

EPSU-HOSPEEM Project

“Promoting effective recruitment and retention policies for health workers in the EU by ensuring access to CPD and healthy and safe workplaces supportive of patient safety and quality care” (2017-2019)

Summary Document and Suggestions on Possible Next Steps

HOSPEEM and EPSU benefited from the financial support of the European Commission for a **joint project** (n° VS-2017-0017) **running from 1 February 2017 to 30 January 2019**. The project aimed at supporting the joint work on two thematic priorities included in the joint work programme 2017-2019 of the European Sectoral Social Dialogue Committee for the Hospital Sector (SSDC HS): 1) the **continuing professional development (CPD)** and 2) the **promotion of occupational safety and health (OSH)**.

The purpose of this project was to facilitate access to CPD and guarantee quality services supportive of patient safety and provided by a workforce fit for practice. It was built on the HOSPEEM-EPSU Joint Declaration on Continuing Professional Development and Life-Long Learning for All Health Workers in the EU, jointly adopted in 2016.

Secondly, the project was geared towards the follow-up to results and recommendations of the HOSPEEM-EPSU joint project (2014-2016) in the field OSH. The main purpose was to identify how actions aimed at preventing and managing MSD and PSRS@W can contribute to improved health of the workforce as well as to more attractive retention conditions in the hospital sector and can lead to improved efficiency in the management of healthcare institutions.

Two conferences were organised in **Amsterdam and in Vilnius in June 2017 and May 2018 respectively and** brought together more than 100 participants mainly from national trade unions' and employers' organisations. Representatives of the European Commission (European Commissioner for Health and Food Safety, Vytenis Andriukaitis) and of EU-OSHA, as well as national experts in these fields also took part in these events. Both conferences contributed to **raise awareness amongst employers and workers** on the importance of effective recruitment and retention policies and to identify relevant measures and tools to address them. The conferences promoted the **exchange of knowledge and best practices** and fostered **cross-country learning**. The **reports of both conferences**, drafted by the contracted expert Nico Knibbe (LOCOmotion, Netherlands), are available on the HOSPEEM and EPSU websites next to other relevant conference materials¹.

A series of key take home messages was formulated from each conference. Based on the speakers' presentations, the plenary discussions, the discussions in the three breakout sessions, the participants' and speakers' interviews (videos), the post-it's on the message wall and the concluding remarks of the closing panel, the following 'take-home messages' can be formulated:

¹ See for the conference on CPD on 19 and 20 June 2017 in Amsterdam on [HOSPEEM's](#) and [EPSU's](#) webpage and for the conference on MSD and PSRS@W on 23 and 24 April 2018 in Vilnius on [EPSU's](#) and [HOSPEEM's](#) webpage.

Take home messages from the Amsterdam conference on continuing professional development (CPD) and life-long learning (LLL):

- As CPD is an asset, not a cost, budget restraints cannot be an excuse not to explore models for sustainable funding of CPD;
- Fund CPD with an earmarked, protected budget (e.g. as a percentage of the average wage budget per hospital or using special funds) to make sure CPD does not depend on economic fluctuations;
- Commercial support can be helpful in developing new ways of CPD;
- When CPD takes the form of training organised away from the workplace, provisions have to be made for replacement, limiting the additional burden for the staff;
- There is no rationale for accreditation. Not only the outcome but also the learning process (plan and reflection) should be recognised as credits;
- It is essential to link training also to the individual needs of workers. For the best result learning has to be custom made;
- Do not only invest in vertical careers. In healthcare, there are opportunities for horizontal careers.



- Value not only professional formal training but informal learning as well. Focus on training 'on the job'.
- Have an open mind for new, creative ways of CPD.
- Involving patients ('patient empowerment') can be a success factor for CPD.

- Clinical academic career pathways are important to prevent 'brain drain'. At the same time, there is the risk of educating too much academically trained nurses where the vast majority of the nurses are needed for practical (nurse-) work at the bedside.
- A stronger focus on CPD for older workers should avoid the risk of age discrimination and exclusion from career opportunities.
- Create awareness that initial and post-initial training should be seen as a continuum to support continuing professional development.



