuing Professional Development (CPD) play in recruiting and retaining staff	Promote life-long learning (LLL)/Continuing Professional Development (CPD) for all healthcare staff by stimulating the creation of a learning environment in healthcare institutions both through formal and on-the-job training with the aim to improve and guarantee the quality of service. The precondition for this is a mutual commitment: for employers to ensure access to LLL/CPD to all healthcare staff and for health workers to actively engage in it.
Employment and retention of younger workers: The health care sector is an economic sector with potential for future employment growth. A lot is being invested into the training of healthcare professionals and workers. In some countries, the current situation of public budgets often makes it problematic to offer good employment and career prospects. Younger health professionals/workers in several EU Member States are facing the risk of getting unemployed.	Identify the role that the social partners in the healthcare sector can play, through EU initiatives or own activities, to provide solutions to the challenge of attracting and retaining young (well-trained) healthcare professionals and workers in their jobs.

VIII. RELATIONSHIP WITH CEEP

> HOSPEEM was created by the members of the European Centre of Employers and Enterprises providing Public services (CEEP) who felt that there was a need for a separate, distinct voice on health workforce issues at European level. HOSPEEM is, since its creation, an individual member of CEEP. The two organisations collaborate closely in the European arena on all issues that concern employment and health of the European workforce. The Secretary General of HOSPEEM is currently a member of the CEEP Board of Directors and participates in the CEEP Social Affairs Board and the General Assembly meetings.

X. CONCLUSION

> In the past HOSPEEM has made major strides in being accepted as an important voice on hospital and healthcare matters at European level and enhanced its position during a period of economic turmoil ensuring that the hospital and healthcare sector continue to be properly funded. HOSPEEM is now the first port of call when the European Commission wishes to discuss matters concerning hospital and healthcare workforce issues and industrial relations. Since its involvement in shaping and implementing the Sharps Directive HOSPEEM's role as a European social partner has significantly increased.

> As a recognised Social Partner, HOSPEEM has the key role accorded to European Social Partner organisations as legislators and influencers of European policy by the TFEU (Articles 153-155). This allows, and will continue to allow, HOSPEEM members a voice at the European top table.

IX. RELATIONSHIP WITH HOPE

> At its creation, HOSPEEM established a cooperation agreement with the European Hospital and Healthcare Federation – HOPE. In this agreement, both organisations recognise each other's autonomy within their respective spheres of activities and competencies.

> The agreement also creates a framework for mutual support and lays the foundations for wider arrangements reinforcing the links between health professionals acting at European level. HOSPEEM and HOPE agree to be mutually supportive, constructive and to have a close working relationship.



> It is important that HOSPEEM continues to grow, and all HOSPEEM members will have to play important roles and give HOSPEEM their full support if HOSPEEM is to thrive in representing its members' views.

- A. [HOSPEEM \(European Hospital and Healthcare Employers' Association\) response to the second-phase consultation "Reviewing the Working Time Directive" under Article 154 of the TFUE](#)
- B. [HOSPEEM - EPSU \(European Public Service Union\) contribution to public consultation on the directive on the recognition of professional qualifications \(2005/36/EC\)](#)
- C. [HOSPEEM-EPSU response to the European Commission's Green Paper on Reviewing the Directive on the Recognition of Professional Qualifications 2005/36/EC](#)
- D. [HOSPEEM - EPSU Code of Conduct and follow up on Ethical Cross-Border Recruitment and Retention in the Hospital Sector](#)
- E. [HOSPEEM - EPSU Joint Declaration on health services](#)
- F. [HOSPEEM Position Statement on the Proposal for a Directive of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare](#)
- G. [HOSPEEM - EPSU Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector](#)
- H. [Multi-sectoral Guidelines to tackle third-party violence and harassment related to work](#)
- I. [HOSPEEM – EPSU Framework of Actions "Recruitment and Retention"](#)
- J. ["Riga Declaration" on Strengthening Social Dialogue in the Health Care Sector in the Baltic Countries](#)
- K. [Final report from the "Feasibility Study on the Establishment of a European Sector Council on Employment and Skills for Nursing and the Care Workforce"](#)
- L. [HOSPEEM Response to the European Commission Green Paper Consultation on the European Workforce for Health](#)
- M. [HOSPEEM-EPSU-HOSPEEM guidelines and examples of good practice to address the challenges of an ageing workforce](#)



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