



European Commission / DG EMPL

*Thematic Review Seminar under Mutual Learning Programme
“Employment policies to promote active ageing”*

Brussels, 11 June 2012

**Part 3: The role of measures to encourage older workers
to stay longer in the labour process:
Views of social partners**

**Elaborating guidance and good practice in relation to
various challenges of an ageing health care workforce:**

Flashlights on work in progress between EPSU and HOSPEEM

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<http://www.epsu.org/r/2> (HSS) + <http://www.epsu.org/r/20> (European sectoral social dialogue)

Why do the sectoral social partners in the hospital/health care sector deal with the issue?



Contextualisation: Main trends/challenges

1 Population/society

- Demographic and societal trends: ageing of population; increase of chronic degenerative diseases; increase of multi-morbidity
=> Future higher demand for provision of quality, accessible and affordable health care, elderly care and social care

2 Health care systems

- Health care system reforms , i.a. as to models of healthcare delivery and shifts towards more prevention
=> **Demand for qualified and motivated health workers**
<=> Budget freezes/cuts!!!

3 Healthcare workforce

- Ageing of workforce and **retiring of experienced staff**
- **Physically and psychologically demanding jobs**
- **Difficulties to recruit and retain health workers**
- **Staff shortages**
- Brain-drain and care-drain

Past activities and lead up to on-going negotiations between sectoral social partners



What has been done by EPSU and HOSPEEM up to 2012?

- Ageing of health workforce one of the key challenges for attractiveness and sustainability of health care (systems) since 2006
- Commissioning of study “Promoting realistic active ageing policies in the hospital sector” (2006), <http://www.epsu.org/a/7410>
=> Examples
- Setting up of a dedicated **working group** => Selected outcomes
- Elaboration and adoption of “**Framework of Actions: Recruitment and Retention**” (17 December 2010), <http://www.epsu.org/a/7158>: One of 6 action points: Valuation and retention of skilled older workers not least in view of the transfer of experience and knowledge
- Challenges related to the retention and health of older health care workers again defined as one **priority issue of EPSU-HOSPEEM Work Programme 2011-2013**
- Negotiation on **mandate for a Working Group and a Drafting Group “Ageing Workforce”** (June-October 2011)

Policy context at EU-level



Key documents/initiatives

- Member States: Council Conclusions on **investing in Europe's health workforce of tomorrow**: Scope for innovation and collaboration (7 December 2010)
- European Union: **European Year 2012** on Active Ageing and Solidarity between the Generations
- European Commission: **European Innovation Partnership "Active and Healthy Ageing"** (2011ff)
- European Commission: Employment Package "Towards a job-rich recovery" (18 April 2012), comprising Staff Working Paper **"Action Plan for the EU Health Workforce"** [SWD(2012) 93 final] and „Exploiting the employment potential of personal and household services“ [SWD(2012) 95 final]
- European Commission: Joint Action on Health Workforce Planning (2012ff)
- European Commission: Proposal for Revision of Directive 2005/36/EC on the recognition of professional qualifications (19 December 2011)
- European Commission: European Skills Panorama; Sector Skills Councils; Sector Skills Alliances

Negotiations on common guidelines and good practice examples (I): Process



What has been done by EPSU and HOSPEEM since December 2011?

- 4 meetings of Drafting Group “Ageing Workforce”
- Elaboration of first **joint draft for common guidelines**
- In parallel: Elaboration of **EPSU position paper**
- **Technical Seminar** (April 2012) involving experts and national affiliates with the presentation of examples for strategies, measures and good practice of social partner cooperation
=> Main insights + Examples for measures and good practice

Next steps planned until end of 2012 and beyond

- **Revision and consolidation of joint document + selection of examples of good practice**
- If agreeable: Adoption by HOSPEEM members and EPSU affiliates
- **Use** in the context of two forthcoming European Commission initiatives **as contribution on priority “Recruitment and Retention”**: Action Plan for the EU Health Workforce + Joint Action on Health Workforce Planning

Negotiations on common guidelines and good practice examples (II): Principles



Main reference points for EPSU

- **Comprehensive approach**, not only focusing on those aged 45 or 50 and older, but **aiming at improving working and pay conditions**
=> **Policies to make health care professions more attractive** (pay, working time, training/CPD, good and safe working environment, career opportunities/paths, work-life-balance, physically and psychologically less stressful/demanding work situations/jobs) also for younger people
- Key question: **How to make best use of the experience and knowledge of older workers**, taking into account what they may not be able to do anymore or not to the same extent than earlier in their career

Related issues of concern from a TU perspective

- **Occupational safety and health conditions** critically influence the quality of the work and support longer careers in the health/social care sector
- When looking at measures to support health care workers aged 50+ and to improve their working and pay conditions and safety and health the **design of pension systems**, in particular the rules to calculate pension entitlements and the eligibility conditions cannot be neglected
- **Link between the employment of older workers and the quality of the work**, the latter being an important parameter to influence the attractiveness of health professions and to enable and support longer careers in the health care sector

Negotiations on common guidelines and good practice examples (III): Contents (I)



- Towards guidelines on a pro-active age (diversity) management (I)**
- **Non-discrimination:** 1) ensure that the **experience of older staff is valued and adequately acknowledged** ; 2) ensure that **policies and practices value the age diversity of the workforce**
 - **Good employment practice:** 1) provide **flexible working and retirement opportunities** without undue financial loss; 2) promote **models of work organisation supporting health and well being**
 - **Recruitment and retention** => Systematic approach towards younger people: support and enable them to remain in employment for a whole working life full-time
 - **(Negotiated and agreed) flexible working time and work organisation**
 - a) **Working time**, i.a. shift arrangements adapted to the age of personnel, reduced weekly working time (winding down arrangements), longer annual holidays
 - b) **Work organisation**, i.a. reduction of demanding tasks (slow step down arrangements), re-organisation of work processes, job rotation, use of technical equipment to facilitate tasks

Negotiations on common guidelines and good practice examples (IV): Contents (II)



Towards guidelines on a pro-active age (diversity) management (II)

- **Talent management:** 1) establish **systems of transfer of knowledge**, e.g. age-mixed teams, tutors/mentors or tandem models; 2) offer **access to CPD**; 3) support career planning
- **Health and safety at the workplace => Health management and health protection**, comprising e.g. avoidance of demanding repetitive tasks, rotation from (highly) demanding to less demanding tasks, health prevention, professional rehabilitation
- **Workforce planning** : regular age-profiling; workforce age monitoring
- **Preparing for retirement**
- **Beyond retirement:** establish models of re-employment of retired personnel in either substantive or temporary roles (if workers ask for this option and agree with the conditions)

There is also a business case for recruiting and retaining health workers!

Examples for research, guidance and collective agreements involving EPSU affiliates => D: ver.di (bgw); GB: RCN & UNISON