Take home messages from the Vilnius conference on Occupational Safety and Health (OSH):

- Draw a joint proposal as European social partners to highlight the importance of the prevention and reduction of musculoskeletal disorders which could be transposed into tangible EU action (e.g. in form of a framework of action on health and safety at the workplace to hold organisations accountable).
- Develop guidelines, tools and good practices for social partners so existing laws, regulations and procedures (for example on risk assessment) can be better implemented and enforced.
- Exchange and implement good practices and tested initiatives to prevent and reduce MSD and PSRS@W, stemming from different European Member States more effectively.
- Share good practices in online databases and via webpages and continuously monitor their use (visits, download, etc.) and include them in CPD/LLL initiatives.
- Gather data on the nature and size of the OSH issue(s) as the first step of an effective initiative – and as part of a risk assessment for a particular hospital/healthcare institution – to prevent or reduce MSD and PSRS@W issues.
- Raise awareness and improve knowledge of the economic effect of OSH risks and about mid- and long-term benefits of investing in OSH measures, also on senior management level consequently increasing willingness to take effective action.
- Staff involvement is fundamental but not enough; ensure successful joint efforts of all stakeholders in MSD, PSRS@W or CPD/LLL programmes, including, employers, workers, patients, governments, social insurance bodies (including statutory accident and occupational disease insurances), health and safety agencies, etc.



- Successfully implement MSD, PSRS@W or CPD/LLL programmes by ensuring active participation of workers and their representatives.
- Learn from existing evidence on organisational climate and its positive effect on musculoskeletal disorders and emotional exhaustion of health staff.
- Address the issues of MSD and PSRS@W together as they are often strongly interlinked. The same holds of CPD/LLL where it concerns the various OSH risks.
- Consider focusing on specific areas to safeguard OSH, such as organisational climate, because it is not necessary to address all issues simultaneously to stop the downward spiral.
- Provide and initiate educational programmes on OSH related matters at an early stage of a health worker's career to avoid OSH risks early on.

Moving forward – Suggestions for possible follow-up

HOSPEEM and EPSU intend to use the project findings, the project results and the deliverables in order to develop follow-up activities. Several potential activities are currently being considered:

Continuing Professional Development on the sectoral, national or European level:

- Social partners considered an exchange on joint initiatives to **address CPD challenges related to the digitalisation of health care** (e.g. eHealth, mHealth, telemedicine)
- Social partners considered an exchange on practice models at sectoral or national level for **CPD responding to the increased demands of work in teams** (=> different professions/workers; skills mix)
- Social partners considered an exchange on existing systems or provisions for sustainable funding of CPD at national, sectoral and enterprise level (e.g. special funds ear-marked for CPD, collective agreements)
- Social partners considered an evaluation if existing **CPD programmes take into account the changes in the way health services are provided** (e.g. new models of care, new professional roles) **or shifts with regard to the general health policy orientation** (e.g. stronger focus on prevention)

Continuing Professional Development on the level of healthcare institutions and hospitals:

- Social partners considered an exchange on measures/initiatives that facilitate **easier access to CPD on groups traditionally under-represented in CPD and LLL** (workers aged 45+, **health care support staff/health care assistants**, part-time workers, bedside or front-line workers, workers in night shifts and less qualified workers)
- Share examples of **collective agreements negotiated at workplace level that focus on access to CPD, the quality of CPD, the use of improved skills**, etc.

Occupational Safety and Health

In the upcoming period HOSPEEM and EPSU should elaborate on an update of the **Framework of Actions on Recruitment and Retention (2010)**. It should incorporate the information gathered during the two last joint projects on the prevention and reduction of **musculoskeletal disorders and psychosocial risks and stress at work**. It should also encompass other hazards which have already been the object of joint work, i.e. the prevention and reduction of **third-party violence and harassment at the workplace** and of **injuries and infections by medical sharps**. Furthermore, it should put an emphasis on the **fields of action to which sectoral social partners have** contributed at sectoral to national and European level as well as on **social partners-based initiatives**.

The **relevance** of the **current regulatory framework** about **musculoskeletal disorders** ([Directive 90/269/EC](#) on the manual handling of loads) will be **assessed** and **potential loopholes** will be **identified** in the light of the changes in the work environment that occurred over the last decades.

HOSPEEM and EPSU wish to **further promote the exchange of knowledge and good practices** in the field of MSD and PSRS@W within and between EU Member States. To this end, HOSPEEM and EPSU have set up in the course of their project a webpage entitled *“Material and guidance”* on their respective websites presenting European and country-specific documents related to MSD and PSRS@W prevention². These web pages will be updated with information from their members, but also with research studies, new guidance, etc.

² You can access this material and guidance on the following pages of the [HOSPEEM](#) and [EPSU](#) website.